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# THANZI LANGA, TSOGOLO LANGA

My Health, My Future  
Curriculum for Adolescent Girls





# Acknowledgements

The Thanzi Langa, Tsogolo Langa (My Health, My Future) curriculum was developed by the Tiwalere II Program, a 5-year consortium of Feed the Children, World Relief and Total Land Care, to address the multisectoral determinants of nutrition among adolescent girls in Malawi. This curriculum was made possible by the generous support of the American people through the United States Agency for International Development (USAID) to the Tiwalere II project. The contents are the responsibility of the authors and do not necessarily reflect the views of USAID or the United States Government.

World Relief is grateful to USAID and Tiwalere II partners, including staff from World Relief Malawi, for their partnership and valuable feedback and input into the original curriculum. Contributions to the original development and review of the content were made by Government of Malawi stakeholders from DNHA, Ministry of Health, Ministry of Agriculture and Lilongwe University of Agriculture and Natural Resources (LUANAR), as well as USAID Malawi and USAID partner projects Johns Hopkins Center for Communication Programs (CCP) - One Community Project, HP+ Project, and Management Sciences for Health's ONSE Project. These stakeholders shared valuable time, feedback and experiences at various stages through interviews, field visits and participation in stakeholder review workshops.

Thanzi Langa, Tsogolo Langa was adapted and developed from a variety of other existing and evidence-based toolkits. We would like to acknowledge several organizations who created these curricula and evaluated their effectiveness: DREAMS Malawi Partnership (FHI360, One Community-Johns Hopkins Bloomberg School of Public Health/CCP); Institute for Reproductive Health GREAT and GrowUp Smart Programs; International HIV and AIDS Alliance; International Sexuality and HIV Curriculum Working Group; Johns Hopkins CCP 'Go Girls!' curriculum; Malawi Ministry of Health and Department of Nutrition, HIV/AIDS (DNHA); Motivational Centre for Africa's Transformation (MoCAT); Peace Corps; Population Council (Health, Life Skills, Nutrition and Financial Education Curricula); Population Reference Bureau (PRB); Program for Appropriate Technology in Health (PATH); Rwanda 12+ Program (Rwanda Ministry of Health, GirlHub Rwanda, and DFID Rwanda); 'SASA! Preventing Violence against Women' by Raising Voices; United States Agency for International Development (USAID); World Health Organization (WHO); First Aid Arts; and World Relief ('Choose Life').

A complete reference is located in the "References" section at the end of this document.

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## Introduction

Adolescent girls in Malawi encounter many challenges: staying in school, making decisions about relationships, sex, money, and their future, and access to appropriate health information and services. In the time of life where growth is faster than any other time than infancy, girls are stalled by early marriage, early pregnancy, forced sexual contact, HIV infection, and limited access to education, among other factors. Decisions (both freely made and forced) around relationships, sex, and school attendance can impact a girl's nutrition status and cause lifelong implications as she transitions from girlhood to womanhood. To maintain or improve a girl's nutritional status, she must not only have nutrition knowledge, but also know how to apply it through healthy practices, know how to make decisions for herself, and have the confidence to speak into the decisions of others that affect her as she plans for the future. She must understand how her body works, how to communicate well and manage relationships to protect herself, and how to avoid situations which could put her at risk for violence, abuse, disease, or early pregnancy.

The *Thanzi Langa, Tsogolo Langa* approach seeks to build a movement of empowered adolescent girls who can face these challenges and vulnerabilities with confidence. This girl knows how to care for and nourish her body, have healthy relationships, protect herself from harm, and make wise decisions for her future. Girls will join groups of 20-25 girls, which meet once a week under the guidance of a female mentor and at the convenience of the girls. The girls will be trained on life skills, health and nutrition and given the opportunity to interact to build strong relationships with other girls in their community.

## FACILITATOR'S GUIDE

### *Thanzi Langa, Tsogolo Langa Clubs*

The World Health Organization says that “investing in adolescent health brings triple dividends: better health for adolescents now, improved well-being and productivity in their future adult life and reduced health risks for their children.”<sup>1</sup> “*Thanzi Langa, Tsogolo Langa*”, translated “My Health, My Future” is World Relief’s comprehensive approach in response to poor nutritional outcomes among adolescent girls in Malawi. As a means of strengthening the nutrition and health of adolescent girls, participating girls will be trained on life skills, health and nutrition and given the opportunity to interact to build strong relationships with other girls in their community. Formed into clubs of 20-25 peers and led by an older female mentor from their community, participants will have an opportunity to interact with a variety of topics which all can bring the “triple dividend,” impacting their health and their nutritional status for life.

The objectives of including this curriculum in World Relief’s programming are to:

1. Instill skills among adolescents to enable them to overcome the challenges of growing up and become responsible adults including communication skills, decision-making, assertiveness, setting goals and resisting peer pressure.
2. Provide adolescent girls with knowledge and skills to make healthy choices about nutrition
3. Increase adolescent girls’ knowledge of reproductive health and sexuality; and

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<sup>1</sup> Guideline: implementing effective actions for improving adolescent nutrition. Geneva: World Health Organization; 2018. Licence: CC BY-NC-SA 3.0 IGO

4. Reinforce and promote attitudes and behaviors that emphasize positive youth development and will lead to a better quality of life for adolescent girls

## Participants and Mentors

The target age range of *Thanzi Langa*, *Tsogolo Langa* clubs is adolescent girls age 15-19. This is further divided into two groups: younger girls as participants, and older girls as mentors who facilitate the clubs.

**Beneficiaries:** Participants in *Thanzi Langa*, *Tsogolo Langa* clubs are girls in and out of school aged 14-17 years. These girls will be recruited to participate in the groups through broad community mobilization (with an emphasis on mobilizing vulnerable girls), and the only factor for consideration of those who want to participate will be age. Girls who are pregnant or who have children will be organized into their own clubs for more targeted support (*including additional lessons on maternal, infant and young child nutrition found in Annex E*).

**Mentors:** Ideally 19-24 year-old women who are literate and already exhibiting many of the qualities that are emphasized as project outcomes in order to be models for the younger girls. This includes honesty, patience, flexibility, the ability to provide guidance, demonstrate a positive attitude, and to be discreet. Mentors will also benefit from the information shared and the skills building that makes up the *Thanzi Langa*, *Tsogolo Langa* curriculum. As mentors are trained and coached, these older girls will also grow in leadership development and planning and facilitation skills.

## Thanzi Langa, Tsogolo Langa Groups

### Group Structure

**Group size:** The ideal group size should be between 20-25 girls. With a smaller group, everyone will have a chance to contribute and actively participate in all aspects of the activities. It is also easier to ensure all questions are answered and there is full understanding of all issues by the group.

**Frequency of Meetings:** once a week at the convenience of the girls

**Length of Meetings:** 33 weeks (7.5 months of content, may take about 8-9 months to complete in the community).

**Group Location:** Each group meets in a location that is deemed appropriate by the girls, the community, and the mentor/s. Sometimes referred to as a “safe space” methodology, *Thanzi Langa*, *Tsogolo Langa* groups are meant to provide a safe and supportive learning environment. Regular and reliable girls’ group meetings, under the guidance of a female mentor from the same community, are critical in building social assets for vulnerable girls – including friendships, self-esteem, trusting relationships with adults, social support, and so forth.

The choice of a meeting location is very important as some of the material discussed in this manual is sensitive, and participants will likely want privacy. 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.<sup>2</sup>

## Group Meetings

**Seating Arrangements:** To encourage participants to feel a sense of membership to a group and to participate fully, it is strongly recommended that they sit in a circle rather than in rows. This seating arrangement allows for eye contact between participants and the facilitator, creates a more relaxed atmosphere, and encourages participation. Facilitators should avoid seating arrangements that are similar to a classroom setting.

**Meeting functions:** The meetings serve two functions. The first is for the mentor to facilitate a short training session. The training content over the course of the 8 months varies from sexual and reproductive health, nutrition and life skills, and other content that is identified as relevant and appropriate. These sessions should be engaging, interactive, and make use of best practice youth learning principles – that is games, small group work, etc. The second function is for the meetings to provide a space and opportunity for girls to regularly interact with each other. During meeting times, they can share updates about their weeks, address any concerns they may have, dance, express themselves, and generally have fun. As much as cultivating this sort of environment is the primary aim of weekly girls’ group meetings, it is important that these groups not be run like a classroom. *Mentors will have to ensure that during each meeting, girls have ample time for conversation and interaction, and should encourage an informal learning environment at times.*

**What if people want to be paid for their time?** During the recruitment of the participants, it should be made clear that participants will not receive money when participating. During the first session, the facilitator should remind participants that their involvement in this program is voluntary and they will not be paid. However, participants will gain many non-monetary benefits including skills and knowledge that will reduce their risk of vulnerability.

## Using the Manual

The manual for the weekly safe space meetings will cover a variety of topics including nutrition, participatory cooking demonstrations, sexual reproductive health, life skills, HIV and AIDS, STIs, gender and gender-based violence, leadership, and human rights. These are organized into six modules by themes.

**Age appropriateness:** This program was designed for girls from 15-16 years of age, to be led by mentors age 18-19. However, some of the material contained in the curriculum may need to be adjusted for participants depending on their background. The final decision on how to present the material is at the discretion of the mentor.

**Assess time needed:** Sessions in this guide are designed for around 1 hour 30 minutes but may run shorter or longer depending on facilitation and discussion. The time allotted is marked at the beginning of each session. Sessions were designed for this time length and ideally should be delivered in whole.

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<sup>2</sup> [http://irh.org/wp-content/uploads/2013/04/My\\_Changing\\_Body-Eng\\_FEB\\_2012.pdf](http://irh.org/wp-content/uploads/2013/04/My_Changing_Body-Eng_FEB_2012.pdf)

**Facilitate the sessions in order:** Sessions were designed to complement and build on the content covered in prior sessions, so it is best to facilitate sessions in order from Session 1 to Session 33.

For more information about the Tiwalere II project, please visit

<https://partnerships.usaid.gov/partnership/tiwalere-ii>

For any inquiries about this curriculum, please contact: [health@worldrelief.org](mailto:health@worldrelief.org)

## Preparing to Lead Sessions

Mentors should peruse the curriculum and read the background information thoroughly (i.e. facilitator notes at the beginning of each session and extra information provided in “Appendix A: Additional Topical Information”). This will help mentors gain a strong sense of the topics that will be covered throughout the program, and an idea of where to find answers to any questions that participants may ask. The information for each session should be re-read just before conducting the session. Mentors should prepare all necessary materials before each session in advance; think about their own values regarding young people, and about the topics to be discussed.

**Information needed:** Before the session, it is important to have all the information needed for referrals or to be able to give additional information. Specific referral information is needed for:

1. Sexual/reproductive health/gender based violence services
2. Youth Friendly Health Services
3. HIV testing and counseling
4. How/where to report gender based violence
5. Mental health and psychosocial support services (services including trauma counseling) for referral for any vulnerable girls and survivors of violence. These services might include primary healthcare providers, lay/community counselors, parasocial workers, child protection committees, etc.
6. Legal services

**Invite guest speakers:** Some topics and sessions may benefit from a guest speaker with experience and expertise on the topic. This will apply especially for topics that the mentor does not feel confident about, or those that require technical or professional guidance. To ensure the session is successful, a mentor should invite the guest ahead of time, provide the guest with session guides that he or she is expected to facilitate and ensure that all relevant materials are ready beforehand. The guest speaker should also be made aware of the principles and attitudes mentioned throughout the curriculum, so that contradictions are not created. Guest speakers should be notified up front that their participation is voluntary and they will not be paid.

**Know your audience** Depending on the group, it may be necessary to change the approach to leading the sessions. For example, out-of-school girls may have lower literacy skills than in-school girls. For lower literacy groups, facilitators may want to draw more pictures and use more symbols when writing on the flipchart or chalkboard, if available. Facilitators should also use simple language and be sure that the instructions are clear before starting any activity. Do not ask more than a few questions at the end



of each activity. It is important that mentors work with adolescent girls where and as they are, not where or as the mentor thinks they should be. Mentors should also check sessions for cultural compatibility and acceptability. Be familiar with local cultural norms and adjust sessions accordingly.

**Be prepared!** Every training experience has the potential to bring challenges. Be prepared for challenges! The most effective way to minimize challenges is to be prepared. Mentors should know the material they will present and the tools they will need, and they should practice facilitating the activities on their own or with a friend.

**Materials for sessions:** Different materials are mentioned in the lessons to support participants' learning process. This will help to make learning easy and enjoyable for the participants. Some of the materials include:

- Markers and flipchart papers, or chalkboard and chalk are helpful in many sessions, if they are available
- training guides, which can be found in the lesson or in Annex C: Training Guides
- small materials which can be found in the community like small rocks or beans
- Participants should be reminded of the list of ground rules before beginning each session, which is written in the facilitator's manual or posted at each session.

## The Participatory Learning Approach<sup>345</sup>

**What I hear, I forget. What I see, I remember. What I do, I understand.**

Participatory learning is an effective tool to encourage learning to take place by actively engaging the participants through every aspect of the session. The *Thanzi Langa, Tsogolo Langa* learning sessions are designed to help you facilitate in a participatory way. This manual uses participatory teaching methods such as group discussion, brainstorming, role-play, small group work, educational games and storytelling. These methods provide participants with opportunities to interact freely, and often generate discussions that cannot be achieved through other methods. In addition, they provide participants with opportunities to practice new skills like communication and decision-making.

By using these approaches participants are expected to:

- Become actively engaged in the learning process and more likely to remember and share new information
- Take responsibility for their own understanding
- Retain knowledge and understanding.
- Gain social skills by learning with others.
- Develop key critical thinking skills and life skills to become creative thinkers, reflective learners, team players, self-managers, independent enquirers, and effective participants.
- Develop their communication skills to change their behavior and negotiate their relationships positively and safely.

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<sup>3</sup> Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs (2011). *Go Girls! Community-based Life Skills for Girls: A Training Manual*. Baltimore, Maryland. Developed under the terms of USAID Contract No. GHH-1-00-07-00032-00, Project SEARCH, Task Order 01.

<sup>4</sup> World Relief, 2006. *Choose Life: A Guide for Peer Educators and Youth Leaders*

<sup>5</sup> DREAMS Malawi Toolkit

- Develop confidence to use a range of communication skills effectively in order to reduce their risk of vulnerability.
- Increase motivation and improve interpersonal skills.

Examples of the participatory methods used in the toolkit include:

**Brainstorming:** A brainstorm is an exploration of ideas and is a great way to open a topic for discussion. During brainstorming, no one should judge or place value on an answer someone gives. Each answer is simply recorded on newsprint or a chalkboard. This activity encourages participants to expand their thinking about an idea and consider a topic from different angles and perspectives.

**Group discussion:** Group discussion brings out responses from participants on a particular topic, and provides opportunities for the facilitator to increase participants' knowledge or correct misinformation. The sessions include questions to help you direct the discussion. Here are some important things to remember when facilitating a discussion:

#### *Asking questions*

- The effectiveness of the group discussion often depends on a facilitator's ability to use open-ended questions, which are questions asked by the facilitator that need more than a simple "yes" or "no" answer. These questions help to bring out feelings or thoughts about a topic or an activity. "What did you learn from this activity?" is an open-ended question. "Tell me how this activity affected you?" is another example of an open-ended question. Open-ended questions often start with What, When, Why, or How.
- "Did you learn anything?" is not an open-ended question, because the participant can simply say yes or no.
- Pause after asking a question to allow participants time to think of their answers.
- Look around the group expectantly as you wait for someone to answer. If no one responds, ask the same question using different words and pause again, waiting for them to answer.
- Once someone volunteers a response, do not be too quick to go on to the next question. Rather, ask if someone else has a response.
- Listen to the responses for important points and commend the speaker.
- When someone gives an answer that is clearly wrong, just continue by asking if someone else has a different answer. Do not say directly that it was wrong. When the correct answer is given, repeat it so the correct information is emphasized.
- Sometimes, the learning sessions will include "possible answers" in italics after the question. Do **NOT** read the answers to the group but use them to help you guide the conversation if participants are having trouble developing their own answers.

#### *Large group discussions*

- When a person speaks up, thank that person for speaking. Participants need to feel that they have been heard.
- Avoid interrupting people while they are talking. If you must interrupt someone who is talking too long, do so, but apologize.
- Try to have as many people as possible participate in the discussion. Encourage this by saying, "I'd like to hear from someone who has not spoken yet."



- Remember that for youth, speaking up in a group takes courage. Listen carefully to increase speaker's sense of confidence and safety. When people feel safe, they speak more freely, give honest answers, ask questions and, in the end, learn more.
- If a person gives a very short answer, you may want to encourage them to say more. You could say, "Tell us more about that."
- Sometimes it can be a challenge to manage the time of the sessions. You want people to feel free to talk about their thoughts and feelings but still respect time limits.

### *Small group discussions*

Breaking a large group into smaller groups to discuss certain questions allows more people to participate.

- The number of people in a "small group" depends on the activity. Groups of two to three are useful for sensitive subjects because even quiet people will have opportunity to speak.
- For less sensitive subjects, groups of five to eight people are appropriate.
- There are a number of ways to guide participants in forming small groups. If the subject is sensitive you can allow them to choose their own partners whom they will feel most comfortable sharing with. For less sensitive issues, consider forming groups using one of the recommendations in Annex B: Participatory Facilitation Resources.
- When giving a small group an assignment, be sure that everyone understands what it will involve and how much time they have to complete it. Ask, "Is the task clear? Are there any questions?" before they begin the task.
- Small group participants should physically move so they can face each other and hear each other (not sit too close to other groups to be distracted) – encourage them to move quickly when forming groups so they stay on task.
- Walk around and spend some time listening to and observing each of the small groups during the discussion time. Assure understanding of the task, answer questions the group has, and note key discussion points. Do not interrupt the small group discussion unless necessary.
- When possible, it is good to have the small groups report highlights of their discussions to the larger groups so everyone can benefit. Have each group choose one member to report to the large group. If time is limited, ask for new ideas from each group to add to what others have said.

**Group Work:** This curriculum is full of activities that require organizing participants into pairs or small groups, which encourages teamwork and participatory and interactive learning. The instructions frequently direct facilitators to do this, but usually leave the method for dividing participants up to the facilitator. "Appendix B: Participatory Facilitation Resources" provides some common techniques for forming pairs and small groups. The facilitator is expected to go round the groups, to assist participants where possible.

**Role-play:** Role-play provides the participants with an opportunity to experience a real-life situation, without having to take real-life risks. It is important that facilitators encourage participants to role-play realistic situations, and not ideal situations. In coming up with the role plays participants should be encouraged to answer the following questions through the 5 Ws to create scenarios.

- **What** is happening in the role plays?

- **Where** is it happening?
- **When** is it happening?
- **Why** is it happening?
- **Who** is involved?

For more tips on dramas and role-plays, see Annex B: Participatory Facilitation Resources.

**Icebreakers:** Icebreakers or energizers are quick, simple activities that help participants relax, become more comfortable, and (re)connect with each other while simultaneously energizing the participants to focus and participate. In addition to opening each session with an icebreaker, they can be used in the middle of a session to “wake participants up” if energy levels in the group seem low, then known as “energizers”. Participants themselves often have great ideas for energizers and icebreakers. If you wish, give participants a few options to choose from, or ask them for suggestions for a quick game or song to open a session. There are many ideas for icebreakers in Annex B: Participatory Facilitation Resources.

**Learning songs and games:** these have also been used to enhance learning. Facilitators are also encouraged to influence participants to initiate such songs and games. This will also help participants in building their confidence and initiative taking.

**Storytelling:** Stories are most effective when they are told in a way that captures the audience’s attention and helps them relate to what is being shared. When telling a story:

- Know the story well and practice telling it before starting the session.
- Review the story carefully before telling it for actions or events that may be offensive or misleading to the audience. Make changes as needed.
- Use a different tone of voice for each person in the story.
- Show different feelings on your face and in your gestures, such as worry, excitement and fear that follow the story line.
- If there is time, let the youth create a drama or role play to share the story (see suggestions for role plays in Appendix B: Participatory Facilitation Resources).
- To be sure participants have understood the story, you may want to ask a volunteer to repeat the story after you read or tell it.
- Be sure to follow a story with the questions presented in the session. Most learning happens after the story during the discussion.

**Explaining New Ideas:** Although the lessons are designed to encourage participants to speak and share, there will be times when the mentor must explain certain concepts or directions for an activity. It is important to know how to present information clearly and in a way that keeps participants interested so that participation can be meaningful. Here are some things to remember:

- Be familiar with important points so you do not have to read them word for word.
- Keep the presentation within the recommended time.
- Do not speak too quickly, because the participants will not hear what you say. Do not speak too slowly, because they might get bored.
- Look at the participants as you give the information. Even if you read the information, look up occasionally so that people do not feel ignored.



- After an important point, pause for a moment to let the group think about it.
- Watch people for signs of confusion. If you see signs of confusion, stop and ask what questions they have.

**Participatory Cooking Sessions:** Throughout the lessons, there are times where the group will cook together and practice healthy recipes that they can prepare at home. Read the Facilitator Notes at the beginning of these sessions for guidance as you lead the participants in cooking together as a group. You may want to invite parents to join these sessions occasionally so that they can learn about the importance of nutrition during adolescence.

While cooking sessions are underway, it is a good opportunity for facilitators to follow up with girls on the goals they have set in the program. Consider asking questions like:

- *Have the goals that you originally thought of changed or stayed the same?*
- *Have you learned anything in recent lessons that will better enable you to reach your goals?*
- *What obstacles do you think could prevent you from reaching your goals?*
- *How can those obstacles be prevented or overcome?*

## Session Structure

The *Thanzi Langa, Tsogolo Langa* Curriculum has 33 sessions. The sessions provide easy step by step guidance to facilitators as you deliver the content to your participants. For easy delivery, mentors should first familiarize themselves with the content by going through each topic before it is delivered. At the end of each session, there is a facilitator's comment box in which the facilitator should assess how the particular session was and what could have been done better to improve on the next session.

Each session has been outlined as follows:

1. **Session Title:** The session title names the main topic covered in the session.
2. **Session Description:** The session description summarizes the activities undertaken in each session.
3. **Learning objectives:** Learning objectives provide an overview of the learning aims and purpose of each session.
4. **Time:** A breakdown of the estimated time to be spent on each activity is provided at the beginning of each session and underneath each activity title. These general time frames have been assigned to aid in determining the division of time between each activity in a session so that all of the material can be covered. However, participants may want to explore some issues in more depth, or at other times they may work through the material more quickly. Allow participants flexibility with the space and time allocated to each part of a session. This will help them grasp 'take-home messages' associated with each session and develop an understanding of how to apply the information to their lives.
5. **Materials:** Materials needed to prepare for each session are listed. A set of training aids (including handouts, cards, charts, etc.) will be provided to facilitators in this manual for use with specific sessions (see the end of each lesson or Annex C: Training Aids for specific materials). Markers and a flipchart OR chalk and a chalkboard are helpful for most sessions. When these materials are not available, adapt the session accordingly.

6. **Pre-session Preparation:** Preparation activities for each session are noted. It is important for the facilitator to complete these preparations before each session. Being prepared for the learning session will make the facilitator's job much easier and help the session to run smoothly. Review this information carefully. See below section "Before Each Session" for guidance.
7. **Facilitator Notes:** These notes provide details about relevant session background information for the facilitator, additional session-specific tips that may be helpful, and reminders about how to facilitate each session.
8. **Terms:** Terms relevant to each session are listed and defined in the Glossary section of the curriculum (Annex A). These definitions can be referred to throughout the session where clarification is needed.
9. **Icebreakers:** A specific icebreaker is suggested at the beginning of a session if it is relevant to the session's topics. If no particular icebreaker is specified for a session, the facilitator is instructed to select one from "Appendix B: Participatory Facilitation Resources – Icebreaker Activities." Icebreaker activities may also be suggested by participants themselves.
10. **Review:** The review provides general instructions for revising the key points of the previous session(s), to discuss the results of any practice activities that were assigned between the previous and current session, and to answer any questions.
11. **Activities:** Step-by-step instructions for the learning activities are provided to guide the facilitator in helping participants learn and work with the concepts of the session. The steps are listed in the order in which they should be implemented and it is intended that the steps be followed as outlined. While a general script for each session is provided, facilitators should feel free to use their own words to explain each point. Special features for the facilitator to note include the following:
  - "Ask" = this cue highlights specific open questions to ask participants, or further explanations or instructions to give them
  - [Square brackets] = the "correct" answer to expect from a technical question
  - (Parenthesis) = additional instructions or information for the facilitator, should not be read out loud
12. **Wrap-up:** A suggested outline to wrap-up each session normally includes instructions to ask participants to summarize what they have learned during the session while the facilitator fills in any key points they miss, addresses any questions or comments, and ends the session on a positive note, with a clear take-away message.
13. **Practice:** Practice activities are to help reinforce the skills and knowledge gained during the session. They should be discussed at the beginning of the subsequent session. For some sessions, specific follow-up or practice assignments for participants to work on between sessions are provided. If suggested practice activities are not appropriate or are logistically challenging, facilitators should feel free to suggest one or two alternative things participants could do before the next session. These things should be simple, short activities, which enable participants to practice what they have learned in the session. It is important that assignments given are appropriate for age groups and stick to fairly simple tasks that do not require many resources to accomplish (i.e. "Ask someone about X", "Help a friend with Y", "Find out where Z is available," "Write down things that you..." etc.).

## General Facilitation Tips

Facilitation is an art! It contributes to the learning and development of individuals through a wide range of approaches. It seeks to assist a group of individuals to discuss issues, identify and achieve goals and complete tasks in a mutually satisfactory and participatory manner.

Facilitation deviates away from the traditional directive teacher - learner/ student approach. Rather, the process of facilitation is a way of providing leadership without taking supremacy. A facilitator provides clarification to confusing issues, summarizes and organizes the ideas and tests for consensus. There are various good qualities of a facilitator and these include:

- Sees the participants as sources of information, experiences and skills to share, rather than perceive themselves as the only experts in the session.
- Encourages participants to learn from each other, and guide this process rather than provide direct instructions and lecture-style learning.
- Believes people learn by doing, experiencing, practicing and feeling, rather than by memorizing and recording information.
- Is organized, but flexible in changing methods based on participants' needs.
- Is enthusiastic about the topics and participants.
- Keeps promises to the group – to let participants speak, take a break, etc.
- Is patient, audible and a good listener
- Is prepared to handle strong emotions that may arise during discussions.
- Listens and observes
- Is organized and prepared
- Is open, approachable and patient
- Encourages participation from all participants
- Reacts positively to all contributions from participants
- Periodically repeats/sums up important points
- Asks questions to clarify what participants have said
- Builds on participants' knowledge and experiences that they share
- Is aware of participants' reactions and energy level and modifies activities to respond to this
- Is flexible
- Does not judge others
- Does not lose sight of objectives and stays on task
- Ends sessions on a positive note, with a clear take-away message. Summarize the key learning points after every session and facilitate a recap of previous the previous session before commencing a new session. When appropriate, identify next steps or possible solutions to the problem.
- Encourages other participants to respond to questions raised by their peers before providing solutions or input.
- Relates the information to what has been learned in previous sessions whenever possible.
- Uses appropriate body language to encourage participation; this includes maintaining eye contact with participants and nodding one's head as they contribute. Always face the person to whom you are speaking.
- Makes the sessions fun!

### Before each session:

1. Carefully read through all of the session's background notes and activities. Think about how you will perform each step and what you will add to every session.
2. Try to anticipate questions that may be asked, and know where to look for answers in the materials provided. If participants ask questions that you cannot answer right away, write them down and follow up before the next session, so that you can discuss them then.
3. Adapt the activities and group discussions to make them more appropriate to the age and education level of your participants.
4. Think about and plan for any issues that may arise during more "difficult" sessions with complex material or sensitive topics.
5. Think of local examples and ways to make the activities more relevant to the participants' daily lives and concerns.
6. When possible, work from easy to difficult subjects.
7. Have materials prepared beforehand.

**Talking about Sensitive Issues** Some of the issues raised in this manual are linked to sex, relationships and HIV, which are perceived as sensitive topics in most communities. Some mentors may feel that talking about sex and contraception with young people encourages them to have sex. Research shows that on the contrary, talking with adolescents about these topics and giving them the facts and consequences encourages them to delay sex and to consider abstinence. However, mentors should not assume the participants are not having sex. Young people will often giggle with embarrassment when discussing topics related to sex or reproduction. Mentors should not let this discourage them or make them uncomfortable. Girls need accurate information on these subjects to make healthy choices and feel more comfortable with the changes they are experiencing. Let the embarrassment pass, wait for girls to settle down, and then focus on the information and skills they need.

Some tips for letting the participants know you are at ease talking about these issues:

- Accept the slang terms. Don't be afraid to ask what they mean if you don't know.
- Say you don't know if you don't. Tell them you will come back with an answer to their questions; talk to a health care provider or other expert who can give you the correct answer and report back.
- Be nonjudgmental. Stick to the facts and do not share your own opinions and values.
- Do not answer personal questions about your own sexual experience. If the question comes up, let participants know that your role as a facilitator is not to discuss your own experience.
- Set your own limits. Participants will be excited because of the topic being discussed and sometimes ask questions that could embarrass mentors. Mentors should be open and honest, but inform the participants when their behavior is disrespectful and when they feel uncomfortable answering a particular question.
- Be comfortable. Thoroughly review these materials and discuss them with other facilitators in your organization so that you will be at ease when discussing these matters with the participants.
- Be ready and prepared to give girls referrals for services that they may identify as a need when going through this toolkit, including where they can get help if needed. Planned group field trips



to health facilities or other important services could be a good way to identify where girls can easily walk in to their community services.

**Handling Emotions** Participants may get emotional during group meetings. Mentors should react sensitively and effectively when a participant becomes visibly upset during a session. They should strive to ensure that participants feel safe and are not embarrassed so that the group can move past any awkwardness or discomfort. Ways for a mentor to deal with an emotional situation include: moving the discussion away from an upsetting topic, relating an anecdote, moving on to a new topic, or taking a break. If a participant is upset by an activity, the mentor should try to talk to the participant privately in order to find out how and why the participant is uncomfortable. The mentor may suggest that the participant step out of the meeting space and should not force the upset adolescent to talk about what is upsetting her, but should be available to listen if the girl would like to talk. A mentor's role is to provide her with understanding, support, reassurance and any other required assistance. The mentor may want to remind participants that e.g. they can step out of the meeting space if they need to, at the start of sessions related to abuse and violence. The mentor may also want to learn a few different exercises to help participants regulate strong emotions, if these come up during the group. It is important for facilitators to remind participants that strong emotions are normal and having emotions is not wrong, and the exercises that the group learns may help them manage strong emotions.

*Please note: A mentor should be prepared to provide participants who have been abused with referral information and assistance for psychosocial services.*

*Emphasize to the participants that you are available to talk if they need to. The girls should also be encouraged to make friends with other girls in the group, and to also identify a person who would be a mentor outside the group. The person may be from their school, community or church or mosque.*

## Working with Parents<sup>6,7</sup>

Parents are co-educators in teaching life skills and reproduction to their children. If teachers, community members, religious leaders, and parents can work together, then young people are more likely to emerge as well-rounded, healthy individuals. Unfortunately, it is not always easy to work with parents. Parents often have concerns when reproduction is taught to their children and they may not feel comfortable or equipped to deal with these issues themselves. Parents or caregivers may also feel uncomfortable communicating these things because of their cultural values, norms, and traditions.

To improve the program's success, facilitators should do the following when working with parents:

1. Hold a meeting with parents or caregivers as part of the initial group formation so that parents can give consent to their daughters' participation. In this meeting, discuss the program as a whole, the importance of involvement of both parents, the lessons, and some of the more sensitive content. It is important that parents or caregivers be informed about the information being shared with their children, and this will help parents to be better prepared and better able to respond and participate in the family activities and exercises that are part of the program.
2. Keep them (parents) informed on the nature of the sessions, discussion content, and the objectives and benefits that shall accrue from the sessions.

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<sup>6</sup> [http://irh.org/wp-content/uploads/2013/04/My\\_Changing\\_Body-Eng\\_FEB\\_2012.pdf](http://irh.org/wp-content/uploads/2013/04/My_Changing_Body-Eng_FEB_2012.pdf)

<sup>7</sup> Adapted from Population Council: *Health and Life Skills Curriculum for the Adolescent Girls Initiative–Kenya (AGI–K)*

3. Get their opinions on how to improve the program.
4. Discuss any concerns and fears they might have regarding reproductive health or HIV/AIDS. This can be done during parents' meetings, home visits, and community days. 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 clubs.
5. Get to know the community better - find out more on the community needs, concerns, existing skills and expertise.
6. Bring in experts to present their ideas, help improve parent-child communication, and share resources and materials.
7. Consider creating a parents' committee to provide support for the clubs and to help the mentor solve any problems that arise. It is helpful for mentors to share their contact information in case parents or caregivers want to ask additional questions.
8. Ensure high levels of parents' participation in activities related to their adolescent girls – these could include checking the girls' homework, assigning the girls activities that require them to talk to their parents etc. 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. For example, participants could be asked to interview their parents or family members on their adolescence experiences. 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.

## MODULE 1

### DISCOVERING MY STRENGTHS



# LESSON 1: INTRODUCTORY SESSION

## SESSION DESCRIPTION

The facilitator explains the purpose of Thanzi Langa, Tsogolo Langa groups and helps girls establish their group by developing their own set of ground rules.

## OBJECTIVES

By the end of this session, participants will

- Feel welcomed in the group
- Know more about the program
- Know each other in the group

## TIME

1 HOUR, 25 MINUTES

- Opening Activity (10 minutes)
- Getting to Know Each Other (20 minutes)
- Overview of the Group (20 minutes)
- Creating Ground Rules (30 minutes)
- Wrap-up (5 minutes)
- Practice Activity

## MATERIALS

- Chalkboard and chalk (if available)
- Talking stick (a cane, stick, or rolled up piece of paper)

## PRE-SESSION PREPARATION

- Read through the entire session and, if necessary, practice presenting the activities
- Prepare all materials needed for the session

## FACILITATOR'S NOTES

Since this is the first session, the facilitator might be unsure of the participants' literacy levels. She or he should offer all information contained in this section using written and spoken words and pictures, always using clear language.

See "Annex B: Participatory Facilitation Resources" for additional games that can be used as icebreakers, energizers, or trust-building activities to start or spice up a session, or at the close of a meeting to end on a positive, teambuilding note. These are especially recommended for early sessions, as they focus on trust and relationship-building within the group.

If participants are hesitant to talk, the facilitator can use a "talking stick" to get things started. This entails the passing of a talking stick (a cane, a stick, a ball, or a rolled up piece of paper) to one participant. The participant with the talking stick shares, while everyone else listens. Then the participant passes the stick to another participant and that person talks while everyone else listens... and so on.

Setting **ground rules** for the activities is essential for managing group sessions. They help maintain peace and order and set a framework in which participants can be respectful and productive. Rules should be kept visible for all sessions and referred to as needed throughout the modules.

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 all girls are valued equally.
- 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 learners to blush, feel embarrassed, or not know the answers to all of the questions.
- The facilitator also may choose not to answer a question in front of learners.
- 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.
- No members should miss 2 consecutive sessions without a valid excuse

Throughout the lesson you will find additional Facilitators Notes to guide you as you lead the session.

## TERMS

### Icebreaker

An activity used to “warm up” participants in preparation for core activities

### Energizer

An activity used to establish or reestablish energy and enthusiasm among participants, especially if concentration is broken

### Empowerment

Making someone stronger and more confident, especially in controlling their life and claiming their rights

### Group Norms

The standard behaviors and characteristics of a group.

### Ground Rules

Basic rules set to help you feel safe and respected, and maintain productivity.

### Community Resource

An organization, institution, group, or person in the community that provides assistance and support to those at risk.

## OPENING ACTIVITY

Welcome participants to the program and thank them all for coming.

Let them know:

- Your name
- The overall objective of Thanzi Langa, Tsogolo Langa groups, which is to provide a safe and fun learning environment where girls can be equipped with life skills and knowledge for their nutrition, health and sanitation. The knowledge and skills that they gain in these groups, together with the friends that they will make, will help them maintain a happy and healthy life, and feel confident and empowered, asserting their rights and protecting themselves from harm and threats to their health.
- The program is for nine months and that they will be talking about different issues that they have to deal with daily, such as nutrition, decision making, reproductive health, HIV and other social issues.

Help girls start to feel comfortable and free.

*Explain:*

This is a safe space for you and everyone who is here to learn. You are free to ask any question since no question is dumb or silly!

### *Introduction of the Learning Objectives*

Read the objectives for the day's session. Help the participants understand the objectives by explaining what they mean. Ask if there is any question and clarify where they do not understand.

### ACTIVITY 1: GETTING TO KNOW EACH OTHER (20 MINUTES)

Tell the participants that they will play a game called, "who are you?"

*Explain:*

The first person will have to say their name and then turn to her neighbor and ask her, "who are you?" Next, the second person before saying her name will have to turn to the first person, tell the group who that person is, then introduce herself and ask the third person, "who are you?" The third person should introduce both the first and the second person before introducing herself.

The game will keep on going up until the last person. As others have done, the last person will have to introduce every person in the room before she mentions her name.

When the last person has mentioned everyone in the room, ask participants to quickly say their own name, age and what they hope to gain from participating in these forums.

While the participants share, record what they hope to get out of these meetings on the chalkboard. After everyone has answered, look over the list and comment on which of the participants' expectations are covered in this program and which are not.

*Say:*

Now we are going to do an activity called "Person to Person." Please clear the space of any obstacles that might injure you as we walk around the room.

*Explain:*

You will begin by walking around the room in any direction you want. At random intervals, one of the mentors will shout 'person to person'. When this happens, go to the nearest person and make a pair. Briefly say your names and one thing that you like to do.

We will keep on playing the game until you get to introduce yourselves to as many people as possible.

Play the game. After participants have been able to meet many of the others, have them come back to the circle. Ask girls to introduce 2- 3 people they interacted with.

*Ask participants:*

Why is it important for us to know one another?

## ACTIVITY 2: OVERVIEW OF THE GROUP (20 MINUTES)

Let the participants sit down whilst still maintaining a circle. Give them a very brief overview of the program, basic schedule and logistics of the program, as follows:

Tell the participants where and when the group will meet.

### *Explain:*

Each meeting will include interactive activities of approximately 1.5 hours in length. Each meeting will address a different topic (e.g., communication, relationships, health). Meetings will be safe places for participants to discuss topics and questions that they may not otherwise get to talk about with adults and they should not feel embarrassed about anything that is discussed, any questions they may have, or any experiences they want to share. Participants are expected to attend each week. If a girl misses two sessions in a row, the mentor will follow up to find out if that girl is all right. The activities are participatory. Participants are asked and encouraged to talk, share, discuss, have fun, and play at each meeting.

Let's remember the goal of our Thanzi Langa, Tsogolo Langa Groups: to have a safe and fun learning environment where girls can be equipped with life skills and knowledge about their health, nutrition and sanitation. The knowledge and skills that you gain in these groups, together with the friends that you will make, will help you to maintain a happy and healthy life, and feel confident and empowered, asserting your rights and protecting themselves from harm and threats to their health.

The program is on voluntary basis and no one should expect to be paid for her participation. However after going through all the sessions, participants are expected to gain a lot of skills and knowledge that will help them reduce their vulnerability and risks.

Allow time for them to ask questions.

### *Ask participants:*

Why is it important for us to meet as girls?

How can such meetings help us reduce our vulnerability?

## ACTIVITY 3: CREATING GROUND RULES (30 MINUTES)

### **Playing a Game Without Rules**

Ask the participants to choose any game they want to play as a group (such as netball, football). Divide them into two teams (could be in equal or unequal groups).

Give them the ball to use for the chosen game and the facilitator should act as an umpire/ referee. Without any discussions or strategies, ask the participants to play the game. During the game, the facilitator should give out scores, penalties and cautions to the teams in any way she wants.

After playing for a little while stop the game and have a discussion with participants as follows.

*Ask:*

- What was happening in the game?
- What are the consequences of what was happening in the game?
- What could be done differently for the game to be played fairly?
- How can the use of rules improve the game?

### **Playing a Game With Rules**

*Say:*

Now we will play another football game and we will observe all the rules.

Divide the participants into two equal groups. Ask participants if they are familiar with any rules of the game that they would want to be observed in the game.

Allow each team to strategize, and then let the participants play the game whilst observing on all the agreed rules. After a few moments, stop the game to have a discussion.

*Ask:*

- What was happening in this game?
- How has the game improved since the introduction of the rules?
- How did the provision of the rules help?

Based on the games that have been played,

- Why is it important to have rules in a group?
- Why should this group also have ground rules?
- How will these rules help us?
- What are the consequences of not following ground rules in a group?

### **Brainstorming Ground Rules for the Group**

*Say:*

Now let's brainstorm on the ground rules that you think will be necessary for the group for participatory teamwork.

*Ask:*

What are some ground rules you would like to set for these meetings?

[e.g., what is said is not repeated anywhere else; everyone should participate only if they want to; no putting someone else down for their feelings, opinions, or experiences; be respectful; listen and do not interrupt; etc.]

### **Note to the Facilitator**

*Emphasize to participants that:*



*Ground rules are the rules of conduct that members of the group agree on before proceeding with group meetings. They therefore act as guiding principles. These are created to make the participants feel safe, equal and protected at all times.*

*Some of the ground rules that should be included are:*

- *Equal participation*
- *Time management (starting and ending on agreed times).*
- *Treating each other with respect*
- *No one is allowed to look down on someone else because of her feelings, opinions, or experiences*
- *Listening*
- *Allowing one person speak at a time (no giggling and interruptions as someone else is speaking)*

Allow a participant who can read and write to record ideas for ground rules on the chalkboard (if available) and use them for reference throughout the entire program. Copy the rules into the page at the end of this lesson so that you can remember them and ask the girls to repeat them throughout the entire program.

**NOTE TO THE FACILITATOR:** *Write in simple terms (also using pictures) to accommodate all literacy levels.*

*Pose the following question:*

What are some interactive punishments you would like to set for those who break the ground rules?

[e.g., the one who breaks the rules must do 10 frog jumps, or write on the chalkboard (or say out loud) three things they have learned so far today, or sing one verse of a song, etc.]

Also record these responses on the page at the end of this lesson for reference throughout the entire program. Then explain to participants that they will now vote to agree on these rules by raising their hands. Explain that this vote will serve as a contract, meaning that the group has agreed to follow these rules in each girl's group meeting.

### *Action*

**Initiate the vote.** If one or more girls do not raise their hand, ask why and discuss what should be changed to the rules in order for everyone to agree to them.

After the vote is complete, allow every participant to write/draw her sign on the ground rules paper to show her commitment and agreement to the rules.

### **CLOSING ACTIVITY: MY NAME IS... AND I LOVE TO....**

Let participants stand up and make a circle.

*Say:*

Think of something you love doing and an action that goes with it (e.g. playing football, cooking, dancing).

One person will start and step forward and say "My name is..... And I love to.... "(With an action) then steps back. Once they go, everyone else will step forward together and repeats what the person did and said with the same expression, intonation and actions.

Continue until each person including the facilitator takes her turn at introducing herself in this way.

## WRAP-UP

Ask participants to summarize what they have learned. Fill in any key points they miss.

**Key Message:** You will be participating in Thanzi Langa, Tsogolo Langa groups over the course of the next nine months. Thanzi Langa, Tsogolo Langa group sessions are a safe space in which you will learn about nutrition, reproductive health, sanitation, and life skills so that you can pursue your dreams!

### Note to the Facilitator

*This is a good wrap-up technique to use for any session.*

*Emphasize the following to the participants:*

- *You are available if they need to talk or help with issues that are affecting them*
- *The program can only have an impact on their lives if they are available and take part in the activities*

Ask:

What is the goal for Thanzi Langa, Tsogolo Langa groups?

[To provide a safe and fun learning environment where participants can be equipped with life skills and knowledge about their health and nutrition and sanitation.]

Ask for any final questions or comments. Remind participants where and when the next meeting will take place, and what topics will be discussed.

Thank them for their participation.

### *Facilitators general comment box about the session:*

What went well?

What could be improved?

## This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

## LESSON 2: SAFE ENVIRONMENT

### SESSION DESCRIPTION

Participants brainstorm a list of resources and safe places in the community while building their relationships with each other.

### OBJECTIVES

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

- Identify settings that are safe for girls
- Identify resources in the community that girls can access when they need help
- Identify people that would help/offer them support and make them feel safe

### TIME

1 HOUR 30 MINUTES

- Icebreaker (5 minutes)
- Review (5 minutes)
- Community Mapping (30 minutes)
- Building Friendships (30 minutes)
- My Supporters (10 minutes)
- Wrap-up (5 minutes)
- Practice Activity (5 minutes)

### MATERIALS

- Chalkboard and chalk (if available)
- Lesson page with the ground rules written on it from the previous session
- A comprehensive list of local community resources and their contact information for:
  - Sexual/reproductive health services (including contraceptives)
  - HIV testing and counseling
  - Care Group volunteers and local HSA: for information, support, and services before and during pregnancy and early motherhood
  - How/where to report sexual or domestic violence
  - Psychosocial counseling referral for any vulnerable girls who have been abused or raped
  - Legal services (It may be helpful to produce index cards with images of these community resources.)

### PRE-SESSION PREPARATION

- Read through the entire session and, if necessary, practice presenting the activities
- Prepare all materials needed for the session

Create a list of community resources for girls (as detailed in the materials section). You can get help from community leaders to put this together. Talk with community members to ensure that you have included as many people and places as possible on your list of community resources, and that all contact information is up-to-date and correct.

### FACILITATOR'S NOTES

The aim of the community mapping activity (Activity 1) is to help girls create or identify spaces in the environment and with people where they will feel safe to explore and express their feelings, thoughts, beliefs and behaviors around a variety of subjects. By identifying the safe space/ environment, it will help the girls feel safe as they embark on a journey to become more confident, gain power, independent, aspired and avoid risks that may make them vulnerable.

In safe spaces, girls are free to interact with other girls, share ideas and support each other as they work towards being empowered.

The safe spaces are:

- Free from emotional and physical abuse
- Private and confidential
- Culturally acceptable to parents yet free from parental pressures
- Not subject to intrusions by males, and any other persons not affiliated to the program

## TERMS

### Safe Space

Places where girls and women can meet and share their own interests. The safe spaces are meant to protect girls and women from bodily harm, sexual abuses and harassment.

### Community Resource

An organization, institution, group, or person in the community that provides assistance and support to those at risk

## ICEBREAKER (5 MINUTES)

Ask a participant to facilitate any song, dance or game that is popular within their area to be enjoyed by all participants.

## REVIEW (5 MINUTES)

Ask participants what key points were covered in the first session (optional: throw a ball of paper around to encourage participation). Fill in any key points that are missed.

Ask if there are any questions before moving forward. Read the objectives loudly (or ask a participant to do so).

Let participants be in pairs and they share their understanding of the objectives.

After a few minutes, clarify the objectives.

*Say:*

This session will focus on safe spaces. These safe spaces are places where girls and women are supposed to meet and share their own interests. The safe spaces are meant to protect girls and women from bodily harm, sexual abuses and harassment. An example of safe spaces include 'this group'.

## ACTIVITY 1: COMMUNITY MAPPING (30 MINUTES)

Ask participants to make a circle and sit down.

*Say:*

Today we are going to do an activity called community mapping.

In groups of three or four, draw a map of our community. In the map, identify and mark places that are safe and not safe for girls. Also mark resources that are currently available to you when it comes to your nutrition, health including mental health, health, safety, and well-being—such as sexual and reproductive health services, HIV testing, legal services, counseling, and sexual and gender-based violence services?



Encourage the participants to draw a map that should cover as many places as possible, e.g school, borehole, churches, mosques, health center, market place etc. You can assign each group a different portion of the chalkboard to work on, if available.

Have girls present their maps to the group, and allow participants to draw a bigger map that puts it all together. It will be best to draw the map on flip charts (if available) so that it can always be pasted on the wall.

Then share your list or index cards with images of local resources and contact information that you have gathered before the session, to see if anything needs to be added.

After the presentations allow a discussion based on these reflection questions:

- Why are the places marked 'safe' considered as safe places/spaces for girls?
- Why are the places marked 'unsafe' considered as not safe places/spaces for girls?
- What should we do as girls to avoid such unsafe spaces?
- What can we do if we are faced with the dangers/ risks at such places?
- Where can we report or who can we talk to if we have faced any of the risks?
- How can we make this group a safe space for all members?
- How would safe spaces help us achieve our personal goals?

Emphasize the importance of turning to the services available in the community whenever participants, members of their families, or friends need assistance.

#### Note to the Facilitator

*Emphasize to participants that safe spaces are places, settings or environments where girls feel safe and secure physically and emotionally.*

*If participants have mentioned any other community resources that are not already included on your prepared list, let them know that you will follow-up on getting any additional contact information needed for those, and that you will provide it to them at the next meeting.*

Energizer: Ask a participant to facilitate/teach a game to her peers before starting the next activity.

#### ACTIVITY 2: BUILDING FRIENDSHIPS (30 MINUTES)

*Say:*

Think of someone you would consider a good friend or someone you would like to be your friend.

*Ask:*

Why is that person a good friend? Why do you want that person to be your friend?

*Say:*

Now let's create a 30-second "Friend Wanted" radio advertisement. You do not need to write it down, and it doesn't need to be perfect. The advert should simply indicate interests, hobbies and positive qualities you are seeking in a good friend.

Give participants a few minutes to think about their answer. Then, ask participants to share their 30-second advertisement with the group. For fun, use a pretend radio microphone.

After the girls have gone, facilitate a discussion around the following questions:

- What are some of the key qualities you heard each other are looking for in friends?

- Why are these important qualities?
  - [Participants may say things like trust, make them feel good about themselves, have their best interest at heart, care about them and/or won't force them to do things they don't want to do]
- Do you think boys and girls want the same qualities in a friend? Why or why not?
- What qualities do you offer to a friendship?
- How can such friendships help us in this group?

#### Note to Facilitator

*Encourage participants that by the next session participants should find a buddy within the group and make a pair, if there are odd numbers it is okay for another group to be three people. Participants should be encouraged to pair with someone they are not friends with already. Encourage them to only pair with someone who has not made buddies with someone else already.*

### ACTIVITY 3: MY SUPPORTERS (10 MINUTES)

Have participants find a partner and a place around the room to sit where they can reflect and discuss.

#### Say:

With your partner, reflect on someone who you feel you can share personal issues with (e.g issues on pregnancy, school, sex/relationships, puberty, fears and achievements).

Also reflect upon why this particular person or people are ideal for you to share such issues with.

After giving the pairs a few minutes to reflect, call them back to the whole group. Let participants know that the people they have identified are from personal choices. They are free to share their names with the rest of the group if they want to, but they do not have to.

#### Say

Within the community, there are different people, especially women, that are playing different roles to help adolescent boys and girls and young men and women to be empowered, end early marriages, return to or stay in school, and end gender based violence. These are people that you can talk to and share your personal stories, fears and beliefs that are affecting you without being judged. Such people include: mentor moms, women in Care Groups, teachers, church counsellors, aunties, sisters, mothers, and the two of us who lead this group.

#### Note to the Facilitator

- *Highlight to the participants that some of the good qualities of a mentor are: honesty, patience, flexible, able to provide guidance, demonstrates a positive attitude, and is discreet.*
- *Also encourage the participants to be open with one another, be trustworthy and help one another within the club on the different issues that will be discussed within the group.*

### WRAP-UP: ANYONE WHO? (5 MINUTES)

Ask all participants to sit down except one person. The person standing will have to lead the game. She will have to shout 'anyone who...' and finish off the sentence with anything that comes to mind about someone's appearance or something they did (such as anyone wearing red, anyone wearing sandals, anyone with earrings in, etc.)

Those people should then change places (i.e. anyone wearing something red change places, or anyone who ate nsima yesterday change places). Additionally, the person standing should try to find a spot to sit and the girl left standing will say a new “anyone who...”

As the activity goes on the facilitator should encourage more and more use of what has been discussed in the session i.e. anyone who knows a safe place in her community change places.

Have participants sit down, and ask them to summarize what they have learned. Fill in any key points they miss.

**Key Message:** There are safe places and safe people in my community where I can be myself and get help if I need it!

## PRACTICE ACTIVITY (5 MINUTES)

*Explain:*

At the end of some sessions I will share a suggested activity that you can practice on your own to help reinforce the skills and knowledge that were gained during this session. These practice activities will be discussed at the beginning of the next group meeting.

Between now and the next session, participants should think of (and if possible, write down):

- One thing they do well, and
- One thing they would like to do better.

Participants should go to the people they have identified as their confidants to let them know about their decision and share any other issues that they can think of.

Participants should also find a special buddy within the group whom they will be sharing some of their reflections from the meetings, remind each other about what they have learnt and encourage each other to achieve more.

## CLOSING

Ask for any final questions or comments. Remind participants where and when the next meeting will take place, and what topics will be discussed.

Thank them for their participation and remind them of the date, time and location of the next meeting.

**NOTE TO FACILITATOR:** *Remember to find contact information for any additional resources that were listed by participants, so that you can provide it to them at the next session.*

### *Facilitators general comment box about the session:*

What went well?

What could be improved?

## LESSON 3: BEING YOURSELF AND BEING CONTENT

### SESSION DESCRIPTION:

Girls approach issues of self-image and goal setting in a lesson meant to help youth build self-confidence, to accept and feel good about themselves and to begin thinking about a goal for their future.

### OBJECTIVES:

By the end of the session, girls will

- Discover that they are unique and valued
- Discover the negative consequences of a poor self-image
- Identify the benefits of self-acceptance
- Identify some of their good qualities and their capacities
- Identify some of their goals for the future

### TIME

#### 1 HOUR 35 MINUTES

- Icebreaker: Guess Who Game (25 minutes)
- Review (5 minutes)
- Story Telling (30 minutes)
- Future Goals (30 minutes)
- Wrap Up (5 minutes)
- Practice Activity

### MATERIALS

- pens/pencils
- small pieces of paper
- basket or other container for “Guess Who”

### PRE-SESSION PREPARATION:

- Read through the entire session and, if necessary, practice presenting the activities
- Storytelling: Know the story well and practice telling it before the session begins. You may also ask one of the participants to read the story (see Activity 1: Story and Discussion) to increase participation.
- Prepare all materials needed for the session

### FACILITATOR’S NOTES:

Often, inner strength is called ‘self-esteem’ or ‘self-worth.’ To esteem means to value and respect. When a girl has good self-esteem—good inner strength—it means she has respect for her own thoughts, her own feelings, and her own body. She is better able to listen to the voice inside her that tells her what is right and what is wrong. She can form good habits in all areas of her life and is less likely to let others take advantage of her. When she has good self-esteem, she can set goals and make choices that honor not only herself, but also her family and her community.

Another important part of building inner strength is ‘**empowerment**’. To be empowered means that a girl decides what happens to her. A girl who is empowered plays an active role in her own life, family, school and community, and chooses wise actions that can make her life better. A girl may look at her life and feel that she has no power at all. Her family’s condition may be very hard. She may be treated harshly or she may be poor. She may have experienced war or violence or have lost a loved one to sickness. A wise mentor can help a girl learn to be empowered, even after difficult experiences. Like self-esteem, empowerment does not happen in one moment. It happens over time by giving girls the chance to talk about and act out important choices without fear of making mistakes.

Empowerment and good self-worth go hand in hand. A girl shows that she is empowered and has good self-worth by the way she acts. Her inner strength helps her to show respect to herself and others, to be honest, and to take responsibility for the choices she makes and what she does. She is proud yet humble in the things she does well and receives praise with grace. She is willing to try new things. She listens when others correct her, knowing this will help her grow and learn. Her inner strength helps her to forgive herself if she has done something she knows is not right and not to take to heart what is hurtful. She can name and express her thoughts and feelings. She loves herself and others. Her inner strength helps her always to recover if things go wrong.

Often teens and young adults suffer from a poor self-worth and need to know that they are acceptable and lovable as they are. Many are not happy with who they are or their situation. They constantly compare themselves to their peers. They want to have more money, look like movie stars, live in a different house, be more popular, be older, etc. They are vulnerable to pressures from their peers. They can feel isolated by or in their worries. In order to feel better about themselves or to feel accepted and admired by others, they try things even if they know it could bring them harm. Improving self-worth can decrease a young person's vulnerability to poor life choices and can increase their ability to become a productive, empowered adult.

## TERMS

Empowerment

Making someone stronger and more confident, especially in controlling their life and claiming their rights.

Self Worth

What a person thinks about themselves

## ICEBREAKER: GUESS WHO GAME (25 MINUTES)

Ask participants to write on a small piece of paper something about themselves that is positive and that others may not know about them. Ask them to fold these papers and put them in a container (i.e. basket, hat). Then have each participant choose one from the container. If they pick their own they should put it back and take a new one. Allow participants to walk around and asking each other questions to try to find the person who matches the paper they selected. If after ten minutes everyone has not found their match, stop playing and have the group together try to decide who matches the remaining descriptions.

*Alternative game:* If the group does not know one another well already, have each person choose a partner. Give them two minutes to find out these three things about their partner: 1) their name, 2) their favorite food, and 3) a person they admire. Then each person should quickly introduce their partner to the rest of the group by saying these three things. For example – “This is Elizabeth. Her favorite food is nsima with beef stew, and she admires Anastasia Msosa.”

## REVIEW (5 MINUTES)

Ask participants what key points were covered in the first session (optional: throw a ball of paper around to encourage participation). Fill in any key points that are missed.

Go over the practice activities that were given in the last session, and ask if there are any questions.

## ACTIVITY 1: STORY TELLING (30 MINUTES)

### *Explain the Following:*

Today we are going to hear about some young people of different ages and how they are dealing with life issues. Some might be like you and some like your brothers and sisters or people you know. We will try to understand what they are going through and discuss how they might respond.

### *Tell the Story:*

Rebecca is 17 years old and is at Nkhamenya girl's secondary school. She does very well in her classes and hopes to get a spot at the University of Malawi to study law. She will be the first woman from her family to attend university, and sometimes she feels burdened by the expectations her family members have for her. Lately though, concentrating during math class has not been so easy for Rebecca. Two weeks ago, when the head teacher decided to reassign the male youthful teacher to their class, a young man she has been interested in all year was assigned to take them in mathematics. Rebecca has to really try to listen to the lecture. Otherwise she could spend the entire class period imagining what it would be like to be his girlfriend.

Rebecca is pretty but does not try to draw attention to her looks. When she was younger, boys paid a lot of attention to her, but once they realized that she was more interested in studying than flirting with them, they stopped. Now she feels almost invisible to boys, and especially to the young man from her math class. She is afraid of speaking in front of him in case she says something foolish. She does not raise her hand to answer questions because she does not want him to think she is smarter. When she sees him talking and laughing with other girls, she finds herself comparing the way she looks to them. She wishes her skin were as light as one or that her hair looked more like the other. Sometimes it feels like she would give anything, even her place at university, just to feel like she was attractive to this one young man who she has never even spoken to!

Tamala is 15 years old and a student at the same school as Rebecca. Her older sister, Selina is in Rebecca's class. Tamala has always looked up to her older sister and tried to be seen with her and her friends as much as possible. They tease her sometimes and she's always comparing herself to them. Now Tamala finds herself wishing she wasn't just always doing what her older sister does. She wants to join the choir at church and to participate in the community drama group, but she can only imagine what Selina and her friends would say if she tells them she won't be playing netball after school anymore because she wants to sing and act instead. She would never hear the end of it!

### *Pose the Following Questions:*

- How does Rebecca view herself?
  - Responses could include: she is unsure of herself, she is shy in front of the teachers, she doesn't like the way she looks
- How does Tamala view herself?
  - Responses could include: she feels inferior to her sister, she wants to do something different.
- There are things about you that you can change now, things you can change later, and things you cannot change.
  - What are some things in your life that cannot be changed now?



- What are some things that you can change now?
- What are some things that could change later?

*Have participants choose a partner and discuss:*

What are some things you don't like about yourself that others might see as positive?

After the pairs have had time to discuss, ask the groups if they would like to share. Listen to several responses.

*Say:*

Each one of us is special. We are made the way we are for a special purpose. But often we are not happy with ourselves and want to be like someone else. Sometimes, we do things not because we want to but just to get others to like or accept us.

*Ask the group:*

- What are the benefits of being content with yourself, just as you are?
- What does it mean to have respect for yourself?

## ACTIVITY 2: FUTURE GOALS (30 MINUTES)

*Say:*

Take a walk around our space. Don't stop until I tell you to.

As you walk around, think about what you want to do or complete in one month, or something you want to do before you reach 20 years of age, or any other time frame.

After a few minutes and when you think they have at least thought of one or two things, tell them to stop and share their ideas with a partner.

After a few minutes, ask the girls to come back to the group and make a circle. Invite girls to share their ideas with the group. As girls share, be sure to note down what they say on the chalkboard (if available).

*Pose the following questions:*

- What will enable you to achieve your goals?
- What may prevent you from achieving your goals?
- Why is it important for girls to have goals in life?

Make sure to make clarifications where necessary.

*Explain the Following:*

It is very important for everyone to have goals in life and to think about how they can be achieved and what may prevent this. As we continue to meet, we will discuss what is important for enabling us to achieve our goals and what obstacles we may need to avoid

or overcome in order to reach our dreams. People can have goals for the next year, the next 5 years or 10 years for their life. These goals may change as one gets older but it is important to write them down and think about them.

Note To Facilitator:

*Make sure that the ideas are also written down on part of the chalkboard (if available) for reference. If the participants cannot read and write, help them! Go round the groups to make sure participants are discussing the right things.*

### WRAP UP (5 MINUTES)

Remind the girls that it is important to be confident and to be aware of themselves. Emphasize to the participants that by setting goals it will give them something to work towards. It is important that they recognize the skills and benefits they have, as well as the support from others that can help them to reach their goals. By believing in themselves and their ability to reach their goals they can achieve what they want. Be sure to emphasize the fact that it is important to revisit goals over time to make sure they are still on track and not to lose sight of goals that may take many years to achieve.

Ask participants to summarize what they have learned. Fill in any key points they miss.

**Key Message:** I am valuable for who I am, made with many skills and abilities. I am able to set and reach my goals for the future!

### PRACTICE ACTIVITY

*Say:*

This week, do one thing to encourage someone and help them feel better about themselves. Next time we meet, we'll hear your stories!

### CLOSING

Ask for any final questions or comments. Remind participants where and when the next meeting will take place, and what topics will be discussed.

Thank them for their participation and remind them of the date, time and location of the next meeting.

#### *Facilitators general comment box about the session:*

What went well?

What could be improved?

## LESSON 4: GOOD COMMUNICATION

### SESSION DESCRIPTION

Healthy relationships and good communication involves having confidence, good verbal and non-verbal communication skills, and listening skills. The purpose of this session is to help girls develop these skills and to encourage healthy communication between their friends, families and others in their community.

### OBJECTIVES

During this session, girls will be able to:

- Discuss the importance of listening in good communication
- Reflect on the importance of talking with others about matters that concern them
- Practice a conversation that reflects good communication skills

### TIME

1 HOUR, 30 MINUTES

- Icebreaker: Human Knot Game (10 minutes)
- Review (10 minutes)
- Story and Discussion (30 minutes)
- Tips for Effective Communication (20 minutes)
- Role Play (15 minutes)
- Wrap Up (5 minutes)
- Practice Activity

### MATERIALS

- Chalkboard and chalk (if available)

### PRE-SESSION PREPARATION

- Read through the entire session and, if necessary, practice presenting the activities
- Prepare all materials needed for the session

### FACILITATOR'S NOTES

Communication is the exchange of ideas or a message between two or more people. Communication is someone giving a message and one or more people receiving a message. Communication is only good if the giver of information expresses herself well and if the receiver understands the message. In the best cases, two people act as both the giver and receiver in the same discussion, sharing ideas back and forth. Good communication is very important for relationships with friends, family, and adults. When communication fails, confusion and problems can occur.

Good communication is essential for our happiness as well as our survival. People communicate in many ways, such as with words, actions, facial expressions, and the body. A newborn baby quickly learns that crying results in action on his behalf. Being able to appropriately communicate thoughts, feelings, needs and desires is a skill that can help youth build self-confidence, solve problems, resolve conflict and protect themselves from unwanted sexual advances.

For example, if someone turns her head away while someone is talking, she is communicating that she is not interested in what the person is saying. If a girl turns her body toward the person who is talking, she is communicating that she is listening to the person. These are ways of communicating with the body. Messages communicated through body language are often different from one culture to another. Mentors can help girls communicate better in their own cultures and be more understanding of other cultures.

Many youth, for example, are afraid to ask questions about their own sexual development or feelings and then get false information from other children or from television, music, movies, etc. Others who have been sexually abused never tell anyone about their experience because they are afraid that they have done something wrong and will be punished. Some may not share their worries and feel alone in them, instead of finding out that many people share them.

## TERMS:

### Communication

Process of sending and receiving information or thoughts through words, actions, or signs

### Non-verbal Communication

Facial expressions, eye contact, body position, touch, and actions that give meaning to what is said

### Body Language

See non-verbal communication

### Verbal Communication

When one person talks and others listen and react

### Effective Communication

Communication that avoids misunderstandings and improves relationship

## ICEBREAKER: HUMAN KNOT GAME (10 MINUTES)

This game allows teams to work together and untangle themselves from a knot by listening to each other and following suggestions. All players stand in a circle, with shoulders touching. If the group is large make several circles of 5-10 participants each. This game has three rules:

1. Each player should grab the hand of another player. They can grab anyone's hand EXCEPT the hand of the players standing next to them on either side.
2. They must use both hands, but CANNOT hold two hands of the SAME person. Each person should be holding hands with two different people. They should not be holding the hand of the person next to them on either side.
3. Everyone must listen to each other and try to coordinate what they are doing rather than just doing their own thing

*Let the group members grab hands and then say to them:*

Now that you are all tangled in a knot, it looks as though it could never be untied, but try it! You can move in any direction, as long as no one lets go of the others' hands. You may need to lift arms over shoulders several times and step over each other's clasped hands. If you all work together, and listen to each other's suggestions about your movements, you should end up in a single joined circle except that some of you may be facing out, rather than in.

*After the knot is untangled ask the following questions:*

- What do you think this game is teaching us?
- What was the importance of listening in this game?

## REVIEW (10 MINUTES)

### *Say and Ask*

Last week we asked you to encourage someone you know and to help them feel better about themselves.

- What did you do to encourage someone else this past week?
- What did another person do to encourage you?

Ask if there are any questions on last week's session and clarify before moving forward.

Ask participants to make groups of two or three and discuss the following:

- When you feel happy and content with yourself, how does that affect your actions towards others?
- How do you intend to overcome challenges so as to achieve your goals?

## ACTIVITY 1: STORY TELLING (30 MINUTES)

### *Ask group:*

Today we're going to talk about good communication.

- What does communication mean to you?
- In what ways do we communicate with one another?

Responses should include: words (verbal), actions (non-verbal) and listening

### *Tell the Story:*

Thandiwe is a girl from Mkhlapathumba village of traditional authority Malenga in Ntchisi district. She is 15 years old. One day, at home, she felt paralyzed as her auntie walked in. She knew she should make a dash to switch off her phone before her auntie saw what she was watching, but her panic at having been caught watching a pornographic clips her family disapproved of kept her glued to her seat outside the house.

As Thandiwe's auntie took in the scene on the phone screen, she glared at her niece and scolded her. "How many times have I told you that you are not supposed to watch that rubbish?"

Thandiwe did not respond. She got up from her seat and quietly left the house as her auntie went into the house stomping, asking herself what the younger generation was coming to.

Thandiwe wandered down towards other homes in the village. A few metres down, she spotted her friend Tadala, sitting outside working on her mathematics home work.

"Oh Tadala," she sighed. "I wish I understood this 'sex' thing. It seems like everybody of my age has a boyfriend or girlfriend."

I hear all sorts of stories about it. And yet, adults get so upset when the subject comes up and don't want to talk about it. If only my auntie knew what my classmates tell me and

encourage me to do, she and my parents probably would never let me go back to school.” Thandiwe continued, “Tadala, do you understand all about sex? Have you tried it?”

Tadala laughed. “No, Thandiwe, I have never slept with a boy. Several years ago, some of the women in my church planned a special seminar for the teenage girls. We spent several days together at the church talking about what sex is and when God intends for us to enjoy it. They talked about the kinds of things that grandmothers used to teach our aunts and mothers about before life changed so much in our country. They also gave us time to ask the questions we had.”

“I have so many questions,” Thandiwe said. “I wouldn’t know where to start!”

### *Pose the Following Questions:*

- Why do you think Thandiwe found it difficult to talk to her teachers or parents about sex?  
*Responses could include: she felt ashamed, and didn’t think they would understand. They were not willing to open up about it.*
- What are the dangers of not having right information from the right people?  
*Responses could include: You can be misled, you can fall into problems, you can take the road of danger*

### *In smaller groups of 5-8, discuss:*

- How easy is it to talk to your own family?
- Think about an adult who is easy to talk to. What do they do that makes it easy to talk to them?

## ACTIVITY 2: TIPS FOR EFFECTIVE COMMUNICATION (20 MINUTES)

### *Explain:*

“Effective communication” refers to communication that avoids misunderstandings and improves relationships.

### *Ask:*

What do you think makes effective communication?

[fill in any areas not mentioned from the tips in Box 1: Effective Communication Tips]

When you are trying to communicate, how does it feel to:

- Be interrupted or not be heard?
- Be criticized, called a name, or labeled?
- Be judged or made to feel guilty?
- Sense that the other person is trying to control the conversation?
- Receive negative nonverbal messages, such as being frowned at?



### *Explain:*

There are certain STRONG communication tips. When trying to effectively communicate, say:

- “I feel ...” The emotion that she is experiencing, e.g. “Every time my mother sends me to the market, I feel very anxious.”
- “When you...” What the other person did that caused her to feel the emotion, e.g. “When you talk of how often young girls are followed around by men in the market, it makes me feel afraid.
- “Because...” Why the action caused her to feel the emotion, e.g. “Because I know I can easily get followed around by someone I don’t know when shopping in the market.”
- “And I would like/want/need...” What she would like to have happen in order to feel better, e.g. “And I would like for my mother to make sure that my brother accompanies me whenever she sends me to the market.”

Write these five steps on the chalkboard.

#### **Box 1: Effective Communication Tips**

1. Clear communication occurs when the message the sender intends to convey is the same as the message that the receiver understands.
  - People communicate both verbally and nonverbally.
  - It is important to check that your message was understood correctly, especially if it involves a difficult or emotional topic.
2. In every situation, one of the most important techniques for good communication is listening well and with respect. However, cultural norms influence what kind of communication is considered appropriate.
3. Active and nonjudgmental listening can enhance communication. When you are listening:
  - Try to understand the other person/people;
  - Say things that validate the other person, such as “I can understand how you feel,” or “Good point”;
  - Make eye contact;
  - Give positive nonverbal cues, such as a smile, nod, or pat on the back; and
  - Ask for clarification.
4. Specific behaviors can enhance verbal communication. Common constructive behaviors include:
  - Stating feelings and starting sentences with “I” rather than with “You”;
  - Acknowledging that all people have a right to their feelings and opinions;
  - Avoiding being too directive, judgmental, or controlling;
  - Stating as clearly as possible what you want or what you do not want; and
  - Helping identify possible solutions to problems.
5. Many behaviors can impair communication.

### ACTIVITY 3: ROLE PLAY (15 MINUTES)

*Say:*

Now we will have three pairs role-play one of the following scenarios or make up their own situation to depict effective communication between a youth and an adult. Use the five tips we just discussed in your role-plays. Make sure to demonstrate good listening and respectful communication!

*Identify the volunteers, and say to them:*

Make up your own situations or choose from the following scenarios:

- You want to talk to your parents or another older person about your dream of becoming a pilot or a lawyer and what it will take to achieve this.
- You want to talk to your parents about your teacher asking for sexual favors in order for you to pass your exams.

See guidelines for directing role plays in Resource Section C. Allow participants a few minutes to plan and practice role-plays before asking them to present for the group.

*At the end of each role play, ask the players:*

What made it easy or difficult to talk to this person?

*Ask the group watching the role play:*

What examples of good communication did you see?

*Ask everyone:*

- Which feelings and emotions were communicated during the role-plays?
- Were they expressed verbally or nonverbally?
- How did communicating the emotions and feelings affect the outcome of the situation?

### WRAP UP (5 MINUTES)

*Ask the Large Group:*

What are some of the benefits of good communication?

Responses could include: *it can help us know the facts, improves our relationships, keeps us from making mistakes.*

Fill in any key points that participants miss.

**Key Message:** Healthy communication can lead to healthy relationships!

## PRACTICE ACTIVITY

*Say:*

This week, pay attention to how you communicate with others. Do these two things:

- listen before you speak
- only speak words that will build others up

Try it and see what happens. You can start with your supporters, the people that you trust. You can share your experiences the next time we meet.

## CLOSING

Ask for any final questions or comments. Remind participants where and when the next meeting will take place, and what topics will be discussed.

Thank them for their participation and remind them of the date, time and location of the next meeting.

*Facilitators general comment box about the session:*

What went well?

What could be improved?

## LESSON 5: MAKING GOOD CHOICES

### SESSION DESCRIPTION:

The purpose of this session is to equip adolescent girls to make good choices that will protect their own life, health and integrity as well as the life and health of others in their communities. In this session, participants learn a process to follow for making decisions. This process encourages participants to make wise choices for their current health and happiness and in order to realize their dreams for the future.

### OBJECTIVES:

By the end of the session, girls will

- Discover that their choices can have negative and positive consequences in the short and long term
- Practice a method for decision making
- Discover that life offers things to freely choose from
- Identify pressures and influences that can result in making unwise decisions

### TIME

1 HOUR, 25 MINUTES

- Icebreaker - Minefield Game – 20 mins
- Review – 5 mins
- Story and Discussion – 20 mins
- Steps of Decision Making – 30 mins
- Wrap Up and Practice Activity – 10 mins

### MATERIALS

- chalk to draw on the floor or tape to mark the floor
- one blindfold
- rocks or other objects to place on the floor for the “minefield game”

### PRE-SESSION PREPARATION:

- Read through the entire session and, if necessary, practice presenting the activities
- Prepare all materials needed for the session
- Storytelling (Activity 1): Know the story well and practice telling it before the session begins. Try using a different tone of voice for each character in the story.
- Minefield Game: Draw a large version of the minefield grid shown to the right on the ground in the sand or on the floor with chalk or use masking tape. Make it large enough for a person to stand in each square. Collect stones or other objects to represent the Xs. (If the concept of a minefield is not understood in your area, you can substitute something else like crocodiles in a river or other dangers that surround them.
- Decision Making Steps: Be familiar with the points so you don't have to read them word for word.

		start		
		X	X	X
X	X		X	X
X		X		
	X	X		X
X			X	X
	X	X		
finish				

### FACILITATOR'S NOTES:

The choices and decisions a young person makes today can change their lives completely. They need to understand that in every situation they do have choices and that their actions have consequences. Too often young people only consider short term consequences, whether they be negative or positive. They do not

consider the fact that a decision they make today could have a very negative impact in the future. Peer pressure, new feelings of desire and curiosity, can influence youth in terms of the choices they make.

Young people need to know that it is an exciting time to be alive and that there are options open to them that could never be considered in past generations. There are also challenges that previous generations did not have to face - the spread of HIV/AIDS, the breakdown of families and villages, the influence of media. They need to learn ways to overcome these negative influences and to avoid risky behavior that could lead to being infected with HIV or keep them from accomplishing their dreams.

## TERMS:

### Peer Pressure

Influence on another person's decisions or the exertion of influence on someone to manipulate them into following certain behaviors or beliefs of people in their social group

### Consequences

Good or bad things that can result from a decision or action

### Decision

A choice between two or more options

### Decision-Making

The process of reaching a decision

### Process

A series of actions or steps taken to achieve something

## ICEBREAKER: MINEFIELD GAME (20 MINUTES)

### *Say to the group:*

Think about the pressures you feel in your life and what is influencing you. Sometimes life can be like a minefield. We feel as though every step we take, every decision we make, can be dangerous and affect our future. And there are so many voices trying to tell us what to do – our parents, teachers, friends, boyfriends and girlfriends, brothers and sisters. Some of them give us good advice, and some of them try to lead us to do things that are bad for us. It can be very confusing. Let's play a game that reflects this. Let's pretend this grid is a minefield. Where we place a stone indicates a difficulty or problem we face.

### *Directions for Minefield Game*

- Ask participants to name some things that represent challenges they might face, for example, having sex with a boyfriend or girlfriend, getting pregnant, dropping out of school, getting drunk, being in an accident, stealing something.
- For this game, choose one volunteer. Let him or her be blindfolded, then move the objects on the grid so they do not know where the mines have been placed on the grid.
- Have the other players stand around the square. These players represent the people in this blindfolded person's life such as parents, brothers, sisters, friends, boyfriends, girlfriends, school mates. These people should begin yelling instructions at the blindfolded person on how to get through the maze without stepping on a mine (X). Some people should yell the right things, some

the wrong, and the blindfolded person must try to make their way through the minefield safely using their instructions.

- Let 2-3 people try it blindfolded, and encourage the surrounding “friends and family members” to yell both correct and incorrect directions. *(Very often participants will get excited and yell their instructions all at once so that the blindfolded person cannot hear anything. If this happens suggest that the “crowd” gives their instructions one at a time.)*

*Ask those who were blindfolded:*

- How did it feel to go through the minefield?

*Ask the others:*

- How did it feel to be the person on the side yelling instructions?
- Did you feel bad when the person made a mistake?

When we are confused by the many voices around us, it can be hard to make good decisions. We are going to explore this topic more today during our lesson.

## REVIEW (5 MINUTES)

*Ask the group*

- What have you learned in the past two sessions that has helped you with your daily life?
- The last time we met, you were asked to think of someone you are having trouble communicating with and consider what you could do to improve your communication with that person. What did you do to improve the way you communicate with others?

## ACTIVITY 1: STORY TELLING (20 MINUTES)

*Explain the Following:*

Sometimes it's hard to do what we think is right, especially if we feel most of our friends are taking the easy way out and just doing what they want.

*Tell the Story:*

Chikondi is the oldest child in her family; her step-father expects a lot from her but never praises her when she does well. Chikondi is an average student in most subjects, but is very good in math. She has dreams of studying to be an accountant and working in a bank someday. Chikondi has two best friends at her school, Chimwemwe and Hilda. Chimwemwe and Hilda are very popular at school in the social circles, but they are poor academically. Hilda and Chimwemwe come from well to do families in their community. Both Chimwemwe and Hilda have boyfriends at school.

For some time Chikondi has been pestered by boys, but she has stuck to her goal of not getting into any relationship and focus on her studies. Chimwemwe and Hilda have been encouraging her to enter into a sexual relationship with David. David is their classmate and he is very handsome and the most popular football player at the school. Chimwemwe and Hilda have told Chikondi to fall in love with David or they will stop being friends with her. “If you can’t get a boyfriend we will not be able to talk about fun stuff that we do with our boyfriends with you,” Hilda told Chikondi.



Another day, Chikhondi promises to help her mother with the accounts from her market stall. But, Hilda and Chimwemwe have a different idea. “As you are aware, tomorrow we are going to cheer our school in sports as it is playing Kaluluma CDSS, David and our boyfriends will come with us. We will only allow you to be with us if you accept to be chatting with David on the way,” said Chimwemwe. “We wouldn’t be comfortable if you joined us and you were all alone.”

*Ask for a volunteer to repeat the main points of the story and then ask the following questions:*

- What different choices are Chikhondi faced with?
- What kind of friends do you think Chimwemwe and Hilda are? Why?

*Say:*

Friends are an important influence in your life. The friends you choose influence the things you do and say and the way you use your time.

*In smaller groups of 4-6 girls, discuss:*

- How do you feel when you are pressured by friends to do something you know is not right?
- What are some of the choices you are faced with?

After five minutes, ask for one person from each group to share with the large group.

## ACTIVITY 2: DECISION MAKING STEPS (30 MINUTES)

*Explain the Following:*

Remember that the things you do and say cause other members of your community to either respect or to mistrust you. The way you use your time helps to determine your success at school or what you do at home. One wrong decision can change things completely.

Decisions are not always as simple as we would like them to be. Sometimes it seems there are too many choices. Sometimes there are no good choices at all. Here are some steps to follow the next time you are faced with a difficult decision:

- **Identify the problem and list your options** – Take time to name and explain the difficult situation you are facing. This will help you see the whole picture more clearly. Even though it might not always seem so, you DO have choices in every situation. Think about all the options you have and write them down. For example, in the story, Chikhondi had several options: to go to the football game with Hilda and Chimwemwe and talk with David, to tell Hilda and Chimwemwe that she doesn’t want to go out with David but that she will go to the game with them, or to stay and help her mother.
- **Consider the outcomes/consequences of each option** - Make a list of the possible outcomes, both positive and negative. Once again write them down so you can compare the two. What are some of the positive outcomes of going to the game with David? (She could have fun with Chimwemwe and her other friends would be going along.) What were the negatives? (She could disappoint her mother, who

she had promised to help.) Also think of the long term consequences. Chikhondi has a dream of being an accountant and working in a bank. What might be the consequences if she starts taking a lot of time away from her studies?

- **Know the facts** - Get more information if you have questions about the situation.
  - *What does your faith teach?* – By seeking wisdom from your faith, you can find guidance for many situations. Before making a decision, take time to search for wisdom.
  - *Seek wise counsel from people you respect* – Take the time to talk through your different options with someone who knows you well and whom you trust, like a parent, an uncle or aunt, youth pastor or good friend. Let them ask you questions about the decision. They may suggest new options you have not considered.
- **Pray** - Remember that no decision is too small to bring before God in prayer. Do not worry if you do not hear the answers you think you should or that others do. Continue to seek and your questions may be answered in ways that you do not expect, such as through changes in circumstances, changes on your outlook on things or changes in other people in your life. Sometimes the answer might be “no” or “not yet.”
- **Decide and act** - When you think you have arrived at the best decision go forward.

See diagram at the end of this session and draw this diagram with chalk on the floor, trace it in the dirt outside, or use a long piece of string and pieces of paper to make the outline.

*Read the scenario to the group:*

Let’s say Chikhondi goes with her friends and meets David. David seems interested in having sex with Chikhondi. He teases her and suggests that afterward, he could buy her a new dress so she can look pretty for him.

Ask for six volunteers to come forward. Have one person stand on each circle where there is a step in the decision making process. Using Chikhondi’s situation, talk through the steps one by one. Ask the person standing on each step to respond with how they would apply that step for Chikhondi’s decision.

For example: the first person states the challenge or situation that requires a decision, the next person lists the choices they think Chikhondi is faced with, the next person identifies the outcomes both positive and negative, and the next tells what the Bible says, etc.

*Alternative Scenarios:*

- A group of girls are sitting together and talking about the latest fashions. They start making fun of one of the girls who has not been able to buy any new clothes lately. The girls say that she doesn’t have the money. The other girls tell her that she should ask for money from Kamau, her neighbor who is 10 years older. The girl says that she knows he would give the money, but then he would eventually expect her to have sex with him.
- You are a 15-year-old girl living in Khombedza village in Salima district. You are taking care of four younger siblings, and you cannot find money for food. You have a friend near the market that has been offering you nice gifts and buying some food for you. Recently, he has suggested that you should meet together at a rest house (inn or motel). What will you do?

- You are a 16-year-old girl in secondary school. Your *Thanzi Langa, Tsogolo Langa* Club has been very active lately, and you have been thinking a lot about AIDS. You think that your past experiences may have put you at risk to be HIV-positive, but you are afraid to know for sure. A close friend has suggested that you get an HIV test.
- You are a 15-year-old girl who is not enrolled in school. Along with helping your mother with household chores and taking care of your younger brothers and sisters, you try to earn some extra money on the side by selling eggs at the market. You planned to buy books with this money so that you could study even though you are not in school. One day your friend found your saved cash under your mattress when she was visiting. She is now trying to convince you to use the money at the salon to get your hair done and to buy lotions and perfumes.

## WRAP UP (10 MINUTES)

*After groups have had several minutes to discuss this question, Say:*

Every day we are faced with decisions about right and wrong. Sometimes we make the wrong decisions; sometimes we make the right ones. Often there are people around us trying to influence us. But we have to persevere and try to find our way through despite all of this. Here are some things that may help you:

- ***Realize it's not going to be easy.*** Physical urges, curiosity, music, and the pressure from other people will constantly tempt you to ignore your values and the consequences.
- ***Choose friends that share your values to support you.*** If you always go around with people who are sexually active, you're more likely to give into pressure.
- ***Be prepared to say no.*** Regardless of who you or your friends are, you are going to feel pressured to go along with what others are doing. You need to be prepared and practice different ways to say "no" to negative peer pressure. Be prepared to give one or two reasons for your refusal.
- ***Communicate your decisions clearly.*** If someone pressures you to do something you don't want to do, speak in a confident but not angry tone and with love and respect. You may need to repeat yourself over and over as people try to find different ways to convince you. Be brave enough to walk away from a bad situation and from those you love. "You don't respect my values, my body, or my life, so I'm leaving."
- ***Be yourself.*** Remember that sometimes people talk big just to gain recognition. If they pressure you to try something because "everyone is doing it," they may not have done "it" themselves.

*Ask group:*

Ask participants to summarize what they have learned. Fill in any key points they miss.

**Key Message:** Decision making skills will help you to avoid the negative consequences of decisions and positively shape your lives!

*Ask:*

What did you learn today that will help you in the coming week?

Ask for any final questions or comments.

## PRACTICE ACTIVITY

*Say:*

When faced with a difficult choice this week, use the steps for making a decision before you act. Next week be ready to talk about a good decision you made during the week and the results of that decision.

## CLOSING

Remind participants where and when the next meeting will take place, and what topics will be discussed.

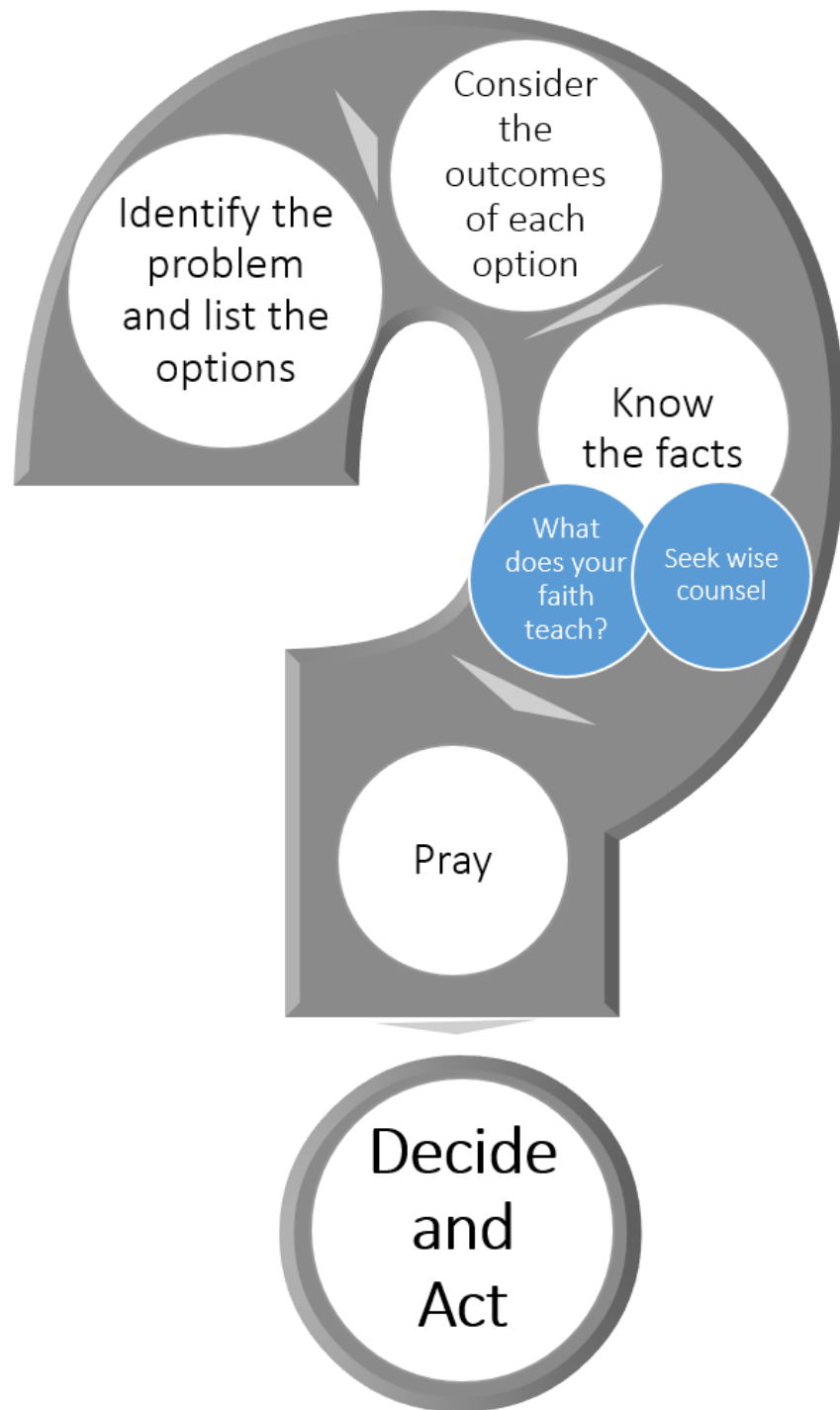
Thank them for their participation and remind them of the date, time and location of the next meeting.

*Facilitators general comment box about the session:*

What went well?

What could be improved?

Image: Steps for Decision Making



## LESSON 6: MANAGING RELATIONSHIPS AND CONFLICT RESOLUTION SKILLS

### SESSION DESCRIPTION

Participants learn conflict resolution and problem solving skills that are essential for dealing with conflict situations.

### OBJECTIVES

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

- Understand elements of conflict and different methods of resolving conflict
- Understand steps in problem solving
- Stand up for herself and her friends when insulted
- Be able to present an argument to a group of peers and elders
- Have the ability to de-escalate a conflict situation experienced among friends and classmates

### TIME

1 HOUR, 25 MINUTES

- Icebreaker (5 minutes)
- Review (5 minutes)
- Tug of War Game (15 minutes)
- Conflict Role-play (20 Minutes)
- Conflict Resolution and Peacemaking Rules (30 minutes)
- Wrap-up (10 minutes)
- Practice Activity

### MATERIALS

- Chalkboard and chalk (if available)
- A long rope, twisted sheet or cloth
- Tape or string to mark a border on the floor
- Ball

### PRE-SESSION PREPARATION

- Read through the entire session and, if necessary, practice presenting the activities
- Prepare all materials needed for the session
- Prepare the board with information on the following topic areas: Peacemaking Rules; Core Values in Conflict Resolution (see information to be written on the chalkboard in Activity 2)

### FACILITATOR'S NOTES

Everyone has worries and problems in their lives. Some are big problems and some are smaller ones. We can learn to solve problems or conflicts as much as possible and to live positively with conflicts that we cannot solve. Some difficult conflicts are those between people with competing views and interests. We learn and feel strong by looking at how we have solved conflicts in our lives before. We can use the same ways again for other conflicts. We can also imagine new ways to solve conflicts and put them into action. This type of conflict resolution is a demanding problem-solving skill. We can understand our conflicts better by looking at why they happen. We can then think of ways to avoid them. We can imagine how we would like our lives to be. Then we can look at what steps we can take to make our dreams come true.

### TERMS

Conflict

A serious disagreement or argument, typically one that lasts a while



## Conflict Resolution

Methods, strategies and/or processes involved in facilitating the peaceful ending of social disagreement or problem

## Communication Blockers

Barriers or things that interfere with good communication

## Positive Conflict

A conflict which is functional or constructive

## Negative Conflict

A conflict which is dysfunctional

## ICEBREAKER

Open the session with an icebreaker of your choice, or allow participants to suggest one. See Annex B: Participatory Facilitation Resources – Icebreaker Activities for ideas.

## REVIEW

Ask participants what key points were covered in the last session (optional: throw a ball of paper around to encourage participation). Fill in any key points that are missed.

Go over any practice activities that were given, and ask if there are any questions.

## ACTIVITY 1: “TUG OF WAR GAME” (15 MINUTES)

Divide participants into two groups (see Annex B: Participatory Facilitation Resources – Group Formation Activities for ideas). Place an object on the floor between the two groups that represents a border. Place a long rope, twisted sheet, or cloth across the border so that half of the rope is on either side.

*Explain the following:*

Now we will play a game to see how conflict arises. Each team will pull on opposite ends of the rope. Whoever crosses the border loses.

After a few attempts, ask the following questions:

Why did your group win or lose?

Were there any conflicts within the group?

If there was a conflict, what was it?

Was the conflict resolved?

How was the conflict resolved?

*Explain the following:*

In life we experience both positive and negative conflicts. A positive conflict could be something like having to choose what to wear, what to eat, etc. Negative conflicts may be something like choosing to fight over talking it out. Both are conflicting dilemmas. The later example, however, has serious consequences that may even be life threatening.

*Pose the following questions:*

**What are some negative conflicts that can occur within family relationships?**

**How does it impact the individual, family, community, etc.?**

List responses to these questions and discuss.

## ACTIVITY 2: CONFLICT ROLE-PLAY (20 MINUTES)

Divide participants into groups of four or five (see Annex B: Participatory Facilitation Resources – Group Formation Activities for ideas). Assign the groups one of the following scenarios (below, in Box 1).

*Explain:*

Use your group's scenario to develop a role-play. You can also think of your own scenario if you do not like the one assigned to you.

### Box 1: Role-play Scenarios

**Clara** is upset because her mother told her she was not allowed to go to a netball game with her friends on Saturday afternoon, even though she had already made plans with her friends. What should Clara say to her mother?

**Naomi** has a big exam at school on Friday. On Thursday afternoon, she realizes that she is not well prepared for the exam and is worried that she will not pass. Her sister wants Naomi to help her make dinner, but Naomi wants to study. What should Naomi do?

**Grace** notices that her friend Esnath is wearing the same blouse that was stolen from her last week. Esnath tells her that another friend let her borrow the blouse. How should Grace talk to Esnath?

**Judith** stopped seeing her boyfriend Abraham. Now Abraham is telling other boys at school that they had sex, even though it is not true. What should Judith say to Abraham?

After participants have practiced their role-plays, allow about a short time for each group to perform their role-play. After each performance, ask participants:

What was the relationship between the two persons?

What was the nature of the conflict?

Was the role-play realistic?

What other conflicts may arise?

Could this situation be avoided or handled differently? If so, how?

What was the impact of the conflict on the individual, family, community, etc.?

List responses to the questions on a chalkboard and discuss each point.

*Explain:*

Good communication during a conflict can help resolve the situation. However, there are things that interfere with ‘good’ communication during a conflict, such as name-calling, cursing, insulting, and accusations, etc. These are called “communication blockers.”

*Write the term “communication blockers” on the chalkboard and ask:*

What are some other “communication blockers”?

[responses can include: interrupting, ignoring, sarcasm, insulting, threatening, stereotyping (statements which label people and make them angry/resentful), judging, blaming, starting opinions as fact, expecting someone to read your mind, hitting, punching, slapping, screaming, etc.]

List answers on the chalkboard and discuss.

*Explain:*

“Communication-blockers” can lead to violence. In fact, violence is increasing in many countries. The environments in which many young people grow up do not encourage peacemaking attitudes and behaviors. While young people need to know how to avoid conflicts and how to resolve them peaceably, it is equally important for them to know how to survive in a hostile climate. They need to practice different methods of resolving conflicts to see which ones are more effective.

### ACTIVITY 3: CONFLICT RESOLUTION AND PEACEMAKING RULES (30 MINUTES)

*Explain the following:*

Conflict is natural and happens in almost every relationship. Since conflict is unavoidable, we must learn to manage it. Conflict is a sign of a need for change and an opportunity for growth, new understanding, and improved communication. It is normal for people to disagree, but it is important to address conflict with the people involved and resolve these disagreements in a constructive and healthy way.

*Pose the following question:*

What are some of the techniques you have learned through your Thanzi Langa, Tsogolo Langa group for resolving conflict? [see Box 2: Tips for Conflict Resolution for possible responses]

Write a list of responses on the chalkboard. Use Box 2 (below) if needed.

*Explain:*

An “I” statement is a useful way to share your opinion or perspective without placing blame on someone else. For example, instead of saying, “You made me feel angry” you can say, “I feel angry.” Using an “I” statement is a constructive way to convey your

message without making any demands. “I” statements should be clear, concise, and free of judgment.

*Ask:*

What are some “I” statements that can help adolescents cope with or avoid a conflict?

[e.g., “That upsets me, and I would like to talk with you about it,” “It hurts my feelings when...,” “It upsets me when...,” “I think we should talk about this situation. Tell me how you feel about...”]

Write the following on the chalkboard (if you have not already prepared them before the session):

#### Peacemaking Rules

1. Identify the problem
2. Focus on the problem, not the person
3. Attack the problem, not the person
4. Listen with an open mind
5. Treat the other person’s feelings with respect
6. Take responsibilities for your own actions

#### Core Values in Conflict Resolution

1. Cooperation
2. Affirmation
3. Empowerment
4. Neutrality
5. Confidentiality

*Instruct the group as follows:*

Reconvene your groups from the role-play activity and use the role-play scenarios to practice how you would use “I” Statements,” “Peacemaking Rules,” and “Core Values in Conflict Resolution” to resolve conflicts.

When participants have practiced their role-plays using the “Peacemaking Rules” and “Core Values in Conflict Resolution” ask a few to present.

#### Box 2: Tips for Conflict Resolution

- Respond, don’t react. If you keep your emotions under control you have a better chance of hearing what the other person is trying to say. If your emotions are not under control, suggest taking a break (e.g. go for a walk, listen to a song) and return to the discussion afterwards.
- Listen carefully without interrupting. Ask questions and wait for and listen to answers.
- Acknowledge the other person’s thoughts and feelings. You do not have to agree with the other person to acknowledge his or her feelings.
- Give respect to get respect. Treat people the way you would like to be treated if you were in the same situation.
- Communicate clearly and respectfully so your viewpoint can be understood.
- Identify points of agreement and points of disagreement.
- Agree wherever you can. Your underlying interests may be more alike than you imagine.
- Be open to change. Open your mind before you open your mouth.
- Look forward, not backward. Live in the present, plan the future, do not dwell on the past.
- Stay focused on the topic at hand. Don’t expand an argument. If there are a number of issues, deal with them, one at a time.

- Work together. Commit to working together and listening to each other to solve conflicts.
- Conflicts don't have to end with a winner and a loser. Try to find a solution that is acceptable to both parties.
- Be creative. Generate silly options to begin thinking "outside of the box" of original positions.
- Be careful not to give in simply to avoid conflict or maintain harmony. Agreements reached too early usually do not last.
- Be specific when problem solving. Clarify terms that each person may interpret differently.

### WRAP-UP (10 MINUTES)

Ask participants to summarize what they have learned. Fill in any key points they miss.

**Key Message:** Good problem-solving skills can make conflict resolution easier and lead to better outcomes for all people involved!

Ask:

What is the difference between a positive and negative conflict?

[positive conflict- a conflicting dilemma without serious consequences, and negative conflict- a conflicting dilemma with serious consequences]

What are three 'Communication Blockers' that contribute to negative conflicts?

[interrupting, ignoring, sarcasm, etc.]

What are three strategies to avoid conflicts?

[respond – don't react, communicate clearly, work together]

What are three methods for resolving conflicts?

["I" statements, cooperation, listen with an open mind]

### PRACTICE ACTIVITY

Participants should practice avoiding conflicts. During the next session, they should be prepared to share how they avoided a conflict, or how they observed someone else avoid a conflict.

### CLOSING

Ask for any final questions or comments. Remind participants where and when the next meeting will take place, and what topics will be discussed.

Thank them for their participation.

### *Facilitators general comment box about the session:*

What went well?

What could be improved?

## MODULE 2

### NOURISHING MY BODY



## LESSON 7: NUTRITION NEEDS FOR ADOLESCENT GIRLS

### SESSION DESCRIPTION

This session discusses the importance of adolescent girl's nutrition, identifies suitable foods and provides guidelines for healthy food choices.

### OBJECTIVES

By the end of this session, participants will:

- Explain what good nutrition means
- Explain the link between good nutrition and good health
- Know that adolescent girls need more food than younger girls (specifically more protein, calcium and iron)
- Understand Malawi's six food groups

### TIME

1 HOUR 20 MINUTES

- Icebreaker (5 minutes)
- Review (5 minutes)
- Introduction (5 minutes)
- Building Blocks of Nutrition (30 Minutes)
- Helpers for Staple Food (25 minutes)
- Wrap Up (10 Minutes)

### MATERIALS

- Talking Stick (a cane, stick, or rolled up piece of paper)
- Paper (3 sheets)
- Sticky stuff (or masking tape)
- Building Blocks (colorful local materials which can be stacked)
- Food Group Cards
- Malawi Six Food Groups image

### PRE-SESSION PREPARATION

- Read through the entire session and, if necessary, practice presenting the activities
- Prepare all materials needed for the session:
  - For the 'Building Blocks' activity, gather an array of local materials (colorful stones, cups which will not break, bottles, participants' shoes, etc) which can be stacked on top of each other
  - Prepare the food group cards by cutting three sheets of paper in half. On each half sheet, write the name of one of the food groups in large letters (STAPLE, FRUITS, VEGETABLES, ANIMAL FOODS, LEGUMES and NUTS, FATS and OILS). On each card, you can also write the names of some of the foods in the food group (see activity 2 for foods to use), but make sure that participants understand that these are only a few examples for each group.

### FACILITATOR'S NOTES

Adolescents need a variety of foods in their diet in order to grow well and stay healthy. This session outlines basic food groups and explains the importance of eating foods from all groups at most meals. The girls will learn about the Six Food Groups, which will help them begin to see how to make diversified and healthy food choices. See Annex A: Additional Topical Information – Adolescent Nutrition for more detailed information on this topic.

## TERMS

### Nutrition

The process by which the body acquires and uses food. This process includes the ingestion, digestion, absorption and utilization of the food.

### Nutrient

A substance found in food that provides nourishment essential for growth and the maintenance of life, the "building blocks" of life.

## ICEBREAKER: IN THE RIVER...ON THE BANK (5 MINUTES)

### *Say:*

We are going to play a game called "In the river...On the Bank." We will all get in a circle. When I say "in the river" everyone is going to jump one step forward, and when I say "on the bank" everyone is going to jump one step backwards. If you jump the wrong direction or make a move that signifies intent to move, you are out of the game. We will first do a practice round and then we will play the game.

### *Action:*

Conduct a practice round shouting "in the river" or "on the bank" at least once. Then announce that the game has started.

Once the game has started, shout "in the river...on the bank" instruction with increased speed between each action; as the girls jump for each call. You can repeat the instruction "in the river" or "on the bank" in rapid succession. The girls that perform a different action or make a move showing intent to make a wrong action fall out of the game.

End the game when only a few girls are remaining in the circle and you are sure that everyone is alert and ready to continue.

## INTRODUCTION (5 MINUTES)

### *Say:*

Welcome to the learning session on the foods we eat and what we get from them. From food, we get substances called "nutrients" which help our bodies grow, protect them from diseases, provide them with energy, and maintain the processes that keep our bodies working. Nutrition is the process by which the body acquires and uses food. This process includes everything from the food we eat to the way that our bodies use that food to keep us alive and active.

### *Explain:*

We are meeting together in our Safe Spaces to support each other, and learn about how to make good decisions in our lives. We are now going to learn about food and nutrition and how to make healthy food choices. This is because food and nutrition are important



to our health. If we have good nutrition we can grow strong and stay healthy for the rest of our lives.

*Ask:*

What did you eat for breakfast (or lunch)? *Wait for a few replies.*

*Ask:*

Why did you eat.....(Insert what the girls mentioned)? *Wait for a few replies.*

*Say:*

What we eat affects every part of our lives. It can make us feel good or sick, it can help us grow, and it can give us energy to help keep us healthy. To start talking about food and nutrition let us begin to move around and use some energy to get us excited.

## REVIEW (5 MINUTES)

Ask participants what key points were covered in the last session (optional: throw a ball of paper around to encourage participation). Fill in any key points that are missed.

Go over any practice activities that were given, and ask if there are any questions.

## ACTIVITY 1: BUILDING BLOCKS OF NUTRITION (30 MINUTES)

*Explain:*

In this activity we are going to learn about the role of food in the body.

*Say:*

What do you think nutrition means?

*Action:*

Allow the girls to use the local word for nutrition, if there is one, i.e. in Chichewa “Kadyedwe kabwino”. Listen to their different answers, but do not give approval or denial. There are no wrong answers, just listen. This will allow you to have a better understanding of what the girls already know.

*Say:*

What we eat or drink is broken down into tiny pieces called nutrients (food elements) that the body needs. The nutrients give our bodies energy and other benefits so that we can walk, run, work, play, grow, and fight sickness.

*Explain:*

To have good nutrition and remain healthy we must eat a variety of foods each day.

*Action:*

Place the building blocks (see “Pre-Session Preparation” section for directions) in front of the girls, and stack them on top of each other so that everyone can see.

*Ask:*

What do these building blocks have to do with food?

Wait for the girls to reply. It is not expected that the girls would know the answer. The question should stimulate their interest and involve them in the discussions.

*Ask:*

What would happen if one piece is taken out of the stack? Or if all the pieces of one kind were removed?

*Action:*

Demonstrate by removing one block and have the wall fall apart.

*Say:*

The body is made up of many smaller pieces and each of them has a specific role to play in the body.

*Explain:*

Like building blocks that are used to make a wall, each food group comprises foods containing different nutrients called vitamins, minerals, proteins, carbohydrates, fats and water that the body needs to stay strong and healthy. The body uses these nutrients to build our muscles, bones, blood (which is more important for adolescent girls because of their monthly menses), hair, nails, cells, tissues and many more parts and keep them strong and healthy. Physical activity is another “building block” that works with these nutrients to make our bodies strong and healthy.

*Say:*

These building blocks (nutrients) all look a bit different, and each one has a special job in the wall. In the same way, the nutrients are represented in six different food groups:

1. Staples (cereals and tubers);
2. Fruits;
3. Vegetables;
4. Animal foods (meat, poultry, milk, eggs and fish);
5. Legumes and nuts (dry beans, nuts, etc);
6. Fats and oils.

When we exercise and are physically active, our bodies grow stronger. Our bones, muscles, and hearts work better to use the foods that we eat. The food groups can be seen as arranged in the Malawi Six Food Group Chart.

*Action:*

Show the six food groups chart to the girls. *Note: Use the food group image shown at the end of the lesson if you do not have a larger one to display.*

*Explain:*

The part of the circle with staple foods is bigger, so we should eat more of those food servings in that food group. As you go around the circle, different groups have different proportions of the circle, suggesting eating smaller quantities of food from these food groups. To meet the nutrient needs essential for good health, you need to eat a variety of food from each of the different food groups daily. As an adolescent girl, you need to eat more food than you needed when you were younger! It is important to enjoy a variety of foods within each food group because different foods have different key nutrients. It is, however, not necessary to eat all the food from each food group at every meal. But adolescent girls especially should try to eat every food group each day if they can. Your body is growing very quickly right now, so it is important to get all the building blocks that your body needs, especially remembering animal foods and legumes and nuts, which build your muscles and your blood.

## ACTIVITY 2: HELPERS FOR STAPLE FOOD – THE SIX FOOD GROUPS (25 MINUTES)

*Explain:*

In this activity we are going to learn another way of making balanced meals with the right kinds of food eaten together.

*Action:*

Collect the cards labeled for the six food groups (see Pre-Session Preparation for details). Use these cards to explain the other way of constructing meals with the right kinds of foods eaten together.

*Explain:*

We shall now talk about meal planning using the six food groups. Here we will understand the importance of getting enough staple foods at the center of your meal and placing at least three (3) helper foods around it.

*Action:*

Demonstrate how a balanced meal is achieved using the labeled cards.

*Say:*

- **STAPLE** foods include cereals and grains (wheat, maize, nsima, rice, millet and sorghum), starchy roots (potatoes, cassava) and starchy fruits (bananas and plantains). These foods provide the body with energy. Just like firewood, these are the first fuels that our bodies use for energy. It is important to eat other food groups at the same time as eating staple foods, so that our bodies and brains can be strong and focused and protected from disease!
- **VEGETABLES** include green leafy vegetables such as Amaranthus (Bonongwe), Cat whiskers (Luni), Chisoso, Rape, Sweet Potato leaves, Pumpkin leaves, as well as tomatoes and carrots, etc). Vegetables help make our bones and bodies strong and protected from sickness.

- **FRUITS** include Papaya, Mango, Matowo, Tangerine, Lemon, Banana, Mchisu, Grenedilla, and Masuku, among others. Fruits provide the body with energy and protect it from diseases.
- **ANIMAL FOODS** include Beef, Mice, Chicken, Pigeon, Pig, Goat, Fish, Ngumbi, Eggs, Milk, Chambiko, and Cheese. Animal foods build up our bodies: our hair, skin, muscles, even our brains! When eaten with staple foods, these foods help the body to grow well and stay healthy.
- **LEGUMES AND NUTS** include common beans, peas, Bambara nuts, ground nuts, cow peas, pigeon peas, etc. Legumes and nuts help to build our bodies and our brains, and they give us energy to run, dance, and even study! Like animal foods, these foods help the body to grow well and generally keep the body in good working condition.
- **FATS AND OILS** include cooking oils, groundnut flour, avocado pears, seeds from pumpkins and sunflowers, coconut, butter. Like legumes and nuts, fats and oils help the body to run, play, work, and think. We need at least a little of these every day because they help us to store up energy, like keeping extra fuel in your house to keep the fire going.

*Ask:*

Why is it so important to eat different kinds of foods from each of the food groups? What do you think might happen to a girl who eats only two kinds of food at every meal (nsima and beans or nsima and bonongwe)?

*Wait for a few replies. Prompt the quiet girls to say something too.*

*Explain:*

It is important to enjoy foods from each of the food groups because different foods provide us with different amounts of essential nutrients. Eating only nsima, for example, is not enough to help our bodies to grow and work the best that they can. It is not necessary to eat from each food group at EVERY meal but make sure that you try to eat from ALL food groups by the end of the day.

*Ask:*

*How can you be sure that you are getting the nutrients needed?*

[If we eat a variety of foods from all the food groups, we will get a mixture of nutrients required by the body for growth and strength. It is important to eat a variety of foods from each of the food groups in order to grow healthy, smart, and strong!]

## WRAP-UP (10 MINUTES)

*Action:*

Ask the girls to summarize what they have learnt. Fill in any key points missed.

***Key Message:** The food we eat is broken down into tiny pieces called nutrients used for body building. The nutrients give our bodies energy and other benefits so that we can walk, run, work, play, grow, and fight sickness.*

### PRACTICE ACTIVITY

Ask girls to find at least one example of each food group in their meals at home, and to come prepared to the next meeting ready to share what they found with the group.

### CLOSING

Ask for any final questions or comments.

*Say:*

We have come to the end of today's session. Thank you all for coming. I hope today's activities have excited you about the foods you will be choosing to eat.

Remind participants where and when the next meeting will take place, and what topics will be discussed.

Thank them for their participation.

### *Facilitators general comment box about the session:*

What went well?

What could be improved?

IMAGE FOR LESSON 8: MALAWI 6 FOOD GROUPS CHART



## LESSON 8: PARTICIPATORY COOKING

### SESSION DESCRIPTION

Girls practice cooking a nutritious meal using local foods and applying the lessons they have learned so far about nutrition by categorizing foods by the Six Food Groups.

### OBJECTIVES

By the end of this session, participants will:

- Explain the importance of each of the six food groups in the body
- Cook, taste and share nutritious foods using local resources

### TIME

1 HOUR 45 MINUTES

- Icebreaker (5 minutes)
- Review (5 minutes)
- Racing The Six Food Groups (30 Minutes)
- Participatory Cooking (1 hour)
- Wrap up (5 minutes)
- Practice Activity

### MATERIALS

- Food picture cards
- 2 grocery bags
- “Main Meal” Recipe from national manual (See Annex D: Recipe Guide)
- Food for recipe (locally available ingredients provided by local community)

### PRE-SESSION PREPARATION

- Read through the entire session and, if necessary, practice presenting the activities
- Prepare all materials needed for the session:
  - Food picture cards (see Annex C: Training Aid – Food Picture Cards)
  - Make sure that you have the materials needed for the participatory cooking: by asking the community or the girls to borrow pots, bowls, etc. and asking community leaders to support by providing some of the ingredients.
  - Pick a recipe from the ‘Main Meals’ section in Annex D: Recipe Guide and make sure all of the ingredients will be available and provided.

### FACILITATOR’S NOTES

It is not only important for adolescents to understand how foods are categorized. Understanding how foods can go together in an actual meal, and practicing that behavior, is a critical next step for improving nutrition. Practicing cooking together will help to build participants’ skills and belief that they are able to apply these principles in their own life and to advocate for change in the meals they eat at home. Participatory cooking is included in multiple sessions throughout the time the group will meet, so that participants can continue to apply the lessons that they are learning about nutrition and its importance in their lives.

To facilitate a participatory cooking session, food and cooking tools are needed. Before the groups are formed, this topic will be discussed with local leaders and the community. This conversation will determine if the community is able to support with some ingredients (including firewood) and the tools to borrow (pots, stove, bowls, eating utensils) for these sessions. A savings group in the community, for example, may be willing to use some of their social fund to provide some of the ingredients, or local leaders might mobilize the community to gather some materials from their backyard gardens.

When facilitating a participatory cooking session, it is important that everyone is involved. The learning comes in practicing the cooking, not in only watching someone else cook. As the facilitator, you will guide the group through making the recipe. But each step can be carried out by different members. Some can get the fire started, others can clean or prepare ingredients for cooking, others can add items or stir the pot to determine when the food is fully cooked. This way, everyone feels like they contributed, and the lessons they learn will be easier for them to remember and use when they cook on their own.

## TERMS

### Nutrition

The process by which the body acquires and uses food. This process includes ingestion, digestion, absorption and utilization of food.

### Nutrient

A substance found in food that provides nourishment essential for growth and the maintenance of life, the "building blocks" of life

## ICEBREAKER (5 MINUTES)

Open the session by asking a participant to lead the group in a song.

## REVIEW (5 MINUTES)

Ask participants what key points were covered in the last session (optional: throw a ball of paper around to encourage participation). Fill in any key points that are missed, especially making sure that girls can name the 6 food groups. Ask girls to report back on which foods they found in their homes and what food groups they fall under (see Lesson 7 Practice Activity).

## ACTIVITY 1: RACING THE SIX FOOD GROUPS (30 MINUTES)

### *Explain:*

In this activity we are going to build on what we learned last time about the six food groups using a relay race.

### *Action:*

Place six food groups chart for teams A and B on the floor or wall where available on the furthest side of the meeting space. Divide the girls into two relay race teams A and B. Draw start lines and ask the girls to stand behind the drawn lines. Tell the girls that each team will work with a grocery bag of selected food picture cards. Give the teams instructions about how the race will be played.

### *Say:*

When it is your turn, grab a food picture from the grocery bag and run to the far side of the play area. Put the picture card in the food group where it belongs in the six food groups chart. You will then run back to your team and tag the next team member to pick a food picture card from the grocery bag and run to place it on the food groups chart. Repeat these actions in your teams until all the food picture cards in the grocery bag are placed on the wheel. The team that finishes first with most or all the food picture cards placed correctly wins.



*Action:*

Stand in a position where you will be able to see what is happening in both teams and be able to stop girls from cheating. Give the girls the start signal. Make sure that the girls take turns and participate nicely.

Ask all the girls to come to one of the food group chart and review the outcomes. Hold a discussion by going through all the food picture cards in each food group in turn. Ask the girls if each food picture card has been placed in the right place and provide a brief explanation to support the answer. Have girls identify whether the food is available in their area, and if applicable, what season it is usually found. For the food picture cards that have been misplaced, ask where they should be placed, again giving reasons for the change.

When you finish commenting on one food group chart, ask the girls to move to the other wheel and repeat the process.

Determine and congratulate the winning team based on who had the most food picture cards placed correctly.

When the discussion is complete, have the girls sit down in readiness for the next activity.

## ACTIVITY 2: PARTICIPATORY COOKING (1 HOUR)

*Say:*

Today we are going to apply some of the lessons we have been learning in our sessions talking about why girls need to eat nutritious foods. Let's start working together with the food that we have brought and practice this new recipe.

*Action:*

Read the name of the recipe that you are going to cook (one of the "Main Meals" found in Annex D: Recipe Guide).

Have the girls take the ingredients and participate in putting the recipe together based on the instructions given. When you add different ingredients, use the opportunity to discuss them and how they connect to what the girls have learned so far about nutrition. Make sure that everyone washes their hands with soap before cooking and before starting the meal.

*Once the meal is at the point where cooking activity has calmed (such as when the meal is simmering), or when girls are eating, continue with a discussion.*

*Ask:*

Name one of the ingredients in the recipe and share what food group it falls into, and why it is good for you!

Go around until most of the ingredients have been discussed.

## WRAP-UP (5 MINUTES)

Ask participants to summarize what they have learned. Fill in any key points they miss.

**Key Message:** I can prepare meals that provide my body with the nutrition that it needs!

## PRACTICE ACTIVITY

Tell girls to share with their families as they eat about how each food in their meals contributes to keeping the body healthy.

## CLOSING

Ask for any final questions or comments.

Remind participants where and when the next meeting will take place, and what topics will be discussed.  
Thank them for their participation.

### *Facilitators general comment box about the session:*

What went well?

What could be improved?

## LESSON 9: CHOOSING THE RIGHT FOODS

### SESSION DESCRIPTION

This session helps girls learn about healthy and unhealthy foods, and making good choices about what foods to eat in order to achieve a healthy mind and body.

### OBJECTIVES

By the end of this session, participants will:

- Understand the importance of eating a variety of foods in healthy quantities
- Practice putting together a hypothetical healthy meal from available sources
- Identify foods available in their area in different seasons using food availability calendars

### TIME

#### 1 HOUR 30 MINUTES

- Icebreaker (5 minutes)
- Review (10 minutes)
- Keeping Our Bodies and Minds Healthy and Strong (35 Minutes)
- From the Market or Garden to the Kitchen (30 Minutes)
- Wrap Up (10 Minutes)

### MATERIALS

- Food picture cards (same as used in Lesson 8)
- Talking Stick (a cane, stick, or rolled up piece of paper)
- Food Group Cards (same as used in Lesson 7)
- Sticky stuff (or masking tape)

### PRE-SESSION PREPARATION

- Read through the entire session and, if necessary, practice presenting the activities
- Be familiar with reading the food availability calendar in order to explain to participants
- Prepare all materials needed for the session

### FACILITATOR'S NOTES

So far you have already discussed the basics of nutrition with participants. Once we know how to categorize different foods, it is important to apply this and understand what foods we need to eat more of, and those which we should eat less often. Thinking about how to choose different foods to go together, and practicing how to do it, is important for girls to do as they decide how they are going to nourish their bodies. Using a food availability calendar is a helpful skill for understanding how meals can be put together using what is available at different times. From this lesson, girls should begin to feel like they can find different foods and can eat a variety of them in their own diets.

### TERMS

#### Vitamin

A natural substance that is usually found in foods. Vitamins help the body to be healthy and well nourished.

#### Mineral

A substance that can be found in foods, but is not made in the body. Minerals help to make the body strong and keep it working well.

### Carbohydrate

A nutrient which helps provide energy for the body. Carbohydrates are found in staple foods, grains, bread, cereals, beans, fruits, and vegetables.

### Protein

A natural substance that is usually found in meat, fish, eggs, beans, dairy, and soya. Protein helps to make the body strong and give it the energy that it needs.

### Fat

A natural substance that is found in oil and sweets. Fat helps keep us warm, stores energy, and helps to keep skin and hair healthy. The body needs some fat to stay healthy (like the fat found in oil) but too much can cause health problems.

## ICEBREAKER: FRUIT SALAD (5 MINUTES)

### *Explain:*

Welcome to our next session on nutrition for adolescent girls. We shall start the session by engaging in an icebreaker.

### *Action:*

Assign the girls into a kind of fruit (Banana, Pineapple, Watermelon, Orange Mango, Guava, Apple, Pear, etc.). The number of fruits used will depend on the number of girls in attendance, but have at least 4 to 5 kinds for your group of 20-25 girls. Ask the girls to sit or stand in a circle with one girl standing in the middle.

### *Explain:*

Each girl will play the role of a fruit. Ask all the girls to stand in a circle and only one stands in the center of the circle. The girl in the middle mentions a fruit name and the girls who are that fruit must quickly move to an open spot in the circle before the girl in the middle occupies their space. The girl left standing will announce the next fruit. If the girl in the center says "Fruit Salad" everyone must change positions.

### *Action:*

Play the game for 3 minutes to allow the girls' time to get energized for the session.

## REVIEW (10 MINUTES)

### *Action:*

Give one (1) food picture card to each of the girls.

Place the Food Group Cards (used in Lesson 7, labeled [1. Staple foods (cereals, grains, starchy roots); 2. Animal foods (meat, poultry, fish, eggs, milk); 3. Fruits; 4. Vegetables; 5. Legumes and nuts; 6. Fats and oils]) in selected places around the room face down.

### *Say:*

Let's see how much you remember about which foods belong to each of the food groups. Uncover and point out the location of each food group label posted around the room.

### *Action:*

Uncover and point out the location of each food group label posted around the room.

*Explain:*

Look at your food picture cards and decide what food group it belongs to. Place the food picture card next to the food group. If you are not sure you may ask another girl for help.

*Action:*

Go around to each food card and verify if the food picture cards placed by the girls are in the correct place. If you find a vegetable in the meat section, ask the group if it is in the right place. Ask where it should be and move it to the right place. Start a brief discussion while asking girls about the key points covered in the last session. Optional: Throw a ball of paper around to encourage participation.

Fill in any key points missed.

## ACTIVITY 1: KEEPING OUR BODIES AND MINDS HEALTHY & STRONG (35 MINUTES)

*Explain:*

In this activity we will learn about foods that will help us to keep our bodies and minds healthy and strong.

*Say:*

Good eating habits can help us keep our bodies and minds healthy and strong. Other ways healthy eating can help us include keeping us alert and strong by helping our bodies fight sickness and disease. There are lots of healthy foods, unhealthy foods, and foods where we are not sure if they are healthy or unhealthy.

*Action:*

Take these three signs: healthy, unhealthy, not sure and stick them on the wall or place on the ground. Place food picture cards in a grocery bag.

Begin a discussion about the different kinds of food. Hold up a picture of any food from the grocery bag and ask the girls to tell you where it belongs. For example, if you hold up an avocado it would go to the healthy label. If you hold up Fanta or Coke, cake, or chocolate it would go to the unhealthy label. If you held up chikanda it might go in the “not sure” label since it has both healthy and unhealthy qualities. Allow discussion if the girls don’t agree on where the food should go.

Continue to hold up one food picture card at a time and ask the girls where it should be placed. Continue this process until you have a number of food picture cards under each of the labels.

*Explain:*

Different foods affect our bodies differently. If you put fresh fruits and vegetables, whole grains and nuts, or food filled with lots of vitamins and nutrients into your body, your body will grow and feel strong. Think about the Six Food Groups chart. It gives us guidance about what foods to eat more of and less of, based on how much space it takes up on the circle. Healthy foods can be found in every group, but foods that have a lot of fats, oils and sugars are not as healthy. We see that they take up less space on the wheel, so we should eat them less often. If you eat more food that is not healthy as compared to food that is healthy, your body will not like it and you will have less energy, feel less well and get sick easier.

*Ask:*

*What do you make of the results of this activity? Are the foods placed under the “healthy” food label found in our community? Wait for a few replies.*

*Ask:*

*What might keep you from eating these healthy foods? Wait for a few replies, and ask: What ideas does the group have for how you might be able to find more of these healthy foods to eat?*

*Explain:*

As you can see there are many healthy foods in our communities. This means that it is possible to eat healthy food and live a healthy life. All we need to do is stop a while and think about what we eat to make the right food choices.

## ACTIVITY 2: FROM THE MARKET OR GARDEN TO THE KITCHEN (30 MINUTES)

*Explain:*

We will now learn about how to choose and combine foods for healthy meal planning. In different seasons, there are different foods that are available to us. Food availability calendars can help us to know what things are attainable at different times. We will use one as we do this next activity.

*Action:*

Divide the girls into smaller groups. Provide each group with a deck of selected food picture cards.

*Say:*

Take an imaginary trip to the market or garden to buy or harvest food that you will use to prepare lunch (or supper as the case may be). Look at the food availability calendar that we have and think about what foods you can find at this time of year. As a group, choose from the deck of food picture cards food you will buy or harvest which is available in this season.

When you are done with your trip to the market or garden, each group will present the meals they planned to prepare and will show the different food picture cards to be used in that meal. The groups will also explain why you have chosen each kind of food.

*Action:*

When one group presents, ask the other girls what they think of the food chosen and the meal planned by that group.

Make corrections where need be and end by making concluding remarks.

## WRAP-UP (10 MINUTES)

*Action:*

Ask the girls to summarize what they have learnt. Fill in any key points missed.

***Key Message:** Our bodies need healthy foods to have energy, to be strong, alert and protected from illnesses. Good nutrition is achieved by eating different kinds of foods in the right amounts.*

#### PRACTICE ACTIVITY

Ask girls to share what they have learned this week with their mother or an auntie, and talk together about why they choose the foods that they eat at home.

#### CLOSING

Ask for final questions or comments.

*Say:*

We have come to the end of today's session. Thank you all for coming. We shall continue with another topic on nutrition for adolescent girls in our next meeting.

Remind the girls where and when the next meeting will take place.

#### *Facilitators general comment box about the session:*

What went well?

What could be improved?

Attachment 1. Food Availability Calendar

Food group	Type of food	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Staples	Maize			x	x	x	x	x	x	x			
	Cassava	x	x	x	x				x	x	x	x	
	Sweet Potatoes			x	x	x	x	x					
	Rice					x	x	x	x	x	x		
Legumes and Nuts	Beans			x	x	x	x	x	x	x			
	Soya Beans						x	x	x	x	x		
	Ground Nuts				x	x	x	x	x	x			
Animal Source	Fish								x	x	x	x	x
	Meat	Rarely Consumed											
	Mice					x	x	x	x	x			
Vegetables	Green leafy	x	x	x	x	x	x	x					
	Pumpkin			x	x	x	x						
Fruits	Mango	x	x								x	x	x
	Pawpaw						x	x	x	x	x		
Fats and Oils	Cooking oil												
	Ground nut flour					x	x	x	x	x	x		



## LESSON 10: ANAEMIA IN ADOLESCENT GIRLS

### SESSION DESCRIPTION

This session introduces girls to the signs, causes and dangers of anemia, the foods rich in iron that can help prevent anemia, and the connection between malaria and anemia risk.

### OBJECTIVES

By the end of this session, participants will:

- Explain what anemia is and what causes it
- Identify the signs and symptoms of anemia
- Discuss the dangers of being anemic
- Identify local food sources that can prevent anemia
- Understand the connection between anemia and malaria, and how they can protect themselves

### TIME

1 HOUR 45 MINUTES

- Review (10 minutes)
- Icebreaker (5 minutes)
- Why Am I So Tired? (40 minutes)
- What Should I Eat? (40 minutes)
- Wrap Up (10 minutes)

### MATERIALS

- Food picture cards (same as used in previous lessons)
- Chalkboard and chalk (if available)
- Talking Stick (a cane, stick, or rolled up piece of paper)
- Assorted Markers
- Sticky stuff (or masking tape)

### PRE-SESSION PREPARATION

- Read through the entire session and, if necessary, practice presenting the activities
- Prepare all materials needed for the session:
  - Sort out the food picture cards and set aside cards with foods which are processed and have to be purchased at the market (i.e. Fanta, sugar, crisps, etc.). For this activity, groups will be sorting the cards based on foods that come from plants and animals.

### FACILITATOR'S NOTES

Adolescents are at a great risk of anemia because they are growing quickly, and they do not eat enough food with an important mineral called iron to keep up with their quick pace of growth. Iron is mainly found in the blood, and helps to support the growth of bones and muscles, which happens quickly during adolescence. Iron helps to keep blood strong! After the first five years of life, adolescence is the time where a person grows the most. The body needs energy to support that growth, and having enough iron in the blood is an important part of this growth. Adolescent girls who start their menses need even more iron because they are at risk of anemia (low iron in the blood) due to blood loss during menstrual periods. In some cases pregnancy can also lead to anemia. Girls who do not eat sufficiently or lose a lot of weight due to illness are also at risk of not eating enough iron, leading to anemia. Another cause of anemia is malaria, which can cause low levels of iron in the blood if it is not treated soon enough. Combined with all the other factors that put girls at risk, girls need to remember to not just eat foods rich in iron, but to protect themselves by sleeping under an insecticide-treated bed net every night. If iron supplementation and deworming are locally available and part of standard government protocol for adolescents, these should also be encouraged for anemia prevention.

## TERMS

### Anemia

When a person feels more tired and weak than normal, they may have a medical condition known as “anemia.” This is when the blood is not able to nourish the heart, brain, lungs and other parts of your body. This can be caused by lack of iron in the diet, malaria, being pregnant, or bleeding too much. Young children, girls who bleed a lot during menstruation, pregnant women, and older people may have this problem.

### Iron

A mineral which is necessary for transporting oxygen in the blood, and can be found especially in animal-source foods, beans, and leafy green vegetables.

### ITN or LLIN

Insecticide Treated Net or Long Lasting Insecticide-treated Net: a net which is treated to keep out mosquitoes that cause malaria

## REVIEW (10 MINUTES)

### *Say:*

Welcome to today’s session. First we are going to review what we learned last week.

### *Action:*

Repeat the “healthy, unhealthy, not sure” exercise with the girls from Lesson 9. Get the labels: healthy, unhealthy, not sure and stick them on the wall or place on the ground. Place food picture cards in a grocery bag or place on the ground.

Hold up one picture at a time of any food from the grocery bag and ask the girls to tell you where it should be placed. Allow discussion if the girls don’t agree on the label where the food should go. Continue this process until you have sizeable numbers of food picture cards under each of the labels or headings.

### *Ask:*

Why is it important to eat nutritionally balanced meals? Wait for a few replies.

### *Action:*

Facilitate a brief discussion about key points covered in the last session. Fill in any key points missed. Optional: Throw a ball of paper around to encourage participation.

## ICEBREAKER: TO WHOM TO (5 MINUTES)

### *Explain:*

Now that we have reviewed last week’s session, we are going to discuss a new topic—starting by singing a short song. We shall sing the song in parts, starting with a practice round.

### *Action:*

Divide the girls into three groups. Ask group 1 to say “to...to...to...to” repeatedly. Ask group 2 to say “to whom to...to whom to...to whom to...”, again repeatedly. Ask group 3 to say “to whom does it belong to...to whom does it belong to...to whom does it belong to...” also repeatedly.

Instruct group 1 to start saying their part; let group 2 join in but saying their own part and lastly group 3. Ultimately the three groups get to say their lines simultaneously while gaining momentum in speed and increased volume. The three groups must synchronize and merge as one song.

Allow the girls to repeat the song two or three times.

*Ask:*

At the very end, ask “to whom does it belong to?” and instruct all the girls to reply “US!!!”

*Explain:*

The point of this rhythm is to bring our attention to the next topic we will discuss which is very important to us: anemia.

Even though we might be saying somewhat different things in the song, there is a point at which we meet, working together as a team. Just like with anemia, we need to work together as a team to find solutions to the problem that affects adolescent girls like us.

### ACTIVITY 1: WHY AM I SO TIRED? (40 MINUTES)

*Explain:*

In this activity we are going to learn about anemia, a health problem that affects many people, especially adolescent girls.

*Ask:*

*Does anyone know what anemia means? Wait for a few replies.*

*Explain:*

Anemia is a health condition that occurs when the blood does not have enough of one very important nutrient we get from food called iron. When you don’t have enough iron in your blood, you are anemic. Adolescent girls can become anemic because they don’t eat enough of the right kinds of food and because of their menses. When girls have their menses, the amount of iron in their blood can drop through blood loss. Getting sick with malaria can also cause the amount of iron in the blood to fall, which can result in anemia if treatment isn’t started right away.

When you are anemic and have too little iron in your blood, you can feel very weak and tired. You can also feel dizzy from time-to-time. You may also have pale palms, feel breathless, experience headaches and may be too weak to do physical work.

*Action:*

Ask for two volunteers to do a role play. Call the volunteers aside to give them instructions about the role play and a copy of the case scenario “Why Am I So Tired?”, found on at the end of Activity 1.

The scene will be two friends; Chikondi and Pemphero who bump into each other at the market.

Chikondi shares with Pemphero about how she has been feeling lately. Ask Chikondi to act out the different symptoms she is feeling.

Instruct Pemphero to be the friend who listens and asks questions about her friend’s health and advises her on what to do.

Emphasize that Pemphero asks Chikondi what she is eating to establish that she is NOT receiving enough foods with iron.

*Give a signal to start the role play.*

The scene ends when Pemphero advises Chikondi to see a health worker about her symptoms and eat foods rich in iron such as beef, pork, chicken, fish, eggs, beans, groundnuts, and dark green leafy vegetables (spinach, bonongwe, chisoso, pumpkin leaves, luni, sweet potato leaves), and to sleep under a mosquito net every night to protect herself from malaria.

*Ask:*

How do you feel about what you saw in the role play? *Wait for a few replies and give concluding remarks.*

*Explain:*

Emphasize the roles of both malaria prevention and right food choices in preventing anemia. Encourage girls to talk to their parents about getting a mosquito net to sleep under if they do not have one at home.

#### Case Scenario: Why Am I So Tired?

Chikondi: Hi, How are you Pemphero?

Pemphero: I am fine. How are you?

Chikondi: I am fine, sort of...

Pemphero: What do you mean sort of?

Chikondi: I am not sick but I am always feeling tired and weak.

Pemphero: When did you start feeling like that?

Chikondi: Oh since about three months ago.

Pemphero: I am sorry about that. But tell me how you are feeling exactly.

Chikondi: In addition to feeling weak and tired all the time, I also feel dizzy from time to time. Often times I feel sleepy.

Pemphero: Aah...tell me more.

Chikondi: I also have severe headaches. I experience fast heartbeats and breathlessness especially when climbing stairs.

Pemphero: Let me see your palms.

Chikondi: [shows Pemphero her palms]

Pemphero: Oh my....your palms look rather pale (asks to look at the inside corner of her bottom eyelid too). The inside of your eyelids look pale as well. If it has gotten this far, I think you may have a serious case of anemia.

Chikondi: So what should I do? Why do I have anemia?

Pemphero: It seems to me that you are NOT receiving foods that are rich in iron. You should start eating good food sources of iron such as red meat (beef), pork, eggs, poultry (chicken), fish, legumes (beans and groundnuts), and dark green leafy vegetables (spinach, bonongwe, chisoso, pumpkin leaves, , sweet potato leaves, luni). You should also make sure to sleep under a treated bednet every night to keep from getting malaria, which can make anemia even worse.

Equally important, you should go to the clinic and see the doctor.

*End of scene*

## ACTIVITY 2: WHAT SHOULD I EAT? (40 MINUTES)

*Explain:*

In this activity we learn about how to prevent anemia by making the right food choices.

*Say:*

In order to prevent anemia we have to eat food with enough iron.

*Explain:*

Blood receives enough iron by eating good food with lots of iron such as beef, pork, chicken, fish, eggs, beans, groundnuts, and dark green leafy vegetables (spinach, bonongwe, chisoso, pumpkin leaves, sweet potato leaves, luni).

*Action:*

Divide the girls into 2 groups and give each group a deck of selected food picture cards (see Pre-Session Preparation).

Ask each group to arrange all food cards into piles of food from animals and food from plants. When they are finished the piles should look like this:

Food from Animals: beef, pork, chicken, fish, eggs.

Foods from Plants: beans and groundnuts, spinach, bonongwe, chisoso, pumpkin leaves, sweet potato leaves, luni.

*Explain:*

It is important to eat foods that have lots of iron in them at every meal. Eating plenty of dark green leafy vegetables along with fruits can give you enough iron to keep you strong and healthy. You can also eat meat, fish or eggs added to foods such as beans.

## WRAP-UP (10 MINUTES)

*Action:*

Ask the girls to summarize what they have learnt. Fill in any key points missed.

***Key Message:** Adolescents need to make healthy choices to prevent anemia. This includes sleeping under a bed net every night and eating foods with lots of iron at every meal, including dark green leafy vegetables, beans, fruits, meat, eggs and fish.*

### PRACTICE ACTIVITY

Ask girls to share what they have learned this week with their mother or an auntie, and talk together about what they normally eat and how they can include more iron-rich foods in their meals. If they do not have a mosquito net to sleep under, girls should talk to their parents about making sure that everyone in the house sleeps under a bed net at night.

### CLOSING

Ask for final questions or comments.

#### *Explain:*

Share with girls that during their next gathering, they will be visiting a home garden. Share that they will do this visit with their mothers, sisters, grandmothers, or aunties. Share that it will be an opportunity to see what grows in a home garden and what other things could be in there.

Thank girls for their participation and dismiss the group.

### *Facilitators general comment box about the session:*

What went well?

What could be improved?

## LESSON 11: FIELD TRIP TO BACKYARD GARDEN

### SESSION DESCRIPTION

Girls visit a backyard garden in their community to consider how they can apply the lessons they have been learning about nutrition, and to share it with a guardian (mother, aunt, sister, grandmother)

### OBJECTIVES

- Girls identify garden vegetables and fruits that are good for them
- Girls learn why to establish backyard gardens in their homes
- Girls develop a sense of responsibility for their food choices
- Girls are physically active

### TIME

1 HOUR, 30 MINUTES

- Icebreaker (5 Min)
- Review (10 Min)
- Introduction To The Home Garden Visit (5 Min)
- Visiting Our Gardens (40 min)
- Debriefing the Garden Visit (20 min)
- Wrap-up (10 min)

### MATERIALS

- Soft ball
- Girls' Handbook
- Pencils

### PRE-SESSION PREPARATION

- Read through the entire session and, if necessary, practice presenting the activities
- Prepare all materials needed for the session

For this activity, mentors will need to coordinate in advance with a couple of the girls' mothers to visit their home gardens. Since the group is large, it will be good to visit two gardens. 12 girls can go with one mentor and the other 13 girls with another mentor. Make sure to organize this in advance so you can visit gardens that are doing very well.

Remind participants to invite one family member (mother, sister, aunt, or grandmother) to join this session. These special visitors should join when participants return from the garden so that the groups are not too big when they visit the backyard gardens.

### FACILITATOR'S NOTES

This session is meant for participants to apply the lessons they have been learning about nutrition so far in the Thanzi Langa, Tsogolo Langa journey. While there will not be time to teach the girls how to build their own garden, it is important for them to see a garden that is an example of what they could do in their own home. Gardens visited should be growing at least a few different kinds of foods which girls can identify from different food groups, including vegetables used in cooking, foods rich in iron (see Lesson 10 for examples), staples, legumes, nuts, or fruit. These may vary based on the growing season when you visit.

Encourage girls to ask the owners questions about their gardens. If they are having a difficult time coming up with questions, you could ask the owners about how they chose their crops, how they use them in cooking, or where they get help when they have a problem with their garden—if there is an agriculture extension worker who helps with backyard gardening, it would be good for girls to learn who this is.

Girls are encouraged to invite their mother (or another female family member) to this session. This shared experience can help start or continue conversations about nutrition in the home, and how mothers, daughters, and families can work together to change household nutrition practices. This might include starting a backyard garden, growing a new crop, or purchasing certain foods that the family needs but is not eating.

### ICEBREAKER (5 MIN)

Open the session with an icebreaker of your choice, or allow participants to suggest one. See Annex B: Participatory Facilitation Resources – Icebreaker Activities for ideas.

### REVIEW (10 MIN)

Ask participants what key points were covered in the last session (optional: throw a ball of paper around to encourage participation).

After participants share what anemia is, and what its symptoms are, ask them to name the ways that they can prevent anemia. Have girls throw the ball of paper around to another person once they have named one thing until they can't remember any more. Make sure that girls mention sleeping under a bed net every night and eating foods with lots of iron at every meal, including dark green leafy vegetables, beans, fruits, meat, eggs and fish.

Fill in any key points that are missed.

Ask girls how the practice activity went and what steps they are taking to eat more iron-rich foods at home. Ask if there are any questions before moving on.

### INTRODUCTION TO THE HOME GARDEN VISIT (5 MINUTES)

Welcome girls to the garden visit walk.

*Say the following:*

Welcome everyone! I hope you are ready for a walk in the community. Since our group is large, we have arranged to visit a couple of home gardens in the community. One of us will go with half of you, and the other will go with the other half.

Let's count 1 and 2 to know which group we belong to. Please stay in the group that you are assigned to and walk with the group.

As you visit the garden, check to see what is growing and be ready to come back and share with us what you found there. Each group will have 30 minutes to walk to the garden, identify what is growing there and how these foods can keep them healthy. They can all then return from the walk.

Assign each girl to one of the two groups. One group should have 12 girls and the other 13.

### ACTIVITY 1: VISITING OUR GARDENS (40 MINUTES)

As you walk to the garden, invite girls to observe other things growing around them.



*Say:*

As we walk to the home garden we are visiting, observe the kinds of things you see growing around you as well as any kinds of small livestock that could also be used by families as food. Share them with the person you are walking with as we go. Remember what you see as we will share in our larger group when we all return.

When you arrive at the garden, ask girls to identify what they see growing in the garden and to remember what they see as they will share back with their friends who visited the other garden.

*Say:*

What do you see in the garden? Remember what you see growing in the garden. We will share with our friends who went to visit the other garden the kinds of foods we see growing in this garden. You are free to ask the owner of the garden what else she or he may grow here.

Once girls have noted what they see in the gardens and asked questions of the owner, the group can return to the space to meet up with the other group of girls and everyone's family members to debrief on the visit.

## ACTIVITY 2: DEBRIEFING THE GARDEN VISIT (20 MINUTES)

Upon returning from the garden visit, welcome family members who have joined. Each girl should have a mother, sister, aunt, or grandmother join for this second half of the group.

Invite girls to share with the group what they saw growing in the gardens and what may need to be added or purchased for them to stay healthy and strong if their garden does not grow it.

*Ask:*

- What kinds of foods did you see growing in the gardens?
- What kinds of foods were not in the gardens?
- What kind foods rich in iron did you see in the garden?
- What can you do to make sure you eat all the kinds of foods that you need to be healthy?

If possible, write down the responses to these questions on the chalkboard as girls share. Ask the visiting family members (mothers, sisters, aunts, or grandmothers) to share their experiences with backyard gardens and what they observe in the community.

*Say:*

Together with our family members, let's draw some foods on the chalkboard that are good for us and we should keep in mind for our own gardens.

## WRAP-UP (10 MINUTES)

*Action:*

Ask the girls to summarize what they have learned. Fill in any key points missed.

**Key Message:** *Our bodies need healthy foods to have energy, to be strong, alert and protected from illnesses. Good nutrition is achieved by eating different kinds of foods in the right amounts. We can grow these foods in our own homes to keep our bodies healthy and strong.*

#### PRACTICE ACTIVITY

Have girls discuss their visit to the garden with their mothers (or guardian) when they go home, and talk about how they can apply some of the lessons they learned in their own backyard garden.

#### CLOSING

Ask for final questions or comments.

*Say:*

We have come to the end of today's session. Thank you all for coming, especially our special visitors! We shall continue with another topic on nutrition for adolescent girls in our next meeting.

Remind the girls where and when the next meeting will take place.

#### *Facilitators general comment box about the session:*

What went well?

What could be improved?

## LESSON 12: PARTICIPATORY COOKING AND BELIEFS ABOUT FOOD

### SESSION DESCRIPTION

Girls practice cooking a nutritious meal using local foods. Hands-on cooking includes application of previous lessons in the module about nutrition. The session concludes with a discussion on how harmful beliefs and traditions about food lead to poor nutrition for adolescents.

### OBJECTIVES

By the end of this session, participants will:

- Practice cooking a healthy recipe that she can also make at home
- Identify harmful beliefs that lead to poor nutrition
- Know how to respond to harmful beliefs and traditions that prevent adolescents from eating healthy food

### TIME

1 HOUR 45 MINUTES

- Icebreaker (5 minutes)
- Review (5 minutes)
- Participatory Cooking (1 hour)
- Discussion over the Cooking Pot: Beliefs about Food (30 minutes)
- Wrap up (5 minutes)

### MATERIALS

- Recipes from national manual for Snacks and Juices
- Food for recipe (locally available ingredients provided by local community)
- Chalkboard and chalk (if available)

### PRE-SESSION PREPARATION

- Read through the entire session and, if necessary, practice presenting the activities
- Prepare all materials needed for the session:
  - Make sure that you have the materials needed for the participatory cooking: by asking the community or the girls to borrow pots, bowls, etc. and asking community leaders to support by providing some of the ingredients.
  - Pick a few recipes from the “Snacks and Juices” section in Annex D: Recipe Guide and make sure all of the ingredients will be available and provided.

### FACILITATOR’S NOTES

#### Participatory Cooking

It is not only important for adolescents to understand how foods are categorized. Understanding how foods can go together in an actual meal, and practicing that behavior, is a critical next step for improving nutrition. Practicing cooking together will help to build participants’ skills and belief that they are able to apply these principles in their own life and to advocate for change in the meals they eat at home. Participatory cooking is included in multiple sessions throughout the time the group will meet, so that participants can continue to apply the lessons that they are learning about nutrition and its importance in their lives.

To facilitate a participatory cooking session, food and cooking tools are needed. Before the groups are formed, this topic will be discussed with local leaders and the community. This conversation will determine if the community is able to support with some ingredients (including firewood) and the tools to borrow (pots, stove, bowls, eating utensils) for these sessions. A savings group in the community, for example, may be

willing to use some of their social fund to provide some of the ingredients, or local leaders might mobilize the community to gather some materials from their backyard gardens.

When facilitating a participatory cooking session, it is important that everyone is involved. The learning comes in practicing the cooking, not in only watching someone else cook. As the facilitator, you will guide the group through making the recipe. But each step can be carried out by different members. Some can get the fire started, others can clean or prepare ingredients for cooking, others can add items or stir the pot to determine when the food is fully cooked. This way, everyone feels like they contributed, and the lessons they learn will be easier for them to remember and use when they cook on their own.

### Discussion on Beliefs about Food

Every culture has traditions, customs, and beliefs that guide how the community operates. Some of these beliefs or customs impact nutrition: what foods are eaten, who can eat them, when they are eaten, and so on. This lesson uses the image of a plant to show how these beliefs and customs can result in poor nutrition for girls and women. In it, the beliefs and customs are like the roots of a plant, which cannot be seen but which support the plant and give it the nutrients it needs to grow. The crop grown (the “fruit” of the plant) is impacted by the roots. For example, a belief that women should not eat green vegetables after giving birth (the root) could result in a woman becoming anemic (the fruit) because her body is not getting the iron needed to recover after delivering her baby. In this session, groups will discuss some of these different beliefs and what might result from them. As you prepare for this lesson, think about what traditions or beliefs you have heard in your community. If participants cannot think of examples, share one of yours to start the conversation.

## TERMS

### Beliefs

Something one accepts as true or real; a firmly held opinion. This can be positive or negative.

### Traditions

Customs or beliefs that have been passed on from one generation to another.

## ICEBREAKER (5 MINUTES)

Welcome the girls to the day’s session. Open the session with an icebreaker of your choice that all can participate in, or allow participants to suggest one. See “Annex B: Participatory Facilitation Resources – Icebreaker Activities” for ideas.

## REVIEW (5 MINUTES)

Ask girls what key points were covered in the last session and their reflections from visiting the garden. (Optional: throw a ball of paper around to encourage participation). Ask them what they discussed with their mother, grandmother, or auntie for the practice activity. Fill in any key points that are missed.

## ACTIVITY 1: PARTICIPATORY COOKING (1 HOUR)

*Say:*

Today we are going to practice some of the lessons we have been learning. In this module we have learned about the kinds of foods girls need to be healthy. Let’s work together with the food that we have brought and practice cooking this new recipe.

Read the name of the recipe that you are going to cook (from Annex D: Recipe Guide).

*Action:*

Have the girls take the ingredients and participate in putting the recipe together. When you add different ingredients, use the opportunity to ask girls which food groups they come from, reminding them of earlier lessons including the six food groups and anemia. Make sure that everyone washes their hands with soap before cooking and before starting the meal.

*Once the meal is at the point where cooking activity has calmed (such as when the meal is simmering), or when girls are eating, begin the next activity.*

## ACTIVITY 2: DISCUSSION OVER THE COOKING POT: BELIEFS ABOUT FOOD (30 MINUTES)

*Ask:*

- How do you decide what to eat each day?
- Is there anyone else who tells you what you can and cannot eat?

*Say:*

These last weeks, we have been talking about how adolescent girls need certain foods in order to be healthy. Let's talk about what makes us decide what and when we eat.

We can think about this process by comparing it to something we might grow in our backyard garden. What are some of the plants that we saw?

(wait for 2-3 responses)

There are at least two things that all the plants in our gardens had in common. They have roots in the soil, and they are producing "fruit"—or some sort of crop (whether fruit, vegetable, legume, or something else).

These plants can help us describe how we see results in our lives. Think about the roots. They are underground, and we cannot see them. These roots represent our beliefs and values: the core things that we think about people and the world around us, and what we think is important.

The leaves and fruits represent the results that we see in our lives—like how healthy we are.

*Ask:*

So, how does this apply to our nutrition?

(Wait for a couple of responses from participants. It is alright if there are none, just keep going)

*Say:*

As we have been talking the last few weeks, our bodies need the right 'building blocks' to make sure that we are healthy and strong as girls. The "leaves" on the tree could represent how healthy you are. The foods we eat and how often we eat are both important parts of what makes us healthy or unhealthy.

Then we get to the roots, the things we don't see. This is what we believe deep down. These can be positive or negative. If we believe that girls are just as valuable as boys, then we will think it is important for both boys and girls to be healthy and strong. If someone believes that girls are not as valuable as boys, perhaps that person will feed boys first and leave the leftovers for girls, even if they are not enough for her.

*Ask:*

If someone believes that boys are more valuable than girls, and that boys should get the best foods, what might that person do when the family eats a meal together?

[they might not give girls enough food to eat, or give them the kinds of food that they need to be healthy or to avoid anemia]

And if that happens, what will be the result?

[girls may become malnourished, may become anemic and tired, may not grow as much as they need to, may have a harder time in pregnancy, their children may be born small]

What do you think girls can do when they see this happen?

Allow girls to come up with ideas as solutions. Write their answers down on the chalkboard for everyone to see. Answers may include: talking a trusted family member or adult, leading a campaign in her school to advocate in the community about the importance of girls' health, starting her own small backyard garden to grow extra food, or making sure that her future daughters get the good foods that they need.

*Say:*

There can be many things that influence the decisions that we make about food—maybe there are traditional values or beliefs that we have from our families or communities that make us think a certain way. Let's talk about where this might be happening in our own community.

*Ask:*

Based on what you have learned or observed from others in the community (family members, leaders, aunties, etc.):

- Are there foods that girls and women should or should not eat?
- Are there seasons where a woman should change the way that she eats?

What other beliefs or practices do you know about in the community that you can add to this list?

Wait for responses. Write down responses on the chalkboard (if available) as girls answer the questions. Some may include cultural practices that her elders have told her. Ask girls to be specific about what these beliefs and practices are.

*Ask:*

Let's look at the practices we have written down. These are like the roots of the plant. Which of these "root" beliefs might result in the "fruit" of protecting a woman or helping

her to be healthy? Which ones could lead to “fruits” that would prevent a woman from being healthy?

Allow participants to discuss and come to a conclusion on the different items on the list. See if there are any questions, and answer them before moving forward.

When we look at this list, we see the things we have heard from others. What have we learned about nutrition and about who we are as girls during the time that we have been meeting together?

[as girls, we are valuable for being ourselves, we can make good decisions, and we need to eat nutritious foods from all six food groups to stay healthy and to avoid anemia, etc.]

*Say:*

It can be difficult to make sure that we eat the foods that we need when there are other beliefs that have deep roots in our community. But when we have positive root beliefs, we will have a harvest of positive fruits and results in our lives. We believe that from birth, girls are valuable equally to boys, and that we can make good decisions to keep ourselves healthy. These roots will bring fruits of choosing to nourish ourselves well, and making positive decisions to protect our health. When girls are healthy and strong, there will be even more “fruit” in the future—because if a healthy woman has children, it will make her children healthier as well.

In our practice activity for the week, we will continue to think about what root beliefs we might know about from our community or our culture, and how we can make sure that we can grow healthy and make good decisions around our nutrition starting now.

## WRAP-UP (5 MINUTES)

*Action:*

Ask the girls to summarize what they have learned. Fill in any key points missed.

**Key Message:** *Our bodies need healthy foods to have energy, to be strong, alert and protected from illnesses. Beliefs and values in the community affect what we eat and can lead to poor nutrition. If we want to see good results in our lives, we must make sure that we believe and what we value is in line with what will make us healthy.*

## PRACTICE ACTIVITY

During the week have girls consider a tradition that influences a belief that they have about food, and how that might lead to negative results in their lives. Ask girls to think about ways these root beliefs could start to change. As they think about this during the week, girls should also discuss it with her mother, sister, or an auntie.

## CLOSING

Ask for final questions or comments.

Thank girls for their participation, and remind them where and when the next meeting will take place, and what topics will be discussed.

*Facilitators general comment box about the session:*

What went well?

What could be improved?



## LESSON 13: HIS AND HERS (GENDER ROLES)

### SESSION DESCRIPTION

Participants identify what society expects of boys and girls, and what society discourages boys and girls from doing.

### OBJECTIVES

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

- Identify how gender expectations can help or limit them
- Strategize how to step out of restrictive gender roles
- Cite one person who has stepped outside his/her gender role to succeed

### TIME

1 HOUR, 20 MINUTES

- Icebreaker (5 minutes)
- Review (5 minutes)
- Typical Malawian Days (20 minutes)
- Boy Box, Girl Box (30 minutes)
- She Did Something Different (15 minutes)
- Wrap-up (5 minutes)
- Practice Activity

### MATERIALS

- Chalkboard and chalk (if available)

### PRE-SESSION PREPARATION

- Read through the entire session and, if necessary, practice presenting the activities
- Prepare all materials needed for the session
- Review the sample list of gender roles in case participants have a difficult time brainstorming a thorough list
- Invite a guest to come and tell their personal story **or** prepare a story about successful local people, both male and female, who have challenged gender roles, **or** review and use the story attached to this session
  - Some characteristics of people who challenge gender roles may include: sees jobs as equally appropriate for men and women, values men's role as caring for children, challenges violence against women, advocates for equality between men and women, etc.)

### FACILITATOR'S NOTES

Every culture has expectations of how men and women should act and what their roles are in society. These expected roles are known as gender roles. Fulfilling the roles expected by the community can give women or girls a sense of belonging. But these roles can also limit the activities and choices of women and girls, and make them feel less valued than men. When this happens, everyone (women, their family, and their community) suffers. The group began to discuss this topic during the last session on harmful beliefs about nutrition.

In most communities, women are expected to be wives and mothers. Many women like this role because it can be very satisfying and it gives them status in the community. Some women would prefer to follow other interests, or want to have only a few children, but their families and communities do not give them this choice. If a woman or girl is expected to have many children, she may have less chance to learn new skills or go to school. Most of her time and energy will be spent taking care of others' needs. This can include not

getting the nutrition that she needs to stay healthy because she feeds everyone else first. Or, if a woman is unable to have children, her community may value her less than other women.

Most communities value men's work more than women's work. For example, if a woman cooks, cleans, and cares for the children all day, it is often still her responsibility to continue to work to ensure her husband's comfort when he returns home from his job. This is because his work is considered to be more important than hers. In similar scenarios, the woman's children will grow up thinking men's work is more important, and value the work and contributions of women less. Women are often considered more emotional than men, and are free to express these emotions with others. Men, however, are often taught that showing emotions like sadness or tenderness is unmanly, so they hide their feelings. Or they express their feelings in angry or violent ways that are more acceptable to men. When men are unable to show their feelings, children may feel more distant from their fathers, and men are less able to get support from others for their problems.

Gender stereotypes are generally used to describe the abilities of men versus those of women in the community in an oversimplified way. A stereotype is an oversimplified or biased description of a group. Stereotypes are often negative and harmful. Stereotypes are often recognized as being illogical even though many people still believe them.

## TERMS

### Gender

What a society or culture expects from a person on the basis of whether you are male or female (roles, behaviors, etc.)

### Gender Roles

Expectations of how men and women should act and what their roles are in society

### Gender Stereotype

An oversimplified or biased description of the abilities of men and women

### Sex

The physical characteristics that make one male or female; the term is also used to mean sexual intercourse

## ICEBREAKER

Open the session with an icebreaker of your choice, or allow participants to suggest one. See "Annex B: Participatory Facilitation Resources – Icebreaker Activities" for ideas.

## REVIEW

Ask participants what key points were covered in the last session (optional: throw a ball of paper around to encourage participation). Fill in any key points that are missed.

Go over the practice activity from last week. Ask girls what belief they discussed with their mother, sister, or auntie, and what resulted from their conversation. Ask if there are any questions.

## ACTIVITY 1: TYPICAL MALAWIAN DAYS (20 MINUTES)

Split participants into two groups.

Ask one group to create a story of what a typical adolescent girl in Malawi does from the time she wakes up to the time she goes to sleep and ask the other group to do the same for an adolescent boy in Malawi. When the story-writing is finished, have the groups present their stories.

Pose the following questions:

- How are the typical days of an adolescent girl and boy different?
- What is the difference between what adolescent girls and boys eat, if any?
- What main activities occupy an adolescent girl's life, and which ones occupy a boy's life?
- Would it be possible for girls to complete the activities that the boy usually does, and vice versa?

## ACTIVITY 2: BOY BOX, GIRL BOX (30 MINUTES)

Draw two boxes on the chalkboard. Write "girl" above one box and "boy" above the other box (see example).

Pose the following question:

Thinking about the stories we just wrote and your own life experiences, what can you say girls are 'encouraged' or 'expected' to do by culture, country, community, family, peers, etc.?

Write these comments (one or two-word summary, symbols or pictures) on the INSIDE of the "girl" box.

Then pose this question:

What are some things that girls are 'discouraged' from doing, or not 'expected' to do?

Write these comments on the OUTSIDE of the "girl" box.

Repeat the same procedure with the "boy" box.

**NOTE TO THE FACILITATOR:** Some of the gender expectations that might be included inside of the boy and girl "boxes" include:

Women	Men
<ul style="list-style-type: none"> <li>• Have to cook</li> <li>• Wear dresses</li> <li>• Be beautiful</li> <li>• Takes care of the sick</li> <li>• Are emotional</li> <li>• Have to stay up until their partners come home at night</li> <li>• Are nurturing</li> <li>• Have to prepare bath water for their partners</li> <li>• Should be sexually available</li> <li>• Are not supposed to express their opinions</li> <li>• Sweep the house</li> <li>• Look after the sick</li> <li>• Are responsible for raising children</li> <li>• Get married early</li> </ul>	<ul style="list-style-type: none"> <li>• Cannot cry</li> <li>• Should be doctors</li> <li>• Can be carpenters</li> <li>• Can get angry and this is generally accepted</li> <li>• Are considered more intelligent</li> <li>• Should get the biggest piece of meat</li> <li>• Have to buy household food</li> <li>• Are considered more intelligent</li> <li>• Can move without fear after dark</li> <li>• Are head of the households</li> <li>• Walk and herd the cows</li> <li>• Are strong</li> <li>• Expect their partners to obey them</li> <li>• Are allowed to play more as children</li> </ul>

*Do well in school, aggressive, smart.*

**GIRL**

*Help at home, be passive, submissive, quiet, rear children, take care of the family, cook, don't argue, look down when talking, maintain your beauty.*

*Cry, nurture, and take care of kids, passive.*

**BOY**

*Be aggressive, work hard, go to school, fight, ask a lot of questions, get married, have a lot of children, be the boss, be tough, and provide for your family.*

Although the participants are girls, be sure to discuss the male gender box as well. Explain that boys and girls are often expected to act a certain way just because they are boys or girls.

After the participants cannot think of any other things to add inside or outside the boxes, have a discussion based on the following questions.

*Ask:*

- Is there something inside the boys' box that you wish was inside the girls? Why?
- Is there something inside the girls' box that you wish wasn't there? Why?
- Is there something outside the girls' box that you wish was inside it?
- Can you think of some examples of things girls/women could not do in the past but that are now acceptable for them to do? (Answers could be: wear trousers, go to university, etc.) What about for boys/men?

### ACTIVITY 3: SHE DID SOMETHING DIFFERENT (15 MINUTES)

Share the story of a local person who has challenged the traditional gender roles (thought of before the session or invited to share in person), or read the story of Mwikali, below:

#### **Mwikali the Pilot**

Mwikali has four brothers and no sisters. Her brothers all performed well at school. However, she was performing better than all of her brothers at school. Her brothers felt very uncomfortable about her success at school. They told her that she was only a girl and that the best that could happen to her was to get married and become a housewife. Mwikali had a goal and dreamt of becoming an airplane pilot. When she shared her dream with people in her village they laughed and said, "Women can't fly airplanes!" After years of studying and hard work, she went to university. At university she chose a subject that women usually do not study: aviation. She became the first woman pilot in the country. Now, everyone is proud of her success and she serves as a role model for both boys and girls.

After the talk by the speaker or reading of Mwikali's story, allow the participants to ask questions they may have. If you used the story instead of a guest speaker, ask the group the following questions for reflection.

*Ask:*

- Is there someone from your community who has overcome obstacles to achieve his/her goal?
- What was the goal?
- What obstacles did he/she face?
- How did he/she overcome the obstacles?
- What was the end result?

### WRAP-UP (5 MINUTES)

*Pose the following question:*

- Why is being aware of gender roles important in your life?

Ask participants to summarize what they have learned. Fill in any key points they miss.

**Key Message:** Gender is influenced by cultural and social traditions, but gender roles can be challenged and changed! Being male or female cannot stop you from reaching your goals!

### PRACTICE ACTIVITY

Ask participants to consider the following questions this week:

- What do you see boys doing “because they’re boys” and what do you see girls doing “because they’re girls”?
- Do you see any girls who are not ‘acting like a girl?’ What is this person doing that is different? How is it interesting or good?

### CLOSING

Ask for any final questions or comments. Remind participants where and when the next meeting will take place, and what topics will be discussed.

Thank them for their participation.

*Facilitators general comment box about the session:*

What went well?

What could be improved?

# MODULE 3: UNDERSTANDING OUR BODIES

## LESSON 14: UNDERSTANDING YOUR BODY

### SESSION DESCRIPTION

Participants learn about the changes that occur during adolescence and puberty. Participants practice communication skills, discuss the changes that occur during puberty, and discuss how they can help others through puberty.

### OBJECTIVES

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

- Understand the process of puberty and the body changes that take place in both boys and girls
- Understand that these changes that occur during puberty, including sexual feelings, are normal
- Reflect on gender and social expectations during the puberty stage

### TIME:

1 HOUR, 50 MINUTES

- Icebreaker (5 minutes)
- Review (5 minutes)
- Activity 1: Understanding Puberty In Girls (40 minutes)
- Activity 2: Understanding Puberty In Boys (40 minutes)
- Activity 3: Anyone Who? (10 minutes)
- Wrap Up (10 minutes)
- Practice Activity

### MATERIALS

- Chalkboard and chalk (if available)
- A ball

### PRE-SESSION PREPARATION

- Read through the entire session and, if necessary, practice presenting the activities
- Prepare all materials needed for the session
- If desired and possible, ask an outside expert to help facilitate this session

### FACILITATOR'S NOTES

Humans grow and age through various stages in their lifetime, a process known as the human life cycle. Various points along this cycle of life offer individuals a range of growth and development, both on physical and emotional levels. As a person moves through life from one cycle to another, he or she also experiences a constant progression of cellular life, death and regeneration, from the moment of conception to the moment of death.

Activities 1 and 2 contain information and images that outline different physical and emotional changes that boys and girls go through during puberty, the stage of life of group participants. Be familiar with this content before the session starts. Participants will be brainstorming the changes that come with puberty in both girls and boys during this session, with additional information to be filled in by the mentor as needed. The lists in Activity 1 and 2 can be a guide to make sure all points are addressed. Try to use local language terms in order to communicate effectively with the participants.

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 boy becomes physically able to father a child. New chemicals produced by the body, called hormones, create changes in the body and turn young people into adults. Puberty typically

starts between ages 8 to 13 in girls, and ages 10 to 15 in boys, although some young people start puberty a bit earlier or later. People are different, so everyone starts and goes through puberty at their own pace. During puberty, young people are experiencing a major growth change. This period of growth is why nutrition is a key focus of our groups: because participants and their peers especially need to make sure they are eating enough of the right foods to make sure they can grow as much as they are meant to during this time. Puberty lasts for about 2-5 years. Some people grow ten or more centimeters 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. This growth can last until youth are at least 18 or 19 years old, and adequate nutrition and protective behaviors during this time will make sure that youth not only grow to their full height, but their bones and bodies are well developed to support them for the rest of their lives.

When discussing the physical changes experienced during puberty, be sure to relate them to the emotional changes that go along with them. Discuss health as a whole – both physical and mental – as hormones also affect thoughts and feelings during this time.

*Additional information on the male and female reproductive systems for facilitators:*

#### Male Reproductive System

Under the penis there is a small bag of skin containing the testes. There are two of them and they produce sperm and testosterone. Testosterone is the male sex hormone and it makes pubic hair grow and boys' voices become deeper. Semen is the fluid that carries the sperm. Sperm makes babies when it joins up with women's eggs. Most of the time sperm is inside the body. There is only one exit for the sperm, which is through the hole at the end of the penis, called the urethra. When the penis is soft, that hole is used to urinate; when it is erect, it is used to release semen.

An erection occurs when the penis fills with blood and becomes hard and straight because a boy or man is sexually excited. Boys do not have any control over when this will happen, and it is normal for it to occur while a boy is sleeping. Having erections is not a sign that a boy needs to have sex. Ejaculation is when semen comes out of an 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 without causing any harm. Boys are not born with sperm; they begin to produce them during puberty and continue to produce them through his entire life.

If the sperm is ejaculated into the woman's vagina, she may become pregnant. The semen can also carry diseases that could infect another person.

#### Female Reproductive System

The female external genital organs are called the vulva.

It includes the two folds of skin called the labia, the clitoris, and the vagina. The external genitalia, or the labia, has two sets of rounded folds of skin called the outer and inner lips. Near the top of the lips, inside the folds, is a small cylindrical body called the clitoris. The clitoris has no other function than to help a woman have sexual pleasure. The vagina is where a man puts his penis during sexual intercourse. Also, menstrual blood and babies come out of the vagina. The vagina is an incredibly elastic muscle that can stretch wide enough to allow a baby to pass through.

Every female is born with thousands of eggs in her ovaries. Once a girl reaches 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 or the day after ovulation, 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 fertilized egg travels to the uterus and attaches to the



lining of the uterus (called implantation) and a pregnancy begins. If the egg is not fertilized, there is no pregnancy and the uterus does not need the thick lining it has made to protect the egg. It discards 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. The blood and tissue usually leave the body slowly over three to seven days. **Because blood is lost every month through menstruation, women and girls are at increased risk for becoming anemic due to low iron in their blood. Eating meat, legumes, and dark green leafy vegetables is one important way for girls and women to replenish lost iron throughout their reproductive lives.**

Be familiar with the information and images in this session so that you can comfortably share them with participants.

Also see “Annex A: Additional Topical Information – Reproduction and Pregnancy” for more information.

## TERMS

### Life Cycle

The process of changes through which a human goes during their life, including infancy, childhood, adolescence, adulthood, and old age

### Adolescence

The period of time when people transition from childhood to adulthood, usually between ages 10 and 19

### Hormones

A chemical substance produced in the body that controls and regulates the activity of certain cells or organs

### Puberty

The physical and emotional changes that people go through during adolescence; results in sexual maturity and capability for reproduction

*For more specific terms about male and female anatomy, see the glossary in Annex A.*

## ICEBREAKER (5 MINUTES)

Ask a participant to lead the others in a song or dance to begin the meeting.

## REVIEW (5 MINUTES)

Ask participants to go to a buddy in the group. In their pairs, ask them to share anything they remember from the previous session and the practice activity they did at home. They should also reflect on how having someone to talk to can help them overcome some of the challenges they encounter in their everyday life.

After participants have discussed for a few moments, make sure the participants have no remaining questions on what was discussed the week before and answer any that does come up.

- After the pair work, emphasize the importance of supporting each other and those in the community.

### Say:

This session will focus on learning more about a woman’s changing body from puberty and menstruation.

The session will be carried as a series and will continue to the next session.

## ACTIVITY 1: UNDERSTANDING PUBERTY IN GIRLS (40 MINUTES)

Divide the participants into 3-4 groups. (see “Annex B: Participatory Facilitation Resources – Group Formation Activities” for ideas)

*Say:*

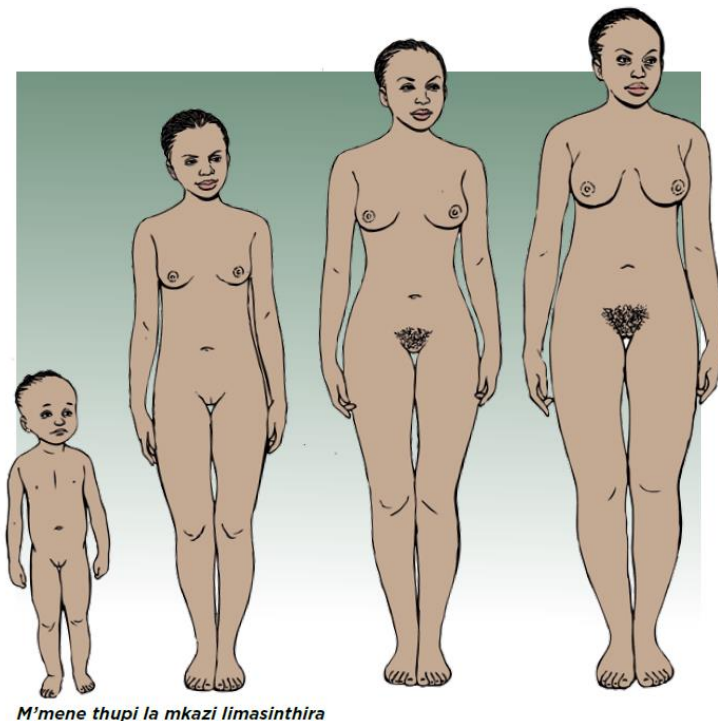
In your groups, brainstorm on the following questions:

- What is puberty?
- What happens to a girl’s body during the puberty process?

Write down your ideas. After you discuss, come up with a plan as a group on how to creatively present your ideas to the whole group.

After 10 minutes, bring the groups together and ask them to present to the larger group.

After all the presentations are done, make clarifications and show the group the picture indicating the body changes in females.



*M'mene thupi la mkazi limasinthira*

**Malawi DREAMS curriculum (p.57, p.29 in pdf)—secure permissions before using**

*Emphasize the following to the participants:*

- Puberty begins and ends at different ages for everyone. Participants go through puberty-related changes (physical and emotional) at their body’s own pace. This cannot be controlled and is biological (it is programmed in your body). This variation in change from person to person is normal. On average, puberty starts between the ages of 8-13 but might be earlier or later for others.

- Girls often begin changes of puberty before boys. This difference in changing is also biological and is therefore normal.
- Puberty is the beginning of the physical change from childhood to adulthood. It happens because hormones are developing in the body.
- It is important for girls to practice good nutrition as they go through puberty so that their bodies are able to grow and develop fully. This way, their bodies will be able to stay healthier and stronger throughout adulthood.
- Each person is different and unique.

**During puberty the following things take place:**

1. Bodies grow bigger
2. Skin becomes oily and pimples may occur
3. Grow hair under arms and in pubic area
4. Grows taller
5. Gains weight
6. Body becomes curvier
7. Hips widen
8. Breasts grow larger
9. Start menstrual period
10. Increased perspiration/body odour
11. They start having sexual desires

*Lead a discussion based on these reflection questions:*

- How many of you can relate this to your own body changes?
- (To those who can relate) Did you understand before on what was happening to you?
- How did the body changes affect you?
- Why is it important for girls to understand the processes happening in their bodies?

*As you finish the discussion, choose any participant to initiate an activity as an Energizer*

**ACTIVITY 2: UNDERSTANDING PUBERTY IN BOYS (40 MINUTES)**

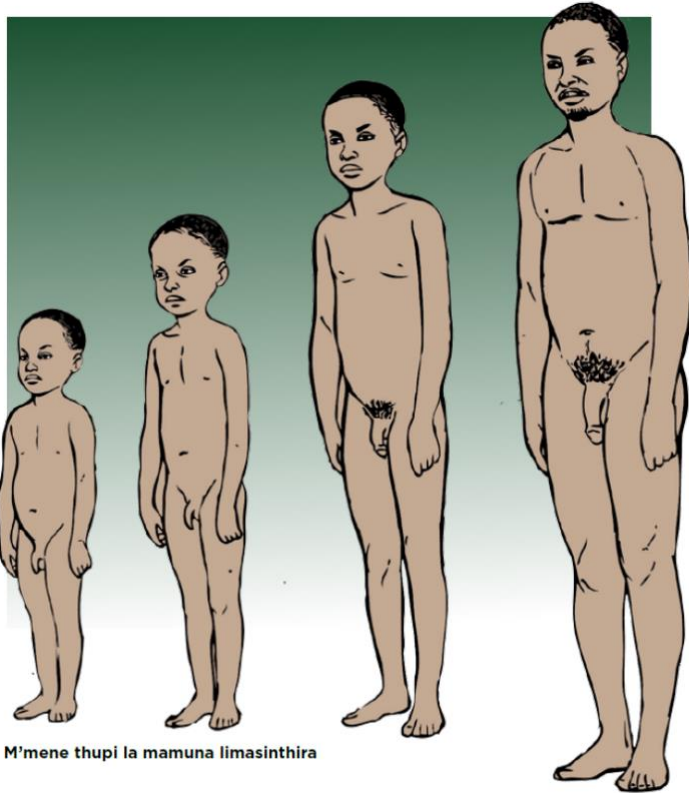
Divide the participants into 3-4 groups that are different from the ones they had in Activity 1. (see “Annex B: Participatory Facilitation Resources – Group Formation Activities” for ideas)

*Say:*

In your groups, brainstorm on this question: What happens to a boy’s body during the puberty process?

After a few minutes, ask the groups to present their work to the whole group.

After all the presentations, make clarifications about puberty in boys and show the group the picture indicating the body changes in males.



Malawi DREAMS curriculum (p.60, p.31 in pdf)—check permissions before using

*Explain the following to the participants:*

During puberty, boys' testicles (testes or 'balls') start producing the male hormone called testosterone. This hormone triggers changes in their bodies. There are plenty of signs that shows that puberty has started. Every boy is different, but here are some of the most common changes to look out for including:

1. Oily skin and hair, and spots (acne) may develop on the face and body.
2. Grow hair under arms, pubic area, face legs, arms and chest
3. Increased perspiration/body odour
4. Gain weight
5. Growing taller
6. Becoming more muscular
7. The Adam's apple (larynx) gets bigger and voice begins to 'break'
8. Testicles begin to produce sperm.
9. Body produces more hormones, they might get erections when they least expect them
10. Ejaculations
11. Mood swings and feel emotional, but feelings will settle down in time

*When all the clarifications have been made, say:*

There are some emotional changes that happen in both boys and girls during puberty, which we have talked about a little already. They can include:

- Sexual feelings
- Changes in mood
- Feel embarrassed easily
- Feel closer to friends than family
- Feel shy
- Better able to reason and solve problems
- Rebel against parents, want to be independent
- Concerns about being normal
- Experimentation
- All emotions and many urges may seem much stronger than they have previously and have more influence on your thoughts than before puberty.

Answer any questions that the participants have, then lead a discussion based on the following reflection questions.

*Ask:*

- What are some of the challenges that boys face when they start going through the puberty stage?
- What are some of the gender and social expectations that are associated with the puberty stage for both boys and girls?
- How can such expectations put girls and boys at risk of contracting HIV, having unintended pregnancies or be vulnerable to different abuses?
- How can such expectations reduce boys' and girls' risk from contracting HIV, having unintended pregnancies or being vulnerable from different abuses?

After the group has discussed the questions, answer any other questions that they may have. Before moving to the next activity, summarize with the following information.

*Explain:*

- Puberty begins and ends at different ages for everyone. Participants go through puberty related changes (physical and emotional) at their body's own pace. This cannot be controlled and is biological (it is programmed in your body). This variation in change from person to person is normal.
- During puberty, the body produces increased hormones that cause physical changes in the body as well as changes in feelings and behavior. It is possible to feel very energetic and excited one moment and tired and upset or anxious the next. This emotional up and down is normal.
- During puberty, both girls and boys experience sexual desires. These feelings may involve physical changes, such as a rapid heart rate, a warm flush in the face and/or genitals when sexually excited. It is important to remember that these feelings of desire and/or night sexual excitement are normal and signs of a healthy body.

- During puberty, boys' and girls' bodies change. Young people should be aware that as their bodies change, they may attract wanted and unwanted attention. The important thing is to remember to feel good about you. Use strong communication skills to let someone know if the attention they are giving you makes you feel uncomfortable.

### ACTIVITY 3: 'ANYONE WHO' (10 MINUTES)

Have everyone sit down in a circle.

*Say:*

Now we will do the "anyone who" activity. I will be reading out sentences. Some are true, some are false. Anyone who believes the sentence is a fact should change places in the circle. If she believes it is a myth, she should remain in her seat.

Read the sentences below in *Box 1. Facts and Myths about Puberty*. As you read the questions, ask participants questions why they believe the particular sentence is a fact or a myth.

#### Box 1. Facts and Myths about Puberty

*Only wayward girls attain the puberty stage.*

**Myth**—Every girl goes through the puberty stage.

*Girls can prevent teenage pregnancy.*

**Fact**—Girls have the power to say no to sex or use contraceptive methods to avoid pregnancy.

*You need to start preparing for marriage when you start showing signs of puberty.*

**Myth**—When a girl has her first menses/ period her body is now able to become pregnant, but this does not mean that she is ready physically, emotionally, psychologically and economically to have a child. Although she is able to become pregnant, a girl's body is not fully ready to carry and deliver a healthy child until the girl is finished growing herself (at least 18-19 years old).

*A girl can get pregnant even if she has sex once.*

**Fact**—anytime a girl has unprotected sex, there is a chance that she might get pregnant because the sperm will enter her vagina and can join with an egg.

*A girl cannot participate in her daily activities during her menses.*

**Myth**—There is no reason a girl should not participate in specific activities like going to school because of her menses. She should make sure to eat lots of foods containing iron during her menses (animal foods, legumes, dark green leafy vegetables) to keep herself strong and protected from anemia.

*An average period may last anywhere between 2-8 days.*

**Fact**—Menstruation usually last anywhere from 2-8 days with 4-6 days being the average. Some girls' periods may be shorter or longer.

### WRAP UP (10 MINUTES)

When you have finished with all of the questions, make sure everyone is sitting. Remind participants that while puberty is an exciting time of change, it can also be challenging. Tell them that they can always go to a trusted adult (mother, sister, auntie, mentor) for support if they need to talk about the changes they are going through.

*Ask participants:*

- What can your peers do to help minimize any embarrassment that comes during puberty and make you feel more comfortable? [e.g., always carry extra menstrual hygiene items, bring extra clothes in case pants/dress is soiled, go shopping for bras or facial cleaners together, etc.]
- What can you do to help each other and younger girls?

Ask participants to summarize what they have learned. Fill in any key points they miss.

**Key Message:** Each stage of life is associated with a normal set of physical and emotional changes. Boys and girls go through different physical and emotional changes during puberty – all of these changes are normal and represent a healthy body!

## PRACTICE ACTIVITY

Ask the participants to reflect during the week on the following questions:

- How do people perceive a girl attaining the puberty stage?
- How do these perceptions affect the girls?
- Does it put the girls at risk or not? Why?

Instruct participants to talk to a friend about the body changes they are experiencing.

## CLOSING

Ask for any final questions or comments. Remind participants where and when the next meeting will take place, and what topics will be discussed. Thank them for their participation.

*Facilitators general comment box about the session:*

What went well?

What could be improved?

## LESSON 15: MENSTRUAL HYGIENE MANAGEMENT

### SESSION DESCRIPTION

Participants learn about how menstruation happens and about menstrual hygiene management, and remember the importance of eating iron-rich foods to prevent anemia from blood loss during menses.

### OBJECTIVES

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

- Dispel three or more myths about girls' bodies and puberty
- Describe the menstrual cycle
- Describe various safe and hygienic options for managing their menstrual cycle

### TIME

1 HOUR, 30 MINUTES

- Icebreaker (5 minutes)
- Review (10 minutes)
- Exploring our Questions and Concerns (25 minutes)
- Menstrual Hygiene Management (40 minutes)
- Wrap Up (10 minutes)
- Practice Activity

### MATERIALS

- Scraps of paper and pencils for youth to write down their questions or concerns about puberty-related topics
- Examples of sanitary supplies that women in the area use during menstruation
- Training aid "The Process of Menstruation" (Annex C)

### PRE-SESSION PREPARATION

- Carefully read the facilitator notes with possible questions in Box 1 to be prepared to answer different questions that may come up. Further explanations can be found in the facilitator note in the previous lesson (Lesson 14).
- Ensure to be familiar with various methods used to manage menstrual hygiene.

### FACILITATOR'S NOTES

Be prepared to discuss how girls can take care of themselves during menstruation. You should know what women in the area use during menstruation; this includes what sanitary supplies are available locally.

Bring in examples to show. For example, in some places tampons may be available, while in other places they may use cotton wool, cloth or pads.

There are aspects of this session that should be checked for cultural acceptability. Be familiar with local cultural norms and adjust sessions accordingly.

### TERMS

#### Menstrual Cycle

The period of time beginning on the first day of a woman's period until the day before she begins her next period

#### Menstrual Hygiene

Taking care of oneself in a clean, safe, and healthy way during menstruation



## Menstruation

When blood leaves a woman's body through the vagina, because the egg that was released into her uterus was not fertilized; signifies that a woman or girl can become pregnant if she has sexual intercourse; occurs around once a month for most women, and is commonly called the "monthly period"; usually lasts between three and seven days

## ICEBREAKER (5 MINUTES)

Welcome girls and ask someone to lead the group in a song or game before you begin the session.

## REVIEW (10 MINUTES)

Ask participants what key points were covered in the last session (optional: throw a ball of paper around to encourage participation). Fill in any key points that are missed. Ask if there are any questions.

*Ask participants the following reflection questions from the practice activity:*

- *How do people perceive a girl attaining puberty?*
- *How do these perceptions affect girls? Does it put the girls at risk or not? Why?*

## INTRODUCTION

*Say:*

One of the biggest changes a girl experiences during adolescence is the start of menstruation.

*Ask:*

What happens to girls in your community once they start menstruating? [potential responses: they are seen as a woman, they stay inside during menstruation, they get married, etc.]

How do you feel about what happens to girls in your community once they start menstruating – is it good or bad, do you wish something different happened?

## ACTIVITY 1: EXPLORING OUR QUESTIONS AND CONCERNS (25 MINUTES)

Tell the girls you will read a few statements from typical girls like them, such as:

- "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 if any of the girls ever felt like this, or if they know of a girl who has felt this way, as many do.

*Show the Training Aid: The Process of Menstruation and explain the following:*

Menstruation happens for most women about once a month, and that is why it is commonly called the “monthly period.” It usually lasts between three and seven days. It is a sign that a girl or woman can become pregnant if she has sexual intercourse.

*Ask:*

Why does menstruation happen?

[Every month the ovaries release an egg that waits in the fallopian tubes between 5-7 days to see if it will be fertilized with sperm. If the egg does not meet sperm, the lining of the womb is shed and comes out as blood through the woman’s vagina. This is the monthly period or menstruation.]

*Explain:*

Some girls may begin to menstruate at age nine or ten; others may not get their first period until a few years later. A woman knows that she has started her period when a little blood comes out of her vagina. The blood comes out slowly, like a dribble. It is important to anticipate when each month she will start bleeding, so she can wear a sanitary pad or other protection to prevent clothing stains.

Some women have physical and/or emotional symptoms around the time of menstruation, including:

- Cramping, bloating, and sore breasts
- Food cravings
- Mood swings and irritability
- Headache and fatigue

While most girls menstruate monthly, some girls will be irregular. It may take the body a while to adjust to all the changes taking place. Her menstrual cycle will probably become more regular with time.

*Pass out strips of paper and pens or pencils.*

Invite the girls to write down any questions they have about puberty, menstruation, and how to manage it on the strips of paper. Collect the strips of paper and then read each question out loud. It is important not to identify any question with a particular girl. After each question, ask the group if they know the answer and build on their responses. If no one answers, provide your response.

As time permits, ask and answer at least a few of the possible questions in Box 1 if the girls do not bring up these topics, as these are common questions.

After you finish answering questions, discuss the following reflection questions.

*Ask:*

- Who do most girls confide in when they first start menstruation?
- Why do they confide in these people?

- How does the community you are in help girls make informed choices with regard to their changing bodies?

#### Box 1. Possible Questions and Answers for the Girls' Group Discussion

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. Eating foods rich in potassium, like bananas or kiwis, might help relieve the pains of cramps as well.

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

Q. Are there any foods to avoid during a period or other "no-dos"? A. No. The idea that certain foods should not be eaten at this time is a myth. Also, a woman or girl who is menstruating can carry a small child, pass through a vegetable field and milk a cow. There are no restrictions on these or other typical behaviors.

Q. Does menstruation affect the nutritional health of an adolescent girl? A. Yes it does. Losing blood every month puts women at greater risk for anemia, which we discussed a few weeks ago. Anemia, which is often caused by the lack of iron in the blood, causes a person to feel weak and tire easily. This can be alleviated by making sure to eat a balanced diet with lots of fresh fruits and vegetables, and foods which are rich in iron: animal source foods, beans and legumes, and leafy green vegetables. Adolescent girls should make sure to include these foods in their diets in order to make up for the iron that they lose through the natural process of menstruation.

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. Will a woman have her period the rest of her life? A. No. She will stop when she reaches menopause, which is usually before age 50.

Q. What are some of the changes a woman might experience just before or during her period? A. Cramping, bloating, weight gain, food cravings, skin problems, headaches, etc.

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. It could also put someone who is sexually active at higher risk for getting HIV and other diseases. Some women put products there because they do not like the secretions that come out. But the secretions are

normal, healthy and are supposed to be there. Women should not try to fix this by putting unusual products there.

Q. Is it normal that some girls get moody or get stomach pains when they have their menstrual period? A. Yes, because of the changes in a girl's body on the days just before her period, she may feel more sad, irritable or easily angry. It can be helpful to notice this pattern if it affects you, your thoughts and your feelings. Some girls' breasts feel sore and a little bigger close to the time when their period will come. Others have a lower back ache or some stomach pains, also called "cramps". Some discomfort is normal. However, if the pain bothers you, talk with your mother or auntie or trusted adult. You may use a warm compress, drink a beverage, or take a mild pain reliever. Eating foods rich in potassium, like kiwis or bananas, can also help relieve some pain from cramps as well.

Q. What do you do with soiled pads? A. Store-bought soiled pads can be wrapped in paper and thrown in the trash. Reusable pads or cloth from home-made pads can be put in a plastic bag until they can be soaked in clean water, washed with soap, rinsed and dried well. It is important for girls to have clean water and soap to wash out reusable pads, and a place to completely dry them, ideally in the sun, which helps disinfect them.

**NOTE TO THE FACILITATOR:** *It is important for girls to ask questions and seek answers, especially when a subject (like puberty and sexuality) is often not talked about or communicated in other ways. All questions are important and meaningful!*

## ACTIVITY 2: MENSTRUAL HYGIENE MANAGEMENT (40 MINUTES)

Ask a few questions to find out what the girls already know about taking care of their bodies:

- We've been talking a lot about bodily changes during puberty. Does this mean we have to care for bodies differently? How?
- Why is it important to keep different parts of our body clean? What parts of the body?
- How can we keep each area of our bodies clean? [Mention any other areas or aspects of the body they forgot (face, hair, teeth, odor, and genital area)]

*Explain:*

Now we are going to discuss menstrual hygiene – that is how to take care of yourself in a clean, safe, and healthy way during menstruation. We will start by dividing into four groups to discuss a question.

*When participants are in groups, ask:*

How do girls in your community manage themselves when they are menstruating?

After a few moments, ask the groups to present their responses to others on what they have discussed.

After the presentations, begin a discussion on menstrual hygiene.

*Say:*

Menstrual hygiene is important for many reasons. This includes:

- Prevents infection
- Prevents body odour
- Enables women to remain healthy
- Enables women to feel comfortable, confident and stay fresh all day

Ask if there are any questions, and make clarifications where the girls do not understand.

Continue the discussion using the following chart.

*Say:*

Let's talk about how girls and women can manage themselves during their menstrual period.

Read the column on the left side of each table and ask for volunteers to share ideas as to the answer that goes with it. Fill in with the information that is in the tables and clarify any incorrect answers. If no one responds, read the answers and make sure to answer questions as they arise. If you do not know the answer, tell the participants you will try and find out, and answer next week.

Practice	Health Risk
<b>Unclean sanitary pads/materials</b>	Bacteria from unclean sanitary materials may cause local infections or travel up the vagina and enter the uterine cavity. Reusable sanitary materials should be dried in the sun and/or ironed to disinfect them.
<b>Changing pads infrequently</b>	Wet pads can cause skin irritation which can then become infected if the skin breaks
<b>Insertion of unclean material into vagina</b>	Bacteria potentially have easier access to the cervix and the uterine cavity
<b>Wiping from back to front following urination or defecation</b>	Makes the introduction of bacteria from the bowel into the vagina (or urethra) more likely
<b>Unprotected sex</b>	Possible increased risk of sexually transmitted infections or the transmission of HIV or Hepatitis B during menstruation
<b>Unsafe disposal of used sanitary materials or blood</b>	Risk of infecting others, especially with Hepatitis B (HIV and other hepatitis viruses do not survive for long outside the body and pose a minimal risk except where there is direct contact with blood just leaving the body)
<b>Douching (forcing liquid into the vagina)</b>	Can facilitate the introduction of bacteria into the uterine cavity
<b>Lack of hand-washing after changing a sanitary towel</b>	Can facilitate the spread of infections

'How to' questions	Good practice guidance for girls and women on managing their menstrual period
<b>How do I go about after experiencing my first menstruation?</b>	<ul style="list-style-type: none"> <li>• Talk to other girls and women, such as your mother, sister, aunt, grandmother, female friend or an older woman in your community.</li> <li>• Don't be afraid. It can be scary to see the blood on your underwear, but it is normal and natural.</li> <li>• If you are at school, tell the matron, a female teacher or a fellow student.</li> <li>• Feel proud! Your body is developing into that of a young woman.</li> </ul>
<b>How to capture the blood?</b>  <i>Show examples of methods if you have them.</i>	<ul style="list-style-type: none"> <li>• Place a cloth, pad or cotton on your underwear. <ul style="list-style-type: none"> <li>○ Clean pieces of cloth: These are cut to fit in the panty area by sewing several layers of cotton cloth on top of each other. These must be clean. They should not be shared.</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>○ Toilet tissue: Girls and women can use a thick, long wad of toilet tissue. Sometimes toilet tissue is too rough, and it can irritate the skin. It also may not be sufficient to absorb the quantity of blood.</li> <li>○ 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.</li> <li>● Never insert the material inside your vagina.</li> <li>● Change the cloth, pad, or cotton every two to four hours or more frequently if you think that the blood flow is getting heavy.</li> <li>● Make sure to wash your hands before and after changing the cloth, pad, or cotton to prevent yourself from infection.</li> </ul>
<b>How to dispose of the cloth, pad cotton or tissue?</b>	<ul style="list-style-type: none"> <li>● If you are re-using a cloth, put it into a plastic bag until you can wash it with cold water and soap and then dry it in the sunshine or iron it.</li> <li>● If you are using a pad or cotton, or want to dispose of your cloth, wrap it in paper to make a clean package and put it in the pit latrine or burn them.</li> <li>● Make sure to wash your hands after you touch used materials, whether to clean them or dispose of them.</li> </ul>
<b>How to keep yourself clean during your period?</b>	<ul style="list-style-type: none"> <li>● Every day (morning and evening if possible) wash your outer genitals with soap and water.</li> <li>● Keep unused cloths and pads clean (wrapped in tissue or plastic bag) for further use.</li> <li>● Pat the area dry with a cloth, and put a fresh cloth, pad or cotton on your underwear.</li> <li>● Always wipe from front to back after defecation.</li> <li>● Make sure to practice regular handwashing.</li> <li>● Never douche (washing out the vagina with water).</li> </ul>
<b>How to manage the stomach pain from your period?</b>	<ul style="list-style-type: none"> <li>● You can put a bottle with hot water on your stomach area when you are resting</li> <li>● Try to do some exercises and keep your body active.</li> <li>● You can take painkiller medicines every four to six hours on the most painful days.</li> </ul>

*Explain:*

Whatever a girl uses to manage her menses, she should change it frequently to avoid staining or odor. 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.

*Ask:*

Are there any questions about the different methods or topics we have discussed today?

What are some of the difficulties girls face in trying to manage their monthly periods?

How can girls help one another in overcoming those difficulties?

**WRAP-UP (5 MINUTES)**

Thank the participants for discussing an often embarrassing but normal and necessary subject.

Ask participants to summarize what they have learned. Fill in any key points they miss.

**Key Message:** Menstruation is a natural part of a girl's life and finding safe and healthy ways to manage it is important. It can often be an embarrassing and difficult time especially for younger girls who are just starting their monthly period, so girls should be mindful and find ways to support and encourage one another.

If there are other organizations or individuals in the community who practice pad making, make sure that the girls are aware of these. If there are girls who might want to gain skills in pad making, see what you can do to help make the connection to these other groups.

### PRACTICE ACTIVITY

Encourage girls to share what they have learned about menstrual hygiene management with at least one other girl this week.

### CLOSING

Ask for any final questions or comments. Remind participants where and when the next meeting will take place, and what topics will be discussed.

Thank them for their participation.

### *Facilitators general comment box about the session:*

What went well?

What could be improved?

## LESSON 16: THE INS AND OUTS OF PREGNANCY

### SESSION DESCRIPTION

Participants learn about how pregnancy happens.

### OBJECTIVES

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

- Describe how conception occurs
- Understand which days a woman is more fertile using the menstrual cycle

### TIME

1 HOUR, 30 MINUTES

- Icebreaker (10 minutes)
- Review (5 minutes)
- Activity 1: The Menstrual Cycle and Pregnancy (25 minutes)
- Activity 2: Facts and Myths about Pregnancy (30 minutes)
- One New Thing About Our Bodies (15 minutes)
- Wrap-up (5 minutes)
- Practice Activity

### MATERIALS

- Chalkboard and chalk (if available)
- Red, brown and yellow colored beans (5 red, 23 yellow, 12 brown)

### PRE-SESSION PREPARATION

- Read through the entire session and, if necessary, practice presenting the activities
- Prepare all materials needed for the session
- If desired and possible, ask an outside expert to help facilitate this session
- Be familiar with local resources that can help participants learn more about pregnancy (perhaps written material, or a clinic/community health center)
- Make sure you are familiar with all the answers in Activity 2 and are prepared to answer questions or know where to refer someone for more information

### FACILITATOR'S NOTES

A myth is a traditional story told among a group of people, that may be based on a truth or real story, but is not true. It often is based on the cultural ideals or commonly held beliefs or emotions in a community. Myths form part of the beliefs of a community or society. A fact is something that is true and has been proven with evidence.

Although most young people have some basic information about sex and reproduction, they often still firmly believe in many myths around reproduction. It is important to let participants talk about these tales they have grown up with in order to bring the myths out into the open so they can be dispelled and replaced with facts. Myths can range from the less harmful to the highly consequential ones, like those concerning sexual health. Partial information, incorrect information, or culturally embedded myths can lead adolescents to make dangerous, wrong decisions for themselves. Long-held, culturally approved beliefs or myths that peers swear are true are often extremely difficult to change. But the misinformation must be cleared away and real facts provided, so that choices can be based on knowledge instead of ignorance.



***Depending on the availability of reproductive health experts in the community, you may ask an outside expert to facilitate this session.*** However, make sure the expert is indeed a content expert AND at ease working with young people.

If necessary, review the Facilitator’s Note for Lesson 14 to remind yourself of the male and female reproductive systems, in case participants have questions or need further clarification. Following is a reminder about how pregnancy occurs. Every female is born with thousands of eggs in her ovaries. Once a girl reaches 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 or the day after ovulation, 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 fertilized egg travels to the uterus and attaches to the lining of the uterus (called implantation) and a pregnancy begins. Before a woman usually even knows that she is pregnant, the baby has already begun to develop and needs key nutrients from the mother in order to grow properly. It is important for women to eat a variety of foods well before they decide to become pregnant, to keep the baby healthy and to protect their own health during and after pregnancy.

Be familiar with the information in this session so that you can comfortably share them with participants. Also see “Annex A: Additional Topical Information – Reproduction and Pregnancy” for more information.

Be prepared to share resources with participants about how they can learn more about pregnancy, perhaps written material, or a clinic/community health center.

There are aspects of this session that should be checked for cultural acceptability. Be familiar with local cultural norms and adjust sessions accordingly.

## TERMS

Cervix	The neck-like passage from the uterus to the vagina
Ejaculation	Release of semen from the penis during orgasm
Erection	The stiffened and swollen state of erectile tissue, especially that of the penis, usually as a result of sexual arousal
Fallopian Tubes	Tubes which connect a woman’s ovaries to her uterus
Fertilization	The fusion of a male sperm cell and a female egg; necessary before an egg can begin to grow into an embryo
Menstrual Cycle	The period of time beginning on the first day of a woman’s period until the day before she begins her next period
Ovulation	The periodic release of a mature egg from the ovary, which usually happens around the middle of a woman’s menstrual cycle
Ovaries	A pair of organs that contain a female’s eggs or ova
Penis	The male sex organ. It provides passage for both urine and semen; places sperm in the woman’s vagina during sexual intercourse
Sperm	Male reproductive cells, which fuse with eggs during fertilization
Testicles	These are two egg-shaped organs in front of and between a man’s thighs; each testicle produces and stores sperm, which can fertilize a woman’s egg during sexual intercourse
Uterus	Where a fertilized egg grows and develops when a woman becomes pregnant; also called the womb
Vagina	Female sex organs with the functions of sexual intercourse and childbirth

## ICEBREAKER (10 MINUTES)

Open the session with the 'Simon Says' icebreaker.

*Explain:*

You should follow instructions when I start the instruction by saying "Simon says..." But if I do not begin the instructions with the words "Simon says", then you should not follow the instructions!

Say something like "Simon says clap your hands" and clap your hands. The participants follow. Speed up the actions, always saying "Simon says" first. After a short while, omit the "Simon says" before your command. Those participants who do follow the instructions anyway are 'out' of the game. The game can be continued for as long as it remains fun.

## REVIEW (5 MINUTES)

Ask participants what key points were covered in the last session (optional: throw a ball of paper around to encourage participation). Fill in any key points that are missed.

Go over any practice activities that were given, and ask if there are any questions.

*Say:*

Today we are going to talk about pregnancy. Having a child is a very big responsibility. This session will therefore focus on how a woman becomes pregnant and so that we make sure to have all the facts to make wise choices.

## ACTIVITY 1: THE MENSTRUAL CYCLE AND PREGNANCY (25 MINUTES)

*Say:*

We just reviewed our discussion about menstruation last week. Today we will talk about the menstrual cycle as it relates to pregnancy.

When periods (menstruations) come regularly, this is called the menstrual cycle. Having regular menstrual cycles is a sign that important parts of your body are working normally. The menstrual cycle provides important body chemicals, called hormones, to keep you healthy. It also prepares your body for pregnancy each month.

*Action:*

Show participants the bag with the red and yellow beans; take away the brown ones for the moment.

Take the five red beans and put them in a line to signify the days a woman menstruates (see image below as an example).

*Say:*

A menstrual cycle is normally four weeks, or 28 days, like the cycle of the moon. How many days is a woman not bleeding, if she bleeds for five days?

Place the 23 yellow beans in the row after the five red ones – these signify the days when a woman is not menstruating.

*Say:*

These 23 yellow beans represent the days when a woman is not bleeding.

Does anyone know what days a woman is most fertile, or most likely to get pregnant?

Ask for ideas from everyone.

Take out the 12 brown beans.

*Explain:*

These 12 brown beans signify the days when a woman is most fertile. The most fertile period is the middle of the menstrual cycle – days 8-19. These are counted from the first day of menstruation.

Place the brown beans down next to the yellow beans signifying days 8-19 below these beans.



*Source: DREAMS Lesson 2.2 (p.58 in curriculum, p.30 in PDF)—check permissions before using*

*Say:*

This explains what is happening in the womb, but what other parts does a woman have in her body? We will look at these pictures to explain some more.

Show the group a woman's reproductive organs on the pictures below.

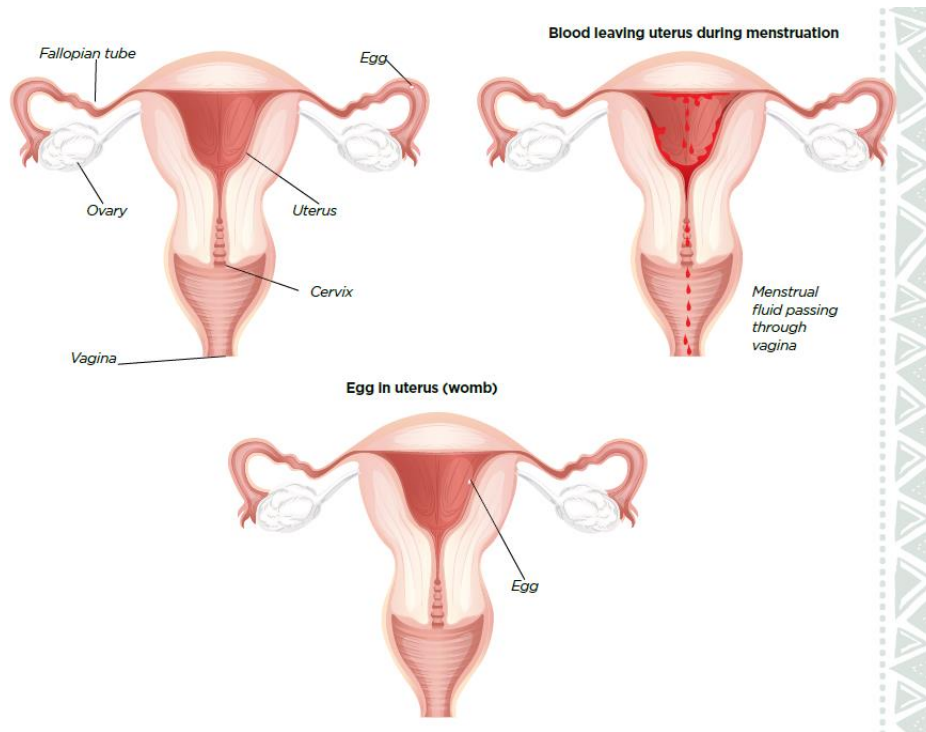
*Say:*

At the top of the vagina is the cervix, or neck, of the womb. The cervix has a very tiny passage through it, it is about as wide as a straw. If you pass through this, you come to the womb.

There are two narrow tubes, coming from the top of the womb; these are called the fallopian tubes.

At the end of the fallopian tubes are the ovaries. A woman's eggs are made in her ovaries and when she is fertile, during those brown days (*point to brown beans*); one tiny egg is released and passes down the fallopian tube to the womb.

If it does not meet with a sperm from a man it passes out of the womb into the vagina. If it meets with a fresh sperm a pregnancy will result.



Source: DREAMS (check permissions before using)

## ACTIVITY 2: FACTS AND MYTHS ABOUT PREGNANCY (30 MINUTES)

*Pose the following questions:*

- What are some things that you know are true?
- What are some things that you know are not true?

*Explain the following to the participants:*

A myth is a belief that is told by a group of people, which may be based on truth, but is untrue.

Most young people have some basic information about sex and reproduction. Some of it is true and some of it may not be true. It is important to learn which information is myth and which is fact. This is because it can lead to dangerous uninformed choices if someone only has part of the information or the wrong information, especially about sexual and reproductive health issues.

“Facts” are what is known to be true; events that have actually occurred; and things that are real, actual, and can be proved. For example, if you throw a ball in the air, it will come down. “Myths” are ideas, sayings or beliefs that people create and are not or cannot be proven.

*Pose the following questions:*

What are some examples of facts?

[anything that is known to be true, e.g., if you throw something in the air it falls down, the sky is blue, we are girls, I am good in math, etc.]

What are some examples of myths?

[e.g., opinions, beliefs, fables, stories or fantasies that are not true]

*Explain the following:*

Now we will play a game that will help you to identify and correct myths around pregnancy. I will be reading out statements, and if you agree with the statement, put both hands up. If you think it might be true, put up one hand up. If you think it is false, you should not put up either hand.

Read the following questions and allow girls to answer using their hands to agree, disagree, or be unsure.

- A girl can only get pregnant if she has unprotected sex often.
- A girl cannot get pregnant the first time she has sex.
- The best time to get pregnant is to have sex one week after the end of menstruation (8-19 days after the first day of menstruation).
- A girl can't get pregnant until when she is 16.
- A girl/ woman can tell she is pregnant as her breasts feel heavy or painful and she stops menstruating.
- Women can't get pregnant if they are over 40.
- A girl/ woman who is exclusively breast feeding cannot get pregnant.

Lead a discussion around the answers, listed below. Allow participants to share more facts and myths about pregnancy. Let them be discussed too.

*A girl can only get pregnant if she has sex often—False.*

Pregnancy can occur even if people have sex once. Any unprotected sexual act puts you at risk of becoming pregnant.

*A girl cannot get pregnant the first time she has sex - False*

Any unprotected sexual act predisposes you to pregnancy, even if it is your first time to have sex.

*The best time to get pregnant is to have sex one week after the end of menstruation (8-19 days after the first day of menstruation)—True.*

This is the most likely time for a woman to release an egg. She only does this once a month. Some women may release an egg earlier or later but this is the most common time. When a girl has just started menstruating and her period is irregular, the period of time when she can become pregnant is much wider.

*A girl can't get pregnant until when she is 16—False.*

A girl can get pregnant as soon as she has had her first menstruation. At this time in her life, a girl is growing quickly and needs to get an adequate and balanced diet so that her body finishes its development. If she becomes pregnant soon after her first menstruation, she may not be able to grow as much as she is meant to since her body will be busy growing the baby.

*A woman can tell she is pregnant as her breasts feel heavy or painful and she stops menstruating—True.*

Ask what are the other signs of pregnancy? These include nausea or vomiting especially in the morning, going off food, breasts get larger and after about three months the stomach getting larger.

*Women can't get pregnant if they are over 40—False.*

A woman can get pregnant at any time between her first and last menstruation (which is usually towards age 50) but older women may find it much harder.

*A girl/woman who is exclusively breastfeeding cannot get pregnant.*

This is sometimes true and sometimes false. If a woman is providing her child only with breastmilk then it is unlikely that she will get pregnant when breastfeeding. Once a child is given porridge or other milk or water as well as breastmilk, a woman is at risk of pregnancy even if her period has not yet returned.

### ACTIVITY 3: ONE NEW THING ABOUT OUR BODIES (15 MINUTES)

Put participants into groups of two or three.

*Ask:*

- What is one new thing you learned today about menstruation or reproduction?
- How may this new information improve your health, now or in the future?

Invite participants to share their comments with the larger group.

### WRAP-UP

Thank the participants for discussing an often embarrassing but normal and necessary subject.

Ask participants to summarize what they have learned. Fill in any key points they miss.

**Key Message:** After going through puberty, women and girls begin menstruating and become capable of pregnancy.

*Explain:*

Although pregnancy is normal and you may be physically capable of getting pregnant, your body may not be emotionally, economically, or physically ready to carry a child. It is important to have children by choice and not by chance. This topic will be discussed in a later session.

Ask for any final questions or comments.

### PRACTICE ACTIVITY

Instruct participants to explain to a friend how pregnancy happens.

### CLOSING

Remind participants where and when the next meeting will take place, and what topics will be discussed.

*Facilitators general comment box about the session:*

What went well?

What could be improved?

## LESSON 17: UNDERSTANDING SEXUALITY

### SESSION DESCRIPTION:

Girls explore the concept of sexuality, are encouraged to value sexual purity, and identify reasons to delay the ultimate expression of physical sex until it is with their life partner.

### OBJECTIVES:

During this session, girls will

- Discuss what sex means to them
- Examine the different aspects of their sexual nature
- Identify reasons that married and non-married people choose to have sex
- Identify reasons for saving themselves for their life partner

### TIME

1 HOUR, 40 MINUTES

- Icebreaker (5 minutes)
- Review (20 minutes)
- Small Group Discussion on Sex (25 minutes)
- Story and Discussion (40 minutes)
- Wrap Up (10 minutes)
- Practice Activity

### MATERIALS

- Paper strips or notecards with questions for Fertility Review game
- Basket or hat
- Chalkboard and chalk (if available)

### PRE-SESSION PREPARATION:

- Read through the entire session and, if necessary, practice presenting the activities
- Prepare all materials needed for the session
- Write on strips of paper or note cards the questions for the Fertility Review Game (below) and place them in the basket or hat.
- Storytelling: Know the story well and practice telling it before the session begins. Be familiar with the points so you don't have to read them word for word.

### FACILITATOR'S NOTES

Sexual temptation and social pressure are very real forces that affect all of us. How can youth abstain from sex until marriage and remain sexually pure in the face of such challenges? Young people need to understand that sex is a special gift created to intensify the bond between a man and a woman in a way that nothing else can. They need to see that their sexuality is more than simply the physical act of sex, but that it also involves mental, emotional and spiritual expressions of what it means to be male and female.

### TERMS

#### Abstinence

Refraining from sexual activity. Abstinence is the only 100% effective method for avoiding unwanted pregnancy and sexually transmitted infections, including HIV.

#### Sexuality

The way people experience and express themselves sexually. This involves physical, mental, emotional, social, or spiritual feelings and behaviors.

## Sex

Sex is a physical act when a man's penis enters a woman's vagina.

### ICEBREAKER (5 MINUTES)

Open the session with the 'Charades' icebreaker: Divide the group into two teams (see "Annex B: Participatory Facilitation Resources – Group Formation Activities" for ideas). Distribute the same number of slips of paper to each team. Have participants think of phrases or concepts related to pregnancy or have already learned and write them on the slips of paper.

Choose a neutral timekeeper/scorekeeper, or have the teams take turns.

#### *Explain:*

A player from one team chooses a slip from the other team's basket. Without speaking, the player must use gestures and actions to help his/her team members guess what is written on the slip, within three minutes.

A team gets one point for each correct guess. If no one can from their team can guess in three minutes, then their team does not get a point.

Then it is the turn of a player from the other team to do the same with a new slip of paper.

### REVIEW: FERTILITY REVIEW GAME (20 MINUTES)

Tell girls that today we will be playing a game to review the lessons from the last few weeks.

Form two teams. Ask each participant to choose paper from the basket or hat. A participant from Team 1 should read her question to the group and ask her 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.

#### **Questions and Answers:**

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. Who begins puberty earlier, girls or boys? (Most girls begin puberty one to two years earlier than do boys, but boys eventually catch up.)
9. True or False: Every female is born with thousands of eggs, which are so small that they cannot be seen by the naked eye. (True)
10. True or False: Sperm can fertilize an egg up to seven days after intercourse. (True)

Go over the practice activity from the last session (talking to a friend about pregnancy), and ask if there are any questions.



## ACTIVITY 1: SMALL GROUP DISCUSSION (25 MINUTES)

*Explain the Following:*

Today we are going to talk together about sex. Even if you haven't already faced decisions about sex, this is a subject that concerns us all.

Break into groups of three to six. Ask girls to discuss the following in their small groups first and then share with the large group:

***What is sex?*** (Answers may include what sex is or the reasons for having sex.)

Let girls share whatever thoughts they have.

[Responses may include: some may say that older boys and men say they want to show us what it's all about; some say it's good to practice before you get married]

Note to the Facilitator: *If needed, you may want to remind the group what was discussed in the previous lesson and give this description of sex: Sex is a physical act when a man's penis enters a woman's vagina. As a man and woman begin touching and kissing, their bodies begin to respond in preparation for sex. The man's penis becomes hard and long, while the woman's vagina begins to secrete mucous to help the penis enter. When a man is fully aroused, he will expel a substance called semen that contains sperm combined with other fluid that you cannot see. If the timing is right in a woman's menstrual cycle, the sperm may unite with the woman's egg. If this occurs, the woman becomes pregnant, and a child begins to develop within her uterus.*

Divide the following questions and assign them to the small groups.

At least one group should be discussing each question. Do NOT read answers to girls. Wait to hear what ideas they have first. Only add as needed.

- ***What are the reasons married people have sex?***  
[Responses could include: having children, satisfying your body, strengthening relationships between two people, etc.]
- ***Why do some unmarried young people have sex?***  
[Responses could include: to satisfy desire, for experience, for pleasure, getting free gifts, being accepted by peers, feeling loved, fun, prove manhood or womanhood, stress reliever, competition, seduction/flirtation, curiosity, drugs, lust, etc.]
- ***Why do some young, unmarried people choose to wait to have sex until they are married?***  
[Responses could include: fear of getting diseases like HIV/AIDS, pregnancy, want to save sex for marriage, etc. **You can remind girls that by waiting longer to become pregnant, that both girls and their future children will be healthier and stronger since girls will have had the time they need to develop physically before having children]**

Allow participants to discuss the question for several minutes, then make a list by asking one group to report and let other groups who discussed this same question add more to the list. Continue with each question.

## ACTIVITY 2: STORY TELLING (40 MINUTES)

*Tell the Story:*

After many heartbreaks, Rachel finally found the man she had been waiting for all her life. And he loved her too! But then fear filled Rachel's heart. What if he found out about her past? Would he still love her? Would he still want to marry her? How could she tell him the truth?

When Rachel was a teenager, she fell in love with an older boy. Or at least she thought it was love. When she went to the market, he was there, and he always found a way for them to get away from the crowd and talk together. When she walked home from school, he followed her. When they were together he would tell her how much he needed her and that someday they would marry. Finally, he told her that if she really loved him, she would not hurt him any longer but she would share herself with him. She had resisted his pleas for a long time, but finally she had felt such a desire within herself that she could not hold back any longer.

Once he was with her on the bed, it was as if he changed and become another person. She did not know what to do, and she was scared. But that wasn't all that changed. The next day, he acted like he didn't know her and before long Rachel saw him with another girl. Rachel's heart was broken. She tried to get his attention by wearing sexy clothes and flirting with other boys. But he didn't seem to notice.

Rachel had been number three in her class but now it seemed that she couldn't think straight. Her grades began to drop and she was at risk of failing in some subjects. That was when her teacher called her into his office after class. At first she thought he wanted to give her some special help, but she soon realized that he wanted something else. He told her that he had noticed her new style and if she would have sex with him, he would be sure to give her a passing grade. Rachel had always thought she would save herself for her husband, but now that she had lost her virginity, what was there to keep? She needed to pass her subjects, so she let her teacher do what he wanted with her.

Rachel continued to dress in sexy clothes and tried to find a boyfriend who would love her for who she was. Her flirtations to find love usually resulted in having sex with men she thought loved her, but they would leave her soon after or not be faithful to her.

Even though she still attended church, Rachel felt something had changed. She felt ashamed to be there sometimes and found it difficult to pray. Over the years, Rachel contracted several different sexually transmitted infections, but she was ashamed to go to the clinic for help. Finally one got so bad that she went to a doctor who told her that because of all of these untreated infections, she would probably never have children.

All Rachel wanted was to live her dream of being married to a man who truly loved her. And now that she had finally met this man of her dreams, she was afraid that he too would leave her if she told him the truth about herself.

Ask for a volunteer to repeat the main points of the story.

*Explain the following:*

When you first hear the word "sexuality" the first thing that comes to mind is probably sex. While this sex act is an important aspect of sexuality, it alone does not define sexuality. Rachel was affected in many ways when she had sex.

What are some of the ways talked about in the story?

Draw a circle on the chalkboard and divide it into four parts.

*Say:*

We have a physical side, but we also have emotions, and a spiritual and mental side. These four aspects are part of what makes us human. All four parts come together to make us whole and complete.



You can write each aspect (physical, emotional, mental and spiritual) in the sections of the circle or create a symbol for each section.

Sex is more than a physical act. It also involves the mental, emotional and spiritual expression of what it means to be male and female. When a man and woman are committed to each other in marriage, these physical, emotional, mental and spiritual responses enable a husband and wife to express their desires in a wonderfully close and intimate way in the act of sex. Sex is about becoming one body, but also becoming one soul. Sex is meant to be more than skin on skin; it is heart joining heart. It is an emotional and spiritual glue designed to bind a man and woman together for life, and to keep them in a solid, trusting relationship. When we have sex with someone, we give a part of ourselves to them and take a part of them into ourselves.

But having sex without this commitment can be painful and destructive in many ways.

*Pose the Following Questions:*

Let's look again at Rachel's story.

- *How did having sex before she was married affect Rachel physically?*  
[Responses could include: she developed STIs and couldn't have children.]
- *How did having sex before she was married affect Rachel emotionally?*  
[Responses could include: she felt unloved, she lost confidence in herself, she tried too hard to get boyfriends, she was heartbroken many times.]
- *How did having sex before she was married affect Rachel mentally?*  
[Responses could include: her grades suffered, she couldn't concentrate, she made bad choices.]
- *How did having sex before she was married affect Rachel spiritually?*  
[Responses could include: she felt separated from God, she was ashamed to go to church.]
- *What is another way that Rachael could have responded to the teacher's sexual advances?*  
[Responses could include: she could have said no, she could have told a trusted adult what the teacher had asked her to do]

**WRAP UP (10 MINUTES)**

**Think to yourself**

Think for a moment about your own life. Maybe some of you have already had experience with sex, some of you may have committed to wait until marriage to have sex, some of you may just be thinking through these things.

Do not have youth answer the following questions out loud, but give them a moment to think to themselves.

*Say:*

Do not answer out loud, but think for a moment about these questions.

If you have had sex are you feeling proud about this or good? Are you feeling ashamed, regretful or bad? Something else?

If you have not ever had sex, are you feeling good about it, or are you feeling down or bad that you haven't had sex?

Encourage the girls that if they want to discuss their responses to these questions that they can approach you, their mentor, or another trusted adult.

In closing ask the girls, "What did you learn today that will help you in the coming week?" After a few girls have had the chance to share, close the activity by asking for any final questions or comments.

**Key Message:** Sex involves more than a physical act, it also involves the mental, emotional and spiritual parts of who we are. It is a gift, and we should think carefully about how this understanding applies to our lives.

#### PRACTICE ACTIVITY:

*Say:*

During this week, make a list of the qualities that you would like your future marriage partner to have (for example, kindness, patience, strength, etc). Be ready to share next week.

#### CLOSING

Ask for any final questions or comments. Remind participants where and when the next meeting will take place, and what topics will be discussed.

Thank them for their participation.

*Facilitators general comment box about the session:*

What went well?

What could be improved?

## LESSON 18: DECISION MAKING ON SEX AND CHOOSING ABSTINENCE: REASONS TO DELAY SEX

### SESSION DESCRIPTION

Participants discuss a role-play and think about why it can be important to delay sex, including the issue of nutrition. Participants think of and practice strategies to delay sex in various example situations.

### OBJECTIVES

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

- List reasons to delay sexual activity
- Identify strategies to help in delaying sex
- Identify strategies for behavior change to practice secondary abstinence

### TIME

1 HOUR, 50 MINUTES

- Icebreaker (5 minutes)
- Review (5 minutes)
- Role-play (10 minutes)
- Reasons to Delay Sex (20 minutes)
- 'Hot Spots' in Delaying Sex (20 minutes)
- Delaying Sex Situations (45 minutes)
- Wrap-up (5 minutes)
- Practice Activity

### MATERIALS

- Chalkboard and chalk OR flipchart and markers
- Training Aid: Delaying Sex Scenario Cards (Annex C)

### PRE-SESSION PREPARATION

- Read through the entire session and, if necessary, practice presenting the activities
- Prepare all materials needed for the session, including preparing 2 sheets (or lists on the chalkboard) titled "Reasons for Saying Yes" and "Reasons for Saying No" for Activity 2.

### FACILITATOR'S NOTES

Abstinence is a voluntary, conscious, deliberate decision not to do something. In the context of sexual intercourse, HIV, and unplanned pregnancies, abstinence is understood as not having sexual intercourse until marriage. Abstinence is the best and only certain way to prevent HIV transmission and unplanned pregnancy. Each time a young person performs an act of abstinence; he or she successfully postpones sexual intercourse. Even people who have already had sexual intercourse can decide to abstain from now on.

Telling youth to abstain or say no to sex is not enough; young people should be guided on ways to achieve abstinence and must see the benefits of abstaining in their lives. Young people need support and skills to successfully abstain. Gaining self-esteem and having self-control in all matters, including sex, are best developed early in life.

There may be pressure from peers who claim everyone is having sex, or pressure from partners who argue that sex is the best way to prove love and affection, or pressure from older friends and relatives who say having sex is a way to show that you are an adult. Adolescents may not feel they have many choices, but you can explain to young people that they can say no to sex. You can help them develop refusal skills by counseling them about abstinence or delaying sexual activity. One way to do this is to help them imagine situations in which they might find themselves and help them practice saying no.

When discussing peer pressure, assertiveness, and responding to persuasion (in this session and later sessions), groups frequently discuss ways to say “no” to sex. It is useful to spend some time discussing the reasons to delay sex. If participants do not truly understand why to say “no,” the process of behavior change has not really begun.

### **Practicing Abstinence Requires a Strategy**

1. **Have Reasons:** Write out a list of specific reasons for why it is good to wait. Talk them over with someone who supports you. Check your list from time to time to remind yourself.
2. **Have a Plan:** Know what situations might make it hard to stick with your choice. Decide ahead of time what you’ll do to avoid or deal with them, such as leaving a scene when being pressured to have sex. It can be hard to go against the crowd and make your own choices. Congratulate yourself for sticking to your plan.
3. **Notice the Pressures and Sources:** Pay attention to messages in music, videos, and movies telling you to play sex. Think about what your friends and family tell you about abstaining.
4. **Get Support:** Hang out with peers who know about and respect your decisions. Avoid people who might pressure or force you. If pressured, threaten to tell someone in authority (relative, teacher, pastor, chief or police). Learn to say “No!” forcefully and “No, no, no” repeatedly. Give a reason such as “I’m not ready” or “I’ve decided to wait until I’ve achieved my academic goals.”

Respond with assertive arguments for why you should not play sex: “You say that if I love you I could play sex, but if you really care about what happens to me in my future, you wouldn’t insist,” or “You say that it is time for me to pay you back, but I don’t have to pay you back by playing sex.”

### **TERMS**

#### **Abstinence**

Refraining from sexual activity. This is the only 100 percent effective method for avoiding unwanted pregnancy and sexually transmitted infections, including HIV.

### **ICEBREAKER (5 MINUTES)**

Ask a participant to lead the others in a song or dance to begin the meeting.

### **REVIEW (5 MINUTES)**

Ask participants what key points were covered in the last session (optional: throw a ball of paper around to encourage participation). Fill in any key points that are missed.

Go over the practice activity from last week, and ask if there are any questions.

### **ACTIVITY 1: ROLE PLAY (10 MINUTES)**

Find six or seven volunteers (Gift, Gift’s mother, Gift’s father, Chifundo, Chifundo’s sister, Chifundo’s mother, Chifundo’s father, Chifundo’s aunt) who are willing to do a role-play.

*Instruct the participants as follows:*

I will explain the role-play situation to you. Next you will take a few minutes to talk with each other, make a plan and practice the role play.

Then, you will present the role-play to the whole group.

While the volunteers practice the role-play, introduce the idea of abstinence, or delaying sex, and refusing early marriage, until older, until more responsible, and so forth to the rest of the group.

When the volunteers have finished practicing the role-play, ask them to present.

*Explain:*

We are now going to watch a common situation between two young people. While you watch the role-play, the group should think about the reasons why these young people should delay their sexual activity.

#### Consequences of Early Marriage Role-play

Gift is 14 years old and helps his uncle in his shop. His parents are hardworking and hold traditional values despite living in Lilongwe for the last 15 years. They believe that young people should not have sex before marriage. Gift is quite shy but would like to have sex because most of his friends say that it is great.

Chifundo is 13 years old but appears and acts older. Her sister became pregnant when she was 14; she dropped out of school and has been living a miserable life since then. Chifundo has not known Gift for very long. She has just finished a three day community training on sexual and reproductive health and HIV/AIDS and would not want to suffer like her sister. She is afraid, however, that she might lose Gift if she refuses to have sex with him.

She confides to her educated auntie who is a secondary school teacher and she advises her to concentrate on her education. Chifundo followed her auntie's advice and she is now studying law at the University of Malawi. She is grateful to her auntie for advising her in good time.

#### ACTIVITY 2: REASONS TO DELAY SEX (20 MINUTES)

After the role-play ends, explore the situation with the group by making two lists on the chalkboard from their answers: "Reasons for Saying Yes" and "Reasons for Saying No."

*Pose the following question:*

What were some reasons to have sex in this role-play?

[to prove their love to each other, to prevent their relationship from ending, because they are curious about sex, because everyone else is having sex, because it felt right, because one partner convinces the other that there will be no problems, if both are comfortable with the decision]

What were some reasons to delay sex in this role-play?

[fear of pregnancy, fear of contracting HIV and STIs, family expectations not to have sex, allow the relationship to grow more first, other forms of affection are possible, religious values do not approve of sex before marriage, do not feel ready, are too young, not the right person to have sex with, Chifundo's body is not ready to have children yet, if she becomes pregnant then the child is at higher risk of being born too small and too early, and she will not grow to her full potential]

*Go through the "Reasons to Say Yes" list from the first question and discuss:*

- What might be the consequences of each situation?

- What should Gift and Chifundo do?
- What reasons might be the strongest or most important for them?

*Now, focus on the “Reasons to Say No” list and attempt to expand on it with the group by asking:*

Are there any additional reasons to delay sex that your group can think of?

*Explain the following:*

Now we are going to come up with a working list that you all agree on as the top 10 reasons to delay sex.

Facilitate the group to formulate the list. Use *Box 1: Top 10 Reasons to Delay Sex* for ideas if needed. Write the reasons on a flipchart paper so it can be posted for future reference, or write the list down in your manual if paper is not available.

#### Box 1: Top 10 Reasons To Delay Sex

1. Fear of pregnancy — “No sex” is 100 percent effective in preventing pregnancy. If a girl waits to become pregnant until her body is finished growing, there are many health and nutrition benefits for her, her baby, and all of her future children. If she does not wait, her body will not be ready and her child can be born too small and too early.
2. Fear of STIs or HIV and AIDS — HIV and other STIs are transmitted through sexual intercourse.
3. Family expectations — Parents expect “no sex” until marriage.
4. Fear of violence — In a sexual situation, there is the possibility of being forced to have sexual intercourse.
5. Friendship — Allow time for the friendship to develop and grow your career through education and training.
6. Drinking involved — Use of alcohol or drugs can lead to poor decisions (such as having sex without condoms).
7. Religious values — Values may preclude sex before or outside of marriage.
8. Not ready — You feel too young or just not ready.
9. Waiting for the right person — You want the person to wait for you until you’ve finished your education and gotten a job before you have sex.
10. Wait until you have completed your education and started your career.

**INSERT ½ PAGE BOX HERE: TOP 10 REASONS TO DELAY SEX (PARTICIPANTS LIST)**

#### ACTIVITY 3: ‘HOT SPOTS’ IN DELAYING SEX (20 MINUTES)

*Say:*

We have come up with a lot of good reasons to delay sex, but sometimes delaying sex can be difficult. This is especially true if both partners love each other and truly want to be more intimate and physical. We are going to do an activity now to help us in being able to delay sex.

Split participants into 3-5 small groups (see Annex B: Participatory Facilitation Resources – Group Formation Activities for ideas). Distribute a large piece of paper (or a section of chalkboard) to each group and a marker to each participant.



*Explain the following:*

Each group should draw a human body on their paper. The best way to do this is to have one person lay on the paper while the other group members trace her. Then draw, identify, and label female body parts on the figure.

*When participants have drawn and labeled the female body parts on their figures, explain:*

Next you should circle or star ‘hot spots,’ which are involved in sexual activity. These body parts are the ones we need to think about and be aware of when deciding to delay sex.

When participants have finished with the female body on one side of the paper, instruct them to flip the paper and do the same activity for the male.

*Explain:*

The hotspots we identified often become physically ‘hot’ during or before sexual activity. If we are aware that they will react to sexual feelings or actions, we can learn to have more control over our sexual activity and make it easier to delay sex. For example, if we know where our sexual hotspots are, we can ask a partner not to touch them so that they do not become aroused, and we are not as tempted to have sex. We can also try to avoid touching the male hotspots to help a partner avoid this temptation as well.

#### ACTIVITY 4: DELAYING SEX SITUATIONS (45 MINUTES)

*Explain:*

In addition to knowing what parts of our bodies become physically “hot” during or before sexual activity, it may be helpful to come up with some strategies to make delaying sexual activity easier.

If girls are not still in the three small groups from Activity 1, ask them to return to their groups. Give each group a card from the Training Aid: Delaying Sex Scenario Cards (found in Annex C, scenarios also listed at the end of this session).

*Explain:*

In your groups, you should read your situation card and come up with some suggestions to help the two people to delay sex. Think about the following questions:

- What are some ways for them to avoid sexual situations?
- What will make it easier for them to delay sex?

*After the groups have finished working on their suggestions, instruct:*

Now each group will present the scenario on their card and their list of ideas on how to delay sex. We will discuss all the ideas together and come up with a list of strategies to delay sex that the whole group agrees on.

As the group discusses strategies, write them down on the chalkboard or on a flipchart paper so that the list can be posted in the area where you usually meet. Possible ideas of how to delay sex include those mentioned in *Box 2: Strategies for Delaying Sex*.

The final suggestion on this list may raise a number of questions or a great deal of interest. If the group wants to talk about different ways to show affection other than sex, take this opportunity to explore what the group believes to be other options.

#### Box 2: Strategies For Delaying Sex

- Go to parties and other events with friends.
- Decide how far you want to “go” (your sexual limits) before being in a pressure situation.
- Avoid alcohol and drugs because they distort your judgment.
- Avoid falling for romantic words or arguments.
- Be clear about your limits. Do not give mixed messages when you don’t want sex.
- Pay attention to your feelings. When a situation is uncomfortable, leave.
- Get involved in activities (e.g., sports, clubs, hobbies, church).
- Avoid “hanging out” with people who might pressure you to have sex.
- Be honest from the beginning, by saying you do not want to have sex.
- Avoid going out with people you cannot trust.
- Avoid secluded places where you might not be able to get help.
- Do not accept rides from those you do not know or cannot trust.
- Do not accept presents and money from people you cannot trust.
- Avoid going to someone’s room when no one else is at home.
- Save your own money so that you do not have to economically depend on boys or men.
- Explore other ways of showing affection than sexual intercourse.

#### WRAP-UP (5 MINUTES)

Ask:

What is one strategy that you can use to delay sexual activity?

After they discuss, ask participants to summarize what they have learned. Fill in any key points they miss.

**Key Message:** There are many significant reasons and strategies to delay having sex and early marriage including preventing pregnancy, HIV and other STIs, and making sure that girls are able to finish growing so that they and their future children can be well nourished and healthy.

#### PRACTICE ACTIVITY

Instruct participants to talk to a close friend this week about the reasons to delay sex.

#### CLOSING

Ask for any final questions or comments. Remind participants where and when the next meeting will take place, and what topics will be discussed.

Thank them for their participation.

*Facilitators general comment box about the session:*

What went well?

What could be improved?

## LESSON 19: AVOIDING BECOMING PREGNANT

### SESSION DESCRIPTION

Participants will learn about different types of contraceptives, where they can be obtained and how they are used. Participants discuss myths about reproduction, and learn that some myths can be harmful.

### OBJECTIVES

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

- Differentiate between reproductive system facts and myths
- Apply knowledge of the reproductive system to dispel myths
- Name at least two advantages of using contraceptives
- Identify where to go in the community to get contraceptives.

### TIME

1 HOUR, 45 MINUTES

- Icebreaker (10 minutes)
- Review (5 minutes)
- I Know it's Good for Me But... (30 minutes)
- Large Group Game (25 minutes)
- Reproduction and Contraception Myths (30 minutes)
- Wrap-up (5 minutes)
- Practice Activity

### MATERIALS

- Chalkboard and chalk (if available)
- Training aid: Types of Contraception Flipchart
- Activity Sheet 1: Reproduction Myths and Facts (5 copies at end of lesson)
- Samples of locally available contraceptive methods (borrow from HSA if possible)

### PRE-SESSION PREPARATION

- Read through the entire session and, if necessary, practice presenting the activities
- Prepare all materials needed for the session.
  - Remove the 5 copies of Activity Sheet 1: Reproduction Myths and Facts at the end of this lesson to give to groups to use. Keep the last copy (marked "facilitator" in your book) for reference. Make sure to take back these copies after the lesson to keep for the next time you lead this lesson.
- Find out some common local myths about reproduction
- Identify where to go in the community to get contraceptives.
- **Consider inviting an HSA to be a guest speaker for this activity,** and ask them to bring some examples of different types of contraceptives

### FACILITATOR'S NOTES

**There is no evidence to suggest that teaching this material causes young people to have sexual intercourse. In fact, studies from many countries show that good family life education classes actually postpone or delay sexual activity. Make it clear to girls that since most people have sexual intercourse at some point, it is important to know about contraception and think about her desires for a family.**

A myth is a traditional story told among a group of people, that may be based on a truth or real story, but is not true. It often is based on the cultural ideals or commonly held beliefs or emotions in a community. Myths form part of the beliefs of a community or society. A fact is something that is true and has been proven with evidence.

Although most young people have some basic information about sex and reproduction, they often still firmly believe in many myths around reproduction. It is important to let participants talk about these tales they have grown up with in order to bring the myths out into the open so they can be dispelled and replaced with facts. Myths can range from the less harmful to the highly consequential ones, like those concerning sexual health. Partial information, incorrect information, or culturally embedded myths can lead adolescents to make dangerous, wrong decisions for themselves. Long-held, culturally approved beliefs or myths that peers swear are true are often extremely difficult to change. But the misinformation must be cleared away and real facts provided, so that choices can be based on knowledge instead of ignorance.

**Always present abstinence as the most effective method of contraception for girls their age. You may want to encourage adolescents to delay sexual activity, but young people may already be sexually active when you begin presenting this material. Abstinence is the best and only certain way to prevent unwanted pregnancy and HIV infection. However, if young people have decided to have sexual intercourse and are sexually active, they should have information about how to use condoms correctly to reduce, but not eliminate the risk of HIV transmission. Using condoms correctly for every act of sexual intercourse can significantly reduce the risk of HIV transmission, STIs, and unwanted pregnancy.**

Adolescents can safely use any contraceptive method. However, while all methods are medically safe for young people, some may be more appropriate than others. Contraceptives can help to prevent unwanted teenage pregnancies and to delay or space pregnancies. Contraception means preventing pregnancy. There are many different contraceptive methods. Most are reversible; that is, a woman is able to become pregnant after she has stopped using the method. Each contraceptive method has its advantages and disadvantages. Some provide temporary contraceptive protection while others are permanent. Some, such as the male and female condom, protect against sexually transmitted infections while others do not. Some are for women and some for men. Effectiveness is closely linked to correct and consistent use of methods, particularly condoms, injectables, natural family planning, oral contraceptives, and withdrawal. Men can participate in family planning by sharing in decision-making about contraceptive use.

When teaching about contraception, it is important to guard against letting personal biases influence professional behavior. You can play an important role by providing girls with factual information and supporting young people to make their own decisions and good choices for their future, based on their knowledge and reproductive goals. Keep your personal values regarding contraception out of the discussion. Provide the young people with information about Youth Friendly referral centers where they can get more information on contraceptives and access if they are already sexually active.

The Government of Malawi's Youth Friendly Health Services standards state that all young people must be "able to obtain health information (including SRH and HIV) relevant to their needs, circumstances and stage of development." Youth cannot be denied health promotion or services at the community, health center, or hospital level, including those for contraception.

Emergency Contraceptives are not specifically mentioned in this session, but any questions about them can be answered by referring to Annex A: Additional Topical Information – Emergency Contraception.

## TERMS

### Abstinence

Refraining from sexual activity, the only 100 percent effective method for avoiding unwanted pregnancy and sexually transmitted infections, including HIV

### Condom

A barrier device commonly used during sexual intercourse to protect against pregnancy, sexually transmitted diseases, and HIV transmission, infection, or (re)infection

## Contraceptives

Methods for preventing pregnancy; also known as family planning or birth control.

## HIV

Human immunodeficiency virus, the virus that causes AIDS and is transmitted through blood, semen, vaginal fluid and breast milk

## Sexually Transmitted Infections (STIs)

Infections that are transmitted through sexual contact: anal, vaginal or oral

## Unintended pregnancy

A pregnancy that is unwanted or mistimed

## Myth

A belief that is told by a group of people, which may be based on truth, but is untrue

## Fact

A truth, which can be backed up by evidence

## ICEBREAKER (10 MINUTES)

Open the session with the 'Telephone' icebreaker.

### *Explain:*

Everyone should line up such that you can whisper to your immediate neighbors, but not hear participants any further away. I'm going to whisper a phrase to the first participant in line, then that participant whispers it to her neighbor, and so on.

Come up with a phrase and whisper it to the first participant in line. Then this participant whispers it as quietly as possible to his or her neighbor. The neighbor then passes on the message to the next participant to the best of her ability. The passing continues in this fashion until it reaches the participant at the end of the line, who tells the group the message she received.

(NOTE TO FACILITATOR: The game has no winner—the entertainment comes from comparing the original and final messages. Intermediate messages may also be compared; some messages will become unrecognizable after only a few steps.)

## REVIEW (5 MINUTES)

Ask participants what key points were covered in the last session (optional: throw a ball of paper around to encourage participation). Fill in any key points that are missed. Go over the practice activity that was given, and ask if there are any questions.

## ACTIVITY 1: I KNOW IT'S GOOD FOR ME BUT... (30 MINUTES)

### *Explain*

We have been discussing the benefits of abstinence and strategies for delaying sex. We realize though that not all girls practice abstinence, so today we will also talk about some of the different ways to prevent pregnancy. Feel free to ask questions during the presentation about the different methods of contraception.

Ask:

Which methods for preventing pregnancy do you know of?

After participants share the methods they know, mention that some of the other contraceptives include oral pills, injectables, implants, intrauterine devices (IUDs), vasectomy and female tubal sterilization. Female and male condoms are the only methods that prevent both pregnancy and HIV if used correctly and consistently.

(NOTE TO FACILITATOR: you can use the *Types of Contraceptives Guide* in order to provide details to guide your discussion or show pictures of the various methods. Each method does not need to be discussed in detail, but girls should leave with a basic understanding and knowledge of where they can go in the community to find out more information. If you have a HSA present, they can lead this section of the lesson.)

*Pose the following questions:*

Why do some girls not practice abstinence?

[e.g., forced sex, want to get pregnant, do not know how to tell 'no' to partner, want to have sex, do not foresee consequences, desire for sexual connection with partner, peer-pressure]

Why do some girls who are sexually active not use contraceptives?

[did not plan on having sex, don't know about methods, contraceptives are too expensive, stock-outs (lack of supply), preferred method not available, against religion or beliefs, fear of side effects, disapproval from partner, tried and did not like, believe they are too young or too old to need it, heard discouraging stories from others, fear it is unsafe, health provider discourages, attitudes of health providers, cannot access a health provider to get information/prescription, lack of youth friendly services within their community, etc.]

Why do some boys not practice abstinence?

[see reasons for girls]

What are the reasons why some boys who are sexually active do not use contraceptives?

[see reasons for girls, more focus on how contraceptives fall in the realm of females]

What could be done to help boys or girls to use contraception in the future?

[increase access to providers and chemists, decrease cost, ensure supplies of many different methods to choose from, encourage male involvement in contraceptive choice, clear myths surrounding contraceptives, etc.]

What are some places in the communities where boys or girls can access family planning services now?

List these on the chalkboard. Make sure that the following service centers are included:

- District Hospitals
- Health Centres
- Family Planning Association of Malawi (FPAM)
- YONECO
- Banja La Mtsogolo (BLM)
- Youth Centres
- Other organizations within the communities

If the community has a Youth Friendly Health center, be sure to emphasize that this particular place is well suited to answer girls' questions.

## ACTIVITY 2: MYTH OR FACT LARGE GROUP GAME (25 MINUTES)

*Say:*

In the past we have talked about myths and facts. Who can remind us:

- What is a myth? [*A myth is a belief that is told by a group of people, which may be based on truth, but is untrue. “Myths” are ideas, sayings or beliefs that people create and are not or cannot be proven.*]
- What is a fact? [*“Facts” are what is known to be true; events that have actually occurred; and things that are real, actual, and can be proved. For example, if you throw a ball in the air, it will come down.*]

*Explain the following:*

Today, the group is going to play a game that will focus on contraception and signs of female and male fertility.

This game will help you to identify and correct myths around fertility.

Divide the group into two teams (see Annex B: Participatory Facilitation Resources – Group Formation Activities for ideas), and place the two teams on opposite sides of the room.

*Then explain as follows:*

I am going to read a statement to the first member of one team. Then that member should consult with the rest of the team to determine whether the statement is a “myth” or “fact.” Then the member who I asked the question reports the team’s response. If the response is correct, that team gets one point. Then I will ask for an explanation of why the statement is a “myth” or “fact.”

Read one of the following “Myth or Fact?” statements (below) to the first member of Team A. Once the first player responds, say whether the answer is correct and mark the score on the chalkboard (or another way if a chalkboard is not available). Award one point for each correct answer.

If the answer was correct, ask the player to say why this is correct; i.e., explain why the statement is a myth or a fact. If the explanation was incorrect, provide the right response and briefly explain why.

Continue the same procedure with Team B.

*Myth or Fact?*

- Cold drinks do not cause menstrual cramps.
  - [FACT – menstrual cramps are caused by muscle spasms in the uterus during or between menstruation]
- Women should not eat spicy or sour foods during menstruation.
  - [MYTH – women can eat any food they want during menstruation]
- Women should not cook or use salt while they are menstruating.
  - [MYTH- Girls can put salt in relish or cook during menstruation, there is no harm for them to cook or eat anything they like.]

- If a woman misses her period, this could mean she is pregnant.
  - [FACT – monthly periods signify that a woman’s egg has not been fertilized; missing a monthly period may mean that the woman’s egg has been fertilized, in other words, she is pregnant]
- If men do not ejaculate, sperm will collect and make their penis or testicles burst.
  - [MYTH – if men do not ejaculate, sperm are stored until they fatigue, at which point they break down and are reabsorbed by/recycled into the body in the same way food or old blood cells are absorbed by the body]
- It is perfectly safe for a woman to wash her hair or take a bath during her period.
  - [FACT – there is no risk to a woman washing anything during her period]
- Having menstrual blood means a woman is dirty.
  - [MYTH – having menstrual blood is a healthy and normal occurrence in women signifying that her egg has not been fertilized]
- Condoms are only effective if you use two at once.
  - Myth–You should never use more than one condom at a time as this increases the chance for the condom to break.
- If used correctly and consistently, condoms can reduce your risk for HIV, other STIs and pregnancy.
  - [FACT–when used consistently and correctly, condoms are 98% effective, if they are not used consistently or correctly the percentage drops and you are not as protected.]
- There are male and female condoms.
  - [Fact–there are two types of condoms, male and female condoms.]
- When a boy or a man has a wet dream, it means he needs to have sex.
  - [MYTH – men and boys have wet dreams as a result of erections, which occur during their sleep; these erections are normal, healthy, and do not indicate a need for sex]
- When a man has an erection, he must always ejaculate.
  - [MYTH – many times men have erections without ejaculating; if the man waits for some time, the erection will go away without ejaculation]
- Most boys have wet dreams during puberty.
  - [FACT – having wet dreams during puberty is normal and healthy for all boys]
- If a penis is touched a lot, it will become permanently larger.
  - [MYTH – the size of a penis varies for each man or boy; penis growth is determined by genetics and other health related issues, such as diet; no permanent growth in the size of a penis is associated with touch, though, a penis may appear to be larger after it is touched because it will form an erection, but an erection only a temporarily increases its size]
- If a person jumps over the legs of a pregnant woman the child will look like the jumper.
  - [MYTH – When the egg and sperm meet and a woman first becomes pregnant, the child’s appearance is already decided as a combination of the mother and father’s family traits. This cannot be changed by ]
- Condoms can give you HIV.
  - [Myth–Condoms will not give you any disease. They are there to protect you. They have never been injected with HIV.]
- If your partner uses a condom it means they are cheating on you.
  - [Myth–Just because your partner asks to use a condom does not mean they have other partners. They may want to protect you both from any STIs that you could have from past relationships or make sure that you do not get pregnant.]

*After you have read each of the myths and facts, Explain:*

Now for the final round, each team must tell the group two things that they have heard about puberty or contraception. If Team A tells first, Team B must tell if these things are a “myth” or a “fact” and why.



Give points for the final round. Add up the score and announce the winning team.

### ACTIVITY 3: REPRODUCTION AND CONTRACEPTION MYTHS (30 MINUTES)

#### *Explain:*

We are now going to divide up into small groups and discuss some more myths and facts around reproduction. I will give a sheet of statements to each group. You may see that we have already discussed some of the statements in previous sessions. Your group should read through each pair of fact and myth and then discuss which is most commonly believed among your peers.

In dividing the groups, ensure there is a girl who is comfortable reading in each group.

Hand out a copy of *Activity Sheet 1: Reproduction Myths and Facts* to each group and encourage them to start their conversations. After the girls have had sufficient time to discuss each pair of myth and fact, ask them to come back together again as a larger group.

#### *Ask*

Were there any facts or myths that surprised you?

Did you discover any myths that are commonly believed by your friends? Which ones?

Are there any additional questions about any of the facts or myths?

#### *End the activity by emphasizing the following points:*

There are many myths and misconceptions about reproduction, and acting on them can have negative consequences.

When making decisions about reproduction, only consider the facts.

If someone is not sure about the facts, they should ask a knowledgeable person, such as a counselor, doctor, or nurse, and not rely on friends who may not have accurate information.

[NOTE TO THE FACILITATOR: collect the copies of Activity Sheet 1 and save them in your facilitation materials for the next time you will share this lesson.]

### WRAP-UP (5 MINUTES)

Ask participants to summarize what they have learned. Fill in any key points they miss.

**Key Message:** Be careful to have the right information about reproductive health issues to make smart and informed decisions! Abstinence is the best way to prevent pregnancy. Contraceptives also prevent pregnancy, and condoms can prevent against unintended pregnancy as well as HIV and other sexually transmitted diseases.

### *Explain*

Although pregnancy is normal, having children by choice, not by chance, is best for the mother, the baby, the family and the nation. Abstinence is the only sure way to prevent against unwanted pregnancy and sexually transmitted diseases.

Remind participants of places in the community where they can access contraceptives and other youth-friendly family planning counseling services.

### PRACTICE ACTIVITY

Have participants collect reproductive health myths from among their family and friends.

### CLOSING

Ask for any final questions or comments. Remind participants where and when the next meeting will take place, and what topics will be discussed.

Thank them for their participation.

### *Facilitators general comment box about the session:*

What went well?

What could be improved?

## ACTIVITY SHEET 1: REPRODUCTION MYTHS AND FACTS (GROUP 1)

MYTH: One cannot get pregnant with one sexual act.

FACT: One runs the risk of pregnancy each and every time one has unprotected sex.

MYTH: One cannot get pregnant when one has sex for the first time.

FACT: One can get pregnant the first time one has sex.

MYTH: Use two condoms for double protection.

FACT: Using two condoms does not provide extra protection, and may in fact increase the chance that one or both condoms will break.

MYTH: Boys touching a girl's breasts will make them grow bigger.

FACT: Boys touching a girl's breasts will not affect their size.

MYTH: Contraceptives are only for married people.

FACT: Contraceptives can be used by anyone.

MYTH: A girl needs her parent's permission to find out about contraceptive use and reproductive health.

FACT: Knowledge about contraceptives can safeguard one against consequences of unprotected sex like unplanned pregnancies and STIs. Knowledge of reproductive health makes one fully aware of one's body, its functions and its care. So, it is not necessary to seek parent's permission for it. Adolescent reproductive health and development policy in Malawi gives young people the right to access information and services.

MYTH: Ejaculating during the night ("wet dreams") is harmful to the health of boys.

FACT: Ejaculating while sleeping is normal and natural for boys during adolescence and is not harmful.

MYTH: A woman becomes "dirty" or "untouchable" during menstruation.

FACT: Menstruation is normal and occurs with all women. The blood that comes out is not dirty.

MYTH: One should not take a bath during menstruation.

FACT: Menstruation is natural and there is no restriction regarding having a bath. In fact, it is very important to keep the body clean during this time, to avoid infection of the reproductive tract.

MYTH: If the hymen is broken then the girl is not a virgin.

FACT: The hymen can break even without sexual intercourse, by certain physical activities like sports, exercise, and the use of tampons during menstruation. Sometimes the hymen may be loose or absent and there is no breaking of the hymen.

MYTH: The use of herbs can help a girl return her virginity.

FACT: A girl's virginity cannot be restored once she has had sex. However, she can still decide to start practicing abstinence, even after losing her virginity.

MYTH: Contraceptive use is harmful for health.

FACT: Using contraceptives is a way to improve the family's health and women's reproductive health.

MYTH: Contraceptive pills make women barren.

FACT: The use of pills does not make a woman barren. Most women find that on discontinuing the pill, they become pregnant within three months.

MYTH: A girl can prevent pregnancy by washing her vagina with Coca Cola or Sprite immediately after sex.

FACT: Washing the vagina with Coca Cola or Sprite after sex does not prevent pregnancy.

MYTH: Condoms have holes and are laced with viruses.

FACT: Condoms do not have holes and do not allow HIV to pass. HIV can only get through if the condom has been damaged or torn. The presence of microscopic pores in some condoms does not matter much, since HIV cannot move on its own and is often attached to white blood cells, which are much larger than the virus. Condoms have of two or three layers of latex, and pores would have to be lined up in order for the virus to pass through. Then, enough of the virus (more than 15,000) would have to pass through to cause infection. The authors of a study investigating leakage concluded that if a condom does not break, it provides 10,000 times more protection than no condom at all

## ACTIVITY SHEET 1: REPRODUCTION MYTHS AND FACTS (GROUP 2)

MYTH: One cannot get pregnant with one sexual act.

FACT: One runs the risk of pregnancy each and every time one has unprotected sex.

MYTH: One cannot get pregnant when one has sex for the first time.

FACT: One can get pregnant the first time one has sex.

MYTH: Use two condoms for double protection.

FACT: Using two condoms does not provide extra protection, and may in fact increase the chance that one or both condoms will break.

MYTH: Boys touching a girl's breasts will make them grow bigger.

FACT: Boys touching a girl's breasts will not affect their size.

MYTH: Contraceptives are only for married people.

FACT: Contraceptives can be used by anyone.

MYTH: A girl needs her parent's permission to find out about contraceptive use and reproductive health.

FACT: Knowledge about contraceptives can safeguard one against consequences of unprotected sex like unplanned pregnancies and STIs. Knowledge of reproductive health makes one fully aware of one's body, its functions and its care. So, it is not necessary to seek parent's permission for it. Adolescent reproductive health and development policy in Malawi gives young people the right to access information and services.

MYTH: Ejaculating during the night ("wet dreams") is harmful to the health of boys.

FACT: Ejaculating while sleeping is normal and natural for boys during adolescence and is not harmful.

MYTH: A woman becomes "dirty" or "untouchable" during menstruation.

FACT: Menstruation is normal and occurs with all women. The blood that comes out is not dirty.

MYTH: One should not take a bath during menstruation.

FACT: Menstruation is natural and there is no restriction regarding having a bath. In fact, it is very important to keep the body clean during this time, to avoid infection of the reproductive tract.

MYTH: If the hymen is broken then the girl is not a virgin.

FACT: The hymen can break even without sexual intercourse, by certain physical activities like sports, exercise, and the use of tampons during menstruation. Sometimes the hymen may be loose or absent and there is no breaking of the hymen.

MYTH: The use of herbs can help a girl return her virginity.

FACT: A girl's virginity cannot be restored once she has had sex. However, she can still decide to start practicing abstinence, even after losing her virginity.

MYTH: Contraceptive use is harmful for health.

FACT: Using contraceptives is a way to improve the family's health and women's reproductive health.

MYTH: Contraceptive pills make women barren.

FACT: The use of pills does not make a woman barren. Most women find that on discontinuing the pill, they become pregnant within three months.

MYTH: A girl can prevent pregnancy by washing her vagina with Coca Cola or Sprite immediately after sex.

FACT: Washing the vagina with Coca Cola or Sprite after sex does not prevent pregnancy.

MYTH: Condoms have holes and are laced with viruses.

FACT: Condoms do not have holes and do not allow HIV to pass. HIV can only get through if the condom has been damaged or torn. The presence of microscopic pores in some condoms does not matter much, since HIV cannot move on its own and is often attached to white blood cells, which are much larger than the virus. Condoms have of two or three layers of latex, and pores would have to be lined up in order for the virus to pass through. Then, enough of the virus (more than 15,000) would have to pass through to cause infection. The authors of a study investigating leakage concluded that if a condom does not break, it provides 10,000 times more protection than no condom at all

## ACTIVITY SHEET 1: REPRODUCTION MYTHS AND FACTS (GROUP 3)

MYTH: One cannot get pregnant with one sexual act.

FACT: One runs the risk of pregnancy each and every time one has unprotected sex.

MYTH: One cannot get pregnant when one has sex for the first time.

FACT: One can get pregnant the first time one has sex.

MYTH: Use two condoms for double protection.

FACT: Using two condoms does not provide extra protection, and may in fact increase the chance that one or both condoms will break.

MYTH: Boys touching a girl's breasts will make them grow bigger.

FACT: Boys touching a girl's breasts will not affect their size.

MYTH: Contraceptives are only for married people.

FACT: Contraceptives can be used by anyone.

MYTH: A girl needs her parent's permission to find out about contraceptive use and reproductive health.

FACT: Knowledge about contraceptives can safeguard one against consequences of unprotected sex like unplanned pregnancies and STIs. Knowledge of reproductive health makes one fully aware of one's body, its functions and its care. So, it is not necessary to seek parent's permission for it. Adolescent reproductive health and development policy in Malawi gives young people the right to access information and services.

MYTH: Ejaculating during the night ("wet dreams") is harmful to the health of boys.

FACT: Ejaculating while sleeping is normal and natural for boys during adolescence and is not harmful.

MYTH: A woman becomes "dirty" or "untouchable" during menstruation.

FACT: Menstruation is normal and occurs with all women. The blood that comes out is not dirty.

MYTH: One should not take a bath during menstruation.

FACT: Menstruation is natural and there is no restriction regarding having a bath. In fact, it is very important to keep the body clean during this time, to avoid infection of the reproductive tract.

MYTH: If the hymen is broken then the girl is not a virgin.

FACT: The hymen can break even without sexual intercourse, by certain physical activities like sports, exercise, and the use of tampons during menstruation. Sometimes the hymen may be loose or absent and there is no breaking of the hymen.

MYTH: The use of herbs can help a girl return her virginity.

FACT: A girl's virginity cannot be restored once she has had sex. However, she can still decide to start practicing abstinence, even after losing her virginity.

MYTH: Contraceptive use is harmful for health.

FACT: Using contraceptives is a way to improve the family's health and women's reproductive health.

MYTH: Contraceptive pills make women barren.

FACT: The use of pills does not make a woman barren. Most women find that on discontinuing the pill, they become pregnant within three months.

MYTH: A girl can prevent pregnancy by washing her vagina with Coca Cola or Sprite immediately after sex.

FACT: Washing the vagina with Coca Cola or Sprite after sex does not prevent pregnancy.

MYTH: Condoms have holes and are laced with viruses.

FACT: Condoms do not have holes and do not allow HIV to pass. HIV can only get through if the condom has been damaged or torn. The presence of microscopic pores in some condoms does not matter much, since HIV cannot move on its own and is often attached to white blood cells, which are much larger than the virus. Condoms have of two or three layers of latex, and pores would have to be lined up in order for the virus to pass through. Then, enough of the virus (more than 15,000) would have to pass through to cause infection. The authors of a study investigating leakage concluded that if a condom does not break, it provides 10,000 times more protection than no condom at all

## ACTIVITY SHEET 1: REPRODUCTION MYTHS AND FACTS (GROUP 4)

MYTH: One cannot get pregnant with one sexual act.

FACT: One runs the risk of pregnancy each and every time one has unprotected sex.

MYTH: One cannot get pregnant when one has sex for the first time.

FACT: One can get pregnant the first time one has sex.

MYTH: Use two condoms for double protection.

FACT: Using two condoms does not provide extra protection, and may in fact increase the chance that one or both condoms will break.

MYTH: Boys touching a girl's breasts will make them grow bigger.

FACT: Boys touching a girl's breasts will not affect their size.

MYTH: Contraceptives are only for married people.

FACT: Contraceptives can be used by anyone.

MYTH: A girl needs her parent's permission to find out about contraceptive use and reproductive health.

FACT: Knowledge about contraceptives can safeguard one against consequences of unprotected sex like unplanned pregnancies and STIs. Knowledge of reproductive health makes one fully aware of one's body, its functions and its care. So, it is not necessary to seek parent's permission for it. Adolescent reproductive health and development policy in Malawi gives young people the right to access information and services.

MYTH: Ejaculating during the night ("wet dreams") is harmful to the health of boys.

FACT: Ejaculating while sleeping is normal and natural for boys during adolescence and is not harmful.

MYTH: A woman becomes "dirty" or "untouchable" during menstruation.

FACT: Menstruation is normal and occurs with all women. The blood that comes out is not dirty.

MYTH: One should not take a bath during menstruation.

FACT: Menstruation is natural and there is no restriction regarding having a bath. In fact, it is very important to keep the body clean during this time, to avoid infection of the reproductive tract.

MYTH: If the hymen is broken then the girl is not a virgin.

FACT: The hymen can break even without sexual intercourse, by certain physical activities like sports, exercise, and the use of tampons during menstruation. Sometimes the hymen may be loose or absent and there is no breaking of the hymen.

MYTH: The use of herbs can help a girl return her virginity.

FACT: A girl's virginity cannot be restored once she has had sex. However, she can still decide to start practicing abstinence, even after losing her virginity.

MYTH: Contraceptive use is harmful for health.

FACT: Using contraceptives is a way to improve the family's health and women's reproductive health.

MYTH: Contraceptive pills make women barren.

FACT: The use of pills does not make a woman barren. Most women find that on discontinuing the pill, they become pregnant within three months.

MYTH: A girl can prevent pregnancy by washing her vagina with Coca Cola or Sprite immediately after sex.

FACT: Washing the vagina with Coca Cola or Sprite after sex does not prevent pregnancy.

MYTH: Condoms have holes and are laced with viruses.

FACT: Condoms do not have holes and do not allow HIV to pass. HIV can only get through if the condom has been damaged or torn. The presence of microscopic pores in some condoms does not matter much, since HIV cannot move on its own and is often attached to white blood cells, which are much larger than the virus. Condoms have of two or three layers of latex, and pores would have to be lined up in order for the virus to pass through. Then, enough of the virus (more than 15,000) would have to pass through to cause infection. The authors of a study investigating leakage concluded that if a condom does not break, it provides 10,000 times more protection than no condom at all

## ACTIVITY SHEET 1: REPRODUCTION MYTHS AND FACTS (GROUP 5)

MYTH: One cannot get pregnant with one sexual act.

FACT: One runs the risk of pregnancy each and every time one has unprotected sex.

MYTH: One cannot get pregnant when one has sex for the first time.

FACT: One can get pregnant the first time one has sex.

MYTH: Use two condoms for double protection.

FACT: Using two condoms does not provide extra protection, and may in fact increase the chance that one or both condoms will break.

MYTH: Boys touching a girl's breasts will make them grow bigger.

FACT: Boys touching a girl's breasts will not affect their size.

MYTH: Contraceptives are only for married people.

FACT: Contraceptives can be used by anyone.

MYTH: A girl needs her parent's permission to find out about contraceptive use and reproductive health.

FACT: Knowledge about contraceptives can safeguard one against consequences of unprotected sex like unplanned pregnancies and STIs. Knowledge of reproductive health makes one fully aware of one's body, its functions and its care. So, it is not necessary to seek parent's permission for it. Adolescent reproductive health and development policy in Malawi gives young people the right to access information and services.

MYTH: Ejaculating during the night ("wet dreams") is harmful to the health of boys.

FACT: Ejaculating while sleeping is normal and natural for boys during adolescence and is not harmful.

MYTH: A woman becomes "dirty" or "untouchable" during menstruation.

FACT: Menstruation is normal and occurs with all women. The blood that comes out is not dirty.

MYTH: One should not take a bath during menstruation.

FACT: Menstruation is natural and there is no restriction regarding having a bath. In fact, it is very important to keep the body clean during this time, to avoid infection of the reproductive tract.

MYTH: If the hymen is broken then the girl is not a virgin.

FACT: The hymen can break even without sexual intercourse, by certain physical activities like sports, exercise, and the use of tampons during menstruation. Sometimes the hymen may be loose or absent and there is no breaking of the hymen.

MYTH: The use of herbs can help a girl return her virginity.

FACT: A girl's virginity cannot be restored once she has had sex. However, she can still decide to start practicing abstinence, even after losing her virginity.

MYTH: Contraceptive use is harmful for health.

FACT: Using contraceptives is a way to improve the family's health and women's reproductive health.

MYTH: Contraceptive pills make women barren.

FACT: The use of pills does not make a woman barren. Most women find that on discontinuing the pill, they become pregnant within three months.

MYTH: A girl can prevent pregnancy by washing her vagina with Coca Cola or Sprite immediately after sex.

FACT: Washing the vagina with Coca Cola or Sprite after sex does not prevent pregnancy.

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FACT: Condoms do not have holes and do not allow HIV to pass. HIV can only get through if the condom has been damaged or torn. The presence of microscopic pores in some condoms does not matter much, since HIV cannot move on its own and is often attached to white blood cells, which are much larger than the virus. Condoms have of two or three layers of latex, and pores would have to be lined up in order for the virus to pass through. Then, enough of the virus (more than 15,000) would have to pass through to cause infection. The authors of a study investigating leakage concluded that if a condom does not break, it provides 10,000 times more protection than no condom at all

## ACTIVITY SHEET 1: REPRODUCTION MYTHS AND FACTS (FACILITATOR COPY)

MYTH: One cannot get pregnant with one sexual act.

FACT: One runs the risk of pregnancy each and every time one has unprotected sex.

MYTH: One cannot get pregnant when one has sex for the first time.

FACT: One can get pregnant the first time one has sex.

MYTH: Use two condoms for double protection.

FACT: Using two condoms does not provide extra protection, and may in fact increase the chance that one or both condoms will break.

MYTH: Boys touching a girl's breasts will make them grow bigger.

FACT: Boys touching a girl's breasts will not affect their size.

MYTH: Contraceptives are only for married people.

FACT: Contraceptives can be used by anyone.

MYTH: A girl needs her parent's permission to find out about contraceptive use and reproductive health.

FACT: Knowledge about contraceptives can safeguard one against consequences of unprotected sex like unplanned pregnancies and STIs. Knowledge of reproductive health makes one fully aware of one's body, its functions and its care. So, it is not necessary to seek parent's permission for it. Adolescent reproductive health and development policy in Malawi gives young people the right to access information and services.

MYTH: Ejaculating during the night ("wet dreams") is harmful to the health of boys.

FACT: Ejaculating while sleeping is normal and natural for boys during adolescence and is not harmful.

MYTH: A woman becomes "dirty" or "untouchable" during menstruation.

FACT: Menstruation is normal and occurs with all women. The blood that comes out is not dirty.

MYTH: One should not take a bath during menstruation.

FACT: Menstruation is natural and there is no restriction regarding having a bath. In fact, it is very important to keep the body clean during this time, to avoid infection of the reproductive tract.

MYTH: If the hymen is broken then the girl is not a virgin.

FACT: The hymen can break even without sexual intercourse, by certain physical activities like sports, exercise, and the use of tampons during menstruation. Sometimes the hymen may be loose or absent and there is no breaking of the hymen.

MYTH: The use of herbs can help a girl return her virginity.

FACT: A girl's virginity cannot be restored once she has had sex. However, she can still decide to start practicing abstinence, even after losing her virginity.

MYTH: Contraceptive use is harmful for health.

FACT: Using contraceptives is a way to improve the family's health and women's reproductive health.

MYTH: Contraceptive pills make women barren.

FACT: The use of pills does not make a woman barren. Most women find that on discontinuing the pill, they become pregnant within three months.

MYTH: A girl can prevent pregnancy by washing her vagina with Coca Cola or Sprite immediately after sex.

FACT: Washing the vagina with Coca Cola or Sprite after sex does not prevent pregnancy.

MYTH: Condoms have holes and are laced with viruses.

FACT: Condoms do not have holes and do not allow HIV to pass. HIV can only get through if the condom has been damaged or torn. The presence of microscopic pores in some condoms does not matter much, since HIV cannot move on its own and is often attached to white blood cells, which are much larger than the virus. Condoms have of two or three layers of latex, and pores would have to be lined up in order for the virus to pass through. Then, enough of the virus (more than 15,000) would have to pass through to cause infection. The authors of a study investigating leakage concluded that if a condom does not break, it provides 10,000 times more protection than no condom at all



## LESSON 20: PARTICIPATORY COOKING AND PREPARING FOR FUTURE MOTHERHOOD

### SESSION DESCRIPTION

This session includes a discussion on the importance of healthy timing and spacing of first pregnancy and beyond while girls also apply lessons about nutrition during a participatory cooking exercise.

### OBJECTIVES

After the lesson, girls will be able to:

- Practice cooking a healthy recipe that she can also make at home
- Explain why a girl should wait until she is 20 or older before becoming pregnant for the first time
- Explain the reasons why she should wait at least 2 years in between pregnancies
- Know her right to determine and communicate the number of children she wants and the timing of births

### TIME

1 HOUR 40 MINUTES

- Icebreaker (5 minutes)
- Review (5 minutes)
- Storytelling (5 minutes)
- Participatory cooking (60 minutes)
- Discussion over the Cooking Pot (25 minutes)
- Wrap-up (5 minutes)

### MATERIALS

- Recipe from national manual (see Annex D: Recipe Guide): Choose from “Porridges” section
- Food for recipe (locally available ingredients provided by local community)

### PRE-SESSION PREPARATION

- Read through the entire session and, if necessary, practice presenting the activities
- Prepare all materials needed for the session:
  - Make sure that you have the materials needed for the participatory cooking: by asking the community or the girls to borrow pots, bowls, etc. and asking community leaders to support by providing some of the ingredients.
  - Pick a recipe from the “Porridges” section in Annex D: Recipe Guide and make sure all of the ingredients will be available and provided.
- Consider inviting a HSA to join the session to discuss the health issues relating to pregnancy timing and spacing with participants

### FACILITATOR’S NOTES

#### *Participatory Cooking Notes*

It is not only important for adolescents to understand how foods are categorized. Understanding how foods can go together in an actual meal, and practicing that behavior, is a critical next step for improving nutrition. Practicing cooking together will help to build participants’ skills and belief that they are able to apply these principles in their own life and to advocate for change in the meals they eat at home. Participatory cooking is included in multiple sessions throughout the time the group will meet, so that participants can continue to apply the lessons that they are learning about nutrition and its importance in their lives.

To facilitate a participatory cooking session, food and cooking tools are needed. Before the groups are formed, this topic will be discussed with local leaders and the community. This conversation will determine if

the community is able to support with some ingredients (including firewood) and the tools to borrow (pots, stove, bowls, eating utensils) for these sessions. A savings group in the community, for example, may be willing to use some of their social fund to provide some of the ingredients, or local leaders might mobilize the community to gather some materials from their backyard gardens.

When facilitating a participatory cooking session, it is important that everyone is involved. The learning comes in practicing the cooking, not in only watching someone else cook. As the facilitator, you will guide the group through making the recipe. But each step can be carried out by different members. Some can get the fire started, others can clean or prepare ingredients for cooking, others can add items or stir the pot to determine when the food is fully cooked. This way, everyone feels like they contributed, and the lessons they learn will be easier for them to remember and use when they cook on their own.

### *Story Notes*

The topic of timing pregnancy is not meant for immediate application by girls, but as important information for them to use in the future. As discussed in Lesson 19, research has shown that having full and accurate information about family life, including about fertility and contraception. Data from Malawi also shows that women who have their first child before age 20 have higher rates of low birthweight infant mortality. The emphasis in this lesson is that girls should wait for their first pregnancy as well as giving their bodies enough time to recover before becoming pregnant again, at least two years.

Nutrition is very important for women both before and during pregnancy. Mothers who are malnourished when they become pregnant are likely to stay that way, putting their child in danger of being born too small or too early. These children are also more likely to have health challenges throughout their lives which they could pass to their own children. Babies born too small also have a higher risk of having poor physical and mental development.

A HSA can be invited to join this session to give participants information about healthy timing and spacing of pregnancies after the discussion in Activity 2.

## TERMS

### HTSP

Healthy Timing and Spacing of Pregnancy, or HTSP, is a way to help women and families delay or space their pregnancies to achieve the healthiest outcomes for women, newborns, infants, and children. This is a free and informed choice, taking into account the intentions of the couple and their desired family size.

### LAM

Lactational Amenorrhea Method. This is a method of contraception where exclusive breastfeeding during the six months protects a new mother from becoming pregnant right away. This method only works when the child is receiving only breastmilk during the first six months of life and before menstruation has returned.

## ICEBREAKER (5 MINUTES)

Ask a participant to lead the group in a song or dance.

## REVIEW (5 MINUTES)

Ask participants what key points were covered in the last session (optional: throw a ball of paper around to encourage participation). Fill in any key points that are missed. Go over the practice activity that was given, and ask if there are any questions.

*Say:*

Today we will hear a story about the importance of delaying first pregnancies and spacing second pregnancies.

## ACTIVITY 1: STORYTELLING (5 MINUTES)

*Read this story to the group:*

Mateyo and Chisomo are new parents with a four-month old baby. Chisomo understands that having another baby would mean one more mouth to feed and more chores. But she is 21 years old and she is worried that if she doesn't have another baby soon, she will become too old to have one. Chisomo goes to the community health worker for advice. The community health worker tells her not to fear, women are able to have babies even when they are in their 30s. She tells Chisomo that she was smart not to have her first child until she was ready in both her mind and in her body. The health worker also advises her to wait two years before trying to get pregnant again in order to protect her health and the health of her babies.

Chisomo and Mateyo were using exclusive breastfeeding (also called Lactational Amenorrhea, or LAM) as a way to prevent a second pregnancy, but the community health worker tells Chisomo that this method only works if the baby is less than 6 months, the baby is only fed breast milk and nothing else, and if Chisomo's monthly bleeding hasn't started again. She suggests that since the baby is already 4 months old, Chisomo and Mateyo should plan to start using another contraceptive option such as condoms, the pill, injectable contraception, implants, or an IUD. Chisomo and Mateyo discuss together and decide that they will choose one of these options and wait two years before trying to get pregnant again.

*Say:*

Let's keep that story in mind as we begin to cook together today, so that we can discuss it when the food is almost ready!

## ACTIVITY 2: PARTICIPATORY COOKING (1 HOUR)

*Say:*

Today we are going to apply some of the lessons we learned earlier in our sessions talking about why girls need to eat nutritious foods. Let's start working together with the food that we have brought and practice this new recipe.

*Read the name of the recipe that you are going to cook, and ask the girls:*

Name one of the ingredients in the recipe and share what food group it comes from, and why it is good for you!

Go around until most of the ingredients have been discussed.

### *Action:*

Have the girls take the ingredients and participate in putting the recipe together. When you add different ingredients, use the opportunity to discuss them and remind them of earlier lessons including the 6 food groups and anemia. Make sure that everyone washes their hands with soap before cooking and before starting the meal.

*Once the meal is at the point where cooking activity has calmed (such as when the meal is simmering), or when girls are eating, come back to the story that you read in the beginning.*

## ACTIVITY 3: DISCUSSION OVER THE COOKING POT (20 MINUTES)

Read the story again for the girls.

Ask the group these questions and allow them to discuss their responses with one another.

- What are some reasons for a woman to wait to have children until she is 20 or older?
- What are some of the challenges young people face in delaying their first pregnancy?
- What can young people do to overcome the challenges to delaying their first pregnancy?
- What are some reasons for couples to wait two years before trying to become pregnant with a second child?
- What are some challenges young couples face in spacing their pregnancies by 2 years?
- What can couples do to overcome the challenges to spacing their pregnancies?
- Explain whose responsibility it is to prevent a pregnancy and why you think that? Is it the man's, the woman's, or the couples' together?

*After participants have finished discussion, say:*

It is important for young women to wait until their bodies and minds are ready to have children, at least after the age of 20. Getting pregnant soon after giving birth can cause health problems for the mother and the baby. Mothers who have not had enough time in between pregnancies may have complications when giving birth and are often malnourished. This not only affects her health, but it can result in the next baby being born too small or too early, with long term consequences for their health and development.

Also, it can cause challenges with food and money, and can make raising children more difficult. Go to the health centre or talk to a HSA to discuss the different ways you can choose to delay a first pregnancy and space a second pregnancy.

## WRAP-UP (5 MINUTES)

Ask participants to summarize what they have learned. Fill in any key points they miss.

**Key Message:** It is important to consider our future goals and desires so that we can make an informed decision with our partner if and when we are ready to have children, and to take time in between pregnancies for our health and that of our children.

## PRACTICE ACTIVITY

*Say:*

Go around the circle and name a health centre or health worker that you know of that you can talk to about healthy timing and spacing of pregnancies.

## CLOSING

Ask for any final questions or comments. Remind participants where and when the next meeting will take place, and what topics will be discussed.

Thank them for their participation.

*Facilitators general comment box about the session:*

What went well?

What could be improved?

# MODULE 4: PROTECTING OUR BODIES FROM DISEASE

## LESSON 21: THE RELATIONSHIP OF STIS AND HIV AND AIDS

### SESSION DESCRIPTION

Participants learn about STI transmission, symptoms, treatment, and how STIs are related to increased HIV risk.

### OBJECTIVES

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

- Describe ways to prevent STI and HIV infection
- Describe how an STI infection increases the risk of HIV transmission
- Understand common symptoms of STI that mean treatment should be sought
- State why it is important to get early treatment for an STI

### TIME

1 HOUR

- Icebreaker (10 minutes)
- Review (5 minutes)
- The Role of Sexually Transmitted Infections (STIs) in HIV Transmission (10 minutes)
- The “Crowded Bed” Game (15 minutes)
- Discussion Questions (10 minutes)
- Wrap-up (10 minutes)
- Practice Activity

### MATERIALS

- A bed spread, sheet, blanket, or large piece of cloth to represent a bed

### PRE-SESSION PREPARATION

- Read through the entire session and, if necessary, practice presenting the activities
- Prepare all materials needed for the session
  - Have the cloth or bed sheet ready for use in Activity 2
- Know the local methods for treating STIs, and how they might put one at higher risk for getting infected with HIV or spreading it to others
- Know where participants can go for appropriate STI treatment

### FACILITATOR’S NOTES

Sexually transmitted infections (also called STIs or STDs) are easily spread when youth are sexually active and have multiple sexual partners. This session describes common sexually transmitted infections and symptoms, and helps participants understand transmission of STIs in order to prevent infection. Participants need to understand how to protect themselves from infection. For those who are sexually active, using a condom for every sexual act is the best way to protect themselves from infection. The only 100% effective way to prevent infection is through abstinence. Early treatment of sexually transmitted infections can also dramatically reduce the risk of infection with HIV.

During this session, participants will do the “Crowded Bed” activity. Choose the two girls who play the main characters carefully. It is best done by participants who are the least likely to be embarrassed, and who can

add humor to the activity. In this activity, participants will have a visible example of the way that STIs including HIV can be spread, and discuss how that impacts the decisions that they make about sex.

Often brochures about STIs are available free from government health offices or other organizations. You may want to check to see if these are available and hand them out to participants for more detailed information about specific STIs that they can take home with them.

For more information on specific STIs, see Annex A-Additional Information, “Common STIs and Symptoms Chart.”

## TERMS

Sexually Transmitted Infections (STIs)

Infections that are transmitted through sexual contact: anal, vaginal or oral

HIV

Human Immune Deficiency Virus; the virus that causes AIDS and is transmitted through blood, semen, vaginal fluid and breast milk

AIDS

Acquired Immune Deficiency Syndrome; the final stage of HIV disease, which causes severe damage to the immune system

## ICEBREAKER (10 MINUTES)

Open the session with an icebreaker of your choice, or allow participants to suggest one. See Annex B: Participatory Facilitation Resources – Icebreaker Activities for ideas.

## REVIEW (5 MINUTES)

Ask participants what key points were covered in the last session (optional: throw a ball of paper around to encourage participation). Fill in any key points that are missed.

Go over any practice activities that were given, and ask if there are any questions.

## ACTIVITY 1: THE ROLE OF SEXUALLY TRANSMITTED INFECTIONS (STIS) IN HIV TRANSMISSION (10 MINUTES)

### *Explain*

One of the reasons for staying abstinent that we have discussed is preventing getting a sexually transmitted infection, or STI.

Today we are going to discuss some of the facts about STIs, how you can prevent them, and discuss their relationship with HIV transmission. The more information you have, the better choices you can make.

### *Ask:*

What have you heard about sexually transmitted infections? Can anybody tell me the names of some types of STIs?

Wait for a few responses from participants.

*Explain:*

Having an STI is one of the most important factors in HIV transmission. It can increase the risk of HIV transmission substantially. Recent research showed that the presence of STIs in eastern and southern Africa was one of the two major reasons why there was a higher incidence of AIDS in these regions of the continent.

A genital sore or ulcer as in syphilis, chancroid, or herpes, makes it easier for HIV to enter the body. Having a discharge, as in gonorrhea or chlamydia, means that more white blood cells are present. Since white blood cells are hosts for HIV, it means that more virus can be transmitted or received when the discharge is present.

Other symptoms of STIs may include:

- burning pain when passing urine
- pain or bleeding
- swelling or lumps in private parts

If someone has these symptoms they should go to the clinic for treatment and cure. Most STIs can be cured with good medical treatment. Without treatment, STIs can cause major health problems, like cancer, brain damage, more difficult childbirth, or loss of the ability to have children. Quick and proper treatment of STIs and immediate referral of partners are also important strategies for HIV prevention. Often women do not have apparent symptoms of sexually transmitted infections, so check-ups and partner referrals are very important. But men, too, may occasionally not have symptoms, even of gonorrhea; so, it is important that the man seek treatment also if his partner is infected and avoid blaming partners for infection.

## ACTIVITY 2: THE “CROWDED BED” GAME (15 MINUTES)

Ask for two volunteers to step forward and stand in the center facing the audience. ***It is best to choose people who are least likely to be embarrassed and most likely to add humor to the activity.***

*Say:*

Let’s pretend that these two are named John and Lydia. He is 18 years old and she is 16.

John and Lydia met a few months ago when they were taking the same class at secondary school. They are hopelessly in love and think that they are ready to make the decision to begin sexual relations with each other.

Pull out the sheet and ask “John” and “Lydia” to help you make the bed. Together spread the cloth on the floor. Invite them to come and sit on the front of the cloth.

*Explain the following scenario using volunteers from the group:*

During their conversations, John told Lydia that he had one previous sexual partner, his former girlfriend.

Select another volunteer to represent John’s ex-girlfriend and ask her, “Please come over here and sit on John’s side of the bed.”



John doesn't know this, but on a school trip, his ex-girlfriend had a brief sexual relationship with another student.

Choose a volunteer to represent this person and ask this "boy" to sit on John's side of the bed.

What John's ex-girlfriend did not know is that the student with whom she had a brief affair had already had sexual relations with 3 women before her.

Choose 3 volunteers to represent these people and ask them also to sit on John's side of the bed.

And actually, John had his first sexual experience at a very young age with another girl.

Get a volunteer and ask her to sit on the bed on John's side.

We have some news for John as well. Lydia told John that she had been involved with only one sexual partner, a former boyfriend.

Choose another volunteer to be this person and ask him to sit on Lydia's side of the bed.

Lydia has led John to believe that she is sexually inexperienced because she had only one boyfriend. But even though she was not in love, she had sexual relations with 2 other men.

Ask for 2 more volunteers and have them sit on her side of the bed.

The first man that Lydia had sex with was part of the traditional practices when she came of age. This man had also had sex with many other girls as part of these practices, and Lydia does not know that he was an injecting drug user who shared needles with two other men, one of whom was HIV positive.

Get 5 more volunteers and have them sit on her side of the bed—3 to represent the other girls, and 2 as the men who shared needles.

Oh, and one more thing. John wasn't completely honest about his sexual past. While he was away in a different village visiting his uncle, he had too much to drink one night and had sex with a local prostitute.

Choose another volunteer and ask her to sit on John's side of the bed.

And the prostitute had sex with.... maybe more people than we have volunteers left in the room!

Let everyone stay sitting on the "bed" while you continue with the exercise. They will not have very much space!

*Say:*

Now let's think about this situation between John and Lydia.  
The bed is very full.

*Ask John and Lydia:*

Now that you see how many partners you have actually been exposed to, does that change your decision about wanting to have sex together?

*Say:*

John and Lydia could not tell the number of partners each was exposed to just by looking at each other. Even when they talked about their sexual pasts, they did not tell each other the truth.

Think about the person who was HIV positive on Lydia's side of the bed. Look around John's side. What if one or more of them has another sexually transmitted infection, like gonorrhea or chlamydia, and does not know it? Who else on the bed could be infected with any of these diseases because of their connections?

Have participants raise their hands if they are at risk. Check to make sure that participants understand.

[On Lydia's side, the person who was HIV positive could have infected both people he was sharing needles with, including the injecting drug user that Lydia had sex with and the girls who had also undergone the traditional rituals with him, as well as Lydia's ex-boyfriend and herself. Everyone on Lydia's side can be raising their hand as potentially at risk.]

Point someone out on John's side to be 'infected.' Depending on who you pick, follow the path of transmission back to John. See how many people on his side were exposed to an STI and might be infected.

*Ask the group:*

How did the people who raised their hands feel to find out they might have been infected?

If the person with an STI got treatment and used a condom when they had sex every time afterwards, what would have happened?

Have people on the bed who would be at lower risk with this information raise their hands.

How did the people who discovered they had used condoms feel?

How can John and Lydia be sure to avoid the risks of being exposed to so many partners?

### ACTIVITY 3: DISCUSSION QUESTIONS (10 MINUTES)

Have the participants sit back down into a circle. Lead the participants in discussing the following questions:

- Where do people in our community go to get treated for STIs?
- Which of these places is the best place to get treated? Why?
- What other remedies do people in our community use to treat STIs?  
[be prepared with some understanding of this beforehand. Some local remedies, like using herbs, actually put people at higher risk for infections including HIV.]
- What are the risks associated with not seeking professional help?  
[increased risk of HIV infection, transmit STI to partner(s), develop serious irreversible symptoms of the STI, etc.]
- Why is it important to get treated early for an STI?  
[HIV prevention, avoid spreading the STI to others, avoid experiencing more serious symptoms, relieve discomfort, etc.]

- Why is it important that partners get treated?  
[so they do not spread STIs to you, so they are not at an increased risk for HIV, because they may be infected with an STI and not have symptoms]
- How can we tell someone that they have been exposed to an STI without blaming them or getting hurt ourselves?  
[e.g., use good communication skills that have been discussed in previous sessions (calmly express the issue, allow the other person to express his/her feelings, listen while the other person speaks, work with the other person to find a solution, etc.)]

## WRAP-UP (10 MINUTES)

### *Explain:*

Another good reason to eat a healthy and balanced diet is that it strengthens the immune system, which helps the body to fight off infections. This will not cure an STI on its own, but will help the body to better protect itself and may help an infected person to recover faster.

The only 100% effective way to prevent getting an STI as well as prevent and/or lower the risk of HIV transmission is abstinence.

If a girl and her partner do not practice abstinence, together they can lower their risk of HIV transmission by being faithful to each other (being each other's only partner), getting tested to make sure they are not carrying any STIs, and using a condom consistently and correctly each time they have sexual intercourse.

Offer resources to participants, if applicable, about how they can learn more about HIV/ STIs and testing.

### *Explain:*

It is normal to feel uneasy or embarrassed when discussing these topics, but it's important to get correct information about sexuality regardless of how embarrassing it may be to get it.

Ask participants to summarize what they have learned. Fill in any key points they miss.

**Key Message:** Practicing certain behaviors can put a person at risk for STIs, and also increase their risk for HIV.

## PRACTICE ACTIVITY

Participants should ask people in their community about STIs and HIV. If they can find any information that contradicts what they learned today, they should bring that item or idea to the next session for discussion.

## CLOSING

Ask for any final questions or comments. Remind participants where and when the next meeting will take place, and what topics will be discussed.

Thank them for their participation.

### *Facilitators general comment box about the session:*

What went well?

What could be improved?

## LESSON 22: UNDERSTANDING HIV

### SESSION DESCRIPTION

Participants learn what HIV and AIDS are, and what behaviors do and do not put one at risk of being infected with HIV.

### OBJECTIVES

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

- Define HIV and AIDS
- Explain modes of transmission of HIV
- Identify risky and non-risky behaviors
- Describe the common symptoms of AIDS

### TIME

1 HOUR, 10 MINUTES

- Icebreaker (5 minutes)
- Review (10 minutes)
- HIV and AIDS Overview (15 minutes)
- Definition of HIV and AIDS and Modes of Transmission (15 minutes)
- Risky and Non-Risky Behaviors and Practices (15 minutes)
- Optional activities (10-40 minutes)
- Wrap-up (10 minutes)
- Practice Activity

### MATERIALS

- Index cards or slips of paper (several per participant)

### PRE-SESSION PREPARATION

- Read through the entire session and, if necessary, practice presenting the activities
- Prepare all materials needed for the session
- Prepare small pieces of paper or index cards for each participant as instructed (see Activity 1)
- Decide whether to do the optional activities during the session based on the time allotted
- **Consider inviting a nurse, HSA, peer outreach person or staff from an NGO working on STIs and HIV to come to talk about HIV**

### FACILITATOR'S NOTES

The purpose of this session is two-fold. First, to be sure youth have the facts straight about HIV/AIDS and know how to avoid it, and secondly to reduce the stigma that still surrounds HIV/AIDS in many areas. While this is a session that contains many facts, efforts have been made to keep participants engaged and involved in the knowledge they are receiving. In some cases, presentations will start with a question to determine how much the youth already know about the topic. This helps you as the facilitator to decide what is most important to focus on. This method also increases their interest and participation.

HIV prevalence in Malawi has decreased since 2000, but 9.2% of the population is still living with HIV. Rates are higher in the South, areas along Lake Malawi, and those areas with high rates of migration. Women have higher rates of HIV than men in Malawi. Young women have very high rates of HIV and are at great risk for getting HIV because of their high level of vulnerability (including forced sex, ability to negotiate for condom use, etc). For this reason, the lessons in this curriculum for girls are very important as a way to protect themselves from HIV.

#### How Is HIV Transmitted?

HIV is passed between people in three ways:

1. Sex: Penetrative unprotected sex with an HIV-infected person where the penis enters the vagina, anus, or mouth of another person. Vaginal and anal sex is considered much higher risk for HIV transmission than oral sex. Both vaginal and anal sex are risky, and the risk of HIV infection from anal sex is extremely high, 18 times higher than with vaginal sex.
2. Blood to blood: From an HIV infected person's blood to another person's blood through an opening in the body such as a cut, from a transfusion or by sharing something that cuts or pierces the skin (knife, razor, and needle). This includes sharing circumcision knives, needles, tattooing, or ear piercing, with someone who has HIV.
3. Mother to child: HIV can be passed from a mother who is HIV infected to her baby during pregnancy, at the time of birth, or through breastfeeding.

The majority of people in Malawi are infected with HIV by having unprotected sex with someone who is HIV infected. It is important to note that a person suffering from other STIs is eight to ten times more likely to contract HIV. HIV cannot survive in air, water, or on things people touch.

### Protecting Against HIV

In this session, help young people understand that there are many ways to express sexual feelings that do not risk unplanned pregnancy or sexually transmitted infections. Talking, whispering, hugging, singing, dancing, and holding hands are ways of showing and receiving affection from a partner. Abstinence from all types of sexual intercourse is the best and only certain way to prevent HIV infection.

Latex condoms have been proven to be an effective barrier of HIV. They can, however break or leak especially when used incorrectly. It is important for older, sexually active adolescents to understand how to use a condom correctly and that they must be used for every act of sexual intercourse to protect against HIV infection. Condoms offer the best protection against the spread of HIV during sexual intercourse with a partner whose HIV status is unknown. Some behavior presents more of a risk for HIV than others. These are summarized in Box 1: Risky and Non-Risky Behaviors (below).

For more information, see Annex A: Additional Topical Information – Tips for Teaching about HIV and AIDS, Background Information on HIV and AIDS, and Frequently Asked Questions about HIV and AIDS.

### BOX 1: RISKY AND NON-RISKY BEHAVIORS

#### Definitely a Risk

- Sharing needles for drug use
- Sharing needles for ear piercing
- Having sexual intercourse without condoms
- Having sex when you or your partner has a sexually transmitted infection
- Being the victim of rape or sexual abuse

#### Probably a Risk

- Being born to a mother who is HIV positive
- Getting a blood transfusion

#### Probably Not a Risk

- Sharing a toothbrush
- Having sexual intercourse with a person using a condom
- Deep or (open mouth) kissing

#### Definitely Not a Risk

- Abstaining from sexual intercourse
- Kissing
- Being close to a person with HIV who is coughing
- Donating blood
- Using a public telephone

- Shaking hands with a person with HIV
- Hugging or talking to a person with HIV or AIDS
- Going to school with a person who has AIDS
- Sharing plates, utensils, glasses or towels used by someone with HIV or AIDS
- Using swimming pools, toilet seats, doorknobs, gym equipment, or telephones used by people with HIV or AIDS
- Having someone with HIV or AIDS spit, sweat or cry on you
- Being sneezed at or coughed on by a person with HIV or AIDS
- Being bitten by a mosquito (no risk of HIV, but risk of malaria!)
- Having sexual intercourse with a person who has been tested for HIV, found negative, and engaging in a mutually monogamous and faithful relationship with that person

## TERMS

### AIDS

Acquired Immune Deficiency Syndrome; the final stage of HIV disease, which causes severe damage to the immune system

### HIV

Human Immune Deficiency Virus; the virus that causes AIDS and is transmitted through blood, semen, vaginal fluid, and breast milk

### Immune System

The body's natural defense system for fighting off disease

## ICEBREAKER (5 MINUTES)

Open the session with an icebreaker of your choice, or allow participants to suggest one. See Annex B: Participatory Facilitation Resources – Icebreaker Activities for ideas.

## REVIEW (10 MINUTES)

Ask participants what key points were covered in the last session (optional: throw a ball of paper around to encourage participation). Fill in any key points that are missed.

*Say:*

Most of the STIs we mentioned in the last session could have easily been passed between any of the people we saw on the “Crowded Bed.” These diseases can do serious damage to your body and require prompt treatment, but they rarely lead to death. HIV/AIDS is one STI that does not have a cure. Proper nutrition and drugs can prolong life and improve the quality of life, but there is no total cure. STIs open the door for HIV/AIDS because the body is weak and because AIDS can enter easily through open sores in your private areas when having sex.

Ask participants to share if they found any conflicting information about STIs or HIV in the community during the week (see Practice Activity from previous lesson), and have participants discuss and clarify what is true and false. Ask if there are any other questions before continuing.

## ACTIVITY 1: HIV AND AIDS OVERVIEW (15 MINUTES)

Give two slips of paper to each participant.

*Instruct the participants as follows:*

Write on each paper (or draw an illustration representing) something that you have heard people in your community say about HIV or AIDS (this does not have to be something you agree with).

Collect all the slips of paper and shuffle them. Divide participants into four groups (see Annex B: Participatory Facilitation Resources – Group Formation Activities for ideas), and deal out the slips of paper to the groups at random.

*Explain:*

Now each group should sort out their slips of paper into three categories: 'AGREE', 'DISAGREE' and 'DON'T KNOW'.

Write these categories on the chalkboard (if available) as a reminder as the groups are discussing.

When all the groups have finished, reassemble. Have each small group present to the main group any statement they found difficult to reach agreement on. The main group can offer opinions on the difficult statements. This is an opportunity to find out what the participants already know and think.

## ACTIVITY 2: DEFINITION OF HIV AND AIDS AND MODES OF TRANSMISSION (15 MINUTES)

*Say:*

Some of you know a lot about HIV/AIDS already, but we need to be sure that everyone agrees. Let's discuss a few facts about HIV/AIDS from people who have studied this disease.

*Pose the following question:*

What is HIV?

[Human Immunodeficiency Virus]

*Explain the definition of HIV:*

The name indicates that it is a virus found in humans, that makes the immune system deficient (lacking in something), and therefore weakens the system. The immune system is not a part of the body you can see. It fights off diseases and keeps the body healthy by recognizing, attacking and destroying germs that enter the body and cause illness.

The immune system works like an umbrella that protects you from rain. But if the umbrella has holes, you will get wet, and protection from rain is gone. Once HIV gets inside the body, it never leaves, but takes time to develop. When first infected, people still appear and act healthy, but they can pass the virus on to others.

HIV slowly "puts holes" in the immune system and destroys it until it cannot protect from illness any longer. With a damaged immune system the body is exposed to a range of infections and diseases. The person becomes weaker and eventually develops AIDS.

*Pose the following question:*

What is AIDS?

[Acquired Immune Deficiency Syndrome]

*Explain the definition of AIDS:*

Acquired means that it is passed from one person to another; it does not just develop spontaneously. It is passed from exposure to an infected person's blood, sexual fluids or breast milk. AIDS is a condition where the body's immune system is destroyed by HIV. It has no cure and eventually kills the infected person. It can be controlled with drugs, which must be taken for the rest of a person's life to help control the virus and keep a person healthy.

*Pose the following question:*

How can you catch HIV?

[sexual intercourse, blood transfusion (donated blood is now screened), pregnancy, childbirth, breastfeeding, sharing knives, needles, or syringes (for circumcision or drug use)]

Tell girls the answers if they do not mention all of them.

*Say:*

The leading cause of HIV transmission in Malawi is unprotected sexual contact between two people, when one of the two is HIV positive. Women get HIV much more easily than men because of the way their reproductive system works. Young women are at especially high risk for HIV because their bodies are more susceptible to HIV while they are still growing and developing.

HIV can also be passed on from a mother who is HIV positive to her baby. This can happen during pregnancy, while the baby is being born, or during breastfeeding. The risk is much smaller if the mother is on treatment throughout this entire time. In Malawi, there is a law that mothers with HIV should be able to get the medication that they need to protect their children from getting the disease.

HIV is different from other diseases because it does not pass through air. We cannot catch it from being in the same room as an infected person or by hugging or touching a person. We cannot catch it from an infected person coughing or sneezing on us, by drinking from the person's cup, or by sharing clothes—even panties.

But we can choose to not become infected if we abstain from sex or always use a condom when having sex. HIV can be prevented by being in a mutually faithful relationship with an uninfected person and by never sharing needles or other equipment such as razors or circumcision knives.

*Ask participants:*

Is HIV is easy or difficult to catch?

[HIV is easy to catch if one is not careful, i.e., having unprotected sex. Certain factors increase the chances of catching HIV such as having STIs, being uncircumcised (for males), etc.]



*Explain the following:*

There is no cure for AIDS, however there are ways to treat the symptoms. Treatment means the use of a drug, injection, or intervention that can cause symptoms to become less painful or pronounced or cause them to disappear altogether. It is important for people with HIV and AIDS to eat a nutritious diet to fight infection and disease and to stay energetic, strong, and productive. Nutrition and HIV are strongly related to each other. People who are malnourished are more likely to progress faster to AIDS, because their bodies are weak and cannot fight infection.

### ACTIVITY 3: RISKY AND NON-RISKY BEHAVIORS AND PRACTICES (20 MINUTES)

*Ask:*

Now that you know how HIV is spread, who do you think would be at a higher risk for becoming infected with HIV?

Encourage participation and listen to several responses. Wait for participants to respond and encourage them to share their thoughts openly.

Encourage participants to identify categories themselves. Only add those not mentioned by the group. These should include: prostitutes, people who have sex with many partners, young people who are having sex because their bodies are not ready for sex yet, people who inject drugs.

*Explain the following:*

You will now have a chance to assess your own risk of being infected with HIV, if you do certain things. I am going to read a list of items, and you will tell me whether each statement puts you at risk for HIV.

*Before reading each statement on the list of “HIV Risk Assessment Statements” (below), ask:*

If you do this, are you at risk of being infected with HIV?

Read each statement from the list of “HIV Risk Assessment Statements” below. Ask participants to share their opinions and discuss with the group for each of the following statements:

#### HIV Risk Assessment Statements

- If you hug, kiss or massage your friend. [Not a risk]
- If you don’t protect yourself when handling blood. [Risk]
- If your sexual partner has sex with others. [Risk]
- If you drink beer or other kinds of alcohol. [Risk – can lead to other risky behavior]
- If you masturbate. [Not a risk]
- If you are bitten by mosquitoes. [Not a risk (for HIV, but is a risk for malaria!)]
- If you allow semen or vaginal fluid to touch your normal skin, but not areas around the penis, vulva, anus or the mouth. [Slight risk, if you have a scratch or the fluid does reach an area where it is easier for it to be absorbed by the body]
- If you have sex with someone as part of an initiation ritual in connection with cultural beliefs. [Risk]
- If you have sex with more than one person. [Risk]
- If you or your partner has had an STI in the past. [Risk]
- If you share a razor with a person with HIV or AIDS. [Risk]

- If you only have sex with one partner. [Less risky if you are BOTH faithful, use protection and have both been tested for HIV and STIs]
- If you live, work or play with a person with HIV or AIDS. [Not a risk]
- If you don't know if your sexual partner is HIV positive or has an STI. [Risk]
- If you have injections, tattoos, or piercings. [Risk – if needles are shared]

*Facilitate a discussion with the following questions:*

- Does knowing that some things are definitely or probably a risk worry you?
- Did you learn any new information?
- Do you have any questions about any behaviors we did not list today?
- If you were explaining information on risky or nonrisky behaviors to a friend, what would you say first?

Encourage participation and listen to several responses. Wait for participants to respond and encourage them to share their thoughts openly.

### **OPTIONAL ACTIVITY: HIV AND AIDS IN MALAWI (10 MINUTES)**

Instruct participants to describe the situation of HIV and AIDS in Malawi or in their community. This is meant to help participants to think about HIV as something that affects them, even if they do not have HIV.

Some things they may choose to describe about the situation are:

- Some people still refuse to accept that the disease exists.
- There is no cure for it.
- Without treatment, it ends in death.
- It is killing people in their 20s, 30s, and 40s, when they are most productive.
- It kills couples and leaves many orphans.
- Even some of those who know about the disease have not changed their behaviors.
- The impact of HIV and AIDS affects everybody.

### **OPTIONAL ACTIVITY: IF SOMEONE SAYS... (30 MINUTES)**

Write the following statements on the board:

- "I'm not worried about having sex with Fredah –she's a nice girl and her mother is a teacher. You only have to worry about dirty girls."
- "You hugged that guy with AIDS. Are you crazy?"
- "I don't believe Gift has HIV. He looks so healthy."
- "I feel sorry for people who got AIDS from a blood transfusion. But most other people have brought it on themselves."
- "I know you're not supposed to be able to get HIV from eating with someone, but I'm not eating any food with Dennis, especially if he has cooked it. Suppose these doctors are wrong and two years from now they find out you can get AIDS that way."
- "If we really wanted to get rid of AIDS, we'd test everybody and take everyone who was HIV positive to a deserted island."

Divide participants into groups of six (see Annex B: Participatory Facilitation Resources – Group Formation Activities for ideas).

*Explain to participants:*

In groups, you will practice being HIV and AIDS educators who are responding to inaccurate or judgmental statements about HIV and AIDS. Each member of your group will take turns reading a statement from the list above and practice responding to it as if they were a peer educator. After each response, other group members should react to the response by answering the following questions:

- What part of the statement did you react to?
- How did you feel about the AIDS educator's response?

Continue until each group member has had a chance to answer a question and ask a volunteer to respond as a peer educator.

*Facilitate a discussion with the following questions:*

- What was this activity like for you?
- Which statements were challenging to respond to? Which statements made you angry? Embarrassed? Confused?
- Did any of the statements try to make other people angry or embarrassed? If not, why would people say these kinds of things?
- What kind of statements about HIV or AIDS do you hear from your friends and acquaintances? How will you respond to these statements?

INSERT 2 BOXES—1 FOR EACH OPTIONAL ACTIVITY, SO THAT FACILITATORS CAN MORE EASILY DISTINGUISH THEM FROM THE REGULAR PARTS OF THE LESSON

**WRAP-UP (15 MINUTES)**

*Read the following scenario:*

**Tamanda's Story**

When Tamanda's parents died, she thought that they may have died of AIDS. She was very worried that she may also be infected. She talked to her teacher who advised her to go for a HIV test and learnt that she was HIV-positive. She mentioned it to her friends in school hoping that they would sympathize but instead they ignored her and despised her. Most of the times she was alone with nobody to talk to because all her friends fled and nobody liked her company anymore. Her teacher noticed and talked to Tamanda, she later took Tamanda and her siblings to the health center to join a Teen Club, where they received counseling and medication, made new friends, and got support in thinking about their future, education, careers, dating and relationships.

Find a volunteer to come to the front of the room to play the role of Tamanda.

*Instruct the rest of the participants:*

The rest of you will take turns playing, visiting, and talking to Tamanda to offer her support. Tell her some practical things she can do, and comfort her. Remember to treat her as you would like to be treated if you were in her situation.

Take a few minutes to have participants practice encouraging Tamanda. Make sure at least 5 different participants have shared before moving on.

*Then, ask Tamanda:*

How did you feel getting support from the people around you?

(Her responses could include: relieved, powerful, understood, etc.)

What made you feel that way?

*Ask all participants:*

How did you feel when you or others encouraged her?

This was an example of someone being treated badly by her family because of her HIV status and feeling rejected by the community. Can you think of other circumstances that may cause someone to be rejected by the community?

After a few moments of discussion, ask participants to summarize what they have learned in the session today. Fill in any key points they miss.

**Key Message:** HIV and AIDS are incurable and affect millions of people worldwide. Not practicing risky behaviors protects you from HIV and AIDS.

## PRACTICE ACTIVITY

Participants should discuss with a friend about what puts someone at risk for HIV and how those risks can be avoided.

## CLOSING

Ask for any final questions or comments. Remind participants where and when the next meeting will take place, and what topics will be discussed.

Thank them for their participation.

*Facilitators general comment box about the session:*

What went well?

What could be improved?

## LESSON 23: HIV TESTING AND COUNSELLING

### SESSION DESCRIPTION

Participants learn about HIV Testing and Counseling, and the importance of getting tested and talking to partners about testing.

### OBJECTIVES

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

- Define HIV Testing and Counseling (HTC)
- Explain why people should be tested for HIV
- Explain the HTC process
- Explain what it means to test positive and to test negative
- Define the window period

### TIME

1 HOUR, 20 MINUTES

- Icebreaker (5 minutes)
- Review (5 minutes)
- Define HIV Testing and Counseling (10 minutes)
- Why Should People Be Tested for HIV? (25 minutes)
- Barriers and Facilitators to HIV Testing (30 minutes)
- Wrap-up (5 minutes)
- Practice Activity

### MATERIALS

- Chalkboard and chalk (if available)
- Training aid “Equipment Used During HIV Testing” (Annex C)

### PRE-SESSION PREPARATION

- Read through the entire session and, if necessary, practice presenting the activities
- Prepare all materials needed for the session
- Identify the nearest HTC center, its location, opening times and other relevant information before facilitating this session

### FACILITATOR’S NOTES

A person cannot tell by looking at their body if they have HIV. A person cannot judge whether other people are infected by looking at them. Even when people have AIDS – they have been infected with HIV for a very long time and have become ill – you may not be able to know by looking at them unless you are a trained health worker. This is because most of the illnesses that come with AIDS can also come by themselves to people who do not have HIV. For example, someone can get TB whether or not they have HIV. There is only one way for a person to know if they have HIV, and that is to have a test for HIV. In Malawi, HIV testing is accompanied by counseling, which usually refers to in-depth discussions with a trained and empathetic person who can help individuals cope with their HIV status and learn how to take care of themselves. If they are not infected, the counselor can help them take steps to keep themselves HIV-free.

The test is reliable, accurate, safe and painless. The health worker takes a small amount of blood from an individual’s arm. The person tested cannot get weak from blood loss because so little blood is taken.

Depending on the type of test used, the result may be available in just 30 minutes or after a week or two. In order for an individual to know whether they are truly free from HIV, they will also be asked to come back in another 3 to 6 months for another test when the ‘window period’ is over.

The window period is the time between the moment when HIV enters your body and the moment when the test can detect HIV in the blood. Usually the test can detect HIV in the blood within 6 to 18 weeks of infection and in rare occasions, up to three years. This means that for up to several months after infection, the test may not be able to tell you whether or not you are infected. These months are the window period. During this window period, you may be infected with HIV and can infect others.

There are many reasons to get tested for HIV. If a person has had unprotected sex and is worrying constantly about HIV infection and is anxious about every spot or cough that they get, the only way to put his or her mind at ease might be to have an HIV test.

If a person has had sex with someone who has fallen sick and has heard that he or she has AIDS, then that person will also worry. Perhaps the only way for that person to put his or her mind at ease is to test. Never assume that you are infected or that you are not infected.

Always go for a test.

Physicians currently recommend HIV Testing and Counseling (HTC) to people who engage in high risk behavior including:

- Frequent sexual activity with multiple partners
- Encounters with sex workers
- Previous treatment for STIs
- Blood transfusions
- Anal sexual activity (male or female)
- Injection use
- Sexual activity with partners having any of the above
- Infants born to women with any of the above

## TERMS

### HIV Testing and Counseling (HTC)

The process by which a person can learn whether or not he or she is infected with HIV, during which the person always counseled before and after the test regardless of the results; the decision to go for testing and to receive the results is voluntary

### Window Period

The period between HIV infection and when the body produces antibodies for the HIV virus, which are used to detect HIV infection through a test.

### Antibodies

When the body's defense system (immune system) comes into contact with a disease, it produces germ fighters, called antibodies, which fight off and destroy various viruses and germs that invade the body. An antibody is found in the blood and it tells us that the person has been infected with a particular germ or virus. HIV tests look for HIV antibodies.

### Post-Exposure Prophylaxis (PEP)

A short-term medication given to a person who has been exposed to the HIV virus. This medicine reduces the chance of HIV infection after exposure, which might include risky sexual behavior or sexual abuse.

## ICEBREAKER (5 MINUTES)

Open the session with an icebreaker of your choice, or allow participants to suggest one. See Annex B: Participatory Facilitation Resources – Icebreaker Activities for ideas.

## REVIEW (5 MINUTES)

Ask participants what key points were covered in the last session (optional: throw a ball of paper around to encourage participation).

Fill in any key points that are missed.

Go over any practice activities that were given, and ask if there are any questions.

## ACTIVITY 1: DEFINE HIV TESTING AND COUNSELING (10 MINUTES)

*Pose the following question:*

Does anyone know what “HTC” is?

[HIV Testing and Counseling, testing for HIV, which involves pre- and post-test counseling, done on one’s own free will]

*Explain the following:*

HTC stands for HIV Testing and Counseling. It is the process by which a person can learn whether or not he or she is infected with HIV, the virus that causes AIDS. A person is always counseled before and after the test regardless of the results. The decision to go for testing and to receive the results is voluntary.

If someone is tested for HIV, they have to be careful that they are being tested within the ‘window period.’ If the person is tested before the window period is over, they may have HIV, but because the body has not yet produced the part of the blood called “antibodies” that show up on an HIV test, they may test negative for HIV, which is called a false negative. That is why it is important to know about the window period.

If the test is negative, the counselor will discuss the importance of prevention of HIV and other STIs in detail with the person in order to reduce his or her risks of infection in the future. The discussion will cover not only the methods available, but the person’s individual situation, concerns and attitudes that may influence whether or not these methods are feasible and or acceptable and will be used. The person will also be given medication called PEP which can protect them from developing HIV during the window period. It is very important to take this medication exactly to the instructions given.

Remember: Testing does not prevent you from contracting HIV, but what you do between tests does. If a person has any reason to think that he or she is at risk for HIV due to risky behaviors or is feeling symptoms, they should seek testing, even if they have been tested in the past. If a person is sexually active, they should be tested regularly for HIV to make sure that they are safe and that they are protecting their partner.

If the result is positive, the counselor will discuss with the person all of the behaviors to avoid in order that he or she avoids infecting his or her partner (or children). In addition to this, the major task for the counselor will be to offer compassion, support, and practical advice, including referral to appropriate medical services, to enable him or her to cope with stress and anxiety and to make personal decisions.

Follow-up sessions to ensure meaningful and long-term support will be necessary. One part of follow up support for a person who tests positive is special nutrition counseling. This is to help the person know how to eat the foods which will help keep their body healthy and allow the treatment to be most effective.

Show the Training Aid: Equipment Used During HIV Testing (found in Annex C) to explain the process, and answer any questions participants have about the HIV testing and counseling process.

## ACTIVITY 2: WHY SHOULD PEOPLE BE TESTED FOR HIV? (25 MINUTES)

*Pose the following question to participants:*

What are the advantages of being tested for HIV?

*[Allow participants to respond. Fill in answers if any are missing after participants have no more ideas. Possible answers include:*

- if your result is negative, you can be reassured that you were not infected three months before the test,
- some of us think we would feel better if we knew our HIV status even if the result is positive,
- if we have a family we may want to know our status so we can plan for our children's future,
- some of us want to know whether or not we have HIV because we believe that if we know that we have the virus we can make changes to our way of living which will help us preserve our health and ensure that we live longer or better lives,
- it offers opportunities for early treatment of HIV and of HIV associated infections like TB or pneumonia
- it assists infected persons to protect others from being infected and to live positively.]

Is possible, write these reasons on the chalkboard.

*Pose the following question:*

What are the disadvantages of being tested?

*[Allow participants to respond. Possible answers include:*

- learning that a person is infected with HIV can be very distressing. The degree of distress depends on how well the person is prepared for the news, how well the person is supported by family and friends, and the person's cultural and religious attitudes towards illness and death,
- a person who learns he or she is infected with HIV is likely to suffer from feelings of doubt, fear, grief, depression, denial and anxiety; the person must make a variety of changes,
- partners and family members are likely to suffer from the consequences of an HIV-positive test result as well as the infected person; regardless of their status, they are affected, and
- a person who has tested positive for HIV may be discriminated against if the information is found out.]

*Pose the following question:*

What are the benefits of HTC to the community?

*[Allow participants to respond. Fill in answers if any are missing. Possible answers include:*

- it generates feelings that things will turn out as large numbers of people test negative (about 80% of people visiting HTC centers test negative),
- it impacts community norms as regard to testing, risk reduction, discussion of HIV status,
- it reduces stigma as more people go public about being HIV positive,
- it serves as a catalyst for the development of care and support services like aid to orphans,
- it generally reduces the rate of transmission of HIV.]



### ACTIVITY 3: BARRIERS AND FACILITATORS TO HIV TESTING (30 MINUTES)

Ask participants to break into groups so there are 3-4 people per group (use Annex B: Participatory Facilitation Resources – Group Formation Activities for help forming groups if you need it).

*Tell a story:*

Tiwonge walks out of the house and stands in the sunlight that fills the yard of their compound.

Tiwonge has a lot on her mind, and it shows on her face. She has been having sex with a new boyfriend, Felix, who is more experienced than she is. But now she has a painful STI and is also worried that she might have HIV. She is getting very down and depressed and doesn't know who to talk to about it.

Hannah, Tiwonge's friend is walking down the road when she sees Tiwonge in front of her house, standing and thinking.

*Say:*

In your groups, we are going to discuss some questions about going for HIV testing.

- a) Discuss what makes it easier for adolescent girls and young women like Tiwonge and Hannah to test for HIV. What can be done to promote these factors?
- b) Discuss the factors that would make it difficult for Tiwonge to test for HIV. What can be done to address these difficulties?

In both questions, consider internal and external forces such as how one feels and the family, friends or culture, quality of services, confidentiality or distance to a health facility.

- c) If there was one thing (or two) that would help Tiwonge or other adolescent girls and young women to test for HIV, what would you recommend?

As you talk about the questions, each group should come up with a creative way to present one barrier to testing, and how to overcome that barrier, as well as one thing that would help girls to test for HIV to the larger group.

Give the groups about 20 minutes and then ask them to return to the larger group and present one barrier (challenge) and one thing that would help girls to test for HIV to the group.

Allow participants to ask questions and lead a discussion around the presentations. Some questions to guide the discussion are:

- Do you feel that you can overcome some of the barriers to HIV testing?
- What would make you want to test for HIV?
- Do you feel supported to test for HIV?

### WRAP-UP (5 MINUTES)

Ask participants to summarize what they have learned. Fill in any key points they miss.

**Key Message:** It is important for a person and their partner to get tested for HIV so that the necessary steps can be made to plan for the future. By getting an HIV test and encouraging others to also test, it helps to reduce the fear that many people have. Testing for HIV is an important step to take in leading a healthy life.

Let participants know which health facilities or HTC centers in their community offer HIV testing and counseling.

#### PRACTICE ACTIVITY

This week, participants should explain in their own words why it is important to be tested for HIV to a friend.

#### CLOSING

Ask for any final questions or comments. Remind participants where and when the next meeting will take place, and what topics will be discussed.

Thank them for their participation.

#### *Facilitators general comment box about the session:*

What went well?

What could be improved?

# MODULE 5: STAYING SAFE AND STRONG

## LESSON 24: WHY SAVE?

### SESSION DESCRIPTION:

Participants discuss the importance of saving money, deciding their own priorities and reasons to save money, and how setting aside money can help them to reach their goals and plan for the future.

### OBJECTIVES:

By the end of the session, girls will have

- Recited the Key Steps for Savings.
- Identified and compared the savings goals of adults and young people.
- Determined their own savings priorities.

### TIME

1 HOUR

- Icebreaker (10 minutes)
- Review (5 minutes)
- The Key Steps for Saving (15 minutes)
- Why do we save? Pass the “ball” (10 minutes)
- Many reasons to save: What are your priorities? (15 minutes)
- Wrap Up (5 minutes)
- Practice Activity

### MATERIALS

- Soft ball or rolled up sock that can be easily tossed among the participants
- “Key Steps for Saving” visual aid

### PRE-SESSION PREPARATION:

- Read through the entire session and, if necessary, practice presenting the activities
- Prepare all materials needed for the session
  - For Activity 1, draw a map of the community. Try to do it in a creative way. It does not have to be a literal map of the community but can be a representation through symbols, such as a town represented as a flower with different petals.

### FACILITATOR’S NOTES

Saving money is an important practice for everyone, whether they have a lot of money or have a small amount. Saving money should be part of every person’s life, so that they can prepare for the future and be more able to handle emergencies.

Malawi’s Ministry of Education does not encourage participation in savings groups or intense income generating activities for youth who are in school, because the benefits of staying in school are greater than starting to work at an early age. This lesson, however, is for youth and adults of all ages. This lesson is about why saving money is important, whether it is done in a savings group or not. If a girl gets a few kwacha at a time for small jobs around the house, she can still practice setting some of it apart to save for the future, maybe even for school fees.

If there are many participants in your group who are not in school, consider finding out where there are savings groups in your community. You can connect participants to existing groups if they are interested in

joining. You may also consider inviting a successful businesswoman from the community to come and share her experiences with participants during this session.

## TERMS

### Saving

Putting money aside for future use.

### Expenses

Money out—this can be money spent for any purpose.

### Goal

Something someone wants to achieve in the future—perhaps in school, perhaps related to family, perhaps related to work. A goal might be to visit a relative who lives in another place, or to learn a new skill, like sewing or typing.

- Short-term goal: A goal that can be achieved in a relatively short period of time, such as 1–2 months.
- Long-term goal: A goal that will take a long period of time to achieve, like 1–2 years.

### Income

Money in—this could be regular or irregular, from a job, or even a gift

### Needs

A basic necessity that you cannot live without—like food, water, and a place to live.

### Wants

Something that is desired, but not necessary for daily survival—such as sweets, makeup, hair extensions, etc.

## ICEBREAKER (10 MINUTES)

Open the session with an icebreaker of your choice, or allow participants to suggest one. See Annex B: Participatory Facilitation Resources – Icebreaker Activities for ideas.

## REVIEW (5 MINUTES)

Ask participants what key points were covered in the last session (optional: throw a ball of paper around to encourage participation). Make sure to ask participants for a few reasons why testing for HIV is important.

Fill in any key points that are missed.

Go over any practice activities that were given, and ask if there are any questions.

## ACTIVITY 1: THE KEY STEPS FOR SAVING (15 MINUTES)

*Facilitator note: make sure to prepare a map of the community in advance (see “Pre-Session Preparation” for more information)*

*Say:*

Today our goal is to learn one important way of managing our money. We will start by talking about putting money aside because it is the key to being wise about money. We call “putting money aside” saving. So let’s start with a short activity to find out a little more about what managing money really means.

*(Note to Trainer: For the game below, make sure to keep the group moving. If you stop to discuss each statement, the time needed for the activity will increase greatly. Keep the group moving to keep the energy of the game!)*

*Explain:*

I am going to say a series of statements and ask you to stand up for each one that is true for you. Stand up if you:

- Walked here today
- Are wearing green
- Have never saved money before
- Like to spend money
- Know how much you spent on food last week
- Wish you had more money
- Are saving for something specific you want
- Think saving is important
- Think saving money is difficult

*Ask:*

For those of you who think that saving is important, why do you think so?

[Helps you use your money better, helps you depend less on other people, makes you feel secure when you have a problem and need money, helps you to plan for the future and achieve those plans.]

Why is saving money difficult?

[Do not have regular income, do not have any extra money, give any leftover money to parents for household expenses, spend extra money on things like sweets or make-up, do not have a safe place to keep money aside.]

What would make you want to save money?

[Take care of personal needs/wants, avoid depending on other people, be able to make own decisions, help out family in household needs.]

What would make you not want to save money?

[It is not safe to save, you can lose your money, money is too little to save, don't know how to save.]

*Explain:*

Managing money involves all these things:

- saving money
- spending money
- planning how you will spend your money, and
- keeping track of how you spend your money.

Since most of us do not have enough money to pay for everything we need and want, we have to make choices about what we will buy and what we won't. We try to save for things we will want in the future. We figure out how to stretch our money to cover the necessary expenses we face. It can be hard.

Show the "Key Steps for Savings Chart" or refer to sample on the next page.

*Explain:*

There are some things we can do to help us save.

As you state the four key steps below, assign each one to a group of girls, so that every girl has an assigned Step. Then, later, when you want to review the Steps, you can ask girls to recite them back! If you have extra time for the lesson, you can invite girls to make up hand signals or a dance to help them remember each of the steps.

#### KEY STEPS FOR SAVINGS

1. Choose a Goal
2. Make a Plan
3. Save Regularly
4. Store Your Savings in a Safe Place

#### ACTIVITY 2: WHY DO WE SAVE? PASS THE "BALL" (10 MINUTES)

Ask participants to stand and form a circle.

First, explain how "pass the ball" works. You (the leader) will say a sentence that is unfinished and throw the "ball" (ball of string, rolled up sock, or balled up paper) to someone in the circle. That girl has to repeat the beginning part of the sentence you have started and "answer" it, or complete the sentence.

*For example:*

**Facilitator/ Mentor:** Girls my age save money to \_\_\_\_\_.

**Girl:** Girls my age save money to buy a new shirt.

After answering, the first girl will toss the ball to another girl in the circle who has to repeat the same sentence beginning and provide her own ending.

This activity will be done in three rounds with the following three sentences. You decide when to move on to the next sentence. When the participants start to appear bored or tired with one sentence, move on to the next. You do not need to wait until everyone has provided an ending to each sentence. It is better to keep things moving at a lively pace!

*Use the following three sentences:*

Girls my age save to \_\_\_\_\_.

Boys my age save to \_\_\_\_\_.

Adults often save to \_\_\_\_\_.

After the three rounds, summarize what you have heard. Highlight the differences and similarities between what girls, boys, and adults save for.

### ACTIVITY 3: MANY REASONS TO SAVE: WHAT ARE YOUR PRIORITIES? (15 MINUTES)

#### *Explain:*

You have named many different reasons to save. Any of these reasons could become a goal for saving. Most of these things we listed will relate to one of the following “main reasons” (or “categories”) for saving.

1. The first main reason is: ***personal or family use***, which can include food, clothes, rent, or snacks. What are other examples of “personal or family use”?

[Hair maintenance, sanitary towels, lotion, gas for lights, jump rope for exercise, etc.]

2. The second main reason is: ***emergencies***, those unexpected events that we need to deal with right away. Some examples are illness, accidents, or natural disasters. What other emergencies can we save for?

[theft, fire, parent loses a job, poor harvest, etc.]

3. The third main reason is: ***future opportunities***, like those ideas some of you have for the future. We can save to meet these goals. We might save money for school fees, to get training in a skill or trade, to start a backyard garden in the next planting season, to move into our own house/room, or to start a business.

What other future opportunities can we save for?

[Education, wedding, training or skills school, children’s educations, a house or land, a lump sum of money to start a business, etc.]

#### *Action:*

While participants are still standing, assign a place for each of these three main reasons (if you are inside, you can use a corner, the door, a window; if you are outside, select or mark three distinct spots—for example, near a tree, bush or rock—close by). When you have pointed out the three places:

#### *Say:*

Your job is to decide which of these main reasons, or “categories” of reasons to save is the highest priority for you. Choose one, and go stand in the location assigned the category you have selected as your most important reason to save. You have 15 seconds to make your choice and move!

Once everyone has moved to the place that marks the savings category of their choice,

#### *Say:*

Now, spend two minutes sharing with the others who have chosen the same priority why you think this reason to save is the most important.

(Note: If all the girls move to one or two of the categories, you will have to ask for volunteers to “choose” the one that has not been selected and ask them to move to the spot that does not have enough people.)

Select a volunteer from each group to explain to everyone why they chose the category they did.

*Ask the other two groups:*

Do you agree? Why or why not?

Start a discussion—but don't let it become a shouting match or fight. Make sure that each group has an opportunity to explain why their selected category is a high priority. When the discussion is over, ask participants to sit down.

*Explain:*

You might have guessed by now that there is no wrong answer for which of these categories is the most important. They are all good reasons to save, and the importance depends on the individual's or family's needs and wants. The level of importance might also change over time. But in reality it can be difficult to save for all three. Sometimes you have to decide what is most important to you.

*Ask:*

What happens when a girl needs money for these things, like personal needs or to deal with an emergency, but she does not have money of her own?

Listen to girls' answers to the question. The answers can vary widely from not buying items/going hungry to do work to earn money to getting money from other people.

When they are done,

*Explain the following:*

Sometimes when girls need money to buy personal items, help their family with food or rent, or manage an emergency that might come up, if they do not have their own money saved up that they can use, they find other ways to get that money. A lot of times, that means going to different men to ask for money. Depending on men for money can lead to situations where the men expect sex in return, whether right then and there, or at a later time. This can be a risky situation for your health and your safety since it might be hard to say no when you feel like you owe the person something. So, one important reason to save is that when these needs come up—personal items, future use, or emergencies—you have your own money to use instead of putting yourself in a potentially risky situation to get money. We will talk more about keeping ourselves safe in the coming sessions.

WRAP-UP (5 MINUTES)

*Ask:*

What are some safe places that a girl could store the money that she saves?

What makes a place safe for storing your savings?

Let a few participants respond and discuss their ideas.



*Ask group:*

Ask participants to summarize what they have learned. Fill in any key points they miss. Make sure that they mention the Key Steps for Saving: Choose a Goal, Make a Plan, Save, and Store in a Safe Place.

**Key Message:** Setting aside money for our different needs and priorities is an important part of reaching our goals!

*Ask:*

What did you learn today that will help you in the coming week?

### PRACTICE ACTIVITY

Ask girls to share what they have learned with their mother or another guardian, and decide on a goal of something that they want to put aside money (save) for.

### CLOSING

Ask for any final questions or comments. Remind participants where and when the next meeting will take place, and what topics will be discussed.

Thank them for their participation.

*Facilitators general comment box about the session:*

What went well?

What could be improved?

## LESSON 25: UNDERSTANDING POWER

### SESSION DESCRIPTION

Participants learn about power, the different types, and discuss how girls can go from being powerless to powerful.

### OBJECTIVES

At the end of the session participants will be able to:

- Know the concept of power and the statues of power
- Understand that there are different types of power and that they are used differently
- Explore personal experiences with power and powerlessness

### TIME

1 HOUR, 45 MINUTES

- Icebreaker (5 minutes)
- Review (5 minutes)
- Activity 1: Power (40 minutes)
- Activity 2: Feeling Powerful and Powerless (45 minutes)
- Wrap-up (10 minutes)
- Practice Activity

### MATERIALS

- Chalkboard and chalk (if available)

### PRE-SESSION PREPARATION

- Read through the entire session and, if necessary, practice presenting the activities
- Prepare all materials needed for the session

### FACILITATOR'S NOTES

Power is having control, authority or influence. It can only exist in relation to other people and is something you don't always have. Having power is being able to have access to and control over resources and to be able to control decision-making. When people have power, they usually feel like they are in control and feel good. Conversely, when they feel powerless, they often feel out of control and may have negative emotions.

This lesson comes before lessons on sensitive topics of abuse and violence. Participants likely experience many different power dynamics in their lives from social, cultural, physical, and gender issues. This lesson is meant to help participants understand these types of power, and to understand the power they have within themselves and with each other to see positive things happen in their lives, families, communities, and nation.

### TERMS

Power

Having control, authority or influence

Power To

The belief, energy and actions that individuals and groups use to create positive change

Power Within

The strength that arises from inside an individual when s/he recognizes the equal ability within all of us to positively influence our own lives and community.

### Power With

The power felt when two or more people come together to do something that they could not do alone.

### Power Over

The power that one person or group uses to control another person or group

## ICEBREAKER (5 MINUTES)

Ask a participant to facilitate any song or game. Use “Annex B: Participatory Facilitation Resources – Icebreaker Activities” for an idea if you need one.

## REVIEW (5 MINUTES)

Ask participants what key points were covered in the last session (optional: throw a ball of paper around to encourage participation).

Fill in any key points that are missed.

Go over any practice activities that were given, and ask if there are any questions.

## ACTIVITY 1: POWER (40 MINUTES)

*Say:*

This week’s session will focus on power and the effect that it has on people. The session will also look at the different types of power and the consequences of the different types of power on girls.

Have participants brainstorm their understanding of the term power. After the brainstorming exercise, clarify the meaning of power.

*Explain:*

Power is having control, authority or influence. It can only exist in relation to other people and is something you don’t always have. Having power is being able to have access to and control over resources and to be able to control decision-making. When people have power—they usually feel like they are in control and feel good. Conversely, when they feel powerless—they often feel out of control and may have negative emotions.

*Say:*

There are 4 types of power.

**Power to**—is the belief, energy and actions that individuals and groups use to create positive change. ‘Power to’ is when individuals proactively work to ensure that all community members enjoy the full spectrum of human rights, and are able to achieve their full potential. Examples of *power to* include providing citizen education, leadership development



and empowerment. It can also include teaching others about healthy foods and avoiding anemia.

**Power Within**—is the strength that arises from inside an individual when s/he recognizes the equal ability within all of us to positively influence our own lives and community. By discovering the positive power within ourselves, we are compelled to address the negative uses of power that create injustice in our communities.



**Power with**—means the power felt when two or more people come together to do something that they could not do alone. Power with includes joining our power with individuals as well as groups to respond to injustice with positive energy and support. Examples of power with are collective strength, promoting equitable relations, solidarity and collaboration, or challenging customs and beliefs that impact the foods that adolescent girls can eat.



**Power over**—means the power that one person or group uses to control another person or group. This control might come from direct violence or more indirectly, from the community beliefs and practices that position men as superior to women. Using one's power over another is injustice. Examples of power over include inequality, injustice, force and coercion.



Ask participants to count off numbers 1–4 and have the participants form four groups based on their numbers.

*Say:*

Each group will be assigned one of these powers to talk about. As a group, come up with either a sculpture (image) or a short role play portraying the different types of power.

Group 1 will present on “Power to”.

Group 2 will present on “Power within”.

Group 3 will present on “Power with”.

Group 3 will present on “Power over”.

As guidance for preparation, tell groups to think about 5 questions to answer as they tell the story through their role play:

- **What** is happening in the role plays?
- **Where** is it happening?
- **When** is it happening?
- **Why** is it happening?
- **Who** is involved?

After they have rehearsed, let the groups come together and showcase their activity.

*After each group has portrayed their role play or sculpture ask the following questions:*

- What is happening in the activity?
- What kind of power is being portrayed?
- What are the other kinds of behaviors or actions that depict this kind of power?
- What are the positive or negative effects of this kind of power on girls?

*After participants show the power **within** activity, ask the following questions:*

- Why is it important for girls and women to have power within?
- How can you develop your own power within?

*After all of the presentations and discussion, say:*

Power can be used positively and negatively. We all have power within us, even if at times we don’t realize it. Using our power over someone else is an abuse of that person’s rights. We can join our power with others to give support.

We all have power to do something, to act.

## ACTIVITY 2: FEELING POWERFUL AND POWERLESS (45 MINUTES)

Draw a line in the middle of a chalkboard so that it divides the paper in half long ways. Let participants sit/stand around the chalkboard in a U-shape and ask for one volunteer to be writing down what will be discussed. If there is not a chalkboard where you are meeting, continue without writing the responses down.

*Say:*

Close your eyes for a minute and think about a time when you felt powerless.

*Give participants a minute or two to think, and then say:*

Now, think about a time that you felt powerful.

*After a few minutes have them open their eyes again and say:*

Would anyone be willing to share some of their experiences in feeling powerless?

The note taker should write these situations down on one side of the chalkboard with a heading saying “Powerless”. Keep going until there are no more volunteers to share their situations where they were powerless.

*Then, ask:*

Now, who will share about some of the times that you have felt powerful?

Again, the note taker should write these on the other side of the chalkboard with a heading of “Powerful”.

*After the list for both has been created, say:*

Now, we will get into pairs and pick one of the situations that we listed to do a role play. Half of the pairs should do powerless situations and half the pairs choose powerful situations.

Give them time to rehearse and remind them of the same questions they used for their last role play:

- **What** is happening in the role plays?
- **Where** is it happening?
- **When** is it happening?
- **Why** is it happening?
- **Who** is involved?

Let the participants then showcase their role plays.

*After each role play ask the following reflection questions:*

- How did you feel being in a powerless situation?
- How did you feel being in a powerful situation? Why is being in a powerless situation dangerous for girls?
- How can assertiveness help girls shift from powerlessness to being powerful?
- Why do we need power?

### WRAP-UP (10 MINUTES)

Ask participants to do the Tabwera kutola mtedza activity. Encourage the participants to portray different types of power as they are performing out the activity.

*Ask:*

What are the different types of power experienced in this activity?

Ask participants to summarize what they have learned. Fill in any key points they miss.

**Key Message:** It is important for us to understand power, and to know the power that is within each one of us! This can help us to make good decisions and live a healthier life.

## PRACTICE ACTIVITY

This week, participants should reflect about how they intend to achieve power within as a way of empowering themselves.

## CLOSING

Ask for any final questions or comments. Remind participants where and when the next meeting will take place, and what topics will be discussed.

Thank them for their participation.

### *Facilitators general comment box about the session:*

What went well?

What could be improved?

## LESSON 26: RELATIONSHIPS WITH MALE PARTNERS

### SESSION DESCRIPTION

Participants discuss the kinds of relationships between men and women, and use a story to understand the risks and challenges specific to relationships with older men.

### OBJECTIVES

At the end of the session participants will be able to:

- Distinguish the different types of relationships girls/women have with boys/men
- Understand how sexual relationships can put girls at risk and make them vulnerable
- Reflect on the effects of sexual relationships with older men

### TIME

1 HOUR 20 MINUTES

- Icebreaker (5 minutes)
- Review (5 minutes)
- Activity 1: Identifying Relationships Between Male and Females (10 minutes)
- Activity 2: Typical Sexual Relationships (40 minutes)
- Activity 3: Reflecting on Intergenerational Relationships (15 minutes)
- Wrap-up (5 minutes)
- Practice Activity

### MATERIALS

- Chalkboard and chalk (if available)

### PRE-SESSION PREPARATION

- Read through the entire session and, if necessary, practice presenting the activities
- Prepare all materials needed for the session

### FACILITATOR'S NOTES

BEFORE BEGINNING THIS SESSION, BRIEF PARTICIPANTS ON THE SENSITIVE NATURE OF THE ISSUES DISCUSSED IN THIS SECTION. REMIND THEM THAT YOU ARE AVAILABLE TO DISCUSS ANY QUESTIONS, COMMENTS, OR ISSUES THAT MAY ARISE IN PRIVATE IF THEY PREFER.

In this session, participants will discuss different kinds of relationships that exist among males and females, especially sexual relationships. Create a safe environment where participants can share their thoughts and know they will not be criticized, judged, or that their comments will be taken outside of the group. This session is meant to stir conversation and thought as participants consider the risks and challenges of different types of relationships so that they can make the right decisions for their own lives.

### TERMS

#### Defilement

Sex with a person who the law defines as too young to legally consent, regardless of whether or not they consented (girls younger than 16)

#### Exploitation

Using a situation to your own advantage without concern about how the other person feels; sometimes achieved by using force, pressure or tricks



### ICEBREAKER (5 MINUTES)

Ask one participant to initiate any song or game. Use “Annex B: Participatory Facilitation Resources – Icebreaker Activities” for an idea if you need one.

### REVIEW (5 MINUTES)

Ask two volunteers to share how they have used the different types of power since the last session.

*After two people reply, ask:*

Do you know someone who has ever used power over you? How did you feel about that?

*Say:*

In this week’s session, we will be looking at the different types of relationships that exist between males and females. The session will focus on the sexual relationships and how some unhealthy sexual relationships may put girls at risk.

### ACTIVITY 1: IDENTIFYING RELATIONSHIPS BETWEEN MALE AND FEMALES (10 MINUTES)

Divide the group into four small groups. Use “Annex B: Participatory Facilitation Resources – Group Formation Activities” for help if you need it.

*Say:*

In your groups, brainstorm the different kinds of relationships that exist between males and females. You should also discuss the expectations in each type of relationship for it to be successful.

Make sure that the types of relationships that participants come up with are at least classified as follows:

- Friendships
- Sexual Relationships
- Romantic Relationships
- Family Relationships
- Work or school relationship

Keep checking on participants’ discussions so that they do not go off track.

After their discussions, participants should present their discussions to the whole group.

### ACTIVITY 2: TYPICAL SEXUAL RELATIONSHIPS (40 MINUTES)

Have participants stand and make a circle.

*Ask the following question:*

Of the girls that you know who have had sex, which are the more common types of people that are their sexual partners?

Make sure that they do not mention any names. The answers could include boys of their age, older men, teachers, business men, etc.

List down all the answers on the chalkboard, if available.

Divide the participants into 3 small groups labeled A, B, & C.

*Say:*

As a group, rank the three most common types of people that girls in your area have had sex with.

This may lead to a discussion which is fine, but make sure that the discussion moves forward and does not stall.

*Say:*

In your groups, participants should discuss the following:

**Group A**—Why do girls have sexual relationships with the type of persons who ranked #1?

**Group B**—Why do girls have sexual relationships with the type of persons who ranked #2?

**Group C**—Why do girls have sexual relationships with the type of persons who ranked #3?

After their small group work, each group should present their ideas to the whole group.

*After the presentations, lead a discussion based on the following reflection questions:*

- What influences girls to be involved in such kind of relationships?
- How do such relationships put girls at risk of having unintended pregnancies or contracting STIs?
- How do social/ cultural/ gender expectations influence girls to be involved in such kind of relationships?
- How do gender expectations make girls fail to refuse such kind of relationships?
- How do gender expectations influence boys/ men to pursue girls into such kind of relationships?

### ACTIVITY 3: REFLECTING ON INTERGENERATIONAL RELATIONSHIPS (15 MINUTES)

Make sure girls are back in the circle before continuing.

*Read the following story to the participants:*

#### Mizozi's Story

My name is Misozi Phoka and I live with my mother and two younger sisters in Chikale. When this all began for me, I was doing Form One at the Chikamveka CDSS.

One day while on school holiday, I met a young man at Mthandizi Trading Center by the name of Kondwani. He was handsome and had a nice car. Kondwani worked for a big company in Chikale, so he travelled a lot. When we first got to know each other, Kondwani visited me at school and gave me sweets, chocolates, and even a cell phone. I felt that he was serious about me, and all my friends were jealous. Over time, our relationship developed. Kondwani was 27 years old, and I was 16 years old.

We discussed our age difference, but Kondwani told me not to worry. He said that he would wait for me to finish school before we had sex, and by then I would be old enough. I did not tell my parents that I had a boyfriend. They believed that I was too young to be in a relationship. Rather than being honest with them, I lied to my parents and said that I was going to school, but instead Kondwani took me to his house. After about three months, we started having sex and did not use a condom. Even though we had agreed to have sex only after I finished school, one day it just ended up happening. I felt afraid that if I asked why we had broken our agreement, then the relationship would end and he would be angry. I loved him very much and wanted to stay with him. I trusted him, and he made most of the decisions.

We did not always use condoms, because Kondwani said that the primary sperm were strong and had the potential to make me pregnant and that the secondary sperm were weaker and could not make me pregnant. So, I was ignorant and did not have much information about sex. What I knew was from my own understanding and from talking to friends.

I thought the relationship would end if I refused to sleep with him. Often, when we girls talk together, we say that if you refuse to sleep with your boyfriend, he will leave you and then you will not get all the goodies. Although I loved Kondwani, I was suspicious that he had other affairs. I did not ask him or anyone else about it to confirm my suspicion, though. I have regrets now. Perhaps if I had asked his friends about him back then, they would have told me the truth.

When I was in Form Four, Kondwani asked me for my hand in marriage. I had to tell my mother that I had a boyfriend, which was very difficult. We sat down and discussed the proposal. I decided that I wanted to continue my studies. I turned him down and explained that I wanted to finish school. Because of this, Kondwani ended our relationship. Two months after our relationship ended, he called and told me that he had married another woman. I suspected he saw other women while we were together, because I do not think that it is possible to meet someone and marry them within two months.

After finishing Form Four, I pursued a course in travel and tourism, but I started getting sick persistently. Initially, I thought it was just a series of illnesses. I had a persistent cough, and I went to the clinic and got treatment. Eventually, I decided to go for an HIV test and was found to be HIV positive. I was depressed for three months.

Now, I work as a peer educator for youth. I talk to young people about abstaining from sex, using condoms, and getting tested for HIV. I use myself as an example of positive living. I take my medication and take good care of my overall health. I also talk to young women directly

about getting carried away by gifts from men, saying that it is better to refuse them. I advise other young women that if they are asked out by a guy, especially an older guy, they should not rush into it. They will end up regretting it.

I have now shared my story in many settings, including my church and many youth gatherings. My story has affected many people's lives, including my own uncle and aunt. They got tested, found out that they are both HIV positive, and now take antiretroviral drugs. My own father says he has been profoundly affected by my experience.

My father says, "My message to other parents is that we need to talk to children rather than threaten them. What makes me proud is that Misozi has a job teaching her peers, the young people of Malawi, about HIV and AIDS. That really makes me proud. She has a boyfriend, and they both know each other's HIV status. She hopes to get married and have a child one day, so she can be a parent, too."

*After reading the story, let participants reflect on the following questions:*

If you were Misozi, what would you have done differently?

(The participants will have to act out their answers instead of just saying them out).

After reading Misozi's story, take the participants through the story again as a role play by going through each paragraph. Identify two volunteers as Misozi and Kondwani, let them take centre stage.

- When you reach a point where the participants feel Misozi could have done something differently, they should be allowed to go and do a touch tag to Misozi and act out their idea.
- After you have exhausted all the possible answers in all the paragraphs you can proceed with the discussion.

*Ask:*

The aim of the touch tag in this story is to change Misozi's fate. Could it have been avoided?

How do such relationships with older men make girls fail to achieve their own goals?

*Emphasize to the participants that:*

Relationships between older men and younger women or vice versa can form for many reasons, but they often involve the exchange of money and material goods. Young women are more at risk of HIV infection in such relationships, because older men are more likely to have had many sexual partners and are more likely to be infected with HIV. Traditional norms around age and gender make it difficult for young women to refuse these relationships, to refuse sex, and to negotiate condom use.

Societal expectations may pressure men to have multiple partners and to seek out younger girls, in particular for sexual relationships. The risk for contracting HIV is high in relationships where couples are of different ages, even when the age difference is as little as five years.

## WRAP-UP (5 MINUTES)

Ask participants to summarize what they have learned. Fill in any key points they miss.

**Key Message:** There are many kinds of relationships between men and women. It is important to know and use your “power within” to make good decisions about these relationships in order to protect yourself and be able to reach your goals.

## PRACTICE ACTIVITY

Ask participants to consider the risks of sexual relationships between girls and older men, and to discuss it with a mother, sister, or auntie during the week.

## CLOSING

Ask for any final questions or comments. Remind participants where and when the next meeting will take place, and what topics will be discussed.

Thank them for their participation.

*Facilitators general comment box about the session:*

What went well?

What could be improved?

## LESSON 27: GENDER-BASED VIOLENCE

### SESSION DESCRIPTION

Participants learn about Gender-Based Violence, the effects of violence, and think about how to get help and what they would do in uncomfortable situations.

### OBJECTIVES:

At the end of the session participants will be able to:

- Understand the effects of violence against girls and women
- Know where to report violence against girls and women
- Learn where to go for help and support

### TIME

1 HOUR 45 MINUTES

- Icebreaker (5 minutes)
- Review (10 minutes)
- Activity 1: Abuse and Violence (30 minutes)
- Activity 2: Effects of Violence (30 minutes)
- Activity 3: Where to Go for Help (25 minutes)
- Wrap-up (5 minutes)
- Practice Activity

### MATERIALS

- Chalkboard and chalk, if available
- A list of services for women who have been abused and steps girls and women can take to report abuse

### PRE-SESSION PREPARATION

- Read through the entire session and, if necessary, practice presenting the activities
- Prepare all materials needed for the session

### FACILITATOR'S NOTES

Before beginning this session, brief participants on the sensitive nature of the issues discussed in this section. Remind them that you are available to discuss any questions, comments, or issues that may arise in private if they prefer. Also remind them of the local contacts you collected relevant to gender-based violence in Session 2: Community Resources.

Gender-based violence (GBV) is violence involving men and women. Both women and men can be survivors of this type of violence, but women are usually most affected by it due to the unequal power relationships between men and women. GBV is directed specifically against a woman because she is a woman, or affects women disproportionately. In fact, the term is often used interchangeably with “violence against women”, as it emphasizes the relationship between females’ subordinate status in society and their increased vulnerability to violence. It includes, but is not limited to, physical, sexual and psychological harm including intimidation, suffering, coercion, and/or deprivation of liberty within the family, or within the general community. It also includes violence which is perpetrated or condoned by the state.

For many young people, sex is not a choice. Rape happens when a person is forced to have sex without giving permission. Defilement happens when sex occurs with a person who is younger than the age of 16 (according to Malawi Penal Code Section 138(1)). Date (or acquaintance) rape refers to rape that occurs between individuals who are dating or who know each other. Some adolescents are forced to have sexual relations; feel pressured to have sex in exchange for good grades or pocket money; are assaulted if they refuse to have sex; or sell sex in order to survive.

Every adolescent should know that his or her sexual organs are private and personal property. Nobody should touch them without permission.

Some sexual abuse is committed by family members or acquaintances. Often young children are the target of incest (a young person may be forced to touch, kiss, or feel the sex organs, or have actual sexual intercourse with a relative). Because of the older person's position in the family, he or she may be able to pressure the child into doing sexual things without actually having to use force. These crimes, including rape, are the fault of the perpetrator or older person and not the fault of the survivor or child.

Violence against women can also speed up the onset of AIDS for HIV positive women as it places physical, emotional and economic stress on the woman. In order to prevent HIV infection among women the power imbalance between women and men must also be addressed (see lesson 25). Be sure that all participants know where someone can go for help and where to report violence.

Some of the places where one can go to report abuse cases include:

1. The Victim Support Unit (Police).
2. Local organizations i.e YONECO.
3. Community gatekeepers i.e child protection committee, mother groups, youth leaders, chiefs, T/A etc.
4. School authorities.

For girls and women, the short-and long-term consequences of sexual violence can be physically and emotionally damaging. Because of the sexual nature of rape crimes, survivors often suffer from serious mental issues.

This is especially true in societies with strong sexual customs and taboos.

If someone is raped and reports it to you, encourage them to go to a hospital or health center. At the hospital they will have a medical evaluation and attention to any injuries, counseling support for the survivor and her family, treatment to prevent infection with HIV, pregnancy, and other sexually transmitted infections. Referrals to other services may be required.

Be aware that one or more of your participants may have been raped or molested. If a participant becomes upset during this discussion, you may want to speak quietly to that person and make plans to talk privately at a later time. You may want to find local resources (police, spiritual leaders etc.) for survivors of rape (address and phone numbers) prior to presenting this topic. If a girl has been recently raped they can visit the nearest health facility to obtain emergency contraceptives to prevent pregnancy within 72 hours (3 days) or to receive post exposure prophylaxis (PEP) to reduce the risk of HIV infection. See Annex A: Additional Topical Information – Emergency Contraception for more information.

## TERMS

### Consent

Give permission or agreement for something to happen

### Date Rape

Rape between individuals who are dating or know each other; also called acquaintance rape

### Defilement

Sex with a person who the law defines as too young to legally consent, regardless of whether or not they consented (girls younger than 16)

### Exploitation

Using a situation to your own advantage without concern about how the other person feels; sometimes achieved by using force, pressure or tricks

### Gender

What a society or culture expects from you based on whether you are male or female (roles, behaviors, etc.)

### Gender-based violence (GBV)

Any act that results in, or is likely to result in, physical, sexual or psychological harm or suffering to someone (boy or girl) based on gender-role expectations and assumptions

### Incest

An act of two members of the same family (blood relatives) having sexual intercourse, for example a father and daughter, or a brother and sister

### Rape

A type of sexual assault usually involving sexual intercourse, which is initiated by one or more people without the other person's consent

## ICEBREAKER (5 MINUTES)

Sing any song or play a game that advocates against any form of abuse. This can be led by either a facilitator or participant.

## REVIEW (10 MINUTES)

Ask participants what key points were covered in the last session (optional: throw a ball of paper around to encourage participation).

Fill in any key points that are missed.

Ask participants to pair up with their friend/ buddy and they should share their reflections on how some of the relationship with men and boys can put them at risk of contracting HIV and other STIs? And why?

Give participants a few minutes to discuss, and ask if there are any questions before moving forward.

## ACTIVITY 1: ABUSE AND VIOLENCE (30 MINUTES)

*Say:*

Today we will be talking about the violence against women. It is important to think about the effects that this type of violence can have on an individual and throughout the community as well as knowing where someone can go for help.

*Read the definition below so that everyone is on the same page.*

*Abuse is any type of cruelty or violence against another person. Gender-based violence is a form of abuse against a specific group based on gender role expectations and assumptions.*



*Say:*

Often when this abuse is committed against a woman or man just because they are male or female, it is called gender-based violence.

Does anyone have other definitions they'd like to consider?

After giving participants an opportunity add and discuss.

*Explain:*

There are four categories of abuse and violence: emotional, economic, physical and sexual. Often people only think of physical abuse, but the others are just as important to address.

Divide the group into four, and assign each group with one of the forms of violence.

Ask the groups to brainstorm forms of violence and abuse that they have seen or heard about on their assigned category. Some examples are below if the girls get stuck.

*As an example, begin with saying to everyone:*

Many men say it is abuse when their partners do not do the domestic work at home such as cooking, ironing and cleaning. When we talk about emotional abuse, we are referring to unfair treatment.

Is it fair that only women should be expected to cook and clean when the men also eat at home?

#### BOX 1. Examples of Violence and Abuse

##### **Examples of Emotional and Psychological Abuse:**

- Insults ("You're so ugly," or "You're so useless,")
- Being put down in front of others
- Forbidding a partner to leave the yard/house or from seeing family and friends
- Wanting to know everything a partner does
- Offering no help with work in the home
- Preventing a young woman partner from speaking with other men
- Hurting something or someone she loves to punish and scare her
- Not caring about a partner's health/well-being
- Making a partner know you have other partners
- Telling a partner you don't love her
- Yelling, throwing things and threatening violence.

##### **Examples of Economic Abuse:**

- Refusing to support your child
- Taking a partner's earnings
- Not sharing the money in the home fairly
- Having to give all your earnings to a partner
- The partner not letting you decide what to spend money on

##### **Examples of Physical Violence:**

- Slapping
- Beating

- Pinching
- Hair pulling
- Threatening/attacking a partner with a weapon or locking a partner in a room

**Examples of Sexual Violence:**

- Forcing a partner to have sex or do something sexual that they do not want to do.

After they have brainstormed, allow the groups to choose one example from their list and come up with a role play.

Present the role plays to the whole group. After they have ended, ask the characters to stay in role for a few minutes while you invite the larger group to ask the characters questions, which the characters should answer in a role play.

*Some questions to ask the abused are:*

How does it feel to be in that situation?

What was your fear?

Why didn't you speak up?

*Some of the questions to ask the abuser are:*

How does it feel to abuse another person?

What motivated you to abuse the person?

After they have answered the questions, ask the characters to swap their roles.

*When they finish role playing, ask them the following question:*

How did it feel to be in the other person's shoes?

Time allowing, let as many role plays as possible be performed. They should also swap roles too. After all the role plays are done lead a discussion based on the following reflection question:

What can a person do to help herself or help others they know are being abused?

**Before moving on,** ask one participant to facilitate any song or game as an energizer.

## ACTIVITY 2: EFFECTS OF VIOLENCE (30 MINUTES)

**NOTE TO THE FACILITATOR:** *While facilitating this exercise it is important to make sure members consider the immediate consequences in terms of their feelings and for the relationship, as well as help-seeking actions, possible punishments and the long-term implications of those punishments.*

*Say:*

Although we recognize that men and women can both hurt each other, men are much more powerful than women in society and so the impact of men's abuse of women is much greater. For that reason, we are going to focus in this next activity on situations in which women are abused by men.

Ask members to divide into four groups. If possible, give each group a piece of chalk and a portion of the chalkboard to record their responses.

*Say:*

In your groups, reflect on the consequences that may follow violence and abuse for both the victims and the perpetrators (the ones committing the abuse).

Draw a line down the middle of your part of the chalkboard to divide it into two. On one side, your group should record all the consequences for women/victims of physical violence. On the other side, write the possible consequences men/perpetrators may face if they abuse women.

***Consequences for women/victims may include:*** physical injuries, depression, anxiety and fear, difficulty sleeping, being frightened of it happening again, hating him, divorce or leaving the relationship, death, taking another boyfriend who loves her, reporting abuse to the police and getting a protection order, reporting to the family, unintended pregnancy and HIV infection.

***Consequences for men/perpetrators may include:*** feeling guilty, feeling bad about himself, fear that he will be punished, arrested and possibly jailed with implications for school completion and working life, divorce/relationship splitting up, losing her love, becoming more jealous, embarrassment caused by the family becoming involved, being shunned by family and friends.

After about ten minutes, ask the group to come together and for the groups to report on their discussions. Ask if anyone knows what the laws are around rape, abuse, and domestic violence, where a man beats his wife.

**Energizer:** Ask one participant to facilitate any song or game

### ACTIVITY 3: WHERE TO GO FOR HELP (25 MINUTES)

*Say:*

This activity is to explore places where people can go to seek help whenever they face or the people around them face any type of abuse.

*Read the following scenario (part 1) on prevention and reporting sexual exploitation.*

#### Sexual Exploitation Scenario Part 1

Jonathan and Ruth were sent by their mother to get a packet of sugar from their neighbor. They have been sent there many times before. Upon arrival, the neighbor (an elderly man) invites them for some fruit in the house. While they are eating the fruit, he starts rubbing Ruth's leg.

*Pose the following question to participants:*

How do you think Ruth and Jonathan felt?

*Continue reading the scenario (part 2):*

Sexual Exploitation Scenario Part 2

Just before Ruth and Jonathan left, the neighbor offered to give them some money if Ruth would remove her clothes.

*Pose the following question:*

What would you have done if you were Ruth?

If you were Jonathan?

[discuss the following options: it may be sufficient to say no, leave, or be rude – after all the neighbor was being rude and therefore no need to consider his feelings, even though he is older.]

*Continue reading the scenario (part 3):*

Sexual Exploitation Scenario Part 3

After Ruth refused, the neighbor left them alone but then gave them the money he had offered so that they would not tell anyone about the incident.

*Ask:*

What would you do now if you were Ruth and Jonathan?

[make sure the group decides the incident should be reported, for two reasons:

- 1) to protect themselves from a repeat incident with the neighbor, and
- 2) to protect other children from the neighbor]

Facilitate a discussion with the following questions. Ask for a volunteer to write notes for the group on the chalkboard, if available.

*Ask:*

- Who does one report to?  
[community members (especially community leaders), teachers, parents, healthcare providers, friends, older siblings, etc.]
- Where do they report?  
[refer to the list of local contacts you collected relevant to gender-based violence for this session in Session 2: Community Resources. Some of the places where one can go to report abuse cases include:
  1. The Victim Support Unit (Police).
  2. Local organizations i.e YONECO.
  3. Community gate keepers i.e child protection committees, mother groups, youth leaders, chiefs, T/A etc.
  4. School authorities.]

With each place mentioned, participants should be able to explain the specific services such places offer to the abused people.

- What difficulties might an adolescent experience in deciding who to report to?  
[fear of punishment, fear that they will not be believed, fear of stigma and discrimination, fear of attitude of those reporting to, feelings of shame, blame, or powerlessness, lack of support, fear of revenge, unreliability of public services to respond to the reporting]
- How can the difficulties be resolved?  
[e.g., making safe and accessible spaces for reporting, improving policing of perpetrator, support groups for other survivors, etc.]
- If you have reported and there is no appropriate feedback, what would you do?  
[go to police, pastor, or another community leader, government official, or community organization who can help]

*Ask:*

Why is it important for people to know the places where help can be accessed and how to report abuse?

*After a few moments of discussion, finish the conversation and say*

Violence against women can also speed up the onset of AIDS for HIV positive women because it places physical, emotional and economic stress on the woman. As we have discussed, people living with HIV need support, including proper nutrition and access to medications, in order to delay their bodies from developing AIDS.

In order to prevent HIV infection among women the power imbalance between women and men must also be addressed.

## WRAP-UP (5 MINUTES)

Ask participants to summarize what they have learned. Fill in any key points they miss.

**Key Message:** Abuse and violence can be in many forms: emotional, economic, physical and sexual. It is important to find help and report it.

Be sure that all participants know where someone can go for help and where to report violence.

## PRACTICE ACTIVITY

Participants should reflect this week about the risks of being in an abusive relationship. They should talk to their supporters about the issues of abuse and how to escape it if they are ever abused, or being abused.

## CLOSING

Ask for any final questions or comments. Remind participants where and when the next meeting will take place, and what topics will be discussed.

Thank them for their participation.

Initiate a song or a dance to close the session.

*Facilitators general comment box about the session:*

What went well?

What could be improved?

## LESSON 28: EXPLOITATION AND GENDER-BASED VIOLENCE

### SESSION DESCRIPTION

Participants discuss sexual violence, different types of physical contact, and think creatively about how to stay safe when they are in the community.

### OBJECTIVES

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

- Define sexual exploitation
- Discern good from bad touches, and know to seek help if they experience a bad touch
- Describe safety measures girls should take when traveling in the community.

### TIME

1 HOUR, 20 MINUTES

- Icebreaker (5 minutes)
- Review (5 minutes)
- Save a Seat Quiz on Sexual Violence (20 minutes)
- Good, Confusing, and Bad Touches (15 minutes)
- Safety Song and Dance (30 minutes)
- Wrap-up (5 minutes)
- Practice Activity

### MATERIALS

- Chalkboard and chalk (if available)

### PRE-SESSION PREPARATION

- Read through the entire session and, if necessary, practice presenting the activities
- Prepare all materials needed for the session

### FACILITATOR'S NOTES

*See facilitator notes for Lesson 27.*

### TERMS

#### Sexual Exploitation

When someone uses another person for sex or sexual acts to make him/herself feel good or to get something from the other person without concern about how that person feels

*For more terms, see Lesson 27.*

### ICEBREAKER (5 MINUTES)

Open the session with an icebreaker of your choice, or allow participants to suggest one. See Annex B: Participatory Facilitation Resources – Icebreaker Activities for ideas.

### REVIEW (5 MINUTES)

Ask participants what key points were covered in the last session (optional: throw a ball of paper around to encourage participation).

Ask participants to remember the definition of abuse or gender based violence. [Abuse is any type of cruelty or violence against another person. Gender-based violence is a form of abuse against a specific group based on gender role expectations and assumptions.]

Fill in any key points that are missed.

Go over any practice activities that were given, and ask if there are any questions.

***(NOTE TO THE FACILITATOR:** Before beginning this session, brief participants on the sensitive nature of the issues discussed in this section. Remind them that you are available to discuss any questions, comments, or issues that may arise in private if they prefer. Also remind them of the local contacts you collected relevant to gender-based violence in Session 2: Community Resources.)*

### ACTIVITY 1: SAVE A SEAT QUIZ ON SEXUAL VIOLENCE (20 MINUTES)

Prepare by putting chairs in a circle. Make sure the amount of seats is equal to the number of participants (i.e., if there are 10 participants, there should be 10 seats). Instruct the participants to each sit in a chair. Then call out something that is common among participants and ask them to find a new seat (e.g., everyone wearing black shoes exchange seats now!).

After the participants get the hang of the activity, take a seat for yourself when the participants are exchanging seats. Now each time the participants try to find a new seat, one participant will not find a seat.

*Explain the following:*

The person without a seat must now answer one true or false question about sexual and gender-based violence.

Choose a true or false question (see questions in Box 1: Questions & Answers—Sexual and Gender- Based Violence) after the ‘seat-less’ participant answers the question discuss the answer (see answers below). Then, the ‘seat-less’ participant should call out something common amongst the participants and continue the game.

#### BOX 1: Questions & Answers – Sexual and Gender-Based Violence

1. If a victim of rape gives in and allows sexual intercourse out of fear, this is considered “consent.”  
**False-** Consent is based on choice, when two people have equal power. If a powerless person gives in out of fear, that is not consent.
2. Being drunk and “out of control” is not an excuse for rape.  
**True-** Being drunk and “out of control” makes it harder for people to communicate effectively. However, it is not an excuse to force a person to into sexual intercourse.
3. Men are not ever really raped.  
**False-** Some rapes are committed against boys and men but few ever acknowledge it.
4. Physical force is used in most rapes.  
**True-** There is often some form of physical force. Also, however, a victim often endures non-physical force, for example when they are pressured in to the sexual act through verbal force and psychological abuse.
5. Most victims of rape are teenagers and young adult women.  
**True-** Young women between the ages of 16 and 24 are three times as likely to be raped as other women. However, children as young as a few months or adults as old as 98 years have been raped.
6. Women are most likely to be raped when they are out alone in a dangerous place, especially at night.  
**False-** Rape can occur anywhere. Over half of all rapes occur inside a residence, most often the victim’s home or compound.



## ACTIVITY 2: GOOD, CONFUSING, AND BAD TOUCHES (15 MINUTES)

Ask:

What is “sexual exploitation”?

*[when someone uses another person for sex or sexual acts to make him/herself feel good or to get something from the other person without concern about how that person feels]*

Explain the following:

Sometimes, people trick or pressure others into “bad touches.” This is another type of sexual exploitation. People also force others into sex, which they did not want to be engaged in.

That is called “sexual abuse” or “rape.” Sexual exploitation is a form of gender-based violence.

Ask:

What different kinds of touches are there?

*[answers should fall into the categories of good touches, confusing touches, and bad touches as in Table 1: Kinds of Touches]*

Draw three columns on the chalkboard.

Ask:

What are some examples of good touches, confusing touches, and bad touches?

If a chalkboard is available, write the participants’ examples of the kinds of touches into their corresponding category on the table as illustrated in Table 1: Kinds of Touches.

TABLE 1: KINDS OF TOUCHES

Good touches	Confusing touches	Bad touches
Hugging Holding hands Hair brushing A pat of the back Medically appropriate medical examination	Kissing Tickling Touching private parts Handshake with a pinch Back rubs	Kicking Biting Punching Slapping Pinching Forced sex

Explain the following:

Some of these touches could be good touches or bad touches depending on the intent of the touch. If an older man starts a kiss with a child, it could be a bad touch, but if a mother kisses her child, it is a good touch. If a back rub is intended to lead to sexual activities it could be a bad touch, but if a sister pats the back of a baby, it is a good touch. Sexual exploitation usually happens gradually. It starts with a good touch, goes to a confusing touch and into a bad touch. It also usually involves tricks, threats, or treats. Most often, involves a person known to the exploited, even though it also happens with strangers. Many times it can involve a pact of secrecy and it can affect both boys and girls.

### ACTIVITY 3: SAFETY SONG AND DANCE (30 MINUTES)

*Say:*

Let's keep talking about keeping young women safe from harm and from situations where they might be exploited. This can include safety while traveling alone in the community.

*Ask:*

When is it unsafe for girls and young women to travel alone in the community?

Give participants a few minutes to think about the question and shout out answers. Encourage them to speak up and remind them that there are no right or wrong answers.

*Once they have finished responding, say:*

It is often unsafe for girls and young women to travel alone at night. For instance, when they have to fetch water from the borehole, go to find firewood, or stay out late after celebrations and elections. It can also be unsafe for young women to go to a teacher's home or classroom alone. It's important for females to travel together and for males they trust to accompany them to keep them safe.

Separate the girls into two groups.

*Say:*

As a team, make up a song and dance that educates your female peers about where not to go alone, and what to do if you have to go out at night.

Give the groups 10 minutes to practice their songs and dances.

After 10 minutes, ask the groups to form a circle once again and have each group present their song and dance.

*When they are finished, form a circle and ask:*

- Is safety at night for girls and women a problem in your community?
- What can young women do to keep themselves safe from harm?

### WRAP-UP (5 MINUTES)

Ask participants to summarize what they have learned. Fill in any key points they miss.

**Key Message:** Not all touches are good – if you experience a bad touch, tell someone about it and address the problem before it develops into something more serious. Protect yourself by practicing safety when you are in the community.

*Explain:*

It is important to report the bad touches to a parent, guardian, teacher, or trusted relative as soon as possible because these touches do not normally end there – they can develop into actions such as forced sex. Reporting helps to protect yourselves and others.

## PRACTICE ACTIVITY

During the week, participants should

- Perform their song and dance for at least 2 friends who are not in their Thanzi Langa, Tsogolo Langa club.
- Spend 10 minutes thinking about how gender-based violence affects their lives and communities, and be ready to share in the review in the next session.

## CLOSING

Ask for any final questions or comments. Remind participants where and when the next meeting will take place, and what topics will be discussed.

Thank them for their participation.

*Facilitators general comment box about the session:*

What went well?

What could be improved?

## LESSON 29: HOW TO REPORT AND AVOID CASES OF SEXUAL VIOLENCE

### SESSION DESCRIPTION

Participants will identify the characteristics of trusted adults with whom they can easily open up and share problems and learn about avoiding and reporting cases of sexual violence or abuse.

### OBJECTIVES

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

- Identify trusted adults with whom they can easily open up and share problems
- Identify resources in their school and community that help young people who face sexual violence and where they can report cases of sexual violence
- Know where the nearest police station is and the kind of help the police can provide
- Understand the roles that the different resources identified in their school and community can play to ensure access to justice for young people who face sexual violence
- Have confidence to open up and report cases of sexual violence (by practicing how to report incidences of sexual violence and sexual abuse)
- Know to ask for a female authority if she is uncomfortable with a male

### TIME

1 HOUR, 30 MINUTES

- Icebreaker (5 minutes)
- Review (5 minutes)
- What is a Trusted Adult? (20 minutes)
- What Should Salome Do? (25 minutes)
- Practice Reporting Violence (25 minutes)
- Wrap-up (10 minutes)
- Practice Activity

### MATERIALS

- Chalkboard and chalk (if possible)
- List of organization contacts
- Papers and pencils (for each participant)
- A list of sexual violence or abuse focused organizations in the community

### PRE-SESSION PREPARATION

- Read through the entire session and, if necessary, practice presenting the activities
- Prepare all materials needed for the session
- Prepare a list of telephone numbers and organizations for participants to use if they experience sexual violence or abuse – the list should include teachers, social workers at nearby schools, police, clinics, churches, NGOs/CBOs working on GBV issues, and/or community elders
- If possible, ask someone from the Police gender desk or an organization working on GBV issues to visit to speak about gender-based violence, particularly Activities 2 and 3

### FACILITATOR'S NOTES

Be prepared to discuss what a trusted adult is, and how to identify adults to whom participants can go for help. It is important for participants to identify more than one trusted adult, so that in case one is not responsive, they have other options of people they can go to for help. Participants should also identify at

least one trusted adult outside of their family or household that they can talk to about any problems at home.

If a guest speaker is able to attend, ask them to speak in particular about steps to take when reporting sexual violence (to emphasize that the survivor should seek treatment as soon as possible within 72 hours of the attack, avoid bathing until after a medical examination, and to not washing the clothes that were involved in the incident, etc. and that the survivor should be given Post-Exposure Prophylaxis for HIV)

Bring along a list of telephone numbers and organizations for participants to use if they experience sexual violence or abuse – the list should include teachers, social workers at nearby schools, police, clinics, mental health services, churches, and/or community elders. Make sure the list is up-to-date!

## TERMS

*See Lessons 27 and 28.*

## ICEBREAKER (5 MINUTES)

Open the session with an icebreaker of your choice, or allow participants to suggest one. See Annex B: Participatory Facilitation Resources – Icebreaker Activities for ideas.

## REVIEW (5 MINUTES)

Ask participants what key points were covered in the last session (optional: throw a ball of paper around to encourage participation). Fill in any key points that are missed.

Discuss the two practice activities, and ask if there are any questions.

## ACTIVITY 1: WHAT IS A TRUSTED ADULT? (20 MINUTES)

Read “Muna’s Story” (below) out loud or have a few volunteer participants do it as a role-play.

### *Muna’s Story*

My name is Muna and I am 13 years old. I walk to and from school using the same route every day. The route passes by the bus stop and a video shop. Three months ago, an older man started approaching me with an offer to buy me soda. He said he would buy me whatever I wanted and that a schoolgirl needs a special treat from time to time. One day he gave me a nice perfume and I took it. Last week, he asked me to go for a walk with him after school. I said no, but he still persisted. Sometimes he gets close to me, and it is hard for me to get away from him without stepping into the traffic. Walking to school became a nightmare, because I was also scared of the man who harassed me.

The man continued harassing me until I decided to tell my elder sister who I trust a lot. It was difficult for me to speak to my sister at first about my problem but I told her that a man had approached me while I was walking through the bus stop. I told her I was scared and wanted to avoid the man, but did not know what to do because he was persistent. She asked me if I had taken any gifts from the man. I admitted that I had. She told me that I should not take gifts from strangers, because sometimes people use gifts to get favors or to trick young girls. She then advised me to walk to and from school in the company of other pupils or teachers and she offered to help me identify pupils and

teachers who used the same route. Although I was scared, I was glad that I had told my sister about my problem because she listened to me and offered me help. I feel so relieved now that the situation has been resolved and I can walk to school safely.

*Pose the following questions to participants:*

- Who is the trusted adult was in this story? [her elder sister]
- What makes someone a trusted adult?
  - possible responses include:
    - someone you know who will help you if you need help
    - someone you can talk to about anything, especially your problems, or if you are feeling scared, confused or uncomfortable
    - someone you feel happy being around
    - someone who listens to you and cares about your problems
    - someone who will not judge you when you tell them your problems
    - someone who has helped you before, or
    - someone who would help you solve a problem, be understanding, get help and work to keep you safe
- What steps did Muna take to get help?
  - she identified an adult in her family/community whom she could trust and who could help her
- How did the elderly person help Muna?
  - she advised her not to get gifts from strangers and offered her a solution to her problem
- How did Muna feel when her sister helped her?
  - she was glad because her sister offered her help and advice.

*Explain the following:*

If anyone approaches you and tries to hurt you, touches you in a way that makes you feel scared, uncomfortable, or confused, or if you feel that you are in danger, you should tell a trusted adult immediately.

*Say:*

Think for a moment and make a list in your mind of possible trusted adults in your life.

*Go around the room and ask:*

- Who are some of the trusted adults in your lives?
  - [potential responses include: mother, uncle, police officer, father, neighbor, coach, grandmother, big brother/sister, church person, grandfather, principal/headmaster, friend's parent, aunt, teacher]
- What role could these people play if they were faced with a report of sexual abuse or violence?
  - [potential responses include: consoling the victim, helping the victim find medical care, ensuring the case is followed up, seeking justice, etc.]

*Explain the following to participants:*

Remember that not all adults are trustworthy. While there are adults who may try to harm you, there are also many adults who will help you. You should go to someone you feel comfortable and secure around. If anyone does anything to you that is not

appropriate, you should go to a trusted adult for help immediately. If the first person you tell does not believe you, you should keep on trying until someone does.

## ACTIVITY 2: WHAT SHOULD SALOME DO? (25 MINUTES)

*Explain the following to participants:*

You are going to hear the contents of a letter from a young girl called Salome and then discuss what she should do.

*Read the letter.*

Salome's Letter

Dear Friend,

My name is Salome and I have a very serious problem. Last week, my teacher asked me to come to his house so he could help me with my schoolwork. When I got to his house, he started touching me. I got a very bad feeling in my stomach, and I knew what he was doing was wrong. He then pulled me into his bedroom and forced me to have sex with him. I cried and screamed, but he did not stop. He told me that if I told anyone he would hurt me and ensure that I failed my examinations. I ran all the way home and kept quiet. I am afraid to tell anyone because they will say it is my fault. I no longer feel like eating and my sleep is always disturbed. I do not feel like going to school as I don't want to see that teacher again. Please help me. What should I do?

Sincerely, Salome

Distribute a paper and pencil to each participant and instruct them to write (or brainstorm what they would include in) a letter to Salome telling her what she should do.

After participants have had a chance to write (or brainstorm) their letters, ask for volunteers to share their letters to answer the following question.

*Pose the following question:*

What should Salome do?

- *make sure the following points are mentioned as you discuss:*
  - Salome should not be afraid to tell a trusted adult. It was not her fault. No matter what, no one should blame Salome. If the trusted adult is someone other than Salome's parents, someone should contact her parents.
  - The trusted adult will help her by going to the police. Her teacher raped Salome. Rape and defilement are crimes. The trusted adult should look for someone in the police unit or children's services who has been trained to deal with sexual violence and abuse. The police will file a report against the teacher and offer a medical report, which will enable medical examinations at the clinic or hospital to be conducted.
  - The trusted adult should also take Salome to a hospital or clinic for medical treatment and to collect any evidence needed by the police. Medical personnel will check for pregnancy and may offer emergency contraceptives and tablets to help reduce the risk of HIV infection. If Salome feels uncomfortable with a male provider, the trusted adult should help her find a female provider to help her.
  - Advise Salome that the best thing to do is not to take a bath until she has been examined by a medical person to avoid washing away the evidence. This is why Salome should tell a

trusted person as soon as she is defiled/raped. This person will escort her to the police station and later go to the medical center to be examined.

- The trusted adult should also tell the head teacher. The teacher should not be able to teach in the school anymore. Teachers are in school to help young people, not to hurt them.
- If possible, Salome should also go to see a counselor. The counselor can help her process her feelings and understand it was not her fault. Talking to a counselor will also increase her courage and help her be more resilient.

*Explain the following to participants:*

It is very important to report cases of sexual abuse within 72 hours of the incident.

Tablets to prevent pregnancy if rape took place during the abuse work more effectively the closer to the incident they are taken and some can only be given in the first 72 hours. A delay may also result in the loss of some evidence.

*Ask:*

How can children and adolescents avoid being sexually abused?

[avoid moving or playing outside the house at night, avoid using lonely roads when you are not accompanied, ask a friend to accompany you when visiting male relatives in homes where there are no female adults, be assertive in telling boys and men that you do not want to have sex with them, etc.]

*Conclude by explaining:*

Teachers and adults should always protect young people. If an adult asks a girl to do anything that makes her uncomfortable, she has the right to refuse. She should not be in isolated places at school or walking to and from school. She should always walk with a group or another student. If a teacher or anyone asks to look under her clothes, she should not let that person do it. If someone touches her or gets too close, she must tell a trusted adult immediately. Adults need to ensure children's safety. It is not the student's entire responsibility.

### ACTIVITY 3: PRACTICE REPORTING VIOLENCE (25 MINUTES)

*Explain the following to participants:*

It is not always easy to speak up and report violence. In this activity you are going to practice telling someone you have experienced violence.

*Divide participants into five groups.*

see Annex B: Participatory Facilitation Resources – Group Formation Activities for ideas.

*Instruct the participants by saying:*

Now your group will create a role-play in which a young person experiences violence or abuse and reports it. Be sure to identify a trusted adult to whom the character in the role-play reports the incident.

After participants have had a chance to prepare the role-play, let each group present their role-play.



*After each group has presented their role-play, review the following discussion questions:*

- What happened to the girl in the role-play?
- What action did the girl take after the incidence?
- How did the steps taken by the girl help her?
- What were some of the things the girl used as evidence to report the incidence?
- Who was the trusted adult in the role-play?
- What did the adult do?
- Do you have any suggestions for the girl? For example, was there anyone else she could have told?

### WRAP-UP (10 MINUTES)

Distribute the list of telephone numbers and organizations for participants to use if they experience sexual violence or abuse. The list should include teachers, social workers at nearby schools, police, clinics, churches, and/or community elders.

*Instruct:*

Choose three people who you consider to be trusted adults and say them to the person next to you. For example: My three trusted adults are: \_\_\_\_\_, \_\_\_\_\_ and \_\_\_\_\_.

*Explain the following to participants:*

No matter what happens, violence and abuse are not your fault. Although you might feel ashamed or guilty if you experience violence or abuse, it is not your fault. No matter what happens or what someone tells you, it is not your fault. If someone tells you not to tell or threatens you or anyone you know, you should tell a trusted adult immediately.

Ask participants to summarize what they have learned. Fill in any key points they miss.

**Key Message:** If anyone ever asks you to do anything or does anything to you that makes you feel uncomfortable, you have the right to refuse and should report them.

### PRACTICE ACTIVITY

Instruct participants to brainstorm where they would go and who they would talk to for support in situations where they were affected by gender-based violence.

### CLOSING

Ask for any final questions or comments. Remind participants where and when the next meeting will take place, and what topics will be discussed.

Thank them for their participation.

*Facilitators general comment box about the session:*

What went well?

What could be improved?

## LESSON 30: STAYING IN SCHOOL AND SAYING NO TO EARLY AND FORCED MARRIAGE

### SESSION DESCRIPTION

This session is about understanding the importance of staying in school and the causes and consequences of early and forced marriage.

### OBJECTIVES

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

- List the advantages of staying in school
- Describe strategies to stay in or return to school
- Define early and forced marriage
- Describe the consequences of early and forced marriage on a girl's life
- Have a plan for what to do when faced with a potential early or forced marriage

### TIME

1 HOUR, 35 MINUTES

- Icebreaker (5 minutes)
- Review (5 minutes)
- Staying in School Role Plays (30 minutes)
- How Can School Help Me? (10 minutes)
- What Are Early and Forced Marriages (20 minutes)
- A Plan for Staying in School and Avoiding Early Marriage (20 minutes)
- Wrap-up (5 minutes)
- Practice Activity

### MATERIALS

- Chalkboard and chalk (if available)
- Enough pebbles/rocks so that each participant can have three each

### PRE-SESSION PREPARATION

- Read through the entire session and, if necessary, practice presenting the activities
- Prepare all materials needed for the session
- Identify and list places where girls who are at risk of early marriage may go for help and organizations that can help a girl stay in school or return to school

### FACILITATOR'S NOTES

It is important to be sensitive and non-judgmental during this session. It is important for the girls who have left school to feel acceptance and support from the other participants and the facilitator. If the participants feel supported, they may feel more encouraged to return to school or ask about how to return to school.

Based on the United Nations (UN) Convention on the Rights of the Child, child marriage refers to marriage under age 18. Marriage before the age of 18 is a fundamental human rights violation. Child marriage disproportionately affects young girls, who are much more likely to be married as children than young boys. In Malawi, it is illegal to marry before age 18, though 42% of women aged 20-24 in Malawi were married before they turned 18.

The consequences of child marriage to the girls who experience it can be devastating. Early marriage leads to early childbearing, with significantly higher maternal mortality and morbidity rates as well as higher infant mortality rates. Moreover, child marriage has negative effects on girls' education. Girls with low levels of schooling are more likely to be married early, and child marriage virtually puts an end to a girl's education. A child bride's lack of education and peers limits her support systems and her ability to access information. Without skills, mobility, and connections, she is constrained in her ability to overcome poverty for herself, her children, or her family. Her children are more likely to be born too small and too early, and to become malnourished and eventually stunted. Young girls married to older men with more sexual experience are also at greater risk of HIV infection, and child brides are at heightened risk of violence in the home.

The lack of education, health, physical safety, and autonomy deprives girls of their basic human rights, and it also acts as a brake to social and economic development. National and international indicators on maternal health, education, food security, poverty eradication, HIV/AIDS, and gender equality are all negatively linked with high child marriage rates. There are many reasons why girls in Malawi may get married before the age of 18. Whether it be because their parents force or pressure them due to economic or religious reasons, or because they are pregnant and feel pressure from parents, friends or society to get married, it is important to explore the dynamics of early marriage with the girls in your group and help them to think through what they might do if a they, or a girl they know, is being pressured into a marriage that they do not want to be in.

## TERMS

Early marriage

Early marriage is marriage before the age of 18.

Forced marriage

Forced marriage is marriage against one's will.

*NOTE: Some marriage can be both early and forced, and some marriages might be one or the other.*

## ICEBREAKER (5 MINUTES)

Open the session with an icebreaker of your choice, or allow participants to suggest one. See "Annex B: Participatory Facilitation Resources – Icebreaker Activities" for ideas.

## REVIEW (5 MINUTES)

*Ask participants to answer the following questions:*

Where would one report cases of gender-based-violence in your community?

Why should people report gender-based-violence cases?

Ask participants what other key points were covered in the last session (optional: throw a ball of paper around to encourage participation). Fill in any key points that are missed.

Go over any practice activities that were given, and ask if there are any questions.

## ACTIVITY 1: STAYING IN SCHOOL ROLE-PLAYS (30 MINUTES)

*Explain:*

Today we are going to talk about the importance of staying in school or returning to school if you have left. We will explore some of the barriers, including early marriage that keep girls from completing school.

There will be a few activities that look at this issue. There is no shame in having left school already. Sometimes there are circumstances that you have no control over that lead to leaving school. If this is the case though, it is important to assess your situation again and see if you can enroll back in school. Getting an education is one of the best things you can do for yourself. It opens many doors in life and will help in achieving the goals you have set for your life.

We are going to start by doing a couple of role-plays that look at the story of a girl named Jasmine.

Jasmine has a goal. She wants to open her own vendor stand so that she can support herself. She wants to sell dried goods and cloth. She also wants to get married and have children.

*Divide the group into two smaller groups.*

Ask one group to prepare a role-play of Jasmine staying in school and, after completing school, opening her own vendor stand. Let participants come up with their own ideas, but if they can't, some things that could happen to "Stay in School" Jasmine could be:

- Jasmine's business is slow to start, but with the skills and knowledge she gained at school (e.g., writing skills, math, etc.) she is successful.
- People respect Jasmine because she completed school and they buy from her stand.
- Jasmine makes many friends while in school and they buy from her stand.
- In school, Jasmine learns about family planning and so she is able to plan her pregnancies and stay healthy to tend her vendor stand.
- Ask the group to add other things that could happen to Jasmine.

Ask the other group to prepare a role-play of Jasmine quitting school at age 13 and getting married then opening her own vendor stand. Let participants come up with their own ideas, but if they can't, some things that could happen to "Drop out of School" Jasmine could be:

- Jasmine gets pregnant and has a baby.
- She often leaves her stand empty in order to attend to chores at home or take care of her baby. Her customers become angry and go to a different stand.
- Jasmine makes a little money at her stand but she spends most of it on medicine for her baby. She does not have any money left over for herself or other household needs.
- She misses her friends. Most of them stayed in school.
- Ask the group to add other things that could happen to Jasmine to their role-play.

After 5-10 minutes, have both groups act out their role-plays.

*After they are finished performing, ask:*

How did staying in school help or hurt Jasmine's goal of having her own vendor stand?

## ACTIVITY 2: HOW CAN SCHOOL HELP ME? (10 MINUTES)

On one side of the chalkboard, draw a picture of a girl. On the other side of the chalkboard write the word "completing school". In between them, draw a stream. If there is no chalkboard, use stones to create a map on the ground that the girls can use as an example.

*Say:*

Imagine that between many girls and completing school is a stream. The stream represents all the challenges that girls face in completing school, or for those in school, how to be a better student. In order to cross the stream, you will need rocks to step on in order to get across the stream. Let's brainstorm all the possible barriers to completing school.

Write these barriers on the board next to the stream. While early marriage is not the only barrier, if it is not mentioned be sure to suggest it.

### ACTIVITY 3: WHAT ARE EARLY AND FORCED MARRIAGES? (20 MINUTES)

*Explain the following:*

There are many barriers that girls can face in trying to complete their education. Right now we are going to talk more about one of those barriers early marriage and forced marriage.

*Pose the following question to participants:*

What do you think an "early marriage" is?

[Take some responses from the group, and just confirm that it means getting married before the age of 18.]

*Pose the following question:*

What is the difference between "early marriage" and "forced marriage"?

[Take some responses from the group. Confirm that a forced marriage happens against the girl's desire.]

*Explain the following:*

Forced marriages occur when at least one partner does not give consent and is coerced into marriage. The forced marriage of children takes place in many different cultural, political and economic situations, and involves boys as well as girls. However, girls are undoubtedly the most affected and suffer the most severe consequences. When a girl marries early, it usually means the end of her education if she is in school. The Constitution of Malawi and the Marriage, Divorce and Family Relations Act are laws that protect girls from early and forced marriage. Anybody including parents who subject a child to early or forced marriage can be prosecuted and charged in a court of law.

*Pose the following questions to participants:*

What are some reasons why girls in Malawi get married before they are 18?

[they are pregnant, their parents don't want to cater for their expenses anymore, they are in love with a man, their parents are pressuring them for religious, financial, or cultural reasons, they think they will be taken care of if they get married, etc.]

Can someone share a story of a girl they know who got married before she turned 18?

[let 1 or 2 girls share]

What are some of the disadvantages of getting married early?

[it means the end of schooling, tend to not have as much control in a relationship if the girl is quite young, will get pregnant early and that has physical and mental consequences for herself and the baby including stunted growth, has not yet had a chance to establish herself financially, etc]

#### ACTIVITY 4: A PLAN FOR STAYING IN SCHOOL AND SAYING NO TO EARLY MARRIAGE (20 MINUTES)

*Explain the following to participants:*

While we hope that you and your friends will not be put in a situation where you have to marry early or against your will, but it is important to be prepared and have a plan for who you will talk to in this scenario. It is also important to have a plan for staying in school or going back to school even when you come up against the barriers we have discussed.

*Distribute three pebbles/rocks to each participant.*

*Say*

For each pebble/rock that you have, think about what decisions you need to make or what you need to do to overcome the stream barriers that we wrote on the board.

After a couple minutes, ask the girls to sit in groups of two and discuss what their rocks could be.

After pairs discuss for a few minutes, bring the girls back together as a large group. Ask for volunteers to share what their rocks were (i.e., what decisions a girl would need to make or what she needs to do to overcome barriers to successfully completing school).

(Some ideas may be: to talk to a trusted adult to support their decision to stay in school, to explain to the family that skills they will gain in school will help the whole family, to explain to their family how they can still work at home and go to school, to find new ways to earn money to pay for school fees to determine who they can talk to if they are threatened with early marriage, or to put together a girls' study group to support one another in their studies.)

*Ask*

What are some examples of how you can support each other to either stay in school or return to school?

After participants are finished discussing, give the names of any local organizations or people they can go to for information regarding how to stay in school or return to school or for help if they are being forced to marry early. This could include local leaders, school authorities, or the Victim Support Unit as well.

#### WRAP-UP (5 MINUTES)

Ask participants to summarize what they have learned. Fill in any key points they miss.

**Key Message:** Staying in school is important for accomplishing future dreams. Early and/or forced marriages have a negative effect on girls' lives. However, girls have the ability to stop early marriages and overcome barriers to stay in school.

## PRACTICE ACTIVITY

Between now and the next meeting:

- Identify at least one adult you trust to support your decision and strategies to stay in or return to school. Talk to this adult about your decision and strategies to stay in or return to school.
- Talk to your mother or guardian about the age at which you would like to get married.

## CLOSING

Ask for any final questions or comments. Remind participants where and when the next meeting will take place. Remind them that it will include the last participatory cooking session.

Thank them for their participation.

*Facilitators general comment box about the session:*

What went well?

What could be improved?



# MODULE 6: REACHING MY GOALS

## LESSON 31: PARTICIPATORY COOKING & SHARING WHAT YOU HAVE LEARNED WITH OTHERS

### SESSION DESCRIPTION

Girls will practice cooking a nutritious meal using local foods and applying the lessons they have learned about nutrition, while having a discussion about how they can share the lessons they have learned throughout their *Thanzi Langa, Tsogolo Langa* journey with their peers.

### OBJECTIVES

After the lesson, girls will be able to:

- Practice cooking a healthy meal that she can also make at home
- Name a younger sibling or friend who they can share with what they have learned

### TIME

1 HOUR 45 MINUTES

- Icebreaker (5 minutes)
- Review (10 minutes)
- Participatory Cooking (1 hour)
- Discussion over the Cooking Pot (30 minutes)
- Wrap up (5 minutes)
- Practice Activity

### MATERIALS

- Recipe from national manual-Main Dish section (see Annex D: Recipe Guide)
- Food for recipe (locally available ingredients provided by local community)

### PRE-SESSION PREPARATION

Make sure that you have the materials needed for the participatory cooking: by asking the community or the girls to borrow pots, bowls, etc. and asking community leaders to support by providing some of the ingredients

Pick a recipe from the “Main Meals” section of Annex D: Recipe Guide and make sure all of the ingredients will be available and provided.

Make sure to review the lesson and discussion topic before the meeting.

### FACILITATOR’S NOTES

#### Participatory Cooking

It is not only important for adolescents to understand how foods are categorized. Understanding how foods can go together in an actual meal, and practicing that behavior, is a critical next step for improving nutrition. Practicing cooking together will help to build participants’ skills and belief that they are able to apply these principles in their own life and to advocate for change in the meals they eat at home. Participatory cooking is included in multiple sessions throughout the time the group will meet, so that participants can continue to apply the lessons that they are learning about nutrition and its importance in their lives.

To facilitate a participatory cooking session, food and cooking tools are needed. Before the groups are formed, this topic will be discussed with local leaders and the community. This conversation will determine if the community is able to support with some ingredients (including firewood) and the tools to borrow (pots, stove, bowls, eating utensils) for these sessions. A savings group in the community, for example, may be willing to use some of their social fund to provide some of the ingredients, or local leaders might mobilize the community to gather some materials from their backyard gardens.

When facilitating a participatory cooking session, it is important that everyone is involved. The learning comes in practicing the cooking, not in only watching someone else cook. As the facilitator, you will guide the group through making the recipe. But each step can be carried out by different members. Some can get the fire started, others can clean or prepare ingredients for cooking, others can add items or stir the pot to determine when the food is fully cooked. This way, everyone feels like they contributed, and the lessons they learn will be easier for them to remember and use when they cook on their own.

### Reflection and Discussion

Today we are discussing how participants can share what they have learned with others and why it is good for them to do so. When leading the discussion, remember to give the participants a few minutes to think about their response to the questions and let them respond. Encourage their participation by encouraging many of the participants to answer the questions instead of just one or two participants. Be sure to ask include people who do not share as often. There are no right or wrong answers to the questions you are discussing today. They are meant to start discussions, so encourage participants and do not judge them. When they feel respected and appreciated, participants will feel free to share their thoughts. Don't take sides in discussion among participants; just encourage participants to discuss their different viewpoints with one another. Enjoy the second to last session!

### TERMS

*none*

### ICEBREAKER (5 MINUTES)

Open the session with an icebreaker of your choice, or allow participants to suggest one. See Annex B: Participatory Facilitation Resources – Icebreaker Activities for ideas.

### REVIEW (10 MINUTES)

Ask participants what key points were covered in the last session (optional: throw a ball of paper around to encourage participation). Fill in any key points that are missed.

Go over any practice activities that were given, and ask if there are any questions. Feel free to continue this discussion as you cook.

### ACTIVITY 1: PARTICIPATORY COOKING (1 HOUR)

*Say:*

Today we are going to begin by applying some of the lessons we learned earlier in our sessions talking about what kinds of foods girls need to be healthy. Let's start working together with the food that we have brought and practice this new recipe.

Read the name of the recipe that you are going to cook (from Annex D: Recipe Guide).

*Action:*

Have the girls take the ingredients and participate in putting the recipe together. When you add different ingredients, use the opportunity to ask girls which kinds of food they are based on the six food groups and remind them of earlier lessons including the 6 food groups and anemia. Make sure that everyone washes their hands with soap before cooking and before starting the meal.

*Once the meal is at the point where cooking activity has calmed (such as when the meal is simmering), or when girls are eating, begin the next activity.*

## ACTIVITY 2: DISCUSSION OVER THE COOKING POT (30 MINUTES)

*Say:*

Remember your favorite moment in this journey. Close your eyes and think back to when we started, we talked about making a journey, had our family members join us at the beginning and then explored together. We met over several weeks and now here we are. We visited a local garden, we practiced cooking healthy recipes, and we discussed lots of important topics for our lives.

Keep your eyes closed and think back to the songs we sang and the games we played. Think also about the new friends we all have now.

So think back to all these moments and choose one that stands out in your mind. What is that moment?

Allow participants to share their responses for a few moments before moving onward.

*Say:*

Today we are going to talk about using these things we have learned to help our peers and our younger siblings grow up great: healthy, strong, and making good decisions.

Separate the group into pairs.

*Say:*

In your pairs, I want you to discuss what types of advice you would like to give to children in your family or in your community about how to be “great” as they grow older. Think about what it was like to be a young girl, and what you wish you had learned then that you know now. This can include things like going through body and emotional changes, having relationships, thinking about sex, going to school or anything else. Make up a drama in which one of you plays the role of a younger sibling or cousin, and the other is giving that younger person the advice that you discussed.

*Action:*

Read these instructions again to make sure that everybody understands.

Give the participants 10 minutes to discuss and make up their dramas. After 10 minutes, ask the pairs to form a circle once again.

One at a time, ask each pair to come to the center of the circle and perform their drama.

After the dramas, ask the groups these questions. Allow time for them to think about and respond to each question. Encourage different participants to talk to make sure that everybody has a chance to respond.

*Ask:*

- How does it feel to think of yourself as a role model for younger children in your community?
- Is it acceptable in your community for girls like yourselves to give advice to children about growing up, relationships and school? Why or why not?
- Often, elders are seen as people who have a lot of wisdom. What type of wisdom do you all, as young women, have?  
[make sure that participants talk about their new wisdom about nutrition and keeping themselves healthy, and other lessons they have learned throughout the different sessions]
- What can you do to make sure that your peers and younger peers in your community grow up great?

### WRAP-UP (5 MINUTES)

**Key Message:** As young people, you have a lot of wisdom and experience to share with younger siblings and cousins, to make sure that they grow up great! You have the chance to be a great role model, so it is important to spend time with younger children and give them advice about what to expect as they grow up. This will make for a healthier family and a stronger community.

Ask participants to summarize what they have learned. Fill in any key points they miss.

### PRACTICE ACTIVITY

*Say:*

Go around the circle and name one younger sibling, cousin or peer that you are going to spend time with this week talking about growing up.

This week, participants should conduct Community Interviews.

*Say:*

In the past, there were certain jobs that only men did and other jobs that only women did. For instance, you would never find a woman who ran a small business, or a man that took care of children. Now, things are different and this is becoming more acceptable. Before our next session, I want you to go out into the village and find five people that believe that women can run small businesses and that men can look after children. See if you can find both men and women, young and old, who believe this. Ask them why they feel this way. Return next week, even if you don't find all five people, and we will talk about the things you learned!

## CLOSING

Ask for any final questions or comments. Thank participants for coming and remind them where and when the next meeting will take place. *Ask participants to bring a writing utensil with them to the meeting next week for an activity where each one will be writing/drawing their answers.*

Ask any volunteer to initiate a song/dance or a game to close the session.

*Facilitators general comment box about the session:*

What went well?

What could be improved?

## LESSON 32: REINFORCING PERSONAL GOALS

### SESSION DESCRIPTION

Based upon lessons learned from their participation in this program, participants consider their personal goals and the steps they need to take to achieve them. Participants discuss what they have learned during the Thanzi Langa, Tsogolo Langa sessions.

### OBJECTIVES

By the end of the session, participants will be able to:

- Reflect upon their set goals
- Reflect how the training process has helped them achieve their goals

### TIME

1 HOUR, 15 MINUTES

- Icebreaker (10 minutes)
- Review (5 minutes)
- Activity 1: Reflecting on the Set Goals (35 minutes)
- Activity 2: Reflection and Pledge (20 minutes)
- Wrap-up (5 minutes)
- Practice Activity

### MATERIALS

- Chalkboard/chalk (if available)
- One piece of paper and pen/pencil per participant

### PRE-SESSION PREPARATION

- Read through the entire session and, if necessary, practice presenting the activities
- Prepare all materials needed for the session
  - Bring enough paper for each participant to have a piece, ask participants to bring a pen or pencil to write with. Bring a few extra in case there are participants who do not have one.

### FACILITATOR'S NOTES

This session focuses on reflection and applying lessons learned from the sessions as participants move forward. As you discuss goals, make sure to encourage participants to get very practical as they think about the steps they need to take. For each person, the steps will look different given their goal, where they are starting, and their own life situation (family, home, community, expectations, and so forth). If they are stuck, have participants help each other think about what the next step might be in order for them to move toward their goal. For example, if a girl wanted to finish lower secondary school but left school after Standard 7, she may need to start by thinking about her reasons for wanting to complete more education. After that, she will be ready to discuss her desire with a parent or trusted adult who can help her to see what the next steps are in going back to school.

Take time before the lesson to think about all of the sessions you have led. Look through the curriculum if you can as a brief review. This way, when the participants take time to review what they have learned, you will be more fresh with the information that they are discussing in case there are questions, etc.

### ICEBREAKER: “TELL US” (10 MINUTES)

Ask a participant to facilitate the “Tell us” activity. For a reminder, see Annex B: Participatory Facilitation Resources – Icebreaker Activities”.

Have participants “tell us” about what their future goals are.

### REVIEW (5 MINUTES)

Ask participants what key points were covered in the last session (optional: throw a ball of paper around to encourage participation). Fill in any key points that are missed.

Discuss the community interviews from the practice activity in the last session, asking:

- How do you feel about the responses that you got from people in the community about whether a woman can run a small business or a man can look after children?
- Was there a difference between what women said and what men said?
- Was there a difference between what younger people said and what older people said?
- Do you know people in your own community that do jobs that are not typical of being a man or being a woman?
- What do you think might be good about men and women being able to do any job they would like to do, even if the job might traditionally have been just for men or women?

### ACTIVITY 1: REFLECTING ON THE SET GOALS (35 MINUTES)

*Say:*

This week’s session is a continuation of our previous discussions about goal setting. We will focus on revisiting the goals that we set at the beginning of the program and take time for you to reflect on your goals, and add new goals if you would like.

*Say:*

Think about the future goals that you set at the beginning of the program or that we discussed during earlier sessions. Can you name any that you remember talking about?

Allow at least 3-4 participants to share before moving on, encouraging participation from those who usually do not share as often.

*Say:*

Think about a goal that you would like to achieve, maybe it is one of the goals that you set in the beginning or that was just shared.

Give each participant a sheet of paper and a pen or pencil if they do not have one.

*Say:*

On your paper, draw the road between you and your goal. Write or draw your goal at the end of the road.

Let’s reflect on the goal and the road. We will take some time to write or draw the answers to the following questions along this road.

Ask each question individually, and give participants 2-3 minutes to write or draw their responses before you ask the next one. You may need to repeat the question a couple times for participants to understand.

*Questions for reflection:*

- How do you intend to achieve those goals?
- Are there any obstacles along the way?
- How do you intend to avoid or deal with those obstacles to achieving your goal?
- How will the training in the Thanzi Langa clubs help you achieve the goals you set?
- Who/What resources will help you reach your goal?

*Before moving to the next question, say:*

It is easier for one to reach her goal with the help from others, either from individuals, groups, or organizations. Such groups of people include:

- Friends
- Parents and guardians
- Community organizations
- Teachers

Draw the people or write their name on the road between you and your goal.

*Continue with the questions:*

- What specific steps will you take to get to your goal? Mark the different steps on the road between you and your goal. It might be best to place the easier steps toward the beginning of the road, and the harder ones near the end.
- Do you feel you have more skills and knowledge to reach to such a goal now?
- Are there any other goals that you would like to add or update? You are free to set new goals if you have a change of mind about the goals that you set earlier on.

Ask for volunteers to present their goals and how they intend to achieve them.

**Energizer:** Ask a participant to facilitate a song/ game

## ACTIVITY 2: REFLECTION AND PLEDGE (20 MINUTES)

Ask participants to sit in a circle.

*Lead a discussion based on the following questions:*

- What have you learnt in the Thanzi Langa, Tsogolo Langa club?
- What nutrition or healthy eating skills have you learned that you are using in your life right now?
- How will the training sessions you have gone through help you achieve your goals?
- Why was it important for you to participate in this kind of group?
- What did you love most about these training sessions?
- What could have been done differently?



Write down some of the answers on the chalkboard (if possible). Make sure to include them in your reflections at the end of the lesson.

Explain to participants that they are coming to the end of the sessions. Ask participants to take a verbal pledge to use the skills they have learned. If participants agree, ask them to repeat the following, as a large group or individually.

### Our Pledge As Young Women

I, \_\_\_\_\_, promise to use the knowledge and skills I learned in this program to make decisions in my life that protect myself, my family and my friends from harm. I promise to work towards living a healthy life and achieving my goals.

### WRAP-UP (5 MINUTES)

Ask participants to summarize what they have learned. Fill in any key points they miss.

**Key Message:** It will be easier to reach your goal if you have plans and steps to get there. Set targets, be focused and you will achieve.

### PRACTICE ACTIVITY

This week, prepare a song, dance, or demonstration of something that you have learned during the Thanzi Langa, Tsogolo Langa sessions that you can share at the graduation open day during the next session. You are welcome to do something on your own, or in pairs or in small groups. Make sure to practice it during the week so that you feel ready to share it with everyone!

### CLOSING

Ask for any final questions or comments. Remind participants that the next meeting will be their last one, and that they should invite their parents to celebrate their graduation.

Thank participants for coming and remind them where and when the next meeting will take place.

Ask any volunteer to initiate a song/dance or a game to close the session.

### *Facilitators general comment box about the session:*

What went well?

What could be improved?

## LESSON 33: OPEN DAY AND GRADUATION: STARTING A NEW JOURNEY

### SESSION DESCRIPTION

Girls review the key learnings they have gathered throughout their group experiences and share them with their parents and community leaders, and discuss options for how they can continue their experiences together after graduation.

### OBJECTIVES

- Girls identify key learning from the whole journey
- Girls review options for girl led activities in the community
- Girls experience values of patriotism, respect for others and increased self confidence

### TIME

1 HOUR 15 MINUTES

- Icebreaker: Reviewing the Thanzi Langa, Tsogolo Langa Journey (15 minutes)
- Activity 1: Open Day and Recognition (45 minutes)
- Activity 2: Suggestions for a New Journey (15 minutes)
- Wrap-up: Singing a Song Together

### MATERIALS

- Anything needed for Open Day activities

### PRE-SESSION PREPARATION

Mentors should spend time preparing for this celebratory gathering and be sure to invite parents personally for the gathering.

### FACILITATOR'S NOTES

This last session is meant to be a celebration! Participants should share what they have learned with their families and leaders, and should feel encouraged for their great achievement.

Invite parents, community leaders to the event. Consider asking a few successful female role models in the community to share with participants and recognize their hard work.

After all of the recognition and presentations, the girls will have a chance to discuss what they want to do next. Guests can and should remain so that they can witness and support the next step that participants decide to take.

### ICEBREAKER (15 MINUTES)

#### *Reviewing the Thanzi Langa, Tsogolo Langa Journey (15 minutes)*

Welcome the parents and community leaders who are in attendance to support the girls' completion of the curriculum.

Invite girls to review their full journey through their group to share what they have learned with those in attendance.

Share with girls that they have discovered many new things along the journey and that their journey included getting to know them as girls, getting to know their parents and exploring their community.

Remind them of the objective of *Thanzi Langa, Tsogolo Langa* clubs: to provide a safe and fun learning environment where girls can be equipped with life skills and knowledge for their nutrition, health and sanitation.

*Say:*

We can see now that we are at the completion of our journey! We have become good friends, and learned about important skills we need to care for our health, feel confident and empowered to make good decisions, and protecting ourselves from harm and threats to our health! The last nine months of meeting, we have talked about different issues that girls have to deal with daily, such as nutrition, decision making, reproductive health, HIV and other social issues.

Our parents have joined our journey and made visits with us and we have explored the community. Let's clap in celebration!

### ACTIVITY 1: OPEN DAY RECOGNITION (45 MINUTES)

Ask invited community leaders and successful female role models to share a few brief remarks and encouragements to the participants and their families in attendance.

Ask girls to present displays, songs, or role plays that describe a specific lesson in the curriculum or one of their favorite moments or biggest learnings from the sessions.

Recognize each participant who has completed the sessions as a "graduate." Give each girl the chance to share her favorite memory or lesson learned when her name is called.

After recognizing all of the girls, consider having them recite the pledge they made in Lesson 31 as a declaration in front of those in attendance.

#### Our Pledge As Young Women

I, \_\_\_\_\_, promise to use the knowledge and skills I learned in this program to make decisions in my life that protect myself, my family and my friends from harm. I promise to work towards living a healthy life and achieving my goals.

### ACTIVITY 2: SUGGESTIONS FOR A NEW JOURNEY (20 MINUTES)

After all of the recognition and presentations, gather the girls in a circle for the last discussion. Guests can remain so that they can witness and support the next step that participants decide to take.

Ask the girls if they would like to continue meeting with each other. Ask for ideas of things that they would like to do to as individual girls and as community members to further their growth.

Write down the ideas from the participants in the open space in this lesson. If you need ideas to start the brainstorm, see Box 1 below.

#### Box 1. Ideas for Continuation

Name of Gathering	Key Steps
Making Our Gardens Healthier	In groups of five girls, look at each other's gardens and see what plants can be exchanged to make each other's gardens healthier and have more diverse vegetables and fruits

Creating a Community Map of Services to Put up at the School	<p>Ask local government to provide further information on services available in the community</p> <p>Ask the school for some paper and pencils</p> <p>Draw a map with community services and ask the school principal for permission to put the map up in the school in a visible place</p>
Organize community activities for girls	<p>Help School Health and Nutrition (SHN) teachers in schools to form girls health clubs</p> <p>Hold sports tournaments for girls and boys</p> <p>Hold monthly youth meetings/discussions about different topics from the curriculum</p> <p>Host participatory cooking sessions for youth to practice making healthy foods and discuss topics of nutrition or making good decisions</p> <p>Sponsor drama/skits where girls act out key themes from the curriculum and educate their peers</p> <p>Create songs with educational messages to perform at community events</p>
Create a Buddy System for Girls	Create a network of girls in the group and beyond who can call on each other to walk together somewhere
Learn to Fix a Bicycle Together	Find someone who can fix bicycles in the community and ask him or her to teach the group how to do it
Find a Mentor in the Community	<p>Identify a role model in your community who you would like to learn from, asking a parent or community leader for support if you need help initiating a conversation with them.</p> <p>Ask them questions and learn from their experiences</p>
Mentor a Younger Girl in the Community	<p>Identify a younger girl you would like to be friends with</p> <p>Each week share something you learned in the gatherings with her</p> <p>Listen to this girl's problems and just be there for her</p>
Organize a Health Campaign in the Community	<p>Meet with the HSA or a Care Group Promoter and ask about the most critical health issues in the community</p> <p>Ask the HSA which are the key health messages community members need</p> <p>During community open days, go family to family sharing the health messages</p>
Teach Someone to Read	Find someone in the community who cannot read and teach them to read by helping them make out words.

## WRAP-UP: SINGING A SONG TOGETHER

Invite girls to sing a song together to close out the gathering.

*Say:*

Please suggest a song and let's sing it together to celebrate our journey!

***Facilitators general comment box about the session:***

What went well?

What could be improved?

# Annexes

## GLOSSARY OF TERMS

*The following **bold** terms are used in the learning sessions, and their explanations and definitions are provided for your reference.*

**Abstinence** Refraining from sexual activity, the only 100 percent effective method for avoiding unwanted pregnancy and sexually transmitted infections, including HIV

**Adolescence** The period of time when people transition from childhood to adulthood, usually between ages 10 and 19

**Advocacy** Public support for or work to promote a specific cause

**Aggressive** Delivering a message forcefully without thinking of the other person's feelings; expressing oneself in a confrontational manner

**Anemia** When a person feels more tired and weak than normal, they may have a medical condition known as "anemia." This is when the blood is not able to nourish the heart, brain, lungs and other parts of the body. Anemia can be caused by lack of iron in the diet, malaria, being pregnant, or bleeding too much. Young children, girls who bleed a lot during menstruation, pregnant women, and older people may have this problem.

**Antenatal Care** The care of women and their children before birth

**Antibodies** When the body's defense system (immune system) comes into contact with a disease, it produces germ fighters, called antibodies, which fight off and destroy various viruses and germs that invade the body. An antibody is found in the blood and it tells us that the person has been infected with a particular germ or virus. HIV tests look for HIV antibodies.

**Assertive** Delivering a message by honestly expressing one's thoughts and feelings; being direct and clear without putting down the rights of others; showing mutual respect

**Attributes** A quality or feature that is characteristic of someone

**Avoid** Keep away from

**Beliefs** Something one accepts as true or real; a firmly held opinion. This can be positive or negative.

**Body Language** See *non-verbal communication*

**Bladder** The sac where urine is collected before excretion

**Carbohydrate** A nutrient which helps provide energy for the body. Carbohydrates are found in staple foods, grains, bread, cereals, beans, fruits, and vegetables.

**Cervix** The neck-like passage from the uterus to the vagina

**Clitoris** A sensitive area near the top of the opening of the vagina that helps a woman have sexual pleasure

**Communication** Process of sending and receiving information or thoughts through words, actions, or signs

**Communication Blockers** Barriers or things that interfere with good communication

**Community Assets** Positive characteristics that benefit communities

**Community Resource** An organization, institution, group, or person in the community that provides assistance and support to those at risk

**Community Service** An activity that is performed by one or more people for the benefit of the public or its institutions

**Conception** When a sperm cell meets an egg and fertilizes it, so that it begins to develop into an embryo

**Condom** A barrier device commonly used during sexual intercourse to protect against pregnancy, sexually transmitted diseases, and HIV transmission, infection, or (re)infection

**Conflict** A serious disagreement or argument, typically one that lasts a while

**Conflict Resolution** Methods, strategies and/or processes involved in facilitating the peaceful ending of social disagreement or problem

**Consequences** Good or bad things that can result from a decision or action

**Consent** Give permission or agreement for something to happen

**Contraceptives** Methods for preventing pregnancy; also known as family planning

**Danger Signs** Warnings of an impending hazard or negative outcome

**Date Rape** Rape between individuals who are dating or know each other; also called acquaintance rape

**Decision** A choice between two or more options

**Decision-Making** The process of reaching a decision

**Defilement** Sex with a person who the law defines as too young to legally consent, regardless of whether or not they consented (girls younger than 16)

**Depressants** Drugs which reduce the functioning of nervous activity to make the body react slowly

**Disadvantage:** A negative condition or situation that can cause someone harm.

**Discrimination** Treating someone differently because of perceptions or prejudices about them

**Early marriage** Early marriage is marriage before the age of 18.

**Effective Communication** Communication that avoids misunderstandings and improves relationships

**Ejaculation** Release of semen from the penis during orgasm

**Embryo** A developing human that has not yet reached the fetus stage, usually from the time of conception until around two months after conception

**Empowerment** Making someone stronger and more confident, especially in controlling their life and claiming their rights

**Energizer** An activity used to establish or reestablish energy and enthusiasm among participants, especially if concentration is broken

**Erection** The stiffened and swollen state of erectile tissue, especially that of the penis, usually as a result of sexual arousal

**Expenses** Money out—this can be money spent for any purpose.

**Exploitation** Using a situation to your own advantage without concern about how the other person feels; sometimes achieved by using force, pressure or tricks

**Fact** A truth, which can be backed up by evidence

**Fallopian Tubes** Tubes which connect a woman’s ovaries to her uterus

**Fat** A natural substance that is found in oil and sweets. Fat helps keep us warm, stores energy, and helps to keep skin and hair healthy. The body needs some fat to stay healthy (like the fat found in oil) but too much can cause health problems.

**Fertilization** The fusion of a male sperm cell and a female egg; necessary before an egg can begin to grow into an embryo

**Fetus** A developing human that is past the embryo stage but not yet born (usually from two months after conception until birth)

**Forced marriage** Forced marriage is marriage against one's will.

**Friendship** A particularly fulfilling relationship involving intimacy, trust and honesty

**Gender** What a society or culture expects from you based on whether you are male or female (roles, behaviors, activities, attributes, etc.)

**Gender Role** Expectations of how men and women should act and what their roles are in society

**Gender Stereotype** An oversimplified or biased description of the abilities of men and women

**Gender-Based Violence** Any act that results in, or is likely to result in, physical, sexual or psychological harm or suffering to someone (boy or girl) based on gender-role expectations and assumptions

**Goal:** Something that you hope to achieve, especially when much time and effort will be needed

**Short-term goal:** A goal that can be achieved in a relatively short period of time, such as 1–2 months.

**Long-term goal:** A goal that will take a long period of time to achieve, like 1–2 years.

**Group Norms** The standard behaviors and characteristics of a group

**Group Rules** Basic rules set to help you feel safe and respected, and maintain productivity

**Harmful cultural practices.** A social, cultural, or religious practice that, on account of sex, gender, or marital status, does or is likely to undermine the dignity, health, or liberty of any person or to result in physical, sexual, emotional, or psychological harm to any person (Malawi Gender Equality Act, 2013).

**HIV** Human Immune Deficiency Virus; the virus that causes AIDS and is transmitted through blood, semen, vaginal fluid and breast milk

**HIV Testing and Counseling (HTC)** The process by which a person can learn whether or not he or she is infected with HIV, during which the person always counseled before and after the test regardless of the results; the decision to go for testing and to receive the results is voluntary

**Hormones** A chemical substance produced in the body that controls and regulates the activity of certain cells or organs

**HTSP** Healthy Timing and Spacing of Pregnancy, or HTSP, is a way to help women and families delay or space their pregnancies to achieve the healthiest outcomes for women, newborns, infants, and children. This is a free and informed choice, taking into account the intentions of the couple and their desired family size.

**Icebreaker** An activity used to 'warm' participants up in preparation for core activities

**Immune System** The body's natural defense system for fighting off disease

**Implantation** An event that occurs early in human pregnancy when a fertilized egg adheres to the uterus wall

**Incest** An act of two members of the same family having sexual intercourse, for example a father and daughter, or a brother and sister

**Income** Money in—this could be regular or irregular, from a job, or even a gift

**Iron** A mineral which is necessary for transporting oxygen in the blood, and can be found especially in animal-source foods, beans, and leafy green vegetables.

**ITN or LLIN** Insecticide Treated Net or Long Lasting Insecticide-treated Net: a net which is treated to keep out mosquitoes that cause malaria

**LAM** Lactational Amenorrhea Method. This is a method of contraception where exclusive breastfeeding during the six months protects a new mother from becoming pregnant right away. This method only works when the child is receiving only breastmilk during the first six months of life and before menstruation has returned.

**Labia** The two folds of skin, or lips, at the opening of the vagina

**Leadership** The art of motivating a group of people to act towards achieving a common goal or a state of being in control of a group of people

**Life Cycle** The process of changes through which a human goes during their life, including infancy, childhood, adolescence, adulthood, and old age

**Love** A strong feeling of affection towards something or someone

**Medicine** A drug used for the prevention or treatment of a disease

**Menstrual Cycle** The period of time beginning on the first day of a woman's period until the day before she begins her next period

**Menstrual Hygiene** Taking care of oneself in a clean, safe, and healthy way during menstruation

**Menstruation** When blood leaves a woman's body through the vagina, because the egg that was released into her uterus was not fertilized; signifies that a woman or girl can become pregnant if she has sexual intercourse; occurs around once a month for most women, and is commonly called the "monthly period"; usually lasts between three and seven days

**Mineral** A substance that can be found in foods, but is not made in the body. Minerals help to make the body strong and keep it working well.

**Miscarriage** The spontaneous end of a pregnancy at a stage where the fetus is incapable of surviving independently, also known as a 'Spontaneous abortion'

**Myth** A belief that is told by a group of people, which may be based on truth, but is untrue

**Needs** A basic necessity that you cannot live without—like food, water, and a place to live.

**Non-Verbal Communication** Facial expressions, eye contact, body position, touch, and actions that give meaning to what is said

**Nutrition** The process by which the body acquires and uses food. This process includes the ingestion, digestion, absorption and utilization of the food.

**Nutrient** A substance found in food that provides nourishment essential for growth and the maintenance of life, the "building blocks" of life.

**Outcome** The result of something.

**Ovaries** A pair of organs that contain a female's eggs or ova

**Ovulation** The periodic release of a mature egg from the ovary, which usually happens around the middle of a woman's menstrual cycle

**Ovum** The mature female reproductive cell, which can produce an embryo after fertilization by sperm

**Passive** Accepting or allowing what happens, or what others do, without active response or resistance

**Peer Pressure** Influence on another person's decisions or the exertion of influence on someone to manipulate them into following certain behaviors or beliefs of people in their social group

**Penis** The male sex organ. It provides passage for both urine and semen; places sperm in the woman's vagina during sexual intercourse

**Placenta** The organ that transfers nutrients from the mother to the fetus, which is expelled after giving birth, also known as afterbirth

**Post Exposure Prophylaxis (PEP)** A short-term medication given to a person who has been exposed to the HIV virus. This medicine reduces the chance of HIV infection after exposure, which might include risky sexual behavior or sexual abuse. It must be taken within 72 hours of exposure.



**Power** Having control, authority or influence

**Power Over** The power that one person or group uses to control another person or group

**Power To** The belief, energy and actions that individuals and groups use to create positive change

**Power With** The power felt when two or more people come together to do something that they could not do alone.

**Power Within** The strength that arises from inside an individual when s/he recognizes the equal ability within all of us to positively influence our own lives and community.

**Process** A series of actions or steps taken to achieve something

**Protein** A natural substance that is usually found in meat, fish, eggs, beans, dairy, and soya. Protein helps to make the body strong and give it the energy that it needs.

**Puberty** The physical and emotional changes that people go through during adolescence; results in sexual maturity and capability for reproduction

**Rape** A type of sexual assault usually involving sexual intercourse, which is initiated by one or more people without the other person's consent

**Rights** A moral or legal entitlement to have or obtain something or to act in a certain way

**Safe Space** Places where girls and women can meet and share their own interests. The safe spaces are meant to protect girls and women from bodily harm, sexual abuses and harassment.

**Saving:** Putting money aside for future use.

**Scrotum** The pouch of skin containing the testicles

**Secondary Abstinence** The choice to stop having sex after one is no longer a virgin

**Self-Worth** What a person thinks about themselves

**Sex** Whether a person is male or female; also a term used for sexual intercourse

**Sexual abuse.** Any sort of nonconsensual sexual contact.

**Sexual Activity** Activities associated with sexual intercourse

**Sexual Desire** A longing for sexual intimacy or expression, or feeling of sexual attraction

**Sexual Exploitation** When someone uses another person of the opposite sex to make him/herself feel good or to get something from the other person without concern about how that person feels

**Sexual Intercourse** When a male inserts his penis into a female's vagina

**Sexuality** The way people experience and express themselves sexually. This involves physical, mental, emotional, social, or spiritual feelings and behaviors.

**Sexually Transmitted Infections (STIs)** Infections that are transmitted through sexual contact: anal, vaginal or oral

**Sperm** Male reproductive cells, which fuse with eggs during fertilization

**Statutory Rape** Sex with a person who the law defines as too young to legally consent, regardless of whether or not they consented (below 16)

**Stigma** Severe disapproval of, or discrimination against, a person on the grounds of characteristics that distinguish them from other members of a society

**Stress** A state of mental or emotional strain or tension resulting from adverse or demanding circumstances

**Stress.** A state of mental or emotional tension resulting from adverse or very demanding circumstances. It may lead to feeling sad and low; loss of appetite; difficulty in sleeping; and being fearful, tense, or panicky.

**Stunting.** When one is too short for one's age, as measured by medical standards for height.

**Teamwork** The ability to positively relate with others, to identify and complement the strengths of one another, and to contribute towards a common goal

**Testicles** These are two egg-shaped organs in front of and between a man's thighs; each testicle produces and stores sperm, which can fertilize a woman's egg during sexual intercourse

**Traditions** Customs or beliefs that have been passed on from one generation to another.

**Unintended Pregnancy** A pregnancy that is unwanted or mistimed

**Urethra** The duct which conveys urine (in males and females) and sperm (in males) outside the body

**Uterus** Where a fertilized egg grows and develops when a woman becomes pregnant; also called the womb

**Vagina** Female sex organs with the functions of sexual intercourse and childbirth

**Value** A personal measure of worth, such as how important certain beliefs, principles or ideas are to someone

**Vas Deferens** The duct that conveys sperm from the testicles to the urethra

**Verbal Communication** When one person talks and others listen and react

**Vitamin** A natural substance that is usually found in foods. Vitamins help the body to be healthy and well nourished.

**Vulva** External female genital organs

**Wants** Something that is desired, but not necessary for daily survival—such as sweets, makeup, hair extensions, etc.

**Well-Being** A state of being comfortable, healthy, or happy

**Window Period** The period between HIV infection and when the body produces antibodies for the HIV virus, which are used to detect HIV infection through a test.

**Youth Friendly Health Services** Youth Friendly Health Services are high quality services that are relevant, accessible, attractive, affordable, appropriate and acceptable to the young people. The services are provided in line with the Ministry of Health's minimum health package and aim to increase acceptability and use of health services by young people.

## ANNEX A: ADDITIONAL TOPICAL INFORMATION

### Adolescent Nutrition

It is a well-established fact that children born to short, thin women are more likely themselves to be stunted and underweight (low weight for age). What is more worrying therefore is that the negative effects of adolescent malnutrition persist throughout a woman's reproductive life. Adolescence is characterized by an abrupt increase in physical growth, physiological changes and physical activity. These changes lead to significant increase in the nutritional demands. When an adolescent's overall energy and nutrient needs are not met, her growth and development may be delayed or slowed, and her height may become stunted, leading this cycle of malnutrition to continue. Good nutrition during adolescence is vital to meet the increased nutritional needs for current health and to prepare the body for staying healthy for life, as well as for adult pregnancy and positive birth outcomes.

#### *Essential Nutrition Actions for Adolescents*

The Government of Malawi has the following guidelines for adolescent nutrition.<sup>8</sup>

- Eat 3 nutritious meals made from a variety of foods from the six food groups every day with nutritious snacks in between meals.
- Boys need extra servings of foods rich in energy while girls need extra servings of iron, folate and vitamin C rich foods.
- Distribute food equitably among family members according to their needs.
- The workload should be equitably allocated between girls and boys to avoid undue exhaustion and depletion of energy and nutrient reserves in adolescent girls.

#### *Essential Nutrients<sup>9</sup>*

The important nutrients that need to increase during adolescence include energy, protein, vitamins, calcium, and iron.

#### *Carbohydrates—Energy giving foods*

Energy needs of adolescents are influenced by their activity level, the basic amount of energy used to support body systems and functions, and increased requirements to support growth and development during puberty. Adolescents need additional energy for growth and activity. Adolescent girls need approximately 2,300 calories each day. This is a significant increase from childhood requirements. To meet these calorie needs, adolescents should choose a variety of healthful foods, such as lean protein sources, low-fat dairy products, whole grains, fruits, and vegetables. In an attempt to meet their energy needs, adolescents can fall prey to unhealthy, coercive and aggressive advertisement for unhealthy foods. They must therefore be well informed in the choice of healthy foods both at home and in school.

#### *Essential Fats and oils*

During adolescence, dietary fat continues to play important roles as an energy source, needed for basic body structures and body processes (including carrying certain vitamins throughout the body), and a requirement for body functions including growth and development, which are happening rapidly during adolescence. Good sources of dietary fat to encourage for girls to eat are those found in animal-source foods, legumes and nuts, and cooking oil.

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<sup>8</sup> Ministry of Health (MOH), National AIDS Commission, WHO, and UNICEF. 2007. National Nutrition Guidelines for Malawi. Lilongwe, Malawi: MOH.

<sup>9</sup> Adapted from Population Council: *Health and Life Skills Curriculum for the Adolescent Girls Initiative—Kenya (AGI-K)*

Packaged and processed foods often contain high amounts of fat that is more difficult for the body to use. These foods should be consumed in limited quantities, as consuming too much of them can contribute to long-term health problems including heart disease, breast cancer, and overweight.

### *Protein*

Protein needs of adolescents are determined by the amount of protein required for the growth and maintenance of the body during the adolescent growth spurt. In effect, protein is important for growth and maintenance of muscle. Adolescents need between 45 and 60 grams of protein each day. Teens can meet this requirement with the intake of chicken, fish, meat, eggs, and dairy products. Protein is also available from certain vegetable sources, including soy foods, beans, and nuts. These foods should be included in the diets of vegetarians especially. When protein intakes are consistently inadequate, reductions in linear growth (height), delays in sexual maturation and reduced accumulation of muscle mass may occur.

### *Vitamins*

#### Vitamin A

Besides being important for normal vision, vitamin A plays a vital role in reproduction, growth, and immune function. Main sources of vitamin A include leafy green vegetables, deeply colored fruits and vegetables like pumpkin and orange fleshed sweet potatoes, tomatoes, fruits, and red palm oil.

#### Vitamin C

Vitamin C is involved in producing the substances that connect bones, muscles, joints, and organs together in the body. For this reason, vitamin C is an important nutrient as adolescents grow and develop. Vitamin C is found in fruits and vegetables like papaya, cabbage, green beans, guava, kiwi fruit, potatoes, tomatoes, and citrus fruits.

#### Vitamin D

Vitamin D helps to build healthy bones and protects the body from disease. Oily fish, liver, egg yolks, and mushrooms are good sources of Vitamin D. Sunlight is a good source of vitamin D, so playing outside is good for exercise and nutrition!

### *Minerals*

#### Calcium

Almost half of bone mass is attained during adolescence, and so adequate calcium intake is important for the development of strong bones for life. Calcium needs during adolescence are greater than they are in either childhood or adulthood because of the fast growth during the adolescent growth spurt. Inadequate calcium intake during adolescence and young adulthood puts individuals at risk for developing osteoporosis later in life. In order to get the required 1,200 milligrams of calcium, teens are encouraged to consume three to four servings of calcium-rich foods each day. Dairy products like milk and yogurt can provide the greatest amount of calcium in the diets of adolescents, other good sources include amaranth, leafy green vegetables, almonds, soy milk, fortified cereals, and small fish.

Girls preoccupied with body shape might have a dilemma of including calcium-rich dairy foods, which they perceive as fattening.

#### Iron

Iron is vital for transporting oxygen in the bloodstream. A deficiency of iron causes anemia, which leads to fatigue, confusion, and weakness. With the onset of adolescence, the need for iron increases as a direct consequence of rapid growth and the expansion of blood volume and muscle. As adolescents gain muscle, more iron is needed to help their new muscle cells obtain oxygen for energy. The onset of

menstruation imposes additional iron needs for girls. The Recommended Dietary Allowance for iron is 12-15 milligrams (mg) per day. Good sources of iron include chicken, pork, fish, legumes (including beans and nuts), enriched or whole grains, and leafy green vegetables such as spinach.

Intermittent iron supplementation is recommended for menstruating women in areas where anemia is common. If this is available in the community or through the health facility, it is wise for girls and women to access this service.

#### Zinc

Zinc is important in adolescence because of its role in growth and sexual maturation. It is known that zinc levels decline in response to the rapid growth and hormonal changes that occur during adolescence. Mild zinc deficiency has been found in 18% to 33% of female adolescents. Zinc is naturally abundant in red meats, shell liver, nuts, legumes, and whole grains. Additionally, some staple foods are fortified with zinc. Zinc and iron compete for absorption, so elevated intakes of one can reduce the absorption of the other. Adolescents who take iron supplements may be at increased risk of developing mild zinc deficiency if iron intake is over twice as high as that of zinc.

#### Folate

Folate plays an integral role in building and repairing cells. Thus, adolescents have increased requirements for folate during puberty. Rich sources of dietary folate consumed by adolescents include ready-to-eat cereal, orange juice, bread, milk, and dried beans or lentils. Adolescents who have formed the habit of skipping breakfast or do not eat a balanced diet may be at an increased risk of low folate consumption.

#### *Cultural Experiences and Nutrition Practices*

There may be cultural practices or beliefs which impact the foods that people eat. Lessons 12 and 13 discuss this topic and may provide specific examples from your community. Sometimes there are food ‘taboos’ in the community which may begin for girls as they enter puberty: for example, foods a girl cannot eat when she is menstruating, or practices of limiting food or certain food groups. There may also be gender norms which influence what an adolescent girl eats or what is available to her. If she must eat last, for example, she may not get some of the important nutrients she needs because only nsima is left. These issues are important to discuss with participants, parents, and community leaders, to understand what might keep adolescent girls from being able to eat a healthy and balanced diet.

#### *Eating and snacking patterns*

Adolescents tend to eat differently than they did as children. During this time there are also some emotional and social changes taking place that influence dietary habits among adolescents. Peer influence, body image and mass media may influence their dietary patterns. Social activities, studying, and expectations at home may keep adolescents from eating three meals a day. This may lead to meal skipping, snacking throughout the day, and more eating away from home. Many teens skip breakfast, for example, but this meal is particularly important for getting enough energy to make it through the day, and it may even lead to better academic performance. When teens skipping meals at home is common, the likelihood of purchasing fast food from a restaurant or shop will be high. These foods tend to be high in fat and sugar and they provide little nutritional value. More importantly, eating too many fast foods can lead to weight gain and which may predispose one to diseases such as diabetes and heart disease.

### *Potential nutrition-related problems for adolescents*

Poor eating habits during the critical adolescent years may lead to both short and long term health consequences including obesity, osteoporosis, and sexual maturation delays. Adolescents are at risk of obesity, obesity-related chronic diseases and eating disorders.

#### Obesity

All over the world, adolescent obesity is on the rise. Obesity is associated with an increased risk of obesity-related diseases like diabetes and heart disease. This rise has been linked to lack of physical activity and an increase in the amount of fast food and “junk food” available to adolescents. Staying active and avoiding sugary drinks and fatty snacks foods will promote a healthy weight for adolescents.

#### High-risk adolescent groups

Though adolescents in general are nutritionally vulnerable, certain groups of adolescents may be at greater risk for nutritional inadequacies. This category of adolescents includes the following:

- *Pregnant adolescents*

When a teenager becomes pregnant, she needs more nutrients than her nonpregnant colleagues in order to support both her baby and her own continued growth and physical development. When a growing adolescent becomes pregnant, there is competition for nutrients between the mother and the baby. This can result in interruption of the prospective mother’s linear growth and increase her risk of stunting. If her nutritional needs are not met, her baby may be born with impaired growth and subsequent low birth weight or other health problems. For the best outcome, pregnant adolescents need to seek prenatal care and nutrition advice early in their pregnancy. Iron, folic acid, calcium, zinc, vitamin A are all important for pregnant women, along with eating enough food, and a balanced diet. For more information on nutrition for pregnant adolescents, see additional lessons in Annex E, and use the referral form in Annex F to help a pregnant adolescent access care and begin receiving visits from a Care Group Cluster Leader in her community.

- *Vegetarians*

A vegetarian diet can be a very healthy option. However, adolescents who follow a vegetarian diet, whether for religious or personal reasons, need to carefully plan their intake to get the protein and minerals they need. Strict vegetarians (those who do not eat eggs or dairy products), also known as vegans, may need nutritional supplements to meet their needs for calcium, vitamin B12, and iron.

### *Nutrition for People Living with HIV<sup>10</sup>*

HIV infection is characterized by progressive destruction of the immune system, and therefore predisposes people to various opportunistic infections that lead to increased need for nutrients. As a result, people with HIV, especially children, have increased energy needs. It is important for people living with HIV to get nutrition counseling as part of their treatment plan.

#### The Relationship Between Nutrition & HIV

A direct link exists between good nutrition and HIV. Nutritional status may affect the progression of HIV and related infections and the survival of HIV infected people. A well-nourished person or child has strong immune system that helps to fight diseases. When a person or child has HIV, the ability to fight

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<sup>10</sup> Ministry of Health (MOH), National AIDS Commission, WHO, and UNICEF. 2007. National Nutrition Guidelines for Malawi. Lilongwe, Malawi: MOH.

diseases is weakened or reduced. If such a person or child is not well fed, the body gets weaker and the person is more likely to get sick more often and develop more serious complications.

HIV and related diseases or conditions that the person may suffer from increase their demand for nutrients. A variety of foods are necessary in order to recover from illness. However the diseases and related conditions may affect food intake and utilization of the various food nutrients by the body. This relationship results in a vicious cycle of malnutrition and diseases.

Essential Actions for Improving Nutritional Status for PLHIV

The following recommended practices from the Ministry of Health will help people living with HIV to maintain high quality of health and to manage nutrition related conditions as they occur.

- Eat a variety of foods from the six food groups everyday
- Eat foods that are not highly refined for example; eat whole wheat brown bread rather than white bread, mgaiwa other than white maize flour.
- Eat fermented foods such as chambiko, yoghurt, and thobwa.
- Eat small but frequent diversified meals throughout the day (at least 6 times a day).
- Eat a lot of fruits and vegetables every day.
- Eat boiled or steamed or roasted foods other than fried foods (they are more easily digested).
- Observe all the hygiene rules to avoid germs that may cause diseases, e.g. Prepare food in a clean environment, ensure that fruits and vegetables are washed well.

## The Menstrual Cycle<sup>11</sup>

Lesson 14-15

### *What is the menstrual or ovulatory cycle?*

At puberty, girls begin to experience cycles of fertility. Unlike males, who are fertile continuously from puberty onward, females can become pregnant only during certain days of the cycle. The length of the cycle varies from person to person but is generally about one month. During each cycle, the female body goes through many changes. The most obvious part of the cycle is menstrual bleeding, also called menstruation or the “period.” We often think of menstruation as the climax of the cycle, but menstruation is just one part of an amazing array of changes that take place during the cycle. These changes are the body’s way of preparing for a potential pregnancy. They include producing mucus at the cervix, growing and releasing an egg, and changes in the lining of the uterus. These changes are controlled by hormones (natural chemicals produced by glands in the body and carried in the bloodstream). These hormonal changes affect many parts of the female body, and also how women feel and function. Knowing about these changes can give a girl or woman a sense of greater comfort and control regarding her own body. A woman can learn simple techniques for identifying when she is ovulating and when her menstrual period is due.

### *What changes does the body go through during the cycle?*

#### 1. Before ovulation

**Menstrual Bleeding:** Menstruation, or menstrual bleeding, signals the beginning of a new cycle. During menstruation, blood and tissue are shed by the uterus and flow out of the vagina. The first day of bleeding is designated as “day one” of the cycle. Bleeding usually lasts between four and six days.

**Dryness:** After menstrual bleeding ends, the vagina may feel dry because hormone levels are low and the cervix is producing little or no mucus.

**Thickening of the Uterine Lining:** After a few days, as her body releases more hormones, the woman (or girl) may notice a vaginal discharge of mucus. At first, this mucus is cloudy-white or yellowish and may feel sticky. At the same time, although she cannot detect it, the lining of her uterus begins to thicken and an egg (also called the ovum) “ripens.”



#### 2. Ovulation

**Clear Mucus/Ovulation:** As the egg ripens, the mucus becomes clearer and slippery, often similar to raw egg white. Often it can be stretched between the fingers. This clear mucus nourishes sperm and helps them to move toward the egg. At this time, a woman’s sexual desire may also increase. The release of the egg from the ovary is called ovulation. The days just before and around the time of ovulation are the time when a girl or woman can become pregnant. These are sometimes called her “fertile days.” The female body goes through other changes around this time as well. For example, some women experience an increase in sexual desire and in their sense of well-being for a few days. And some feel a twinge or slight discomfort on one side of their abdomen at about the time the egg pushes out of the ovary.



<sup>11</sup> International Sexuality and HIV Curriculum Working Group. 2009. *It’s All One Curriculum: Guidelines and Activities for a Unified Approach to Sexuality, Gender, HIV and Human Rights Education*. Edited by Nicole Haberland and Deborah Rogow



### 3. After Ovulation

*Post Ovulation:* After ovulation, the egg can live for one day. The mucus again becomes thicker and creamy or sticky. For the next 14 days (more or less), hormones keep the thickened lining of the uterus in place. The body temperature also rises slightly.

*Menstrual Bleeding:* If no pregnancy has occurred at the end of the 14 days, the hormone levels fall. The lining of the uterus sheds, and the body temperature falls back down. This shedding is menstruation, and a new cycle begins. (If a pregnancy occurs, the body continues to produce hormones to keep the thickened lining of the uterus in place for nine months as the baby grows.)

#### *How long is the ovulation-menstrual cycle?*

During the first year or two after menarche (the first menstrual period), the length of time from one period to the next may vary. Several months may pass between periods. Even for adult women, the length of the cycle may vary from one woman to the next. It may also vary from cycle to cycle for any one woman. Things like travel, stress, depression, malnutrition, and illness can affect it. Most commonly, however, women begin a new cycle every 24-36 days. The part of the cycle from the beginning of menstrual bleeding until ovulation may vary a great deal. It can be as short as a couple of days or as long as several months or more. Most commonly, it lasts between one and three weeks. In contrast, the part of the cycle from ovulation to the next menstrual period does not vary; it is always close to 14 days. In other words, once ovulation occurs, a girl or woman knows that – unless she has become pregnant – her menstrual period is due in 14 days.

#### *Which are the fertile days of the cycle?*

The fertile period includes the day of ovulation and the five previous days. Sperm can survive in the female genital tract for as long as five or six days, and the egg (if it is not fertilized) survives for as long as 24 hours. Predicting the fertile days is difficult, however, because the first phase of the cycle (from menstruation to ovulation) is the part that may vary widely in duration. Some women learn how to observe the changes in their mucus (and in their body temperature) so that they can tell when they are likely to be ovulating. Some women also feel a slight pain when they ovulate. Many women and girls use such “fertility awareness” techniques to have a better sense of when their menstrual period is due. Knowing which days are the fertile ones can be useful for women who are trying to become pregnant and for those who want to avoid pregnancy. Using fertility awareness techniques correctly, however, requires thorough instruction, follow-up, and careful ongoing observation. (See the *Training Aid: Types of Contraception Flipchart* and Lesson 19: “Avoiding Becoming Pregnant” for more information about fertility awareness techniques.)

#### *For how long do women have menstrual or ovulatory cycles?*

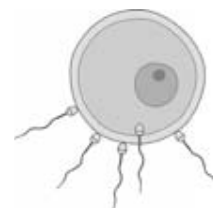
As women enter mid-life, their hormone levels change. Eventually they stop releasing eggs and menstruation also ceases. This phase, called menopause, also signals the end of fertility. The age of menopause varies by woman and differs in different settings, but typically it begins in the mid-40s in developing countries and in the early 50s in developed countries.

## Reproduction and Pregnancy<sup>12</sup>

Lessons 14, 16

### *How does pregnancy occur?*

Before a pregnancy can occur, an egg and a sperm must join. This event is called fertilization. Fertilization can occur only during the fertile phase of a woman's menstrual cycle. During the woman's fertile phase, one of her two ovaries releases an egg. This event is called ovulation. From here, the egg moves into the fallopian tube. Also during the fertile phase, the woman's cervix moves into a position that eases the sperm's entry from the vagina. The cervix secretes a large amount of clear cervical mucus. This mucus provides nourishment to enable sperm to survive for several days. The mucus also provides an environment that helps sperm swim upward toward the fallopian tube, to reach the egg. During sexual intercourse, the sperm are ejaculated near the cervix. They enter the cervix within seconds. If the woman is fertile, some sperm may reach the egg in the fallopian tube within five minutes, while other sperm can survive in the clear ("fertile-type") mucus in the cervix. Sperm continue to exit the cervix and are available to fertilize an egg for up to five days after ejaculation. Hence, a woman who ovulates several days after she has unprotected sex is likely to have sperm remaining in her cervix, and these sperm may still be able to reach the fallopian tube and fertilize the egg. Once ovulation occurs, however, fertilization must occur within 24 hours because the egg can survive for only that long. Fertilization takes place in the fallopian tube. Once a sperm has fused with the egg, it creates a barrier to other sperm. The fertilized egg continues down toward the uterus.



### *What happens after fertilization?*

In the fallopian tube, the fertilized egg, or zygote, begins to divide and grow, as it moves toward the uterus. This journey takes about five days. After it has divided once, it is called an embryo. Within two days of reaching the uterus, the embryo attaches or implants itself in the lining of the uterus. Implantation is the beginning of pregnancy.

### *How can a woman tell if she is pregnant?*

Early signs of pregnancy differ from woman to woman and between pregnancies. They include:

- a missed period,
- tender or swollen breasts,
- sensitive nipples,
- frequent urination,
- unusual fatigue,
- nausea and vomiting,
- cramps,
- feeling bloated,
- changes in appetite, and
- feeling unusually emotional.

Pregnancy can be confirmed with a pregnancy test, which may be performed by a health care provider or purchased from a pharmacy. Some women who have learned how to detect when their body is ovulating can predict fairly well which day menstruation is due; therefore, they may be aware of a pregnancy as soon as their period is late.

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<sup>12</sup> International Sexuality and HIV Curriculum Working Group. 2009. *It's All One Curriculum: Guidelines and Activities for a Unified Approach to Sexuality, Gender, HIV and Human Rights Education*. Edited by Nicole Haberland and Deborah Rogow

### *What happens during pregnancy?*

After implantation, the embryo (at this stage called a blastocyst) also gives rise to an amniotic sac and a placenta. The sac provides a protective fluid environment for the growing fetus. The placenta provides the fetus with nutrients and oxygen from the mother, and carries out waste products. An umbilical cord connects the placenta to the fetus. Human pregnancy lasts 38 weeks after fertilization (about 40 weeks from the last menstrual period). Pregnancy is divided into three periods of about three months each, called trimesters. During the first trimester, until the twelfth week, all of the major organs and structures of the body are formed: the brain, heart, lungs, eyes, ears, arms and legs. After the eighth week, the embryo is called a fetus. Women commonly feel nauseous during the first trimester; the nausea is sometimes called “morning sickness.” During the second trimester, from the 13th to approximately the 27th or 28th week, the fetus grows rapidly, and usually around the 19th week, the woman can feel fetal movement. Most women begin to put on weight during the second trimester. In the third trimester, the fetus continues to gain weight, and its movements become stronger and more frequent.

### *What can women do to promote a healthy pregnancy?*

It is particularly important for a woman who is pregnant to avoid taking unnecessary medications, drugs, and alcohol. Taking the recommended vitamins and mineral supplements (especially iron and folic acid) is very important (including before pregnancy, if possible). She should also visit an antenatal-care provider, from whom she can get medical checkups and can learn about her pregnancy, potential danger signs, and childbirth. Women infected with HIV should take anti-HIV medication to prevent the fetus from becoming infected and to maintain their own health. Treatment with anti-HIV medicines during labor and delivery is critical for reducing the risk of transmitting HIV to the baby.

### *How are adolescent pregnancies different?<sup>13</sup>*

Compared with women, adolescent girls are five times more likely to die during pregnancy and childbirth. Complications during adolescent pregnancy and childbirth also include challenges with the baby’s growth, preterm delivery, low birthweight, pre-eclampsia, problems in labor including obstructed labor or fistula (due to their pelvises not being fully developed), stillbirth and death of the infant. Adolescents who are pregnant need additional support throughout their pregnancy and delivery, and should be connected with the Cluster Leader in their community for follow-up, support, and referrals to care. Programs to empower girls and support communities to reduce pregnancy before the age of 20 years and marriage before the age of 18 years are important strategies to address maternal mortality and complications from pregnancy and childbirth.

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<sup>13</sup> Guideline: implementing effective actions for improving adolescent nutrition. Geneva: World Health Organization; 2018. Licence: CC BY-NC-SA 3.0 IGO.

## Common STIS and Symptoms<sup>14</sup>

### Lesson 21

SEXUALLY TRANSMITTED INFECTION (STI) NAME	SIGNS AND SYMPTOMS	EFFECTS	TREATMENT
Gonorrhea	<ul style="list-style-type: none"> <li>Most women who are infected show no symptoms</li> <li>Some women experience pain during urination or during sex, vaginal discharge (milky white or yellow/green)</li> <li>In men, this infection can cause a burning pain during urination, painful or swollen testicles or a white, yellow or green discharge</li> <li>Symptoms usually occur 2 to 14 days after exposure</li> <li>Possibly no symptoms</li> </ul>	<ul style="list-style-type: none"> <li>Untreated, it can lead to serious permanent health problems in both men and women including sterility and pelvic inflammatory disease in women</li> <li>Women with this infection can pass it to newborn babies causing blindness (if not treated with drops in eyes), joint infection, or blood infection</li> </ul>	<ul style="list-style-type: none"> <li>This infection can be cured with antibiotics</li> </ul>
Chlamydia	<ul style="list-style-type: none"> <li>Most women who are infected have no symptoms</li> <li>If symptoms do exist they are most likely vaginal discharge</li> <li>Symptoms in men include discharge from the penis, a burning pain during urination as well as itching around the opening of the penis</li> </ul>	<ul style="list-style-type: none"> <li>If left untreated, this infection can spread to the uterus or fallopian tubes and cause constant pelvic pain, infertility and miscarriage</li> <li>This infection can cause eye and respiratory infections in newborns and bring on premature delivery</li> <li>Women are up to five times more likely to contract HIV if exposed to it while infected with this virus</li> </ul>	<ul style="list-style-type: none"> <li>This infection can be cured with antibiotics</li> </ul>
Chancroid	<ul style="list-style-type: none"> <li>Most women do not show symptoms</li> <li>Symptoms may appear three to seven days after infection and include small painful sores on the genitals or one larger sore</li> <li>Inflammation of lymph gland on one side</li> </ul>	<ul style="list-style-type: none"> <li>The presence of sores, the common symptom of this infection, increases a person's likelihood of becoming infected with HIV if exposed to the virus</li> </ul>	<ul style="list-style-type: none"> <li>This infection is curable with antibiotics</li> </ul>
Genital Herpes	<ul style="list-style-type: none"> <li>Most people are not aware they are infected</li> <li>Some people will develop painful blisters on the genitals or mouth</li> <li>Other symptoms include headache, fever, muscle aches and chills</li> </ul>	<ul style="list-style-type: none"> <li>Sores may reappear periodically throughout one's life</li> <li>This infection can be passed to a newborn and cause blindness, brain damage, and death</li> </ul>	<ul style="list-style-type: none"> <li>There is no cure for this infection; however the virus can be treated with a medication</li> </ul>

<sup>14</sup> Reprinted from Population Council: *Health and Life Skills Curriculum for the Adolescent Girls Initiative–Kenya (AGI–K)*

		<ul style="list-style-type: none"> <li>• People with sores from this infection are more likely to contract HIV if exposed to the virus</li> </ul>	
Syphilis	<ul style="list-style-type: none"> <li>• Many people have no symptoms</li> <li>• Primary stage symptoms include a painless sore on the penis or vagina</li> <li>• Sore appears 10 to 90 days after exposure</li> <li>• If not treated, the sore will go away and secondary symptoms will appear including: rashes on the palms of the hands or soles of the feet, fever, headache, hair loss and sore throat</li> <li>• Late stages of the disease are marked by paralysis, numbness, gradual blindness and dementia</li> </ul>	<ul style="list-style-type: none"> <li>• If untreated, this infection damages the internal organs</li> <li>• This infection can lead to blindness, stroke, and death</li> <li>• It can be passed from the mother to child causing deformities and mental illness, possibly death</li> <li>• A sore from this infection can increase the chances of HIV transmission if exposed</li> </ul>	<ul style="list-style-type: none"> <li>• This infection is easily treated with medication</li> </ul>
Trichomoniasis	<ul style="list-style-type: none"> <li>• This infection is caused by a parasite commonly found in the vagina or urethra opening of the penis</li> <li>• Most men do not have symptoms but some may experience mild discharge or a burning pain after urination or ejaculation</li> <li>• Symptoms in women may include yellow green discharge, strong odor, itching or pain during urination or intercourse</li> </ul>	<ul style="list-style-type: none"> <li>• In women, genital inflammation can increase the chance of transmission of HIV if exposed</li> </ul>	<ul style="list-style-type: none"> <li>• This infection is easily cured with medication</li> </ul>
HPV (Human papilloma virus)/ Genital Warts	<ul style="list-style-type: none"> <li>• Most people do not show symptoms.</li> <li>• Some strains of this infection cause warts in the genital area, which can appear months after infection</li> </ul>	<ul style="list-style-type: none"> <li>• Certain strains of this infection can cause cervical cancer in some women</li> </ul>	<ul style="list-style-type: none"> <li>• This infection is treatable with medication</li> <li>• Other strains may clear with time</li> </ul>
Hepatitis B	<ul style="list-style-type: none"> <li>• Spread by sex, exposure to infected blood, and to child during pregnancy or delivery</li> <li>• Mild initial symptoms: headache and fatigue</li> <li>• Later symptoms: dark urine, abdominal pain, jaundice</li> <li>• Often no visible symptoms</li> </ul>	<ul style="list-style-type: none"> <li>• Can develop chronic liver disease.</li> <li>• Causes inflammation of the liver and sometimes leads to liver failure and death</li> </ul>	<ul style="list-style-type: none"> <li>• There is no cure</li> </ul>

## Emergency Contraception<sup>15</sup>

### Lesson 19

Note to Facilitator: *The emphasis of the Thanzi Langa, Tsogolo Langa curriculum is on making smart decisions about sex, including abstinence and protecting oneself if they choose to have sex (i.e. using a condom or other method of family planning). This information is helpful for mentors to have if participants ask them specific questions, so that mentors can dispel myths and reinforce facts.*

#### *What is emergency contraception?*

Emergency contraception (EC) refers to methods of preventing pregnancy that can be used after unprotected intercourse has occurred. For example, it can be used after contraceptive failure (such as in cases where a condom breaks), when a method has been used incorrectly, after having sex without contraception, or after rape. EC can prevent pregnancy if taken within five days after unprotected sex, but works best when taken as early as possible within this time period. EC is not abortion.

#### *What methods are used for emergency contraception?*

**Pills:** Pills containing progestin (a hormone contained in many contraceptive pills) are the most common EC method. As of 2009, the recommendation is to take one pill containing 1.5 mg of this hormone or two pills containing .75 mg each. The pill or pills may be taken in a single dose or in two doses, the first as soon as possible after unprotected sex and the second 12 hours later. In some places EC comes pre-packaged as two pills. The method is sometimes called the “morning after pill.”

Regular contraceptive pills taken for a short time at a much higher dosage than usual can also work, but the dosage depends on the type and brand of pill and must be determined by a knowledgeable health care provider.

**IUD:** Another emergency contraceptive method is the copper-releasing intrauterine device (IUD), which can be inserted by a trained health care provider within 5-7 days after the woman has had unprotected sex. The IUD is not appropriate for women at risk of a sexually transmitted infection, however, and in some countries it has not been approved for emergency contraception.

#### *How do they work?*

EC pills work by preventing ovulation (see *Appendix A: Additional Topical Information – The Menstrual Cycle*), preventing an egg and sperm from joining, or preventing implantation, whereby a fertilized egg attaches to the uterus (see *Appendix A: Additional Topical Information – Reproduction and Pregnancy*). EC does not cause an abortion, because it does not work if the woman is already pregnant. Copper-releasing IUDs are believed to work by interfering with implantation.

#### *How effective is emergency contraception?*

The effectiveness of emergency contraceptive pills depends on the type of pill that is used and how soon it is taken after having unprotected sex. The sooner the pills are taken after unprotected sex, the more effective they are. Estimates suggest that EC pills are about 90 percent effective in preventing pregnancy. Emergency IUD insertion is 99 percent effective.

#### *Does emergency contraception protect against sexually transmitted infections?*

EC provides no protection against sexually transmitted infections, including HIV.

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<sup>15</sup> International Sexuality and HIV Curriculum Working Group. 2009. *It's All One Curriculum: Guidelines and Activities for a Unified Approach to Sexuality, Gender, HIV and Human Rights Education*. Edited by Nicole Haberland and Deborah Rogow

## Tips for Teaching about HIV<sup>16</sup>

### Lessons 21-23

The topic of HIV can seem overwhelming. It seems like every day the newspaper reports a new fact about the disease. This curriculum provides basic background information about HIV to help you teach about HIV prevention and transmission. If your discomfort with the subject of HIV makes it difficult to help young people, find another person in your school or community who can conduct the HIV education activities in this session. Remember that even if we try to tell all the youth in our community about the risk of HIV or to abstain, many will still choose to have sex. It is more important to inform sexually active adolescents about how to prevent HIV and how to protect themselves than to avoid talking about the topic because it makes people uncomfortable. When teaching young people about HIV and AIDS, there will be many opportunities for reassessing your personal beliefs and values. Explore your own feelings and seek the support of another mentor if necessary.

It is important to acknowledge that there will be a wide range of sexual experiences in any group of young people. For example, some will be dating; others may not yet be interested in romantic relationships. Be realistic about the numbers of young people in your group who are having sexual intercourse. In a group of 16 year olds, more than half may not have had sexual intercourse, but up to half may be engaging in sexual intercourse. You can help those who are not sexually active delay sexual activity and help those who are already sexually active practice safe sex or choose to abstain.

You can help young people understand the risk of becoming infected and how to practice safer sex. Any type of sex between two uninfected partners is safe. The difficulty is that most people, teenagers and adults, do not know if they have been exposed to the virus. 'Knowing someone well' or 'asking your partner about AIDS' is an unrealistic way to assess potential risk, especially for young people. They need to understand that it is impossible to tell if someone is HIV-infected just by looking at her or him. Avoid emphasizing monogamous relationships as safe, since young people think each time they have a relationship with a person, they are being monogamous. **Emphasize that abstaining from sexual intercourse is the only way to completely avoid the risk of infection.**

### *Dealing with Sensitive Questions*

Young people today receive a lot of information from many different sources. An audience can misunderstand even the best messages. It is important to remain open to the questions of young people so that we can help them understand accurately. However, it is not always easy to answer some questions, especially on topics that are socially restricted. Teachers or parents who have the experience of receiving sensitive questions, such as those about condoms, may have some suggestions.

You may want to take some time to think through the answers to certain questions. However, do not wait more than a day to answer as young people may look for answers elsewhere. Sometimes it is better to answer the question with a fellow mentor, parent or health specialist. Even if a question is asked in front of the group, it might be best to answer it in a smaller group depending on what level of experience you believe the young people have. Always, before you answer the question, find out what the young people already know or think is the answer. Then you can build on what they have told you and explain what they do not understand.

In your answer use the words the young people have used either in their question or when they have explained to you what they know. Be honest and ready to explain.

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<sup>16</sup> Kenya Adolescent Reproductive Health Project (KARHP), PATH, Population Council. 2005. *Tuko Pamoja: Adolescent Reproductive Health and Life Skills Curriculum*.

## Basic Facts about HIV and AIDS <sup>17</sup>

Lessons 21-23

### Key Terms

**HIV:** This is the virus that infects the body and takes over cells in your body, breaking down your immune system that works to fight off other diseases.

**Immune system:** What keeps you healthy? It consists of different cells in your body that fights off infection, such as flu, and works to keep bacteria and viruses out of your body.

**CD4:** A type of cell in your body that is part of your immune system. It is the cell the HIV is attracted to and will enter in order to replicate itself and create more of the virus to enter more CD4 cells in the body.

**HTC:** This stands for HIV Testing and Counseling, and is the process used for a person to find out his or her HIV status. In most cases, a drop of blood is taken from a prick on the finger and tested to see if there are HIV antibodies in the blood.

**Window period:** The time between when a person gets infected with HIV and when it will show up on a test. Right after a person gets infected, the body has not had a chance to react to the virus yet and make antibodies, so the test may come out negative, even though the person is HIV positive. This is why it is important to get retested again after three months.

**Post Exposure Prophylaxis (PEP):** A short-term medication given to a person who has been exposed to the HIV virus. This medicine reduces the chance of HIV infection after exposure, which might include risky sexual behavior or sexual abuse. If a person has been potentially exposed, especially through rape or abuse, they must find a health provider within this 72 hours to get the treatment. In Malawi, the Victim Support Unit provides support for victims to access PEP and other needed services and support.

**Antiretrovirals (ARVs):** The medication that HIV-positive people take to reduce the viral load in their body. These medications must be taken for the rest of a person's life to help control the virus and keep a person healthy.

**Viral load:** How much HIV you have in your body. A test is done to measure the amount of the virus in your blood. The higher a person's viral load is, the more likely they are to infect other people and become sick themselves.

**Undetectable viral load:** When someone is HIV positive, but the test can no longer measure how much virus is in the blood because it is so little. When someone has an undetectable viral load, it makes it more difficult for them to transmit the virus to others.

**Opportunistic Infections:** Other illnesses that are known to be associated with HIV because they take advantage of a person's weakened immune system. Some opportunistic infections include TB; Kaposi's sarcoma, a cancer; bacterial pneumonia and others.

### What is HIV?

HIV stands for human immunodeficiency virus. This is a microscopic organism that, when it enters the body, destroys the natural protection to diseases.

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<sup>17</sup> DREAMS Malawi Toolkit



### How is HIV acquired or transmitted?

HIV can be passed from one person to another when the body fluids (blood, vaginal secretions, semen, breast milk) of an infected person come into contact with another person, through openings in the body or cuts and scrapes.

### What are the modes of HIV transmission?

The leading cause of HIV transmission in Malawi is unprotected sexual contact between two people, when one of the two is HIV positive.

- Anal sex carries the highest risk, then vaginal sex, then oral sex, but all carry risk.
  - Vaginal sex is practiced between a man and woman.
  - Anal sex is practiced between same sex-partners (man-to-man) as well as heterosexual partners (man-to-woman).
  - Oral sex is practiced between heterosexual partners (man and woman) and same-sex partners (man-to-man and woman-to-woman).
- Risk is highest if an HIV-positive partner has a high viral load, which is a measure of the amount of virus in a person's body.
- Forced sexual contact carries a high risk for HIV and other sexually transmitted infections, especially for the victim.
- The amount of virus in the blood spikes immediately following infection and in the later stages of HIV as the body's immune system begins to weaken, making it the easiest time to transmit HIV.

HIV can also be passed on from a mother who is HIV positive to her baby. The following are the high-risk moments when HIV can be passed from mother to child:

- While the baby is still in the womb without the mother being on ARVs, the chances of mother-to-child HIV infection during pregnancy is one in 10 cases (5–10%).
- During labor and delivery without the mother being on ARVs, the chances of mother-to-child HIV infection during labor and delivery to two in every 10 cases (10–20%).
- During breastfeeding—about two in every 10 infants born HIV negative to HIV-positive mothers not taking ARVs will become HIV positive before age 24 months through breastfeeding.
- It is very important for women to begin taking treatment if they are HIV positive and want to have a baby or are pregnant. You can work with your provider to ensure your baby is born HIV negative.

### What are some symptoms of HIV infection?

- Many people that are infected with HIV do not show any sign at all for up to 10 years or more.
- You cannot recognize a person that is infected with HIV by the way they look or ascertain that they are indeed infected by signs and symptoms.
- An HIV test is the only way to ascertain one's HIV status. A person that is HIV negative and has reasons to believe that she has been exposed to HIV, such as through unprotected sex with an HIV-positive partner or a person whose HIV status they do not know.

### What is the treatment for HIV?

Once you are diagnosed with HIV, you MUST start taking ARVs immediately. The Malawi Government recently introduced the Test and Treat Policy, whereby each and every person who tests HIV positive must start taking ARVs immediately. When on treatment, it is very important to take your medication every day and continue doing so for your entire life.

### AIDS

- When you are HIV positive, your immune system is weakened by HIV and becomes susceptible to many diseases, including TB. Treating these diseases also becomes harder than it is in an HIV-negative person.
- If nothing is done to contain the reproduction of HIV in your body, you develop a condition called AIDS. When you have AIDS, it means your CD4 cell count is low and you usually suffer from other

illnesses that normally your body could fight off. But, because your immune system is too weak, it struggles to defend its self.

### HIV Testing and Counselling

#### What is it?

- HTC is a voluntary and confidential counselling session and blood test that involves the screening of your blood to determine one's HIV status. Blood is taken from a small prick on your finger and then placed on the test strip to create the results.
- When HIV infects a person, it provokes the “soldiers” or antibodies in the body to fight the virus and provide us with protection from diseases. There is technology that can detect whether these antibodies have reacted to HIV in the body, and if this reaction is seen in the test result, a person is considered to be HIV positive. This technology is available in every public health facility in Malawi and it is reliable.
- The test and screening process take only a short time before the results are known, and a health-care professional will share the result with you and explain what it means.

#### Benefits of HTC

- An HIV test provides you with the “freedom of knowing” your HIV status. Not knowing your HIV status can cause you to worry and have anxiety about your past, current and future sexual relationships.
- By knowing your HIV status, you can make plans to continue to lead a healthy life, whether positive or negative.
- HTC is a gateway to a diverse range of health information and services, such as condoms and other HIV prevention strategies. Depending on the result of your HIV test, a health-care provider will discuss with you strategies for protecting yourself and possibly refer you to other services such as antiretroviral therapy and prevention of mother-to-child transmission of HIV.

#### Discordancy

- It is important to be aware that two people in a sexual relationship can have different HIV statuses from one another—one can be HIV positive, while the other is HIV negative. This is called a discordant couple.
- It is possible for either a man or woman to be the HIV-positive partner. This is true even in a polygamous union where one or two partners can be HIV positive, while the others can be HIV negative.
- Discordant couples can protect each other by using a condom correctly and consistently and, if the HIV-positive partner is on ART, adhering to that treatment to reduce his / her viral load and, in the process, reducing the chances of transmitting HIV to their partner(s).

#### What are Antiretroviral (ARVs) Drugs?

ARV drugs are a combination of drugs given to people who have been diagnosed with HIV. These drugs suppress multiplication of the virus in a persons' body and must be taken daily for the rest of a person's life to help control the virus and keep a person healthy.

#### How do ARVs reduce HIV risk?

- ARVs do not kill HIV. However, they significantly slow down the multiplication of HIV in the body, which boosts a person's ability to fight off diseases.
- ARVs make a person with HIV less likely to pass on HIV to other people by lowering the amount of the virus in a person's body. The amount of virus detected in a person's blood is known as viral load. Having a low viral load reduces the chances of an HIV-positive person passing HIV to their partner(s). With correct and consistent use of a condom, the risk becomes even lower.
- The viral load of an HIV-positive person that is on ARVs can reach undetectable levels. This does not mean that they have been cured of HIV, but rather, that the medication has reduced the HIV to a

very low level beyond measure. If the person does not adhere to treatment, the viral load will increase again over time.

#### Benefits of ARVs

- ARVs strengthen the body's defense system, thereby reducing one's vulnerability to opportunistic infections such as pneumonia. ARVs do this by slowing down the multiplication of HIV and they are highly effective.
- ARVs help to suppress viral load. This makes it less likely for you to transmit HIV to your sexual partner. If your partner is HIV positive and on ARVs, the risk of her/him infecting you is also reduced. It is always advisable to use a condom, even if you, your partner or both of you are on ARVs.

#### Adherence to ARVs

- For ARVs to be most effective, you must take it correctly and consistently. If you do not, it is possible you might develop resistance. Resistance is a condition whereby the virus is no longer affected by the ARV or, in other words, the ARVs stop working. When this happens, you will need another prescription of drugs that are rare and more expensive. The availability of such drugs is lower.

#### Prevention of Mother-to-Child Transmission

##### What is PMTCT?

Prevention of mother-to-child transmission of HIV (PMTCT) involves a cascade of services provided to HIV-positive women to reduce the possibility of transmitting the virus from the mother to the child. The package of interventions might include the following: antenatal care (ANC) services and HIV testing during pregnancy, use of antiretroviral treatment (ART), safe childbirth practices, appropriate infant feeding, and testing the child for HIV. HIV-positive pregnant women are enrolled onto PMTCT programs right away, and these services can be accessed from ANC, through a referral from HTC or other points of service at a health facility.

##### How does PMTCT reduce HIV risk?

- HIV can be passed from an HIV-positive mother to the baby while still in the womb, during labour and delivery or during breastfeeding.
- A woman that is HIV negative but gets infected with HIV while pregnant or during the breastfeeding period can also pass the HIV to her baby. ARVs reduce the chances of HIV-positive pregnant and breastfeeding women passing the HIV virus to their babies.
- Among children born to HIV-positive women enrolled in PMTCT, 98 out of 100 do not get the virus from their mother.
- This risk for both mother and child is reduced even more if the HIV-positive woman starts ART early (within six weeks of becoming pregnant) and continues on ART after delivery and through breastfeeding—like any other HIV-positive person that is on ART.

##### Benefits of PMTCT

- PMTCT protects the health of both the mother and child. Both mother and child are monitored through periodic HIV tests until the child is 24 months old and/or stops breastfeeding.
- Children born HIV positive or otherwise infected during breastfeeding are enrolled on ART programs, thereby increasing their chances of survival.
- PMTCT enables all couples to enjoy their reproductive health rights by providing access to customized health care for the mother and child, appropriate family planning methods after the child is born, and counselling for prevention of STIs, including HIV transmission.
- PMTCT is an entry point for health information and services to the entire family.

## Facts and Myths about HIV<sup>18</sup>

Lessons 21-23

**1. Dry sex increases the risk of HIV infection**

**Fact** - Dry sex increases the risk of HIV transmission because without lubrication it is more likely that the vagina as well as the penis will have little tears on them from the friction of sex, allowing HIV to enter if a condom is not used.

**2. A condom can easily break inside the woman's body**

**Myth** - Condoms go through many rounds of testing and if used correctly, there is little chance that they will break inside a woman.

**3. HIV can be contracted through saliva**

**Myth** - There is very, very little HIV that lives in a person's saliva making it almost impossible to contract HIV this way. If there is blood or cuts in the mouth though and this mixes with saliva, then it becomes possible.

**4. HIV can be transmitted through used needles**

**Fact** - HIV can be transmitted through needles when they are reused. This is because some of the person's blood may be left on the needle and it can then be injected into the next person, passing on the HIV.

**5. Circumcised men have less of a chance than non-circumcised men of contracting HIV.**

**Fact** - Men who are circumcised have a 60% lower chance of contracting HIV. They should still use condoms though as they are still at risk. Circumcision does not lower the risk for women to contract HIV.

**6. Oral sex does not involve a risk of contracting HIV**

**Myth** - Oral sex still has risk. There may be cuts in a person's mouth that HIV can enter through.

**7. Breastfeeding can transmit the virus from the mother to the child**

**Fact** - There is HIV in breast milk of a woman who is HIV positive, if she is not taking treatment. The virus in her body can be passed to the baby through the milk while breastfeeding.

**8. There are condoms on the market with holes so that people get infected with HIV**

**Myth** - Condoms sold are held to very rigorous standards and undergo extensive testing. None sold on the shelf should have holes or any disease in them. An easy way to check if a condom has a hole is to squeeze the package before opening it. There should be an air bubble in the package, and if that isn't there, do not purchase or use the condom.

**9. ARVs can cure HIV and AIDS**

**Myth** - There is no cure for HIV. ARVs can help people to live a healthy long life though. When a person takes ARVs, it reduces the amount of virus in their blood, there may be so little virus that a test can't even detect it. But if they stop taking medication it will come back as once a person has HIV, it never fully leaves their body.

**10. Circumcised men can contract HIV**

**Fact** - Even though circumcised men have a lower risk of getting HIV, they are still at risk and it is important for them to use condoms to protect themselves.

**11. HIV can be transmitted by mosquitoes**

**Myth** - HIV cannot live inside a mosquito so it is not possible to get HIV from a mosquito bite.

**12. There are certain herbs that can protect you against HIV when put in the woman's vagina**

**Myth** - There are no herbs or natural remedies that have been proven to help protect against HIV. Some herbs or plants inserted into a vagina actually put women MORE at risk for HIV as it can dry out the vagina leading to tears and allowing HIV to enter more easily.

**13. HIV cannot be cured**

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<sup>18</sup> DREAMS Malawi Toolkit

- Fact** - There is no cure for HIV, only medication to help reduce quantities of HIV in the body
- 14. You can get HIV in a car accident, when you are cut and bleeding and come in contact with others who are cut, bleeding and HIV positive**  
**Fact** - Anytime there is exposed blood there is a risk for HIV transmission. It can enter through small cuts you might not even know you have. When dealing with someone else's blood it is a good idea to always wear gloves.
- 15. You can't get HIV from your partner when she or he loves you and when you trust her or him**  
**Myth** - Anybody can be HIV positive. Unless you test together with your partner, there is no way to tell. If you love and trust your partner, it is a good idea to go for couples counselling and testing to learn your status together. You may not always know each other's past.
- 16. If used correctly and consistently, condoms prevent HIV infection**  
**Fact** - Condoms are very effective in preventing HIV infection when used correctly and consistently. They provide a barrier so that the virus is unable to enter the body.
- 17. Forced sex increases women's risk for HIV infection**  
**Fact** - When sex is forced, it often can lead to small rips and tears in a woman's vagina, making it more likely for HIV to enter the body if the other person is HIV positive. If a girl or woman has been sexually abused or forced to have sex, she should go to a health provider within 72 hours (3 days) so that she can be cared for and receive medicine which can help reduce her chances of HIV infection (called PEP).
- 18. Only gay people can get HIV**  
**Myth** - Anybody can get HIV. HIV does not discriminate and can infect men, women and children, no matter who they are.
- 19. Having sex with a virgin cures HIV**  
**Myth** - There is no cure for HIV. Having sex with a virgin will not do anything to change your HIV status and may just lead you to infect them.
- 20. When a person has HIV you can't tell by looking at them**  
**Fact** - There are no outward signs that a person has HIV. The only way to know if someone is HIV positive is to have an HIV test.
- 21. Female condoms are less effective than male condoms**  
**Myth** - Female condoms are just as effective as male condoms when used correctly and consistently. Both provide a barrier that HIV is not able to pass through.
- 22. Pulling out the penis before ejaculation protects the woman from contracting HIV**  
**Myth** - HIV may have already been passed to the woman through pre-ejaculation and there is no guarantee that by pulling out the penis, then the body fluids will not enter the vagina. You should always use a condom to protect you and your partner.
- 23. HIV positive women are advised to breast-feed their babies because of the health risks for the baby of not breast-feeding**  
**Fact** - Breastfeeding provides many nutrients and protective factors to a baby. If a mother who is HIV positive breastfeeds her baby (this includes exclusive breastfeeding whereby the child is only given breastmilk and no any other food, no water, no porridge, only breastmilk until when he is six months old), and the mother is taking ARVs, then the child has a very high chance of survival.
- 24. Social norms that accept male infidelity put women at risk for HIV infection**  
**Fact** - When men have multiple partners or cheat on their wives, they are more at risk of contracting HIV and passing it on to others. Being faithful to one partner, who is also HIV negative, can help to prevent transmission of HIV.
- 25. A female condom can be washed and reused**  
**Myth** - No condom can be reused. A new condom should be used for every act of sex.
- 26. A woman using any method of contraceptive cannot get infected**

**Myth** - The only method of family planning that protects against HIV is a condom. It is advisable that women requiring additional HIV protection should also use a condom in addition to other family planning methods.

**27. A baby could contract HIV if the umbilical cord is cut with an infected razor blade**

**Fact** - Any time infected blood is exposed to a cut (such as when an umbilical cord is cut) there is a risk of infection. All blades used for cutting umbilical cords must be used only once. All reusable hospital equipment such as scissors must be cleaned and autoclaved before reusing them.

**28. Adolescent girls are just as likely as their male peers to be infected**

**Myth** - Adolescent girls are MORE likely than their male peers to become infected with HIV. This is because of multiple reasons. Women are more susceptible to HIV than men because it is easier for HIV to enter through the walls of the vagina than it is to enter through the penis. Adolescent girls are also more likely than their male peers to have older partners who may be infected as well as to have sugar daddies, which put them at risk for HIV. Some cultural factors also put girls at risk of contracting HIV.

## ANNEX B: PARTICIPATORY FACILITATION RESOURCES

### Group Formation Activities<sup>19</sup>

Discussion questions asked by the facilitator can help participants learn through their own experiences. Discussions can be in a large group which usually need the facilitator to help moderate or in smaller groups or pairs where more people are likely to share and participate.

Whether or not to use small groups depends on the types of questions being asked, the amount of time available, and how well people know one another.

- Pairs of two people are useful for intimate sharing or practicing a skill.
- Groups of three are useful for getting everyone to think and participate actively.
- Groups of four to six are useful for sharing ideas and insights in a less competitive or intimidating environment than a large group.

Here are some ideas for how to form small groups in a fun way:

### FORMING PAIRS

1. Form pairs by dividing the total number of participants in half. Ask participants to count off up to the number that represents half of the total. For example, if you have 20 participants, they will count off up to 10 and then start again at 1. The two people who have the same number are partners (the 1s, 2s, 3s, etc.).
2. Ask participants to turn to the person on their right (or left). This person is their partner.
3. Create sets of pairs constructed around opposite words or similar objects or first and last names of famous people. The number of pairs you create should equal half the number of participants. Each pair must have 2 parts. Write 1 word of each pair on a slip of paper. Ask participants to draw a slip of paper from a container and find the other half of their pair. This is their partner. Some examples for a group of 10 participants include:

Opposites		Matching Objects		Famous People	
black	white	bed	sheets	Nelson	Mandela
sad	happy	table	chair	Lupita	Nyong'o
dark	light	camera	photograph	Peter	Mponda
tall	short	car	driver	Michelle	Obama
wide	narrow	shoes	socks	Kamuzu	Banda

The group's theme can provide the inspiration for your selection of paired words. Or, select famous people who are relevant to the age range of your participants. For example, music, sport and movie stars tend to work well with young people.

4. Ask everyone to pick a number between 1 and (choose the upper number depending on the size of your group). Line them up according to which number they picked. The two people at the end of the line become partners, the next two become partners, etc. Those who have picked the same number become partners. If only one person chooses a particular number, ask them to choose another number.
5. Have the group line up according to any variable you can think of to use. Examples are: oldest to youngest; tallest to shortest; alphabetically by first or last name; chronologically by month and date of birthday. If you want to add challenge to the process, do not allow people to talk. The two people at the ends of the line become partners, the next two become partners, etc.

<sup>19</sup> Adapted from World Relief: *Choose Life: A Guide for Peer Educators and Youth Leaders* and Population Council: *Health and Life Skills Curriculum for the Adolescent Girls Initiative—Kenya (AGI-K)*

## FORMING GROUPS OR TEAMS

1. Count off. For example, ask participants to count off by 4s. One by one, each participant will say a number (the first participant says “1”, the second says “2,” and when it is the fifth participant’s turn, he will start again at 1). When everyone has counted, instruct participants to form groups with people who have the same number. In the end, you will have 4 groups.
2. Make simple puzzles with 3-5 pieces each. Distribute the puzzle pieces to participants and ask them to find all of the others who have the pieces to complete their puzzle. Be sure to use simple puzzles and have the same number of puzzle pieces as participants.
3. Mingle-mingle: Ask participants to stand in the center of the room and move around at random (they can also do a circle dance). Then shout out the number of the group size, for example “six.” Participants then quickly reach out and grab the people nearest to them to form a group that size. This will be their group. You can do this a few times for an icebreaker before making the groups.
4. Common traits: If groups don’t have to be exactly even, use things like the month participants were born in, their age, their favorite color, their favorite type of food. Be careful to not pick any traits that would reinforce conflicts of your culture or society.
5. Ask participants to stand in line in the order of their birthdays—month and day only—and then count off (such as 1 through 3) to form groups.
6. Assign colors, symbols or pictures at random. Instruct participants to find all others with the same assigned color, symbol or picture.
7. Select four different animals (or whatever number of groups you want to create) and write the name of each animal on several slips of paper. The number of slips will depend on how many participants will be in each group. For example, if you have 16 participants, you can make 4 groups of 4 people. In that case, you will write the name of each animal on 4 slips of paper. Each participant will draw 1 slip of paper from a container. Tell participants that when you say “now”, each person must make the noise of the animal written on her slip of paper. While making their noises, participants must look and listen for those making the same animal noise they are making. These people are their group members.
8. Have everyone cross their arms across their chest. Amazingly, it almost always works out to about 50% cross right over left, and the other 50% cross left over right. Have participants close their eyes and then put their hands together so their fingers are interlocking and their palms are touching each other. Have them open their eyes and look down at their hands. If their right thumb is on top then they are one team and if their left thumb is on top then they go to the other team.



## Icebreaker Activities <sup>20</sup>

1. *Howdy Howdy* Participants stand in a circle. One person walks around the outside of the circle and taps someone on the shoulder. That person walks the opposite way around the circle, until the two people meet. They greet each other three times by name, in their own language. The two people then race back, continuing in opposite directions around the circle, to take the empty place. Whoever loses walks around the outside of the circle again and the game continues until everyone has had a turn.
2. *Juggling ball game* Everyone stands in a close circle. (If the group is very large, it may be necessary to split the group into two circles.) The facilitator starts by throwing the ball to someone in the circle, saying their name as they throw it. Continue catching and throwing the ball establishing a pattern for the group. (Each person must remember who they receive the ball from and who they have thrown it to.) Once everyone has received the ball and a pattern is established, introduce one or two more balls, so that there are always several balls being thrown at the same time, following the set pattern.
3. *Names and adjectives* Participants think of an adjective to describe how they are feeling or how they are. The adjective must start with the same letter as their name, for instance, “I’m Halima and I’m happy.” Or, “I’m Akinyi and I’m amazing.” As they say this, they can also mime an action that describes the adjective.
4. *Three truths and a lie* Everyone writes their name, along with four pieces of information about themselves on a large sheet of paper. For example, “Emma likes singing, loves football, has five boyfriends and loves bao.” Participants then circulate with their sheets of paper. They meet in pairs, show their paper to each other, and try to guess which of the “facts” is a lie.
5. *Connecting eyes* Participants stand in a circle. Each person makes eye contact with another person across the circle. The two walk across the circle and exchange positions, while maintaining eye contact. Many pairs can exchange at the same time, and the group should try to make sure that everyone in the circle is included in the exchange. Begin by trying this in silence and then exchange greetings in the middle of the circle.
6. *Match the cards* The facilitator chooses a number of well-known phrases, and writes half of each phrase on a piece of paper or card. For example, they write “Happy” on one piece of paper and “Birthday” on another. (The number of pieces of paper should match the number of participants in the group.) The folded pieces of paper are put into a hat. Each participant takes a piece of paper from the hat and tries to find the member of the group with the matching half of the phrase.
7. *Space on my right* Participants are seated in a circle. The facilitator arranges for the space on their right to remain empty. They then ask a member of the group to come and sit in the empty space; for example, “I would like Chikhondi to come and sit on my right.” Chikhondi moves and there is now a space on the right of another participant. The participant who is sitting next to the empty space calls the name of someone different to sit on her right. Continue until the entire group has moved once.
8. *What we have in common* The facilitator calls out a characteristic of people in the group, such as “are in class seven.” All those who have children should move to one corner of the room. As the facilitator calls out more characteristics, such as “likes football,” people with the characteristic move to the indicated space.
9. *Who is the leader?* Participants sit in a circle. One person volunteers to leave the room. After they leave, the rest of the group chooses a “leader.” The leader must perform a series of actions, such as clapping, tapping a foot, etc., that are copied by the whole group. The volunteer comes back into the room, stands in the middle and tries to guess who is leading the actions. The group protects the leader by not looking at him/her. The leader must change the actions at regular intervals, without getting caught. When the volunteer spots the leader, they join the circle, and the person who was the leader leaves the room to allow the group to choose a new leader.

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<sup>20</sup> International HIV/AIDS Alliance. 2002. 100 ways to energize groups: Games to use in workshops, meetings and the community.

10. *Who are you?* Ask for a volunteer to leave the room. While the volunteer is away, the rest of the participants decide on an occupation for him/her, such as a chef, or a saloonist. When the volunteer returns, the rest of the participants mime activities. The volunteer must guess the occupation that has been chosen for him/her from the activities that are mimed.
11. *What kind of animal?* Ask participants to divide into pairs and to form a circle. Put enough chairs in the circle so that all but one pair has seats. Each pair secretly decides what type of animal they are. The two participants without chairs are the elephants. They walk around the circle calling the names of different animals. Whenever they guess correctly, the animals named have to stand up and walk behind the elephants, walking in mime. This continues until the elephants can guess no more. Then they call "Lions!" and all pairs run for seats. The pair left without chairs become the elephants for the next round.
12. *Killer wink* Before the game starts, ask someone to be "the killer" and ask them to keep their identity a secret. Explain that one person among the group is the killer and they can kill people by winking at them. Everyone then walks around the room in different directions, keeping eye contact with everyone they pass. If the killer winks at you, you have to play dead. Everyone has to try and guess who the killer is.
13. *The sun shines on...* Participants sit or stand in a tight circle with one person in the middle. The person in the middle shouts out "the sun shines on..." and names a color or articles of clothing that some in the group possess. For example, "the sun shines on all those wearing blue" or "the sun shines on all those wearing socks" or "the sun shines on all those with brown eyes." All the participants who have that attribute must change places with one another. The person in the middle tries to take one of their places as they move, so that there is another person left in the middle without a place. The new person in the middle shouts out "the sun shines on..." and names a different color or type of clothing.
14. *COCONUT* The facilitator shows the group how to spell out C-O-C-O-N-U-T by using full movements of the arms and the body. All participants then try this together.
15. *Body writing* Ask participants to write their name in the air with a part of their body. They may choose to use an elbow, for example, or a leg. Continue in this way, until everyone has written his or her name with several body parts.
16. *Names in the air* Ask participants to write their name in the air first with their right hand, then their left hand. Finally, ask them to write their name in the air with both hands at the same time.
17. *Family members* Prepare cards with family names. You can use different types of professions, such as Mother Teacher, Father Teacher, Sister Teacher and Brother Teacher. Or you could use names of different animals or fruits. Each family should have four or five in it. Give each person one of the cards and ask everyone to walk around the room. Explain that when you call out, "family reunion," everyone should try to form a "family group" as quickly as possible.
18. *Who am I?* Pin the name of a different famous person to each participant's back, so that they cannot see it. Then ask participants to walk around the room, asking each other questions about the identity of their famous person. The questions can only be answered by "yes" or "no." The game continues until everyone has figured out who they are.
19. *A's and B's* Ask everyone to choose silently someone in the room that is their "A" person and another person who is their "B" person. There are no particular criteria on which to base their choices – selections are entirely up to individuals. Once everyone has made their choices, tell them to get as close to their respective "A" person as possible, while getting as far away from their "B" person. People can move quickly but should not grab or hold anyone. After a few minutes, participants stop and reverse the process, getting close to their "B" persons and avoiding their "A" persons.
20. *Group statues* Ask the group to move around the room, loosely swinging their arms and gently relaxing their heads and necks. After a short while, shout out a word. The group must form themselves into statues that describe the word. For example, the facilitator shouts "peace." All the

participants have to instantly adopt, without talking, poses that show what “peace” means to them. Repeat the exercise several times.

21. *Move to the spot* Ask everyone to choose a particular spot in the room. They start the game by standing on their “spot.” Instruct people to walk around the room and carry out a particular action, for example, hopping, saying hello to everyone wearing blue or walking backwards, etc. When the facilitator says “Stop,” everyone must run to his or her original spots. The person who reaches their place first is the next leader and can instruct the group to do what they wish.
22. *Banana game* A banana or other object such as a bunch of keys or a small stone is selected. The participants stand in a circle with their hands behind their backs. One person volunteers to stand in the middle. The facilitator walks around the outside of the circle and secretly slips the banana into someone’s hand. The banana is then secretly passed round the circle behind the participant’s backs. The job of the volunteer in the middle is to study people’s faces and work out who has the banana. When successful, the volunteer takes that place in the circle and the game continues with a new person in the middle.
23. *Ukeke rides* Ask participants to pretend that they are getting into an ukeke. The ukeke can only hold a certain number of people, such as two, four, or eight. When the ukeke stops, the participants have to run to get into the right sized groups. This is a useful game for randomly dividing participants into groups.
24. *Fruit salad* The facilitator divides the participants into an equal number of three to four fruits, such as oranges and bananas. Participants then sit on chairs in a circle. One person must stand in the center of the circle of chairs. The facilitator shouts out the name of one of the fruits, such as “oranges,” and all of the oranges must change places with one another. The person who is standing in the middle tries to take one of their places as they move, leaving another person in the middle without a chair. The new person in the middle shouts another fruit and the game continues. A call of “fruit salad” means that everyone has to change seats.
25. *“Prrr” and “Pukutu”* Ask everyone to imagine two birds. One calls “prrr” and the other calls “pukutu.” If you call out “prrr,” all the participants need to stand on their toes and move their elbows out sideways, as if they were a bird ruffling its wings. If you call out “pukutu,” everyone has to stay still and not move a feather.
26. *Dancing on paper* Facilitators prepare equal sized sheets of newspaper or cloth. Participants split into pairs. Each pair is given either a piece of newspaper or cloth. They dance while the facilitator plays music or claps. When the music or clapping stops, each pair must stand on their sheet of newspaper or cloth. The next time the music or clapping stops, the pair has to fold their paper or cloth in half before standing on it. After several rounds, the paper or cloth becomes very small by being folded again and again. It is increasingly difficult for two people to stand on. Pairs that have any part of their body on the floor are “out” of the game. The game continues until there is a winning pair.
27. *Tide’s in/tide’s out* Draw a line representing the seashore and ask participants to stand behind the line. When the facilitator shouts “Tide’s out!,” everyone jumps forwards over the line. When the leader shouts “Tide’s in!,” everyone jumps backwards over the line. If the facilitator shouts “Tide’s out!” twice in a row, participants who move have to drop out of the game.
28. *Lilongwe Ukekes* This game can be called after any type of local transport. Select a number of “drivers.” Assign a certain number of passengers for each driver to pick up. (Make sure that you have counted correctly, so that no one is left without a ride!) Ask the drivers to go around the room making vehicle noises and touting for business. The passengers form up behind or alongside their driver to make it look like they are in a vehicle. Now all the “vehicles” drive around as if in traffic, sounding their horns and shouting at other drivers and vehicles.
29. *Rabbits* Someone starts by putting both hands up to their ears and wagging their fingers. The people on either side of this person put up one hand only, to the ear nearest the person with both hands up. The person with both hands up then points to another person across the circle. This person now puts

both hands up to their ears and waggles their fingers. The people on either side have to put up the hand nearest the person with both hands up and waggle their fingers. The game continues in this way until everyone has been a “rabbit.”

30. *Port/Starboard* Pretend the room is a boat. Participants stand in the center of the room. If the leader shouts “Starboard,” everyone runs to the right. If they shout “Port,” everyone runs left and if they shout “Man the ship,” everyone runs back to the center. Other statements can be introduced; for example, “Climb the rigging” when everyone pretends to climb, “Scrub the decks,” and so on.
31. *I’m going on a trip* Everyone sits in a circle. Start by saying “I’m going on a trip and I’m taking a hug,” and hug the person to your right. That person then has to say “I’m going on a trip and I’m taking a hug and a pat on the back,” and then give the person on their right a hug and a pat on the back. Each person repeats what has been said and adds a new action to the list. Go round the circle until everyone has had a turn.
32. *Find someone wearing...* Ask participants to walk around loosely, shaking their limbs and generally relaxing. After a short while, the facilitator shouts out “Find someone...” and names an article of clothing. The participants have to rush to stand close to the person described. Repeat this exercise several times using different types of clothing.
33. *Touch something blue* Ask participants to stand up. Explain that you will tell everyone to find something blue, and that they have to go and touch it. This could be a blue shirt, pen, shoe or whatever. Continue the game in this way, asking participants to call out their own suggestions for things to touch.
34. *Simon says* The facilitator tells the group that they should follow instructions when the facilitator starts the instruction by saying “Simon says...” If the facilitator does *not* begin the instructions with the words “Simon says,” then the group should not follow the instructions! The facilitator begins by saying something like “Simon says clap your hands” while clapping their hands. The participants follow. The facilitator speeds up the actions, always saying “Simon says” first. After a short while, the “Simon says” is omitted. Those participants who do follow the instructions anyway are “out” of the game. The game can be continued for as long as it remains fun.
35. *What has changed?* Participants break into pairs. Partners observe one another and try to memorize the appearance of each other. Then one turns their back while the other makes three changes to his/her appearance; for example, putting their watch on the other wrist, removing their glasses, and rolling up their sleeves. The other player then turns around and has to try to spot the three changes. The players then switch roles.
36. *Birthday graph* Ask people to line up according to their birthday months or seasons. Discuss which month or season has the largest number and what reasons there might be for this.
37. *Body “tag”* Explain to participants that you will “tag” someone. They then use just the part of their body that you have “tagged” to “tag” someone else in turn. Continue the game until everyone has been “tagged.”
38. *Five islands* Draw five circles on the ground, big enough to accommodate all of the participants. Give each island a name. Ask everyone to choose the island that they would like to live on. Then warn participants that one of the islands will sink into the sea very soon and participants on that island will be forced to move quickly to another island. Allow the suspense to build and then call out the name of the island that is sinking. Participants run to the other four islands. The game continues until everyone is squashed onto one island.
39. *The animal game* This game helps to divide a large group into smaller groups. Make slips of paper for each member of the large group. Write the name of an animal on each slip, using as many different animals as you need smaller groups. Hand the papers out at random and ask people to make the noise of their animal to find the other members of their smaller group.
40. *Mime a lie* Everyone stands in a circle. The facilitator starts by miming an action. When the person on their right says their name and asks “What are you doing?,” they reply that they are doing something completely different; for example, the facilitator mimes swimming and says “I am washing my hair.”

The person to the facilitator's right then has to mime what the facilitator said that they were doing (washing their hair), while saying that they are doing something completely different. Go around the circle in this way until everyone has had a turn.

41. *Bring me* Participants sort themselves into small teams, and the teams stand as far as possible from the facilitator. The facilitator then calls out "Bring me...", and names an object close by. For example, "Bring me a pen." The teams race to bring what has been requested. You can repeat this several times, asking the teams to bring different things.
42. *Locomotion* Everyone sits in a circle and a leader stands in the middle. The leader then walks or runs around the outside of the circle, imitating some means of locomotion such as a car, a train or swimming. S/he stops in front of several people, gives them a signal and they follow the leader, imitating the form of locomotion. When the leader has six to ten people behind him/her, s/he shouts "All change" and everyone, including the leader, races for a seat. The person who is left without a seat must start the game again, with a different form of locomotion.
43. *Paper and straws* Participants split into teams. Each team forms a line and places a piece of card at the beginning of their line. Each member of the team has a drinking straw or reed. When the game starts, the first person has to pick up the piece of card by sucking on the straw. The card then has to be passed to the next team member using the same method. If the card drops, it goes back to the first person and the whole sequence has to start again.
44. *The king is dead* The first player turns to their neighbor and says, "The king is dead!" The neighbor asks, "How did he die?" and the first player responds, "He died doing this," and starts a simple gesture or movement. All participants repeat this gesture continuously. The second player repeats the statement and the third player asks, "How did he die?" The second player adds another gesture or movement. The whole group then copies these two movements. The process continues around the circle until there are too many movements to remember.
45. *Don't answer* Ask the group to stand in a circle. One person starts by going up to someone and asking them a question such as, "What is your most annoying habit?" However, they must not answer the question themselves – the person to their left must answer. People can make their answers as imaginative as possible!
46. *Tug of war* The participants split into two teams. Each team takes one end of the rope. The teams have to pull on the rope to bring the opposite team towards them.
47. *Pass the parcel* The facilitator has wrapped a small gift with many different layers of paper. On each layer they have written a task or a question. Examples of tasks are "sing a song" or "hug the person next to you." Examples of questions are "What is your favorite color?" or "What is your name?" The facilitator starts the music, or claps their hands if there is no music available. The participants pass the parcel around the circle, or throw it to each other. When the facilitator stops the music or the clapping, the person who is holding the parcel tears off one layer of paper and carries out the task or answers the question that is written on the paper. The game continues until all the layers have been unwrapped. The gift goes to the last person to take off the wrapping.
48. *Fox and rabbit* You need two scarves for this game. Participants stand in a circle. One scarf is called "Fox" and the other is called "Rabbit." "Fox" must be tied around the neck with one knot. "Rabbit" is tied around the neck with two knots. Start by choosing two participants who are opposite each other in the circle. Tie the "Fox" scarf around one person's neck and the "Rabbit" scarf around the other. Say "go." People need to untie their scarves and retie them around the neck of the person on their right or left. The scarves should travel in the same direction around the circle. The "Fox" scarf with only one knot will travel faster than the "Rabbit" scarf. The people tying the two knots for the "Rabbit" scarf will try to go faster and faster to get away from the "Fox" scarf.
49. *The longest line* This game requires a lot of space and may need to be done outdoors. Divide into teams of eight to ten people. Each team must have the same number of members. Explain that the task is to create the longest line using participants own bodies and any clothing or things in members

pockets. Participants are not allowed to collect other things from the room/outside. Give a signal for the game to start and set a time limit, such as two minutes. The team with the longest line wins.

50. *Robots* Divide the participants into groups of three. One person in each group is the robot controller and the other two are the robots. Each controller must manage the movements of their two robots. The controller touches a robot on the right shoulder to move them to the right, and touches them on the left shoulder to move them to the left. The facilitator begins the game by telling the robots to walk in a specific direction. The controller must try to stop the robots from crashing into obstacles such as chairs and tables. Ask participants to swap roles so that everyone has a chance to be the controller and a robot.
51. *King of the Jungle* The group sits in a semi-circle. The “King of the Jungle” (usually an elephant) sits on one end of the semi-circle. This person makes a sign to show they are sitting in the elephant’s position. At the other end of the semicircle sits the monkey, and the person in this seat makes an appropriate sign. All the seats in between belong to different animals, such as lions, fish, and snakes, which people define with different signs. Once everyone has defined the sign for their seat, the game begins. The elephant makes their sign, and then makes the sign of another animal. That animal makes his or her own sign, then the sign of another animal, and so it continues. If someone makes a mistake, or doesn’t notice that their sign has been made, they have to swap places with the person next to them, moving down towards the monkey. They then take on the sign of the seat they now occupy, and the person who moves up a place takes their sign. The aim is to move all the way up to take the place of the King of the Jungle.
52. *Pass the energy* Participants stand or sit in a circle, hold hands and silently concentrate. The facilitator sends a series of “pulses” both ways round the group by discreetly squeezing the hands of those next to her/him. Participants pass these pulses round the circle, as in an electric current, by squeezing the hand of the person next to them and literally “energizing” the group.
53. *Bottle game* Participants stand in a circle. In the first round, a bottle (or some other object) is passed around the circle. Participants have to do something with the bottle, such as kiss it, rub it, or turn it upside down. In the second round, tell participants to remember what they did with the bottle, and do the same thing to the person standing on their right.
54. *How do you like your neighbor?* Ask participants to sit in a circle. Go around the circle and number each person one, two, three, four, etc. One person stands in the middle and one chair is removed. The person in the center points to someone and asks them, “How do you like your neighbor?” If the person replies “I like her,” everyone gets up and moves to another chair. There will be one person left standing, who then takes their turn in the center of the circle and asks someone, “How do you like your neighbor?” If the person replies “I don’t like her,” the person in the middle asks him/her “Who do you want?” The person calls out two numbers. The two people whose numbers have been called have to get up and change chairs with the two people on either side of the answerer.
55. *Dragon’s tail* Ask the group to divide into two. The two groups form dragons by holding on to one another’s waists in a long line. The last person in the line has a brightly colored scarf tucked into his/her trousers or belt, to form the dragon’s tail. The object is to catch the tail of the other dragon without losing your own tail in the process.
56. *Group massage* Ask the group to stand in a circle and turn sideways so that each person is facing the back of the person in front of them. People then massage the shoulders of the person in front of them.
57. *Pass the person* Participants stand in two lines facing each other. Each person tightly grasps the arms of the person opposite. A volunteer lies face up across the arms of the pairs at the beginning of the line. Pairs lift their arms up and down to move the volunteer gently on to the next pair. The game continues until the volunteer is “bumped” all the way to the end of the line.
58. *Blindfold pairs* An obstacle course is set out on the floor for everyone to look at. Participants split into pairs. One of the pair puts a scarf around their eyes, or closes their eyes tightly so they cannot

- see. The obstacles are quietly removed. The other member of the pair now gives advice and direction to their partner to help them safely negotiate what are now imaginary obstacles.
59. *Ball under chins* Make some small balls out of any material that is available, such as crumpled paper. Participants split into teams and each team forms a line. The line passes a ball under their chins. If the ball drops, it has to go back to the beginning of the line. The game continues until one team has finished passing the ball along their line.
  60. *Knees up* Participants stand in a close circle with their shoulders touching and then turn, so that their right shoulders are facing into the center of the circle. Ask everyone to put their hand on the shoulder of the person in front and to carefully sit down so that everyone is sitting on the knees of the person behind them.
  61. *I like you because...* Ask participants to sit in a circle and say what they like about the person on their right. Give them time to think about it first!
  62. *Heads to tummies* People lie on the floor in a chain so that each person has their head on another person's stomach. Someone will laugh. Hearing someone laugh through their stomach makes the next person laugh and so on round the chain.
  63. *Get up, sit down!* Give each participant a number (several participants could have the same number). Then tell a story that involves lots of numbers – when you say a number, the person(s) with this number has (have) to stand up.
  64. *Knots* Participants stand in a circle and join hands. Keeping their hands joined, they move in any way that they want, twisting and turning and creating a “knot.” They must then unravel this knot, without letting go of one another's hands.
  65. *Coin game* Participants divide into two lines. The two people at the end of each line start the race by dropping a coin down their clothes. When it drops free on the floor, they hand the coin to the next person in the line who does the same. The race continues until the coin has reached the end of one of the lines.
  66. *Countdown* Ask participants to form a circle. Explain that the group needs to count together from one to 50. There are a few rules: they are not to say “seven” or any number which is a multiple of seven. Instead, they have to clap their hands. Once someone claps their hands, the group must count the numbers in reverse. If someone says seven or a multiple of seven, start the counting again.
  67. *Fizz buzz* Go round the group counting upwards. The group replaces any number divisible by three with “fizz,” any number divisible by five with “buzz,” and any number divisible by both three and five with “fizz buzz.” Count up and see how high you can go!
  68. *Group balance* Ask participants to get into pairs. Ask pairs to hold hands and sit down then stand up, without letting go of one another's hands. Repeat the same exercise in groups of four people. Then form into groups of eight people holding hands in a circle. Ask members in each group to number off in even and odd numbers. At a signal, ask the even numbers to fall backwards while the odd numbers fall forwards, achieving a group balance.
  69. *Leading and guiding* Participants split into pairs. One participant puts on a blindfold. Their partner then leads them carefully around the area making sure they don't trip or bump into anything. After some time, the facilitator asks the pairs to swap roles. At the end, participants discuss how they felt when they had to trust someone else to keep them safe.
  70. *Clap exchange* Participants sit or stand in a circle. They send a clap around the circle by facing and clapping in unison with the person on their right, who repeats the clap with the person on their right, and so on. Do this as fast as possible. Send many claps, with different rhythms, around the circle at the same time.
  71. *An orchestra without instruments* Explain to the group that they are going to create an “orchestra” without instruments. The orchestra will only use sounds that can be made by the human body. Players can use hands, feet, voice etc., but no words; for example, they could whistle, hum, sigh or stomp their feet. Each player should select a sound. Choose a well-known tune and ask everyone to

play along, using the “instrument” that they have chosen. Alternatively, don’t give a tune and let the group surprise itself by creating a unique sound.

72. *Hands slapping* Ask participants to kneel on the floor, link arms with the people on either side of them, and place their palms flat on the floor. Now ask people to slap their palms on the floor in turn so that it goes round the circle. Having linked arms makes it difficult to work out which hand is your own! If someone makes a mistake, they have to put a hand behind their back and the game continues.
73. *Pass the action* Participants sit in a circle. One person (A) stands in the center. A moves towards another person (B) using a specific action, such as jumping. When she reaches B, she takes B’s place and B then moves to the center of the circle using A’s action or movement. When B reaches the center, she walks towards C, using a new action or movement. The game continues in this way until everyone has taken part.
74. *People to people* Everyone finds a partner. A leader calls out actions such as “nose to nose,” “back to back,” “head to knee,” etc. Participants have to follow these instructions in their pairs. When the leader calls “people to people” everyone must change partners.
75. *Count to seven* The group sits in a circle and someone starts the process of counting. Each person counts in sequence. When the counting reaches seven, the next person starts over with the number one. Every time someone says a number, they use their hands to point out the direction that the counting should go in.
76. *Football cheering* The group pretends that they are attending a football game. The facilitator allocates specific cheers to various sections of the circle, such as “Pass,” “Kick,” “Dribble” or “Header.” When the facilitator points at a section, that section shouts their cheer. When the facilitator raises his/her hands in the air, everyone shouts “Goal!”
77. *Clap and point* Participants form a circle. The facilitator sends a clap all the way around the circle, first in one direction, then in the other direction. The facilitator then shows participants how they can change the direction of the clap, by pointing the clapping hands in the opposite direction. Repeat this until the clap is running smoothly around the group and changing direction without missing a beat. Finally, show how you can “throw” the clap by pointing the clapping hands at someone across the circle.
78. *Rainstorm* Everyone sits quietly in a circle, with their eyes closed, waiting for the facilitator’s first movement. The facilitator rubs their palms together to create the sound of rain. The person to their right makes this sound, and then the next person until everyone in the group is making the same sound. Once everyone is rubbing palms, the facilitator makes the rain sound louder by snapping her fingers, and that sound in turn is passed around the circle. Then the facilitator claps both hands together, and that sound is passed around the circle to create a rainstorm. Then the facilitator slaps their thighs, and the group follows. When the facilitator and the group stomp their feet, the rain becomes a hurricane. To indicate the storm is stopping, the facilitator reverses the order, thigh slapping, then hand clapping, finger snapping, and palm rubbing, ending in silence.
79. *Statue stop* Ask participants to form two circles of people of equal numbers. The people in the inner circle should face outwards. The people in the outer circle should face inwards. Each person in the outer circle uses the person opposite them in the inner circle to create a “statue.” They have only ten seconds to do this. The person in the inner circle allows the “sculptor” to bend and twist their body into any shape that they wish, provided they do not hurt them. The “statue” must remain in that position without speaking, until you call “time.” The outer circle then moves round one person to the left and they begin sculpting again. The people in the inner circle are bent and twisted into new positions through this process. Continue in this way and then ask people in the inner circle to change with people in the outer circle so that everyone has a chance to be “sculptor” and “statue.”
80. *Orchestra* Divide the group into two and ask half to slap their knees and the other half to clap their hands. The facilitator acts as the conductor of the orchestra, controlling the volume by raising or



lowering their arms. The game can continue with different members of the group taking the role of conductor.

81. *Passing the rhythm* Participants sit in a circle. The facilitator establishes a rhythm; for example, clapping your thighs, clapping your hands together, then clapping your neighbor's hands. This rhythm is then passed around the circle. Once the rhythm is moving steadily through the group, try to speed it up. Once the group can do this, try inserting more rhythms into the circle so that several rhythms are being passed around the circle at the same time.
82. *Messenger* Before the game starts, the facilitator builds something out of blocks and covers it with a cloth. Participants are divided into small groups and each group is given a set of blocks. Each group selects a "messenger" to look under the cloth. The messengers report back to their groups about what they have seen under the cloth. They must give their group instructions for how to build the same thing. The messengers are not allowed to touch the blocks or to demonstrate how it should be done – they can only describe how it should look. The group can send the messenger to have a second look at the structure. When all the groups are finished, the structures are compared to the original.
83. *Drawing game* Participants work in pairs, sitting back to back. One person in each pair has a simple drawing. The other person has a blank piece of paper and a pen. The person with the drawing describes it in detail so that the other person can reproduce the drawing on their sheet of paper.
84. *Mirror image* Participants sort themselves into pairs. Each pair decides which one of them will be the "mirror." This person then copies (mirrors) the actions of their partner. After some time, ask the pair to swap roles so that the other person can be the "mirror."
85. *Hokey Pokey* Participants stand in a circle to sing the song and do the actions. The first verse goes like this: You put your RIGHT FOOT in You put your RIGHT FOOT out In, out, in, out And you shake it all about You do the hokey-pokey (wiggling waist) And you turn around That's what it's all about! With each new verse substitute a different body part for "right foot" – left foot, right arm, left arm, head, and whole self.
86. *Muddling messages* Participants sit in a circle. Think of a long message, such as "I'm going to go to Toi market to buy some bananas and mangos tomorrow morning, and then I am going to meet my cousin for lunch." Whisper this message to the person sitting on your right. That person then whispers the same message to the person on their right and so on. Once the message has been passed around the circle, ask the last person to say the message aloud. Compare the final message with the original version.
87. *Talking object* Participants sit in a circle. An object is passed around the circle. The person who receives the object has to talk continuously until his/her neighbor decides to take the object.
88. *Samson and Delilah* The game revolves around the story of Samson and Delilah and the lion. Participants divide into two teams and stand in two lines, with their backs to the other team. Each team decides whether they will be Samson, Delilah or the lion, without telling the other team. They turn around to face the other team and mime an action representing who they are. For example, a feminine pose could represent Delilah, flexed muscles could be Samson, and a ferocious roar could represent the lion. Delilah defeats Samson, Samson defeats the lion, and the lion defeats Delilah. Sometimes, neither group will defeat the other because they will both choose to be the same thing!
89. *Yes/No game* Participants split into two lines, so that each person faces a partner. Line one has to say "Yes" in as many different ways as possible, and line two has to try to change their partner's minds by saying "No" as convincingly as possible. Give both lines a chance to say both "Yes" and "No." Then discuss how people felt. How did it feel to say "Yes" or "No"? Was it easier to say one than another?
90. *The "E" game* Write a large, curvy letter E on a piece of flipchart paper and place it in the center of the circle. Ask participants to describe exactly what they see on the piece of paper, from where they are standing/sitting. Depending on where they are in the circle, they will either see an "m," a "w," a "3," or an "E." Participants can then move places so that they see the letter from a different perspective. This is a useful activity to highlight the fact that people see things differently, according

to their own specific perspective. Alternatively, put a person in the center of the circle and ask those around to describe exactly what they see from their perspective.

91. *What are we doing?* Two teams line up at opposite ends of the room. Team A are the Mimes and Team B are the Tigers. Team A decides secretly on an activity to be mimed. They walk toward Team B, coming as close as they dare, and then act out their mime. Team B tries to guess what is being mimed. When they succeed they try to tag members of Team A before they can get back to their goal line. All who are tagged join the Tiger's side. After the first round, get the teams to swap roles.
92. *What is the adverb?* One participant leaves the room and the others choose an adverb; for example, "quickly" or "sleepily." When the leaver returns, she must find out what the adverb is by commanding people to do various actions "in that way." For example, if the leaver says "Talk that way," the group must talk "quickly" or "sleepily." After each command, the participant tries to guess the word.
93. *Shopping list* The group forms a circle. One person starts by saying "I am going to the market to buy fish." The next person says, "I am going to the market to buy fish and potatoes." Each person repeats the list, and then adds an item. The aim is to be able to remember all of the items that all of the people before you have listed.
94. *Papa paripapa* The group forms a circle or a line. The facilitator teaches everyone the simple chant "Papa paripapa." Every time the group chants "Papa paripapa," the facilitator makes a different action, such as clicking fingers or clapping, to the rhythm of the chant. With each new repetition of the chant, each person copies the actions of the person to their left so that everyone is always one move behind the person to their left.
95. *What am I feeling?* Participants sit in a circle. Each person takes a turn acting out an emotion. Other participants try to guess what feeling the person is acting out. The person who guesses correctly acts out the next emotion.
96. *Njoo hapa!* Everyone in turn has to say "Njoo hapa!" (or another name) in as many different ways as possible, for example with anger, with fear, with laughter, and so on.
97. *Presenting gifts* This can be used at the end of the safe space meeting. Put participants' names in a box or bag. Pass the box or bag around and ask each person to pick a name. If they get their own name they have to put it back and choose another. Give the group a few minutes to think of an imaginary gift they would present to the person whose name they have drawn. Ask them also to think how they would present it. Go round the group asking each person to present their imaginary gift.
98. *Writing on backs* At the end of the safe space meeting, ask participants to stick a piece of paper on their backs. Each participant then writes something they like, admire or appreciate about that person on the paper on their backs. When they have all finished, participants can take their papers home with them as a reminder.
99. *Reflecting on the day* To help people to reflect on the activities of the day, make a ball out of paper and ask the group to throw the ball to each other in turn. When they have the ball, participants can say one thing they thought about the day.
100. *Tell us* Ask participants to be in a circle and ask for a volunteer to initiate the activity. The participants will have to call out that volunteers' name in unison and then they will have to ask the person to tell, for example "Chimwemwe tell us". Then Chimwemwe will have to tell the group anything she likes about herself. Then the group will have to call out another person e.g the person standing on the right hand side of Chimwemwe. The game will have to go on until all participants have said one thing about themselves.

## Trust Building Activities

### ACTIVITY 1: BALL TOSS NAME GAME

#### OBJECTIVES

Participants learn each other's name with this icebreaker, while learning a simple metaphor for communication skills.

#### MATERIALS

Three paper or very lightweight balls for each group of approximately 8 to 12 people.

#### TIME 30 MINUTES

Have the balls ready for use at any time during the exercise. Make sure that the circles are positioned with a safety zone of one or two meters of space behind each group in case the participants move backwards to try to catch a ball. Have 2-3 groups of participants (about 8 to 12 people in a group) stand in a circle.

Explain:

In this game, we will try to learn each other's names in the small groups. First, everyone should get in a circle. Then go around the circle, and say your names. Remember to call out your names slowly and clearly so that the others have a chance to remember them!

Repeat this process once or twice. Then get one ball and explain:

At the beginning, the person holding the ball calls out the name of someone in the group and then throws the ball to her (demonstrate how this is done). The person who receives the ball then makes eye contact with another group member, calls out that person's name, and tosses the ball to them. If you forget someone's name and want to be reminded of it, you can ask her to repeat it to you. If you like, you can even throw the ball back to the person who threw it to you.

Repeat this process and after some time, when the participants start to remember several names, add in a second ball and instruct the group to continue playing with the two balls. After a minute or so, introduce a third ball to the game. The group should then aim at throwing and catching each ball, all the while calling out the receiver's name, ten or 15 times without dropping the balls; if a ball is dropped, they must start counting again. All three balls must be used in the exercise.

When the ball throwing has been done,

Ask:

How did you feel while playing the game?

Explain:

Throwing the ball from one person to another can be considered a metaphor for how we communicate as peer educators, bouncing ideas off of one another.

Ask:

What actions were necessary to ensure that the game was successfully completed?

*[e.g., making eye contact, calling someone by name, making sure the person was ready to receive the ball (or message), throwing it directly to the person, not throwing it when another ball was coming in, etc.]*

Close by pointing out how one of the most fundamental skills in peer education is good communication. Suggest that the peer educators remember this game as a guide for asking themselves whether they are using the best possible communication skills in their teaching.

## ACTIVITY 2: PASS THE MASK

### OBJECTIVES

Participants break the ice, the group's energy is raised and steps are made towards team building. Participants relax with each other by being able to appear silly with each other.

### MATERIALS

None

### TIME: 5-10 MINUTES

Instruct:

Everyone should stand in a circle, facing inwards. Each person is going to receive, and then make a facial 'mask,' which he or she will pass on to the next person in the group, who will make a new one to pass on, etc.

Explain:

I am going to make a face or a 'mask' and make eye contact with the person on my left. She or he must try to copy or make the exact same mask, with her face, as if she were looking in a mirror (demonstrate). Then, she will turn to the left and change the first mask into a new one to pass on to the next person. We will 'pass the mask' around the circle. Let's try it now, and remember to make eye contact and give the person enough time to make a really good copy of your mask with her face. Do not rush through it too quickly; give everyone time to copy your mask exactly!

To close, ask:

How did you feel while playing the game?

## ACTIVITY 3: WILLOW IN THE WIND

### OBJECTIVES

Participants learn how to build trust.

### MATERIALS

An area in which participants have enough room to move around comfortably and to make up circles of eight people. An area with a soft (carpeted) floor is preferable or spread a mat.

### TIME 30 MINUTES

Arrange the participants in the area available, which should have enough room so that three circles, of approximately eight people in each, can fit in easily. There should be a little extra room around the outside of each circle. Banish chairs elsewhere or to the edges of the room.

#### Explain:

This activity is aimed at building trust and therefore requires careful attention to instructions. It is very important that every individual in the group carries out the instructions carefully; if not, someone could get hurt. Every participant will have a chance to be in the center that is to be the 'willow', but only if they want. The willow will be blown around, but will also be supported by the wind.

#### Instruct:

Everyone should stand in a circle, shoulder to shoulder, and to look towards the middle of the circle where one participant is standing. The person in the center is the 'willow'. Everyone standing in the circle should hold their hands up, with palms facing the person, just below chest height of the person in the middle. Their legs should be apart, with one slightly in front of the other, and their knees bent a little, so that they will not be thrown off balance if someone leans heavily on them (demonstrate how this is done).

As participants engage in the activity, carefully check and monitor the position of participants in the circle as much as possible.

#### Explain:

The person in the center must remain standing as stiff as a board the whole time, with their arms crossed at chest level and hands under the armpits. When she is ready to begin, she should make a series of statements about a particular topic and then say, "Ready to fall." The circle should reply, "Ready to catch." The person then says, "I'm falling," and the circle responds, "Fall away."

As the 'willow' falls out towards the circle, make sure she remains stiff and doesn't bend at the waist. The participants support the 'willow' and slowly move her around, back and forth. Invite people in the circle to make very soft blowing sounds, passing air between their lips to make it sound like a gentle wind (demonstrate).

After the 'willow' has been moved around in the 'wind' for a couple of minutes, ask the group to help the person stand upright, placing their hands on her shoulders to indicate it is time to stop.

#### Ask:

How did you feel playing the game?

**(NOTE TO FACILITATOR:** Some people may be afraid to play this game. They should never be forced or pressured to do so. The right-to-pass rule should always be respected.)

## ACTIVITY 4: MOVING SCULPTURES

### OBJECTIVES

Participants are energized, encouraged to be spontaneous and 'get outside themselves' while performing. Participants also work towards building the team and building trust.

### MATERIALS

None

#### TIME 20 - 45 MINUTES

(often repeatable, with variations)

**(NOTE TO FACILITATOR:** Make sure that everyone is comfortable with the physical contact before beginning the game.)

Designate an open space at the front of the room as the 'stage' area.

Explain:

In this exercise we will make some human team sculptures and poems together. It's a team-building and group creativity exercise.

Ask for a group of about five to eight volunteers to come up and stand on either side of the stage (indicate where the stage area is).

Instruct:

The first volunteers should come up and strike a pose of their choice (demonstrate examples). Once the first volunteer is in their pose, the rest of the volunteers should come up and strike their pose. Everyone else must touch at least one other 'poser'.

Continue instructing participants to come up voluntarily, strike a pose and freeze in that position.

Explain:

When I say the word 'change' (let the word last a few seconds: chaaaaange), you should change to a new pose. Remember, you should still be touching at least one other participant, even during the time you change poses. As soon as I finish saying chaaaaange, you should freeze in your new positions.

Watch the group carefully and advise them whenever you see that someone is not in contact with at least one other person in the group. You can also play with the group by changing the length of the word 'change', so that sometimes they have a long time to find their pose, while at other times they must rearrange themselves very quickly (in two to three seconds). This makes the game more challenging and entertaining. Allow more teams to come up after the first group has made a few poses.

To close, ask:

How did you feel while playing this game?

#### ACTIVITY 5: AHA, AND I WAS THERE!

##### OBJECTIVES

Participants work on team and trust building.

##### MATERIALS

A room in which participants can move around comfortably.

##### TIME 30 MINUTES

Prepare the room so that participants have enough space to run around a little. Chairs should be put out of the way.

Instruct:

One of you will begin narrating a story and acting out a role in the story. Then rest of you will respond to the narrator by engaging in the same actions, as if you also were the narrator's character in the story. For example, if I, as the first narrator, were to begin by saying "One day I was walking down the street..." while I walk, you all walk as well. I might then continue, "I saw a giant tree and began to climb it," all of you begin climbing the tree as well. At any time, anyone in the group can shout, "Aha, and I was there!" At this moment everyone in the group responds together, calling out, "And what did you see my friend?" The person who interrupted takes over the narration and the exercise continues like before.

Explain:

It is important that everyone tries to support each other as much as possible. For example, if the narrator is obviously stuck and can't think of anything else to say, someone can suggest what they would like to happen next if they were the narrator or someone else can jump in. In a team, everyone should be ready to jump in and 'save' someone who appears stuck or uncomfortable, just as others would like someone to help them if they were in an awkward situation. Even if there are other characters described in the story, no matter what the other characters might say, the group's job is only to say or do whatever the narrator's character says or does in the story.

If, as the facilitator, you realize that people are describing less active behaviors, such as thinking, waiting, watching, etc., you can point out that it is more fun if the choices involve a lot of action. You can bring the game to an end when most participants have had an opportunity to be the narrator.

Lead a discussion on the following questions:

- How did you feel while playing the game?
- Does anyone remember feeling 'saved' by the person who jumped in to take over the narration or if they helped a narrator who appeared stuck?

Close by pointing out that:

Working well as a team requires paying careful attention to how group members are doing and that it is important to learn how and when to help them, without dominating them or trying to take over too quickly or at the wrong time. Things work much better when you know people will be there for you if you need help, and your target audience will probably feel it.

## ACTIVITY 6: TRUST FALL

### OBJECTIVES

Participants work on team and trust building.

### MATERIALS

A room in which participants can move around comfortably.

#### TIME 10 MINUTES

Have girls pair up (try to have them be similarly sized).

Explain:

One girl in the pair should stand with her feet firmly planted and her arms in an “X” across her chest (demonstrate). The partner should stand very close behind her with her hands up at shoulder level (demonstrate). Then the partners should exchange the following words:

- Girl in front: “Ready to fall”
- Girl in back: “Ready to catch”
- Girl in front: “Falling”
- Girl in back: “Fall away”

At this point, the girl in front should fall back slowly, with her feet still firmly on the ground, and her partner should catch her. Each time the “catcher” partner should take one small step back so the falling girl falls a little bit more each time, building trust with each step.

To close, ask:

How did you feel while playing this game?

#### ACTIVITY 5: THE HUMAN KNOT

##### Objectives

Participants work on trust building, team building and problem solving. They learn to respect people’s bodies by exercising self-control while trying to accomplish a group task without hurting anyone.

##### Materials

None

##### Time 10 - 15 MINUTES

**(Note to facilitator:** Participants taking part in this game should be warned before beginning that they need to be very careful not to hurt anyone by twisting their wrist, stepping on them, etc.)

Clear a space in which to form one or more circles of about eight to ten people.

Explain:

For this game it is very important to follow instructions and listen to each other carefully, so that no one gets their wrist twisted or hurt in any way. Everyone should stand in a circle, reach into the middle of the circle with both hands to get hold of the hands of two other people. Try to grab the right hand of one person and the left hand of another person. Then, without letting go, your job is to untangle the ‘rope’ and back into a circle (demonstrate this with a few volunteer participants). Do this activity slowly and carefully. Make sure you never let go of the hands you are holding!

If the group gets very good at this, variations can be made such as, no talking, or only whispering, etc.

To close, ask:

How did you feel while playing this game?



## Guidelines for Directing Drama and Role Plays<sup>21</sup>

Role-play and drama provide the participants with an opportunity to experience a real-life situation, without having to take real-life risks.

### About dramas: Why use drama to communicate a message?

- It gets and holds people's attention.
- An educational drama is often easier to relate to and remember than a lecture.
- It encourages people to start talking to one another about the problem or situation.
- It provides information and encourages people to think about a problem or situation in a non-threatening environment.

### Tips on performing an educational skit or drama

- Consider the message the drama is trying to share and be sure that the characters and the action clearly communicate this.
- Understand the character you are playing as well as the other characters in the skit.
- In a formal skit it is best to stick to the agreed upon script during the performance. Don't add lines or new ideas without discussing it with the other actors first.
- If you are using a script, study and memorize your lines if you can.
- Face the audience when you are speaking or gesturing, your back is not very expressive! Only turn your back when it's part of the intended action.
- Be sure the audience understands you. Speak clearly and loud enough for all to hear.
- Practice the skit before you perform it!

### About role-plays

Role-plays are a special kind of drama that allow participants to demonstrate or practice their interpersonal skills. In a role-play there are no prepared words for actors to say. Instead, a general situation is described and participants say and do whatever they think is in character with their role and the situation. It is important that facilitators encourage participants to role-play realistic situations, and not ideal situations.

The rules of role-play for participants are:

1. Discuss the situation within your own small role-play group.
2. Agree on a storyline.
3. Agree on who does what, involving everyone.
4. Rehearse.
5. Act out for the larger group.

### Helps for the facilitator directing a role-play

- Make sure each participant clearly knows which role they are to play and that they stay in character during the role play.
- Stop the action as soon as the point is close to being made or has just been made. Say something like "stop" or "cut." Do not let the role play drag on.
- After a role-play ends, discuss what happened with the larger group. This helps participants process what they have learned.
- If you think it would be helpful, ask for someone who can think of a different way of responding to the same situation to repeat the role play. This is especially helpful if participants do not model good behaviors during the role-play, as it gives the group a chance to think about how they could respond.
- Always thank participants for their contribution.

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<sup>21</sup>Adapted from World Relief: *Choose Life: A Guide for Peer Educators and Youth Leaders* and Population Council: *Health and Life Skills Curriculum for the Adolescent Girls Initiative–Kenya (AGI–K)*

## Selected First Aid Arts (FAA) Tools for Integration

### About FAA Tools:

First Aid Arts ([firstaidarts.org](http://firstaidarts.org)) utilizes a wide range of arts and body-based approaches to care for yourself and others in moments of distress and discomfort. These tools help strengthen your skills for coping with distress and can prevent the development of long-term post-traumatic stress.

We invite you to try these simple tools which may help you:

- Acknowledge and express what you are feeling
- Discover what moves you towards more comfort and care
- Learn ways to boost your mental and emotional health both in the short and long-term

When you recognize how stress affects your brain and body, then you are able to respond strategically. When you have tried all your tools and need further support you can refer to additional resources, supportive people, and referral support services (from community mapping).

## STRIKE A POSE



First Aid Arts Respond

## STRIKE A POSE

- Think of a specific moment when you felt strong, empowered, successful, triumphant, or joyful. What was happening? How were you holding your body? What were you thinking and feeling?
- If you can't think of anything, just imagine your favorite character that represents one of those feelings.
- Strike a pose that embodies or captures this moment or character. Breathe into this pose.
- See if you can make the pose as big as possible, almost as if you were a superhero. Notice if any words or affirmations come up for you.
- Try holding this pose for up to 2 minutes and say the words or affirmations out loud.

### Why does this help?

Adopting an expansive posture can help someone feel more powerful. Linking this physical experience to a personal association such as a memory, experience, or character that represents strength and empowerment becomes an accessible embodied resource for self-regulation.

Holding an empowering pose for 2 minutes has been shown to increase the chemicals in the brain and body that help you feel confident, and lower stress hormones like cortisol.

First Aid Arts Respond

## FOCUSED BREATHING



First Aid Arts Respond

## FOCUSED BREATHING

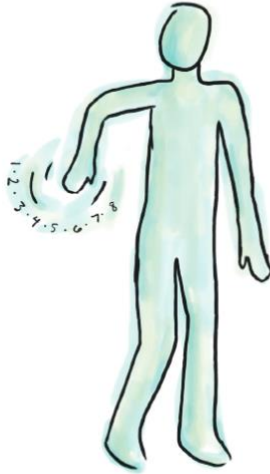
- Begin by getting comfortable in your environment. Sit or stand with your feet planted on the ground.
- Notice your current breathing. Is it fast, slow, deep, shallow? Pay attention to how you feel in your body.
- Take one deep, cleansing breath, fully in through your nose and letting go as you exhale through your mouth.
- Place your hands on your stomach and/or heart. With your next breath, notice the sensation under your hands as you feel yourself expand and deflate like a balloon.
- Inhale through your nose (1..2...3..4), exhale through your mouth a little longer (1..2..3..4..5..6). Take your time, counting at a pace that is comfortable for you. Practice breathing this way for a minute or two.
- Engage your imagination: Notice any tension throughout your body and visualize the cleansing oxygen filling your lungs and rushing to those places, scrubbing away toxins and stress. While exhaling, imagine the tension and stress being expelled from your body, letting it go.

### Why does this help?

Oxygen fuels our cells and muscles, and it cleanses toxins from our blood. Through intentional breathing, we have the ability to affect changes in our body at a physiological level. We can increase or decrease our heart rate, change our blood pressure, increase energy, improve mental clarity and focus, and even shift our mood. When our exhale is longer than our inhale we are engaging our parasympathetic nervous system, encouraging calm in the body.

First Aid Arts Respond

## SHAKE IT OUT



First Aid Arts ♥ Respond

## SHAKE IT OUT

- Count out loud to 8. As you count, vigorously shake your right hand out to each count
- Repeat with the left hand, and then the right leg, and then the left leg.
- Repeat the whole process but this time counting out loud to 4.
- Repeat, counting out loud to 2.
- Repeat, counting out loud to 1.
- You can do this in slow motion, or speeding up as you count down.
- End by slowly jumping off the ground (inhaling as you jump) and shaking the arms out when feet land back on the ground (exhaling fully when you land). You can make a sound to represent release or say something to yourself like, "I'm safe. I'm letting go."

### Why does this help?

Stress creates patterns of muscular tension and activates stress hormones that can build up in our body. This tension and stress can be released through vigorous shaking. Counting out loud while we do this engages our executive functioning, which helps to integrate our brain and body.

First Aid Arts ♥ Respond

## STABILIZE YOUR VESSEL



2



3



First Aid Arts ♥ Respond

## STABILIZE YOUR VESSEL

- Sit or stand in a position that feels comfortable, relaxing with your eyes open or closed. Take a deep, cleansing breath. You are a vessel. Your body is a physical container that sometimes needs stabilizing—like gently holding a cup of warm tea with firm and steady hands.
- Place your left hand on your forehead, and your right hand on the back of your head. Apply gentle pressure and hold for at least 1 minute. Pay attention to the areas where your hands and body meet. Notice any physical sensations.
- With your left hand still on your forehead, place your right hand over your heart. Remember to breathe with intention.
- When you are ready, move your right hand to your left shoulder and wrap your left arm across your stomach in a calming self-hug. Take a few breaths here until you notice a shift.
- It can be helpful to visualize yourself being held by a trusted and caring figure in your life. Notice what it feels like to simply rest and be held.

### Why does this help?

Using gentle, physical pressure and touch can help provide self-soothing and a sense of containment and safety. This helps reduce the nervous system's reactivity to pain and threat. When you hug someone, your brain produces a chemical that reduces stress (also known as the cuddle hormone or oxytocin). Hugging ourselves can have the same effect!

Source: Peter Levine's 2-Step Self Holding

## SING A CALMING SONG



First Aid Arts  Respond

## SING A CALMING SONG

- Sing or hum a calming song with long deep breaths.
- Try these lyrics to the tune of 'Twinkle twinkle little star':

"I am here and I am strong Take a breath, and sing this song I am growing strong each day	Everything will be ok I am here and I am strong Take a breath, and sing this song"
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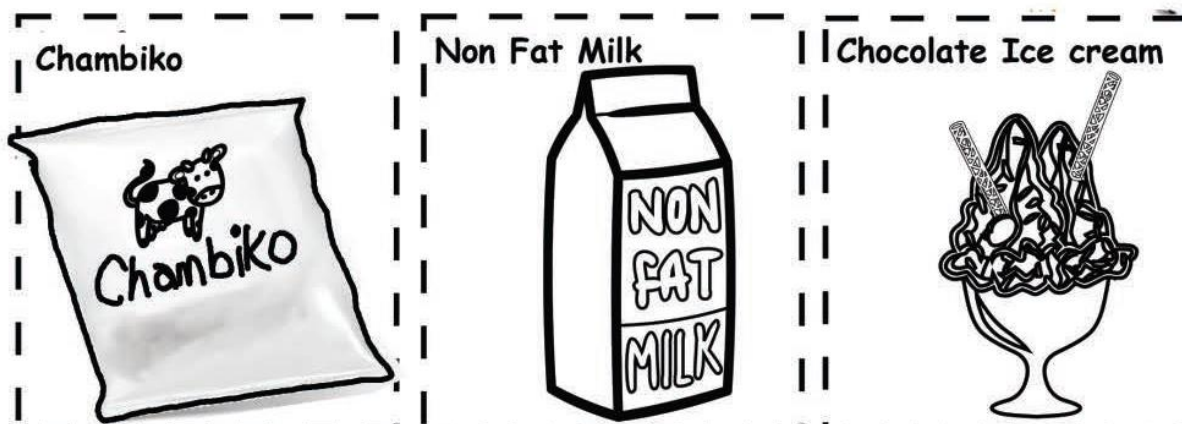
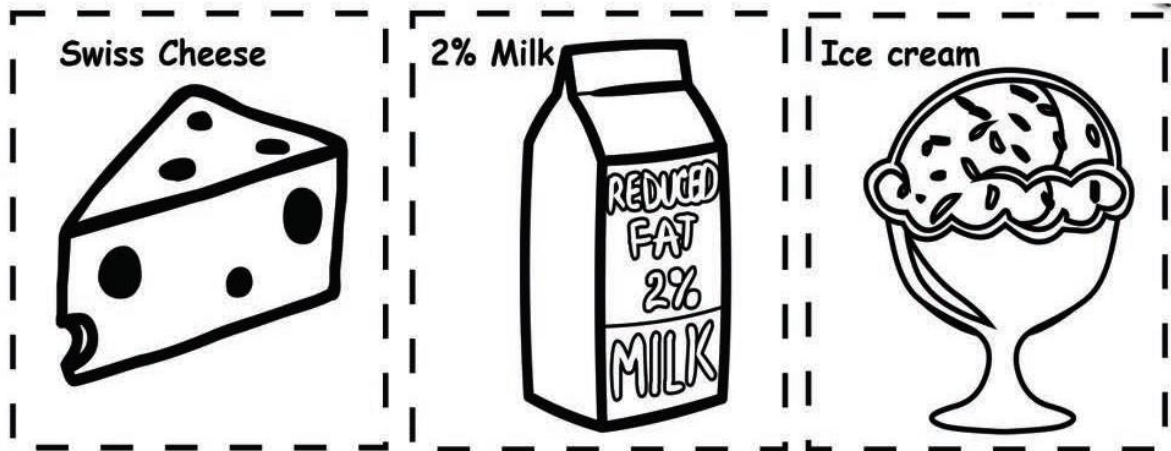
- What other calming songs do you know?
- If possible, hum and sing with others.



## ANNEX C: TRAINING AIDS

### Food Picture Cards

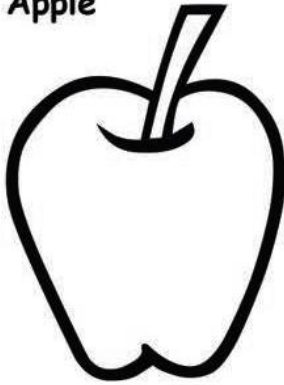
Lessons 7-10



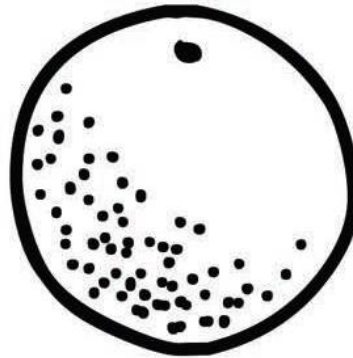
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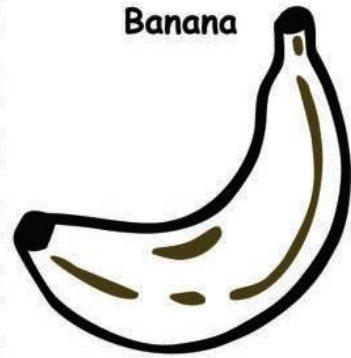
Apple



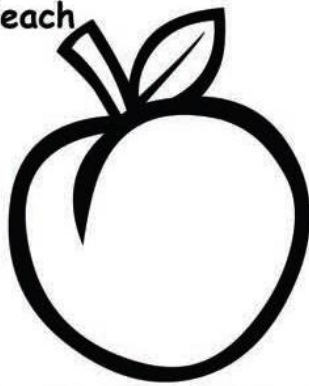
Orange



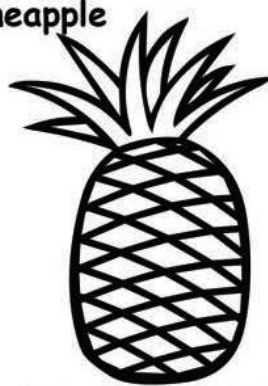
Banana



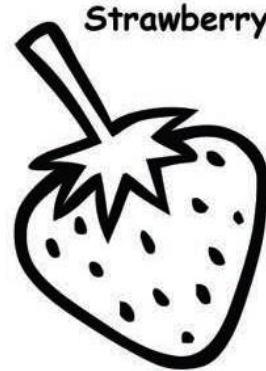
Peach



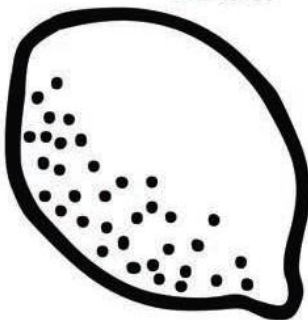
Pineapple



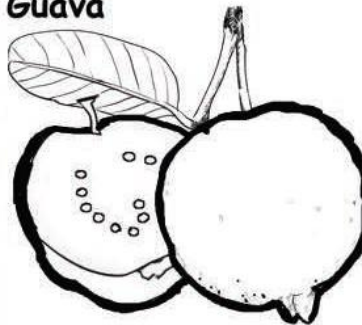
Strawberry



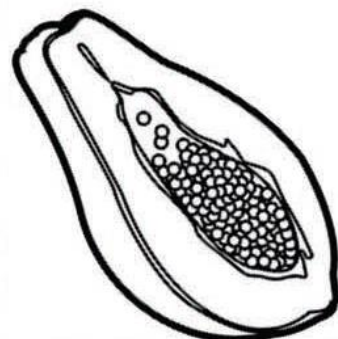
Lemon



Guava



Paw paw



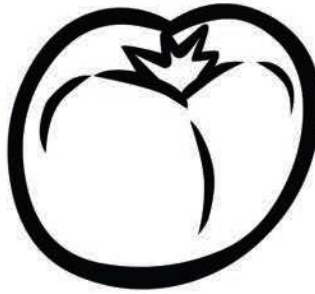


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Potato



Tomato



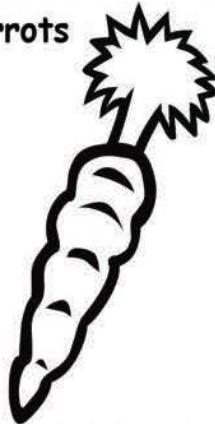
Cucumber



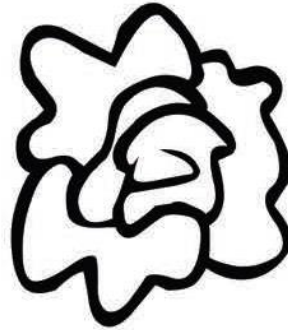
Amaranth  
(Bonongwe)



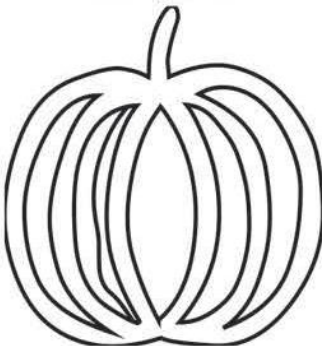
Carrots



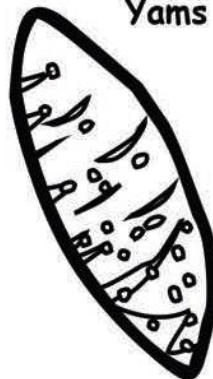
Lettuce



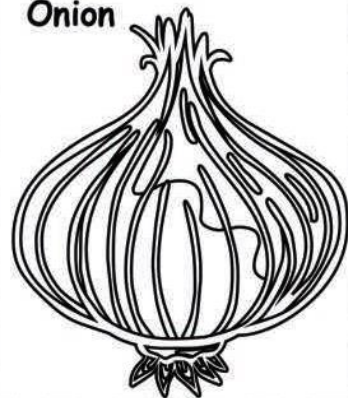
Pumpkin



Yams

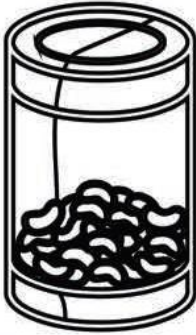


Onion

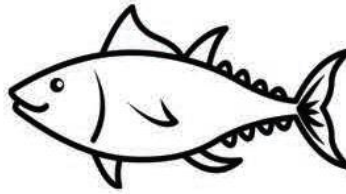


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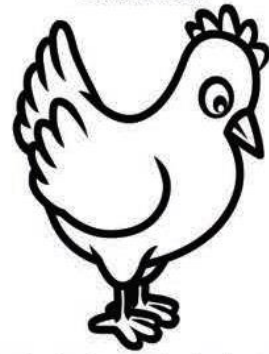
Kidney Beans



Fish



Chicken



Mice



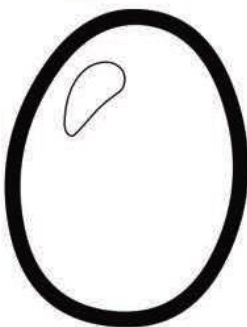
Peanut



Grasshopper



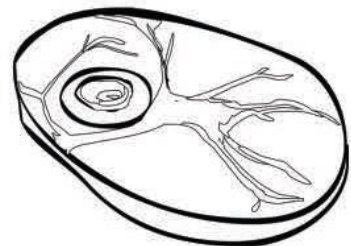
Egg



Flying termites

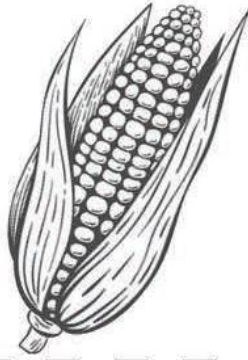


Meat

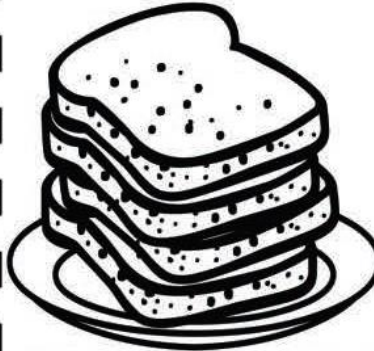


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Green maize



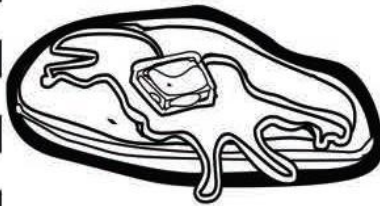
Bread



Banana cake



Pancake



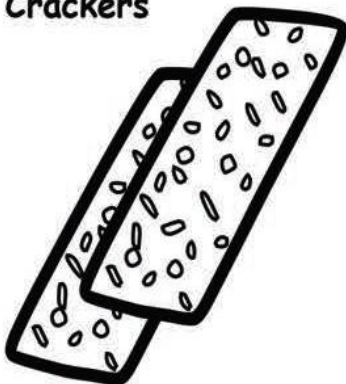
Popcorn



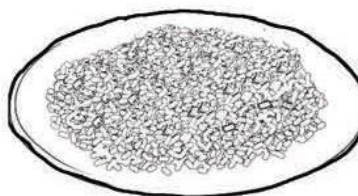
Oatmeal



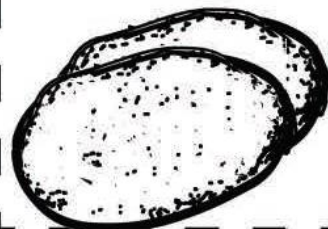
Crackers



Rice



Chitumbuwa

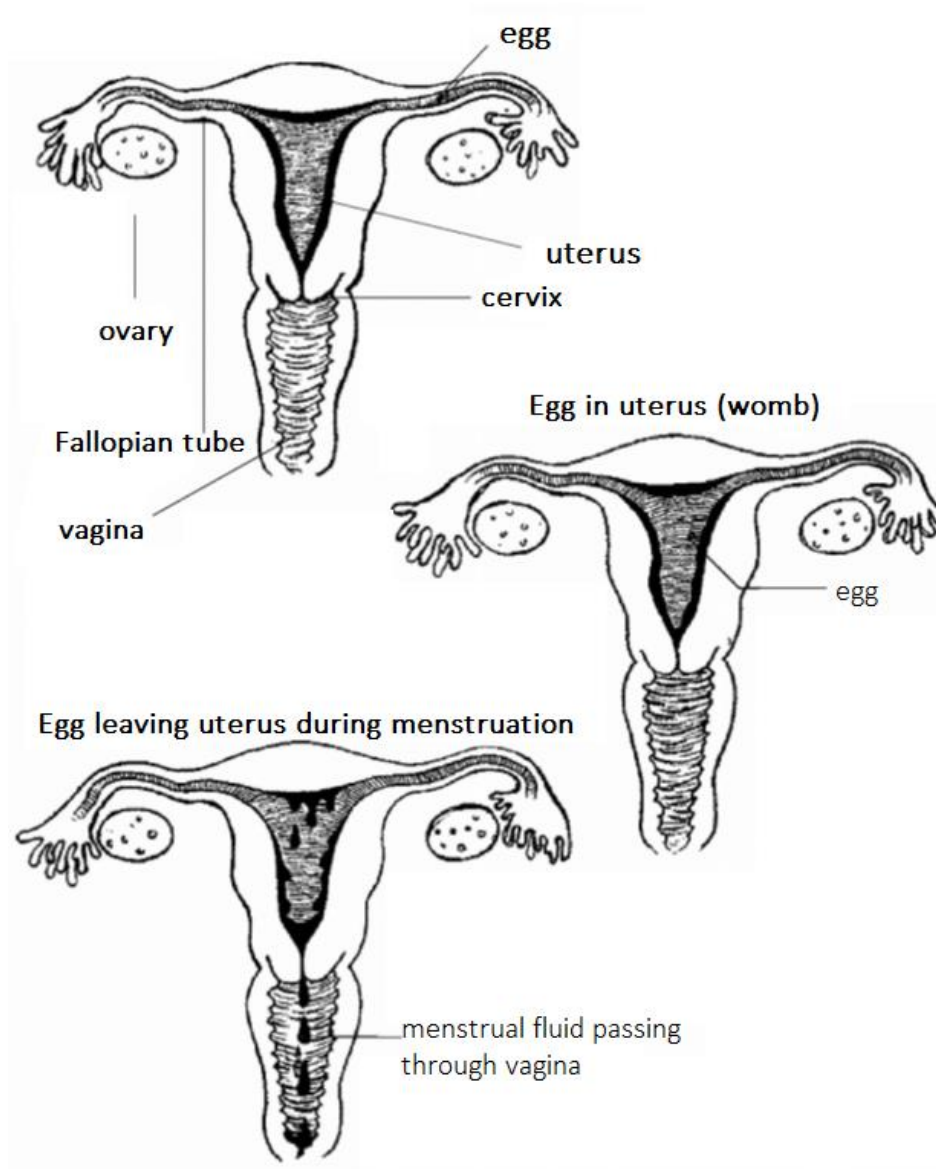


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## The Process of Menstruation

### Lesson 15





## Delaying Sex Scenario Cards

### Lesson 18

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Jane and Rose would like to go for the upper primary variety show but they fear that their parents may refuse. Rose has promised herself that she will keep out of trouble and protect herself from any potential risk of being attacked and raped. Her friend Nelly was raped last month by a neighbor at the corner of their village as they were coming home from last month's variety show and yet they had gone together. Rose thinks about her promise to herself but also thinks it would be great fun if she went for the variety show with Jane.

---

Sigere is 15 and lives with her mother and three younger siblings. Her mother works at the market and most of the time is able to support the family's needs. However, Sigere has to cater for her personal needs, like clothes, sanitary towels, or anything else she needs for herself. Sometimes, her mother asks her to help buy food or medicine when she can't work or when her business at the market is slow. Sigere spends time with Joseph who is 25 and lives in their neighborhood. He has a job as a taxi driver and often buys Sigere new clothes, or gives her some extra money when she asks him. The last time that Sigere went to Joseph's place he demanded that now she owes him and has to have sex with him the next time she comes. Sigere needs money this week, but does not want to have sex with Joseph.

---

Gift wishes to have a relationship with Marie who is only 12 years old and quite young. Gift has invited Marie over to his parents' house for the afternoon. Gift knows that his parents will not get back until evening. This could be a good time for sex for the first time. Gift has been learning about pregnancy, HIV and AIDS, and STIs, and he is not sure he wants to have sex yet. However, he feels Marie would like to have sex and will probably tease him or tell her girlfriends if he doesn't.

---

Tamanda met a young man, Patrick, on her way from the market. Patrick gave her sweets and promised to buy her chips if she visited him at his house. She feels uncomfortable because she remembers what her teacher once said about the risk of receiving free gifts from male strangers. What should Tamanda do or say to Patrick when she meets him?





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Angela is in standard 6 and likes spending time with Chikhondi who is a smart boy in standard 8 in her school but seems to like her. Chikhondi makes glances at Angela when he is showing her maths. Angela's friends notice and they share their first sexual experience with her and tell her that it is ok for her to have sex with Chikhondi since they love each other. Angela thinks of how she will ask Chikhondi to have sex with her.






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## Training Aid: Types of Contraceptives Flipchart<sup>22</sup>

### Lesson 19

METHOD	What it is and how it works	Protection against STIs/ HIV?	Other characteristics
<b>BARRIER METHODS (TEMPORARY “USER-CONTROLLED” METHODS THAT BLOCK THE SPERM FROM REACHING THE EGG)</b>			
<b>Male condom</b> 	A thin latex sheath rolled onto the erect penis before intercourse that prevents sperm from entering the vagina.	Yes	<ul style="list-style-type: none"> <li>It is one of the two methods that offer double protection, against pregnancy and infection, thus may also protect against infertility and cervical cancer.</li> <li>It enables men and boys to protect themselves and their partners.</li> <li>It is easily available.</li> <li>It must be put on during sexual activity prior to intercourse.</li> <li>Some people find that it reduces sensation.</li> <li>It may break or leak, especially if used incorrectly.</li> </ul>
<b>Female condom</b> 	A lubricated plastic sheath with two rings. One remains outside the vagina, covering part of the labia, and the other is placed in the vagina, covering the cervix. It forms a pouch that collects the semen.	Yes	<ul style="list-style-type: none"> <li>It can be inserted hours before sexual activity begins.</li> <li>It enables women and girls to protect themselves and their partners.</li> <li>It is noticeable during sex, and insertion may require practice.</li> <li>It is expensive in comparison with the male condom.</li> </ul>
<b>PERMANENT SURGICAL METHODS</b>			
<b>Vasectomy, male sterilization</b> 	A simple, outpatient operation in which the vas deferens is cut and tied. Sperm then are harmlessly reabsorbed into the man’s body, rather than entering the semen. It does not change a man’s ability to have sex, feel sexual pleasure, or ejaculate.	No	<ul style="list-style-type: none"> <li>Vasectomy is not effective until three months after the surgery.</li> <li>This is a permanent method.</li> </ul>
<b>Female sterilization, tubal sterilization</b> 	A surgical procedure to cut and tie (tubal ligation), or block, the fallopian tubes, preventing the sperm and egg from meeting. It does not change a woman’s ability to have sex or to feel sexual pleasure.	No	<ul style="list-style-type: none"> <li>This is a permanent method.</li> </ul>

<sup>22</sup> International Sexuality and HIV Curriculum Working Group. 2009. *Its All One Curriculum: Guidelines and Activities for a Unified Approach to Sexuality, Gender, HIV and Human Rights Education*. Edited by Nicole Haberland and Deborah Rogow.

METHOD	What it is and how it works	Protection against STIs/ HIV?	Other characteristics
<b>REVERSIBLE METHODS (LONG-ACTING METHODS THAT WORK INSIDE THE BODY’S SYSTEM)</b>			
<b>Oral contraceptives (“the pill”)</b> 	Small pills containing synthetic hormones (estrogen and progestin, or only progestin) that prevent ovulation and interfere in sperm migration by thickening the cervical mucus. They are taken orally every day by the woman for 21 or 28 days, depending on the brand and type.	No	<ul style="list-style-type: none"> <li>It does not require the woman to insert or apply anything at the time of sexual relations.</li> <li>It may reduce menstrual cramps and the risk of certain kinds of cancer, anemia, breast problems, and pelvic inflammatory disease.</li> <li>The woman must remember to take the pill regularly.</li> <li>Typically, fertility resumes quickly after the woman stops taking the pill.</li> </ul>
<b>Injectables</b> 	An injection given at regular intervals, usually every one or three months, containing progestin, a synthetic hormone that prevents ovulation and thickens the cervical mucus.	No	<ul style="list-style-type: none"> <li>The method can be used without the knowledge of others.</li> <li>It does not require the woman to insert or apply anything at the time of sexual relations.</li> <li>It may decrease the risk of certain kinds of cancer.</li> <li>Fertility resumes within a few months after stopping use.</li> </ul>
<b>Implants</b> 	One or two small, soft rods implanted in the woman’s upper arm that release a steady low dose of progestin over a period of three to five years. Thickens the cervical mucus and inhibits ovulation.	No	<ul style="list-style-type: none"> <li>Implants can be removed at any time, but they must be inserted and removed by a trained provider.</li> <li>It does not require the woman to insert or apply anything at the time of sexual relations.</li> <li>Fertility resumes immediately upon removal.</li> </ul>
<b>Intrauterine devices (IUDs)</b> 	Small devices, commonly shaped like a T, that are placed in the uterus by a health care provider. Some IUDs release progestin (a hormone), while others contain copper, which has antifertility effects. They keep the sperm from reaching the egg. Some types of IUDs can work for as long as ten years.	No	<ul style="list-style-type: none"> <li>This method does not interrupt sex; it is not noticeable during intercourse.</li> <li>If an infection is present during insertion, or if the conditions for insertion are not sterile, insertion may lead to pelvic infection and increased risk of infertility.</li> <li>The body sometimes expels the IUD.</li> <li>It must be inserted and removed by a trained provider.</li> </ul>
<b>“NATURAL”/TRADITIONAL METHODS (METHODS THAT REQUIRE SPECIFIC BEHAVIORS AND AN UNDERSTANDING OF ONE’S BODY)</b>			
<b>Lactational amenorrhea method</b> 	For breastfeeding women only. Breastfeeding causes the body to produce hormones that can prevent ovulation. As contraception, this method is effective only during the first six months of breastfeeding or until the woman has resumed menstruation (whichever comes first), and only if the baby is fed only breastmilk and on demand.	No	<ul style="list-style-type: none"> <li>Breastfeeding is free and has positive health effects for the mother and the baby.</li> <li>The lactational amenorrhea method (LAM) may be difficult for women who need to be away from their baby regularly.</li> </ul>

METHOD	What it is and how it works	Protection against STIs/ HIV?	Other characteristics
<b>Withdrawal</b> 	Pulling the penis out of the vagina and away before ejaculating prevents sperm from entering the vagina. This method can be effective if used correctly and consistently, but does not eliminate the risk of pregnancy. Pre-ejaculatory fluid on the penis during sex contains some sperm, which could cause pregnancy.	No	<ul style="list-style-type: none"> <li>• Withdrawal is always available and free.</li> <li>• It is considerably more effective than not withdrawing, but does not completely protect against pregnancy</li> <li>• It depends on the man's self-control and ability to predict ejaculation; women have no control with this method.</li> <li>• It interrupts sex and may lessen pleasure.</li> </ul>
<b>Calendar or CycleBeads methods</b> 	Many women have menstrual cycles that are fairly predictable in terms of how often a new cycle starts. CycleBeads (used for the Standard Days Method) and the calendar are two methods that a woman can use to identify the fertile days during which she can abstain from sex or use a barrier method of contraception.	No	<ul style="list-style-type: none"> <li>• This method is most practical for women with regular cycles.</li> <li>• It can also help couples who are trying to become pregnant to identify the most fertile days of the cycle.</li> <li>• It requires the woman's partner's cooperation</li> </ul>

## KEY STEPS FOR SAVING

1. Choose a Goal
2. Make a Plan
3. Save Regularly
4. Store Your Savings in a Safe Place

## ANNEX D: RECIPE GUIDE

*The following recipes can be found in the Government of Malawi recipe book*

### Main Meals

#### ONE POT DISH WITH ORANGE FLESHED SWEET POTATOES (OFSP)

*The one pot dish follows the multi-mix principle which is a way of planning meals by combining foods from different groups. The meals should include all six food groups but the minimum is four groups. At least include four groups at one sitting.*

##### Ingredients

- OFSP roots
- Green vegetables (any type)
- Meat (any type of meat)
- Onions
- Tomatoes
- Salt
- Water
- Cooking oil

##### Method

1. Clean OFSP roots, peel and cut in to pieces as desired (could be cubes or rounds)
2. Boil the pieces till tender and keep aside
3. Cut the meat into pieces and cook till tender. Then add cooking oil and fry the meat till brown as desired, then add onions and tomatoes and salt and a little water to make a stew.
4. Add boiled pieces of OFSP and the chopped green leafy vegetables to the meat stew, mix and simmer for 5 minutes
5. Serve hot.

**Variations:** Instead of meat one may add, beans, pigeon -peas, fish as preferred.



#### IMBALAGHA (BANANA COOKED WITH MEAT AND VEGETABLES)

##### Ingredients

- 3 large unripe banana or plantains
- 250g stewing meat or liver
- ¼ medium cabbages
- A bunch of green leafy vegetables (assorted)
- 1 medium size onion
- 1 medium tomato
- 1 tablespoon curry powder
- 2 table spoons cooking vegetable oil

- 3 pinches of iodised salt

#### *Method*

1. Stew the meat or liver together with onions, tomatoes, stock, seasoning and curry powder until tender.
2. Slice cabbage and the other vegetables.
3. Peel bananas and cut lengthwise and wash in warm water.
4. Arrange the food in a pot in layers, starting with bananas at the bottom, then meat, cabbage and the other vegetables then bananas
5. Pour over the gravy in which the meat was cooked and bake (this is done either in a local oven, putting charcoal at the bottom and on top of the metal covered pot) for  $\frac{3}{4}$  to 1 hour until done or cooking at low heat till well cooked.
6. Serve hot.

### RICE, PEAS AND CARROTS

#### *Ingredients*

- 1 cup rice
- 2 cups of water
- $\frac{1}{2}$  cup peas
- 2 carrots
- 2 pinches of iodised salt to taste
- 1 tablespoon cooking oil

#### *Method*

1. Sort the rice to remove stones and other foreign bodies and wash
2. Boil rice until nearly cooked while sorting and washing peas and the carrots
3. Dice the carrots into small cubes
4. Add peas and carrot to the cooking rice.
5. Cover the pot and reduce heat and let it cook for 10 – 15 minutes
6. Serve as main meal with a protein dish and fruit in season

### FRESH BEANS, MAIZE AND GROUNDNUTS

#### *Ingredients*

- 1 Cup Green maize removed from the cob
- $\frac{1}{2}$  cup fresh Beans
- $\frac{1}{4}$  cup Water
- $\frac{1}{2}$  cup groundnut powder
- 2 pinches or teaspoon iodised salt

#### *Method*

1. Mix the maize to the beans and cook until well cooked
2. Add the groundnut flour and salt
3. Simmer for 10 minutes
4. Serve while warm with vegetables in season and a fruit

### SWEET POTATO ROOTS-FISH-GROUNDNUTS

#### *Ingredients*

- 6 medium-sized sweet potato roots
- 2 teaspoons curry powder
- Medium size smoked fish

- ½ standard cup roasted groundnuts
- 1 teaspoon salt
- Adequate water

#### Method

1. Peel and wash sweet potato roots then slice and chop into small cubes
2. Remove fresh from the fish, pound and sieve roasted groundnuts to make a paste
3. Mix ground paste with water
4. Add curry powder, fish and chopped sweet potato roots to the groundnut paste
5. Carefully wrap the mixture of ingredients tightly in banana leaves
6. Steam until ready
7. Serve

### OFSP LEAVES SEASONED WITH GROUNDNUT FLOUR (AS RELISH)

#### Ingredients

- Water
- Sweet potato leaves
- Groundnut flour
- Lemon
- Salt
- Tomatoes

#### Method

1. Clean sweet potato leaves with clean water
2. Bring a little water to boil
3. Add the leaves to boiled water
4. Then add groundnut flour(paste) , tomatoes and a pinch of salt and mix
5. Add lemon juice to the mixture
6. Cover the pot and simmer for 5 minutes

**Note:** this process may take a maximum of 10 minutes

One may choose not to add groundnut flour



### VEGETABLES SEASONED WITH GROUND NUT FLOUR

**Note:** This can be made with all vegetable leaves, for example: Chisoso (black jack), kholowa (sweet potato leaves) nkhwani (pumpkin leaves), pumpkins

#### Ingredients

- 4 handfuls black jack leaves (or any other kind of leaves)
- 1 cup pounded groundnuts
- 1 cup water
- 2 tomatoes
- 1 onion
- Salt to taste

#### Method

1. Sort and wash black jack leaves
2. Cut the leaves, put in a small pot and add water.
3. Cook for 10 minutes.
4. Chop tomatoes and onion





5. Add the chopped tomatoes, onion
6. Add pounded groundnuts and salt.
7. Cook for 30 minutes while stirring occasionally
8. Serve as relish with *nsima ya mgaiwa*, kondowole (*Nsima ya Chinangwa*), rice, boiled cassava or potatoes and fruit in season.

## DRY FISH WITH GROUNDNUT STEW

### Ingredients

- 2 ½ cups of dried or smoked small fish (*usipa*) or *matemba*
- ½ cup groundnut flour
- 1 onion
- 1 cup of assorted vegetables (e.g. green vegetables, grated carrots)
- 1 large tomato or 2 medium ones

### Method

1. Prepare fish (clean and soak for some time)
2. Cook the fish and leave to cool
3. Cook the onion and tomatoes till cooked into a paste adding the chopped and grated vegetable midway
4. Add the groundnut flour to make a thick sauce
5. Add the groundnut vegetable sauce to the fish
6. Add iodised salt to taste

Serve with a staple food, such as potatoes, *nsima* made from mgaiwa or sorghum

## LIVER STEW

### Ingredients

- 250 g Liver
- 5 garlic cloves
- 1 tablespoon margarine or cooking oil
- ¼ grated pumpkin
- Water
- 2 pinches of iodised salt

### Method

1. Skin and clean the liver and cut into pieces
2. Heat the fat and fry with garlic in the margarine or oil
3. Add grated pumpkin, water and iodised salt
4. Bring to the boil and simmer for about one hour
5. Serve hot with *nsima*, sweet potato or cassava staple dish

## BEAN AND MEAT STEW

### Ingredients

- 2 cups fresh beans
- ½ cup minced meat or finely chopped cooked meat (the meat can be pounded in a mortar)
- 2 cups mixed Vegetables (including carrots)
- 1 small onion
- 1 medium tomato
- 1 tablespoon of cooking oil

### Method

1. Wash beans thoroughly.
2. Cook beans until nearly well cooked.
3. Fry the onion; then add tomatoes and other vegetables.
4. Add ½cup minced or finely chopped
5. Simmer the mixture for 15minutes.
6. Serve with any available staple food, including green banana, nsima, or potatoes and vegetables.

## GROUNDNUT FLOUR/POWDER NSINJIRO)

### Method

1. Sort nuts removing all discolored and moldy nuts
2. Grind the nuts in mortar and sieve
3. Keep the flour in a container in a cool dry place

*Note: This is a powder that is used to enrich dishes.*

*Household care givers should ensure that they add it to food wherever possible.*



## PEANUT BUTTER (CHIPONDE)

### Ingredients

- Groundnuts
- Salt

### Method

1. Roast the groundnuts, make sure it is fully roasted
2. Remove the skin
3. Sieve as you pound using a course sieve
4. Add salt to taste
5. Pour the sieved nuts powder back into the mortar and pound until sticky
6. Store in good and clean container.

*You can use it on Porridge, Bread, Snack, or packed meal.*

## SOY FLOUR

### Method

1. Remove stones and trash
2. Boil water in saucepan or pot at 1 part Soy to 3 parts water
3. Add Soy bean slowly to boiling water maintaining the boiling temperature
4. Boil for 30 minutes or until the skin is cooked
5. Rinse in cold water and remove the skin
6. Dry on a clean mat or tarpaulin
7. Pound or mill into flour

*\*You can also soak the soybean grains overnight and de-hull the skin by rubbing the soy between two hands.*

*This flour can be used for fortification or enriching other dishes as nsinjiro or seasoning in vegetables and other relishes*



## Snacks and Juices

### Snacks

#### ORANGE FLESHED SWEET POTATOES (OFSP) AFRICAN CAKE - CHIGUMU CHA UFA WA MBATATA YOFIIRA MKATI

##### Ingredients

- Maize flour
- Ripe bananas
- Sugar
- OFSP Puree Warm milk/water
- Cooking oil
- Soda (sodium bicarbonate)

##### Method

1. Mash the bananas
2. Mix the mashed bananas with maize flour and OFSP puree in the ratio of 1 maize flour: puree and 0.5 banana
3. Add warm milk or water and soda. Mix thorough till you make a light porridge
4. Smear cooking oil on the bottom of cooking pot and pour the porridge into the pot.
5. Place charcoal on top and bottom of the cooking pot and bake till cooked.
6. Serve as a snack.



#### OFSP MANDAZI

##### Ingredients

- 1 cup OFSP puree
- 2 cups bread flour
- 3 table spoons sugar
- Pinch of salt
- 2 teaspoons yeast
- 3 tablespoons Oil (enough to fry)
- Water or milk as needed

##### Method

1. Mix all the dry ingredients together
2. Add OFSP puree, milk or water into the dry mixture little by little till you make a dough
3. Roll into a ball and knead the dough till smooth
4. Make small balls and roll into a desired shape
5. Let the balls rise a little while before you start frying
6. Deep fry mandazi till golden brown
7. Serve as a snack



## ORANGE FLESHED SWEET POTATO DOUGHNUTS

### Ingredients

- 1 cup mashed sweet potato
- 2 cups wheat flour
- ½ cup sugar
- 3 teaspoons baking powder
- ½ cup milk or water
- 2 eggs
- Enough cooking oil for frying

### Method

1. Mix all dry ingredients into a bowl.
2. Add boiled mashed sweet potatoes and mix well using fingers.
3. Make a well at the center and pour beaten eggs and milk/water.
4. Mix well and knead until smooth and soft.
5. Shape the doughnut in any form. Deep fry until golden brown



## OFSP BUNS

### Ingredients

- 1 cup puree
- 3 cups bread flour
- 1 tablespoon sugar
- Pinch of salt
- 1.5 teaspoons yeast
- 3 tablespoons oil
- Water as needed

### Method

1. Preheat oven (180°C) or light charcoal in charcoal oven
2. Mix 1 table spoons of sugar in a cup with the yeast and add 1.5 tablespoon of warm water.
3. Put mashed sweet potato in mixing bowl and sift in the dry ingredients
4. Add oil and rub it till crumbles
5. Add the yeast and salt to the mixture
6. Add water and knead till done to required texture (5-10 minutes)
7. Roll into a ball, knead the dough till smooth
8. Divide the dough into equal small balls and roll out to make desired shapes.
9. Put a small amount of wheat flour on the base of the sheet where the buns will be baked before placing the raw buns on top
10. Cover the buns with a cloth and leave to rise for 25minutes – 1hr (preferable) in a warm place.
11. Bake in the hot oven ( 180°C) for 25 minutes or till golden brown



## AFRICAN FRITTERS (ZITUMBUWA)

### Ingredients

- 5 ripe bananas
- 4 medium OFSP roots
- 2 cups maize flour or sweet potato flour
- 1 teaspoon salt
- Cooking oil

### Method

1. Mash the bananas
2. Boil the OFSP until tender
3. Mash boiled OFSP into puree
4. Measure 2 cups of puree, 1 cup maize flour, mashed bananas and mix
5. Add ½ teaspoon of salt and sugar if so desired
6. Mix until smooth
7. Take balls of the mixture and press to flatten it
8. Fry *zitumbuwa* in a pan till golden brown and serve as snack.



## SWEET POTATO IN PEANUT SAUCE (FUTALI)

### Ingredients

- Sweet potato roots
- Salt
- Ground nut flour or tomato

### Method

1. Clean roots and peel
2. Cut root into pieces as desired
3. Boil the roots till tender
4. Add a pinch of salt
5. Add groundnut powder (paste) to boiled root until cooked
6. Serve hot as a snack or meal

**Note:** you may add tomatoes if needed.



## OFSP CHIPS

### Ingredients

- OFSP roots
- 1 litre cooking oil
- 2 tablespoons salt

### Method

1. Wash and peel sweet potatoes roots and cut into sizeable slices
2. Put slices in a bucket of water to avoid darkening of the slices
3. Deep fry as chips
4. Salt to taste

**Note:** can be served with cabbage salads and beef or chicken if so desired

## OFSP CAKE

### Ingredients

- 1 cup Orange fleshed sweet potato flour or puree 4 eggs
- 3 cups wheat flour
- 3 tsp baking powder
- ½ cup/5 tsp margarine
- 1 tsp lemon rind
- ½ cup sugar
- 1 cup milk

### Method

1. Put margarine and sugar into a mixing bowl and mix them well until creamy.
2. Beat the eggs and add to the bowl.
3. Grate lemon rind and add to the bowl and mix.
4. Sieve OFSP flour, wheat flour and baking powder together and add to the bowl.
5. Add milk little by little while stirring to make free flowing dough.
6. Grease baking pan and pour in contents.
7. Bake in oven for at least 30 minutes or till brown and done.
8. Serve



## SOYA CHIGUMU

### Ingredients

- 1 cups maize flour (mgaiwa)
- 1 cup processed soya bean flour
- 2 eggs
- 4 tablespoons sugar
- Pinch salt
- 1 teaspoon bicarbonate of soda
- 3 cups warm water

### Method

1. Mix soya bean flour, mgaiwa, baking soda, salt and sugar.
2. Beat eggs and add to the mixture.
3. Add warm water slowly while stirring until a thin dough is formed.
4. Pour the mixture into a greased pan/sefulia.
5. Bake for at least 45 minutes until brown and done.



## SOYA MANDAZI

### Ingredients

- 1 cup soya flour
- 4 cups bread flour
- 3 table spoons sugar
- Pinch of salt
- 2 teaspoons yeast
- 3 tablespoons Oil (enough to fry)
- Water or milk as needed

### Method

1. Mix all the dry ingredients together





2. Add milk or water little by little till you make a dough
3. Roll into a ball and knead the dough till smooth
4. Make small balls and roll into a desired shape
5. Let the balls rise a little while before you start frying
6. Deep fry mandazi till golden brown

## Juices and Drinks

### OFSP JUICE FROM ROOTS

#### Ingredients

- 3 cups OFSP puree
- 1000 ml of water
- 500g sugar
- 2 tablespoons grated lemon rind and lemon juice
- Orange or pineapple extracts

#### Method

1. Wash roots, peel and boil till tender
2. Mash to into puree
3. Put the mashed potato (puree) through a sieve
4. Pour warm water over the mashed potato
5. Add grated lemon rind and juice in the sieved potato juice
6. Add orange or pineapple extracts as an essence
7. Add sugar
8. Heat for 10 minutes
9. Sieve to remove other debris
10. Package in bottles and refrigerate to serve cold



### OFSP THOBWA (SWEET ROOT BEER)

#### Ingredients

- 2 cups OFSP flour or flour from sweet potato peels
- 1 cup maize flour
- ½ cup fermented millet flour
- Sugar to taste
- Water as needed

#### Method

1. Put some water in a pot and bring to the boil.
2. As soon as it begins boiling, add 1 cup of maize flour and 2 cups of OFSP flour, stirring well with cooking stick.
3. Stir frequently to avoid burning. When the porridge is well cooked, allow the porridge to cool before you add fermented millet flour and boil again until done.

### SOY MILK

#### Ingredients

- Dried Soy
- Sieve or Clean white cloth
- Sugar

#### Method

1. Clean Soy beans by removing stones, dirt and moldy beans.

2. Boil adequate water depending on the amount of Soy beans (1 part soybeans to 3 parts water).
3. Drop the beans into boiling water without causing the water to stop boiling.
4. The soybeans should boil for at least 30 minutes, when the seed coats are easily removed.
5. Remove soybeans from the fire, drain off the water and rinse in cold water.
6. Remove the skins of the cooked beans (dehull) by rubbing between hands while rinsing with cold water.
7. Grind dehulled soybeans in a blender or mortar, remove paste and mix with water (3 parts) and boil for 8 minutes then sieve with a cloth to obtain milk.
8. Add 4 more parts of water to the milk and boil the milk for 30 minutes.
9. The milk is ready for serving as a drink for refreshment or as part of breakfast.

## SOY BEAN COFFEE

### *Ingredients*

- Soy beans

### *Method*

1. Cook the Soy beans as explained in the basic preparation method above
2. Dry the cooked Soy beans in the sun
3. Roast the dried beans until dark brown
4. Pound the roasted Soy beans to a fine powder; sieve and pound again until all the soybeans are crushed.
5. Place in air tight container and store in a cool place.
6. Add a teaspoon of the ground Soy coffee in hot water to make a beverage.
7. Add sugar to taste

Alternatively, simply roast soybeans until dark brown.

Pound the roasted soy beans to fine powder, sieve and pound again until all the soy beans are crushed.

## LEMONADE

This is good for invalids since lemon increases appetite.

### *Ingredients*

- 1 lemon
- 2 cups boiling water
- 1 Tablespoon sugar or honey

### *Method*

1. Wash lemon and slice off pieces of rind with a knife
2. Cut lemon and squeeze out juice and remove the pips
3. Place the pieces of rind, juice and sugar in a jug.
4. Add boiling water
5. Cover and leave till cooled
6. Serve cold

## ORANGEADE

Just as in lemonade, but take 1 orange instead of a lemon.



## MIXED FRUIT DRINK

### Ingredients

- 3 oranges
- 1 pineapple
- 3 lemons
- 6 granadillas (if present)
- 4 cups of boiling water

### Method

1. Wash all the fruits
2. Squeeze juice from lemons and oranges into a jug
3. Remove pulp from granadillas and grate pineapple
4. Mix all the ingredients in a bowl
5. Add 4 cups of boiling water and stir well
6. Allow to cool then strain
7. Serve cold

## PAWPAW JUICE

Pawpaw fruits are available throughout the year in the WALA impact area and there has been a drive to promote cultivation of pawpaw among participating households. Pawpaw juice is a good source of vitamin A. Children should be encouraged to take it. The juice is also an effective laxative.

### Ingredients

- 1 Medium sized Pawpaw
- 2 cups of cold water
- 1 lemon

### Method

1. Clean the pawpaw and peel
2. Cut in half and remove the seeds
3. Cut into small pieces
4. Put in a basin and crush using wooden spoon or masher
5. Add water until the juice is sizably thick (able to pass through a sieve)
6. Sieve
7. Add the lemon juice and mix well
8. serve cold

## CHIDEDE JUICE

Chidede juice is made from fresh or dried calyx of *Hibiscus sabdariffa* (Chidede).

## FRESH CHIDEDE

### Ingredients

- 1 cup of fresh Chidede
- 3 cups of hot water
- ½ cup Sugar

## DRIED CHIDEDE

### Ingredients

- 1 cup of dried Chidede
- 4 cups of hot water

- ¾ cup Sugar

#### Method

1. Wash calyx and remove any foreign matter
2. Measure the calyces and the water and bring to boil
3. Extract the juices from the calyces by boiling for 10 to 15 minutes
4. Add the sugar and stir until dissolved completely
5. Strain using a sieve
6. Leave to cool
7. Serve cold

### MANGO JUICE/GUAVA JUICE

1. Remove mouldy and under ripe fruits
2. Wash fruits using clean water by pouring
3. Peel and cut fruits into small slices
4. Press and mash the fruits using a wooden spoon or a masher
5. Separate pulp from the solids such as seeds using a sieve
6. For guava, Mix 4 cups of juice with 2 cups of sugar and 1 cup of lemon juice
7. Add water to get the correct consistency if necessary
8. Fill the juice in sterilized bottles
9. Pasteurize the juice in a hot water bath for 15 minutes
10. Allow to cool
11. Store in a cool dry place
12. Use within two days.

### Porridges

#### PHALA LA MPUNGA LOTHIRA NSINJIRO

##### Zofunika

- Theka (½) ya kapu ya ufa wa mpunga
- Tebulo sipuni imodzi ya nsinjiro
- Makapu atatu a madzi
- Theka ya kapu ya mkaka (ngati ulipo)
- Mchere pang'ono
- Shuga pang'ono (ngati alipo)

##### Kaphikidwe kake

1. Wiritsani madzi mpaka atabwata
2. Sakanizani ufa wa mpunga ndi nsinjiro pogwiritsa ntchito madzi kapena mkaka
3. Thirani zosakanizidwanzo m'madzi obwata uku mukuvundula kuti mupange phala
4. Chepetsani moto ndipo pitirizani kuvundula mpaka phlalo litayamba kubwata pang'onopang'ono.
5. Bwatitsani pa moto wochepa mpaka litapysa
6. Thirani mchere ndipo gawani phalalo likadali lotentha
7. Thirani shuga ngati alipo

#### PHALA LA UFA WA SOYA NDI WA CHIMANGA

##### Zofunika

- Gawo limodzi la ufa wa soya
- Magawo anayi a ufa wa chimanga
- Mchere pangono

- Shuga (ngati alipo)
- Madz kapena mkaka (ngati ulipo)

*Kaphikidwe kake*

1. Sakanizani ufa wa soya ndi wa chimanga
2. Thirani madzi wozizira pang'ono kuti ku ufa wosakanizidwawo
3. Bwatitsani madzi ndipo thiranimu mzuwa uja mukuvundula
4. Bwatitsani pa moto wochepa mpaka litapsa
5. Thirani mchere ndi shuga malinga ndi kukonda kwanu

## ANNEX E: ADDITIONAL OPTIONAL LESSONS: NUTRITION FOR PREGNANT ADOLESCENTS AND ADOLESCENT MOTHERS

### Additional Lesson 1: Nutrition for Pregnant Adolescents<sup>23</sup>

#### SESSION DESCRIPTION

This session discusses the importance of nutrition and other issues surrounding adolescent pregnancy.

#### FACILITATORS' NOTES

Sufficient energy is a primary dietary requirement of pregnancy. If energy needs are not met, available protein, vitamins and minerals cannot be used effectively for various metabolic functions. Energy requirements are greater for pregnant adolescents than their non-pregnant peers.

#### OBJECTIVES

By the end of this session, participants will:

- Explain the importance of good nutrition in pregnancy
- Explain the factors influencing nutritional needs of pregnant adolescents
- Outline eating behaviors and their implications in pregnant adolescents

#### MATERIALS

- Talking Stick (a cane, stick, or rolled up piece of paper)
- Food Picture Cards (Annex C: Training Aids)

#### TIME

1 HOUR, 20 MINUTES

#### ACTIVITIES

1. Icebreaker (5 minutes)
2. Review (10 minutes)
3. Food and Nutrient Needs in Pregnancy (30 minutes)
4. Common Eating Behaviors in Pregnant Adolescents (25 minutes)
5. Wrap Up (10 minutes)

#### ICEBREAKER: THE SHIP IS SINKING (5 MINUTES)

Explain:

We are going to play a game called “The ship is sinking”. Please all get in a circle. When I say “the ship is sinking” everyone should reply “the ship is sinking”. When I say “get into groups of 5” for example, you need to quickly move and get into a group with 4 other friends to form a life raft of 5 people and be saved from the sinking ship. If you find yourself in a group less than the number stated then you are out of the game. We will do a practice round first and then we will play the game.

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<sup>23</sup> Adapted from: Stang, J and Story, M. (2000) *Nutrition and the Pregnant Adolescent: A Practical Reference Guide*. Minneapolis, MN: Center for Leadership, Education, and Training in Maternal and Child Nutrition, University of Minnesota; Montgomery, K. S. (2003) *Improving nutrition in pregnant adolescents: Recommendations for Clinical Practitioners*, *Journal of Perinatal Education* 12(2): 22–30.

Action:

Conduct a practice round by shouting “the ship is sinking” at least two times, with the girls responding, “the ship is sinking!” Then shout out “get into groups of three!”. When the girls have followed the instructions and grouped themselves in threes; ask them to form a large circle again. Begin again by shouting, “the ship is sinking” and the girls responding, “the ship is sinking!” Then shout out another number and the girls should form groups of that number. Any girls not in groups or in groups with the wrong number are out of the game.

Continue playing the game up to 5 minutes or until most of the girls are out of the game.

## REVIEW (10 MINUTES)

Ask:

Ask the girls to state what they can remember from the session on anaemia (Lesson 10).

Action:

Throw a ball of paper to any girl to signal that she should give an answer to encourage participation.

Ask:

What can you remember from our session on anaemia?

Say:

Mention a few key messages covered in the session on anaemia.

## ACTIVITY 1: FOOD AND NUTRIENT NEEDS IN PREGNANCY (30 MINUTES)

Explain:

We are now going to discuss food and nutrient needs in adolescent pregnancy. Remember that nutrients are the parts of food that are good for us, including protein, vitamins, minerals and carbohydrates.

Ask:

What do you think are the food and nutrition needs for pregnant adolescents?

Wait for a few replies.

Explain:

Getting enough of the right kinds of foods is important during pregnancy so that girls have enough energy and nutrients so that the baby grows nicely. This is true for all women, but adolescent girls need more nutrients because they are still growing as well. To get enough energy, protein, vitamins and minerals during pregnancy requires that the adolescent girls eat more and the right kinds of foods.

Getting enough iron is of special concern in pregnancy. This is because the need for iron increases in pregnancy due to the food and nutritional needs of the adolescent girl and the baby. The body’s need for iron during pregnancy increases as the pregnancy goes on. When an adolescent girl does not have enough iron, anaemia

develops. Not having enough iron during the first 6 months of pregnancy can be harmful to the mother and the baby. It can lead to early delivery of the baby or the baby being born at a low birth weight.

Action:

Facilitate a discussion using the six food groups chart to remind the girls of the key messages on healthy food choices.

Say:

Like we discussed before, healthy food choices are very important for pregnant adolescents. Remember to increase the amounts and kinds of food so that both the mother and baby grow strong and healthy.

Action:

Divide the girls into 3 groups. Give them decks of food picture cards. Ask them to identify foods which are good for pregnant adolescents. Allow them five minutes to complete the task then ask them to return as a group and share their responses, giving reasons for the choices. Ask the other girls whether they agree or disagree and give reasons for their answer.

Ask:

What are the key health care needs for pregnant adolescents?

Wait for a few replies.

Explain:

It is best for pregnant adolescents to start attending ante-natal care (ANC) at the health facility as soon as they know that they are pregnant. At the health facility they will be provided with the necessary health care, information, and will be given iron and folic acid tablets. Folic acid, like iron, is another very important nutrient for pregnant girls. At the health facility girls will also learn more about food and nutrition to help both themselves and the baby.

## ACTIVITY 2: COMMON EATING BEHAVIOURS IN PREGNANT ADOLESCENTS (30 MINUTES)

Action:

Ask for two volunteers to play the role of Jelita, a pregnant adolescent and Chilinda her friend. Call them aside for a briefing on the role play. Give them their roles in the play as follows:

*Jelita: Jelita shares her experiences with Chilinda saying, "Lately I have been feeling sickly and weak. I often don't eat as I don't want to grow big so that people will see that I am pregnant. Instead I snack on crisps, Fanta and bubble gum. I spend the day at the market where I keep myself too busy and eat a lot of chips".*

*Chilinda: Chilinda is to listen and give good advice about healthy eating to her friend Jelita based on what she has learned about food and nutrition.*

Explain:

In this activity we are going to talk about common eating behaviours in pregnant adolescents.

Action:

When they are ready ask both Jelita and Chilinda to come forward and role play. Ask the rest of the girls to be attentive to the role play. At the end of the role play, ask the girls, “What did you see and learn from the role play? Did Chilinda help her friend improve her nutrition?”

Explain:

In the role play we heard that Jelita was pregnant and skipping meals, preferring to snack on foods high in fat or sugar without little nutritional value. Jelita was too busy to make good food and ate a lot of fast food. Typical of adolescents, Jelita lacked a stable supply of healthy foods and perhaps had limited food preparation skills and facilities.

Ask:

What are some of the ways that Chilinda tried to help her friend Jelita? What kinds of good advice about healthy eating did she give? Is there anything she missed?

Wait for a few replies.

Explain:

Chilinda tried to teach her friend that she needs to eat enough of and the right kinds of food at every meal. She points out that pregnant adolescents need to eat healthy because they and the baby are growing. The pregnancy places extra needs on the adolescent’s body. To eat the right way, Jelita needs to get food from different food groups, making sure to eat staple, GO, GROW and GLOW foods to get enough nutrients. Also, Jelita needs to know that if she doesn’t eat enough iron she may become anemic which is a danger to both the girl and her baby. If Jelita is losing weight or feeling tired all the time, she should go to the clinic.

## WRAP UP (10 MINUTES)

Action:

Ask girls to say what they have learnt in today’s session. Fill in any key points missed.

**Key Message:** Pregnant adolescents have increased nutrient needs to allow for growth and development for both the baby and the mother. Not getting enough food and the right kinds of food can be dangerous for both the girl and her baby.

Ask for final questions or comments. Remind the girls where and when the next meeting will take place and what topics will be discussed.

Say:

Thank you all for coming today. Next week we will talk about how to feed infants and young children.

## Additional Lesson 2: Infant Feeding from Birth through 6 Months<sup>24</sup>

### SESSION DESCRIPTION

**This session discusses the role and benefits of breastfeeding. It further explains the practice of breastfeeding early after birth as well as the need to breastfeed newborns exclusively until 6 months.**

### TIME

1 HOUR, 55 MINUTES

### MATERIALS

- Talking Stick (a cane, stick, or rolled up piece of paper)
- Picture of a breastfeeding mother

### OBJECTIVES

By the end of this session, participants will:

- Discuss the role of breastfeeding in child survival
- List the benefits of breastfeeding
- Discuss the importance of early initiation of breastfeeding
- List the benefits of exclusive breastfeeding

### ACTIVITIES

1. Review (15 minutes)
2. Breastfeeding (25 minutes)
3. Early Initiation of Breastfeeding (40 minutes)
4. Exclusive Breastfeeding until 6 Months of Age (25 minutes)
5. Wrap Up (10 minutes)

### REVIEW (15 MINUTES)

Explain:

We are going to complete a quick review of last week's session on nutrition for pregnant adolescents.

Action:

Divide the girls into 4 groups and provide them with a grocery bag with the food cards. Ask each group to review the cards and identify which foods pregnant adolescents should eat more of. Display the food pyramid and have the girls organize the foods according to the food pyramid. Walk around and help the girls with their identification.

After 5 minutes bring the group back together to identify where foods should go on the pyramid and which foods a pregnant adolescent should eat.

Remind the girls of the importance of eating healthy foods.

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<sup>24</sup> Adapted from: MOH (2008) Infant and Young Child Feeding Counseling: An Integrated Course. Trainers Guide; WHO (2008) Adapted Training Course on Child Growth Assessment-WHO Child Growth Standards: Facilitators Guide; Zambia Demographic Health Survey (ZDHS) (2007) Feeding Practices and Nutritional Status of Women and Children.



## ACTIVITY 1: BREASTFEEDING (25 MINUTES)

Explain:

In this activity we are going to talk about the importance of breastfeeding.

Say:

Close your eyes and imagine a mother breastfeeding her baby.

Wait for a minute.

Ask:

What did the image in your head look like?

Wait for a few replies.

Explain:

A breastfeeding mother gives her baby the best food possible at the start of life. Breast milk is the baby's perfect first food; having all the necessary nutrients including energy, protein, vitamins and minerals. Breastfeeding is important for child health, an expression of love, care, protection and a way of nurturing the young. It is an extension of maternal protection from the shelter of the mother's womb to the outside world. Breastfed babies are healthier; achieving the best growth and development compared to those fed with milk formula.

Breastfeeding helps development of the mother-child bonding. It protects the mothers' health, costs less than milk formula and provides perfect nutrients required for the baby's growth and development. Breast milk is easily digested by the baby, it is clean and always ready to use and protects the baby against common infections. It helps the mother's uterus to return to its previous size; it helps to reduce bleeding after delivery and prevents anaemia. Breastfeeding also reduces the risk of ovarian and breast cancer in the mother. Colostrum, the very first milk to come from the breast (creamy and slimy) contains important nutrients that help fight diseases.

For some mothers, their breast milk doesn't come in or it is not enough for the baby. In those cases you need to seek guidance from a health care provider at the clinic.

Breastfeeding is also very important for HIV exposed babies. HIV positive mothers should go for ante-natal care at the health facility. There they will receive drugs that can prevent their baby from getting HIV. They will also learn about breastfeeding and HIV.

Action:

Divide the girls into 2 groups. Ask the groups to discuss the question "what are the benefits of breastfeeding?" Go around to the groups and provide guidance. Ask the groups to keep track of the key points raised. Bring everyone back together and ask each group to present what they discussed in their groups. After both groups have presented, bring up any points missed.

## ACTIVITY 2: EARLY INITIATION OF BREASTFEEDING (40 MINUTES)

Explain:

We are now going to talk about the importance of starting breastfeeding very soon after birth.

Ask:

When should a mother start breastfeeding her baby?

Wait for a few replies.

Explain:

A mother should start breastfeeding her baby as soon as possible within the first hour of giving birth. The very first breast milk (colostrum) is rich in important nutrients for early growth and preventing infections in the baby. The amount of colostrum is small, but it is exactly what a baby needs at this time. The colostrum starts the newborn's sucking behaviour. This action will help the mother produce more breast milk. Breastfeeding encourages bonding between the mother and baby resulting in better latch. Breastfeeding helps to maintain the baby's body temperature by providing warmth to the baby, which is very important for a newborn. Starting breastfeeding early helps the mother to make more milk.

Action:

Demonstrate how the baby should be placed to the breast immediately after birth. If possible, use a doll to demonstrate.

Say:

To start breastfeeding as soon as possible after birth, it is best that the mother and baby stay in the same room and sleep in the same bed. This is referred to as rooming-in and bedding-in so that the mother learns early when the baby is hungry.

Explain:

For the best suckling, the baby should be positioned and attached to the breast properly.

Action:

Demonstrate proper positioning and attachment. Arrange a low seat. If there are mothers in the group, ask for a volunteer mother and baby to come forward. Let the mother sit in a comfortable and relaxed position. Show the mother how to hold the baby by observing the 4 key points for positioning and ask the other girls to observe. If there are no mothers in the group or no one is comfortable coming forward, the mentor should use a baby doll to demonstrate the position.

Explain:

The 4 key points for positioning are that:




1. The baby's head and body must be in line;
2. Baby is held close to the mother's body

3. The baby's whole body must be supported (not just the neck and shoulders). The mother's hand and palm should hold the baby's whole body – head, shoulder, back and buttocks. The baby's head should rest in the crook of the arm and the baby should approach the breast nose opposite the nipple.
4. The baby approaches the breast nose to nipple.

Explain:

Support the breast as follows: the fingers must be placed against the chest wall below the breast. Support the breast with the first finger, the thumb must be above the breast. The fingers should not be too near the nipple.

### SUPPORTING THE BREAST IN DIFFERENT POSITIONS

<p><b>1. A mother holding her baby in underarm position</b></p>  <p>Useful for:</p> <ul style="list-style-type: none"> <li>• Twins</li> <li>• When having difficulty attaching the baby</li> </ul>	<p><b>2. A mother holding her baby with the arm opposite the breast</b></p>  <p>Useful for:</p> <ul style="list-style-type: none"> <li>• very small babies</li> <li>• sick babies</li> </ul>
<p><b>3. A mother breastfeeding her baby lying down</b></p> 	

Action:

Demonstrate how to support the breast in different positions as shown in the diagram.

Explain:

Look and listen for the baby taking slow deep sucks. This is an important sign that the baby is suckling well and getting enough breast milk. If a baby takes slow, deep, sucks then she or he is probably well attached. If the baby is taking quick shallow sucks all the time, this is a sign that the baby is not suckling well. If the baby is making smacking sounds as s/he sucks this is a sign that s/he is not well attached.

It is important that the baby releases the breast after the feed and looks sleepy and satisfied. If a mother takes the baby off the breast before s/he has finished, e.g. if

s/he pauses between sucks, s/he may not get enough hind milk. Hind milk is the milk that comes out after some time of breastfeeding. It is thick and creamy because it contains a lot of fat, which is needed by a newborn.

A baby that does not breastfeed well does not gain enough weight. The baby's urine may be very little, dark yellow in colour and not come often.

### ACTIVITY 3: EXCLUSIVE BREASTFEEDING UNTIL SIX MONTHS OF AGE (25 MINUTES)

Explain:

In this activity we are going to talk about exclusive breastfeeding until six months of age—that is, not giving the baby anything else to drink or eat except breast milk.

Ask:

Does a baby need more food than just breast milk before they are six months of age? Why or why not?

Wait for a few replies.

Explain:

Exclusive breastfeeding is the act of giving an infant only breast milk for six months and no other liquids or solids, not even water, orange juice or vitamin and mineral syrups. Unless instructed by a health care provider, breast milk contains all the food and nutrients that the baby needs through the first six months of life. Babies should be fed as often as they are hungry.

There are many benefits to exclusive breastfeeding, including better survival, decreased illness and improved growth. Exclusive breastfeeding during the first six months can be life-saving, by preventing infections like diarrhea, pneumonia and sudden death. Exclusive breastfeeding helps overcome low birth weights (LBW) and reduces slow growth.

Some mothers cannot produce enough milk for their babies from their breasts. In such cases, a health care provider will talk about the best ways of getting the baby the food she needs, including milk formula.

Ask:

What are the dangers of giving the baby solid food or fluid before the age of six months?

Wait for a few replies.

Explain:

The baby is more likely to have diarrhoea and get respiratory and other infections. The baby may get too little breast milk and become malnourished, which means that she or he doesn't get enough of the needed nutrients. Also the baby is more likely to have allergic conditions such as skin rashes and possibly asthma, which is difficulty breathing. There is a risk of developing some long-term diseases such as diabetes, a

condition in which the body has a hard time using sugar. Breastfeeding can also help mothers not get pregnant soon after the child's birth, although family planning appropriate for breastfeeding mothers should be used after childbirth to ensure the prevention of pregnancy.

**Action:**

Ask for two volunteers to do a role play. Pull them aside to instruct them in their roles. One girl will be a mother with a healthy six-month-old baby; the other girl will be a mother with a sickly three-month-old baby. Have the mother with the sickly baby describe the baby's symptoms of having diarrhea, getting sick, having skin rashes, and is not growing very quickly.

The mother of the healthy baby will ask questions about the baby's health and ask about what the mother of the sickly baby feeds her. The mother will describe how she feeds the baby breast milk, formula, cereal, water, and other foods to promote weight gain and growth.

The scene will end with the mother of the healthy baby encouraging her friend to exclusively breastfeed her baby until the baby is six months old to improve her health and recommend the mother take the baby to the health centre to make sure nothing else is wrong.

## WRAP UP

**Action:**

Ask the girls to summarize what they have learnt. Fill in any key points they miss.

Provide the key messages on feeding babies from birth through 6 months.

**Action:**

Ask for final questions or comments. Remind the girls where and when the next meeting will take place and the topic to be discussed.

**Say:**

Thank you all for coming today. I look forward to seeing you next week.

## Additional Lesson 3: Young Child Feeding and Growth Monitoring<sup>25</sup>

### SESSION DESCRIPTION

**This session provides guidance on how to feed children after 6 months of age. It also provides an overview of child growth monitoring using the children's Under-Five Clinic Card.**

### TIME

**1 HOUR, 40 MINUTES**

### MATERIALS

- Talking Stick (a cane, stick, or rolled up piece of paper)

### OBJECTIVES

By the end of this session, participants will:

- Discuss how to feed a baby after 6 months of age
- List appropriate foods for babies after 6 months
- Discuss the importance of growth monitoring
- Review the children's under-five clinic card

### ACTIVITIES

1. Review (10 minutes)
2. Feeding the Baby after 6 Months of Age (40 minutes)
3. Growth Monitoring: Children's Under-Five Clinic Card (40 minutes)
4. Wrap Up (10 minutes)

### REVIEW (10 MINUTES)

Explain:

We are going to complete a quick review of last week's session on infant feeding from birth through six months.

Ask:

Ask the girls to share what they can remember from the last session.

Action:

Throw a ball of paper to any girl to signal that she should give an answer to encourage participation.

Remind the girls of the importance of early initiation and exclusive breastfeeding.

### ACTIVITY 1: FEEDING THE BABY AFTER SIX MONTHS OF AGE (40 MINUTES)

Explain:

In this activity we are going to talk about how to feed the baby after six months of age.

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<sup>25</sup> Adapted from: Adapted from: MOH (2007) Children's Clinic Card Procedures Manual – Zambia; MOH (2008) Infant and Young Child Feeding Counseling: An Integrated Course. Trainers Guide; WHO (2008) Adapted Training Course on Child Growth Assessment-WHO Child Growth Standards: Facilitators Guide; Zambia Demographic Health Survey (ZDHS) (2007) Feeding Practices and Nutritional Status of Women and Children

Ask:

How do you think babies should be fed after six months of age?

Wait for a few replies.

Explain:

After six months of age, the baby should continue to breastfeed and be given semi-solid or solid foods and other fluids. All children need a variety of foods, including staples, animal source foods, vegetables and fruits, high-energy food and enriched foods (GO, GROW and GLOW foods). Solid foods should be enough, safe and nutritious in order to reduce the risk of malnutrition or not getting enough of the right nutrients. To ensure that children get all the nutrients they need at each meal, select different foods from the different food groups. As children get older, increase the variety and quantity of foods. Continued breastfeeding is recommended, even up to the age of two years. After six months of age, the child should be breastfed and eat three meals of solid food and fluids per day.

Ask:

How should solid foods be prepared for a baby?

Wait for a few replies.

Explain:

The stomach of a young child is small. At eight months of age the stomach can hold only very small amounts at one time. Thin foods and liquids fill the stomach quickly before the energy need is met so they need to be fed small amounts of food more frequently. Thickness of foods makes a big difference to how well that food meets the young child's energy and nutrient needs.

Action:

Show this image below of porridges of different consistencies. Ask the girls which of the two porridges is best to feed a baby.



Too thin



Good thickness

Explain:

Foods that are thick help to fill the energy and nutrient needs of the baby better.

Key points to remember about feeding babies are as follows:

1. When the baby reaches six months, continue breastfeeding on demand, both night and day. Breast milk continues to be an important part of the baby's diet until the baby is 2 years.
2. When feeding a baby always give breast milk first before giving foods.
3. When the baby first starts to eat, give 1 or 2 tablespoons of soft food three times per day every day. Gradually increase the frequency, amount, thickness and variety of foods. Foods of a thick consistency help to fill the needs of the baby better.
4. Make the baby's porridge and mashed foods better with breast milk, beans, mashed groundnuts, fruits and vegetables. Start with animal source foods (finely chopped fish, eggs, meat) as early and as often as possible.
5. Feed children mashed fruits and vegetables such as ripe banana, papaya, avocado and pumpkin as often as possible.
6. Avoid giving a baby tea, coffee, soft drinks and sugary or colored drinks.
7. Always feed the baby using a clean open cup.
8. During illness give the baby small frequent meals and more fluids, including breast milk or other liquid. Encourage the baby to eat a variety of (his or her) favorite soft foods.
9. After illness feed the baby more food and more often than usual for at least 2 weeks to help the baby recover quickly.

Ask:

What foods should not be fed to children?

Wait for a few replies.

Explain:

Do not feed infants drinks with sugar, soda or soft drinks (fizzy drinks), and do not let them eat sweets.

To meet the nutritional needs ensure that the complementary feeds be:

- **Timely** – introduced when the need for energy and nutrients is more than what can be provided through only and frequent breastfeeding.
- **Adequate** – provide enough energy, protein and nutrients to meet a growing child's nutritional needs.
- **Safe** – stored safely and prepared and fed with clean hands using clean utensils and not bottles and teats.



- **Responsive** – given in response to a child’s signals of hunger and that meal frequency and feeding methods are suitable for the child’s age.

## ACTIVITY 2: GROWTH MONITORING: CHILDREN’S UNDER-FIVE CLINIC CARD (40 MINUTES)

Explain:

In this activity we are going to talk about growth monitoring and how to use the children’s under-five clinic card to chart growth.

Action:

Show the group a copy of the Under-Five Children’s Clinic Card (at the end of this lesson). Pass it around for everyone to look at.

Ask:

Has anyone seen this card before? If yes, do you know what is used for? And why it is important?

Wait for a few replies.

Explain:

This is the Under-Five Clinic Card given out at clinics in Malawi for newborn children. This card is given to parents when they first bring their babies to the clinic so they can keep important information about the health of their child as he or she grows.

Today, we are going to look at the growth chart for children or the child’s weight-for-age (point to “Weight-for-age” chart”). The growth chart helps parents see how their child grows over the first five years. In the first five years, parents should bring their children under the age of five to the clinic or the community growth monitoring session every month to measure their weight. The clinic staff or HSA will weigh the child and write down the child’s weight for that month on this chart.

Ask:

Why is the weight of a baby important?

Wait for a few replies.

Explain:

Weight is very important because it helps to show how well a baby is growing. Babies must get enough food to grow properly. If they are getting too little food, or not the right food, it can affect their health and welfare in many ways.

- Not getting enough food can slow physical growth and the child’s ability and strength to use his or her arms and legs for crawling and walking.
- Good nutrition helps the body’s ability to fight sickness and disease; proper nutrition keeps the body healthy.
- Good nutrition improves child learning and attention, even their ability to learn later in life.

Now, let’s take a closer look at how the growth chart works:

- The age of the child can be seen on the bottom, from birth to up to 5 years of the child's life. This time is also listed in months.
- On the left of the growth chart, the baby's weight is measured in kgs, from 0 at the bottom to 30 kg at the very top.

Ask:

About how much does a baby typically weigh when they are born?

Wait for a few replies.

Explain:

In Malawi, a baby will typically weigh about 2.5 kgs when they are born. Their weight may be a little more or a little less than this weight. Their birth weight would be added to the growth chart at the very edge of the chart.

Action:

Point out where birth weight is indicated.

Explain:

Now, let's take a closer look at how the growth chart works:

- When you weigh your baby at the clinic or the growth monitoring session, the HSA or health center staff will enter the baby's weight as a dot on the chart each month. The dots will be connected with a line to see how the child is growing.

Action:

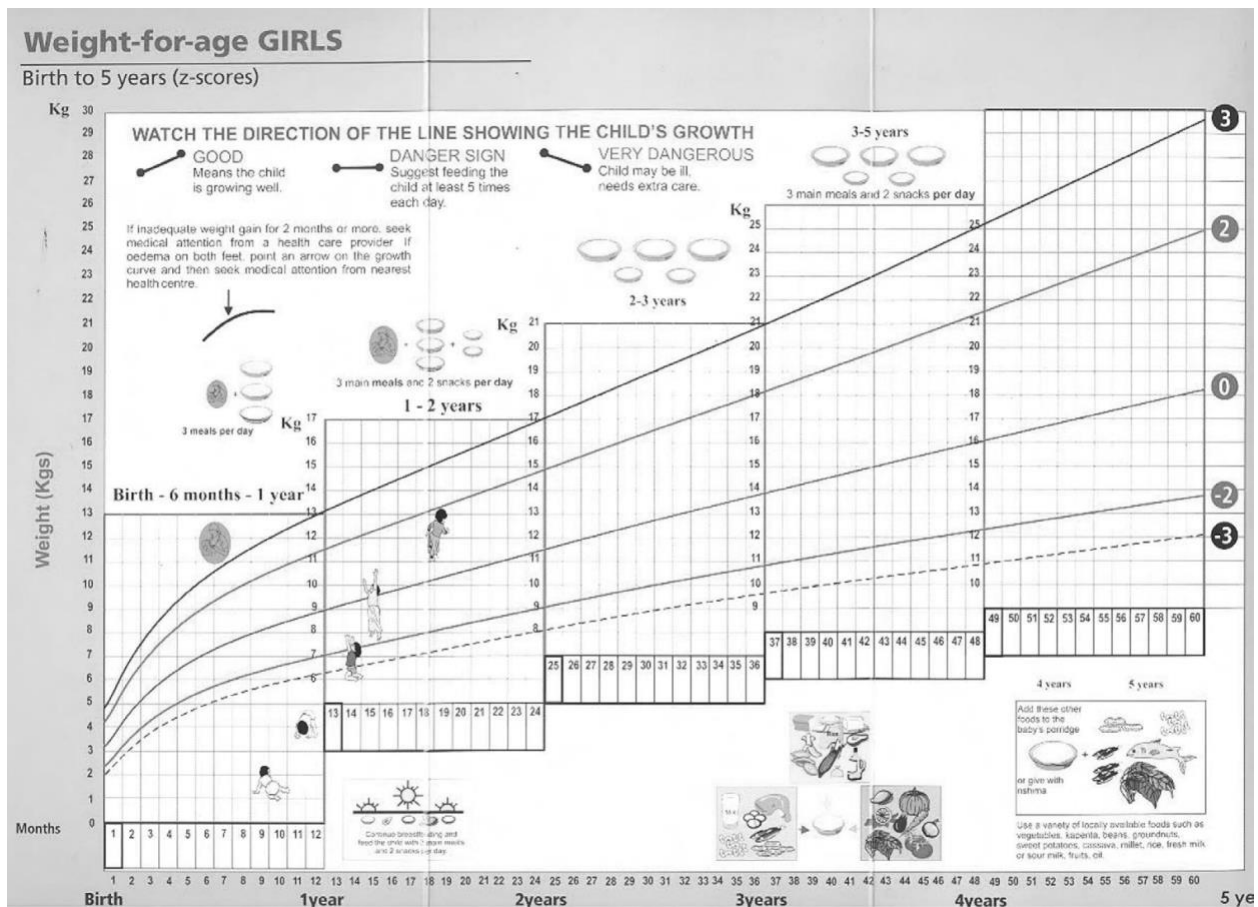
Point to "Good", "Danger Sign" and "Very Dangerous" lines at the top of the chart and read:

- ✓ If the line goes up every month (show the increasing line, marked 'GOOD' on the chart), then that means that the child is growing nicely.
- ✓ If the line stays the same (show the line that is straight, marked 'DANGER SIGN' on the chart), the child may not be getting the food and nutrition needed. The parents must provide more nutritious food for the child. The parents must provide more nutritious food for the baby and ask the clinic staff for suggestions of the best foods.
- ✓ If the line has gone down (show the decreasing line, marked 'VERY DANGEROUS' on the chart), then the child may be ill and need extra care from the clinic staff and parents.
- The GREEN line in the middle of the chart (point to the green line) shows how a usual child grows in the first five years of life. Ideally, a child should grow each month along or above the green line.
- Now look at the RED line below the green line (point to the red line). When a child's weight is close to the red line, then that child is not getting enough of the food and nutrition needed and the parents should seek assistance on how to add to the child's eating so that he/she starts growing properly.
- Below the red line is a BLACK DOTTED line (point to the black dotted line). If a child's weight falls on, near, or below the dotted line, then the parents

should seek help from the clinic, as the baby is very underweight and may require medical attention.

To keep a child growing nicely, the chart also shows the number of meals a child should have during the first five years (point to pictures of breastfeeding woman and bowls of food).

- From birth to six months: the baby should breastfeed exclusively.
- From six months to one year: the baby should breastfeed and should also have 3 meals per day.
- From one to two years: the baby should breastfeed and should also have 3 main meals per day and 2 snacks per day.
- From two to five years: the baby should have 3 main meals per day and 2 snacks per day.



## WRAP UP

### Action:

Ask the girls to summarize what they have learnt. Fill in any key points they miss.

Provide the key messages on complementary feeding.

Ask:

How do you feel about what you have learnt about nutrition? What did you like most and why? What did you not like and why?

Action:

Ask for final questions or comments. Remind the girls where and when the next meeting will take place and the topic to be discussed.

Say:

Thank you all for coming today.

## ANNEX F: REFERRAL FORM

Provide one copy of this form as the last page of the book. Extra copies will be provided to mentors for use. **Adaptations:** under 'services provided'-Social/Community Services, add "Clubs for pad making skills" in place of "condoms and/or lube" (already under "health services")

### Appendices

#### If a client needs a referral ticket, follow this procedure:

When a client is found needing another service not currently being given, they will need to be referred to another site or organization and given a referral ticket. The referral tickets will be in triplicate to ensure the referring organization can keep one copy, the client can keep one and the District AGYW Coordinators located at the DAC receive one copy.

1. After the client is registered, fill out the top part of the referral ticket detailing the client #, which should correspond to the number assigned in the register, date, client age and sex as well as the age and sex if their partner is also being referred.

\*The name is left off for privacy in the instance that the referral ticket becomes lost.

2. Fully fill out the top half of the referral ticket information for who is referring (name and title) and for what services you are referring the client for.

3. Also list the name of the organization you are referring the client to, where the services are and any contact information of other providers that can help the client find and access the service.

4. Tear out the referral ticket(s) and give to the client explaining that they need to take the ticket with them to their appointment for them to easily access the services they need.

5. If the client needs more than 1 referral for different services, for example they are referred for PSS, VSU and Social Welfare Office, they will need 3 separate referral forms so they can hand them in to the 3 separate service delivery places that they visit.

6. Assure the client that their referrals are confidential and not shared with anyone in the community.

Referral & Linkage Ticket		Client Number: _____	
Date (dd/mm/yyyy): _____	Age: _____	Sex (M/F): _____	
If a couple is referred, provide partner: _____		Age: _____	Sex (M/F): _____
<b>Person Referring</b>			
Name: _____	Title: _____		
<b>Referred For</b>			
Service: _____			
<b>Referred To</b>			
Organization: _____			
Location: _____			
Contact Name, Phone & Hours of Operation: _____			
Date Referral Received (dd/mm/yyyy): _____			
Organization Receiving Referral: _____			
Person Receiving Referral: _____ Title: _____			
Confirm Service(s) Provided:			
<b>Health Services</b>	<b>Check Here</b>	<b>Social/Community Services</b>	<b>Check Here</b>
Adherence Counseling	<input type="checkbox"/>	Condoms and/or Lube	<input type="checkbox"/>
ANC/PMTCT	<input type="checkbox"/>	Economic Strengthening/ Village Savings and Loans	<input type="checkbox"/>
ART Clinic	<input type="checkbox"/>	Household Case Management	<input type="checkbox"/>
Clinic/Mobile Post Violence Care	<input type="checkbox"/>	Police/ Victim Support Unit	<input type="checkbox"/>
Condoms and/or Lube	<input type="checkbox"/>	Social Welfare/ Child Protection	<input type="checkbox"/>
Family Planning	<input type="checkbox"/>	Support for Education	<input type="checkbox"/>
HIV Testing and Counseling	<input type="checkbox"/>	Support Groups (AI)	<input type="checkbox"/>
Mental Health Services	<input type="checkbox"/>	Vocational Training	<input type="checkbox"/>
Nutritional Support	<input type="checkbox"/>	Youth Clubs (Radio, Girls, Teen, In-school)	<input type="checkbox"/>
Sexual & Reproductive Health / STI	<input type="checkbox"/>		
TB Screening and Treatment	<input type="checkbox"/>	Other Social:	<input type="checkbox"/>
Voluntary Medical Male Circumcision	<input type="checkbox"/>		
Other Health:	<input type="checkbox"/>		
Provider Comments: _____			

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**All sessions were adapted from the guides and curricula referred to below. Other publications referenced below were used to enhance content of the sessions.**

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