

Youth Harvest Foundation Ghana
Youth Body Rights Advocacy Project

**Friendship, Love and Sexual Health (FLASH)
programme**

*An Interactive Comprehensive Sex Education
Programme for Junior High Schools in Ghana*

Manual for School Health Teachers

2014



United for the body rights of young people



Table of content

TABLE OF CONTENT	2
ACRONYMS	3
INTRODUCTION	4
INTRODUCTION AND PRE-TEST SURVEY	6
LESSON 1: GET TO KNOW EACH OTHER AND THE MALE & FEMALE SEXUAL BODY	7
LESSON 2: MENSTRUATION & WET DREAMS	9
LESSON 3: CHASTITY/DECENCY	11
LESSON 4: RELATIONSHIPS AND SEX	12
LESSON 5: UNDERSTANDING PREGNANCY & ABORTION	13
LESSON 6: UNDERSTANDING HIV & STIS	15
LESSON 7: HIGH RISK SITUATIONS THAT CAN RESULT IN UNINTENDED AND UNPROTECTED SEX	20
LESSON 8: USING PROTECTION – PART 1 (CONDOMS)	23
LESSON 9: USING PROTECTION – PART 2 (CONDOMS)	25
LESSON 10: USING PROTECTION – PART 3 (OTHER CONTRACEPTIVES)	27
LESSON 11: SEXUAL RIGHTS, SETTING PERSONAL LIMITS AND SAYING “NO”	29
CONCLUSION: POST-TEST SURVEY AND PROCESS EVALUATION	31

Acronyms

SRH – Sexual and Reproductive Health

RFSU- Swedish Sexual Health Association

YHFG – Youth Harvest Foundation Ghana

CSE – Comprehensive Sexuality Education

GES – Ghana Education Service

GHS – Ghana Health Service

SHT - School Health Teacher

SHEP – School Health Education Programme

FLASH – Friendship, Love and Sexual Health

PS – Project Supervisor

STIs – Sexually Transmitted Infections

STD – Sexually Transmitted Disease

HIV – Human Immunodeficiency Virus

VCT – Voluntary Counseling and Testing

Introduction

The Friendship, Love and Sexual Health (FLASH) programme has been developed using the tried and tested Intervention Mapping (IM) approach to planning health promotion interventions. The approach has enabled the SRH team at the YHFG to work with a dedicated district level planning committee to draw from a combination of evidence-based approaches in sex education (e.g. health promotion and behaviour change theories), aiming to empower and support young people in making their own informed decisions about sex and sexuality related issues.

The IM is a comprehensive approach to the systematic planning or adaptation of theory- and evidence-based health promotion interventions. The approach's core elements are a combination of the following: (1) theoretical methods that are intended to change determinants of behaviour of the at-risk group (in this case, the adolescents at the JHS level) and the environmental agents (teachers), (2) practical applications of the methods, including delivery channels, (3) characteristics of programme materials and messages and (4) characteristics of programme implementation (Bartholomew et al., 2011).

The development of the FLASH programme placed emphasis on the need for participation by community members, potential programme implementers and programme beneficiaries to ensure that the project addresses issues important to the community, that project findings are locally relevant and that participating communities develop capacity in intervention development as well. To ensure meaningful participation of relevant stakeholders, a planning committee was inaugurated right from the inception of the Youth Body Rights Advocacy project in the three districts. Consequently, the following planning committee members are all contributing authors to the FLASH programme manual:

FLASH programme planning committee members

Bongo District

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Agongo Thomas, Circuit Supervisor, GES

Asugbey Bismark Yakubu, Bongo JHS Head teacher, GES

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Abama Rita, District Girl child officer, GES

Nabdam District

Awuni Adams, District SHEP Coordinator, GES
Dok Mbah Emmanuel, Nangodi JHS Teacher, GES
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Donatus Don Diago, Rep of District Director of Education, GES
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Others

Alice Ellen Abeere-inga, Regional SHEP coordinator, GES
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Introduction and Pre-Test Survey

Materials Needed: A copy of the questionnaire for each student and pens to tick or write on the questionnaire (students will most likely have pens, but take a few just in case)

Lesson objectives:

All students complete the questionnaire given to them anonymously and privately.

Method 1:

Survey:

The Project Supervisors (PS) makes copies of validated questionnaires and go the schools to conduct the pre-test survey. It is to be emphasised that the project supervisors, being external to the school environment, conduct the pre-test survey and not the school health teachers. This is to ensure anonymity in the completion of the questionnaires and gives the students a sense of security in believing that their responses will remain confidential and not known to the teachers or other students. After the survey, the project supervisors collect all questionnaires and send them to the YHFG offices for data management.

During questionnaire administration, project supervisors need to explain questions that are not clear to the students to ensure that all students understand what to do.

Note for project supervisors:

1. Students must voluntarily agree to participate in the survey, indicated by a completed parental informed consent form and a signed child assent form.
2. This is an anonymous survey and students are not allowed to write their names on the questionnaires. Please emphasize this and give assurance that nobody will know who answers what question to assure them of confidentiality.
3. Students are also not allowed to look at each other's work. This will ensure privacy.

Lesson 1: Get to Know Each Other and the Male & Female Sexual Body

Materials needed: Two poster pictures of a naked girl and a naked boy where the sexual and reproductive parts are labelled, flip charts papers, markers and wall tape.

Lesson Objectives:

At the end of the lesson, students are able to:

- Explain the male and female sexual body parts and their functions,
- Mention and explain human sexual parts without shyness
- Appreciate differences in sexuality development between and within boys and girls

Lesson content:

Method 1:

Discussion

Divide students into smaller groups (10 or 12 per group) and let them draw the male and female body on flipchart papers on the floor. When they finish the drawing, ask them to map out the sexual anatomies (parts) of the body (body mapping exercise). The groups will then present these maps in plenary and discuss the maps to ensure greater understanding of the sexual parts and their functions.

Note for SHT: Listen to the students to ensure that the lesson objectives as listed above are discussed and understood

Method 2:

Using imagery:

SHT takes along large images of sexual pictures of the male and female bodies and show this to the students after the body mapping exercise. Students can then compare with their body mapping diagrams and discuss any differences.

Note for SHTs: Take along familiar and identifiable male and female sexual pictures for this lesson. For instance, use a picture of black woman/man.

Note for PS: Make sure the right pictures are available for all SHTs.

Resources for the SHTs:

Although a **woman's external genitals** are commonly referred to as the "vagina," the vagina is actually one of several parts that create that section of a woman's body. Collectively, these parts are called the vulva. Rich with nerves, the vulva can provide sexual pleasure when properly stimulated. The **vagina** is a muscular tube about three inches long that ends the birth canal. This is where a

man's penis enters the woman during sexual intercourse. The vaginal opening is visible from the outside, but it is protected by the labia when a woman stands and during most activities.

The **clitoris** is a crucial element for sexual arousal in women. This small sexual organ at the top of the vagina at the junction of the labia minora appears outside the folds of skin like a small pink button.

The **hair**: Imagine you run your hand through your hair with a bit of a tug. It may send a shiver down your spine. Whether a boy is tugging at a ladies hair during sex or a lady is running her nails over a boys scalp. It's an awesome, tingling feeling.

The **Breast**: during sex, most girls like it when their partner stimulates her breast.

The **buttocks**: during sex, the female buttocks are held and squeezed by the boy to bring sexual pleasure to both of them. Boys also get aroused by looking at the shapely backs of girls.

The **Skin**: every part of the human body is a sex organ. The sense of touch by an opposite sex brings sexual arousal to many.

The **Penis**: During vaginal intercourse, the penis goes into the vagina. The vaginal walls are made of soft tissue that moulds around the penis

The **Testicles** (also called the testes) are the male reproductive organ that produces sperms and the hormone testosterone. The pair are located in the scrotum under the penis.

The **Scrotum** is an external sac of skin that encloses the testes in most mammals. The scrotum keeps the testes at the optimal temperature (slightly below body temperature) for producing sperm.

Lesson 2: Menstruation & Wet Dreams

Materials needed: A Diagram of the menstrual cycle indicating the various phases, Flip chart paper, markers, wall taper.

Lesson objective:

At the end of the lesson, students are able to:

- Explain (the meaning of) the menstruation cycle
- Explain that wet dreams does not mean one should engage in sex
- Explain that wet dreams & menstruation is natural and not harmful
- Understand that a delay in sex does not lead to impotency/infertility.
- Explain that menstruation is connected to maturity, responsibility and pregnancy

Lesson Content:

Method 1:

Using imagery

The SHT displays a diagram or draws a diagram of the menstrual cycle and explains the phases of the circle. The SHT also explains that it is the same maturity process that results in wet dreams in boys, adding that boys do not menstruate because they do not have ovaries that produce eggs.

Note for SHT: Lesson will be easier for understanding if the students are already menstruating or experiencing wet dreams; but since this is a sensitive topic, you may never know, therefore SHTs should explain with the assumption that nobody has experienced, dispelling any myths that they may have heard already. The SHT should also explain that boys can also make girls pregnant without experiencing wet dreams.

Method 2:

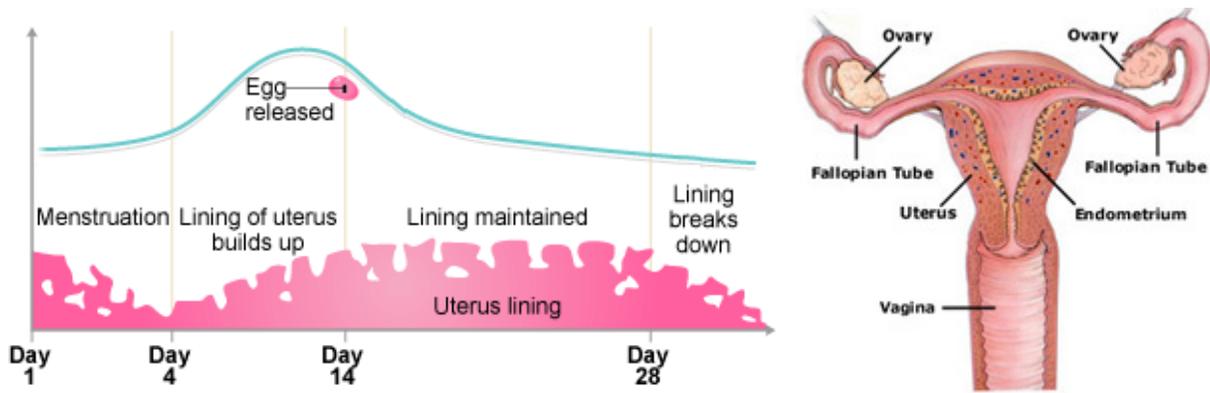
Discussion:

The SHT asks students to explain the significance of menstruation and wet dreams and how they are connected to pregnancy. Other students will have to agree or disagree with the explanations and discuss the 'whys'.

Note for SHT: Pay attention to explanations given by the students and correct any misunderstandings, especially where mistakes are repeated by other students. Also explain that menstruation and wet dreams means sex can result in pregnancy but it does not mean that delays in sex will lead to infertility or impotency.

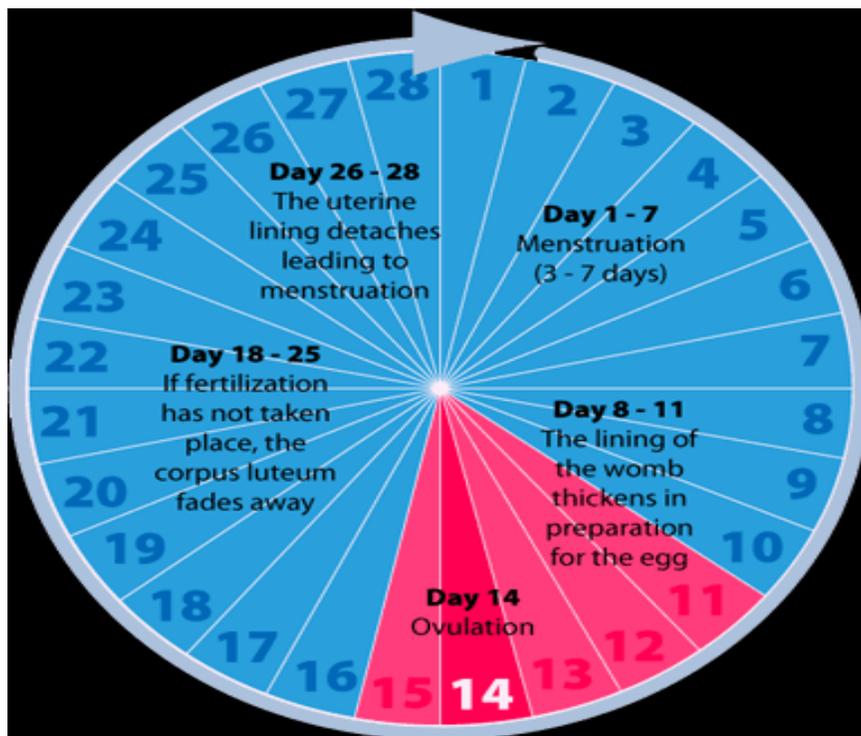
Resources for the SHTs:

Figure 1. Diagram of the menstrual cycle



Menstruation is a woman's monthly bleeding. When you menstruate, your body sheds the lining of the womb. Menstrual blood flows from the uterus through the small opening in the cervix and passes out of the body through the vagina. Most menstrual periods last from 3 to 5 days.

A **wet dream** is when you ejaculate while you're asleep. To ejaculate means to release semen (the fluid that contains sperm) from your penis. Usually a wet dream happens while you're having a dream about sex. You may or may not remember the dream. Below is a diagram of the menstrual cycle as a birth control method. Emphasise on its unreliability as a method.



Lesson 3: Chastity/Decency

Materials needed:

Lesson objective

At the end of the lesson, students are able to:

- Explain chastity/decency
- Identify challenges to living a chaste/decent life
- Appreciate the importance of living chaste/decent life

Lesson content:

Method 1:

Discussion

The SHT puts a question to the class like “who is a chaste/decent person? And invite submissions from the students. After the points on who a chaste/decent person is made, a follow- up question (“how can one live a chaste/decent life) is raised to continue the discussions. A question is again raised like “why do some boys and girls don’t live chaste/decent lives”. The SHT then let the students list the factors that make it difficult for boys and girls to live chaste/decent lives and how they can deal with those factors. The SHT leads the discussion to conclude on benefits of living chaste/decent lives to both boys and girls.

Resources for SHT:

- Chastity is a virtue by most religions which excludes or moderates the indulgence of sexual appetite. This means chastity includes abstinence from sex. So for a young person to live a chaste life he/she must exclude him/herself from sex until they are ready.
- Decency includes actions that are socially acceptable and taken with a full sense of responsibility for the outcome.

Method 2

Scenario-based risk information

The SHT narrates a story of how a person got into indecent/unchaste lifestyle and engaged in unsafe sex and how it affected his/her personal development. Then ask students to visualise living an unchaste or indecent lives and how they can come out of it.

Note for SHTs: students may already have experiences themselves or have heard of similar stories and can share with the group. Let Students provide examples as much as possible

Lesson 4: Relationships and Sex

Materials needed: nothing

Lesson objective:

At the end of the lesson, students are able to:

- Recognise risky situations that may lead to risky relationships and unsafe sexual activities in a relationship.
- Identify the characteristics between healthy and unhealthy relationships and acknowledge their own vulnerabilities to getting into risky relationships.
- Rank the qualities that are important to them in a boyfriend/girlfriend relationship and assess their values and expectations in dating situations.
- Explain that there are other activities people in a relationship can do together, besides sexual intercourse

Lesson content:

Method 1:

Scenario-based risk information

The SHT either narrates a story of how a student got involved in an unhealthy relationship in the past and how she/he came through with it or narrates a story of how she /his friend or brother went through a similar experience. Then ask the student to visualize any possibility of getting into such relationships themselves and discuss tips on how they can come out of it.

Note for SHT: Students may already have experienced themselves or have heard of similar stories and can share with the group. Let students provide examples as much as possible.

Method 2:

Arguments

The SHT puts up a statement that says “In a stable relationship, the partners do not need to use protection for sexual intercourse” and ask students to either agree or disagree and give reasons for their positions.

Note for SHT: The SHT provides new information on a sheet of paper to all the students to help enrich the debate.

Method 3:

Verbal persuasion

The SHT provides a short story to a selected group and prepare them ahead of the lesson to act a play where someone convinces a difficult partner to do an HIV/STI test, emphasizing on mutual goals and how religion teaches on the need to take good care of the body as a temple of God.

Note for SHT: The SHT should provide accurate and factual information to the select group for the play

Lesson 5: Understanding Pregnancy & Abortion

Materials needed: Newspaper or news item with a specific story on recent episode of teenage pregnancy, pregnancy test kit and water (urine, if possible from a pregnant person and one who is not pregnant). Where possible, get a nurse to deliver this lesson

Lesson objectives:

At the end of the lesson, students are able to:

- Explain what leads to pregnancy and the responsibilities that come with it for both boys and girls
- Understand the consequences of teenage pregnancies and abortion
- List the advantages of postponing pregnancy to complete one's education.

Lesson content:

Method 1:

Discussion

The SHT puts a question to the class like “what leads to pregnancy?” and invite submissions from the group. After the point on pregnancy is made, a follow-up question (“how can one avoid getting pregnant or making a girl pregnant?) is raised to continue the discussions. The SHT should then let the students list the benefits of postponing pregnancy for both boys and girls. The last question will be “in case it still happens that you are pregnant or made someone pregnant, what should you do?” SHT leads the discussion to conclude on consequences of keeping or aborting a pregnancy and avenues for antenatal care, and abortion.

Note for SHT or nurse: The SHT should monitor the discussions closely to ensure that the right lessons are being digested by the students and make the necessary interventions on time to correct myths.

Method 2:

Guided practice

After the SHT demonstrates the proper use of the pregnancy test kit including what signals that the kit is valid, positive and negative results, students examine kit package to identify its features and thereafter, practice the correct steps for pregnancy test kit use, with the SHT emphasizing on the validity of the pregnancy test kit and correctness to produce the right results. SHT also emphasizes that pregnancy testing if one misses her menstruation can lead to early detection of pregnancy for a quick decision to be taken.

Note for SHT or nurse: SHT should ensure that students are well acquainted with all the signals on a pregnancy test kit and what they mean i.e. what signs shows the kit is valid/invalid, pregnancy positive and negative. Also SHT should alert students that the kit cannot be used twice.

Method 3:

Stimulate Communication to mobilize social support

The SHT asks the students to identify people within their communities who they can approach and share a pregnancy information and discuss how best to approach such people.

Note for SHT: The SHT should remind the adolescents about their mother's love and the fact that mothers in Ghana are always ready to stand by their children in all situations. This includes foster mothers.

Method 4:

Consciousness Raising and Scenario-based risk information

The SHT models how a student almost fell into having unintended sex that could have resulted in a pregnancy or making someone pregnant, and how it could have impacted negatively on her/his life. Afterwards, the SHT invites the class to come up with similar stories they have heard in the community.

Note for SHT: The situation in which the unintended sexual act would have happened should be familiar to the students. Hopefully, some students will be willing to share similar experiences or stories they have had or heard from friends.

Resource for the SHT:

1. Consequences of teenage unplanned pregnancy includes social isolation, early/force marriage, birth complications, maternal death, poor life habits, low education level, maltreatment, stress, depression, greater risk of dropping out of school or attaining a lower level of education, and therefore reaching professional dead-ends or missing out on job opportunities as well as health risks..
2. When you are pregnant, we encourage you to tell your parents so that the mystery is out in the open and you can best look after your unborn child or take the decision to abort together with your parents. There is a lot to being pregnant -- when a baby is growing inside of you; it's your responsibility to keep that baby as healthy as possible before it's born. You are a minor so; hopefully you will sit down with your mother and tell her you are pregnant. Yes, she will be upset and there will be some yelling and some disappointed faces looking back at you, but it's not the worst thing that could happen. Your parents will calm down and you will together with your parents decide what to do about this. Again, remember that your parents are going to be angry at you, but it won't last forever. They love you and they just want what's best for you. Take a deep breath and go tell your parents (you can't hide your growing tummy forever.)

Lesson 6: Understanding HIV & STIs

Resources Needed: A nurse from the local clinic and Love check games

Lesson objectives:

At the end of the lesson, students are able to:

- Understand the manner in which HIV and other STIs are transmitted
- Explain what safe and unsafe sex is in the context of STI/HIV.
- State that one cannot see if somebody is infected and that most STIs do not have clear symptoms
- List the benefits of seeking counseling for HIV/STIs testing and doing the test

Lesson content:

Method 1:

Using imagery

The SHT draws a simple diagram to illustrate how HIV/STIs are transmitted and their symptoms, emphasizing on the fact that most STIs do not have clear symptoms. Let the students share their impressions

Note for SHT: Let the diagram be simple and do not go into technicalities of HIV and its transmission.

Method 2:

Edutainment, Elaboration & Discussion

The SHT uses the love check game and let the participants “play for life” in groups. Divide the group or class into smaller groups of 10 and let them play for 15 minutes. After all have participated in playing the games, the students share the major themes in the game in their groups and discuss the four storylines in the game under the facilitation of the SHT or other teachers. SHT should explain safe and unsafe sexual practices in the storylines

Note for SHT: The SHT must ensure that the students do not get too excited about the game and forget to discuss the themes and the lessons in the storylines of the game.

Method 3:

Modelling

The SHT gets a nurse from the local clinic to co-facilitate this lesson and describe to the students what happens during an STI/HIV test and allow the students to ask all the questions

Note for SHT: Discuss with your PS to see if you can get a young nurse with experience in HIV testing and willing to talk about HIV openly.

Resources for the SHT:

The most common methods of transmission of HIV are:



Unprotected sex with an infected partner



Sharing needles with infected person

Almost eliminated as risk factors for HIV transmission are:



Transmission from infected mother to fetus



Infection from blood products



2. What happens before HIV test is conducted (steps)

1. Going to the testing centre (hospital, clinic, CHPs compound etc)
2. Telling the doctor/ nurse or responsible person that you want to have an HIV test
3. You are directed to the counseling unit (Voluntary Counseling and Testing -VCT unit):
 - a. Counselors talk to you on HIV, mode of transmission, testing procedures, prevention and treatment (Pre Test counseling)
 - b. Doctor /nurse laboratory technician draws small blood from your finger for the testing
 - c. After 1 hour doctor/nurse calls you for another counseling (post-test counseling)
 - d. Doctor/nurse releases your test result to you.
5. If test positive, doctor/nurse do another talking with you to make sure you are not going to hurt yourself and you will come for ARV drugs.

1. Advantages of doing HIV/STI test (A.2.2.)

- If you have HIV, your doctor can monitor the damage HIV is doing to your immune system. He or she can help you stay healthy longer AND help you decide the best time to start medical treatment.
- If you are or become pregnant, you can reduce the risk of passing HIV to your baby.
- If you know you have HIV, you can protect the person you have sex with from getting infected.
- If you have HIV, it is important to help the people you've had sex with or the people you've shared drugs with to get tested for HIV.
- Most times people in a relationship have sex with people besides their partners. If there is a possibility that your partner has had sex with anyone besides you, whether you know for sure or not, you should get tested for HIV/STIs.
- If you had dental or medical procedures, it may not have been possible to clean equipment that had someone else's blood on it before it was used on you.
- An HIV/STI test can give you peace of mind. It is the only way you can know for sure if you have HIV/STI or not.

2. Dealing with possible stigma

We are all in the same boat:

We are all in the same boat. There is no separation between “us” and “them”. We are all facing and living with HIV and AIDS together – we are all affected. We have all taken risks and made mistakes at one time in our lives. Lots of people like to laugh at, blame and judge others, but one day they may also fall “into the river” and others will laugh at them. Remember always: HIV affects everyone. All of us are at risk of contracting HIV so there is no point in stigmatizing or blaming those who are already affected. We could join them one day.

If you are tested positive, first of all, don't blame yourself. Remind yourself that stigma and discrimination are wrong. If you can, talk to somebody close to you that you trust, or make contact with an HIV support organization such as the YHFG so that you can safely talk through your experiences and feelings.

1. Which STI's can you mention?

Hepatitis B

The hepatitis B virus (HBV) is very common worldwide, with more than 350 million people infected. Those with long term HBV are at high risk of developing liver cirrhosis or liver cancer.

Hepatitis B is most frequently passed on through the exchange of bodily fluids with an infected person. HBV can be spread in the following ways:

- By unprotected (without a condom) penetrative sex (when the penis enters the anus, vagina or mouth) with someone who is infected. Also by sex that draws blood with someone who is infected.
- By sharing contaminated needles or other drug-injecting equipment.

- From an infected mother to her baby, most commonly during delivery. Immunization of the baby at birth prevents the transmission of hepatitis B.
- Through a blood transfusion when blood is not screened for blood-borne viruses such as HBV.

Hepatitis B cannot be spread through sneezing, coughing, hugging or coming in contact with the faeces of someone who is infected.

Risks: Most infected persons clear the hepatitis B virus out of their systems completely in a few months. In some people, especially infants and children, hepatitis B virus can cause chronic (lifelong) liver infection. Chronic infection can lead to liver damage (cirrhosis), liver cancer, and death.

Chlamydia

Chlamydia is a bacterial infection. It is insidious because there are usually no symptoms or only vague ones. There is a small difference between men and women. Men often have no symptoms or also very vague ones, but often even fewer symptoms than women.

Symptoms experienced by some women

- Pain during sex
- Pains when passing urine
- More discharge (vaginal fluids) than usual
- Abnormal bleeding between periods and bleeding after sex
- Possible symptoms with men: Discharge from the urethra or pain passing urine.

Gonorrhoea (drip or sting)

This is a bacterial STI. Gonorrhoea symptoms are similar to those of Chlamydia. And like Chlamydia, without treatment or when it is too late it can cause inflammation in a woman's fallopian tubes. With a man it can cause inflammation in the testicles.

With the woman this can lead again to reduced fertility and increase the risk of an ectopic pregnancy.

Treatment: Gonorrhoea can be completely cured with proper treatment.

Genital herpes

Even though genital herpes is not a harmful infection, it can be very unpleasant. It is caused by a virus that leads to blisters forming on or near the genitals. If the genital herpes virus that somebody else is carrying around comes in contact with your mucous (slimy) membrane, you can catch herpes

too. Once you caught the herpes virus you never get rid of it completely. This means further outbreaks could always occur. This herpes is another kind of herpes than the herpes virus that

caused blisters on your mouth/ lips. Still oral sex can transmit this virus (called the cold sore virus) to the genitals.

Physical problems

The blisters turn into small sores, which gradually heal. The first outbreak can be particularly painful.

Treatment

There are drugs to get rid of the symptoms faster or to reduce the number of outbreaks.

Syphilis (the pox)

Syphilis is a bacterial STD that can be harmful if not treated at an early stage. Syphilis often *begins with a small sore on the genitals* and can then spread through your whole body by way of the bloodstream and causes severe damage to several organs.

Treatment

Can be cured if treated in time!

Summary of signs when it is smart to visit a doctor

Signs of STI's in men include:

- A wound, sores, rash or blisters on or around the penis
- A discharge, like pus from the penis
- Pain or a burning feeling when passing urine
- Pain during sexual intercourse
- Pain and swelling of the testicles
- Abnormal swelling or growth on the genitals

Signs of STI's in women include:

- A discharge from the vagina that is thick, itchy or has a strong odour or colour
- Pain in the lower abdomen
- Pain or a burning feeling when passing urine
- Pain during sexual intercourse
- Abnormal, irregular bleeding from the vagina
- Itching in the genitals area
- Abnormal swelling or growth on the genitals

Note about normal vaginal discharge

1. It is white (like soft egg white), It is clear or whitish
2. Smells neutral or healthy and not offensive
3. Is not itchy

Lesson 7: High Risk Situations that can result in Unintended and Unprotected Sex

Materials needed: Women and children health network guide

Lesson objective:

At the end of the lesson, students are able to:

- Describe possible scenarios that can result in unintended sexual intercourse and the need to carry condoms with you when going out
- List the skills needed to respond to typical pressures in which young people are being pressured to have (unprotected) sex
- State that HIV/STIs infection is a life time risk and independent of relationship-status/kind.
- State that “love” and “trust” are not enough to make a situation less risky.

Lesson content:

Method 1:

Guided Practice

The SHT presents the “women and children health network guide”² on how young people can deal with pressures to have sex and let the students practice applying those statements in the guide to their own situation

Note for SHT: The SHT should first practice with one of the students before asking the students to practice in smaller groups under her/his supervision

Method 2:

Scenario-based risk information

The SHT invites students to describe possible scenarios where unintended sex can happen. Let the students come up with scenarios themselves and discuss how unintended sex and unprotected sex can be avoided in such situations.

Note for SHTs: Hopefully, the students can come up with their own scenarios. Otherwise, make sure that you provide scenarios that are familiar to the students. Possible places for scenarios include in a party, in a funeral, in a night market, all night church programs, festivals, night reading or classes, launching of music & in a youth camp

Method 3:

Anticipated regret

The SHT asks the students to close their eyes for 3 minutes. She/he then asks them to imagine that they have had unprotected sex. After the 3 minutes period, let the students discuss how they feel about the situation. The SHT should emphasize the need to move with protection all the time

Note for SHT: After the students have shared their feelings, the SHT should emphasize the fact that it was only an exercise and not real to ensure that the feeling remains positive towards an intention for protection.

Method 4:

Arguments:

The SHT puts up a statement like “STIs are life time risk for all sexually active persons and is independent of relationship status” and asks the students to agree or disagree with the statement and give reasons for their positions. In concluding the debate, the SHT explains why trust and love are not enough alternatives for protection.

Note for SHT: The SHT should explain the statement in details to make sure that the students understand and can take positions.

Method 5:

Personalized Risk, Discussion

The SHT cite a story in the media (better to have two stories; one on pregnancy & the other on STIs/HIV) that explains how it affected the life of the teenagers involved, their family members and friends. Then ask the students to discuss in pairs whether they will like to do that to themselves and their families and if not, how they can avoid such humiliating experiences.

NB for SHT: The media stories should be about individuals involving in the risky situations and relate the story with what is prevailing among young people in the communities

Resources for the SHT:

1. Dealing with partners concerns on condom use* (SSE.1.5.b.

Possible excuse against condom use	Possible reply
Don't you trust me?	Trust isn't the point people can have infections without realizing it
It does not feel as good with a condom	I'll feel more relaxed, If I am more relaxed, I can make it feel better for you.
I don't stay hard when I put on a condom	I'll help you put it on, that will help you keep it hard.
I am afraid to ask him to use a condom. He'll think I don't trust him.	If you can't ask him, you probably don't trust him.
I can't feel a thing when I wear a condom	Maybe that way you'll last even longer and that will make up for it
I don't have a condom with me	I do
It's up to him... it's his decision	It's about your health. It should be your decision too!
I'm on the pill, you don't need a condom	I'd like to use it anyway. It will help to protect us from infections we may not realize we have.
Putting it on interrupts everything	Not if I help put it on

2. Women and children health network guide on pressure to have sex

What to say when he/she says...

"You would do it if you really loved me."

"If you really loved me you wouldn't try to make me do anything that I don't want to" .

"I guess we have different ideas about love".
"Good point, I guess I don't really love you".

"I will break up with you if you don't do that with me."

"You can't make me do something by using threats".
"I guess we just broke up".
"I've just realised that I do want to break up with you".
"You don't make me feel special and I am".

"You've just got me aroused and now you won't do it. You've given me blue balls - I need to have sex."

"You can't force me by making me feel bad. I still don't want to do it"
"There is nothing wrong with having blue balls, it can't hurt you. I will feel worse if I do something that I don't want to".
"It is not true that men have stronger sexual urges than women. That is just an excuse".

"Other couples do it. It is normal. Aren't you normal?"

"There is no such thing as normal, and we are not other couples".
"How do you know other couples are doing it...do you believe everything you hear?"
"No I am not normal, and neither are you".
"Happy couples don't pressure each other into sex".

"I'll tell other people that you are no good in bed and that you are frigid."

"It was a good try attempting to pressure me into it, but it just won't work".
"That is very immature. Anyone can spread rumours. Anyone can spread stories".
"It's unfair and uncaring and illegal to try to threaten me."

"We can have a relationship if you have sex with me."

"No thanks, I am not that desperate for a relationship".
"That is not usually the way I like to be asked out. I think of myself as more than just a sexual being".
"You cannot force me to have sex with you by offering me things".
"No thank you, I am leaving now".

"It won't feel any good if you make me wear a condom."

"I am not going to make you wear a condom. We just won't be having sex".
"It won't feel any good if I get pregnant or if either of us gets a sexually transmitted disease like HIV/AIDS".
"Wearing a condom is not my responsibility. It is both of ours".
"I don't want to have sex with you if this is your attitude".

Some people may also try to get you drunk or under the influence of drugs so that you do not have as much control over what you are doing and saying. Be aware of what you are drinking. Try to have a trustworthy friend nearby looking out for you. Never leave your drink unattended, and pour your own from a can/bottle. Don't let anyone mix your drinks for you.

Lesson 8: Using Protection – Part 1 (Condoms)

Materials Needed: Condoms (male& female), Male and female dummies

Lesson Objectives:

At the end of the lesson, students are able to:

- Demonstrate confidence to ask where condoms are displayed in a shop.
- List skills necessary to visit a drug store and buy condom.
- Explain how they can deal with possible disadvantages of buying condoms such as embarrassments caused by observers

Lesson Content

Method 1:

Modelling & Discussion

The SHT asks the students to list possible places where condoms can be accessed. Then narrates a short story on how a young person went to one of those identified places and bought a condom. The story should include how she or he dealt with the embarrassment caused by observers. After the story, the SHT asks the students to act in short dramas to demonstrate how they can also buy condoms and how they will deal with the barriers such as embarrassment caused by observers. After the drama, divide the students into two groups; one group will discuss all possible barriers of carrying condoms on them and how to overcome those barriers. The other group will list all safe and private places to carry condoms with them. Both groups will present in plenary and answer comments.

Note for SHT: The story should tell a situation that happen in the district/community or a nearby district/community (use context of the district for the story).

Method 2:

Guided Practice

After the SHT demonstrates the proper use of condoms (including disposal after use), students examine condom packages to identify characteristics, and practice correct steps for condom use, with the SHT emphasizing the correctness and consistency in condom use and how alcohol can influence correct use.

NB for PS: The PS must ensure that all SHTs know how to use condoms correctly, including how to dispose after use. Let all students practice themselves (provide enough materials {condoms, dummies etc} for this exercise). Please emphasise that the dummies are only for practice and not the real place to put a condom during sex. In reality, it is the penis.

Method 3:

Arguments

The SHT puts up a statement that “adolescents who carry condoms with them are spoiled or are looking for sex” and asks the students to agree or disagree to the statement and give reasons. The SHT should guide the debate and make sure the importance and advantages of carrying condoms are emphasized and agreed upon. Also highlight the disadvantages of not carrying condoms.

NB for SHT: SHT should supply some information to the groups after they have taken positions before the debate

Method 4:

Resistance to social pressure

In smaller groups, let the students discuss the positions of their parents and religious leaders on condom use and how to deal with those positions and be able to obtain and use condom.

NB for SHTs: Before this exercise, asks to make sure that the students have formed intentions to use condoms as a result of earlier lessons, otherwise postpone this exercise.

Resources for the SHT:

1. Safe and private places to keep condoms on you include purses, breast pocket, luggage, backpack, bags and socks.
2. Adolescents who carry condoms are not spoiled or bad boys and girls but they carry condoms because:
 - a. Condoms are part of sex in today's world for everyone.
 - b. They show responsibility and care for their bodies as admonished by religion
 - c. They recognize that they are humans and that anything can happen outside their control.

Lesson 9: Using Protection – Part 2 (Condoms)

Materials Needed:

Lesson Objectives:

At the end of the lesson, students are able to:

- State mutual goals for boys and girls in pregnancy or STIs prevention.
- Mention the importance of, and the right timings to start discussing condom use (e.g., in the heat of the moment it may be too late)
- Describe how & when to communicate verbally or indirectly showing that you want to use condoms
- List the steps of successful negotiation

Lesson Content

Method 1:

Discussion

The SHT puts up a question like “when is the right time to start a discussion on condom use with a partner?” and take all submissions on a blackboard. After the answers are exhausted, discuss each of them and explain the importance or otherwise.

Note for SHT: The SHT should take all answers but in the end, be emphatic of the wrong answers and explain why

Method 2:

Modelling

The SHT let students show in role plays on how to communicate both verbally and non-verbally, showing their wishes for condom use and making it conditional for sex eg “if it is not on, it is not in”

Note for SHT: Start the role plays with students who will have the most difficulties in communicating their wishes and end with those who are naturally assertive

Method 3

Guided practice

The SHT presents the 8 steps of successful negotiation by the ‘Negotiation Board’ (see below) and ask the participants to practice using those steps to negotiate in pairs with a partner who may not be willing to use a condom.

NB for PS: The PS should make sure that all SHTs are familiar with the steps of negotiation and that they have practice it themselves

Resources for the SHT:

1. How do I talk to my partner about using condoms?

It can be very difficult to talk about condoms or safer sex, but it is very important.

Send a signal

- Have condoms available and visible, in your bedroom, bathroom, wallet or purse.

- Give a card expressing the wish to make love and attach a condom.

To raise the subject with your partner, you can say:

- "Don't you think that people these days need to always practice safer sex?"
- "If our relationship is going to become sexual, we should talk about use of condoms."
- "This feels really good but I want to talk about how we can have safer sex before we go any further."

2. Eight Steps to a Successful Negotiation

Ever wonder how you're going to get any good at negotiating? One way to start is to follow a plan that ensures you do not miss any steps in the negotiation process. Inexperienced negotiators often make the mistake of reaching an agreement too quickly. Slow things down with these eight steps that help you analyze the negotiation in process and give you the chance to walk away a winner.

1. **Prepare:** Do your research ahead of time so that you know your opponent and you know what you want from the negotiation.
2. **Open:** Let the other sides know what you want and let them tell you what they want.
3. **Argue:** Back-up your case with evidence and uncover defects in their argument.
4. **Explore:** Search for common ground and agreeable outcomes.
5. **Signal:** Show that you are ready to reach an agreement.
6. **Package:** Put together different acceptable options for both parties.
7. **Close:** Come to an agreement and finalize the negotiation.
8. **Sustain:** Ensure that their side, and yours, follows through with the negotiated agreement.

In practice, these steps will not be followed exactly. You may get stuck on one step, or go back to another. Starting off with a definite plan of attack gives the upper hand and confidence that you would not otherwise have had. Tweak the process as the negotiation progresses, find your own style, and use what works best for you. There is no magic formula that will guarantee you come out on top every time, but practice, preparation and knowledge will skew the odds in your favor.

3. What can you do if somebody finds your condom and reacts negatively?

Remind such people that they could have a much bigger "oops" to deal with if they don't practice safe sex – unwanted pregnancy, HIV and STIs all awaits people who refuse to use condoms.

Explain that condom is necessary when using toys to have sex and that care must be taken with toys because it may break the condom

Other safe sex solutions if condoms are not available include masturbation, phone sex, body massage, kissing, receiving oral sex, & fingering/mutual masturbation.

Lesson 10: Using Protection – Part 3 (Other Contraceptives)

Materials Needed: A Nurse from the local clinic pictures/diagrams/ Samples of other common contraceptives use in Ghana

Lesson Objectives:

At the end of the lesson, students are able to:

- List reasons why one needs to use contraceptive.
- Mention places where contraceptives and their methods can be accessed.
- Mention common contraceptives used in their communities
- Mention the disadvantages of not using a contraceptive

Lesson Content:

Method 1

Discussion

After defining and giving an overview on contraception and its importance, the SHT/Nurse lets the students brainstorm the common contraceptives they have heard of in their communities, places to get them and discuss why and when they need to use contraceptives, emphasizing the disadvantages of not using contraception and common myths about contraception as well as the common side effects of contraceptives and how to deal with them.

Note for SHT: The SHT/Nurse makes sure that the contraception methods identified are practically available in the communities

Method 2:

Advocacy & lobbying

The SHT lets the students identify all possible attitudinal barriers at the service point that do not allow young people to use contraception and discuss how they can collectively advocate for those barriers to be removed in their communities to enable them access contraception services

Note for SHT: The SHT should help the students identify specific agents for advocacy targets in the community

Method 3

Modelling & guided practice

The SHT invites a nurse from the local health facility to explain how students can choose a contraceptive method, how to access it and the right timing that ensures privacy. After, the nurse will demonstrate how to use the common contraceptives in the community and the students will practice how to use them in role plays under the guidance of the nurse

Note for SHT: SHT should make sure that the nurse is from the local health facility and is someone the students can identify with (better if a young nurse and or two nurses (male and female));The SHT should discuss with the nurse ahead to make sure the demonstration shows coping skills

Resources for the SHT:

1. Unsafe methods of contraception

Unsafe methods of contraception includes the rhythm method (it is the study of the menstrual cycle and knowing the ovulation period and the safe period), using spermicidals {such as chemical

pastries, creams, foams or douching your vagina after sex} and practices like 'doing it standing up' or 'coughing a lot afterwards' or 'trying not to come' don't work, and will simply lead to unwanted pregnancy

2. Some Birth control myths

1. Douching with any substance after intercourse does not work as a contraceptive and does not prevent pregnancy.
2. It is not true that a female cannot become pregnant after her first sexual intercourse.
3. It is not true that a woman cannot get pregnant during her menstrual period. It is true that a woman is usually less fertile for the first few days of menstruation - but less fertile does not mean not fertile.
4. There is no sexual position that prevents pregnancy.
5. Urinating after sexual intercourse does not prevent pregnancy.
6. Toothpaste does not prevent pregnancy and should never be used as a contraceptive.
7. It is not true that if the man does not ejaculate the woman cannot get pregnant. There is a risk of pregnancy as soon as vaginal penetration by the penis occurs.
8. If the woman does not have an orgasm it does not mean at all that she cannot get pregnant. The risk of becoming pregnant is there as soon as vaginal penetration by the penis occurs.
9. Jumping up and down or placing seeds inside the vagina will not stop pregnancy occurring after intercourse.
10. If the male drinks a lot of alcohol, pregnancy is not prevented.
11. Two condoms are not better than one. In fact, the friction between the condoms may cause them to tear more easily and increases the risk.
12. Waiting until the next day to take the morning-after- pill does not make it more effective. It should be taken as soon as possible. The emergency contraceptive pill can be used up to 72 hours after unprotected sex.
13. It is not true that the morning-after pill (emergency contraceptive pill) can only be used two or three times a year. It should be reserved for emergencies and should not be used as a regular contraception method. However, it can be used when necessary.
14. It is not true that condoms can get lost in a woman's body.
15. Plastic wraps or balloons are not alternatives to condoms. Condoms are designed to prevent pregnancy and have a very high success rates. Other products are not and have a much lower success rate at preventing pregnancy.
16. Whether or not the sexual partners love each other makes no difference to the likelihood of pregnancy. It is a tragic myth to think that if you doesn't love him you won't get pregnant.

adapted from Christian Nordqvist

Lesson 11: Sexual Rights, Setting Personal Limits and Saying “NO”

Materials needed:

Lesson Objectives:

At the end of the lesson, students are able to:

- List their sexual rights, values and beliefs regarding sex and relationships.
- State the need to set personal limits regarding sexual behavior and the need to be mindful of partner’s wishes and boundaries.
- List skills needed to deal with bullying/name calling from peers when they are not having sex.

Lesson content:

Method 1

Discussion

The SHT guide a brainstorming session where students list their sexual rights, values and beliefs regarding sex and relationships. After that, the SHT presents the 10 sexual rights declaration by the IPPF, comparing them with the students list and explaining the importance of sticking to your rights and how to exercise those rights.

Note for SHT: The SHT allows enough time for students to digest the sexual rights and make sure that they appreciate the point on exercising their rights.

Method 2

Guided Practice, Modeling and Enactive Mastery Experience

The SHT introduces verbal and non-verbal refusal skills to the students and demonstrates these skills in a scripted role play. After, the students practice the refusal skills in pairs. The SHT notes down effective and ineffective statements or actions from the students’ practice and discuss with the students in plenary

Note for SHT: The SHT should identify pairs that showed the most difficulty in practicing refusal skills and help them do it in plenary.

Resources for the SHTG:

1. Sexual Rights: An IPPF declaration

- **Article 1** Right to equality, equal protection of the law and freedom from all forms of discrimination based on sex, sexuality or gender.
- **Article 2** The right to participation for all persons, regardless of sex, sexuality or gender
- **Article 3** The rights to life, liberty, security of the person and bodily integrity
- **Article 4** Right to privacy
- **Article 5** Right to personal autonomy and recognition before the law
- **Article 6** Right to freedom of thought, opinion and expression; right to association
- **Article 7** Right to health and the benefits of scientific progress
- **Article 8** Right to education and information
- **Article 9** Right to choose whether or not to marry and to found and plan a family, and to decide whether or not, how and when to have children.

- **Article 10** Right to accountability and redress.

2. Refusal Skills

Description of the Skill

The purpose of refusal skills is to give youth the ability to say NO to unwanted sexual advances or risky situations. There are several essential components to an effective refusal or NO statement. Youth need to understand the components that make up an effective NO before they observe or practice the skills. Here are the four essential components of an effective NO:

- **Use the word NO.** There is no substitute. Everyone understands the meaning of the word NO.
Effective use: "NO, you can't touch me." (direct NO)
Ineffective use: "I don't know. You really shouldn't touch me." (weak NO)
- **Give a strong nonverbal NO message.** There are many body movements that can support a verbal NO message. For example:
Hands off gesture: Use hand or arm movements for emphasis.
Stiff body: Sit or stand stiffly. Storm away from the other person if you have to.
Serious expression: Use an "I mean it" face.
Other body movements: Cross arms and legs for emphasis.
Fight back: If all else fails, push the person away and protect yourself.
Effective use: Arms crossed or hand on hips while saying, "NO, you can't touch me."
Ineffective use: saying, "You really shouldn't touch me, but you can say what you want to say, am listening."
- **Use a firm tone of voice to support the NO message.** The way you say something often gives a stronger message than the words you use.
Effective use: Use a firm voice while saying, "NO, you can't touch me."
Ineffective use: Use an unconvincing voice, smiling while saying, "I don't know; you really shouldn't touch me."
- **Repeat the NO message as much as needed.** Eventually, the person will get the message or give up.
Effective use: I told you once already, "NO, you can't touch me."
Ineffective use: Failing to repeat the message.

Conclusion: Post-Test Survey and Process Evaluation

Materials Needed: Survey questionnaires, pens

Lesson Objectives:

- The students understand the need for the survey and do understand the questions
- All students of the pre-test should also complete the post-test.

Lesson Content:

Method 1

Survey

Make copies of a validated questionnaire and give to all participating students in a class. It is again emphasised that the project supervisors, being external to the school environment, conduct the pre-test survey and not the school health teachers. This is to ensure anonymity in the completion of the questionnaires and gives the students a sense of security in believing that their responses will remain confidential and not known to the teachers or other students. After the survey, the project supervisors collect all questionnaires and send them to the YHFG offices for data management.

During questionnaire administration, project supervisors need to explain questions that are not clear to the students to ensure that all students understand what to do.

Note for PS: Stay in class to explain questionnaire to students

1. Students must voluntarily agree to participate in the survey, indicated by a completed parental informed consent form and a signed child assent form.
2. This is an anonymous survey and participants are not allowed to write their names on the questionnaires. Please emphasized this and give assurance that nobody will know who answers what question to assure them of confidentiality.
3. Students are also not allowed to look at each other's work. This will ensure privacy. .