



Sexuality Education Tool

For Improving Sexuality education for the Empowerment of Women and Girls with Disabilities in Lagos State

Acknowledgement

Sexuality Education is a growing area – the Hope Inspired Sexuality Education tool has relied on information, experience and insights from existing manuals, guidelines, curriculum and tools from Nigeria and globally with lessons adapted and tailored to the Nigeria context. Credit to authors will be listed on the reference section of the HI-SET resource have provided to the development

Special acknowledgement is “The National Family Life and HIV Education Curriculum” developed by the NERDC in collaboration with the Universal Basic Education, Federal Ministry of Education, and Action Health Incorporated; of IPPF European Network manual for Sensitizing Intermediaries On sexual rights of young people with learning disabilities; United Nations Population Fund (UNFPA) comprehensive Sexuality Education Manual for Out-of-School young people; CEVS-Ghana’s Disability Rights Awareness and Inclusive Education Training Manual; UNESCO International technical guidance on sexuality education; International Disability Alliance = IDA “Inclusive Comprehensive Sexuality Education and the CRPD”; field experience from the SpeakingFingers LifeWorkReady Program for Deaf Adolescents and online resource for parents teachers and caregivers from Advocates for Youths and Center for Parent Information and Resources

About this tool

The Hope Inspired Sexuality Education Tool – HI-SET is an inclusive sexuality tool, to aid the acquisition of sexuality education for women/girls with disabilities; in promoting positive attitude on the sexuality and sexual rights and needs of women/girls with disabilities; under the Disability Rights Fund (DRF) “Improving Sexuality education for the Empowerment of Women and Girls with Disabilities in Lagos State” Project

This tool is designed to help parents, teachers, caregivers and young people especially girls and women with disabilities would be aware and better informed about disability, be equipped with information, knowledge and skills to confidently hold conversations with their children / wards with disabilities on sexuality and related issues.

Who should use this Tool?

The Hope Inspired Sexuality Education tool is developed for young persons with disabilities and should be used for future training of caregivers, teachers, parents of children with disabilities, volunteers and general public who wish to be aware of, educate and sensitize their community of practice/influence about the sexual and reproductive health and rights (SRHR) of young people with disabilities. We hope it will be a useful guide for all stakeholders including parents and care- givers to adapt in order to meet the needs of young persons with disabilities.

The facilitators play an important role and directly affect the success of any educational program. Facilitators should be those who:

- Are well informed about human sexuality, gender and rights, sexual and reproductive health and life skills;
- Are comfortable discussing sexuality issues and human relationships;
- Are non-judgmental;
- Really enjoy working with young people;
- Respect the views of young people, even if these views are very different from their own;
- Believe that young people can make good decisions for themselves;
- Have good group facilitation and communication skills; and
- Have a sense of humour!
- It is assumed that facilitators may want to add or change questions in exercises and spontaneously explore issues as they arise, depending on the needs of their groups.

TEACHING SEXUALITY TO PERSONS WITH DISABILITY: WHAT WORKS?

What is Sexuality Education?

Comprehensive sexuality education enables young people to protect and advocate for their health, well-being and dignity by providing them with a necessary toolkit of knowledge, attitudes and skills. It is a precondition for exercising full bodily autonomy, which requires not only the right to make choices about one's body but also the information to make these choices in a meaningful way. And because these programmes are based on human rights principles, they advance gender equality and the rights and empowerment of young people.

Sexuality education should occur throughout a young person's life cycle, with information appropriate to their development and cultural background. It should include information about puberty and reproduction, abstinence, contraception and condoms, relationships, sexual violence prevention, body image, gender identity, sexual orientation and critical life skills in self-esteem, assertiveness, negotiation, and decision making to help young people communicate about and make informed decisions regarding sex and their sexual health.

Building an evidence- and rights-based approach to healthy decision-making

As they grow up, young people face important decisions about relationships, sexuality, and sexual behavior. The decisions they make can impact their health and well-being for the rest of their lives. Young people have the right to lead healthy lives, and society has the responsibility to prepare youth by providing them with comprehensive sexual health education that gives them the tools they need to make healthy decisions. But it is not enough for programs to include discussions of abstinence and contraception to help young people avoid unintended pregnancy or disease. Comprehensive sexual health education must do more. It must provide young people with honest, age-appropriate information and skills necessary to help them take personal responsibility for their health and overall wellbeing. This paper provides an overview of research on effective sex education, laws and policies that shape it, and how it can impact young people's lives.

Why is sexual health education important to young people with disabilities?

In recent years, important changes in public policies and attitudes have resulted in improved opportunities for people with physical and intellectual disabilities. Unfortunately, societal attitudes have changed less in regard to sexuality and disability. Even today, many people do not acknowledge that most people experience sexual feelings, needs, and desires, regardless of their abilities. As a result, many young people, including those with disabilities, receive little or no formal sexual health education, either in school or at home. All young people need access to and can benefit from sexual health information. Young people with disabilities have the same right to this education as their peers. However, considerations must be made in order to modify the program to allow for information to be understood and learned in a way that is meaningful to them

Findings indicate that Parents often shy away from these roles because they feel ill equipped or embarrassed to broach the topic; sometimes providing half-truths or incorrect information (boys shouldn't touch you because you'll get pregnant can be misleading). For young people with disabilities, it is necessary to engage parents/guardians in developing a plan of instruction that is positive, gradual, and takes into account the individual young person's developmental and maturity levels and considers the parent/guardians' beliefs and values which would also foster positive peer-to-peer relationship.

WHAT IS DISABILITY?

The United Nations Convention on the Rights of Persons with Disability UNCRPD defines disability as “Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others”.

The UNCRPD in Article 23 recognizes the importance of sexuality education to fulfilling sexual and reproductive rights, noting that “the rights of persons with disabilities ... to have access to age-appropriate information, reproductive and family planning education are recognized, and the means necessary to enable them to exercise these rights are provided.

DISABILITY INCLUSION POINTS TO CONSIDER:

Young people with disabilities categorized:

There are many terms in use for types of disability. This Hi-SET uses the following main categories:

- **Physical disabilities** affect a person’s mobility, physical capacity, stamina or dexterity. These conditions include cystic fibrosis, spina bifida, muscular dystrophy, cerebral palsy, traumatic brain injury, spinal-cord injuries and multiple sclerosis, among others.
- **Intellectual disabilities** result in significantly reduced intellectual functions like understanding new or complex information and learning and applying new skills, which decreases a person’s ability to cope independently. These conditions can include fragile X syndrome, Down syndrome, Prader-Willi syndrome and foetal alcohol spectrum disorder, among others.
- **Sensory disabilities** affect one or more senses, including the ability to process sensory information.

They include deafness and being hard of hearing, blindness and low vision, and autism spectrum disorder.

- **Psychosocial disabilities** include schizoid disorders such as schizophrenia and schizoaffective disorder, anxiety disorders such as obsessive-compulsive disorder, post-traumatic stress disorder, agoraphobia and social phobia, and mood disorders such as depression and bipolar disorder.

While people with disabilities experience the same range of sexual needs and desires as anyone else, they may have difficulties meeting those needs, depending on their disability

Why Sexuality Education is Important to Young People with disability

Strategies in Sexuality Education

- **Visual strategies are critical-** People with developmental disabilities are almost always visual Participants. When possible, use pictures, videos, photos, role playing, or other concrete techniques.
- **Repeat & reinforce concepts over time-** One time “sex talks” rarely work for anyone (disability or not). People with developmental disabilities typically benefit from hearing/seeing/discussing concepts in different environments and contexts over time. Think of sexual learning as a “process” rather than a “session”. Then look for opportunities to repeat and reinforce information during relevant situations that make sense for your child (teachable moments).
- **Use simple, unsophisticated language that makes sense for your son or daughter-** Sexuality is a tough topic for many people. It is common, when a topic is uncomfortable, to unconsciously speak faster (because the sooner we finish the better!), use big words (because slang might be difficult for us to say), or insert complex analogies that are confusing and

abstract. Try to use language that makes sense for your son or daughter and slow down. Give them time to process what you are teaching.

- **Teach facts & boundaries-** Facts are facts. Body parts have names, and words have definitions. People with developmental disabilities tend to struggle more with the social rules and boundaries surrounding words and definitions. Teach facts AND boundaries to enhance both understanding and social appropriateness.

Example 1:

FACT- Masturbation is touching or rubbing the genitals for pleasure

BOUNDARY- Masturbation is private. If you want to touch or rub your ____, you need to go to your private place. Your private place is _____.

Example 2:

FACT- Flirting means using your body or words to let another person know you are attracted to them or interested.

BOUNDARY- Who is it okay to flirt with? When?

Example 3:

FACT- A date is a planned get together between two people who might like to be a couple or are already a couple.

BOUNDARY- Who is an appropriate dating partner?

- **Use developmental age to decide how you will need to modify and adapt information.** You know better than anyone your son or daughter's level of understanding. If your son or daughter has low reading levels, use pictures, rather than words, to teach.
- **Use chronological age to determine boundaries and societal expectations for behavior.** The rest of the world does not care or understand your child's developmental age. They see your son or daughter's chronological age and will expect your son or daughter to act socially appropriate. Use chronological age to work towards expected social behaviors.
- **Begin with the most immediate need-** The depth and breadth of sexuality topics and issues can be mind boggling. Begin with your son or daughter's most immediate needs. Often, the most immediate needs for sexuality education revolve around safety, social appropriateness, and independence.

General Guidelines on Sexuality Education for young persons with disability:

The following guidelines have been created by Advocates For Youth (www.AdvocatesForYouth.org)

- Remember that, regardless of the physical, mental or emotional challenges they face, young people have feelings, sexual desire, and need for intimacy and closeness. In order to behave in a sexually responsible manner, each needs skills, knowledge, and support.
- Understand that youth with disabilities are far more vulnerable to sexual abuse than are their peers. Youth who live with developmental disabilities are especially vulnerable. Sex education, must, therefore, encompass skills to prevent sex abuse and encourage to report and seek treatment for unwanted sexual activity.
- Remember that youth who confront disabilities feel the same discomfort and suffer the same lack of information that hampers many of their peers regarding sexuality and sexual health.
- Learn as much as you can about the disabilities of the population with whom you work.
- Be sure that materials address boundaries and limits- both setting boundaries and respecting others' boundaries. Rely on role plays and interactive exercises. Use concrete teaching strategies.

- Be creative. Develop specialized teaching tools and resources for youth with whom you work. For example, in working with youth who have developmental disabilities, you may need to use visuals like models, dolls and pictures. For youth with physical disabilities, it may be useful to use stories and examples of others with similar disabilities who have loving, satisfying intimate relationships.

Tips for an Inclusive Learning Environment

Note:

- a. Best Practice: show respect, teach using all the senses and be knowledgeable about the participants' disabilities.**
- b. Using these suggestions will result in positive relationships with people of all ability levels.**
 1. Relax! If you don't know what to do or say, allow the person who has a disability put you at ease.
 2. Relate to the participant as a PERSON first. Explore your common interests in a friendly way. The person likely has mutual interests besides those connected with their disability.
 3. Acceptance of the person with a disability by the instructor is often a prerequisite to acceptance by other participants. Instructors, staff, and volunteers are role models!
 4. Teach how to develop capabilities, not focus on disabilities. Remember that difficulties the person may be facing may stem more from society's attitudes and barriers than from the disability itself.
 5. We all have the right to fail; we learn from our failures.
 6. Encourage personal choice and independence.
 7. Don't expect perfect finished products or performance. Participating in the group may be an accomplishment in itself for the participant.
 8. Focus on the dos, not the do nots.
 9. Behavior is not limited but redirected.
 10. Establish a friendly environment where people value each other.
 11. Think of it as not doing "more", but doing "different".
 12. Ask the individual if they need assistance before automatically helping them. Doing too much for a person may develop a dependence instead of independence.
 13. Strive to appreciate and understand the person's personality as well as their disability.
 14. Emphasize the things people have in common rather than their differences.
 15. Remember that we all have disabilities; on some of us they show.
 16. Above all, relax and have fun!

HI-SET: Reasonable Accommodation for Teaching and learning methodology

GENERAL RULE:

- Ask participants their learning preferences and try to accommodate these: Participants may prefer to learn one-on-one, in small groups or in larger groups. They should be asked how they would like facilitators to give them feedback and support their learning, e.g. by using visuals, helping them follow along page by page, going at a slower pace when reading and learning content, or watching the facilitators model a behaviour or role-play a scenario.
- Try a range of teaching techniques to determine what works best for individual participants: Facilitators can also empower participants by sitting or standing at their eye level (if they are not blind); explaining to them that the facilitator and the young person with a disability are equal; and by ensuring that there are clear guidelines for how a participant should ask for help, and only giving help when requested so that participants can speak and act for themselves.

- Emphasize relevant social skills: Skills-teaching should place a greater emphasis on practising a wide range of social skills relevant to the particular disability.

TEACHING OR VOLUNTEERING WITH A PERSON WHO USES A SIGN LANGUAGE INTERPRETER

As an Instructor or Volunteer:

1. Meet with the interpreter beforehand
 - a. Clarify unique vocabulary, technical terms, acronyms, jargon, seating arrangements, lighting and other needs.
 - b. Provide interpreter with any written materials ahead of time.
2. Reserve seats of the participant who is deaf or hard of hearing
 - a. Provide a clear view of the speaker and interpreter.
 - b. Participants who are deaf or hard of hearing may still choose to sit elsewhere.
3. Interpreter should be in the participants sight line
 - a. This allows the participant who is deaf or hard of hearing to pick up visual cues and the expressions of the speaker.
 - b. In small group discussions, consider using a circle or semi-circle seating arrangement instead of a theater style arrangement.
4. Be aware of lighting
 - a. Provide good lighting so the interpreter can be seen.
 - b. If lights will be turned off or dimmed, be sure the interpreter can still be seen clearly (use spotlight or small lamp to direct light toward the interpreter).
5. Talk directly to the person who is deaf or hard of hearing
 - a. Maintain eye contact with the participant who is deaf or hard of hearing
 - b. Avoid directing comments to the interpreter (i.e. "Tell him..." or "Ask her..."), respond directly to the person who is deaf or hard of hearing
6. Speak naturally
 - a. Speak at your normal pace. Interpreters will ask you to slow down or repeat if necessary.
 - b. Interpreters listen for concepts and ideas, not just words, to render an accurate interpretation.
7. Avoid private conversations – everything will be interpreted
 - a. Whatever the interpreter hears will be interpreted. Do not ask the interpreter to censor any portion of the conversation
 - b. Ask the participant who is deaf or hard of hearing directly to find out if they are following the conversation. One person should speak at a time
 - c. An interpreter can only accommodate one speaker at a time. Encourage the group to follow this rule.
 - d. If you are facilitating a group discussion, be aware that the interpreter will be several seconds behind.
8. Pause before recognizing the next speaker to allow the interpreter to finish with the current speaker.
9. Avoid asking the interpreter for opinions or comments regarding the content of the meeting.
 - a. Interpreters follow a code of ethics which requires impartiality and confidentiality with all assignment related information.
 - b. Do not assume the interpreter has prior knowledge of the participant who is hard of hearing or deaf.
10. Provide a short break every hour. Interpreting is mentally and physically taxing. Do not expect the interpreter to interpret during these breaks.

Young people who are Blind OR Visually Impaired

Legal Blindness

is... when with the best correction possible she/he can see less at 20 feet than a person with 20/20 vision can see at 200 feet, or when their field of vision is limited to a narrow angle of less than 20 degrees. Although not declared

legally blind, a person is considered visually impaired if they see no better at 20 feet than those with 20/20 vision see at 70 feet.

Legal Blindness does NOT

...affect the hearing or mental ability of the individual. The instructor should be careful not to assume that the class participant cannot do the work or activity in the class simply because of a visual impairment. But you may want to talk to her/him to inquire if they would feel more comfortable using any alternative methods of accomplishing tasks.

CLASSROOM CONSIDERATIONS

1. A classroom is needed that has adequate balanced lighting, but without glare. It is the instructor's responsibility to request relocation if the classroom assigned for class does not meet this need.
2. Seat the class participant with their back to the light.
3. Acquaint the class participant with the location of materials and furniture in the classroom.
4. Reorient the class participant if you must move furniture or materials.
5. Alert the class participant to location of any breakable or otherwise dangerous articles.
6. Keep the classroom doors open or closed, never half open.

CONSIDERATION FOR THE PERSON WHO IS PARTIALLY SIGHTED

1. Use a heavy black marking pen to make worksheets or assignments.
2. Record any reading materials used in class.
3. Provide a magnifying glass for the class participant who is partially sighted when large print materials are not available.
4. Use concrete, tactile objects in the classroom, use large-print materials, pictorial symbols and high contrast materials with bright colours, and ensure that there is adequate lighting in the room.
5. Allow the class participant to feel and thus see the objects.
6. Reinforce visual lessons with verbal cues

CONSIDERATIONS FOR THE PERSON WHO IS TOTALLY BLIND

1. Always say your name when beginning to speak to the person who is blind. Encourage class members to do the same until the class participant has learned to recognize everyone's voice. Don't play "guess who", identify yourself. Use the person's name to identify who you are speaking to.
2. Identify a partner to assist the class participant, as needed, but do not be over solicitous. Identify yourself when entering or leaving the room.
3. Encourage the class participant who is blind to move about the classroom area as freely and independently as they are able.
4. Be aware that a class participant with blindness may have additional disabilities.
5. Use appropriate materials where possible Provide Braille, a recorded resource, or a reader if necessary., Facilitators can also use screen-reading software, Braille keyboards and speech synthesizers, if these are available
6. Where Braille is not available, Use tactile methods that allow blind Participants to touch materials to learn about them: For example, to teach anatomy, sexual response and condom use, use anatomically correct models
7. Realize the class participant may have difficulty in relating to instruction or information which utilizes visual cues. Common verbal expressions may be meaningless to one who has never had vision.

8. Describe the visual world using rich, in-depth, concrete, frank, multi-sensory descriptions: It is important to explain concepts that have visual components, such as tall, short, muscular.
9. The class participant may have some disorientation and difficulty in finding buildings or locations within buildings.
10. Explain unfamiliar concepts in detail: Children and young people who are blind may have a different understanding of gender, body image, personal space and boundaries, anatomical differences, sexual behaviour and sexual language.
11. Ask the class participant if (s)he would like assistance. **DON`T assume the participant needs help.**
12. Speak first before touching a person who is blind to avoid startling him/her.
13. Speak in a normal voice. Most people who are blind are not deaf.
14. Remember to speak directly to the person, not through a companion or third party.
15. It is OK to use `look` or `see` as they are in everyone`s vocabulary. Do avoid pointing or saying `over here` or "over there."
16. Give the person who is blind the respect and dignity due to any individual.
17. Walk along side and slightly ahead of the person with a visual impairment who you are assisting. Never hold the person`s arm while walking; instead, let the person hold your arm. The motion of your body tells the person what to expect.
18. Do not pet a ``service" dog for connection. The dog is working and cannot play.

Physical disabilities.

A Motor Impairment does NOT ...affect the mental ability of the individual. Most individuals have worked out their own ways of coping with their disabilities, and the instructor should be careful not to assume that he/she cannot do the classroom tasks because of the motor impairment.

ENVIRONMENTAL CONSIDERATIONS

1. Check with your class participant to see if he/she knows which entrances of the building are handicap accessible.
2. Arrange for a classroom large enough to accommodate easy movement of a wheelchair.
3. Consult with the class participant to see what, if any, special needs they may have to be comfortably accommodated.
4. Provide ample space near the table, desk or interest center to store crutches or a walker.
5. Provide tables high enough for wheelchairs to be pushed up to them, and chairs that are easy to get into and movable, yet heavy enough to prevent slipping away as a person sits.
6. Keep areas free of sharp objects.
7. Check to see if bathrooms are accessible.

INSTRUCTIONAL CONSIDERATIONS

1. Let the class participant do as much as possible for themselves.
2. Consider mixed groups of participants with and without disabilities: Joint sessions with peers without disabilities are especially appreciated by children and young people with visible disabilities who want to be educated like their peers
3. Note that some groups, especially those with acquired disabilities, e.g. burn survivors, might prefer CSE programmes that include only others with their disability
4. Provide a lap board or table space for the class participant using a wheelchair.
5. Keep materials within easy reach of the class participant with a mobility impairment.
6. Some class participants who have physical disabilities may also have speech problems. Listen attentively and patiently to her/him. For more information turn to page 24 on communication and speaking.
7. Expect adequate performance, but make allowances when the disability prohibits `full participation`.
8. Additional information and supplemental material for participants with disabilities should be made accessible independently online, or through individual or small-group sessions in a safe, private environment

WHEN YOU ARE WITH A PERSON USING A WHEELCHAIR

(WHEELCHAIR ETIQUETTE)

1. In greeting the person, feel free to extend your hand to shake hands. Use a very gentle grip and do not squeeze.
2. Talk directly to the person using the wheelchair rather than to someone with them. People using wheelchairs are capable of speaking for themselves.
3. If conversation lasts more than a few minutes, sit down in order to share the same eye level. It is uncomfortable for a seated person to look straight up for a long period of time. If this is not possible, stand back from the person so they do not have to look sharply upwards.
4. Do not be sensitive about using words like "walk" or "run". People using wheelchairs use the same words.
5. Do not lean against, hang on or hold on to a person's wheelchair. It is part of their body or personal space.
6. Never start pushing a wheelchair without first asking the person if you may do so.
7. When assisting someone using a wheelchair to go up or down a curb, or in and out of an elevator, ask if the person prefers to go forward or backward.
9. In guiding a wheelchair down an incline, hold the handles so that the chair does not go too fast or out of control.
10. Learn the location of wheelchair accessible ramps, restrooms, elevators and telephones.
11. "Remember that I have many interests other than those associated with my disability. I am a person like anyone else.... I just happen to have a disability."

Young people with intellectual disabilities

CLASSROOM CONSIDERATIONS

1. Locate the class participant in an area of the classroom that is relatively free from distractions.
2. Locate the class participant where he/she can hear well.

INSTRUCTIONAL CONSIDERATIONS

1. Provide the participant copies of any class notes or board work.
2. Ask how the individual feels about speaking in front of the class.
3. Don't assume the participant wants assistance. Ask if you can help before jumping in with assistance.
4. If you don't understand the person's speech pattern, refer to tips on communicating with a person with a speech impairment.
5. Make demonstrations as concrete as possible:
6. Provide context for social skills and etiquette: Situate each skill or behaviour in specific locations, e.g. how to greet someone in a shop compared with at a workplace or at home:
7. Allow time, and repeat content:
8. Use a lot of positive reinforcement and praise:
9. Make use of teachable moments and incidental teaching:
10. When discussing sexual violence and harassment reporting, have someone on hand to whom participants can report abuse:

Young people who are deaf and hard of hearing

Note: Hearing Loss does NOT ... affect the mental ability of an individual. When a person who has a hearing loss seems not to understand or is confused, please don't consider this to be a reflection of their intelligence. But, consider the possibility that the participant's hasn't heard part of your statement or conversation.

ENVIRONMENTAL CONSIDERATIONS

1. Use a circular or horseshoe seating arrangement so the person who has a hearing loss can see the other members of the group.
2. Seat the participant who has a hearing loss away from sources of external noise. The extra noise can be very distracting to persons who have a hearing loss.
3. Provide adequate lighting that does not create shadows on the speaker's lips. Also, seat the class participant with their back to the light, so light falls on you, the instructor or volunteer.. The person with a hearing loss doesn't necessarily need to sit in the front seat because this angle may cause strain to their neck.
4. Face the participant who has a hearing loss when you speak--the person with a hearing loss needs to see your face. Please keep your hands away from your face.
5. Be conscious that hearing aids amplify all sounds in the environment, whether instructional or not. Try to keep extraneous noise to a minimum.
6. Speak as clearly as possible without over-exaggerating your speech.
7. Use facial expressions and body language, but avoid a lot of moving, turning around, and distracting hand movements.
8. Be as specific as possible as you present information.
9. Remind class members that only one person should speak at a time.
10. Remember that weather conditions (humidity) and the mood and attitude will affect how a person with a hearing loss is hearing on a specific day.

INSTRUCTIONAL CONSIDERATIONS

1. Be aware that the degree of hearing loss or hearing impairment will vary with class participants, as will the ability to use auditory and visual cues in understanding spoken communications.
2. The instructor or volunteer should consult the participant before class starts to learn if any classroom adaptations are necessary.
3. When a person who has a hearing loss does not understand a word or phrase, repeat it, and/or reword your statement. You may need to say things in a variety of ways to build concepts, be creative! If all else fails, use a pad and pencil to communicate.
4. Use visual aids, tactile and kinetic approaches as much as possible.
5. Use explicit physical demonstrations: Theatre, drama and role play will allow children and young people who are deaf or hard of hearing to observe interactions and their effects. Other useful approaches include small-group discussions, guest presenters who are Deaf, three-dimensional models for teaching anatomy and physiology, and videos in sign language
6. Where feasible, videos should have an option to hide or unhide captioning. If the interpreter is on video, they should be shown in a larger screen, with the accompanying speaker in a smaller video.:
7. Encourage the person with a hearing loss to ask questions during and/or after class to clear up any confusion they may have from class discussions.
8. 6. When an interpreter is used to interpret speech into sign language, don't consider it a lasting distraction to you or the class. The class' curiosity wears off quickly and it doesn't present a continuing problem of interference with class attention.
9. Because people who have a hearing loss are unable to attend simultaneously to visual and oral stimuli due to the need to attend to speech visually, allow the person who has a hearing loss time to shift his/her attention from
10. the visual material to the speaker's lips for the verbal explanation whenever visual aids are presented.
11. Constant visual attention is fatiguing for people who have a hearing loss. Using gestures and facial expressions as you speak will convey meaning and emphasis as well as variety.
12. Beware of false interpretations; a nod of the head does not necessarily mean 'I understand.'
13. Ensure written materials are adapted to the reading level of participants: Ensure that any pamphlets or other documents include visuals like pictures and drawings. Prioritize clear visuals over words, and use simple language For participants who do not have strong language, or show slower processing speed or reduced comprehension skills, facilitators may need to use repetition, multiple exposure or long-term exposure to the same concepts

Young people who has a Speech Impairment

Note: Participants with congenital or other disabilities may have difficulty speaking. These tips are to help you understand their speech.

1. Face the class participant so you can watch their mouth for cues to the word they are saying. Speak directly to the individual not to a friend or companion.
2. Have them say one word at a time and allow you to repeat each word after the learner. (Sometimes it helps to write down the words as you figure them out. You can concentrate on what is being said rather than on remembering the previous words.)
3. Don't pretend you understand. It is better to show the person you really want to understand than to pretend to understand when you do not. Repeat what you did understand and ask him/her to continue from there.
4. You may admit you don't understand and ask them if you may ask their staff or friends to help you understand.
5. Occasionally, assume some of the responsibility for the communication difficulty by making comments such as, "I'm sorry. I'm not understanding you well today."
6. Even though you are trying to simplify the process of communicating, try to keep your tone as adult-like as possible. Stay away from the tendency to talk very loudly or exaggerate each word.
7. Look for staff that are conversing with a person without speech as role models.

AUGMENTED COMMUNICATION

1. Have the participant show you how they use their communication device.
2. BE PATIENT. It may take a while for the user to construct a message.
3. RELAX and get into a slower rhythm of exchanging information.
4. DO NOT finish the user's sentences or words for him/her unless you get permission.
5. Interact at eye level if at all possible. If the user is seated, then sit down.
6. Be honest. If you do not understand, admit it. Ask the user to try again.
7. Talk directly to the user, not to his/her staff or friend, unless you ask the user for permission first.
8. Be a role model for other class participants on how to communicate with the user of a communication device.

HI-SET Structure:

The Hope Inspired Sexuality Education Tool is structured in such a way that it provides a framework for the acquisition of knowledge of self and family living from childhood to adulthood. It also reflects a comprehensive approach to HIV prevention education from primary to tertiary levels of education in the following domains:

- 1. Disability Awareness, Sensitivity, Model, Barriers and Legal Framework**
2. Human development: Reproductive anatomy, physiology, body image, sexual identity
3. Personal skills: Values, self-esteem, assertiveness, negotiation, decision making.
4. Sexual health: prevention of unwanted pregnancies, sex abuse and STIs
5. Relationships: Families, love, friendship, dating
6. Sexual behaviour: Sexuality throughout life, shared sexual behavior, abstinence.
7. Society and culture: sexuality and society, gender, religion, diversity

These domains are derived from rich consultation, focus group discussions, desk review, engagements with relevant stakeholder including young persons with disabilities and respecting notions of human rights, inclusion and non-discrimination covering topical Sexuality related issues within the context of global standards on Comprehensive Sexuality Education (CSE):

Getting Started

SESSION TOPIC: CREATING A SAFE SPACE:

LEARNING OBJECTIVE

By the end of the Session, participants will be able to:

1. Create a safe environment for the participants to discuss sensitive topics.
2. Make ground rules clear and refer back to them throughout the training

MATERIALS NEEDED: Board, PICSASOLL handout

SESSION GUIDE:

1. Ask the group to keep to a number of agreements during and after sessions.
2. Write the letters PICSASOLL one underneath the other on the board. Complete the word for each letter and explain the agreement.
3. To conclude, ask if everyone is OK with the proposed rules.
4. Participants may also propose to add some new rules

Ensure that the rules are and remain clearly visible during the lesson so that they can always be referred to. Or give every Participant a handout with the agreements

KEY TAKEAWAY: Research tells us that kids and teens who have regular conversations with their parents and caregivers about sex and relationships are less likely to take risks with their sexual health, and more likely to be healthy and safe. So it's never too early and it's never too late to start talking with your kid about sex and relationships.

Handout – PICSASOLL

We will stick to the following agreements during and after sessions:

P – Privacy

Personal matters discussed within the group are confidential and stay in the group. We don't use the things we hear here in other situations; this applies to the coaches as well.

I – 'I' mode

We talk about ourselves, our feelings and experiences, our views, etc. We're open and honest in what we say.

C – Culture

My culture is the unique way in which I have learned to respect values and traditions. I can respect my culture, and I respect the culture of others.

S – Be Selective

Be selective about what you say and what you don't say. Not everything is appropriate for sharing with everyone, and it's fine to keep your feelings and thoughts to yourself if you don't feel comfortable sharing them with the group.

A – Actively Involved

Take an active part in the group. We give you a lot of scope to determine for yourself what you want to address today, so don't wait passively for someone else to take the initiative.

S – Sexuality

Sexuality doesn't just mean sleeping with someone; sex is also something that's on your mind and in your feelings. We're talking about all forms of sex, and everyone is able to join in that discussion. There are major differences between different cultures and people (men and women, young and old) in the way we deal with sex.

O – Orientation

People can be heterosexual, homosexual, lesbian or bisexual. Whatever sexual orientation you have, remember that everyone is unique and deserves respect.

L – Listening

Listening to each other makes for a good discussion.

L – Laughing

Humour is important, and it's good sometimes to defuse highly charged subjects. Laughing at other people isn't acceptable though. Listening is also important – not just talking

SESSION TOPIC: 'Wanted' poster

LEARNING OBJECTIVE

By the end of the Session, participants will be able to:

1. Participants introduce themselves to others and get to know each other.
2. Participants experience an exercise they could use in their sessions with young people with disabilities

MATERIALS

- **Handout – 'Wanted'**
- Digital/Polaroid Phone camera to take pictures

SESSION GUIDE:

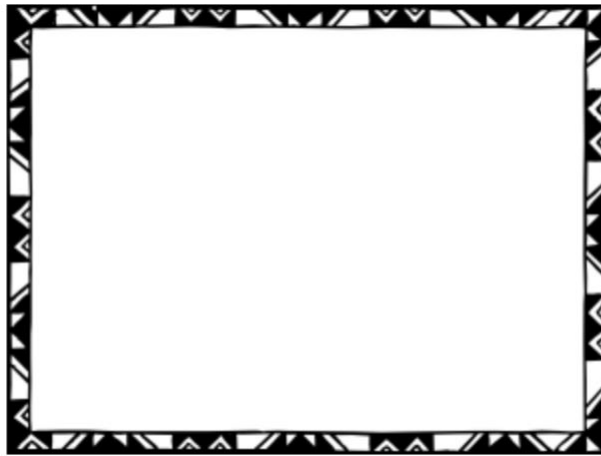
- Hand out a 'wanted' poster to each participant.
1. Give each participant 5 minutes to fill it out: who are they, what do they like, and what work do they do?
 2. Ask each participant to briefly introduce him/herself based on the information they included on the poster.
 3. Take a picture of each participant and stick it on their poster.
 4. Hang the posters on the wall for future reference for all participants.

KEY TAKEAWAY:

This is an exercise that parents/caregiver can do with the young people with disabilities. The poster is very visual.

If the young people with disabilities have problems writing, this exercise could be done by using images cut from media and with assistance from the intermediary in the form of brief interview.

I AM



I live

.....



I work

.....



I like

.....

SESSION TOPIC:

Disability Awareness, Sensitivity, Model, Barriers and Legal Framework

LEARNING OBJECTIVE

By the end of the Session, participants will be able to:

1. To give general understanding of disability
2. break down some of the fear and mystery around disability,
3. tell the story of how the disability rights struggle began and continues today,

MATERIALS

- Crip Camp Video,
- Discussion Handout,
- Disability Awareness manuals,
- PowerPoint presentation,

SESSION GUIDE:

Preparation:

1. Participants can be provided a three (3) Hour Movie-Day out to watch the Crip Camp Movie provides an opportunity for all to delve into the rich and complicated history of disability activism, culture, and history.
2. Give an overview to focus on the unique characteristics of each type of disability /based on the disability clusters existing in Nigeria
3. Zero in on the specific disability clusters of concern. Sessions should be handled by different PWDs representing the different clusters with shared personal experience to better educate parents and Caregivers.
4. Discuss different **models of disabilities** – Medical, Religious, Charity, Social Inclusion and human rights models/Perspectives of Disability.
5. Discuss Different Barriers – Attitude/Behavioral, Information, Infrastructure, Implementation of Laws/Policy
6. Discuss Legal frameworks on disability in existence in Nigeria (National and State levels) and International Conventions – UNCRPD, Disability/Gender sensitive SDG, ISA – International Symbol of Access Symbols
7. Existing support systems available (Disability Clusters, LASODA, JONAPWD etc)
8. Increase their capacity to advocate for the mainstreaming and implementation of the CRPD article 6, 8, 16, 23, 24 and 25; the SDGs goal 3, 4 and 5, and the National School Health policy

KEY TAKEAWAY:

Always remember that the person is not the condition. Keep all your speech person focused, not disability focused.

Things to remember

- Individuals with disabilities are people!
- Individuals with disabilities are whole people!

- They expect to be treated with the same dignity and respect that you do.
- Just because someone has a disability does not mean he/she is disabled

SESSION TOPIC: THE HUMAN BODY REPRODUCTION

LEARNING OBJECTIVE:

By the end of the Session, participants will be able to:

1. To increase participants' knowledge about sexual parts of the body and enable them to name them.
2. To enable participants to detect the most common myths and explain them

LEARNING MATERIALS:

1. Large sheets of paper with drawings of the male and female human body (actual size)
2. Pictures/drawings of the male and female sexual organs (could also be in felt or in fabric)
3. Cards with various terms for parts of the body
4. Penial and Vagina model for tactile option
5. Handout: 'Myths about the body'
6. Cards (green and red) with pictograms of eyes (look), hands (touch) and mouth (kiss)

SESSION GUIDE:

1. Put the drawings of the human body on the floor or on the wall.
2. Explain that this is an exercise in communication and use of language: different terms have different connotations for different people.
3. Distribute the cards with the terms and ask every participant to put his/her card in the right place.
4. When they place their card, ask questions such as:
 - a. What do you know about this part of the body?
 - b. Do you know any other names for it?
 - c. What do you call it on your own body?
 - d. Direct the conversation to the concept of the 'myth'. Explain the myth for the corresponding part of the body and explain why it is a myth.
5. Let the group reflect on the consequences of believing a myth?
6. You may continue the exercise by talking about boundaries: give participants the green and red cards with pictograms (eye, hand, mouth) and ask them to mark which parts others can touch, look at, kiss?

KEY TAKEAWAY:

- The woman's sexual and reproductive organs are located inside and outside her body.
- The uterus is where a fertilized egg grows into a baby.
- The clitoris is the only organ in both men and women whose only function is sexual pleasure.

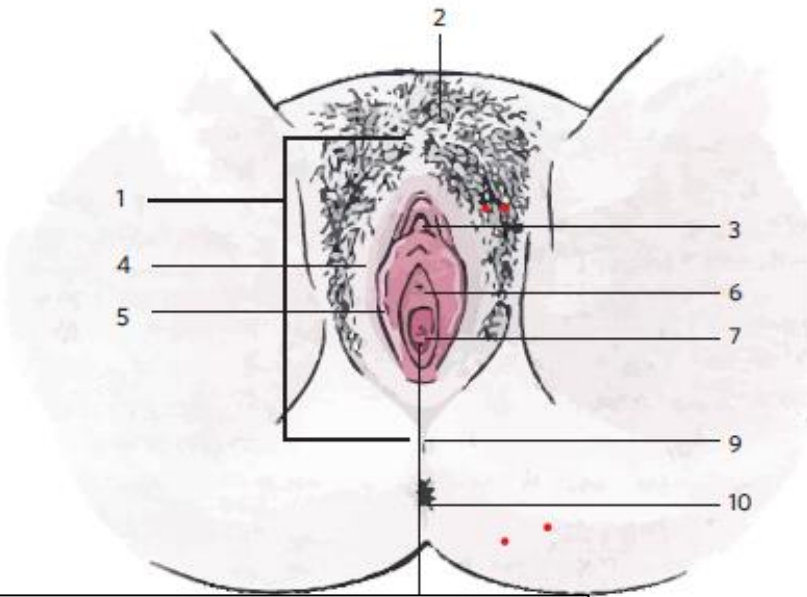
Handout – Terms

Female body	Male body
Breast	Penis
Hip	Beard
Belly button	Belly button
Pubic hair	Pubic hair
Armpit hair	Armpit hair
Anus	Nipple
Clitoris	Foreskin
Urinary meatus	Glans
Vagina	Anus
Labia minora	Bladder
Labia majora	Erection
Bladder	Sperm cell
Womb	Vas deferens
Egg cell	Seminal vesicle
Ovary	Urethra
Ovarian tube	Prostate
Nipple	Testicle
	Ejaculation

Handout – Myths about the Body	
Myth	Fact
An erection is an indication that someone wants to have sex.	An erection can also be a reaction to other factors such as fear, general arousal, morning erection etc.
Circumcision does not have any health benefits.	Circumcised men are less vulnerable to sexually transmitted infections.
When erect, all penises are the same size.	There is a big different: sizes range from 9–16 cm in girth and from 11–22cm in length.
A virgin has a hymen that is intact and closed.	
A woman’s most important sexual organ is her vagina.	A woman’s most important sexual organ is the clitoris. It is internal and mostly hidden. The total length is 9cm, and the clitoris has 4 ‘arms’.
The size of the breasts depends on how often they are touched.	The size is genetic.
Pubic hair has to be shaved for reasons of hygiene.	There is no reason to remove pubic hair.

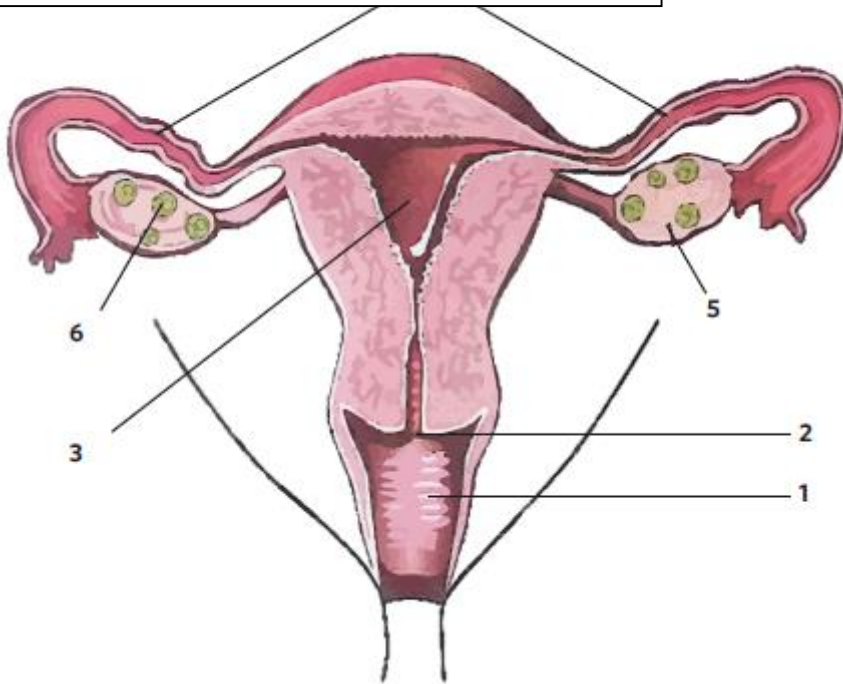
Handout – Green and Red Cards





The Female Internal Reproductive Organ

- 10 Anus
- 4 Outer lips or labia
- 8 Hymen
- 3 Clitoris
- 9 Perineum



The internal female sexual and reproductive system

- 1 Vagina
- 4 Fallopian tubes
- 6 Ova
- 5 Ovary

Female Outer sexual and reproductive parts

1. **Vulva** is the word for *all* of the sexual parts on the outside of a woman's body, between her legs. The vulva includes:
2. **The mons pubis** is the pad of skin and fat over the pubic bone. It protects the internal sexual and reproductive organs. It becomes covered with pubic hair in puberty.
3. **Outer lips** (also called labia majora) are the fatty folds of skin on the outside of the vulva. They protect the inner lips and the openings to the vagina and urethra. Hair grows on them in puberty.
4. **Inner lips** (also called labia minora) are the hairless folds of skin between the outer lips. They are sensitive to the touch. They swell and become darker during sexual excitement.
5. **Clitoris** is the small organ, shaped like a flower bud, at the top of the inner lips, above the urethral opening. It is made of spongy tissue and is covered with a protective hood. The tip of the clitoris is called the glans. It is very sensitive to touch. It fills with blood and becomes erect when a woman is sexually excited. It is the only body part in either sex whose only function is to give sexual pleasure. Touching it and the surrounding area helps a woman to get sexually excited and have an orgasm.
6. **Vaginal opening** is the opening between the inner lips that is below the urethral opening and above the anus. The penis enters the vagina through this opening during vaginal sex. Menstrual blood leaves the body and babies are born through the vagina.
7. **Hymen** is a thin membrane that some girls have around the vaginal opening, which may partly block the opening. Hymens are different from person to person and some girls are born without them. They may tear or stretch during everyday activities, such as exercise, or from using tampons.
8. **Perineum** is the area between the vaginal opening and the anus.
9. **Anus** is the opening of the rectum behind the perineum. Body waste (faeces) passes through the anus.

Inner reproductive parts

1. The **vagina** leads from the vulva to the uterus. It is moist and self-cleaning so it does not need to be washed out. When a woman is sexually excited, the vagina lubricates; however, it does not have a lot of nerve endings and is not very sensitive. In vaginal intercourse, the vagina receives the penis. If the man ejaculates, the semen passes through the vagina to the cervix. During menstruation, the menstrual blood leaves the body through the vagina, as does the baby in natural childbirth. The vagina is lined with folds of skin that stretch easily during sexual intercourse and when giving birth.
2. **The cervix** is the lower end of the uterus. An opening in the cervix connects the vagina and the uterus. Menstrual flow passes out of the uterus through the cervix; and semen passes into the uterus through it. During birth, the cervix stretches open, allowing the baby to pass through. The cervix also protects the woman's uterus by making it impossible for objects such as fingers, the penis, condoms or a tampon to enter the uterus.
3. The **uterus** is a hollow muscular organ. It is about the size and shape of an upside down pear. The foetus grows here during pregnancy. The endometrium is the lining of the uterus. It thickens with blood and tissue during the menstrual cycle. During menstruation, this lining breaks down and leaves the body.
4. The **fallopian tubes** are two tubes, one on each side of the upper end of the uterus. They lead outwards towards the ovaries. They are very narrow – only as wide as two hairs (not like in

the picture). The fallopian tubes have ends like fingers (called fimbria) that pull the egg from the ovary into the tube.

Fertilization or conception (when the egg and sperm join) happens in the upper third of a fallopian tube, near the ovaries. The fallopian tubes are lined with tiny hair-like cilia that move the egg slow down the tube towards the uterus.

5. The **ovaries** are two organs, the size and shape of grapes, which are found on each side of the uterus near the end of the fallopian tubes. The ovaries produce female hormones (estrogen and progesterone), store immature eggs, and produce mature eggs.

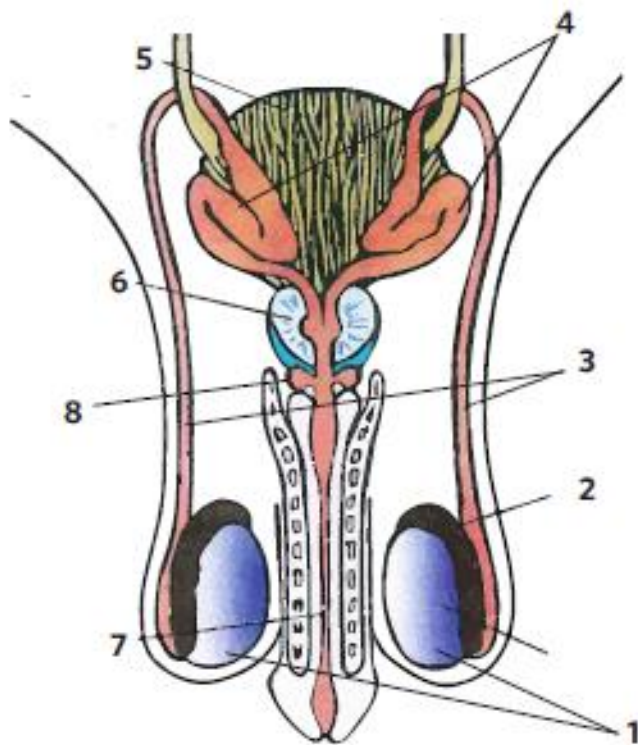
Other (not part of the sexual and reproductive system) Urethral opening is the opening to the urethra (urinary passage). It lies below the clitoris and above the vaginal opening. It is a short tube that carries urine from the bladder out of the body.

6. It is not a part of the reproductive system but it is found in the vulva.
7. The bladder is the sac that collects and stores urine.



The outer male sexual and reproductive system

- | | |
|-----------------|---------------------------|
| <u>Penis</u> | <u>3</u> Scrotum |
| <u>Foreskin</u> | <u>4</u> Urethral opening |
| <u>Penis</u> | <u>3</u> Scrotum |
| <u>Foreskin</u> | <u>4</u> Urethral opening |
| <u>Penis</u> | <u>3</u> Scrotum |



Reproductive system

- | |
|--------------------------|
| <u>5</u> Bladder |
| <u>6</u> Prostate Gland |
| <u>7</u> Urethra |
| <u>8</u> Cowper's Glands |

THE EXTERNAL PARTS OF THE MALE SEXUAL AND REPRODUCTIVE SYSTEMS

The **penis** is made of tissue that is like a sponge. It has many blood vessels and thousands of nerve endings, making it the most sexually sensitive organ in males. When stimulated, the penis fills with blood and becomes larger and harder (erect). The head or tip of the penis, called the **glans**, is the most sensitive part of the penis. In uncircumcised men, a fold of skin, called the **foreskin**, covers the glans. It can be rolled back to show the head of the penis. This skin is removed during circumcision. Both semen and urine leave the penis through the urethral opening at the tip of the penis. The three functions of the penis are urination; sexual pleasure, and reproduction.

The **scrotum** is a loose bag of skin that hangs behind the penis between the man's thighs. It holds and protects the testicles and the epididymis. The scrotum holds the testes or testicles outside of the body to keep their temperature low, so that they can make and store sperm. When it is cold, the scrotum pulls the testes up close to the body to keep them at the right temperature.

The **urethral** opening is the opening at the end of the penis through which urine, semen and pre-ejaculatory fluid pass out of the body.

THE INTERNAL REPRODUCTIVE AND SEXUAL ORGANS OF MALES

Testes or testicles are two oval-shaped glands, each the size of a small egg, that are inside the scrotum. They produce testosterone (the main male hormone) and sperm. The scrotum and testes are sensitive to touch and can be a source of sexual pleasure.

The **epididymis** is a small organ, made of many tiny tubes, that sits on top of each testicle. The sperm mature in these tubes and stay there until the man ejaculates. If sperm are not ejaculated after 4-6 weeks, they die and are absorbed into the body.

The **vas deferens** (also known as the sperm ducts) are two long, very thin tubes that go from the epididymis to the seminal vesicles. When a man is about to ejaculate, the sperm move from the epididymis and travel through the vas deferens to the seminal vesicles.

The **seminal vesicles** are two small glands that produce about 60% of the semen. When the sperm arrive at the seminal vesicle, they mix with this fluid, which nourishes and protects the sperm.

The **prostate gland** is found just below the bladder. It produces a thin, milky fluid that is a lubricant for the sperm. This fluid mixes with the fluid from the seminal vesicles and with the sperm to make up semen. The prostate is also very sensitive and can give sexual pleasure when massaged.

The **Cowper's glands** are two small glands near the urethra, which produce a basic (non-acidic) fluid. This fluid, called pre-ejaculate, comes out of the penis before ejaculation. Urine leaves the urethra acidic; the pre-ejaculate neutralizes the urethra before the semen passes through it to protect the sperm.

The **urethra** is a thin tube that runs from the bladder through the penis. Semen passes through the urethra during ejaculation. Urine also passes out of the body through the urethra. A valve at the bottom of the bladder closes when the penis is erect to prevent urination during ejaculation

SESSION TOPIC: MENSTRUATION AND MENSTRUAL HYGIENE

LEARNING OBJECTIVE:

By the end of the Session, participants will be able to:

1. To understand what menstruation is and why it happens
2. to provide factual information about menstruation, and dispel misinformation
3. Explain the basic process of menstruation.
4. Identify myths about menstruation.
5. To Understand Menstrual Hygiene

LEARNING MATERIALS:

- Flipchart paper, marker pens, tape and scissors A4 paper

SESSION GUIDE:

Preparation:

A. Write the following parts of the menstrual cycle in large letters on separate pieces of A4 paper and mix them up so that they are not in order.

- *Menstruation begins.*
- *During menstruation, a hormone from the pituitary gland causes eggs in the ovaries to start to mature.*
- *The follicle (or sac) that holds the maturing egg releases oestrogen that causes the lining of the uterus to start to build up.*
- *Ovulation - the ovary releases a mature egg*
- *The egg is pulled into the fallopian tube.*
- *If sperm do not fertilize the egg, it disintegrates.*
- *If the egg is not fertilized, the level of hormones goes down causing menstruation and the next menstrual cycle to begin.*

B. Write or print "TRUE" and "FALSE" on pieces of A4 paper.

Steps:

1. Write the word 'menstruation' on flipchart paper. Ask participants: What is menstruation? (Answer: The breaking down of the lining of the uterus.)
2. Tell participants that it is important to know the truth about menstruation and that we will now look at some facts.
3. Ask for seven volunteers to come to the front of the room. Give each volunteer one of the A4 papers that you prepared with the parts of the menstrual cycle on them. Tell them to hold the papers up in front of them and to stand facing the others. Tell them that these papers show what happens during the menstrual cycle. Ask the participants who did not volunteer to put them in the correct order by telling the volunteers holding the papers, which order they should stand in. After they have finished, check the order and make sure it is correct (the correct order is shown above). Then post them in order on the wall and allow the volunteers to sit down.

Tell participants that although many eggs may start to mature in step 2, usually only one becomes fully mature

4. Then ask the participants the following questions:

- What is the first day of the menstrual cycle? (Answer: The first day of bleeding)
- How long is menstruation? (Answer: Usually from 3-7 days.)
- How long does it take the eggs to mature? Point to the third card. (Answer: 10-20 days)

- How long is it between the beginning of menstruation, card 1 and ovulation, card 4? (Answer: It depends on the woman and on her cycle. It can be from 10 to 22 days long. This is the part of the cycle that can vary a lot.)
- How long is it between ovulation, card 4, and menstruation starting again, card 7? (Answer: It depends on the woman, but it is usually 12-16 days and is usually the same length in every cycle.)

5. Ask if they have any questions and answer them. Tell participants that there are now apps for smart phone and websites that help them to track their menstrual cycle.

6. Tell the participants that they are now going to do a **true-false activity** to see how much they know about menstruation. Put up two signs in different places in the room, one that says 'True' and one that says 'False.' Tell them that you will read out a sentence and they should go stand next to the sign that they think is the correct answer. **Then you will discuss.**

7. Read the following statements one at a time. After participants have moved to their signs, ask each group why they are standing at that sign. Then give the correct answer, confirm why it is correct, and provide any additional information, using the information provided, as needed.

- **Ovulation always falls in the middle of the menstrual cycle.**
 - (False. Ovulation usually happens 12-16 days before menstruation begins. If a woman's cycle is shorter or longer than 28 days, ovulation will not occur in the middle of her cycle.)
- **A woman can't get pregnant from sex during her period.**
 - (False. Sperm can live inside the woman's body for up to seven days. If a woman with a short cycle has unprotected sex during the last two days of her cycle, for example, and ovulates 3-4 days later, the sperm can still be alive and waiting to fertilize the egg. If they ask questions, you can use the chart to show how this can happen. For example, if a woman has unprotected sex on the last day of her period and ovulates four days after finishing her period, sperm could still be alive in the fallopian tubes when she ovulates.)
- **Women get their period once a month.**
 - (False. Different women have different cycle lengths. The length of the cycle can be anywhere between 21 and 35 days or even longer. So how often a woman gets her period will depend on the length of her cycle. It can be shorter or longer than one month. Her cycle can also be regular (always about the same length) or irregular (often different lengths). More than 4 out of 10 women have cycles that vary by more than 7 days.)
- **Medication can change the length of the menstrual cycle.**
 - (True. Medication, illness, stress, depression, poor nutrition, and travel can all change the menstrual cycle.)
- **During the first two years of menstruation, girls often have irregular cycles or miss periods completely.**
 - (True. When they first start menstruating, their bodies are still adjusting to the changes.)
- **It is 'safe' to have unprotected sex in the days immediately after a girl's period ends - she won't get pregnant.**

- (**False.** The days immediately after the period ends can be very risky for getting pregnant, depending on the girl's cycle. The only safe time during the menstrual cycle is the days after ovulation. However, it is difficult to know exactly when ovulation has occurred unless you have special training.)
 - **Note to facilitator:** *Emphasize that for young women, it is too risky to try to estimate the "safe days". Their cycles are often irregular and knowing when your safe days are is complicated and requires taking a special course. **Most important: There are no safe days when it comes to STIs and HIV.***
 - **When a woman has not had her first period yet, she cannot get pregnant.**
 - (**False.** Remember that a woman's first ovulation happens before her first period. So when a woman gets her period for the first time, it means that she will have also been able to become pregnant in at least the one cycle before.)
 - **Having painful periods is more common during adolescence.**
 - (**True.** Many adolescents have painful periods. They can take a common pain medication like Panadol or ibuprofen. Taking contraceptive pills also reduces period pain. Periods usually get less painful when women are older.)
 - **Some women and girls experience other physical and emotional changes before their periods start.**
 - (**True.** In the days before menstruation, some girls and women get tender breasts, stomach cramps, headaches, lower backaches, and/or more acne. They may gain weight and feel depressed or irritable. This is called pre-menstrual syndrome or PMS.)
 - **To know what is normal for her, a girl needs to keep a record of her own menstrual cycle. (**
 - **True.** Every woman has her own cycle. It is useful for a woman to know her own cycle. To keep a record of your periods, write down the day that bleeding starts in a notebook. You can then count how long your cycle is. You can also write down the day the bleeding stops to find out how long your periods usually last. There are Apps and websites that you can use to track your menstrual cycle.)
8. **Address any local or traditional myths on menstruation especially for young persons with disability.** Emphasize that menstruation is a completely natural process and one that is necessary for people to have children. There is nothing to be ashamed of or to make fun of.
 9. Invite questions and comments from the participants and allow general discussion on issues raised.
 10. **Give participants more information** on menstruation using the handout attached. They can read it during their own time.
 11. Ask participants to summarize what they learned during the activity. Add any of the following points that are not mentioned. Menstruation happens when the egg is not fertilized by sperm.

- a. Every girl is unique and has her own menstrual cycle. She needs to keep track of her cycle.
- b. Sperm can live in the woman's body for up to 7 days.
- c. It is possible for a girl to get pregnant if she has unprotected sex during her period or in the days immediately after it ends.
- d. Trying to identify "safe days" is too risky for young women.
- e. There are no safe days when it comes to STIs and HIV.

KEY TAKEAWAY:

- Although boys do not have periods, they need to understand how periods happen so that they don't believe stories they hear about menstruation.
- Both boys and girls need to understand how their reproductive parts work and how pregnancy happens.

Menstrual Hygiene Tips:

1. Change your pad every four hours

If you use sanitary pads to soak the flow during your periods, remember to change it often. Ideally, changing it every four hours is good. If not every day, do this on the first two days when the flow is heavier. On others too, don't wear the same pad for more than eight hours.

2. Clean reusable pads properly

There are sanitary napkins that can be reused for several menstrual cycles. If you use one of these, ensure that you clean them thoroughly after every use so that there are no germs and there is no scope of infection. Follow the instructions given and don't reuse them after the said number of uses.

3. Keep your vaginal area clean

It is important to keep your vaginal area clean especially during periods when there is blood flow from the body. Use warm water and diluted soap to wash the area. You can also use recommended vaginal washes available in the market to keep yourself clean. If, however, they irritate your skin or vagina, discontinue the use and speak to a doctor. The vagina also has a self-cleaning mechanism, so these washes aren't really necessary for most women.

4. Never use two pads simultaneously

No, two is not better than one. Some women who experience heavy flow, tend to use two sanitary pads at one go to control the flow and prevent staining of clothes. This, however, is a bad idea as it can cause infections in the vaginal region. Stick to one and keep changing it often if the flow is more.

5. Wear comfortable, clean underwear

While changing your sanitary pad is essential, it is also important to wear something comfortable during these days. Tight thongs or underwear made of fabric that doesn't allow your skin to breathe will also lead to infections. Stick to clean and comfortable cotton knickers that do not stick to your skin.

Menstruation is nature's way of preparing a woman's body for pregnancy.

Most girls start menstruating between the ages of 9 and 16. They will continue to menstruate regularly, unless they become pregnant, until menopause, which happens between the ages of 45 and 55.

The menstrual cycle has two main parts – pre-ovulation and post-ovulation. Pre-ovulation varies in length by woman and by cycle. It is usually between 15-17 days long, but can be as short as 9 days or as long as 23 days. It begins with the first day of menstruation and ends with ovulation. Menstruation happens when the lining of the uterus breaks down and leaves the body. It usually lasts from 3 to 7 days.

During menstruation, eggs begin to mature again. Usually only one will become fully mature. After menstruation, the lining of the uterus begins to thicken again. When the egg has matured, hormones cause it to be released from the ovary. This is called ovulation. It usually occurs 12-14 days before the start of the next menstrual bleeding, but can be anywhere from 8-17 days before menstruation.

After ovulation, the finger-like ends of the fallopian tube pull the egg into the tube. If the egg meets sperm in the fallopian tube, it may be fertilized. If this happens, the fertilized egg is moved down the tube to the uterus. When the egg reaches the uterus, it attaches itself to the lining and the woman becomes pregnant.

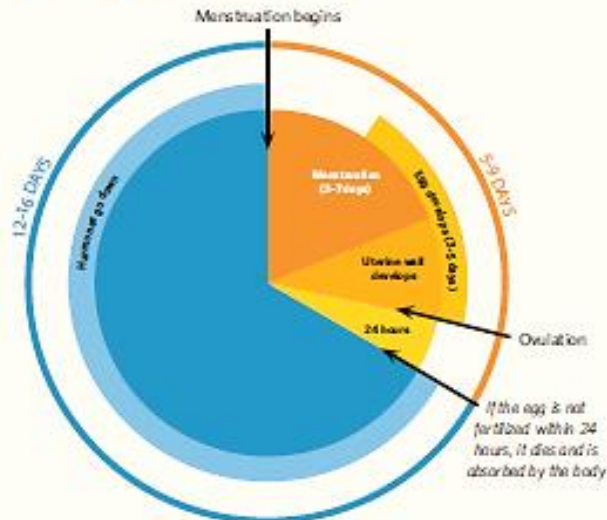
If the egg is not fertilized within 12 to 24 hours, it dies and is absorbed by the body. The woman's hormone levels will go down and, usually after 12-16 days, the next cycle and menstruation start again.

Depending on the woman, the cycle may be from 20 to 35 days long or longer. A woman's cycle length often varies from month to month and it changes with age. During the first few years of menstruation, many girls miss periods or have irregular periods and the number of days between their periods may vary greatly.

Things like travel, stress, depression, poor diet, and illness can also affect the length of the cycle. Depending on the length of a woman's cycle, the fertile period may or may not be in the middle of it. Once a girl begins ovulating, she is capable of becoming pregnant. It is important for every woman to know her own cycle.

Diagram: Short and long menstrual cycles

21-day cycle



35-day cycle

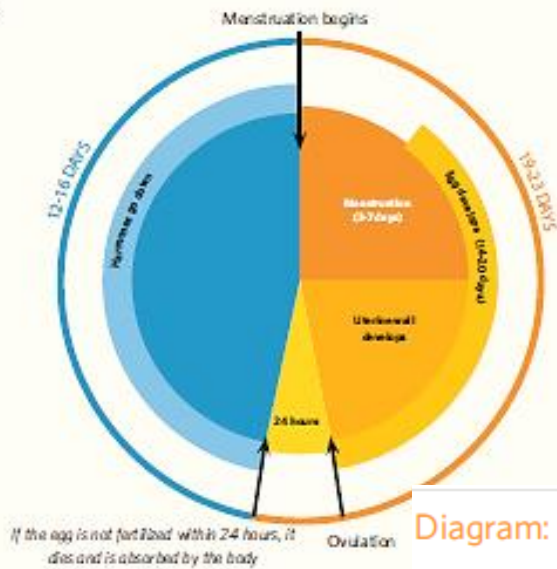
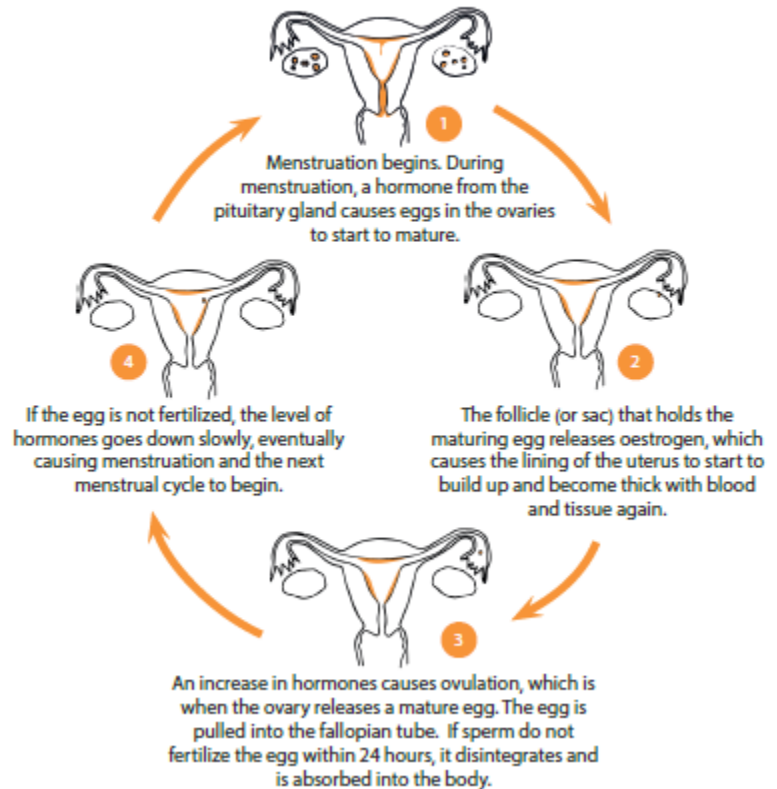


Diagram: Menstrual cycle

Once every cycle, an egg matures in an ovary



- I knew this I didn't quite know this
- d. The joining of the sperm with an egg is called fertilisation.
- I knew this I didn't quite know this
- e. Fertilisation usually takes place in the female's fallopian tube, then the embryo travels down to the uterus.
- I knew this I didn't quite know this
- f. The fertilised egg can develop into an embryo, then a foetus, and finally a newborn baby.
- I knew this I didn't quite know this
- g. The embryo attaches to the lining of the uterus. This is called implantation. Implantation usually takes place about five days after fertilisation. This is considered the beginning of a pregnancy.
- I knew this I didn't quite know this
- h. The sex of the embryo is determined by the man's sperm. It is not determined by the woman's egg
- I knew this I didn't quite know this
- i. When a couple is unable to have a baby, it is called infertility. Sometimes it is the male who is infertile, sometimes it is the female, and sometimes both have low fertility. One of the main causes of infertility is scarring from a sexually transmitted infection earlier in life.
- I knew this I didn't quite know this
5. Facilitator shows a subtitled video on human reproduction
6. Facilitator shares interesting facts on reproduction as follows:
- The female reproductive system keeps working after it releases the egg. Within minutes, finger-like extensions (called fimbria) at the ends of the fallopian tube actually start surrounding the egg and drawing it into the tube.
 - A woman's cervix secretes different kinds of mucus during her cycle. Sometimes it is thicker and white, other times it is slippery and clear. During the fertile days, the mucus actually nourishes the sperm and helps them survive for several days. If you looked at this kind of mucus under a microscope, you would see that it also has 'channels' to help the sperm swim toward the egg.
 - The sex of the embryo is determined by the man's sperm. Some sperm will produce male offspring and some will produce female offspring. A baby's sex is not determined by the woman's egg.
 - It takes 3 months for sperm to develop and mature in the male. Men are continuously producing new sperm.
7. Facilitator ask participants to think and respond:
- Modupe gave birth to a baby girl. Her husband Lekan complained: 'You did not produce a son for me!' What would you say to Lekan?
 - Teni and Tolu try for two years to have a child. Joseph tells the doctor he wants to divorce Teni, saying she is infertile.
 - What is the medically accurate response that Tolu should receive from the doctor?
8. Facilitator ask participant to share "Signs to tell a woman is pregnant" Facilitator adds or corrects as follows in a reported role play/voice act:

- a. Early signs of pregnancy differ from woman to woman and between pregnancies. The most common symptom is to miss a regular menstrual period; additional signs or symptoms are as follows
 - Simisola: 'My breasts felt tender.'
 - Fatima: 'I became nauseous.'
 - Uche: 'I was very tired and emotional.'
 - Pelumi: 'I was urinating more frequently.'
 - Ganiyat: 'I can usually tell when I am ovulating because the thickness of my mucus changes. And I know that my period is due 14 days after ovulation. So when my period was late, I guessed I was pregnant. **But to confirm it, I went for a test.'**

b. Facilitator emphasizes on the need for a pregnancy test

9. Facilitator shares on “Reasons To Avoid Early Pregnancy”

Early pregnancy usually has very serious negative consequences for the girl. Some consequences are social:

- If she is unmarried, she is likely to suffer shame with her family and community
- In Nigeria, pregnant unmarried girls are also forced to leave school.
- If she is married, she may experience further loss of her childhood. Whether the girl is married or unmarried, early pregnancy also carries more serious health risks, especially if the girl is not fully grown. For example:
 1. Her pelvis may be too small to allow the baby to pass through during birth. This can cause a terrible condition called fistula (a tear between the vagina and the urethra or rectum).
 2. If a girl already suffers from poor nutrition or health problems, she may have other conditions that make childbirth dangerous.

There are also many reasons why a boy should avoid getting a girl pregnant before he is in a position to be a responsible parent and to raise a child.

10. Facilitator ask participants to brainstorm on What To Do In Case Of Pregnancy especially as a young person with disability – Support network, who will they tell, how will they cope..... Then presents on the following tips

- a. Human pregnancy lasts about nine months. When a woman is pregnant, it is very important for her to take care of herself and her pregnancy. For example:
 - She should avoid alcohol, drugs, and unnecessary medications.
 - She needs to take recommended vitamins and mineral supplements (especially iron and folic acid).
 - She should also visit an antenatal-care provider, who will check on her health and the development of the foetus. A health care provider can also teach her about taking care of her pregnancy and about childbirth. The provider can also check for danger signs and teach the woman what signs might indicate a problem.
 - If a woman is HIV-positive, it is very important for her to take HIV medication regularly, as prescribed by her doctor, to prevent the foetus from becoming infected and to maintain her own health. This is a good reason to seek a confidential HIV test.

- Many women and girls become very ill or even die because they do not get the care they need during pregnancy or childbirth.
- In Nigeria, induced abortion is illegal unless it is performed to save the life of the pregnant woman.
- Thus, many who undergo the procedure are exposed to risky and unsafe abortions. Because of this, many girls suffer from infections that can make it difficult to have a child later. Some women die because of an unsafe abortion.

11. Facilitator then ask participants:

- a. What are the consequences for a boy or man who is responsible for a pregnancy?
- b. Can you think of at least three reasons why a woman or girl with disability might not receive the antenatal care that she needs?

12. Faciliator closes session requesting participants to arrange the fertility cycle in their proper order by numbering them 1-5 so that #1 is the first event, etc.

- a. ___Ovulation
- b. ___Implantation
- c. ___Fertilisation
- d. ___Intercourse
- e. ___Menstruation

Answer key:

1: Menstruation. 2: Intercourse/Ejaculation. 3: Ovulation. 4: Fertilisation. 5: Implantation.

Note: #2 and #3 can also happen in reverse order. The egg can be released. If intercourse/ejaculation takes place within 24 hours, it can still lead to fertilisation.]

KEYTAKAWAY

Ovulation refers to the monthly release of an egg from the female's ovary. Ovulation is the 'climax' of the cycle of fertility. If pregnancy does not occur, then the cycle ends when menstrual bleeding begins. If the woman has intercourse about the time of her ovulation, the male's sperm may reach the egg.

If a sperm unites with the egg, it is called fertilisation. When this happens, the fertilised egg develops into an embryo, travels to the uterus and attaches to the uterine wall. This is called implantation. If pregnancy occurs, the female usually misses a menstrual period and may have other symptoms.

Early pregnancy carries both social and health risks.

SESSION TOPIC : GENDER AND DISABILITY

LEARNING OBJECTIVE:

By the end of the Session, participants will be able to:

1. Distinguish between sex and gender;
2. Explain gender stereotypes and how they affect personal development and relationships of both girls and boys with disabilities
3. Identify their values about gender roles and gender equality;
4. Challenge gender stereotypes.

LEARNING MATERIALS:

Masking tape. Visual Aid/Signage: Powerpoint Presentation, Laptop, Projector & Screen, Sound system, pens,

SESSION GUIDE:

1. Tell the participants that this session is about the difference between sex and gender. Ask them to form pairs with their neighbours and to discuss what they know about sex and gender.
2. After 2 or 3 minutes, call their attention back to the front of the room. Ask them to share what they discussed. Use their ideas to come up with a definition of 'sex' and of 'gender' similar to the following and write them on flipchart paper: Sex is about the biology of being male or female. It is based on the biological differences between men and women.
3. Gender is what it means to be male or female in a specific society. It includes how we expect women and men to behave and what we think are masculine and feminine characteristics, abilities, responsibilities and opportunities.

Note that as long as you don't use a sexual organ to do something, it is gender.

- a. Ask participants:
- b. What biological differences between men and women do you know?
 - c. (Answer: Men and women have:
 - i. 1) different reproductive organs (for example, men have a penis, women have a clitoris);
 - ii. 2) different chromosomes (women have XX chromosomes and men have XY chromosomes);
 - iii. 3) different dominant hormones (women have more oestrogen and progesterone, men have more testosterone).
- c. What are gender roles?
 - i. (Answer: Gender roles are the different roles (jobs, responsibilities, behaviours) that men and women are expected to do in a specific culture based on their sex).
4. Explain that: Sex is the same across the world in all cultures.
 - a. At birth, your sex is assigned to you based on your genitals.
 - b. Gender is cultural. What is expected of your gender varies by culture and changes over time.
 - c. Gender roles are learned as you grow up.
5. To assess the participants understanding, tell participants that you will read some sentences and they should decide if it reflects sex or gender. If they think, the

sentence is about gender, they should raise their hands. Ask those who raised their hands to explain why they think the sentence is about gender. Ask those who did not raise their hands to explain why they think the sentence is about sex. Use their responses to give them the correct answer (shown in the parentheses).

- I. Girls are gentle; boys are rough. (Gender)
- II. Women give birth to children; men don't. (Sex)
- III. Women do most of the housework. (Gender)
- IV. Boys' voices change a lot during puberty. (Sex)
- V. Women should not make decisions independently. (Gender)
- VI. Women's risk of HIV often depends on their partners' sexual behaviour. (Gender)
- VII. Men can only feed babies using bottles. (Sex)
- VIII. It is important to have male children. (Gender)

6. Ask participants:

- What is another statement linked to sex?
- What is another statement that shows gender?
- Have gender roles changed over the last 20 years in your community? How?

7. Tell participants that there are only three important differences between men and women. Ask them if they know what they are. List the correct answers (shown below) on flipchart paper and add any that they do not mention.

- Only men can make women pregnant.
- Only women can get pregnant and give birth to babies.
- Only women can breastfeed.

8. Ask participants what the main points of the activity were. Add any of the following that they do not mention:

- a. Sex is the biological state of being male or female. A person's chromosomes, anatomy and hormones determine their sex. It is the same everywhere in the world and usually does not change.
- b. Gender is what it means to be male or female in a specific society, including how we expect women and men to behave and what we think are masculine and feminine characteristics, abilities, responsibilities and opportunities. It is culturally determined; it varies across the world and changes over time.
- c. The only things that men cannot do are to give birth to a child and to breastfeed a child.
A woman can do anything she decides to do, except make another woman pregnant.

Note: Knowing that gender is something that is created by society, that it varies from culture to culture and that it changes over time, we can realize that it is something that we can also work to change. In the next activity, we will think about gender stereotypes, their impact on us and how society tries to reinforce them.

KEY TAKEAWAY

People with disabilities have the **right** to have their sexuality recognized as a positive aspect of their life and to be protected by the law against discrimination.

People with disabilities have the **right** to support and advocacy to enable them to fully participate in the development and implementation of policies determining their sexual and reproductive health, without barriers or conditions.

People with disabilities have the **right** to education and learning to enhance their capacity to access health facilities, services and conditions which enable them to make informed and consensual choices and decisions about their sexual and reproductive health.

SEX	GENDER
Biologically determined by our chromosomes (XX or XY); anatomy (penis, testes or vagina, ovaries, uterus); predominant hormones (e.g. more testosterone or more oestrogen)	Socially constructed roles, responsibilities, behaviours expected of men and women.
Universal: Factors related to sex are the same around the world — men have penises and women have vaginas in every country.	Cultural: Gender roles vary within and between cultures; the roles of men and women are different in the United Kingdom, Kenya from the roles of men and women in Nigeria.
Born with: Generally unchanging (although change is now possible with hormones and surgical intervention).	Learned behaviour: Changes over time. For example, in the past, few women became lawyers or physicians; today it is more common to find women in these professions.
Sex has more than one meaning. First, it means whether a person is biologically male or female. A person's sex is assigned at birth based on their genitals. It is also short for sexual intercourse	

Gender roles refers to the different roles and behaviours that a society expects of men and women. These are based on what a specific society believes about what men and women can or cannot do. Some examples, include women should cook, clean, care for children and the sick; men should earn money and repair things. While traditional gender roles still have a strong influence on many people, they are also changing a lot. For example, until recently, some countries would not allow women to join the army.

Stereotypes are rigid and oversimplified beliefs about groups of people. They are not based on fact, but on assumptions, usually learned from others. Examples of stereotypes are 'all male hairdressers are homosexuals' or 'women do not make good mechanics'.

There are three differences between men and women based on the differences in their bodies:

- Only women can get pregnant and give birth.
- Only women can breastfeed.
- Only men can make women pregnant.

Other statements about the differences between men and women as a group are stereotypes.

Gender identity is the gender that a person feels themselves to be, regardless of their body. Most of the time, a person's biological sex and their gender identify are the same. In other words, a person with a female body feels and identifies herself as a woman. However,

some people feel that they are in the wrong body. They are **transgender**. Some say that they have a female brain trapped in a male body, or the other way around.

Some identify with neither genders; some identify with both genders; while others feel they cannot relate to the idea of gender at all. Some transgendered people change their sex by taking hormones and having surgery.

People who have intersex conditions have anatomy that is not considered typically male or female. They have variations or differences in their chromosomes (such as XXY, XXX, XYY), hormones (endocrine functions), their gonads (testis or ovaries) and/or other reproductive anatomy, such as a very small penis or very large clitoris.

HANDOUT – SEXUAL RIGHTS

World Health Organization Working Definition of Sexual Rights, 2002:

Sexual rights embrace human rights that are already recognized in national laws, international human rights documents and other consensus statements. They include the right of all persons, free of coercion, discrimination and violence, to:

1. the highest attainable standard of sexual health, including access to sexual and reproductive health care services;
2. seek, receive and impart information related to sexuality;
3. sexuality education;
4. respect for bodily integrity;
5. choose their partner;
6. decide to be sexually active or not;
7. consensual sexual relations;
8. consensual marriage;
9. decide whether or not, and when, to have children; and
10. pursue a satisfying, safe and pleasurable sexual life.

SESSION TOPIC: GENDER STEROTYPES

LEARNING OBJECTIVE:

By the end of the Session, participants will be able to:

1. Name some of the rules of behaviour for men and for women.
2. Explain how society uses violence to keep people inside their 'gender box'.
3. Discuss at least two negative effects that these gender rules have on the lives of women and men.

LEARNING MATERIALS:

Flipchart paper, marker pens, tape and scissors pieces of A4 paper, pens

SESSION GUIDE:

1. Tell participants that in this activity we are going to look more closely at gender roles and how they affect us.
2. Ask the participants if they have ever been told to 'act like a man' or 'act like a lady.' Then ask them: What are guys being told to do or not to do when someone says 'act like a man' or 'be a man'? Use the following questions to get them to think more deeply, if needed: What behaviours do they want to see?
 - a. What behaviours do they NOT want to see?
 - b. What characteristics should men show?
 - c. What does 'act like a man' mean when talking about sexuality?
 - d. List all of the characteristics named on the board or on chart paper, as follows:

3. When they have finished responding, draw a box around the entire list and label it 'Act Like a Man.'

Tell the participants: We call this the 'Act Like a Man Box.' Inside this box are some of the rules that society has created for boys and men. All boys are taught to stay inside this box. If they want to get out of the box, people will try to push them back into the box.

Note to facilitator: It is important to emphasize this point.

4. Ask: Which of these rules can be harmful? Why? Discuss one by one and place a star next to each harmful rule.

- How does living in the box affect a man's health?
- How does living in the box limit men's lives?

5. Go through the same process for young women, listing their answers on a new piece of flipchart paper. Ask: What girls and women are being told to do or not to do when someone says 'act like a lady' or 'be a lady.' Using the following questions to encourage them to think more deeply, if needed: What behaviours do they want to see?

- a. What behaviours do they NOT want to see?
- b. What characteristics should women show?
- c. What does 'act like a lady' mean when talking about sexuality?

4. Draw a box around the entire list and label it 'Act Like a Lady.' Tell the participants: This is the 'Act Like a Lady Box.' Inside this box are some of the 'rules' that society has created for women. All girls are taught to stay inside this box. If they want to get out of the box, people will try to push them back into the box.

Note to facilitator: Again, emphasize this point.

7. Ask: Which of these rules can be harmful? Why? Discuss one by one and place a star next to each harmful rule.

- How does living in the box affect a woman's health?
- How does living in the box limit women's lives?

Then ask the participants: What are these rules called? (Answer: Gender norms and stereotypes)

Use their response to come up with the following definitions and write them on flipchart paper:

- Gender norms are the things that society has decided should be 'normal' for men and women.
- Stereotypes are generalizations about groups of people that are not based in fact.

Explain that when we assume or think that all people in a group are the same, it is a stereotype. For example, 'men are strong' is a stereotype. In fact, not all men are strong.

Now ask the following questions: What put-downs or names are young women called when they don't fit into the box? For example, what happens when a girl is too tough or too sexy? (For example, bitch, tomboy, slut, fool, and many others.)

Write these put-downs on the board or flipchart paper on the right side of the Act Like a Lady Box (see the example below).

What physical or other things might be done to young women who don't fit in to the box? (Answers: Rape, being beaten, molested, killed, rejected, hit, pinched, whistled at, job discrimination, bullying, teasing and many others.)

Write these down on the board or flipchart paper on the left side of the box.

What put-downs or names are young men called when they don't fit into the box or try to escape the box? (Coward, gay, moffie, sissy, pussy, wimp, girl and many more).

Write these put-downs on the board or flipchart paper on the right side of the Act Like a Man Box.

KEY TAKEAWAY

To identify gender stereotypes for men and for women; to understand how people are treated when they do not conform to these stereotypes and relate that to how these stereotypes are reinforced; to understand the consequences of gender roles and stereotypes on personal development

SESSION TOPIC : DISABILITY AND SEXUAL DEVELOPMENT

LEARNING OBJECTIVE:

By the end of the Session, participants will be able to:

1. To discuss what is 'normal' sexual development and
2. how is it different for young people with disabilities

LEARNING MATERIALS:

1. Cards with different types of sexual behaviour
2. PowerPoint presentation explaining typical sexual behaviour in different life phases
3. Handouts and work sheets

SESSION GUIDE:

In plenary:

1. Divide the participants into groups (max. 8 participants per group).
2. Each gets 5 pieces of paper: one for each stage of the development: baby (0–1.5 years), toddler (1.5–3), small child (4–6), schoolchild (6–11) and teenager (12–15). Tell them that these pieces of paper together form a timeline.
3. Read aloud a sexual behaviour from a card – for example, 'playing doctor'.
4. Ask the group to place the card on the timeline when they think the behaviour is likely to appear for the *first* time
5. Present the answers and give more information (from the PowerPoint presentation)

Individually:

6. Continue exercise by asking each participant to individually fill out a work sheet:
 - How is it different for young people with disabilities?
 - How does their disability impact their sexual behaviour and development?
 - Does the behaviour from younger phases (baby, toddler, childhood) still appear among young people with disabilities? (see handout)

A sample PowerPoint presentation with talking points is included in the handouts for facilitators.

The PowerPoint presentation introduces normal development. Go through and let groups/individuals compare this with what they have done. People may prefer not to disclose what they had on their timeline – respect this.

The PowerPoint presentation also explains that there are three areas of children's sexual development: (1) physicality; (2) gender and orientation; and (3) intimacy. Ask the group about the sexual development of young people with disabilities in each of these areas? What is going well, and in which areas are there concerns?

KEY TAKEAWAY

- Sexuality is emotional, social, cultural, and physical. Sexual development is one part of sexuality, and it begins much earlier in life than puberty.
- Sexual Development:
 - Happens in phases
 - Lifelong: from birth until death
 - A Learning process
 - Needs support

- Sexuality is a normal part of growth and development. While approaches to sexual health education and communication may vary, young people with disabilities need accurate information and skills, and have the same rights as those without disabilities.

- You can draw three major messages to pass on with this exercise:
 1. It is very difficult to educate young people with disabilities about setting their own boundaries and respecting other people's (physical boundaries), if the older persons don't respect the boundaries of young people with disabilities in the first place.
 2. Young people with disabilities all have a disharmonic sexual development profile (their body, their sexual development and behaviour and their knowledge are not in harmony).
 3. Sexual development in the area of intimacy: there is a lot of control in this area for young people with disabilities – more than with other young people.
 4. People with disabilities are sexual and express their sexuality in ways that are as diverse as everyone else
 5. The humanity and independence of people with disabilities should be respected.
 6. Education and skill practice are key to promoting healthy and mutually respectful behavior, regardless of the young person's abilities.
 7. Learning about sexual health is a necessity, not a luxury, for all of us.

Handout - Timeline

Create one A4 page per stage: Baby (0–1.5 years), Toddler (2–3), Small child (4–6), Schoolchild (6–11), Teenager (12–15)

Baby (0–1.5)
Toddler (1.5–3)
Small child (3–6)
Schoolchild (6–11)
Teenager (12–15)

Cards with Sexual Behaviour

Explicitly exploring their own body	Sex games
Sucking	Hugging and romping
Kissing	Stereotypical beliefs about gender
Lying naked on each other	Amorous, in love
Playing with friends of the same sex	Feeling ashamed
Masturbation	Secretly playing doctor
Fertility	Jokes and drawings about sex
Fantasizing about sex	Behaviour conforming to their gender role
Curious about their own body	Growth spurt
Interested in their own genitals	Developing secondary sexual characteristics
Interested in others' bodies	Developing sexual orientation
Aware of gender identity	Using dirty words
Potty trained	Provocative behaviour towards adults
Asking questions about the body	Having erections
First menstruation	Sitting on someone's lap
First ejaculation	Watching sex images together (internet)
Showing their own genitals	Looking at and touching each other's genitals
Grabbing breasts	Understanding the difference between boys and girls
Walking around naked	Deliberately touching their own genitals
Accidentally touching their own genitals	Interested in adult sexuality
Having sex naked	French kissing

Answers (for facilitator)

Baby (0-1.5)	Small child (3-6)
Sucking	Understanding the difference between boys and girls
Kissing	Stereotypical beliefs about gender
Having erections	Amorous, in love
Accidentally touching their own genitals	Feeling ashamed
Deliberately touching their own genitals	Secretly playing doctor
Toddler (1.5-3)	Jokes and drawings about sex
Explicitly exploring their own body	Looking at and touching each other's genitals
Curious about their own body	Lying naked on each other
Interested in their own genitals	Playing with friends of the same sex
Interested in others' bodies	Schoolchild (6-11)
Aware of gender identity	Behaviour conforming to their gender role
Potty trained	Developing sexual orientation
Asking questions about the body	Interested in adult sexuality
Sitting on someone's lap	Fantasizing about sex
Masturbation	Provocative behaviour towards adults
Showing their own genitals	Sex games
Grabbing breasts	Watching sex images together (internet)
Walking around naked	Teenager (12-15)
Using dirty words	Growth spurt
Hugging and romping	Developing secondary sexual characteristics
	Fertility

	First menstruation
	First ejaculation
	French kissing
	Having sex naked

Worksheet – Impact of a Disability on Sexual Development

Development-related behaviour

Does the behaviour from younger phases (baby, toddler, childhood) still appear among young people with disabilities?

Baby (0–1.5)	Yes/no
Skin contact is important	
Oral enjoyment	
Thumb sucking and other auto-erotic behaviour	
Exploring their own body	
Toddler (1.5–3)	
Curious about their own body and genitals	
Curious about others' bodies	
Awareness of gender identity	
Masturbation	
Potty trained	
Small child (3–6)	
Curious about adult sex	
Stereotypical beliefs about gender	
Being in love, amorous	
Feeling ashamed	
Using dirty words	
Asking questions	
Childhood (6–11)	
Fantasizes about sex	
Secretly experimenting	

Friendships	
Knowledge	

Below, there are three areas of sexual development of children. Which problems occur with your target group (young people with disabilities?):

Physicality <ul style="list-style-type: none">• Exploring their own body• Exploring others' bodies• Touching and being touched
Gender and orientation <ul style="list-style-type: none">• Gender identity• Role-specific behaviour• Sexual preference/orientation
Intimacy <ul style="list-style-type: none">• Feelings• Contacts and relationships• Security and attachment• Safety, nurturing and feeling in love

Below, there are three areas of sexual development of *adolescents and puberty*. Which problems occur with your target group (young people with disabilities?). Do some things develop at earlier or later stage? Do they develop in a different way?

Physical development and self-image
Thinking facility
Experimenting and detaching from parents

Is the following sexual behaviour occurring among the young people with disabilities that you work with?

Experimentation
Feelings of arousal and sexual fantasies

SESSION TOPIC PUBERTY

LEARNING OBJECTIVE:

By the end of the Session, participants will be able to:

1. Define puberty and adolescence.
2. Describe the differences and similarities at puberty between males and females.
3. Explain common feelings and behaviors during adolescence
4. Identify means of coping with the problems of early or late puberty
5. Discuss personal concerns about the changes that occur at puberty.
6. Identify myths and facts about puberty.

LEARNING MATERIALS:

- **Labels:** boys, girls, both cards with one change at puberty on each card.
- **Poster** with bodies, showing development from child to adult
- **Posters** with the many different feelings on them.
- **Charts** with places to go for help.
- **Hygiene products** for boys and girls (including menstrual) sample letters on puberty written by Nigerian Youth
- **List of common myths/facts about puberty in the community**

SESSION GUIDE

1. Facilitator asks participants to give their definition of puberty and adolescence first and if any additional information is needed, Facilitator provides accurate definition – Puberty is the period of time when body matures and achieves reproductive capacity, usually between 10 – 16 years, but sometimes earlier or later in some individuals. Adolescence is the period between onset of puberty and early adulthood (10 – 19 years). It is a period for defining self-identity, sex roles, and relationships. Share the following:
 2. a. Differences at puberty: Boys have ejaculation, Girls menstruate.
 - b. Similarities at Puberty – Bodies change, grow, develop larger bones, muscles, more hair, acne, sweat more, interest in the opposite sex.
3. Common feelings and behaviour during adolescence
 - a. Inferiority complex due to rapid physical development
 - b. Low self esteem
 - c. Egocentric tendencies
 - d. Crushes (having romantic or special feelings towards someone).
 - e. Changes in moods
 - f. Anger and disillusionment
 - g. Fears of rejection and isolation.
 - h. Feeling different
 - i. Inquisitiveness.
 - j. Secrecy

- k. Fantasizing
- l. Rebellion
- m. Quest for independence

4. Coping with the problems of the early or late puberty.
 - a. Getting appropriate information
 - b. Counselling
 - c. Talking to others who are going through this at the same time
 - d. same time

5. Personal concerns during puberty

- if differences in appearance are normal
- complexion problems
- some have wet dreams
- how to take care of menstruation
- are my small breasts capable of breast feeding a baby?

6. Cultural myths about puberty.

- girls see menstruation at same age mother did
- a missed period means the girl is pregnant (even with no intercourse)

2. a. Under the headings BOYS and GIRLS, on the black board, Participants will place the appropriate pubertal changes, each written on a separate card.

- i. (Examples: Both – hair grows under arms, skin gets oily,)
- ii. Boy – produces sperm, has wet dreams, Girl – menstruates, produces egg, develops breast, etc). Add more to list.
- iii. Correct any misinformation participants have

b. Facilitator reads a story that illustrates abilities and characteristics of the main character. Have participants determine the sex based on the characteristics presented. Vote who is a boy or a girl and explain why.

3. The Facilitator asks participants to make a list of all the common feelings and behaviours that occur during adolescence and discuss.
4. Facilitator describes for participants what help is available for them if the concerns are worrisome. Encourage them to ask questions of trusted adults.
5. Participants to read sample letters taken from magazines and newspapers from Nigerian boys and girls, which are questions about changes at puberty. Have the group share their reactions to the letters. Let Participants write questions about puberty without writing their names to be answered by the class. Collect, reshuffle papers and redistribute. Show hygiene products when questions refer to menstruation, or sweating in order to improve hygiene.
6. Gather information on puberty by engaging in a game of myths and facts where two teams (or more) compete on their knowledge of relevant facts. Example – disabled teenagers do not menstruate or have wet dreams; girls begin menstruating at same ages as mothers;

7. Facilitator tells participants - You have been given a very important job. You must offer advice to all 10-year-olds (who are the same sex as you are) across the country. Your advice must help them through puberty and adolescence. What is the one most important piece of advice you can offer?

KEY TAKEAWAY

- Puberty is a time of physical and emotional change that happens as children grow and mature. Girls typically reach puberty at an earlier age than boys do. Your body changes during puberty.
- Puberty also signals that your body is able to reproduce. The period from puberty to adulthood is called adolescence. Young people going through puberty and adolescence typically have a lot of questions and some worries.
- Often they also feel more pressure to conform to gender stereotypes and to peer pressure. Know that your body and your feelings are normal. Your parents, teachers, and health professionals can give you support and information that may help you to feel more comfortable.

Additional Aid to facilitators: Changes during adolescent

Boys	Girls	Both
Physical		
<ul style="list-style-type: none"> • May have temporary breast growth • First ejaculation • Gain in muscular strength • Shoulders broaden and chest gets wider • Growth of facial hair 	<ul style="list-style-type: none"> • Breasts develop • First ovulation and menstruation • Increase in vaginal & cervical secretions • Fat tissue increases • Hips, thighs & bottom widen 	<ul style="list-style-type: none"> • Genitals get bigger • Hair grows on body, in armpits and on genitals • Become taller and gain weight • Voice changes • Skin becomes oilier; may get pimples and acne • Sweat glands develop • Wet dreams
Emotional		
<ul style="list-style-type: none"> • Many boys feel: ○ 'I have to be brave and strong all the time - too much pressure!' ○ 'I can't show anyone I feel tender or vulnerable.' 	<ul style="list-style-type: none"> • Their behaviour may be monitored or they may be assigned additional household duties. • For some girls, schooling may end and they may face early marriage 	<ul style="list-style-type: none"> • Moods change quickly • Try to know and understand yourself • Start feeling sexual attraction • Develop own values • Concerned about being normal and fitting in
Social		
<ul style="list-style-type: none"> ○ 'Why do my friends act like I should have sex with a girl to prove myself?' 	<ul style="list-style-type: none"> • Girls may find that their freedom is restricted at puberty. 	<ul style="list-style-type: none"> Start having romantic relationships • Become part of peer groups • Try to look and behave like your peer group • Experience peer pressure • Become more independent from parents and family • Become closer to friends

Myths And Facts About Puberty

A myth is something, which is commonly believed but is not true. There are several myths about puberty, some of which have been passed on from generation to generation.

MYTH	FACT
A girl begins menstruation at the same age her mother did	The onset of menstruation differs from individual to individual. A girl may or may not begin at the same age as her mother
Girls with disability do not menstruate	Disability does not stop menstruation in girls
Menses, as menstruation is often abbreviated, is an illness	Menses is not an illness - quite the opposite! Menstruation is nature's way of cleansing the uterus and protecting a woman's future fertility
Menses makes a girl or woman unclean	As noted above, menses is a natural self-cleansing process. However, once blood is expelled, it can cause body odour, just as sweat does. Therefore, washing oneself and changing menstrual pads is part of menstrual hygiene
A girl should not participate in any activities during her menses	False! Most girls maintain their normal activities while menstruating. However, girls who have menstrual cramps feel irritable or tired.
A missed period means the girl is pregnant (even with no intercourse)	Pregnancy can only occur with sexual intercourse
Wet dreams are initiated by evil forces	Wet dreams (also called nocturnal emissions) occur in boys during puberty. They are a normal part of growing up, though not all boys experience wet dreams. *
Once boys start having erections, they need sex	This makes no sense! Being sexually aroused does not mean one must act on those feelings. Without sex or ejaculation, an erection goes away on its own
Girls with small breasts are not capable of breastfeeding babies	Breast milk is naturally produced by women after they give birth. It has nothing to do with the size of the breast

SESSION TOPIC: BODY IMAGE

LEARNING OBJECTIVE:

By the end of the Session, participants will be able to:

1. Define body image and identify factors which determine our body image.
2. Explain how disability can affect body image.
3. Discuss the misconceptions about beauty as presented in the media.
4. Explain characteristics that determine individual uniqueness.

LEARNING MATERIALS:

- i. Magazines
- ii. Pictures
 - a. (Cuttings from magazines)
- iii. Pictures of various body types.

SESSION GUIDE:

1. a. Definition of body image.
b. Determinants of body image; heredity, health habits, environment, family attitude, peers attitude, education, media.
 2. Unrealistic portrayal in advertisement of people in the media as people being powerful, beautiful and perfect.
 3. Characteristics that determine individual uniqueness – sizes, weight, height, shapes, complexion, intelligence, heredity etc.
1. **Facilitator defines body image** – the way we feel about our body and how those feelings influence the way we present ourselves (also sometimes thought of as self-worth or self-esteem but more focused on our feelings about our body).
2. Participants to develop a collage or large poster with pictures or words that show all the influences on their image especially focused on their body. Help them find pictures or words that reflect environment, disability, heredity, health, family attitudes, media, peer attitudes. Post collage in classroom to refer to.
- Facilitator mentions - Rejection Of People Because Of Disability: Persons with disability or chronic illness have the same needs, feelings and desires as people without disability. They are capable of expressing love to the people they relate with. Yet, they often face negative attitudes from other people.
 - Even family members may treat them with some degree of rejection. This makes it hard for persons with disability to develop confidence and comfort with their bodies. With the right support, persons with disability can learn to accept their disabilities, and derive a sense of pride from their accomplishments. Thus, they can build up confidence in themselves to enable them achieve their dreams of responsible adulthood. Also, they can find gainful employment, fall in love, marry, and have healthy children – just like anyone else!!!

3. Facilitator and the class cut several pictures from magazines of beautiful people advertising beauty or health products, sports men, movie stars. Post in front of class.
4. Ask participants
 - Do the people you love look like the models in advertisements?
 - How does it feel to be teased about our bodies or ridiculed about our appearance?
5. Ask Participants to identify what is not realistic about the people, their bodies, and the portrayal. This may also be done in small groups.
6. Facilitate Consequences Of Negative Body Image: A person who has a negative body image may feel anxious or lack confidence. These feelings may lead such persons to embrace behaviours that make the situation worse. For example, some people develop unhealthy eating habits. Others may get involved in sexual relationships while seeking the assurance that someone finds them attractive. Some people with negative body image may express this discomfort by taking it out on others - ridiculing someone else's body. Of course, none of these responses lead to a better body image.
7. Share tips for Developing A Better Body Image: There are many ways to become more confident and comfortable with your body:
 - a. Know your body and how it works.
 - b. Remember that your body belongs to you.
 - c. Keep in mind that the images in the media are misleading – and talk with others about the harm that can come from viewing such images as an ideal that one must aspire to meet.
 - d. Try to spend time with people who value you for who you are, not for your attractiveness.
 - e. Eat healthy food, get physical exercise, and get proper sleep. Yes, these can improve your body image!
8. Each participant draws a picture of self or writes a story where each student displays uniqueness in body shape, colour, height. It must be presented in a proud manner. In small groups, Participants will share their picture/story with others in group.

KEY TAKEAWAY

All of us can be proud of our bodies. Being comfortable with your body – having a positive body image – enhances self-esteem and confidence. Your body image is influenced by many factors, including the media, your feelings about puberty, and social attitudes about disabilities. If you feel self-conscious about your body, there are steps you can take. It helps to know that most young people experience these seasons of self-doubt. With encouragement, all young people can be comfortable with their physical appearance.

SESSION TOPIC: VALUES

LEARNING OBJECTIVE:

By the end of the Session, participants will be able to:

1. Explain what values are and how they are important
 2. List the major sources of values
 3. identify areas where values may differ
 4. Discuss parental values/expectations
-
1. Explain the meaning of values.
 2. Describe the sources of our values and the factors that influence them.
 3. Discuss how values affect our lives
 4. Name some universally shared human values (human rights).
 5. Discuss differences in individual values
 6. Understand what it means to clarify one's own values.

LEARNING MATERIALS:

- i. Charts showing major sources of values.
- ii. Scenarios of value differences, and value evaluation.
- iii. Agree/disagree signs.

SESSION GUIDE:

1. Facilitator introduces the idea that value are what we believe in. ***'Values' are the principles or qualities we believe are important. They are more long lasting than your 'attitudes' or what you 'like'. For example, you might like a certain type of music this year but feel differently about it next year.***
2. Participants explain how values are important to them. Each student writes privately something he/she values that is an object and something he/she values that is a belief. – mention that “your values – such as a belief in the importance of education, equality, or respect for elders – tend to endure. So, your value system is a core part of who you are and how you live your life. That means your values are pretty important for your happiness”.
3. Brainstorm as a group how we get our values. What are some of the sources of our values?
4. In small groups, have Participants share with each other and record a list of the different values in the group on the following topics: Family, religion, level of education, how to spend money, morals, friendships.
Share – where not mentioned: Where Your Values Come From: Not everyone has the same values. This is because there are many influences on our value systems. Some of the main ways that children learn or develop values are below. As you read, think about what values you learned from each of these sources.

- **Family:** Children learn values primarily from their families. Family members teach values by what they say and by what they do.
 - **Religious teachings:** Influence values too, for example, values around family, community, as well as ideas about behaviour and practices. Not all religions place equal value on the same beliefs or practices.
 - **Community:** Community members and institutions tend to reinforce community as something valuable in itself. Communities often impose rules that reflect the values of their members, particularly their senior members or other powerful people.
 - **School:** Children spend a lot of time in school learning from their teachers.
 - **Peer group:** Adolescents often place value on independence and on acceptance by their peers. They may feel pressured to dress, speak, or behave in a certain way.
 - **Mass media:** Television, the Internet, and other mass media influence our values. For example, television programmes that constantly depict rich people as being happy may lead us to place more value on material things.
 - Sometimes, these different influences give us conflicting messages and we need to think through what our core values are and why.
5. Put up the word “AGREE” on one side of the room and the word DISAGREE on the other side. Read a statement that the Participants must decide how they feel and go to the sign that best describes their value.
- a. Below are some examples:
 - b. Your values help you in making decisions;
 - c. Parents should expect that their children will have the same values as they have;
 - d. Best friends can have different values;
 - e. my family believes that having many children is better;
 - f. my parents believe that boys should have more education than girls;
6. Share the different value scenario Knowing Your Own Values:
- It is important to know your own values. It helps you resist the pressure to follow other people. It makes it easier to consider opposing points of view without feeling confused or manipulated

It is also empowering to know your own values. When you know what you believe and what is important, you can make decisions that you are proud of. It helps you to become the kind of person you want to be. It should be easy to live by your values, but the truth is that sometimes it is hard. Sometimes, others pressure us to go against our values. Sometimes, especially during adolescence, people have internal conflicts over their own values. Whenever you find yourself in a situation where you are not entirely comfortable, it is helpful to stop and clarify your own values. For example:

Scenario one: You usually spend Sunday mornings with your family but someone has offered you a chance to earn money by doing childcare. You have to clarify which value is most important in that situation: 'I value earning money through hard work' vs. 'I value time with my family'.

Scenario two: Imagine that a special friend wants to talk about a problem, but it is the night before an exam and you need to study. You have to weigh the value you place on academic success against the value you place on friendship.

Scenario three: A girl you have a crush on wants to experiment sexually. You value having an intimate relationship and want your mates to admire you for having a girlfriend. But you also value your elders' advice that you are too young for sex, and you value the importance of acting in ways that do not make you uncomfortable. In addition, you value your health and worry that sex could lead to HIV or pregnancy.

Scenario four: Your parents encourage your brother to study hard at school, but tell you that it is more important to cook and clean well and to be prepared for marriage. You value fairness, as well as your own education, but also want to be considered an obedient and well-behaved girl. (Both boys and girls should consider this.) Because life presents new situations all the time, you can expect to continue to reflect on your values as you grow up. The more you clarify your own values, the better you will feel about yourself. As for living in a way that goes against your own values ... well, you can probably think of many things that could go wrong

7. Share some Universal Human Values - In thinking about your own values, it is a big help to know that on the global level, agreements have been reached on some basic values to guide human relations. At the family and community levels too, some basic values are generally accepted as binding on members. Thus we find that:
 - Parents (couples) usually discuss and reach an agreement on shared values for raising their children within a family setting.
 - Religions preach an accepted set of values that is binding on devotees.
 - Governments make laws that reflect certain basic values that make for peaceful co-existence.
 - The nations of the world have agreed on basic principles governing the ways human beings are to relate with each other – this is documented as a Universal Declaration of Human Rights.
 - So, in thinking through the values that you hold and clarifying them now and again, you are following a widely accepted and tested practice.
 -
8. Facilitator guides participants to play the **Value Definition Matching Game – See Handout**

KEY TAKEAWAY

Values are what we cherish and believe in. They are what we hold dear. We get our values from our family, our community and religion, our peers, school, the media, and other sources. Our values affect how we see ourselves and how we treat or respond to other people. When we know our own values and live by them, our self-esteem improves. Only then can we live a life of which we are proud.

The ancient Greek philosopher Philo said: 'Be kind, for everyone you meet is fighting a great battle'. What do you think he meant? How does his comment relate to values of respect and kindness? How might it feel to keep his message in your health today?

Value Definition Matching Game

Some values that many people share include honesty, fairness, equity, respect, dignity, generosity, kindness, responsibility, cooperation, freedom, and tolerance. In the left column below are some commonly held values about human behaviour. Try to draw a line from each value in the left column to the definition or example on the right column.

HUMAN VALUE	DEFINITION OR EXAMPLE OF THE VALUE
1. Honesty	A. Ensuring justice and impartiality in how people are treated, and giving everyone an equal chance
2. Fairness/ Equity	B. Being empathetic and compassionate, as we would want someone to be with us.
3. Respect/ Dignity	C. Accepting that other people are different; rejecting stereotypes about people because they are of a different gender, race, religion, etc
4. Generosity/ Kindness	D. Working together to achieve a shared goal.
5. Responsibility	E. Telling the truth, not stealing or cheating
6. Cooperation	F. Honouring every human being; not using hurtful language; not allowing anyone to abuse or exploit you, either.
7. Tolerance	G. Being accountable for one's work; admitting when you have made a mistake or done something wrong.
8. Humility	H. Modesty; lack of 'pride'

Answer to the Values Definition Matching Game:

1-E. 2-A. 3-F. 4-B. 5-G. 6-D. 7-C. 8-H.

SESSION TOPIC: SELF ESTEEM

LEARNING OBJECTIVE:

By the end of the Session, participants will be able to:

1. Define self-esteem and types of self-esteem.
2. List the factors that influence self-esteem.
3. Describe how self-esteem influences decision-making.
4. List ways of improving self-esteem.

TEACHING AND LEARNING MATERIALS:

1. Scenarios/stories.
2. Posters – portraying effects of High and Low Self Esteem.

SESSION GUIDE:

1. Facilitator request participants to make a list of 5-6 of your strong qualities. These can be talents, personal attributes, or other strengths.
 - a. Below are a few examples ... Are You... Honest? Reliable? Loyal? Polite? Hardworking? Patient? A good friend? Good with children? Intelligent? Sensitive to others' feelings? A good teammate? Respectful to elders?
 - b. Do you have a talent for sports, science, drawing, dancing, singing, or anything else? Do you have courage, creativity or a strong spiritual sense? Are you generous or do you have a great smile?
 - c. After you make your own list, put a star next to a quality that you are especially proud of, or that you think others recognize in you.
 - d. Now make a list of 2-3 of your weaknesses. Be honest, and remember that we all have weaknesses. You can put a check-mark (x) next to the weakness that you want to change.
2. Participants define self-esteem Facilitator encourages them to give examples of what self-esteem might mean in terms of behaviour.- Self-esteem refers to how you feel about yourself. Self-esteem is not an unchanging characteristic of a person. We all go through times when we value ourselves highly – and we all experience periods of self-doubt.
3. Facilitator shares - Our self-esteem changes at different points in our lives. Your self-esteem affects the way you behave and the decisions you make. In turn, the decisions you make and your behaviour can positively or negatively affect your self-esteem. So it's important to get a good cycle going: knowing yourself, valuing yourself making good decisions, and feeling good about yourself. Let's start now....
 - a. The key to feeling good about yourself is to know yourself. This means you need to recognize your strengths and positive qualities as well as your weaknesses (including those you have to live with and those you might be able to change).
 - b. Growing up with healthy self-esteem helps us to be accepted by others and to achieve our goals. People often refer to 'high' or 'low' self-esteem. High self-esteem means that you value yourself. It means you recognize your own strengths, weaknesses, and skills. People with high self-esteem acknowledge their successes and achievements, respond confidently to challenges, and practice positive thinking.

- c. When you have high self-esteem, you are generally satisfied with who you are and what you are doing with your life. Low self-esteem means that you have negative feelings about yourself or doubt your own self-worth.
 - d. People with low self-esteem feel inadequate, helpless, inferior and unable to improve their life situations. Of course, overall self-esteem is often a mix of traits you value and qualities you don't like as much. So it is helpful to think of self-esteem on a spectrum, or a range, which can change over time
4. Participant, helped by the facilitator, write some of the effects of having high/low self-esteem?
How can low self-esteem affect
- a. a young person's decisions about school, sexual activity, or drugs?
 - b. Would you say that a boy who hits his girlfriend has high self-esteem or low self-esteem?
 - c. People sometimes say that "Growing up is not a straight line." What do you think that means?
5. Facilitator ask who/What are the influences Self Esteem
- a. **External Factors That Influence Self-Esteem:** Individuals begin to develop a sense of self-esteem when they are very young. Children who are brought up with love, warmth, and provided supportive feedback in the family are more likely to be more self accepting. Children who receive consistent counsel from parents feel more confident about how to behave. As we grow up and interact with a wider range of people, other people's attitudes and behaviours can also affect our self-esteem. For example:
 - i. A boy who grows up in a family that is loving and supportive but lacks economic resources may have high self-esteem. But when he goes to school he may be teased about his clothes or where he lives.
 - ii. A girl who is respected and cherished in her family may grow up to encounter people who treat her as inferior to boys.
 - iii. A self-respecting child who lives with a physical challenge may face rejection when she or he begins interacting with the wider community.
 - iv. Self-confident children from one culture can grow up to learn that someone from a more privileged group views them as inferior. In other words, a person's self-image is not determined by wealth, gender, physical abilities, or culture. Rather, it is determined by the way other people respond to the said individual based on these characteristics. Often, people respond to others based on socially learned norms that reflect the society in which they live. These social attitudes are reinforced by the media. For example, the media (magazines, television, the Internet) help to form our ideas of what is beautiful, important, powerful, or acceptable in society. If we fit that description, we may feel accepted and thus, confident. If we don't fit that description, we may feel inferior and even worthless.
 - b. **Internal Factors Affecting Self-Esteem** Your self-esteem may be affected by other people, but in the end, you have the most influence. Many people who grow up in difficult circumstances or face unfair discrimination still value themselves. Don't let anyone take away your self-respect. There are many ways to enhance your self-esteem.
 - i. Accept yourself the way you are. Do not compare Self-Esteem yourself to someone else. You are you.
 - ii. identify your strengths and weaknesses.

- iii. Set realistic goals for yourself. Not aiming for anything can make you feel disappointed in yourself. (But feeling like you have to achieve something very difficult and enormous can lead to feelings of failure – not good for self-esteem!).
 - iv. Identify your values and let them guide your behaviour.
 - v. Develop your abilities and be proud of them. You deserve it!
 - vi. Cultivate positive relationships and avoid relationships where you do not feel appreciated for who you are.
 - vii. Ask for help if you are in a relationship that makes you feel very bad about yourself.
 - viii. Select good role models. If you believe in yourself, chances are that you will put in more effort and be willing to try new things. This means you'll be more likely to discover and develop your natural talents and abilities. Accepting and respecting yourself will also attract acceptance and respect from others. Hurray for feeling valued and special! (And for valuing others for their good qualities, too!) Low self-esteem makes us less able to assert ourselves or defend our values and beliefs. As a result, other people's values may be forced on us. You've heard about peer pressure, right? People who lack self-esteem also tend to be unwilling to take responsibility for their actions. They tend to blame others for their failures and make excuses.
- c. Increasing Your Self-Esteem: Here are four ways you can gradually gain confidence and self-regard:
- i. Know yourself: Go back to the THINK ABOUT IT. Take pride in your strengths and positive values
 - ii. Act like yourself: Take action based on the values you have set for yourself. Explore your interests and develop your abilities. Set achievable goals. Take pride in yourself and present your best self.
 - iii. Connect to others: Cultivate positive relationships. Sometimes helping others reminds us that we are needed and valued. Select role models whom you trust and respect. Seek help when it is needed.
 - iv. Be patient and optimistic: Give yourself time to gradually grow into the type of person you want to be. Do not compare yourself to someone else. You are you, and that is pretty amazing.

6. Facilitator ask participants to

- a. Think of a time when you behaved in a way that made you uncomfortable because of social pressure from someone your age. Remember that moment. Did that situation build your self-esteem, or did it leave you feeling less confident? Draw a picture of yourself with a cartoon bubble, and in the bubble, write down what you want to say if you ever found yourself in that situation again.
- b. Think of a time that you made a decision or behaved in a way that you feel very proud of, and that boosted your self-esteem. What quality in you did this decision or behavior demonstrate? Draw another cartoon showing your delight at your achievement!

7. .Optional – Read a story to the group. The story could be about a young girl who starts off the day looking forward to going to school and having a good day. Several things happen to influence her day. When she wakes up, there is nothing to eat and the father tells her that she has to pound

some yam that day and that she is not going to school. Her brother will go to school, because it is important for him to learn things but she should stay at home. She goes out to pound yam and after a few minutes she is yelled at by one of the older girls, that she is not doing it right. She is told that she is worthless and not much help. They tell her to go and take care of the younger children, that maybe she can do that. When she is with the small children, one of them falls and hurts a leg. The mother comes and yells at her because she allowed the child to get hurt.

The group identifies what types of things might make the girl have low self-esteem, or feel badly about herself. (As a girl, she isn't good enough to go to school, she doesn't pound yam right and she is yelled at for that and because a small child got hurt).

The group brainstorms other factors that can also influence our self-esteem. What can cause children to have low self-esteem? What will help improve self-esteem?

KEY TAKEAWAY:

Self-esteem refers to the beliefs or feelings that we have about ourselves. Self-esteem influences our motivation, attitudes, and behaviour. Someone with weak self-worth is more likely to give in to negative pressure or engage in risky behaviour in the hope of gaining acceptance or approval. People with healthy self-esteem know that every part of them is worth caring for and protecting.

SESSION TOPIC: BODY ABUSE

LEARNING OBJECTIVE:

By the end of the Session, participants will be able to:

1. Define body abuse
2. Identify types of body abuse.
3. Identify persons who are likely to commit body abuse
4. Discuss the effects of body abuse.
5. Enumerate what to do in the event of body abuse
6. Enumerate sources of help for abused children
7. Discuss stigmatisation/discrimination against PLWHA.

TEACHING AND LEARNING MATERIALS:

1. Scenario of an abused adolescent
2. Pamphlets on rape – what it is and what to do.
3. Poster on what to do if abused
4. Poster explaining who to contact.
5. Films on PLWHA

SESSION GUIDE:

Facilitator prepares presentation:

1. Definition of body abuse. When one person forces another person or child to have intercourse or perform other acts against his/her will.
2. Types of body abuse:
 - a. **Rape**, by
 - stranger
 - acquaintance
 - marital partner
 - date (friend who takes you out)
 - b. **Incest** – Sexual intercourse
 - between parent and child.
 - between brothers and sisters
 - between cousins (in some cultures, this may not be a taboo), etc.
 - c. **sexual harassment**
 - Touching against one's wish
 - Verbal suggestions of a sexual nature
 - indecent exposure
3. persons likely to commit body abuse:- Neighbours, strangers, friends, relations, classmates, colleagues, teacher, parents, etc.
4. Effects of body abuse:
 - Depression
 - Social stigma
 - Fear
 - Sexual problem
 - Loss of trust
 - Physical trauma
 - Unwanted pregnancy

- Sexuality Transmitted Diseases
5. What to do in the event of body abuse:
 - Leave the scene immediately to a safe place
 - Report to a trusted adult immediately
 - Do not remove your clothes or clean your body before doctor's examination.
 - Go and get examined for evidence to press legal charges
 - Remember it is never the fault of the child. The adult knows he/she is violating the child's rights.
 6. Sources of help for those who are abused
 - Parents
 - A trusted adult,
 - Medical personnel
 - Police
 - Youth-friendly NGOs
 - Human rights NGOs
 7. Effects of stigmatisation of discrimination on
 - a. PLWHA
 - b. Society

1. Class to read a story created by the Facilitator to show an example of body abuse. Ask class to note the important messages about body abuse. After the story, discuss the following questions:

- was the abuser a stranger or someone known to the victim?
- What feelings did the victim have?
- Did abuse involve touching?
- What kind of trick or force was used?
- What undue advantage did the abuser have?

2. Discuss the various types of body abuse – place a chart on chalk board and fill the types in under rape, incest and harassment.

3. Facilitator to read out myths and facts cards which contain the following statements:

- Rape and sexual intercourse are often the same thing (false – rape is experienced as an act of violence)
- a husband cannot rape his wife (false – anyone can rape and force someone)
- if a brother and sister have sexual intercourse it is rape/incest (true)
- an acquaintance cannot rape (false)
- add other myths common in your community
- it is never your fault if someone abuses you (true)
- you may get pregnant or contract a disease from a rape, (true)
- sexual abuse can cause you to lose trust self-confidence and self-esteem (true). participants to state whether each statement is true or false.

5. Read a scenario and ask Participants to determine if each one is abused or not. Some examples may be -

- a close family friend visits your house and keeps trying to kiss you (Yes)
- at the market or shop, a friend's father touches your breast (Yes)
- Your cousin or other relative visits for the weekend and climbs into your bed trying to force you to

have sexual intercourse (yes)
-on a date you are kissed (no,unless it is forced on you.

6. After discussion explain what the child should do, after abuse.

7. (a) Participants should identify the Human Rights NGOs around them and other people to talk to if there has been an incident of body abuse.

(b) Take a field trip to a Human Rights NGOs and learn what to do in the event of abuse and who to tell. Explain that deciding whether to tell is a difficult decision. We are afraid that we won't be believed or that we will get into trouble. Have Participants weigh the Pros and Cons of each option. Tell parents or other family members, tell an adult you trust outside the family, tell the police, tell a friend, tell no one. Give advantages and disadvantages of each course of action.

KEY TAKEAWAY

Any act that causes physical, emotional, or psychological pain or harmful changes in the sexual body. Also known as body abuse. Forcing a person to have sexual intercourse or other intimate acts against their will. You have the right to tell others not to touch your body when you do not want to be touched. Even children have these rights. (Of course, sometimes it is appropriate for an adult to look at or touch a child's body.

SESSION TOPIC: ASSESTIVENESS

LEARNING OBJECTIVE:

By the end of the Session, participants will be able to:

1. Define what Assertiveness is
2. Explain what assertiveness is not.
3. Explain the benefits of being Assertive
4. Describe factors that make it difficult to be assertive.
5. Identify and practice assertiveness skills

LEARNING MATERIALS:

1. Charts/films on assertiveness skills
2. Posters depicting assertiveness.
3. Powerpoint presentation on Assertiveness

SESSION GUIDE::

1. Facilitator reminds the participants that being assertive means standing up for what we want or believe in but we are often discouraged from being assertive in our culture. (Often we are expected to be passive and not express anything. Then when we feel angry with that we get aggressive and react too strongly making the other person feel attacked).
2. Facilitators clarifies that Assertiveness is not: Being violent, Being aggressive, Being rude, Being abusive, Being disrespectful, Being a bully, etc. participants can role play these behaviours
 1. Facilitator presents on Assertiveness skills:
 - taking a position
 - repeating one's position, offering a compromise
 - standing up for oneself without showing disrespect for others
 - ability to say no without resorting to violence, rudeness, etc
 - self conviction
 2. Importance of assertiveness:
 - getting what he/she wants
 - makes one avoid exploitation
 - makes one feel better when someone knows how one feels
 - make people respect you
3. Describe a situation and have participants describe the passive way to resolve it. The aggressive way and finally the assertive way.
 - Example 1: while you are eating one of your friends grabs some of your food even though you have not had anything to eat all day and are very hungry
 - Example 2: the conversation between a boy and girl below shows assertiveness.
 - **Dare:** You know you are my friend; I want you to leave school with me before school closes.

- **Dolapo:** Why?
- **Dare:** To watch TV and play video games.
- **Dolapo:** Sorry, I will not do that.
- **Dare:** Why?
- **Dolapo:** My parents would frown at it and I don't want to be a dropout.
- **Dare:** But we will be careful. No one will see us.
- **Dolapo:** I am still not interested.
- **Dare:** If you are my friend, you will come with me.
- **Dolapo:** That is not the only way to show friendship.
- **Dare:** To me, that is the only way.
- **Dolapo:** Then you better choose another friend..

4. Participants demonstrate how to communicate feeling and needs, while respecting the rights of others.

5. Participants brainstorm why it is important for us all to be assertive, even children. (Note that children are not always allowed to be assertive and this may be new to them.) facilitator shares if not mentioned:

- Importance of assertiveness:
 - getting what he/she wants
 - makes one avoid exploitation
 - makes one feel better when someone knows how one feels
 - make people respect you

6. Prepare one group to demonstrate an example of assertiveness skills that children need to practice, especially with someone who may try to exploit them. They should demonstrate for the class. Then have participants in pairs, practice being assertive when someone wants them to do something they know they shouldn't or don't want to do. Have each group demonstrate their role-play to the whole class,

7. Brainstorm some of the possible negative outcomes of being assertive. Make sure Participants realize that assertiveness is not always valued and that there may be some negative outcomes when we are assertive. Facilitator includes

Possible negative outcomes of being assertive:

- a) Getting into trouble
- b) Causing a fight
- c) Punishment by authority figures (e.g. Parents/teachers)
- d) Culture may sanction beliefs

8. Facilitator shares the Benefit of Assertiveness

- Asserting yourself can make a big difference. Learning to be assertive can also help you to meet your own goals. For example, you can learn to tell a teacher you'd like a special responsibility. You can clearly communicate a request to a friend or family member.
- Being assertive can also help you to resist pressure to do something you do not want to do. This may be resisting peer pressure to skip your homework. It may be knowing what to say and do if

you experience sexual harassment and actually taking concrete actions. It can also help you to avoid or resist pressure from someone who tries to force you to have sex. It may be refusing to go along with teasing or making fun of someone who is different.

- Practicing Basic Assertiveness Skills using The 'ASSERT' Formula
 - **A - Attention:** Get the other person to agree to listen to you. Find the right time, place, or method that helps him/her focus.
 - **S - Soon, simple and short: **Speak up**** (when possible), as soon as your rights have been violated. Look the person in the eye and keep your comments focused on the important points.
 - **S - Specific Behaviour:** Focus on the behaviour that compromised your rights, not on the person. Tell the person exactly what behaviour disturbed you.
 - **E - 'Effect on me'.** Share the feelings you experienced as a result of the person's behaviour. 'I get angry when...' 'I get frustrated when...' (NOT 'you did this to me'.)
 - **R - Response:** Describe your preferred outcome; what you would like to see happen instead, and ask for some feedback on it.
 - **T - Terms:** If all goes well, you may reach an agreement on how to handle the situation in future, agree to disagree, or simply come to a compromise. Even if no agreement is reached, you would have asserted yourself with dignity.

- People tend to admire others who are assertive and respectful. Assertive individuals are more likely to have honest relationships and to achieve what they want.

KEY TAKEAWAY:

Assertiveness is the act of expressing your beliefs, feelings, and needs without violating the rights of other people. Assertiveness is not the same as aggressiveness or manipulation.

Being assertive has many advantages; for example, it can help you to feel respected and safe. However, certain factors such as culture and gender roles may make it difficult for individuals to be assertive. Everyone can learn to be more assertive.

SESSION TOPIC: NEGOTIATION

LEARNING OBJECTIVE:

By the end of the Session, participants will be able to:

1. Define negotiation
2. Give examples of situations that may need negotiation
3. Enumerate factors that influence negotiation.
4. Apply negotiation skills and refusal skills.
5. Discuss the advantages of negotiation.

LEARNING MATERIALS:

1. Stories / films on different situations requiring negotiation
2. Posters/charts with skills on negotiation

SESSION GUIDE

1. Participants identify specific situations requiring negotiation in their present school or present stage of life. Facilitator shares if not included:
 - Situations that may need negotiation:
 - the club to join,
 - the parties to attend,
 - peers to move with etc
2. Facilitator teaches the Definition and examples of negotiation: Negotiation is an interactive process between two or more people. It involves solving problems creatively to prevent or settle a disagreement without giving up on your original position or ideas. (This is as long as your position does not violate another person's basic rights).
3. Class discussion factors that influence negotiation. Factors that influence negotiation upholding one's values, maintaining one's self-esteem, discussion, communication, tolerance, education, individual rights, appropriate information and skills, the rights of others; empathy; creative compromise (balance refusal with worthwhile suggestions); Power; Skills etc.
4. (a) Brainstorm the application of negotiation and refusal skills:
 - State your position clearly
 - give clear reasons for your own choice.
 - provide alternative suggestions that both might agree to but that does not compromise your own values
 - discuss your own feelings and continue to talk it out, listening to the other person.(b) Participants select one of the examples of situations that need negotiation provided in activity 1.
(c) A small group of participants practice acting it out, using the skills of negotiation. Members of the class can help them by Making suggestions when they get stuck.
4. (a) Participants work in groups, each group developing a story that describes a situation where people have a conflict.

In the story have them attempt to solve the problem through negotiation. At the end of the story have them explain why it is important that we all learn to negotiate.

(b) Participants share their stories with the whole class.
5. Brainstorm in the larger class, after reading the stories written above, the advantages of negotiation.

Advantages of negotiation:

- a. Enhances personal development and social harmony.
- b. Promotes positive interaction, cooperation during team games, sharing, group work/class activities etc.
- c. Promotes understanding
- d. Enables one to listen to concerns of others, their opinions and feelings.
- e. Promotes tolerance
- f. Enhances ability for sharing
- g. A means of dealing with conflict or disagreement.
- h. Promotes acceptance of responsibilities and its practice etc.
- i. promotes abstinence
- j. protects against HIV/AIDS
- k. delay marriage

6. Facilitator shares the six steps

1. 'I want ___': State your position using 'I' statements. Try to be very specific about what you want or need.
2. 'You want ___': Ask the other person to use 'I' statements to say what he or she wants. If the person does not use 'I' statements, ask him or her to do so.
3. Listen Carefully!: Don't think that you already know everything that the other person is thinking or feeling. There are two reasons to listen as carefully as you can. First, this is your chance to try to find something you can agree with and offer to compromise on. And second, we all want to feel 'heard' – it helps just to let the other person know that you care about their feelings and ideas
4. Debate: Re-state each other's positions to be sure they are well understood. You must know how to control the emotions that may cloud the discussion. You must identify the emotions and try to keep them aside. Say 'No' effectively to unsafe behavior using appropriate assertive and communication skills.
5. Bargaining: Ideally, both parties gain something at the end of the bargaining. So it's important to state what point is the most important to you, and which point you might let go. Look for a compromise that both persons can feel comfortable with. You can be creative.
6. Agreement: Agree on a solution. Try it out and if it does not work, start the process all over or both parties should go their separate ways.

Possible Story to use:

Musa And Amaka

Musa, who already finished Senior Secondary School, has invited Amaka to a nearby party. Amaka, who is two years younger, is very nervous. She has had a crush on Musa for a while. As they walk to the party, Amaka sees that Musa has beer cans with him. She feels even more nervous. They get to the party and Musa pours a beer for Amaka. Amaka thinks maybe she should not say anything, since she doesn't want Musa to think she's a baby. She starts to take a sip. Then she remembers what she learned about negotiation. Amaka and Musa face their disagreement and, in the end, negotiate it effectively, using the following six steps in negotiation:

Identified negotiation steps in the conversation:

Amaka: 'I don't want to drink this. I am really happy to be here with you, but I am too young to drink. I hope you are able to understand my feelings.'

Musa: 'Just have one glass. It will relax you. Then we can really enjoy ourselves.'

Amaka: 'I already told you how I feel; I want to know how you feel. Start with the word 'I'.'

Musa: 'Okay. I really like you. I want us both to let our guard down, and to be closer in every way.'

Amaka: 'It means a lot to me that you want to be close.' (Amaka takes a deep breath and looks Musa

right in the eye.) 'I want to be at this party with you. But I don't want to drink. I would feel bad if I drank because I know I am too young. I know that sometimes girls get involved with sex after they drink. And I don't want that either. I think you want to be with me, and you want me not to be so nervous, right?'

Musa: 'Exactly. I think it would be fine if you had just one beer.'

Amaka: 'You're right. I want to relax, so we can enjoy our time here and get to know each other better. I don't want to drink alcohol, that is for sure! But it would help me relax to learn more about you. I know you are a musician. Tell me more about that.'

Musa: (Musa pauses and sighs. He recognizes he may not be able to romance

Amaka so quickly, but realizes that he really likes her.) 'Talking about my music might help you relax, but I still want to finish my beer. Okay?'

Amaka: 'I don't love the idea, but it is a small cup. And we are walking home later, so I guess it will not be a danger. But I don't want to be with you if you are going to keep drinking. And if you offer me alcohol again, I will go home.'

Musa: 'Okay, thanks for telling me what you think. I sure don't want you to leave!'

Musa kept his promise. He and Amaka talked all evening. He learned that Amaka loves to sing.

The next time they saw each other, Musa played music and Amaka sang. Alcohol didn't enter into the conversation.

KEY TAKEAWAY

Negotiation is an interactive process between two or more parties. It involves competing for beneficial results, but looking for agreement by open discussion and a willingness to compromise on issues that are less important.

If you know your values, you may want to make small changes in your position on some things while still holding your ground clearly on what is most important. When young people learn to negotiate better, they are better able to protect themselves from unsafe and unwanted sex. They also can develop better relationships built on honest communication. If adults all learned to negotiate, just think how much more peaceful the world would be!

SESSION TOPIC: DECISION MAKING

LEARNING OBJECTIVE:

By the end of the Session, participants will be able to:

1. Define decisionmaking
2. Describe the advantages of rational decisionmaking.
3. State the procedurefor rational decisionmaking.
4. Enumerate factorsthat may influencedecisions.
5. Identify situations when decision making is required.
6. Mention those people thatmay be influenced by our decisions.
7. Describe various ways ofimproving decision making skills.

LEARNING MATERIALS:

1. Posters/charts of decision-making steps.

SESSION GUIDE:

1. Facilitator introduces the idea that we make decisionsdaily. Participants define decision-making.
2. Facilitators has prepared power point on:
 - Definition of decision making – the act of makingup one’s mind
 - Advantages of rational decision-making (Revision)
 - can reach our goals
 - helps us avoid trouble
 - Makes us feel good
 - People advise us.
 - Procedure for rationaldecision making.
 - a. Define the problem
 - b. Consider allalternatives
 - c. Consider all the possible consequences ofeach alternative
 - d. Choose the actionthat you believe will have the best outcome.
 - e. Consider familyand personal values
 - f. Think about how adecision will affectother people.
 - g. Implement thedecision.
 - Factors that influencedecision making: Religion, Family, Society, Culture, Government policy, Environment, Science and technology, Climate, Foreign influence, the Media, Peers/friends, values, resources
 - Situations requiring decision-making:
 - When choosing acareer
 - When choosing apartner
 - In choosing family size
 - When choosing ahobby
 - In terminating undesirable behaviour (stealing, telling lies, loitering, truancy etc.
 - Those that our decisions mayinfluence: partners, family members, neighbours, friends, individual making the decision, the society.
- How to improve decision-making skills.
 - a) Check your feelings, values andgoals.
 - b) Ask adults and trusted, experienced people for advice
 - c) Gather lots of information

- d) Reevaluate the procedure
- e) Make decision for self
- f) Practice making decisions

3. Brainstorm some advantages of making rational decisions.

4. a. Divide participants into groups.

b. Give each group a sample problem. (Examples of problems: a friend asks you to smoke a cigarette, you don't know if you should, or your family needs you to work but you want to join a sports club).

c. Each group lists the steps to be followed in decision making

d. Have the entire group solve the problem going through each of the steps together.

4. Have the groups make a list of factors that influence decisions. The group with the longest correct list will be the winner (give an appropriate reward).

5. a. Help the participants to enumerate the decisions they made that day and how they arrived at those decisions

b. As decisions are verbalized write them on the board. Tell them that all the decisions they are making whether small or big, follow the same procedure.

c. Can you think and share of a decision you regret?

d. What are some of the most important decisions facing a young person with disability ?

6. a. Groups continue working together and each is responsible for role-play/dramatization of a situation where one's decision influences other people. Each group presents their drama for the class.

b. Summarize at the end, all the people who get influenced by our decisions.

7. Facilitator summarizes the various ways we can improve our ability to make decisions.

KEY TAKEAWAY

When we make decisions, we select a course of action among alternatives. Making decisions helps us to reach our goals and avoid trouble. When we make a thoughtful decision, we feel more satisfied and in the end we are happier.

There are steps to follow to make a thoughtful decision. Anyone can learn these steps and practice them. There may be barriers in making and implementing decisions but many times these barriers can be overcome. Being aware of our own values and our feelings can help us to make difficult decisions.

SESSION TOPIC: SEXUALLY TRANSMITTED INFECTION (STIS)

LEARNING OBJECTIVE:

By the end of the Session, participants will be able to:

1. define STIs and HIV/AIDS
2. name different types of STIs
3. List the Signs & Symptoms of AIDS
4. describe modes of transmission of STIs, HIV
5. list ways in which HIV is not transmitted.
6. identify the effects of HIV/AIDS
7. enumerate the effects of STIs

LEARNING MATERIALS:

1. Posters, Pictures, Films that introduce STDs and HIV/AIDS
2. Poster-listing modes of transmission.
3. Three cards labelled, High Risk, No Risk also cards with various behaviours written on each card. H = High Risk
L = Low Risk N = No Risk
Charts containing the following behaviours
4. Coloured / painted pebbles in red, blue, green, yellow
 - Posters
 - Pictures of infected people
 - Film on PLWA.
5. Films on effects of HIV/AIDS
6. Invited Guest Speaker

SESSION GUIDE:

- A. Facilitator prepares a presentation containing:
 1. a. Definition of STIs, HIV/AIDS
 2. Types of STIs include:
 - Chlamydia
 - Gonorrhoea
 - Herpes
 - Syphilis
 - Chancroids
 - Genital warts
 - HIV/AIDS
 - Candidiasis
 - Trichomoniasis
 3. Signs and symptoms of AIDS
 - Prolonged cough
 - Prolonged diarrhoea,
 - Unexplained weight loss
 - Loss of appetite
 - Prolonged malaria
 - Rashes etc.

4. Modes of transmitting STI/HIV:
 - ❑ Through unprotected sexual intercourse (STI/HIV)
 - ❑ From infected mother to her baby (STI/HIV)
 - ❑ Transfusion of infected (unscreened blood) (STI/HIV)
 - ❑ Use of contaminated sharp/cutting objects like razor blades, syringes, (HIV) barbers clippers etc.
5. Ways in which HIV not transmitted
 - ❑ Handshake
 - ❑ Eating
 - ❑ Sharing clothes
 - ❑ Sleeping with them
 - ❑ Swimming.
6. Symptoms/effects of HIV:
 - ❑ Damages the body's immune system
 - ❑ Makes the body incapable of fighting off infection and cancers.
 - ❑ Chronic diarrhoea, tumors, emaciation and/or nervous system damage
 - ❑ Likely death as a result of secondary infection
7. Symptoms and effects of STIs:
 - ❑ Burning sensation when urinating
 - ❑ Irritating discharge
 - ❑ Blisters and sores on genitals that may recur
 - ❑ Infection of reproductive organs.
8. Charts on risky behaviours
9. Charts on modes of prevention
10. Guest speaker Shares

Process:

1. Facilitator to explain that STI stands for sexually transmitted infections while HIV stands for Human immuno-deficiency virus and AIDS stands for Acquired immune Deficiency Syndrome.
2. Class conducts research on diseases that are sexually transmitted and discussed findings.
3. Facilitator explains signs and symptoms
 - ❑ Facilitator shows pictures of infected people,
 - ❑ Where available Facilitator shows a film on PLWA i.e. people living with AIDS
4. Guest lecture by a medical provider on modes of transmitting STIs and HIV.
5. Facilitator explains through posters ways HIV/AIDS is not transmitted.
6. Facilitator to put up signs of High risk (H) Low Risk (L) No Risk (N) in front of the class. Organise participants into small groups of 5 – 8 and give them several behaviour cards. For example:-
 - (H) – Unprotected sexual intercourse
 - (N) – Kissing on the cheek
 - (H) – having unprotected intercourse with many people
 - (H) – sharing a needle to pierce body
 - (L) – Using someone's towel
 - (N) – Holding hand
 - (L) – Deep kissing Facilitator ask them to place the behaviour under the appropriate risk sign and discuss them.
7. STI/HIV Transmission Game Facilitator gives each student a handful of different coloured pebbles.

One student will be given mostly redones, others will have yellow, green or blue. Participants area to go to each other and trade Pebbles, after a few minutes stop the game. Ask participants to pretend that each person they exchange pebbles with, they had sexual intercourse with.

Have each person who now has a red pebble stand. They are to realize that if they had intercourse, the red pebble was a disease. All those with red pebbles are now infected. Now, if they have more yellow pebbles than any other colour, they may have used a condom and prevented getting the diseases. If they have more blue colour, they may have abstained from intercourse and didn't even really get a red pebble. Have student talk about how they easily got these diseases and spread them around.

8. Facilitator explains risky behaviours to participants

- ❑ Participants give examples of risky behaviours
- ❑ Facilitator shows participants the chart on risky behaviour.
- ❑ Brainstorming session on ways of helping the infected and affected.
- ❑ A talk by someone living with HIV/AIDS (network)

KEY TAKE AWAY

Sexually Transmitted Infections (STIs) are infections passed primarily by sexual contact with an infected person. Different organisms (such as bacteria, viruses, etc.) may cause an STI.

SESSION TOPIC: FINDING HELP

LEARNING OBJECTIVE:

By the end of the Session, participants will be able to:

1. Explain the word help
2. Identify children and family problems that may require help
3. Identify people who can help
4. Discuss the skills necessary when seeking help
5. Discuss the skills necessary for helping others.
6. Explain the steps involved in asking for help and apply to sample scenarios

LEARNING MATERIALS:

1. Posters/Stories
2. Posters of people who can help.
3. Posters on skills necessary for helping each other. Worksheets.

SESSION GUIDE:

1. 1. Participants describe various situations in which they need help and the nature of the help. Facilitator can share identified human problems: a. Children's problems. Relationships, emotional problems school problems, health problems, educational problems, lack of food, shelter etc. b. Family problems: (divorce & separation, alcohol, drugs, financial, relationship, loss of home, violence, bereavement).

- Possible people who can help: parents/guardians, health professionals, adults, friends, religious leaders, law enforcement agents, social workers, counsellors, adolescent focused NGOs etc.
- Skills necessary when seeking help include Good communication skills (verbal and non-verbal skills like Politeness, etc)

Divide participants into small groups. Give each group a scenario that describes a child of their age in any kind of trouble.. The group should discuss the various places that the person in this situation might go for help, and what kind of help they might need. Examples may be:

- Tanko can't live with his family any more because they no longer have a house. It was burned down and now the family just lives on the street;
- Ada has an uncle who has been sexually molesting her. She thinks she may be pregnant.
- Dayo lives at home with 9 brothers and sisters. There is no place for her to study for school and many days there is no food to eat; (Facilitators should create others that may help participants in their classes find help)

2. Ask each group presents their scenario to the class discuss as a group how that person would then go about getting help.

They can identify the person or the agency and then what they need to do to get help, and in what form they might expect the help to be. Facilitator should give information or bring in people from agencies who can answer the questions

3. Participants role-play in front of the class a friend who is approached by one of her/his friends for help. Encourage participants to be good listeners, show empathy, not to judge, and try to help them with the problem. (They do not have to take them into their house but can offer other suggestions that might help them out as well).

4. Participants list and critique the steps to be taken when looking for help. Facilitator shares

- . Steps to be taken in asking for help:
 - identification of problem
 - definition of problem
 - identification of people or places that can provide help
 - selection of and consultation with person(s) who can help
 - evaluation of the help given

5. Facilitator reads or tells a story where participants identify the skills used by a person in the story who was helpful in solving a problem or in offering help. Facilitator can add

Skills necessary for helping others:

- Ensuring conducive atmosphere (friendliness, sense of security etc)
- Good listening ability
- Empathy
- Non-judgmental attitude
- Advice/counselling
- Follow-up

6. Facilitator again reads a story and participants identify the appropriate steps taken in asking for help or solving the problem.

KEY TAKEAWAY:

At one time or another, every individual will probably need assistance in coping with changes in life circumstances or the environment. Often, parents and other family members can provide help. At other times, more professional help may be needed from counsellors, teachers, health practitioners or other specialised institutions.

There is no shame in seeking help for a situation that seems too difficult or overwhelming to handle alone. In fact, it is a smart thing to do.

SESSION TOPIC : ABSTINENCE

LEARNING OBJECTIVE:

By the end of the Session, participants will be able to:

1. Define abstinence in their own words
2. List the facts and myths about abstinence
3. Enumerate reasons for abstinence

LEARNING MATERIALS:

1. Posters on why people abstain from sex
2. Worksheets on facts and myths

SESSION GUIDE:

1. (a) Participants explain what abstinence means, – not engaging in sexual intercourse
(b) Facilitator summarizes that abstinence is not engaging in sexual intercourse.
2. Facilitator lists some of the myths about abstinence:
 - a. leads to smaller testicles and other medical disorders (myth) (it is healthy and we don't get pregnant)
 - b. causes people to go crazy (myth) (there are many ways to relieve sexual tension)
 - c. leads to small breasts (myth) (breast size is inherited)
 - d. Add any other myths.
3. a. Participants brainstorm why young people may choose to have sex (curiosity, to prove maturity, it feels good, to be loved, to get out of home, they think everyone else is doing it, drunk, bored, to prove love, peer pressure)
b. Brainstorm why some young people choose not to have sex (Not ready, not ready to be a parent, fear of STD/HIV, emotional, religious)

Reasons for Abstinence:

- not ready to be a parent
- finish education
- lack of resources
- ill health
- not emotionally ready
- cultural attitude
- fear of STI/HIV
- religious beliefs, etc.

KEY TAKEAWAY

Sexual abstinence means refraining from and avoiding all forms of intimate shared sexual activity. There are many benefits of abstinence, including the fact that it is the only sure way to protect against unintended pregnancy and STIs, including HIV. Young People have many other important reasons for abstaining. Some young people do end up engaging in sex – girls and boys usually have different reasons for this - but in all cases, it is usually in hopes of meeting some other need. There are some steps you can

take to help you set a course that will protect your decision to abstain and will keep you healthy and safe.

SESSION TOPIC 3: FAMILIES

LEARNING OBJECTIVE:

By the end of the Session, participants will be able to:

1. define the term family and explain the types
2. discuss the responsibilities of members of the family and the rights of the child.
3. identify changes that may affect the family and the feelings these changes may cause.
4. discuss the factors that enhance good family relationship.

LEARNING MATERIALS:

1. Pictures of various types of families
2. Posters of family members doing work of various kinds.
3. Family traditions symbols
4. Poster of disabled person (adult) with a family

SESSION GUIDE:

1. Class discussion on what they consider family to be, its members, and the many types of families.
Family members – father, mother, children, uncle, aunt, grandparents etc.
2. a. Participants are to list the responsibilities of family members and the rights of the child
b. Class to discuss the responsibilities of family members and the rights of the child, Facilitator can add the following
2.(a) Responsibilities of the members of the family
b. Raising a child is one of the most important responsibilities of a family
c. Families help members to acquire positive values and to distinguish between positive and negative values.
d. Members of a family love one another, they sometimes disagree but continue to love one another.
e. Families provide emotional, psychological, moral and other support to members.
f. Families play an important role in personality development.
g. Providing food, clothing, shelter is a major role, too
h. Help carry on family traditions;
i. Rights of the child, education, medical care, shelter etc.
4. Participants to study and internalise the rights of the child.
5. Facilitator assigns participants to ask family to help them prepare a family tradition to share in class. The participants discuss something special the family does or did. Participants may also bring in an activity that represents the family like a family dance, song, or food.
3. Facilitator ask participants brainstorm as a group, finishing each of the following statements with as many ideas as they have
Helps participants focus on how change affects various family members, how it changes responsibilities.
 - The best thing about a family is...
 - Children need families because...
 - Changes in families occur when...

- Change in a family can make people feel...

4.(a) Facilitator begins telling this story:

As a young child I remember sitting around the fire with my grandparents. They used to tell me that the most important things in life are: (share some of the content of 4 with the class) Honestly, respect, fairness etc.

(b) Facilitator to have the group brainstorm some of the most important things that their families believe in and want to pass on. Encourage the group to list values, traditions, commitments that are most important in their own family.

(c) Factors that enhance good family relationship

- Effective communication
- Encouragement of positive values
- Respect for individual rights respecting the rights of the child
- Good conflict resolution strategies
- Involvement of the child in decision making
- Love and care for each other
- Honesty
- Commitment and hard work.

(d) Facilitator to summarize by stating that good family relationships are enhanced when there is communication, encouragement, respect of the rights of adults AND children etc in which all family members are involved.

KEY TAKEAWAY:

We look to the family for emotional, material, moral, and other social support. Everyone in the family has a role. Families vary in terms of their structure or composition. Children learn what is 'normal', including 'normal' gender roles, from their families. Some families embrace gender equality between the parents and treat their sons and daughters equally; other families treat boys and girls unequally. Some of the factors that contribute to a good family life include modelling positive values, mutual respect, gender equality, cooperation, non-violent conflict resolution, honesty, and effective communication.

SESSION TOPIC 3: FRIENDSHIP

LEARNING OBJECTIVE:

By the end of the Session, participants will be able to:

1. Describe what determines choice of friends and types of friendship
2. Discuss the importance of friendship
3. Describe and state how to apply the various friendship skills.
4. Enumerate reasons for terminating friendships
5. Handle negative peer pressure

LEARNING MATERIALS:

1. State 2 types of friendship.
2. List 3 importance of friendship.
3. Write one page essay on the ways to terminate friendship.
4. Give 2 reasons why friendship may need to end.
5. Write 2 sentences on how to resist negative peer pressure.

SESSION GUIDE:

1. (a) Facilitator to discuss choice of friends
 1. What determines choice of friend
 - Similarity of values and interests, background, age, gender etc.
 - Types of friendship
 - friendship between people of opposite sex, among the same sex.
2. importance of friendship – promotes self-esteem, self-confidence, feeling of being normal, enjoyment, fun sharing and caring, companionship etc.
 - (b) Participants to write poem/essay on “my friend” expressing what they like about their friends. Have Participants draw a picture of one of their friend. Show in the picture what draws them to this friend (playing football together, meeting in the school yard to talk). Each student will then show their picture and describe how it shows the type of friendship they have with this person.
3. Facilitator to discuss with participants the importance of friendships. (self-esteem, having fun, feeling normal, having someone who understands)
4. Have a group brainstorm on what we need to do to make and keep friends. Write on the Board: skills for Friendship. Then have Participants describe some of the things they have discovered that help them make friends and keep friends. Write them on Board under the heading skills for friendship.
5. (a) In small groups or pairs, have the participants work together to come up with several reasons why a friendship could be terminated
 - (b) Discussion of the above activity.
6. Working in pairs or groups) generate several ways that someone can handle negative peer pressure. Each group reports its findings to the class. Facilitator summarizes the most important ideas the groups stated.

KEY TAKEAWAY:

Friendship is a warm and intimate relationship with someone, one likes and trusts. Having friends boosts our self-esteem, provides companionship, pleasure, personal growth, and understanding. However, some friendships are not beneficial and may need to be stopped.

SESSION TOPIC : FALIING IN LOVE (HANDLING EMOTIONAL MATTERS)

LEARNING OBJECTIVE:

By the end of the Session, participants will be able to:

1. define love and identify loving behaviours.
2. enumerate ways of expressing loving behaviours.
3. explain various modes of enhancing loving relationships.

LEARNING MATERIALS:

1. Picture depicting love
2. Poster of qualities of love or ways of expressing love.

SESSION GUIDE:

1. (a) Discussion on loving behaviour
(b) Have each student draw a large heart on a piece of paper. Inside the heart write LOVE in large letters.

Underneath the heart on the outside of that heart they are to list all the loving behaviours that must be there e.g. (respect, trust, passion, etc.)

- 2.(a) Facilitator to discuss the various ways of expressing loving behaviours.
(b) inside the drawing of the heart have them write all the different ways love can be expressed.
3. Discuss various modes of enhancing loving relationship.

KEY TAKEAWAY:

Love is a feeling of deep affection. There are different types of love, starting with love for oneself. Adolescents typically become curious about romantic love and have questions about the differences between 'falling in love', jealousy, and true (complete) love.

TOPIC: RELATIONSHIPS WITHIN THE LARGER SOCIETY

LEARNING OBJECTIVE:

By the end of the Session, participants will be able to:

1. Discuss the relationship between them and the people they come across in the society/ community
2. Explain ways of relating with people in the society.

LEARNING MATERIALS:

1. Posters depicting various persons in the society.
2. Show films to participants showing people performing their daily activities.

SESSION GUIDE::

1. Facilitator to explain to participants that we have many types of relationships with people. Relationships are defined as our connection to people. Some people are closer to us than others.
2. Facilitator shares
 - People in the larger society:
 - Teachers
 - Church / mosque members
 - Family friends
 - Peers
 - Service providers
 - Gardener etc.
3. Ask participants to list the various people that we come across in the larger society other than our family members. (teachers, church/mosque members, family friends, peers, service providers, traders etc) Stress that we may have a different relationship with each of these people than we have with our own family members.
4. Ways of relating with people
 - Being polite, courteous
 - Being helpful
 - Being assertive
 - Being able to assess situations & take adequate decisions
 - Possession of effective communication skills
 - Respect for other people's rights
 - Tolerance etc.
5. Facilitators to discuss ways of relating with people in the society.

KEY TAKEAWAY

Everyone wants friendship, acceptance and love. Relationships, therefore, play a central role throughout our lives. As you grow, you will engage in a wider range of relationships. To have relationships that are satisfying and safe, you must know how to keep yourself safe. It is never acceptable to exploit another person.

Sexual advances towards young girls are some of the most common forms of exploitation. Unfortunately, though people know this is wrong, many tolerate it. To stop such exploitation, it is not

enough to take individual responsibility for your behaviour. Everyone has a role in changing negative gender norms.

SESSION TOPIC: SEXUALITY AND CULTURAL NORMS

LEARNING OBJECTIVE:

By the end of the Session, participants will be able to:

1. Define the term cultural norms and taboos
2. Identify cultural norms and taboos
3. Identify acceptable societal norms

TEACHING AND LEARNING MATERIALS:

1. Pictures on sexuality as portrayed by culture
2. Posters / charts depicting Nigerian taboos / norms about sexuality.

SESSION GUIDE:

1. Class to discuss various examples of Nigerian norms and taboos on sexuality as listed under content.
 1. Definition of cultural norms and taboos: An authoritative standard; a principle of right action binding up the members of a group and serving to guide, control or regulate proper and acceptable behaviour. A prohibition against saying, touching or doing something for fear of immediate harm by a super human force.
 2. Taboos about sexuality:
 - In many cultures sexual relationships with your brother/sister is forbidden
 - sexual intercourse with your parents is forbidden
 - sexual intercourse during menstruation is forbidden
 - obscenities or vulgar references in discussions.
 3. Acceptable societal norms about sexuality:
 - Wearing appropriate dresses
 - Chastity for girls and boys
 - Ensuring privacy of parents' sexual relationship
 - Parental consent/family approval before starting a long term relationship
 - Displaying affection for a loved one by holding hands in public
 - spending time together in the company of other people

KEY TAKEAWAY:

In every society, there are cultural norms about what is acceptable or unacceptable behaviour. Norms change all the time. In a country like Nigeria where there are many different cultures, these norms also differ from place to place. Ways that norms deeply affect most people's lives relate to dating, sexual relationships, and marriage. Many of these norms help to protect people. But some of them can endanger people's safety, health, or right to be treated equally and with respect.

SESSION TOPIC: GENDER ROLES

LEARNING OBJECTIVE:

By the end of the Session, participants will be able to:

1. Define the term gender and gender roles
2. Enumerate gender similarities and differences
3. List factors that influence gender roles
4. State examples of gender stereotypes
5. Explain the meaning of gender bias and discrimination and give some examples

LEARNING MATERIALS:

1. Pictures on gender roles in different ethnic groups in Nigeria
2. Films on gender roles in different societies
3. Costumes for roleplaying.
4. A Poster depicting mostly stereotype statements that call for disagreement as a response
5. A chart depicting factors that influence gender roles
6. Posters of people engaged in stereotypical roles

SESSION GUIDE:

1. Class to role play the expected ways of behaviour for male and female in their culture.
Class debates on the topic "boys and girls are the same."
 1. Definition of 'gender'
 - a. Gender – a person's social and/or legal status as a male or female or as both.
 - Definition of gender role
 - b. Gender roles – roles/behaviour considered appropriate for males or females in a culture or society.
2. Discuss the following statements and take a stand
i.e. either agree or disagree on the following factors:
 - Women are inferior to men in most ways (disagree)
 - it is acceptable to beat your wife if she doesn't behave (disagree)
 - women should be circumcised because men are (disagree)
 - a father's main responsibility to his children is to provide financial support (disagree)
 - women should be responsible for all

Facilitator shares on a. Gender similarities – intelligence, personality, interests, achievements, some body parts and their functions, human rights occupation etc.

b. Gender differences:-

- body differences
- ways of dressing (adornments)
- domestic chores
- hairdo

3. Factors which influence gender roles:
 - families
 - schools
 - friends
 - media

- society
- culture
- religion

books

Household chores (disagree)

-women are responsible for preventing against pregnancy (disagree)

3. Facilitator to remind participants that in Nigeria, the law provides for equal rights, and discuss reasons discrimination is still practiced

a. Participants identify examples of gender stereotypes Facilitator can add the following

Gender Stereotypes:-

- Men/Boys do not cry
- Females cannot be motor mechanics, engineers, vulcanizers, plumbers)
- Men do not cook, sweep or babysit.

4. Participants brainstorm the effects that gender stereotyping can have on males and females.

5. Facilitator can then conclude with (a) Gender bias: (prejudice) e.g. men are bread winners, women are homemakers:

Gender discrimination:

(b) unequal treatment based on sex e.g. socialisation process, custody of children, property right, nutritional taboos, female genital cutting, Female circumcision, unequal access to education, resources and opportunities, widowhood rites.

KAY TAKEAWAY:

Gender refers to the socially constructed roles, behaviours, activities and attributes that are considered appropriate for males and females. Most of our ideas about gender are influenced by the messages we get from family, friends, the media, and peers. Both boys and girls tend to feel pressure to behave in a certain way because of these messages. Sometimes gender norms limit opportunities, especially for girls and women. This is called gender discrimination.

Belief in gender equality does not mean that we no longer recognise differences between men and women. It means respecting both sexes and acknowledging that an individual's biological sex should not determine how we see that person's talents, abilities, or general responsibilities. Gender is learnt and therefore can be unlearnt. Attitudes about gender vary from person to person and place to place. They also change over time.

SESSION TOPIC: HUMANITY AND RELIGION

LEARNING OBJECTIVE:

By the end of the Session, participants will be able to:

1. Define religion
2. Mention major religions in Nigeria.
3. Discuss religious injunctions on social interactions
4. Discuss areas where religion influences humanity.

LEARNING MATERIALS:

Pictures of religious buildings /symbols

SESSION GUIDE:

1. (a) Facilitator gives Definition of religion – a specific system of belief or worship.
2. (b) Brainstorm the various religions in Nigeria including Christianity, Islamic, and Traditional religions.

Facilitator adds – All of the major religions above do not approve of premarital sexual intercourse.

3. With the teaching materials, participants are to identify the major religious buildings with their symbols.
4. Facilitator leads participants to share Areas where religion influences humanity.
 - Limits of sexual relationship
 - Choice of sexual relationship
 - Dressing
 - Manner of speech

KEY TAKEAWAY

Religions are belief systems related to spiritual life. Most religions teach one or another message about humanity, gender roles, and fertility. Some religions seek to influence social norms or public policies in these areas. They may support women's rights and opportunities for women, for example. Or they may reinforce male power over women. Nevertheless, different religions – and different individuals within each religion – sometimes hold different views. Religious opinions also change over time. Some people are not religious but still have a moral belief system that they hold dear.

SESSION TOPIC: HUMANITY AND DIVERSITY

LEARNING OBJECTIVE:

By the end of the Session, participants will be able to:

1. Give examples of the diversities observable in Nigeria
2. Define discrimination
3. Discuss basis for discrimination.
4. Identify forms of discrimination
5. Discuss consequences of discrimination.

LEARNING MATERIALS:

1. Pictures of different Nigerian costumes (dresses) that show diversity in Nigerian culture.
2. Costumes and different cultural attire

SESSION GUIDE:

1. (a) Brainstorm the many ways Nigerian's are diverse.

Facilitators shares Diversity in Nigeria

- Disability
- languages
- religion
- dressing
- occupation
- politics
- distribution of resources,
- marriages
- burials
- music and dance etc

(b) Lead class to identify ways in which the diverse nature of Nigeria can promote development.

2. Ask the participants to share a time they felt they were discriminated against.

3. Tell them discrimination means "treating a person or group different than others".

4. Ask, when have they been treated differently and on what basis?

5. Make a list of all the basis for discrimination and or as a person with disability Facilitator may add

Basis for discrimination

- Gender Appearance
- Sexual orientation
- Family structure
- Living arrangement
- Financial status
- Academic status
- Religious affiliations
- Race
- Disability,
- Language/ethnicity Origin, etc

6. a. Assign the class to divide into small groups and to create a role play / drama that shows some form of discrimination that is seen in their community.

Forms of discrimination

- Males/females cannot get some jobs
- Different conditions of service
- One child is favoured in a family as a result of academic status
- Different criteria for promotion
- Disability of a child
- Someone disabled may be an outcast.

b. Have each group present their drama, explaining who they are and how the discrimination made them feel.

7. At the end of all role-plays, have the group discuss all of the consequences of discrimination. How can discrimination hurt people, with/without disabilities the community, females, males, etc.

Consequences of discrimination

- lower self-esteem
- unequal opportunities
- physical and emotional problems
- limitation of a society's ability to use the full potential of its members

KEY TAKEAWAY:

We are all different in some way. For example, we vary in gender, appearance, family type, religion and ethnicity. Recognising differences brings interest, creativity and excitement to our daily lives. Accepting differences promote better understanding and cooperation between individuals.

SESSION TOPIC: HUMANITY, ART AND MEDIA

LEARNING OBJECTIVE:

By the end of the Session, participants will be able to:

1. Define media
2. identify several ways humanity is portrayed in the media
3. identify some of the false messages the media portrays about humanity
4. explain influences of mass media on values and attitudes

LEARNING MATERIALS:

1. Media gadgets
2. Pictures of: Social Media Influencers, Models, sports stars, musicians.
3. Posters of media people, such as Actors, Actresses, Movie advertisements that portray glamorous life.
4. Audio visuals Movie/TV Clips depicting influences of the media on values and attitudes

SESSION GUIDE:

1. Define media for the group, as communication that reaches the general public, like radio, TV and movies. Facilitator shared Definition of media: means of communication with the general public e.g. Internet - Social Media radio, TV, movies, gong, drum, town crier, telephone, telegram, fax, etc.

2. As a group brainstorm the many ways in which humanity is portrayed in the media, especially social media that participants have seen. (e.g. The way men/women are portrayed, how realistic is it? The amount of sexual activity that is portrayed, is that what our culture approves? Everyone is beautiful. It is true?),

• .

3. Assign participants to find pictures in magazines or to see images on movies/TV that show expressions of humanity and determine if they believe the images are positive or negative. They are to bring the pictures or discussion of the images to class to present to the group. Show TV/movie clips of humanity expression if they are available.

Unrealistic mass media images of humanity

- Love – Love doesn't have to involve commitment
- Marriage: Marriage of convenience is in vogue
- Parenting: Parenting is easy so long as one can provide basic needs of life

4. Debate: Assign one group to develop arguments for this side: "The media has a negative effect on the values and beliefs of our culture". Assign the other group to develop arguments for this: "The media has no effect or a positive effect on the value of our culture. Facilitator may add:

Humanity is sometimes negatively portrayed in the media.

- Everyone engages in sexual activity when not married.
- Beauty is considered as a mark of success
- Beauty is considered as the ultimate
- Women are always beautiful
- Men are athletic and strong

5. After the debate Facilitator guides a discussion on the influences of media on values and attitudes.

Facilitator can then share . . .

Influences of mass media on values and attitudes – these things may be believed: see love as all – conquering.

- changing marriage partners frequently is acceptable
- Parents don't spend time with children;
- Beauty is the most important quality.

KEY TAKEAWAY:

The media and the arts have a major influence on young people. The media and the arts can also be sources of useful information and ideas – channels through which young people can express themselves. However, many of the messages and images in the media are inaccurate or even harmful. For example, the portrayal of women and girls is often disrespectful or exploitative. Be media literate. Use your mind to always 'see through' to the effect something may be having on you. When you keep an alert mind, the media lose some of their power and influence over you.

SESSION TOPIC: SEXUAL AND GENDER-BASED VIOLENCE

LEARNING OBJECTIVE:

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

- Name and define different types of sexual and gender-based violence.
- Explain what is and is not rape.
- Discuss what to do after a rape.
- Examine their attitudes towards violence.

LEARNING MATERIALS:

- Masking tape.
- Visual Aid/Signage:
- Powerpoint Presentation,
- Laptop, Projector & Screen,

SESSION GUIDE:

Preparation

1. Find out the laws related to violence in Nigeria especially in states like Lagos example: Domestic Sexual and Violence Response Team, including the laws on rape, age of consent for sex, sexual harassment and violence (including forced sex) between intimate partners, including in marriage.
2. Put up a piece of flipchart paper and write the word VIOLENCE in large letters at the centre. Ask the participants to call out any words that come to mind when they hear the word 'violence.' Write all the words that they say on the flipchart paper around the word 'violence.' Then ask them what they notice about the words.

3. Ask participants to come up with a definition of violence. Help them as necessary to come up with a definition similar to the following one and write it on flipchart paper:

Violence is any act that involves the use of some type of force or power, real or implied, that results in or is likely to result in, physical, sexual or psychological harm or suffering.

After you have a similar definition, explain it as needed. Note that violence is not always physical, it also includes threats of violence, coercion, and denying someone their freedom (for no reason) in public or in private life.

4. Tell them to match the words with their definitions.

Types of violence

Instructions: Write the following terms in the box next to their definition.

Terms:

Stranger rape; Gang rape; Statutory rape; Acquaintance rape; Date rape; Child sexual abuse; Sexual harassment; Intimate partner violence; Gender-based violence

Definitions	Term
Sexual contact between an adult and a minor child	
When one person forces someone they know to have sexual intercourse against the person's will	

	Forced sexual intercourse that occurs on a date.	
	Any violence that is motivated by gender issues, such as gender roles, expectations, limitations, including not following them	
	Any unwelcome sexual advances, requests for sexual favours, and other verbal or physical conduct of a sexual nature.	
	Sexual intercourse that is forced by a stranger.	
	Violence against a person in an intimate relationship (by informal or formal marriage or by dating) by their partner.	
	Intercourse between an adult and someone under the age of consent (regardless of whether the younger person appeared to give consent or not).	
	.When a person is forced to have sex with more than one person	

4. When they have finished, go through the definitions and the answers. For each type of violence, ask the participants to give you an example.

Answers:

- 1) Child sexual abuse
- 2) Acquaintance rape
- 3) Date rape
- 4) Gender-based violence
- 5) Sexual harassment
- 6) Stranger rape
- 7) Intimate partner violence.
- 8) Statutory rape
- 9) Gang rape

5. Explain the following key points:

- Sexual abuse happens if a person uses manipulation, cruelty and/or violence to get another person to participate in a sexual act with them.
- Sexual abuse is most often done by someone the victim knows.
- Child sexual abuse includes: adults touching children; adults manipulating or coercing children into sexual acts such as touching their genitals; and taking sexual photos of children.
- Children and adolescents below the age of consent are not mature enough to agree to take part in sexual acts. Any sexual behaviour with them is considered sexual abuse, even if they say that they agree.
- Not all rapes are committed by men, but most rapes are committed by men against women and girls.
- A man or woman can be raped by someone of the same sex.
- Violence against homosexuals or people who do not fit their expected gender norm is also gender-based violence.

6. Tell the participants that you are going to give them some situations and you want them to tell you if it is rape or not. Read the following situation:

Two young people go out and they have some drinks. He walks her back to the place where she stays. He starts to kiss her. Although she asks him to stop, he forces her to have sex.

Ask: Is this rape? (Most participants will say yes.)

Now change the situation. Ask: Is it rape:

- If he had spent a lot of money on her?
- If she was wearing a sexy dress?
- If she had made him sexually excited?
- If she had let him touch her breasts?
- If they had been going out with each other for a long time?
- If she was going to have intercourse with him and then changed her mind?
- If he was so sexually excited he felt he couldn't stop?
- If she had had sex with him before?
- If she was drunk or high?
- If he is drunk or high?

Get some discussion going about each of these circumstances. Encourage group members to give their honest responses and to avoid saying what they think is the 'right' answer. Make sure that all participants understand that it was rape in every one of those situations. It doesn't matter if she led him on, or if he spent a lot of money on her, or what she was wearing.

Note to facilitator: If participants suggest that when a girl says 'No', she really means 'Yes', do not accept this. To prevent rape, we need to end this way of thinking. If someone says 'No', we should always take that as 'No.'

Emphasize that when a person is forced to have intercourse or to participate in sexual activity against her or his will, it is always rape or sexual assault, regardless of the circumstances.

7. Ask if there are any questions and discuss them. Then generate a discussion by asking participants the following questions:

- Do you agree or disagree with this statement: Is it important that sexual relationships be voluntary and wanted by both partners, even in marriage? Why or why not?
- Whose fault is it when someone is raped or sexually abused?
- Probing question: When a crime happens, is it the fault of the criminal or the victim?

Note to facilitator: Emphasize, if necessary, that rape is never the fault of the victim. It is always the fault of the perpetrator – the person who raped or abused. All crimes are the fault of the person who commits them, not the fault of the victim. If someone steals something from you, we don't say it is your fault that they stole it. We cannot hold the victim responsible for someone else's criminal choices and actions.

What does the law say about these types of violence?

- How old do you have to be to consent to sex?
- What are our human rights related to violence? (**Answers:** The right to dignity, the right to live and to feel safe, the right not to be made a slave, the right not to be harmed or humiliated, the right to bodily integrity.)
- What is the risk of STI or HIV infection when a person is raped? (**Answer:** The risk of STI or HIV infection is higher when a person is raped because violent sex is likely to damage the person's genitals, causing tears that make it easier for HIV to enter the person's body.)

- What can a person do to reduce the chance of become infected with HIV if they are forced to have unprotected sex?

Note to facilitator: Build on their answers and explain as needed that they should go to a clinic or a hospital as soon as possible. They can get treatment called PEP. PEP stands for post-exposure prophylaxis. It is antiretroviral medicine that reduces the chance of the person becoming positive. It is important to start taking them within three days and during one month.

8. Write the following statements on the flipchart: ‘Young boys/men with disabilities learn violence. Girls/women with disabilities learn to accept it.’

Ask the participants to think about the statements without talking. Then tell them to find a partner and discuss how they feel about it.

9. After 2 minutes, bring everyone back together. Generate a discussion by asking:

- What are your reactions to this statement?
- Do you agree with it? Why or why not? What do others think?
- Is violence common in your community?
- Why do you think that is the case?
- Is violence acceptable to you? Why or why not?

10. Ask participants to summarize what they learned during the activity. Add any of the following points if not mentioned.

- Gender-based violence is any violence that is motivated by gender issues, such as gender roles, expectations, and limitations, including not following gender norms.
- Violence against homosexuals or people who do not fit the expected gender norm is also gender-based violence.
- Most victims know the person who has sexually abused them.
- Rape is when a person is forced to have sexual intercourse or to take part in any penetrative sexual activity against their will. Other forced non-penetrative sex acts are considered sexual assault.
- It is important that sexual relationships be voluntary and wanted by both partners, even in marriage.
- Violence is a violation of human rights. Everyone has the right to live free from violence.
- Violence and rape are never the victim’s fault. They are always the fault of the person or persons committing the violence or rape. No one deserves to be raped.
- Rape (or violent sex) increases the likelihood of HIV transmission.
- A person who has been raped should go to a clinic or hospital as soon as possible, and not more than within 5 days to get PEP (post-exposure prophylaxis) and emergency contraception to decrease their risk of HIV infection and unintended pregnancy as well as antibiotics to prevent some other STIs.
- We do not have to accept violence.

KEY TAKEAWAY: Nothing a person says or does gives another person the right to force them into any sexual act against their will or to use violence against them. Remember that no matter what the circumstances, you have the right to choose when, with whom, and how you want to be sexual. Under no circumstances is rape the victim’s fault. Nothing gives someone else permission to sexually abuse or rape you. If you are raped, get help immediately to prevent pregnancy and HIV and do not feel guilty – **IT IS NOT YOUR FAULT!!**

SESSION TOPIC: ADVOCACY

LEARNING OBJECTIVE:

By the end of the Session, participants will be able to:

1. Explain what advocacy is.
2. Describe the reasons to advocate on issues important to young people.
3. Discuss what issue they want to advocate on and why.

LEARNING MATERIALS:

Flipchart paper, marker pens, tape and scissors

SESSION GUIDE:

1. Tell participants that this activity is about how we can use what we have learned to benefit other young people and to work for change in our own communities. To start the conversation, ask them: How can you share what you have learned during this course with others? List all of their ideas on flipchart paper.
2. Then write the word 'ADVOCACY' on a new piece of flipchart paper and ask participants to share what they know or understand by this word.
3. Explain that advocacy has different meanings in different situations, but the meaning that we are going to talk about is 'to influence behaviour and change attitudes by standing up for an issue'.
4. Ask two participants to read the two scenarios aloud to the group:

Case studies for advocacy

A teenage girl went to the local clinic in her village to ask for information about contraception. The nursing sister told her that she was too young to ask for such information; that young girls her age who want contraception are promoting promiscuity. She said that she should just concentrate on her Bible studies. She did not give the girl any information and sent her away.

A boy went to the health clinic because he suspected he had an STI. The sister there shouted at him while she treated him and told him that a boy his age has no business having sex. She said, 'It's people like you who are spreading HIV'. When he was leaving she told him very loudly to make sure and use a condom so that he doesn't infect others. The boy was embarrassed because everyone heard what she said.

5. Divide participants into three groups and give each group one of the following questions: What is wrong in both scenarios?
 - In each scenario, what could the boy or girl do?
 - What could others do to help them?
 - Bring them back together and have each group share their responses. Then discuss them with the whole group.

Explain the following to the participants:

Advocacy means speaking up about issues that are important, standing up for our own and others rights, and pushing for positive change.

Some ways to do this are:

- Drawing the community’s attention to an issue that needs to be changed;
- Increasing people’s understanding of the issue;
- Working to change people’s attitudes towards the issue to get their support for the change you want.
- Proposing alternatives and solutions, including proposing new policies or laws.

Advocacy involves working with other people and organizations to achieve a change. It sometimes includes influencing decision-makers to support the solution you want.

Before advocating for something, it is important to know the facts about your issue.

Ask them: Why would we advocate for a cause or issue that is important to young people? What would we want to achieve?

Note to facilitator: Use a specific cause if they have difficulty.

Add any of the following responses that they do not mention:

- To improve the lives of young people without/with disabilities;
- To help other youth, family, community and policy makers to understand the issues facing youth;
- To build support for that cause or issue;
- To influence others to support it by developing programmes;
- To change legislation that affects youth.

Ask if they have any questions or comments and discuss them. Tell them that successful advocacy depends on a full understanding of the issue, the different points of view that people have about it, and the strategies that can be used to address the issues. It also requires passion and commitment from those advocating for change.

Ask participants to discuss briefly: What is a youth issue that is important to you that you would like to see change?

- What role can you play as an advocate for that issue in your family and in your community?
- Ask participants to summarize the main points of the activity. Add any of the following points that are not mentioned. Advocacy is about challenging the way things are to bring about positive change.
- Advocacy addresses an issue – not a person.
- Young people have to stand up for their own and others’ rights.

Key Takeaway:

Standing up for issues you feel strongly about is a real challenge. It is not always easy, as you have to believe in what you’re saying yourself and convince people to listen to what you have to say. It is important that you know your facts and are able to put them across convincingly.

You may also face the situation where elders and other adults think that you are behaving badly or are a troublemaker. If you believe strongly in your cause, you will be strong enough to stand up against opposition.

