

SHARE Peer Educator's Manual 2018

**An Adolescent's Guide to
Sexual and Reproductive
Health and Rights:**

**Basic Facts on Puberty, Relationships, and Prevention of
HIV and Unwanted Pregnancy**

This program is possible because of:



Norwegian People's Aid



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About Project SHARE

Project SHARE (Sexual Health And Reproductive Education) began in 2007 as an initiative of Health Development Initiative (HDI) to provide **Comprehensive Sexual Health and Reproductive Education** to adolescents in Kigali, Rwanda. HDI is a health and health rights NGO operating in Rwanda that seeks to empower individuals, communities, and institutions to improve community health and development for every Rwandan regardless of social, cultural, or economic status. HDI created Project SHARE as a way to increase youth awareness of sexual and reproductive health topics, reduce unwanted teen pregnancies, and decrease the spread of STIs (sexually transmitted infections), including HIV/AIDS. Working with health clubs both in schools and outside of schools, Project SHARE provides educational resources, guidance, and skills to youth to improve their sexual and reproductive health.

Project SHARE is based on the principle that all people, especially youth, deserve to be healthy and have a right to information about their sexual and reproductive health, according to their rights in international instruments ratified by Rwanda. The SHARE curriculum views sexuality as a natural, normal part of human life and posits that sexuality encompasses a range of life experiences, including but not limited to communication skills, confidence building, and healthy relationships. Using a rights-based approach, SHARE teaches youth to advocate for their rights and reduces unhealthy sexual behaviors by building confidence and enhancing decision-making skills of youth. With its unique and interactive approach, it is meant to supplement the Rwandan public school curriculum as an additional resource for youth.

This manual has been developed in line with international and national standards on adolescent reproductive health and comprehensive sexuality education. According to UNESCO, Comprehensive Sexuality Education (CSE) is “an age-appropriate, culturally relevant approach to teaching about sex and relationships by providing scientifically accurate, realistic, and non-judgmental information.” The World Health Organization (WHO) found that “most recent scientific evidence demonstrates that CSE, including education on safer sex and condom use, can help to delay the initiation and frequency of sexual activity, reduce the number of sexual partners, increase the use of condoms, and reduce sexual risk-taking.” Project SHARE’s manual takes this into account and includes comprehensive topics (including safer sex and condom use) and scientifically accurate information to share with youth.

Additionally, the SHARE manual was developed to uphold Rwanda’s commitments to providing sexual and reproductive health information to adolescents. Rwanda is Africa’s most densely populated country and its total fertility rate is one of the highest in sub-Saharan Africa at 4.6 children per woman in 2010. Given also that 67% of Rwanda’s population is under 20 years old, family planning and adolescent health remain top priorities for the Ministry of Health. SHARE seeks to address these contemporary challenges by offering a youth-friendly manual that prioritizes adolescent health and healthy decision-making to prevent unwanted pregnancies and promote family planning needs for the country.

This document is a teaching guide for Peer Educators, exceptional young leaders who lead club sessions and teach lessons on adolescent reproductive health to their contemporaries. According to myriad studies, peer educator programs are linked to a significant increase of HIV

prevention behaviors, thereby decreasing the spread of HIV/AIDS.

By following these lesson guides, Peer Educators provide invaluable information to their peers about sexual and reproductive health. Peer Educators and their clubs (either at schools or at youth centers) are encouraged to lead public awareness events to share this important information with their communities as well. Ideas for these events are listed at the end of this manual.

SHARE Facilitators are medical professionals-in-training who visit these clubs regularly to answer anonymous questions and lead supplementary conversations. They serve as additional sources of evidence-based information and support the peer educators. They are considered mentors for the clubs and assist with planning public awareness events.

This manual is meant to be as comprehensive as possible, so there are over 13 hours' worth of lesson material. It includes 16 Peer Educator-led lessons and 4 SHARE Facilitator-led discussions.

Teaching Tips

- Ask questions before you give information. For example, before you say “these are the ways that HIV can spread...”, first ask “how many ways are there for HIV to spread?” Wait to see how much students know before you give the answers.
- If a student asks a question, do not answer right away. Ask the other students if they know the answer.
- If you do not know the answer to a question, *do not pretend to know or guess the answer!* It’s okay to say “I am not sure of the answer; let me check with a Facilitator and get back to you next time.” Ask a SHARE Facilitator for help, or do some research to find the correct answer.
- Be mindful about time management, but do not let it hurt the quality of the lesson. If you run out of club time before finishing an activity, it’s okay. You can begin again at the same point next club time.
- Set up ground rules for the club to follow. Some example ideas include:
 - **Respect.**
 - **Confidentiality**—What we share in this group will remain in this group.
 - **Openness**—We will be as open and honest as possible without sharing others' personal or private issues. It is okay to talk about situations, but do not use specific names. For example, do not say, "My older sister..." Instead say, "I know someone who ..."
 - **Right to pass**—It is always okay to pass (meaning "I'd rather not" or "I don't want to answer").
 - **Nonjudgmental approach**—We can disagree with another person's opinion without being rude.
 - **Taking care to claim our opinions**—We will speak our opinions using the first person and avoid using 'you'. For example, "I think that kindness is important." Not, "You are just mean."
 - **Sensitivity to diversity**—We will remember that people in the group may have differences in opinion, background or lifestyle. Be careful about making insensitive comments.
 - **Anonymity**—It is okay to ask any question by using the question box with SHARE Facilitators. The question box is a way for students to ask questions anonymously; they should feel comfortable asking whatever questions they might have and will receive fact-based answers from Facilitators.
 - **Acceptance**—It is okay to feel uncomfortable; adults feel uncomfortable, too, when they talk about sensitive and personal topics, such as sexuality.



Topic 1: Sexuality & Your Rights

Topic 1. Lesson 1.

What is Sexuality?

Time: 40 Minutes

Materials: M&E Pre-Questionnaire, Writing Utensils, Chalk, Chalkboard, Device to play audio (phone or computer)

Objectives: Students will learn about the five components of sexuality and explore common messages about sexuality in their culture.

I. M&E Questionnaire: What do you know about sexual and reproductive health?

Time: 15 Minutes

Materials: Pre-Questionnaire, Writing Utensils

Explain that SHARE wants to track what students learn during the course of this program so everyone will be completing a questionnaire to test their knowledge of sexual and reproductive health before and after the program.

Pass out one questionnaire for each participant and ensure that they do not write their names on the questionnaire. Instruct participants to answer each question as best as they can. Allow approximately 15 minutes for participants to fill out the questionnaire.

After everyone has completed the questionnaire, collect them and give them to your club advisor.

II. What is Sexuality?

Time: 15 Minutes

Materials: Chalk, Chalkboard

Ask participants what they think “sexuality” is. List their answers on the board.

Most common answers are only one component of human sexuality—sexual health and reproduction. In reality, human sexuality actually has five components.

Go over the Circles of Sexuality diagram below. Start by drawing one circle on the board and labeling it “Sexual Health and Reproduction.” Ask students what they think is included in this circle. Write correct answers in the circle, using the Circles of Sexuality diagram below as a guide. Then draw another circle, for “Sexual Identity” and go through the same process. Continue until you have covered all of the circles of sexuality.

Circles of Sexuality:

Sensuality

Body Image: what you think of yourself and the way your body looks/is

Human Sexual Response Cycle: the cycle of arousal that is natural to human bodies; even babies can get aroused!

Skin Hunger: the need to be touched; most people feel a need to be touched in some way

Fantasy: images or thoughts that may arouse us or get us excited

Intimacy

Caring: showing that we care about what/who is important to us

Sharing: wanting to share in love or life with those we care about

Loving/liking: different relationships have different levels of intimacy

Risk taking: when you care about something enough to take a risk on them; this is about opening yourself up to someone else or to a new experience

Vulnerability: taking an emotional risk and embracing feelings, even when they are difficult

Sexual Identity

Bias: stereotypes we have about how people “should” act according to their identity

Gender Identity: a person’s internal sense of their gender (gender expression is how a person chooses to express their gender through clothing, voice, mannerisms, etc.)

Gender Role: the way our culture or society expects a person to act according to their gender

Sexual orientation: a person’s feelings of attraction towards other people

Sexual Health & Reproduction

Factual Information: the facts about sex, bodies, sexual infections, etc.

Feelings & Attitudes: ideas/thoughts we have about reproduction, how to maintain good hygiene, consequences of sexual behaviors, etc.

Intercourse: how exactly sexual intercourse works

Physiology & Anatomy of Reproductive Organs: the names and function of our sexual reproductive systems

Sexual Reproduction: the process of how babies are conceived and born

Sexualization

Rape: when a person does not give consent to have sexual intercourse but it is forced, coerced, or pressured anyways

Incest: when people in the same family have intercourse

Sexual harassment: unwanted sexual behavior imposed on another person

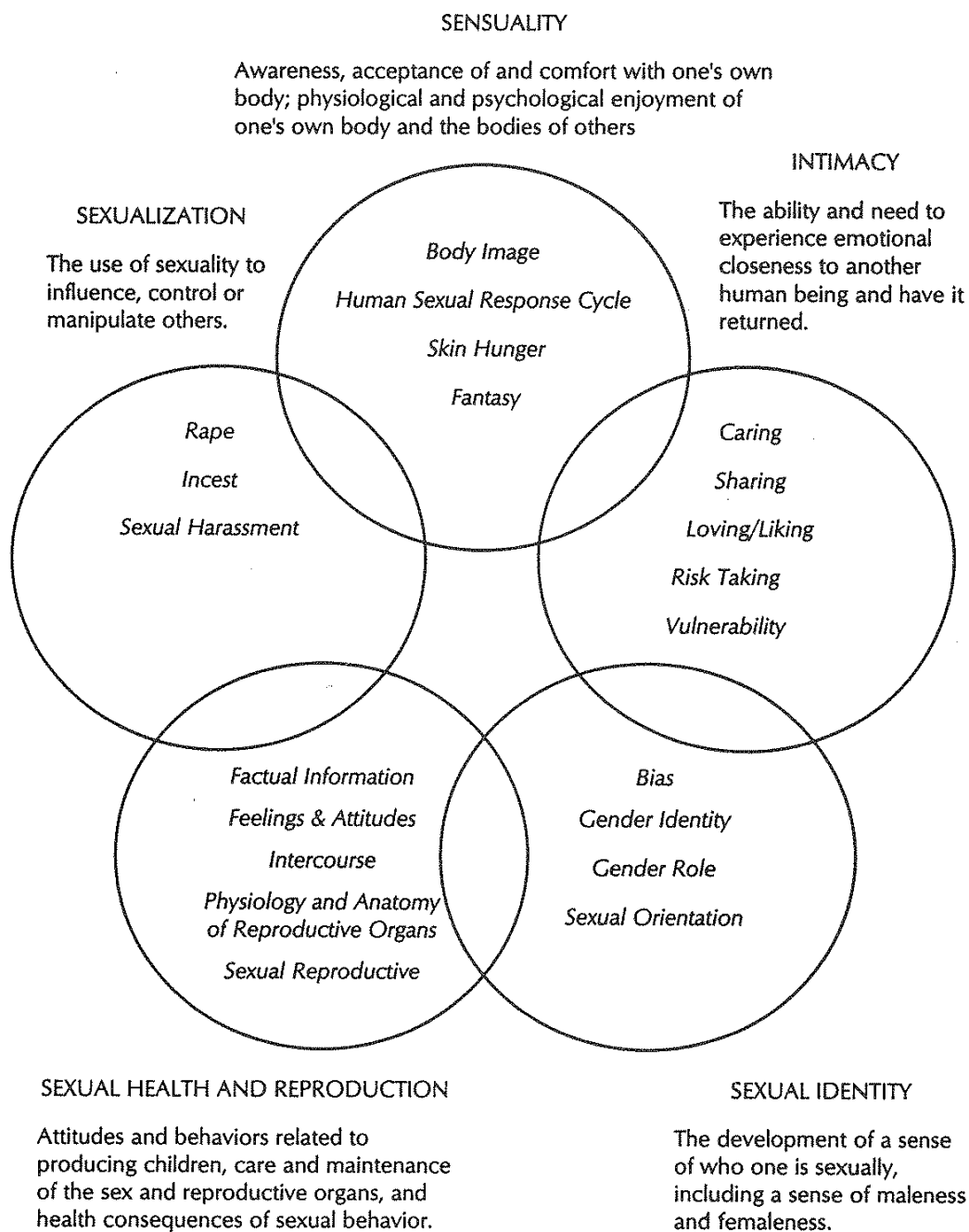
Flirting: using influence or manipulation of someone’s feelings to show that you are interested in them sexually

Media messages/images: when the media only shows one type of “acceptable” body; creates negative body image

Human Sexuality is very complicated. Everyone’s sexuality is a little bit different. It is okay to be different from your friends sometimes. People have different bodies, feelings, ideas, preferences, wants, and experiences. You will hear different messages about sexuality, but it is important to decide for yourself how you feel.

Leader's Resource

Circles of Sexuality



III. Messages about Sex

Time: 10 Minutes

Materials: A phone or computer on which to play a song.

Select **one** of the songs below—or choose another popular song that deals with love, sex, or relationships—and play it for the class.

- “Deep in Love” by Knowless ft. Bruce Melodie
- “Malaika” by Yvan Buravan
- “Take It Off” by Urban Boys ft. Jackie Chandiru
- “Danger de mort” by Miss Jojo ft. Rafiki
- “Slowly” by Meddy
- “Johnny” by Yemi Alade



If equipment is not available, simply ask the questions to prompt discussion.

Ask the class the following questions:

- How does this song (or the media in general) portray sexuality? Is it positive or negative? What is the message its giving young people about having sex?
- How does this song (or the media in general) portray the female body? Is it possible for all women to look like this? What are the implications for youth?
- What do many music videos and films say about sexuality?
- What do parents say about sexuality?
- What do religious leaders say about sexuality?
- What do friends and classmates say about sexuality?
- What does the law say about sexuality? (you will find this out in the next lesson!)
- What does this course say about sexuality?
- Are these messages about sex all the same? How are they different?

We receive many different messages about sex. Sometimes these messages contradict each other. Sexuality is very complicated, and different people have different opinions and ideas about it.

Topic 1. Lesson 2.

Sexual & Reproductive Rights

Time: 40 Minutes

Materials: Chalk, Chalkboard, “Rights Role Play” Notecards

Objectives: Students will be able to identify their sexual and reproductive rights and will learn what to do if their rights are being violated.

I. Sexual and Reproductive Rights

Time: 20 Minutes

Materials: Chalk, Chalkboard

Ask students these questions.

1. What is a “human right”?
2. Who has human rights?

After they spend a few minutes discussing their ideas, go over the following information using the chalkboard to write notes as needed:

A **human right** is something that a person is entitled to because they are a human.

All people have human rights, regardless of their nationality, sex, ethnicity, religion, language, disability, age, HIV status, economic status, or other status.

Human rights help everyone lead happy and healthy lives.

Human rights are:

- **Inalienable**-- they cannot be taken away
- **Universal**--everybody has them.
- **Interdependent**--different rights affect each other. If you protect one human right, then you will protect other rights. If you hurt one human right, then you will hurt others also.
- **Indivisible**--all human rights are equally important. You cannot be given one human right and denied another.

Ask the class: What are duty bearers?

Duty Bearers are countries, governments, people, and institutions with responsibilities:

- To respect the rights of others
- To prevent people from taking away other people’s rights
- To help everyone enjoy their full rights



It is the responsibility of your government and community to protect your rights. It is also your responsibility to protect other people's rights.

If you think that a right of yours is being violated, do not keep quiet.

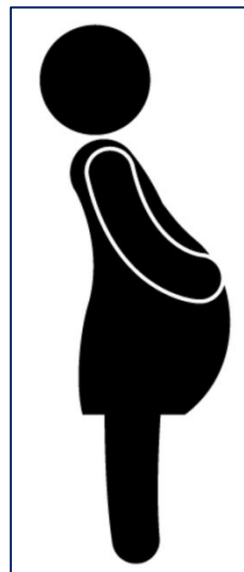
Ask the class, What are sexual and reproductive rights? What are some examples?

Sexual and Reproductive Rights are a kind of human right.

Sexual rights refer to control over one's sexual health and sexuality.

Reproductive rights refer to control over fertility and the spacing, timing, and frequency of reproduction.

Rwanda has ratified numerous international instruments related to sexual and reproductive health in order to protect our human rights. Because of these ratifications as well as the adoption of national laws, everyone in Rwanda has the sexual and reproductive rights listed below:



Go over the following rights and see if students know what each right means.

You have these rights:

- Right to accurate and objective information about sexual and reproductive health
- Right to choose any method of contraception
- Right to enter into an intimate relationship with a partner of your choice
- Right to consent to marriage. In order to enjoy this right, you must:
 - ♦ Be 21 years or older
 - ♦ Consent to the partner and the marriage (otherwise it is a forced marriage and it is illegal)
 - ♦ Marry someone of the opposite sex (same-sex marriage is illegal, but not same-sex relationships or sexual activity)
 - ♦ Marry someone who is not in your family
- Right to decide freely whether and when to become pregnant
- Right to decide how many children to have
- Right to have a relationship free of violence or coercion, with a partner of your choice
- Right to sexual and reproductive health care services
- Right not to be exposed to sexual behavior or activity against your will
- Right not to be touched by others against your will
- Right to say no or yes to sex
 - ♦ The age of consent is 18. Sometimes a person aged 16 may be emancipated by a civil register. Any sexual intercourse with a person below the age 18 is child defilement, which is a crime. If someone under 18 has sex with someone older, then the older person will be punished, not the younger person.

For more information on these rights, read the [Universal Declaration of Human Rights](#), accessible online.

Many people in Rwanda and in the world cannot exercise their rights because of **discrimination** and **stigma**.

If you think that a sexual or reproductive right of yours is being violated, do not keep quiet.

- You can speak to a trusted adult to get advice. Some good ideas might be a club sponsor, a teacher, a nurse, a counselor, parent or a guardian.
- You can call the hotline **3530** for Health Development Initiative (HDI) if you have any legal or health questions about sexual and reproductive health and rights.



II. What Would You Do?

Time: 20 Minutes

Materials: “Rights Role Play” Notecards

Ask everyone in the class to find a partner. Hand out a “Rights Role Play” Notecard to each group. Tell each group to read aloud the scenario and decide 1) what right is being violated and 2) what they would do in that situation. Each group should create a short role play using their scenario that they will then present to the class. Give the groups approximately 5 minutes to come up with a short role play; then call on groups to present. If groups do not give an appropriate response, go over the possible solution to each scenario listed below.

“Rights Role Play” Notecards (with possible solution):

Situation		Violated Right	Possible Solution
1.	You go to the health center for free condoms, but the nurse refuses to give you any. She says, “condoms are for married people only.”	<ul style="list-style-type: none"> • Right to sexual and reproductive health care services • Right to choose any method of contraception 	You explain to her how it is against the Ministry of Health’s policies to refuse condoms based on age or marital status. If she persists in not helping you, you can report her behavior to the Ministry of Health. You can also ask a trusted adult to help report her or find condoms.
2.	Your married friend has 5	<ul style="list-style-type: none"> • Right to decide 	You can advise her to talk

	daughters and does not want any more children. She wants to go on hormonal birth control. But her husband is telling her no, saying “we must keep having children until we have a son.”	<p>freely whether and when to become pregnant</p> <ul style="list-style-type: none"> • Right to decide how many children to have 	with her husband about why she does not need more children. If her husband continues to pressure her, she has the right to go receive birth control from the health center without her husband’s knowledge or consent.
3.	You finished secondary school with good marks in your classes and national exams. You want to go to university so that you may find a good job. But your parents are refusing to let you go. They say, “we want grandchildren! You will stay here and marry one of our neighbors. He is a good man.” You do not want to marry him.	<ul style="list-style-type: none"> • Right to enter into an intimate relationship with a partner of your choice • Right to consent to marriage. 	You can ask for help from other family members or community members to get financial support. If your parents continue to pressure you, you can report it to the police, since forced marriage is a crime.
4.	A guest speaker comes to your school. She tells the students, “Only abstinence can prevent pregnancy! Condoms will break and give you diseases.” You know that this is not true.	<ul style="list-style-type: none"> • Right to accurate and objective information about sexual and reproductive health 	You can talk to counselors at the school about the guest speaker giving false information and request that she not return. You can start a SHARE club at your school to share correct information with your peers.
5.	The headmaster of your school likes to give hugs to the female students. The girls are very uncomfortable with these hugs because sometimes he touches their behinds. The girls are afraid to be rude and say no to him.	<ul style="list-style-type: none"> • Right not to be touched by others against your will 	This is sexual violence. You can report this to the Vice Mayor in charge of Social Affairs at the district level. You can also talk to teachers or counselors you trust at the school to help you reach the district.
6.	You are a seller in a shop. Your supervisor often shows you pictures and videos of pornography on	<ul style="list-style-type: none"> • Right not to be exposed to sexual behaviour or 	This is a crime. If you are afraid to tell your supervisor directly that you do not want to watch the

	his phone. “Do you like this?” He asks you. It makes you very uncomfortable, but you are afraid that you may lose your job if you complain.	activity against your will	pornography, you can report this to the police or to the gender based violence unit at the Office of the Prosecutor.
7.	You are kissing your boyfriend and he starts to put his hand under your shirt. You say, “stop it, I just want to kiss.” He becomes very angry and shoves you against the wall. He says, “Why do you tease me? If you loved me, you would let me touch you.”	<ul style="list-style-type: none"> • Right not to be touched by others against your will • Right to have a relationship free of violence or coercion, with a partner of your choice 	You can tell him that you have a right to not be touched and that you want him to respect your choices. If he persists, you can end the relationship and report him to the police for sexual harassment.
8.	You hear some students making jokes about sex at school. You go home and ask your mother what sex is. She says, “You do not need to know any information about it. Never ask me about it again.”	<ul style="list-style-type: none"> • Right to accurate and objective information about sexual and reproductive health 	You cannot force your mother to tell you about sex even though it is her responsibility as a parent. You can ask for accurate information about sex from a counselor at school, or at a health center.

Topic 2. Puberty & Hygiene

Topic 2. Lesson 1.

Anatomy & Our Changing Bodies

Time: 40 Minutes

Materials: Chalk, Chalkboard, Tape, “Body Part Notecards”, Diagrams of the male and female reproductive systems.

Objectives: Students will be able to correctly name the parts of the male and female reproductive systems and describe their functions.

I. Anatomy Game

Time: 15 Minutes

Materials: Tape, “Body Part Notecards” with the following body parts written on them: “Breasts, Penis, Vagina, Toe, Hair, Mouth, Ear, Neck, Finger, Chest, Nipple, Stomach, Uterus, Bladder, Heart, Lungs, Arm, Leg, Hand, Knee” (Have enough notecards for each participant to have one. Repeat body parts if you require more cards.)

Tape a notecard with a body part listed on it to the back of every participant. Tell them not to look at their card since the object of the game is to figure out what body part is taped on their back.

After all participants have a notecard on their back, explain that they should ask their peers yes or no questions to determine the body part on their back. Examples of good questions are:

- Is the body part above the waist? Is it below the waist?
- Is the body part typically on male bodies? Female bodies? Both?
- Is the body part larger than a fist?
- Do I use this body part to speak? Walk? Produce a baby? Etc.

Encourage them to ask in English if they can but they can use Kinyarwanda as needed. Model with a participant if further explanation is needed. Explain that as soon as they guess their body part, they should help others guess theirs. Invite participants to begin.

FACILITATOR’S NOTE: Some body parts are harder to guess than others. Make sure students do not get teased or singled out for not guessing. Help those students to ask good questions so they can guess their body part. It’s okay if not everyone guesses. If you don’t have the materials for notecards and tape, have students use their own paper.

After everyone has guessed their body part, tell participants to find a seat. Ask them “How difficult was that activity? Was it easier for some body parts than others? Were some body parts embarrassing to say?”

It's important to learn the correct names for our body parts, particularly our sexual and reproductive body parts. Using slang or not saying the correct word can be harmful if we need to describe to a medical professional if we're having a problem.

II. Anatomy Lecture

Time: 25 Minutes

Materials: Chalk, Chalkboard, Diagrams of the male and female reproductive systems, Tape

Post the diagrams labelled “Female Reproductive System” and “Male Reproductive System.” If posters aren't available, draw diagrams on the board or project a photo using a computer.

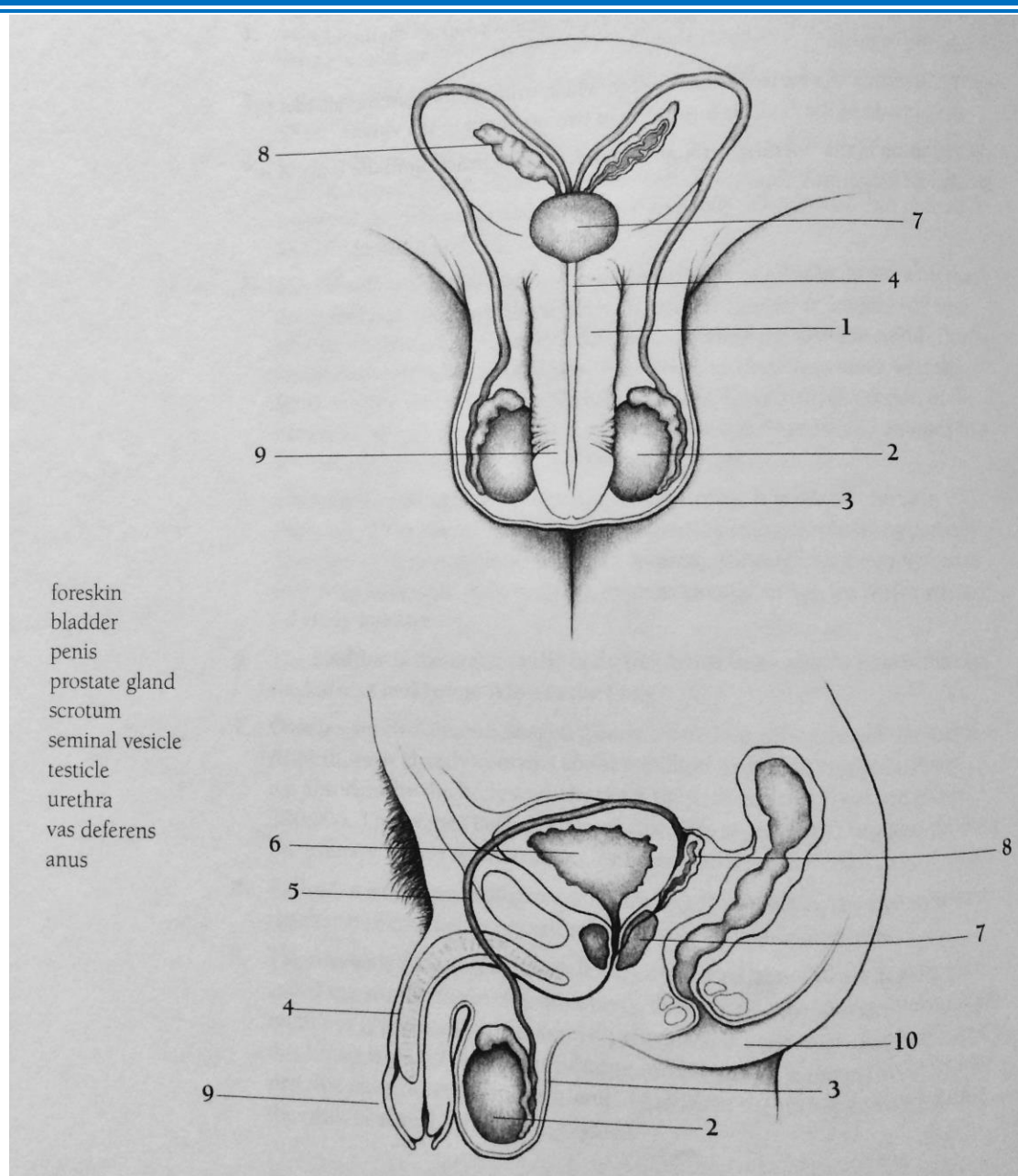
Go over each body part—for females and males—and have participants repeat the English word out loud.

For each body part, ask students:

- “What is the function of this body part?”

Go over the correct information to describe the function for each.

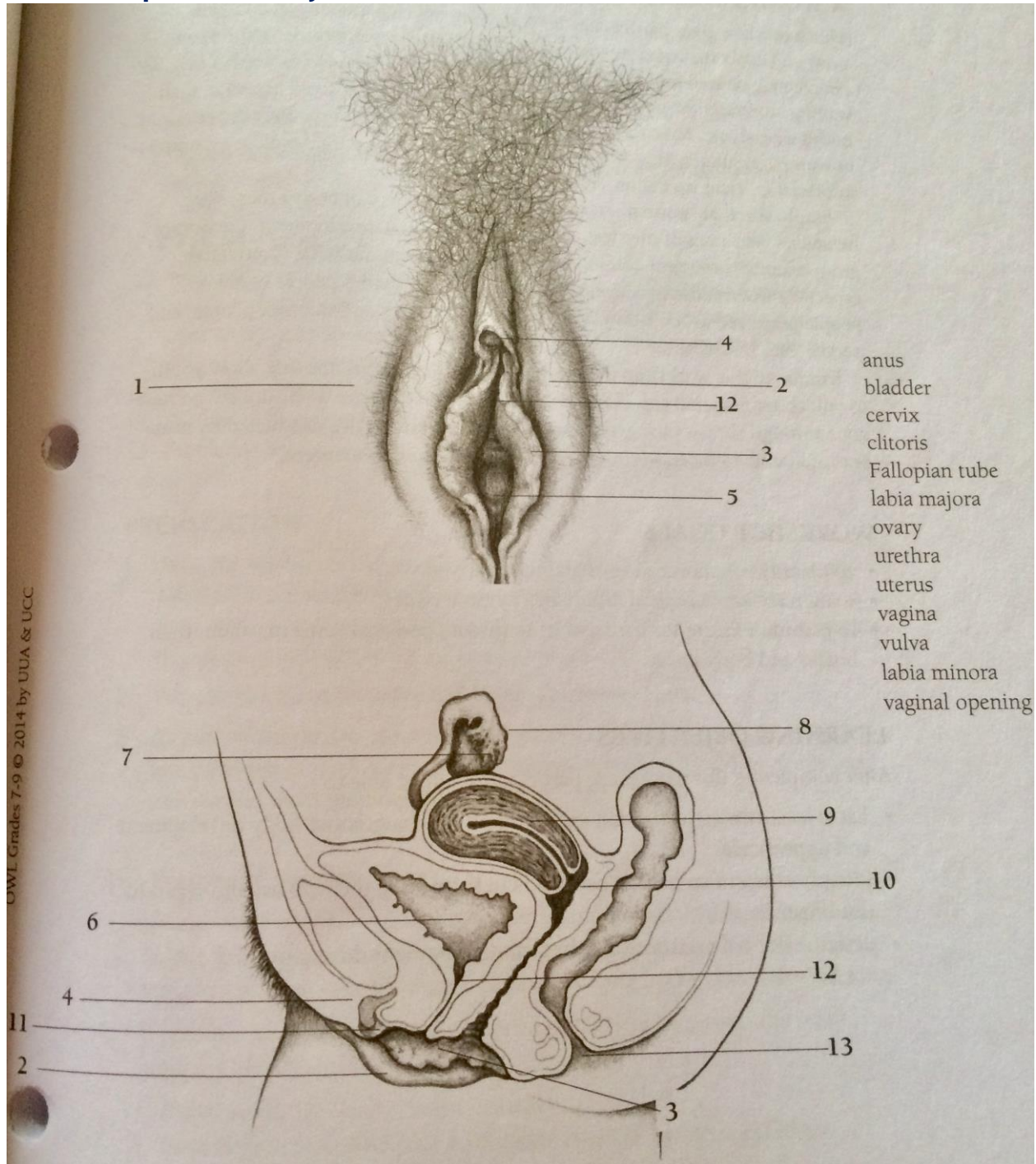
Male Reproductive System:



1. **Penis:** tube-like organ used for sexual stimulation, reproduction, and urination.
2. **Testicle:** two egg-shaped glands that produce and store sperm. They are located in the scrotum.
3. **Scrotum:** Pouch of skin that holds the testicles and maintains an even temperature.
4. **Urethra:** A narrow tube inside the penis through which urine flows from the bladder outside the body. It's also the passageway for semen to exit the body during ejaculation.
5. **Vas deferens:** Long thin tubes that transport sperm from the testicles through to the urethra.
6. **Bladder:** The organ that holds urine.
7. **Prostate gland:** A gland inside the body that produces semen, a milky-white fluid that mixes with sperm.
8. **Seminal vesicle:** Two pouches that produce a fluid that gives sperm cells nutrients and energy to swim.

9. Foreskin: The skin that covers the head of the penis. Some penises are circumcised, meaning that the foreskin is removed at birth.
10. Anus: The opening through which feces (poop) exits the body.

Female Reproductive System:



Women's Reproductive Organs:

1. Vulva: The name for the entire external female genitalia (private parts that can be seen from the outside).
2. Labia majora: The outer lips of the vulva.

3. Labia minora: The inner lips of the vulva.
4. Clitoris: A highly sensitive organ that is covered by a piece of skin called the “clitoral hood”. Only a small part of the clitoris is outside the body; the rest of the clitoris is inside the body and extends on both sides of the lips of the vulva.
5. Vaginal opening: The opening to the vagina; sometimes it is covered by a piece of skin called the “hymen”. This skin can be broken from playing sports, exercising, or first sexual intercourse.
6. Bladder: The organ that holds urine.
7. Ovary: Two nut-shaped glands located on either side of the uterus that hold eggs. At birth, ovaries already contain about 1 million immature eggs; no other eggs are made.
8. Fallopian tube: Passageways that connect the ovaries to the uterus and carry the eggs to uterus.
9. Uterus: A fist-sized organ located in the pelvic region that holds a baby when a woman is pregnant or if a woman is not pregnant, the lining of the uterus exits the body as menstrual blood.
10. Cervix: The opening of the uterus.
11. Vagina: The canal (opening) that starts at the vulva and extends to the cervix. The vagina is able to stretch to allow a baby to exit the body.
12. Urethra: A narrow tube that carries urine from the bladder outside the body.
13. Anus: The opening through which feces (poop) exits the body.

OPTIONAL: If time allows, “quiz” participants by pointing to different body parts and having them shout out the correct name. Ask if students can name the function of that body part.

If students want to watch a video about the human reproductive systems, they can watch one at this link (4 minutes):

<https://www.youtube.com/watch?v=CqmW9CL8oqo>

Topic 2. Lesson 2.

Puberty

Time: 40 Minutes

Materials: Chalk, Chalkboard, Tape, “Puberty Notecards”, Paper, Writing Utensils.

Objectives: Students will be able to list changes boys and girls experience during puberty. Students will be able to list methods of managing puberty-related stress and emotions.

I. Our Changing Bodies

Time: 20 Minutes

Materials: Chalk, Chalkboard, Tape, “Puberty Notecards”

Start by asking if anyone knows what “puberty” means. List answers on the board.

Puberty is the time when children start to grow into adults. This looks different for everyone but happens generally between the ages of 8 and 15. Girls often start puberty before boys, but not always.

On the chalkboard, write the following headings: “Girls”, “Boys”, “Both girls and boys”. Leave enough space underneath to tape notecards. Pass out the “Puberty Notecards”, one to each student.

Each participant will receive a notecard that they will read aloud. (If English or reading level is low, the facilitator can read out loud for them.) The group must then decide if this is a change that only girls experience, only boys experience, or both girls and boys experience and tape it under that heading on the board.

Ask for a volunteer to go first. Be sure to review each physical change so that the class understands.

“Puberty Notecards”:

Each notecard should have one characteristic listed on it.

Girls:

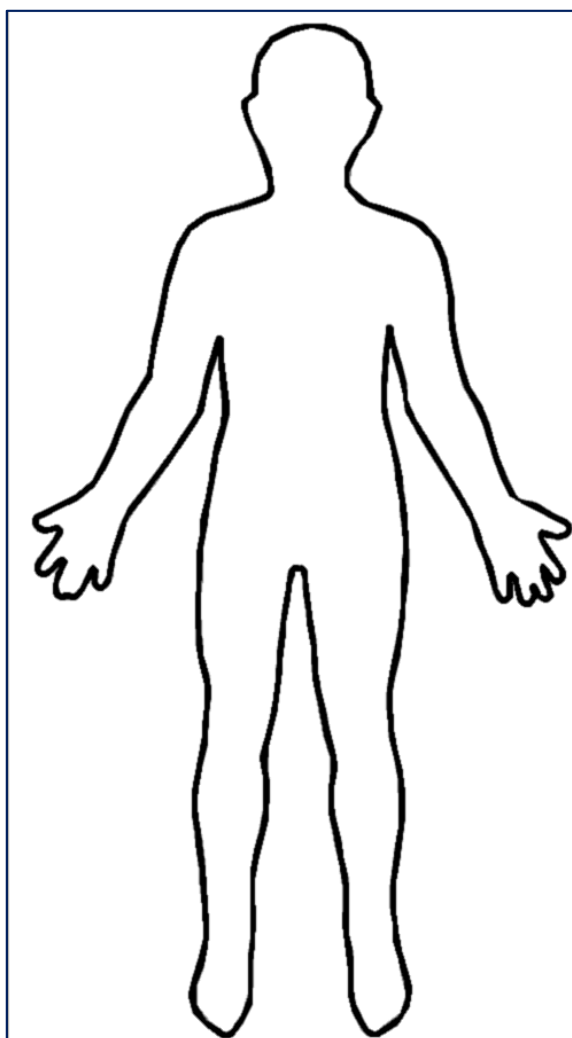
- Uterus and vagina grow larger.
- Hips get wider.
- Menstruation begins.
- Eggs mature in ovaries.
- Breasts grow bigger.
- Body produces more estrogen (a sex hormone).

Boys:

- The penis and testicles get bigger.
- Voice gets squeaky and deepens.
- Whiskers start to grow on the face.
- Scrotum darkens in color.
- Erections are more common.
- Wet dreams (or ejaculations) begin.
- Hair begins to grow on chest.
- Testicles start to produce semen and sperm.
- Body produces more testosterone (a sex hormone).

Both:

- Your body will sweat more.
- You might want to use a deodorant.
- You may get pimples.
- You gain weight.
- Skin becomes oilier.



- You grow nearly to your full height.
- Hair grows around the genitals.
- Body hair grows longer and thicker.
- Hair grows under the arms.
- Sexual and romantic feelings are stronger and more frequent.
- Muscles grow larger and you become stronger.
- Nipples may darken in color.

II. Puberty and Emotions

Time: 20 Minutes

Materials: Chalk, Chalkboard, Paper, Writing Utensils

On the chalkboard, write the word “Puberty.” Ask students what emotions, feelings, and experiences they associate with puberty. Give them chalk to briefly write down their answers on the chalkboard. These could include “anger”, “sadness”, “frustration,” etc. Once you have some responses, discuss as a class the answers. Are the responses mostly negative or positive? Is puberty an easy time or a difficult process?

You can either write information on the chalkboard, or post a pre-written paper.

The hormones in your body that produce physical changes also affect how you feel. You may feel very happy and connected to your friends and family one day and then angry and upset with them the next. These changing feelings may begin to affect your schoolwork and personal relationships.

As you grow older, you will have more responsibilities and relationships. It is possible to experience **stress**, a feeling that makes you anxious (tight feeling in chest or stomach) and overwhelmed (like you don’t have enough time to handle everything in your life).

Ask the class: “If you feel sad, angry, or stressed, what are some ways to healthfully process your emotions?” List their answers and be sure to include the following:

- Journaling
- Writing songs or poetry
- Talking to someone you trust
- Praying
- Exercising
- Being with people who love you



Explain that the class is now going to practice one of these techniques. Journaling is an excellent way to process emotions and can be used when feeling sad or anxious, happy or excited. Ask everyone to take out a sheet of paper and writing utensil. Tell the class to write about their day

today—what they did, how they felt, what was exciting, what was challenging. Give them ten minutes of silent working time to complete this.

Topic 2. Lesson 3.

Menstruation & Ejaculation

Time: 40 Minutes

Materials: Chalk, Chalkboard, Female Reproductive Anatomy Diagram, Tape, Examples of pads and tampons, Male Reproductive Anatomy Diagram.

Objectives: Students will be able to describe the processes of menstruation and ejaculation.

I. Menstruation

Time: 20 Minutes

Materials: Chalk, Chalkboard, Female Reproductive Anatomy diagram, Tape, Examples of pads and tampons

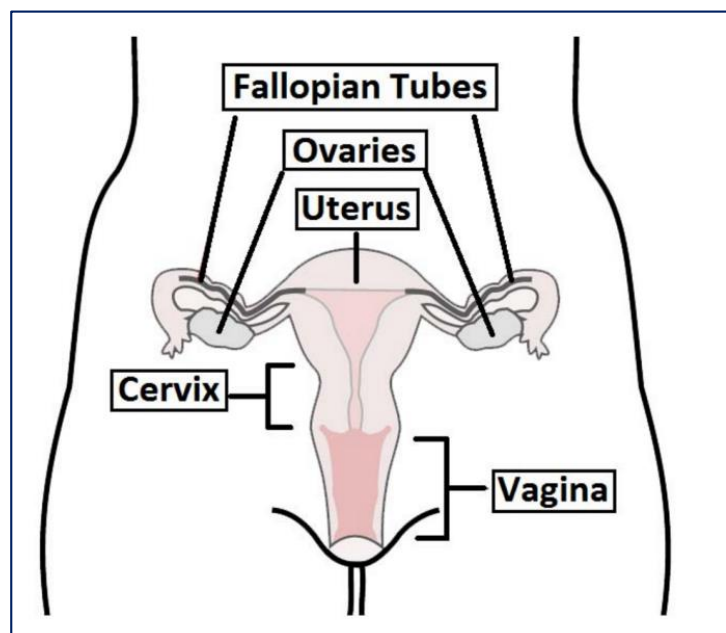
Begin this lesson with a short discussion question. Ask the students the following questions and list their answers on the board:

What is menstruation? Why is it important for both girls and boys to learn about the menstrual cycle?

Allow students to discuss for a few minutes before continuing with the lesson. Hang up the female reproductive anatomy diagram. You can either write the following information on the chalkboard, or post a pre-written paper.

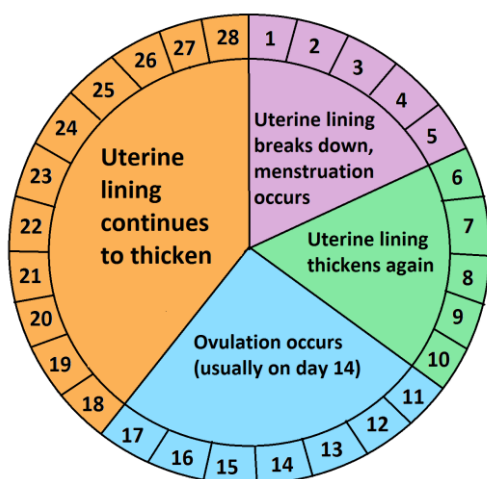
The **ovaries** are organs which create **ova** or **eggs**. Eggs are the reproductive cells which can become babies if they connect with a man's sperm. A woman is born with all of the eggs she will ever have in her life.

Menstruation is the process that female bodies undergo each month whereby the lining of their uterus is shed in the form of menstrual blood. Each month, a single egg is released from one of the woman's ovaries, travels down the Fallopian tube, and attaches to the lining of the uterus. The uterus lining grows thick to catch the egg. If a woman is not pregnant, the lining of the uterus will shed in the form of menstrual blood.



Menstrual bleeding is normal and happens on **average every 28 days**. Most periods last from 2 to 7 days.

Girls get their first periods between the ages of 8 and 15 and generally stops around the time a woman turns 50.



Pre-Menstrual Syndrome (PMS) describes how a girl may feel emotionally and physically in the weeks leading up to her period. Some girls may experience:

- Acne
- Bloating
- Lower Backaches
- Sore Breasts
- Feeling sad or irritated
- Wanting Food
- Constipation/Diarrhea
- Mood Swings
- Difficulty Concentrating

- Trouble Sleeping
- Cramps

Ask: What are some ways to manage side effects of menstruation? List their answers on the board and be sure to include:

- Taking a warm bath to ease cramps.
- Creating a “heating pad” by heating up raw rice and putting inside a clean sock. Put the warm, rice-filled sock on the uterus to help with cramps.
- Taking pain killers from a pharmacy to ease headaches/cramps.
- For emotions: Journaling, listening to music, praying, or talking with supportive friends and family can be helpful to process.

When a woman has her period, she must either wear a pad or a tampon to catch the blood. These **must be changed every 4-6 hours** to prevent infections and can be purchased from pharmacies or small boutiques. Throw used pads in a trashcan or latrine but never throw them down a toilet.

Take out different examples of pads from the class kit and show the class.

Pads are different sizes, have different thickness/thinness, and are made of different materials (cotton or mesh). Woman have to find the pad that’s right for them; sometimes you may want to use different kinds of pads for different parts of your period (for example: using a smaller pad for the beginning of the period and a larger, thicker pad during the heaviest days or at night). Pads sit inside the underwear.

Encourage participants to pass around the pads and see the differences in brands, sizes, and materials. Then show an example of a tampon.

Tampons are another option to catch menstrual blood. A tampon is a small cotton tube with a string attached that sits inside the vagina. They are great to use for sports or swimming since they are less bulky than pads. However, they may take a little practice to insert and get used to. They should never feel painful.

Collect all sample pads and tampons to be used for future classes.

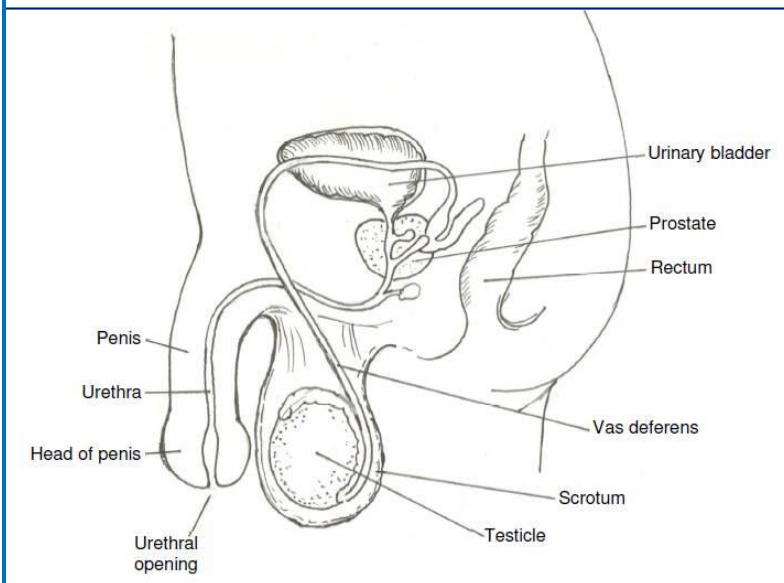
If you want to watch a video about the menstrual cycle, here's a link:

https://www.youtube.com/watch?v=vXrQ_FhZmos (2 Minutes)

II. Ejaculation

Time: 10 Minutes

Materials: Chalk, Chalkboard, Tape, Diagram of male reproductive system



Men also start undergoing a process during puberty called ejaculation.

Ask the class, “Has anyone heard of ejaculation? What is it?” After hearing a few answers, hang the male reproductive anatomy diagram and use it to explain the following:

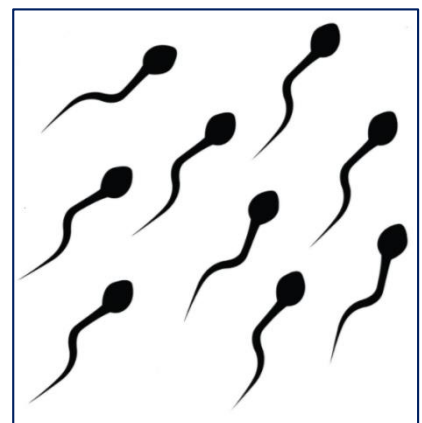
Men have two **testicles**. They are kept warm inside of the **scrotum**, the ball-like skin hanging beneath the penis.

When men start puberty, their testicles begin to create sperm.

Sperm are male reproductive cells which are too small to be seen. A man's testicles create millions of sperm every single day. Sperm look like tiny tadpoles with “tails” which help them swim.

Ejaculation is a process that begins when a man gets aroused, or sexually excited, and his penis becomes erect, or enlarged and hard. The sperm leave the testicles and mix with semen before exiting the penis via the urethra.

This can happen during sexual intercourse, during masturbation (touching one's genitals), or even at night. Nocturnal emissions, commonly called “wet dreams” (ejaculating while sleeping), generally happen more often during puberty. They happen naturally and are nothing to be ashamed about.



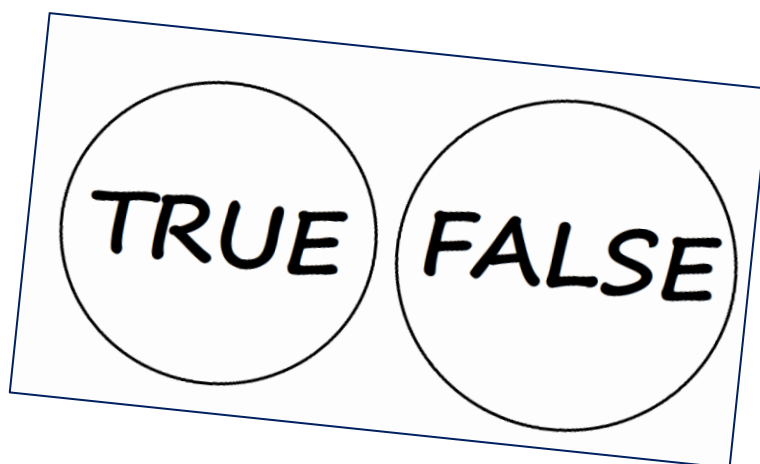
III. Game: Slap the Board

Time: 10 Minutes

Materials: Chalk, Chalkboard

On the chalkboard, draw two circles. Label one as TRUE, the other as FALSE. Draw a chalk line on the ground about 2 meters in front of the chalkboard. Divide the class into two teams and have the first two wait behind the chalk line. Read aloud a

statement. Make sure that the students understand. Then say “GO!” The students must run to the board and slap the correct circle. The first student to slap the correct circle gets a point.



Alternative: If students are too shy to perform on their own, tell teams to discuss the statements together and decide on whether they are True or False as a team. Whichever team raises their hand first with the right answer gets the point.

Statement		Answer
1.	You cannot have sex while on your period.	False. Many people choose not to have sex during their period, but there is nothing dangerous or unhealthy about it.
2.	It is normal for girls to feel sad during or before their periods.	True. Hormones can affect emotions, and physical pain from cramps can also make girls unhappy.
3.	It is sinful to have wet dreams (or ejaculations at night) and should be prevented at all costs.	False. It's absolutely normal and part of puberty to have ejaculations. There is no way to prevent them!
4.	Periods always come every 28 days.	False. 28 days is only an average. Every woman's period is different.
5.	If a girl does not have her period one month, then she must be pregnant.	False. She may be pregnant, but not necessarily. If she had sex recently, she should go visit a doctor to find out.
6.	Boys can get an erection for no reason at all.	True. This is a side effect of puberty.
7.	It is shameful and embarrassing to have your period.	False. It is normal to have a period! Don't feel ashamed for accessing information or products for your period.
8.	Girls can play sports while on their period.	True. It is healthy to exercise. Using tampons

		is a great way to feel comfortable playing sports while on your period.
9.	Girls should stay at home while on their period.	False. Schools are required by law to provide clean, appropriate places to change pads. Ask a trusted adult at school if you need pads or other items to make your period more comfortable at school.

Topic 2. Lesson 4.

Hygiene

Time: 40 Minutes

Materials: Chalk, Chalkboard, Optional: glass of water, salt

Objectives: Students will be able to maintain good personal hygiene. Students will be able to name and prevent genital infections.

I. What is Clean?

Time: 5 Minutes

Materials: Optional: Glass of water, salt

Ask students this question:

I offer you a glass of water. It looks clean. Do you drink it?

After they give their answers, then ask this question:

I pour salt into the glass and stir it into the water. It looks clean. Do you drink it?

After they give their answers, then ask them:

If the glass of water still looks clean, then why do you not want to drink it?

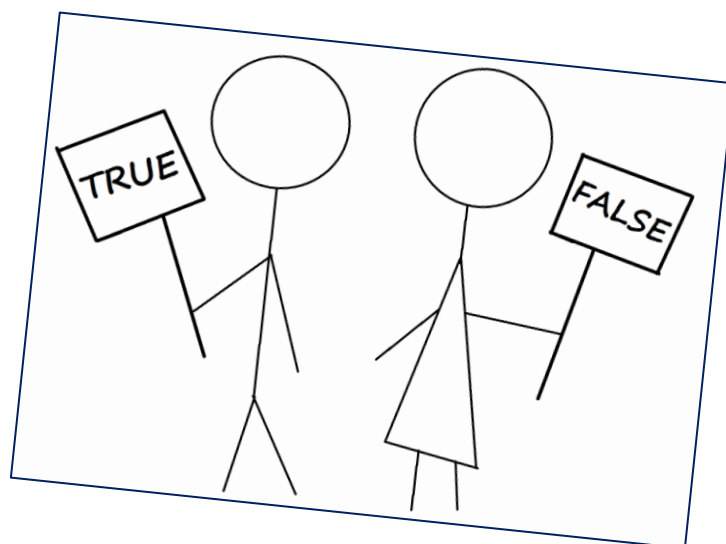
Because even though something looks clean, it doesn't necessarily mean that it is clean. You cannot always use your eyes to see what is clean and what is not clean.

II. Hygiene Game

Time: 20 Minutes

Materials: None.

Ask students if they know the definition of hygiene. Why is hygiene important?



Hygiene is good health through cleanliness.

Hygiene helps us prevent diseases by preventing germs from getting inside of our bodies. Germs are tiny living organisms. Just like salt in water, you cannot always see them. If they get inside your body, they can sometimes make you sick.

Tell the class that they'll be playing a game to test their knowledge of hygiene. When a statement is read aloud, they must stand up if they think the answer is true and remain sitting if they think the answer is false.

Statement		Answer
1.	After you use the toilet, the germs on your hand double in number.	True. This is why handwashing after using the toilet is necessary!
2.	After washing your hands, you should dry your hands on your clothes.	False. Your clothes are dirty! If you wipe your hands on your clothes then the germs and dirt on your clothes will get on your hands. You should dry your hands in the air or on clean cloth.
3.	You should brush your teeth one time every day.	False. It is best to brush your teeth twice a day.
4.	It is okay to drink water straight from the tap or well/pump.	False. You should only drink water that has been boiled or purified. Water from the tap or well has germs that may make you sick.
5.	If your hands look clean, then it is safe to prepare food with them.	False. Just because something looks clean does not necessarily mean that it is clean. Always wash your hands before preparing food.
6.	It is important to wash vegetables with clean (boiled or purified) water before eating them raw.	True. Vegetables have dirt on them that can make you sick so you should wash them with clean water before eating them raw. Even if you're cooking them, you should still wash vegetables, just with tap water.
7.	Bathing one time every time is recommended for staying clean.	True. Especially after puberty, when skin gets oilier, it is important to bath once a day.
8.	After using the toilet, women should wipe from back to front.	False. This can cause germs from the anus to enter the vagina causing infection. Women should always wipe from front to back.
9.	Men and women should wash their genitals every day.	True.
10.	Women should scrub the inside of their vagina with scented soap so that their genitals smell good.	False. You should never wash inside of the vagina, only around the labia. Scented soaps can lead to infections, especially near the genitals.

11.	Women should always wash their hands after changing their pads.	<i>True. Blood can transmit diseases and germs.</i>
12.	Uncircumcised men must carefully wash around their foreskin to prevent germs being trapped.	<i>True. Don't forget though that circumcised men should also wash every day.</i>
13.	Having stress and anxiety can cause yeast infections (infections of the vaginal area that cause redness and pain).	<i>True. So can certain medications.</i>
14.	Women should change their pads once a day.	<i>False. You should change your pad every 4-6 hours to prevent bad odors and bacteria.</i>
15.	If it is painful to urinate, you should wait a few weeks to see if the pain goes away.	<i>False. If you experience painful urination, go to the doctor right away—it could be an infection.</i>

III. Personal Hygiene

Time: 15 Minutes

Materials: Chalk, Chalkboard

You can either write information on the chalkboard, or post pre-written paper.

Genital Hygiene

It is important to keep your genitals clean so that you do not get bad odors or diseases. Genitals are vulnerable to infection. It is easy for germs to grow near the genitals if you live in a hot climate or wear tight underwear. You should wash your genitals every day with warm water and gentle soap.

Men

If you are uncircumcised, gently remove the foreskin and wash with mild soap and warm water. If you don't, it is possible for germs to develop under the foreskin and cause inflammation or redness. (If you are circumcised, you also need to wash your genitals every day to prevent infections.)

Women

When you bathe, wash your vulva and pubic hair with warm water and mild soap, but not inside your vagina! Your vagina cleans itself, and soap can hurt the inside. Wash the outside only.

Ask student: Do you know about any genital infections that you may get from having improper hygiene? List on the board and include the following:

Urinary Tract Infections (UTIs)

Both men and women can get UTIs, but they are more common in women.

Bacteria from the rectal or vaginal areas may enter the urethra (from where you urinate). Germs enter the bladder and cause infection.

Most Common Symptoms of UTIs

- Frequent urination
- Burning or pain during urination
- The feeling of having to urinate even though little or no urine actually comes out
- Mild fever

If you have any symptoms of a UTI, go to a doctor or pharmacist right away. UTIs can be easily treated. The symptoms will get worse if you ignore them, and you risk getting a kidney infection.

To avoid UTIs:

- After using the toilet, wipe from front to back. NOT back to front.
- Change menstrual pads every 4-6 hours.
- Urinate before sex and within fifteen minutes after sex.
- Wash genital area to remove germs after sex.
- Drink lots of water.

Candidiasis (Yeast Infection)

A yeast infection grows in wet places on the body, like the mouth or vagina.

You might develop a yeast infection because of:

- Underwear that's too tight (material traps heat and moisture, allowing yeast to thrive)
- Not washing genitals daily with warm water.
- Scented pads (causes an unhealthy balance of germs in vagina)
- Taking antibiotics for another illness (antibiotics kill germs, both good and bad, so it may have killed the good kind that maintains a balance of yeast in the vagina)
- Your period (Some girls may develop a yeast infection before beginning a menstrual period because of the hormonal changes happening)
- High blood sugar/Diabetes
- Taking birth control or steroids (these cause hormonal changes, which may cause the yeast naturally living in your vagina to overgrow)
- Stress (Stress causes changes to our immune system, allowing yeast to grow)

Your doctor can give you a pill to take orally or cream to put in the vagina. Refrain from having sexual intercourse while treating a yeast infection.

Topic 2. Lesson 5.

SHARE Discussion

Time: 40 Minutes

Materials: Box, Papers, Writing Utensils, Chalk, Chalkboard.

Objectives: Students will have a safe space to ask anonymous and non-anonymous questions. Students will then brainstorm ways to encourage good hygiene and reproductive health education in their communities.

Introduce the SHARE Facilitator.

SHARE Facilitators have been trained to answer your questions and to provide accurate information and maintain your anonymity. They all come from a medical background.

The SHARE Facilitator will put out a box. Students can write anonymous questions they have about anatomy, puberty, or hygiene and place those questions in the box. The SHARE Facilitator will then answer the questions.

After the Facilitator answers the questions, talk together about things you can do to encourage good personal hygiene and reproductive health in your home or community. Encourage students to think of concrete solutions to make changes within their communities. Use the following questions as a guide:

1. Does your school/community/home know about reproductive rights? How can we spread information about these rights to more Rwandans?
2. Does your school/community center/home have soap and running water next to the toilets? How can you encourage these places to have them available?
3. If you saw your friend not wash his/her hands after using the toilet, would you say anything? What could you do in that situation to encourage good hygiene?
4. What are some challenges at school and at home for girls having their period? How could girls advocate for more pads or better conditions to change them at their school?
5. Are the toilets in your home/school/community well-designed for girls to change their pads hygienically? What could be improved?
6. Who should teach youth about puberty, hygiene, and reproductive health? How can we encourage our parents and teachers to teach us more about these topics?

Topic 3. Relationships

Topic 3. Lesson 1.

Healthy Relationships

Time: 40 Minutes

Materials: Chalk, Chalkboard, Paper, Writing utensils.

Objectives: Students will be able to list elements of healthy and unhealthy relationships and identify their own personal deal makers and deal breakers in relationships.

I. Game

Time: 5 Minutes

Materials: Chalk, Chalkboard

On one side of the chalkboard, write the word UNHEALTHY. On the other side of the chalkboard write HEALTHY. Read aloud a statement. Students walk to whichever side of the chalkboard they think is correct. Then read the correct answer.

	Relationship	Answer
1.	A girl is helping her mother cook dinner. The mother says “You stupid girl! You are burning the maize! You will never have a husband if you cannot cook.” The girl stays silent. She is unhappy because she believes her mother’s words.	Unhealthy. The mother is disrespecting her daughter. The daughter is unhappy and has low self-esteem.
2.	A girl studies very hard in mathematics class. Her teacher helps her find a mathematics book in the library to study with. She gets good marks on the exam! Her teacher tells her, “Good job! I am proud of you.”	Healthy. The teacher is supporting his student.
3.	A husband often goes to the bar and spends much money on beer. His wife says to him, “I do not want you drinking so much. We must make decisions about money together.” He replies “I am sorry. I did not realize that you felt that way.” He stops going to the bar so often.	Healthy. The wife is not afraid to communicate to her husband and he listens to her. They openly talk about their problems and are honest.
4.	A boy’s friends often pressure him to do things that he does not want to do, like drink alcohol and skip school. They tell him that if he doesn’t do these things then they will stop being his friend. He feels bad when he spends time with them because they tease him.	Unhealthy. These friends are pressuring the boy to do things he doesn’t want to do and make him feel unhappy.
5.	A man tells his girlfriend that she cannot go to the bar with her sisters because there may be other men at the bar. He	Unhealthy. The boyfriend is controlling

says to her, “If men talk to you at the bar then you may become unfaithful to me.” He makes her stay at home with him instead. She wants to spend time with her sisters but does not want to make him angry.

the girlfriend and does not trust her. The girlfriend is afraid of her partner. This relationship does not have equality.

II. Healthy and Unhealthy Relationships

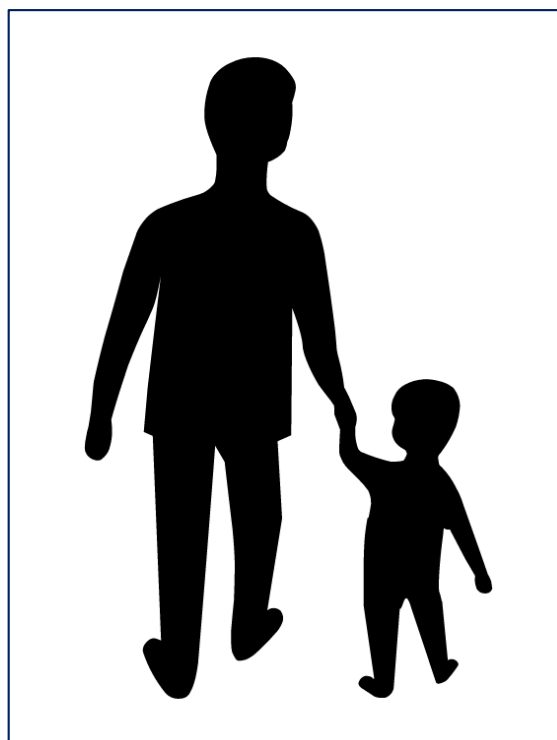
Time: 15 Minutes

Materials: Chalk, Chalkboard

We all have different relationships – with family, teachers, employers, friends, neighbors, and romantic partners. When these relationships are based on mutual respect, they can be important and good for our emotional and social support.

Remember, everyone has the right to:

- Enter into an intimate relationship with a partner of their choice
- Consent to marriage. In order to enjoy this right, they must:
 - Be 21 years or older
 - Consent to the partner and the marriage (otherwise it is a forced marriage and it is illegal)
 - Marry someone of the opposite sex (same-sex marriage is illegal)
 - Marry someone who is not in their family
- Right to have a relationship free of violence or coercion, with a partner of their choice



Ask participants, “What are some characteristics of a healthy relationship?” List their responses on the board and be sure to include the following:



- Respect: Partners respect each other.
- Acceptance: Partners accept each other as they are.
- Open communication: Partners listen to each other and say what’s on their mind.
- Trust: Partners trust each other and are not afraid their partner will hurt them or make them feel bad.
- Equality: Partners share decision making and both partners’ opinions are valued.
- Safety: Partners must respect each other’s

boundaries and resolve conflicts without violence.

- Mutual happiness: Partners are happy when they are together.
- Caring: Partners care for or love each other and profess that caring openly.
- Honesty: Partners tell the truth and are open about issues or problems.
- Support: Partners help each other when they need it.

After listing all of the characteristics of a healthy relationships, ask participants, “What are some characteristics of an unhealthy relationship?” List their responses on the board and be sure to include the following:

- Disrespect: Partners do not care about the other’s feelings, opinions, rights, or responsibilities.
- Fear: Partners are afraid of being hurt or upset by the other person.
- Dishonesty: Partners lie or hide things from each other.
- No support: Partners do not offer help or support to each other in times of need.
- Lack of communication: Partners do not openly discuss issues or emotions with each other.
- Inequality: One partner asserts control over the other and does not consider the other’s opinions to be valuable.
- Violence: Partners use violence to take out their anger or to solve problems. Violence is never ok.
- Jealousy: One partner gets jealous a lot, especially of the other person hanging out with other people.
- Big age gap: One partner is four or more years older and more experienced than the other person. This is an unequal power dynamic; the older person has more power in the relationship and has potential to overpower the younger person.
- Dominating time: When the relationship dominates and there is no time for other activities.
- Giving gifts: When one partner gives money or gifts and this is the primary reason to be in the relationship. Again, this is an unequal power dynamic and the person giving gifts has more power in the relationship.
- Abusing drugs/alcohol: One partner abuses alcohol or drugs and pressures the other person to join them.

It’s important to examine our relationships to make sure we are always engaged in healthy relationships.

III. Deal Makers & Deal Breakers

Time: 20 Minutes

Materials: Paper, Writing Utensils

A *deal maker* is something you absolutely want in a healthy relationship. A *deal breaker* is something you absolutely will not accept in a relationship.

Have everyone take out a paper and writing utensil. Tell participants that they are going to write down three deal makers and three deal breakers for the following types of relationships:

- A close friend
- A boyfriend/girlfriend
- A husband/wife

These deal makers and deal breakers should be commitments to yourself. By writing down your deal makers and deal breakers, you are committing to choose relationships based on your deal makers and to avoid relationships based on your deal breakers. These are important to remember as you form relationships in your present and future.

Give participants enough time to reflect and record their commitments.

After everyone has finished, ask if anyone would like to share one or more of their deal makers or deal breakers. Ask the group if they agree or disagree, but tell participants not to judge or criticize, as these deal makers are individual decisions.

Guide discussion by asking the following questions:

- How can knowing your deal makers and deal breakers help you form healthy relationships?
- What can you do if you're in a relationship that has one of your deal breakers?
- What specific qualities would have to be in place for you to commit to marrying someone? [Make the point that having a child with someone is a lifetime commitment, like marriage.]
- What can you do to make sure you're remembering to commit to your deal makers or deal breakers?

These deal makers and deal breakers may change over time and everyone has slightly different preferences. You probably don't have serious partners now but you may one day. It's important to reflect on these deal makers and deal breakers before entering into any kind of relationship.

Topic 3. Lesson 2.

Unhealthy Relationships

Time: 40 Minutes

Materials: Chalk, Chalkboard

Objectives: Students will be able to identify types of abuse, including gender-based violence, sexual assault, and rape. They will learn what to do if they are assaulted and will practice having discussions about how to get help.

I. A Story about GBV

Time: 10 Minutes

Materials: None

Ask a student to read aloud the story and then ask discussion questions.

Teta lived with her husband Mutoni and three children. Teta worked very hard trading in the market. When she got home, she was tired, but had to fetch water, cook dinner, clean clothes, and take care of the children.

Mutoni took all of the money she earned every day to take beers in the bar with his friends. When he came home late at night, he was drunk. He often yelled at Teta and beat her in front of the children. He wanted her to know that he was strong and the leader of the family. The neighbors heard him shouting at Teta and saw the bruises on Teta's face the next day. They said and did nothing. Teta also said nothing to her friends or neighbors.

1. Why do you think that the neighbors do not help Teta?
2. Why do you think that Teta does not tell anyone?
3. What do think the effects of this abuse on Teta will be?
4. What do you think the effects of this abuse on the children will be?

After answering the questions, explain the following:

Teta's situation is an example of **Gender-Based Violence (GBV)**. GBV is violence directed against a person because of their gender.

GBV is committed by people we know:

- 41.4% are husbands/boyfriends
- 21.2% are neighbors
- 12% are wives/girlfriends
- 9% are parents

GBV is often private or unseen:

- 83.2% of GBV happens at home
- 9.8% of GBV happens at school

Ask the class, "How common do you think GBV is in Rwanda?"

GBV is very common in Rwanda:

- 41% of Rwandan girls have been victims of physical violence before age 15.
- 22% of Rwandan women have experienced sexual violence.
- 56% of ever-married Rwandan women have experienced physical or sexual violence from their husband/partner.
- 10% of Rwandan men have been victims of GBV

II. Types of Abusive Relationships

Time: 20 Minutes

Materials: Chalk, Chalkboard

You can either write information on the chalkboard, or post pre-written paper.

Unhealthy relationships can be **abusive**.

Abuse = when someone hurts someone else. This hurt comes in many forms. Abuse can come from all sorts of relationships, such as family, friends, teachers, employers, or romantic partners.

Ask the class, “What are different types of abuse?” List their responses on the board and be sure to include the following:



Types of abuse include:

- **Physical Abuse** (violence like beating, pushing, slapping, shaking, kicking, etc.)
- **Verbal Abuse** (hurtful words, insults, bullying)
- **Emotional Abuse** (making a person feel small and unimportant by making fun of them in front of other people, treating them like a child, separating them from other people, saying that they are always right, etc.)
- **Economic Abuse** (when someone controls a person's financial resources and steals/hides money, denies opportunities or services, doesn't let them get a job, threatens to take away financial support, etc.)
- **Sexual Abuse** (sexual activity without permission like touching/kissing without permission, having sex without permission—rape, refusing to use condoms, making sex painful on purpose, taking sexual photos/videos of you without your permission, etc.)

Sexual abuse often includes pressure. **Pressure** is when someone encourages someone else to do something that they don't want to do. It is not okay to pressure someone to have sex because pressure is not honest communication.

Ask the class, “What are some examples of sexual pressure?” If they are confused, give one of the examples below first, before asking the class for suggestions. List their responses on the board and be sure to include the following:

Some examples of pressure include:

- “If you love me, then you will have sex with me.”
- “If you do not have sex with me, then I will break up with you.”
- “Only little children do not have sex. If you are mature, then you will have sex with me.”
- “If you do not have sex with me, then I will tell everyone that you did have sex with me.”

In order for there to be **consent (or permission)**, the two people must have **equal power** in the relationship. If the other person has more power than you, then it can be difficult to say “no.”

Ask the class, what are examples of power differences?

There may be power differences if:

- The person is in a position of authority. A teacher, employer, government official, etc.
- The person is much older than you. It is never okay for adults to ask children for sex.
- The person is wealthy. If you accept expensive gifts from someone, it gives them power over you. It becomes more difficult to say no.



Sexual Assault refers to any type of sexual contact or behavior that happens without permission. Some examples of sexual assault include:

- Child Defilement
- Gender-Based Violence
- Sexual harassment
- Groping (touching another person's breasts, behind, vagina, or penis without permission)
- Attempted rape
- **Rape** (when one person forces another person to have sex without permission)

Both males and females can be victims of sexual assault. Both males and females can commit sexual assault. Rape is most often committed between 2 people who know each other: Boyfriends, husbands, friends, classmates, neighbors, etc.

If you are sexually assaulted, it is **never** your fault.

It is not your fault if:

- You drank alcohol or took drugs
- You wore revealing clothes
- You went to their house late at night
- You said yes to sex before but not this time

Tell students to find a partner. Explain that they have a friend who is in an abusive relationship and wants to leave it. Ask them to brainstorm together: "What advice can you give to your friend?" After 5 minutes, call on a few students to give their responses. Be sure to include the following tips in the discussion:

- ♦ If you do not feel safe, end the relationship over the phone.
- ♦ If you end a relationship, do it in public, where other people can see you. If the person becomes violent, then people can help you.
- ♦ Do not explain your reasons for ending the relationship more than one time. It is not necessary for you to give a "good enough" reason to end the relationship. You do not need to justify leaving.
- ♦ Tell your family and friends that you are ending a bad relationship so that they can protect you if your former partner tries to confront you.
- ♦ If your former partner comes to your house when you are alone, do not open the door.
- ♦ If you do not feel safe, trust your feelings.

Then explain:

If you are raped or have been a victim of GBV or assault:

1. **Go to a health center or Isange One-Stop Center.** Rape can lead to injuries, pregnancies, and STIs. Isange One-Stop Centers can also give legal and psychological counseling.
2. Tell someone that you **trust** and who can help you. There is no shame in being raped. It can happen to anyone.
3. Find a way to stay far away from this person. They may try to hurt you again.

The Rwanda National Police hotline for GBV is **3512** and the hotline for child abuse is **116**.

- You can call the hotline **3512** for the police to report issues of gender-based violence.
- You can call the hotline **5798** for the Gender Monitoring Office for issues of gender based violence.
- You can call the hotline **3677** for the Office of Prosecution for issues of gender-based violence

Remember! You have the right to:

- Not to be touched by others against your will
- Have a relationship free of violence or coercion
- Say no or yes to sex
- Make decisions about your own body



III. Sexual Assault or Not?

Time: 10 Minutes

Materials: Chalk, Chalkboard

On one side of the chalkboard write SEXUAL ASSAULT, on the other side NOT SEXUAL ASSAULT. Read aloud a statement. Students walk to whichever side they agree with. Discuss.

Statement		Answer
1.	A girl has an older boyfriend who pays her school fees. He wants her to have unprotected sex with him. She does because she is afraid that he will stop paying her school fees if she doesn't.	Sexual Assault. This relationship has a power imbalance. The girl is being pressured into sex. Pressured sex does not have honest consent.
2.	A 14 year old boy has a 30 year old girlfriend. She proposes to have sex and he agrees.	Sexual Assault. A 14 year old cannot legally consent to sex with a 30 year old. This is child defilement.
3.	A teacher tells his student that if she has sex with	Sexual Assault. A teacher has power

	him he will give her good marks. She has sex with him because she needs to pass her class.	over a student and is pressuring her. This is child defilement.
4.	A boy sleeps at a friend's house. The friend touches his penis while he is sleeping.	Sexual Assault. Sleeping people cannot consent to sexual activities.
5.	A drunk woman starts touching a man's groin on the bus. The man says nothing because he is embarrassed.	Sexual Assault. This woman does not have the man's consent. Saying nothing is not the same as saying "yes."
6.	A husband asks his wife to have sex with him. She says "yes, but only if we use a condom to protect ourselves." They start having protected sex with the condom. During the sex, the husband takes off his condom and continues to have sex with her.	Sexual Assault. The wife did not consent to unprotected sex.
7.	A woman goes to a job interview. The man interviewing her says "if you want this job, then you must have sex with me." She has sex with him because she is unemployed and needs the money.	Sexual Assault. There is a power imbalance between the man and the woman. This is legally considered a rape.

Topic 3. Lesson 3.

Gender Equality

Time: 40 Minutes

Materials: Chalk, Chalkboard

Objectives: Students will understand the difference between Gender, Sex, Gender Equality, Gender Equity, and Gender Inequality.

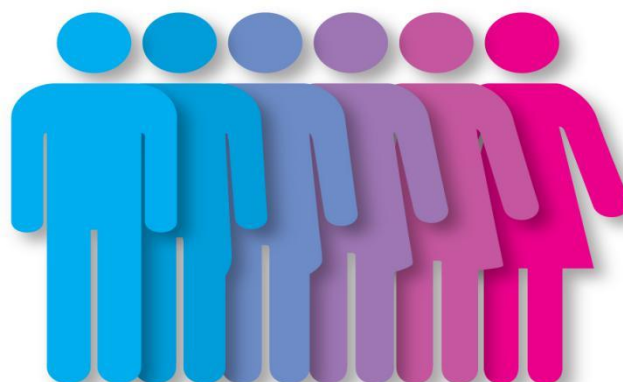
I. Sex and Gender

Time: 10 Minutes

Materials: Chalk, Chalkboard

Ask the class, "What is the difference between SEX and GENDER?"

You can either write information on the chalkboard, or post pre-written paper.



Sex is your Body. The physical and biological differences between males and females.
For example: Male bodies have penises. Female bodies have vaginas.

Gender is the roles, responsibilities, and expectations that society gives to men and women. Gender is formed by social factors such as history, culture, tradition, laws, politics or religion.
For example: Men wear trousers. Women wear dresses.

Gender is taught to children by their parents and community. Babies do not know whether or not they should wear a dress or trousers. They learn about gender as they grow up. Gender is context- and time-specific and can be changed.

Read aloud the statement. If students think that it is SEX, then they stand up. If they think that it is GENDER, then they sit down.

Statement		Answer
1.	Women can be pregnant.	Sex
2.	Women cook food.	Gender
3.	Men build houses.	Gender
4.	In general, men are taller than women.	Sex
5.	In general, men are doctors more often than women.	Gender
6.	Women have periods.	Sex
7.	Women are quieter than men.	Gender
8.	Men grow beards.	Sex
9.	Men drive motos.	Gender
10.	Women wear jewelry.	Gender
11.	Women can feed babies breast milk.	Sex

II. Gender Equality Definitions

Time: 10 Minutes

Materials: Chalk, Chalkboard

You can either write information on the chalkboard, or post pre-written paper.



Gender Equality is when men and women are free to develop their personal abilities and make their own choices without being limited by gender stereotypes, roles and prejudices. They have the same opportunities, rights, benefits, and responsibilities

Can you think of an example of Gender Equality?

For example: Boys and girls have the same opportunity to learn in school.

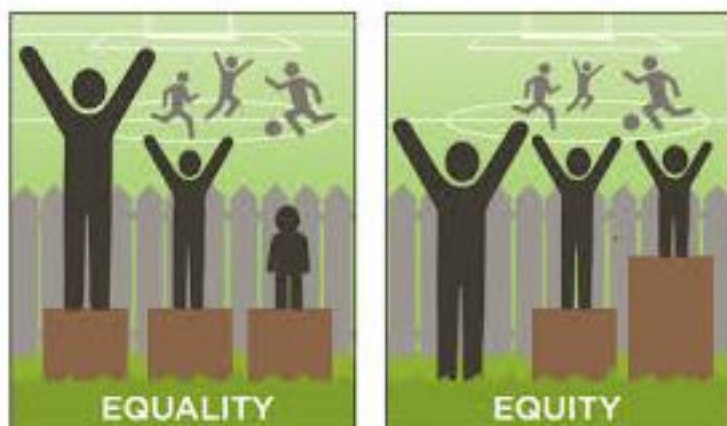
Gender Inequality is when men and women do not have the same opportunities, rights, benefits or responsibilities.

Can you think of an example of Gender Inequality?

For example: Boys and girls can learn together in school, but only the girls must clean the classroom.

Gender Equity is helping men and women achieve gender equality by being fair and paying attention to inequalities.

Draw the following equality graphic on the board and use it to explain:



There is a difference between **equality** and **equity**: If at a football game, we gave everyone the exact same size box to stand on to see the game (equality), then the shortest in the group would still not be able to see. **Equity** is about providing additional support or opportunities to those who need it so that everyone can achieve the same level of success.

Can you think of an example of Gender Equity?

For example: It is more difficult for girls to succeed in school because of gender inequality, so universities have lower admission standards for girls.

Gender Equality is a **human right**. In Rwanda, gender equality is guaranteed by the Constitution, international treaties and conventions ratified by Rwanda, and national laws.

III. Gender Equality vs. Inequality Activity

Time: 20 Minutes

Materials: Chalk, Chalkboard

On one side of the chalkboard, write GENDER EQUALITY. On the other side of the chalkboard, write GENDER INEQUALITY. Read aloud a statement. Students listen to the statement and then walk to the side of the chalkboard that they think the statement represents. Ask them: Why did you choose that answer?

	Statement	Answer
1.	A man likes to cook, but he does not help his wife prepare food because he is afraid that the community will laugh at him and say that he is not a “real man.”	Gender Inequality
2.	A woman wants to take a beer in the bar, but she does not go because she is afraid that the community will say bad things about her. Men drink	Gender Inequality

	at the bar all the time, and no one says bad things about them.	
3.	A man wants to help his wife take care of their new baby, but his work only gives parental leave to mothers, not to fathers.	Gender Inequality
4.	Both men and women leaders are well represented and respected for their opinions.	Gender Equality
5.	Women and men can apply for the same jobs and be chosen for their skills.	Gender Equality
6.	Boys can pursue girls romantically, but girls are supposed to wait until a boy asks.	Gender Inequality
7.	A girl gets pregnant and is expelled from school. Her boyfriend is allowed to stay in school.	Gender Inequality
8.	A woman has sex with three men. People in the village start to say that she is a prostitute and a bad person. A man has sex with three women. People in the village laugh that he's a lucky man.	Gender Inequality
9.	Both a brother and sister have the same responsibility to do their homework, but only the girl has the responsibility to clean the home and cook after school.	Gender Inequality
10.	Both men and women have the right to sexual and reproductive health.	Gender Equality

Topic 3. Lesson 4.

SHARE Discussion

Time: 40 Minutes

Materials: Box, Papers, Writing Utensils, Chalk, Chalkboard.

Objectives: Students will have a safe space to ask anonymous and non-anonymous questions. Students will then brainstorm ways to encourage healthy relationships and decrease GBV in their communities.

The SHARE Facilitator will put out a box. Students can write anonymous questions they have about anatomy, puberty, or hygiene and place those questions in the box. The SHARE Facilitator will then answer the questions.

After the Facilitator answers the questions, talk together about things you can do to encourage positive, healthy relationships in your personal life, home, or community. Encourage students to think of concrete solutions to make changes that will decrease gender-based violence and increase gender equality within their communities. Use the following questions as a guide:

1. Is it easier to be a man or a woman in Rwanda? Why?
2. Do you see instances of Gender Inequality in your life? If so, what do you see? What can you do to change these?
3. What can you do if you experience GBV? Who can you talk to and where can you go?
4. What can you do if a close friend experiences abuse, violence, or GBV? How can you offer support and what advice can you give your friend?
5. You see your neighbor beating her son in their compound. What do you do?
6. Your own father begins to yell and hit your mother. What do you do?
7. Who is responsible for supporting Gender Equality: men, women, or both? Why?
8. Who benefits from Gender Equality: men, women, or both? Why?
9. How can we end GBV and support Gender Equality in our communities?

Topic 4. Communication & Consent

Topic 4. Lesson 1.

Communication

Time: 40 Minutes

Materials: Chalk, Chalkboard, Pens, “Being Assertive” Notecards.

Objectives: Students will learn about effective communication strategies and practice how to speak assertively and to actively listen.

I. Warm-Up

Time: 5 Minutes

Materials: Pens

Approach one student and in a gruff tone of voice, say, “Give me your pen, I need it right now.” Take the pen away before waiting for their answer.

Approach a different student and in a quiet, nervous tone, mumble something like, “Could you, uh, could I, maybe, uh, I need, uh.... A pen?” Look down at the floor while saying the words.

Approach another student and clearly say, “[Student’s Name], can I please borrow your pen?” Wait for the response before accepting the pen.



Return all three pens to their proper owners and ask the class the following questions:

- What did you think about the activity?
- Which was the clearest request?
- What made the other two requests difficult?

These requests represent three different styles of communication—aggressive, passive, and assertive. Which request was aggressive, which was passive, and which was assertive?

Being assertive is crucial for successfully asking for something you want or don’t want. It’s important to be confident, clear, and direct.

II. Being Assertive

Time: 20 Minutes

Materials: Chalk, Chalkboard, “Being Assertive” Notecards

Ask the class, “Why is open communication important? How is it related to sexual and reproductive health?”

It’s important to know how to be assertive in your wants and needs. There are two ways of being assertive (write these on the board):

1. **Speaking up for yourself by saying exactly how you feel or asking for what you want**
2. **Refusing something you don’t want**

Ask for a volunteer. Tell the volunteer to be insistent about asking you (the facilitator) to do their homework for them. For example, they could say: “I don’t have time to do my homework today because I want to go hang out with my friends. I need you to do it for me. You can do that for me, right?” Upon hearing the request, the facilitator should look down at the floor, mumble something unintelligible like “Well... um, I could, but um...”, and move uneasily from one foot to another but should not explicitly say no.

Have the volunteer return to their seat and ask the class the following questions:

- Was I clear in my response? [No, there was never a clear “No” so it was hard to tell if the facilitator wanted to do their homework or not.]
- Did it seem like I wanted to do their homework for them? Why or why not? [It was unclear. The facilitator gave a number of nonverbal and non-direct clues—like not making eye contact and looking uneasy—that might mean “No” but it was unclear.]



Ask for a different volunteer and have them ask the same request—for example, “I don’t have time to do my homework today because I want to go hang out with my friends. I need you to do it for me. You can do that for me, right?” Upon hearing the request, the facilitator should look them in the eyes and firmly say, “No, I won’t do your homework for you. I don’t feel comfortable with cheating.”

Have the volunteer return to their seat and ask the class the following questions:

- Was I clear in my response this time? [Yes, the answer was a clear “No” this time.]
- What made the response clearer this time? [direct eye contact, strong, clear tone of voice, assertively stating their feelings]

List the following tips for being assertive on the board and review them with the class, briefly:

- Think carefully about what you want so you can clearly communicate it
- Use direct eye contact
- Use a strong, firm voice that is easily heard

- Speak clearly and confidently
- Make an “I” statement about what you want or need—“I need to go home now.”
- Say “yes” when you mean it
- Don’t be afraid of saying “no”
- Repeat yourself as much as is necessary.

Divide the class into pairs and pass out a “Being Assertive” notecard to each group. Tell each group to read over the scenario and select a role, A or B. Explain that the class will get five minutes to prepare a role play about being assertive, which they will present to the class. They should think of good reasons to refuse or accept, not just say a simple “No/Yes.” Encourage participants to pretend that it’s a real-life scenario and to practice what they would say. After 5 minutes, call on pairs to present. Be sure participants are utilizing the assertive communication skills and give feedback if necessary to encourage good communication.

“Being Assertive” Role Plays:

Person A and Person B are hanging out with their friends. Person A offers Person B a beer. Person B should refuse.

Person A wants Person B to skip class with them. Person B should refuse.

Person A is a “sugar daddy”, an older person with lots of money. Person B is walking home from school one day and Person A offers to give them a ride home. Person B should refuse.

Person A and Person B have been friends for a long time. One day they are hanging out together and Person A tries to kiss Person B. Person B should clearly refuse.

Person A and Person B are young and in love. They are hanging out alone one day and Person A asks if Person B wants to have sex. Person B should refuse.

Your classmates are going to get sodas together after school on Friday. Person A needs to ask permission from their parent, Person B.

Person A lost their notebook for school and needs to ask their parent (Person B) for money to buy another one.

Person A and Person B have been married for one year. Person A asks Person B if they want to have sex. Person B should say yes.

Person A and Person B have been friends for a long time. Person A asks if they can kiss Person B. Person B should say yes.

Person A has been friends this Person B for a long time and really likes Person B a lot. Person A asks Person B if they want to go on a date. Person B should say yes.

Note: Some students, particularly younger girls, might be timid. Use these role plays as a chance to encourage speaking loud and clear. Guide and prompt as is necessary but be sure that everyone gets to practice good, clear communication.

III. Active Listening

Time: 15 Minutes

Materials: None.

Just as important as being able to communicate your needs and wants assertively is being able to listen well to someone's needs and wants. This is called **active listening**.



Ask for a volunteer to sit next to the facilitator at the front of the room and talk about something. It could be anything—what they learned at school recently, a new dance routine that they're excited about, a recent birthday or celebration in their family. While the volunteer tells their story, the facilitator, who is "listening," should slouch in their chair, cross their arms in front of their chest, not look at the talker, yawn, check their phone, etc. If a response is required, say things like, "Oh that's cool" but in a nonchalant, not caring way.

After the person finishes their story, tell them to start the story over again. This time, the facilitator should sit upright in the chair, face the talker and lean in towards them a little, make eye contact, nod at appropriate places, make facial expressions that reflect what the person is saying, etc.

Ask the volunteer to return to their seat and ask the class to compare the two scenarios:

- What happened in the first scenario? What clues showed that the facilitator wasn't really listening? [*bad posture, not facing the person, not making eye contact, acting distracted*]
- What was different in the second scenario? What clues showed that the facilitator was listening? [*good posture, eye contact, nodding, leaning towards the talker, facial expressions*]

The second scenario was a good example of active listening.

Divide the group into pairs; be sure everyone has a different partner than before. Tell the class that each group will pick one person to share a story about anything—school, home, friends, dance class, etc. The other person should practice active listening, using non-verbal cues like nodding, good posture and eye contact. After a few minutes, partner should switch roles.

While participants are practicing active listening, move around the classroom, giving tips or feedback as needed. Be sure everyone is understanding the concepts. After everyone has shared a story with their partner, bring the class back together.

Active listening is crucial in situations like in the previous activity when someone is telling you "Yes" or "No". It is vital that we learn to listen to those around us so we can prevent disrespecting their needs or wants.

Topic 4. Lesson 2.

Consent

Time: 40 Minutes

Materials: Chalk, Chalkboard

Objectives: Students will learn about consent, practice giving consent, and distinguish between giving consent and not.

I. Warm-Up

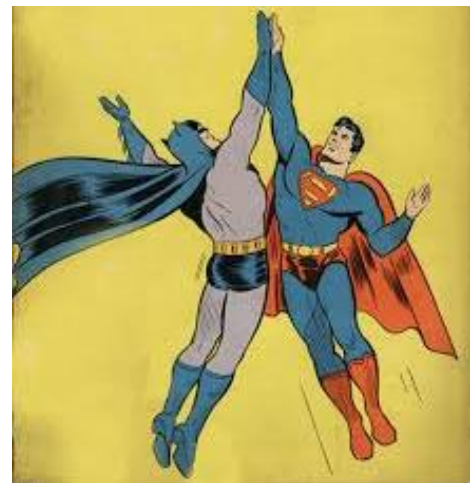
Time: 5 Minutes

Materials: None.

Walk up to a participant and ask in a clear, polite tone, “Is it okay if I give you a high 5?” If they say yes, give them a high 5; if they say no, do not give them a high 5.

Select a different participant and ask in a clear, polite tone, “Is it okay if I give you a hug?” If they say yes, give them a hug; if they say no, do not give them a hug.

Walk up to another participant and ask in a clear, polite tone, “Is it okay if I live at your house with you for the rest of my life?” Probably the answer will be “No”, so say in a positive, understanding tone, “No problem” and walk away.



Explain to the class that this activity was an example of giving **consent**.

II. Consent

Time: 15 Minutes

Materials: Chalk, Chalkboard

Ask the class, “What is consent?” List their responses on the board.

Consent is giving permission to do something. This can be for something as simple as giving a high 5 to agreeing to have sexual relations with someone.

You can use the acronym “FRIES” (like American French fries) to remember what consent is.

Write the following on the board and go over each of the letters:

CONSENT



Freely Given
Reversible
Informed
Enthusiastic
Specific



Freely Given

This means that no one feels pressured or coerced to give their permission. They say “yes” of their own free will.

Reversible

Consent can never be assumed. Anyone can change their mind about what they want to do at any time, even if you’ve done it before or are in the middle of having sex.

Informed

Consent can never be given under the influence of drugs or alcohol. You cannot make an informed decision if you are under the influence.

Enthusiastic

If someone isn’t excited or isn’t fully expressing “yes”, then it’s not consent. This includes nonverbal cues; all behavior should be enthusiastic.

Specific

Saying “yes” to one thing (like agreeing to hang out alone with someone) does not mean they’ve said “yes” to other things (like kissing).

Explain to the class that everyone will now practice giving consent or not. Divide the class into partners and have one partner think of a question to ask the other person. Sample questions include:

- *Can I give you a high 5?*
- *Would it be okay if I give you a hug?*
- *Can I give you a hug?*
- *Can I hold your hand?*
- *Can I kiss you?*
- *Will you be my boyfriend?*
-

One partner can think of their own example and the other participant should practice saying “yes” or “no.” Give partners a few minutes to think of their scenario and practice it. Then ask for 3-5 volunteer pairs to “perform” their consent scenario to the class.

Remember, consent does not always have to be a verbal “yes”, but verbally agreeing to different sexual activities can help both you and your partner to understand and respect each other’s boundaries. If you are not confident if they want to do something, ASK them.

You need consent even if:

- The person is your partner or spouse
- He/she went to your house late at night
- He/she is wearing revealing clothing
- He/she has had sex with lots of people before
- He/she drank much alcohol (if someone is too drunk to walk, talk, or understand what is happening, they cannot give consent)

III. Consent or Not?

Time: 20 Minutes

Materials: Chalk, Chalkboard

Write “Consent” on one side of the chalkboard and “Not Consent” on the other side of the chalkboard. Read each of the following statements and wait for students to decide whether they think it’s consensual or not by standing near the side that says “Consent” or “Not Consent”. After each statement, call on a few students to explain why they chose that answer. They are free to change their minds, if they believe strongly in what other students say.

Statement	Answer
1. A girl has an older boyfriend who pays her school fees. He wants her to have unprotected sex with him. She does because she is afraid that he will stop paying her school fees if she doesn’t.	Not consensual. This relationship has a power imbalance. The girl is being pressured into sex. Pressured sex does not have honest consent.
2. A husband asks his wife, “Is it okay to kiss you?” She agrees.	Consent. Even if you’re husband and wife, it’s important to ask!
3. A boy sleeps at a friend’s house. The friend touches his penis while he is sleeping.	Not consent. Sleeping or unconscious people cannot consent to sexual activities.
4. A boy at school takes his crush to visit his friends. On the way the girl asks, “Is it okay if I hold your hand?” He’s embarrassed so he says no. She tells him a joke instead.	Consent. She respected his wishes and did not hold his hand.
5. A girl is drunk at a party and says she wants to have sex with a boy at the party. He agrees so they have sex. Later she feels awful	Not consent. Being under the influence of alcohol or drugs means informed consent is not possible, even if the drunk person says they want to have sex.
6. A boy asks his girlfriend if she wants to have sex. She shrugs and looks away. He has sex with her because he assumes she means yes.	Not consent. There must always be an enthusiastic “yes” for it to be consensual. Non-verbal clues are just as important to pay attention to, and things like not returning affection, shrugging, or silence are not consent.
7. A husband asks his wife to have sex with him.	Not consent. The wife did not

	She says “yes, but only if we use a condom to protect ourselves.” They start having protected sex with the condom. During sex, the husband takes off the condom and continues to have sex with her.	consent to unprotected sex.
.8.	A 14-year-old boy has a 30-year-old girlfriend. She proposes to have sex and he agrees.	Not consent. <i>If you are under 18 years old, you cannot legally consent to sex with people over 18 years old. This is child defilement.</i>
9.	A couple are having sex and one partner asks, “Does this feel ok?” Their partner responds, “Yes!”	Consent. <i>Sexual relationships require a lot of communication; don’t be afraid to ask!</i>

After the activity, tell everyone to find their seat again.

Remember: using consent is **critical** in all situations, particularly sexual ones. Learning how to talk with your partner during sexual situations is very important and should never feel like an interruption; it is your right to voice your consent at any and all times. If you don’t feel comfortable saying “yes”, then perhaps you are in an unhealthy relationship or you are not ready to engage in sexual relationships.

Sexual abuse, sexual assault, and rape are violations or crimes that occur when someone does not give their consent or feels pressured or coerced into giving consent.

Topic 5. Pregnancy

Topic 5. Lesson 1.

Pregnancy & Options

Time: 40 Minutes

Materials: Diagrams of Male and Female Reproductive Systems, Tape, Chalk, Chalkboard, Sample Pregnancy Test.

Objectives: Students will be able to describe how people sexually reproduce and learn about different options if pregnant.

I. Fertilization

Time: 15 Minutes

Materials: Chalk, Chalkboard, Male and Female Reproductive System Diagrams, Tape, Sample pregnancy test

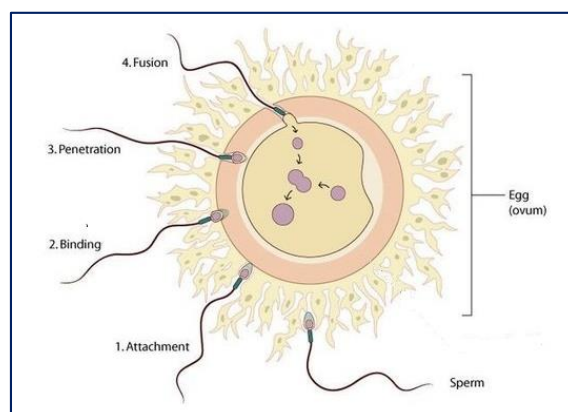
Explain to participants that you are going to discuss conception, pregnancy, and birth. Hang the male and female reproductive system diagrams and use them to review the following with the class:

Female bodies have two **ovaries** that produce **eggs**. One egg leaves the ovary each month and travels through the **Fallopian tube** to the **uterus** as part of the **menstrual cycle**.

Male bodies have two **testicles** that produce **sperm**. During **ejaculation**, the sperm mix with **semen** and travel down the **urethra** to exit the tip of the **penis**.

Ask the class what they know about pregnancy. Call on a few students to respond. Then use the female reproductive system diagram to explain the following:

Pregnancy begins when a male and female have sexual intercourse and a man ejaculates into a woman's vagina. One of the male's sperm meets with the female's egg and becomes fertilized. The fertilized egg implants on the uterus wall and over the course of 9 months develops into a baby.



Ask the class if they know any symptoms of pregnancy. List their responses on the board and be sure to include the following:

- Late/missed menstruation period
- Tender/swollen breasts
- Fatigue
- Spotting (signals implantation of egg to uterine wall; can be mistaken for a period but it is much lighter)
- Concentrated lower back pains
- Frequent urination
- Nausea (around 6 weeks along)
- Mood swings

The best way to tell if you're pregnant is to either take a **home pregnancy test** or visit a health center to do a test. Home pregnancy tests can be purchased at most pharmacies for 600 RWF.

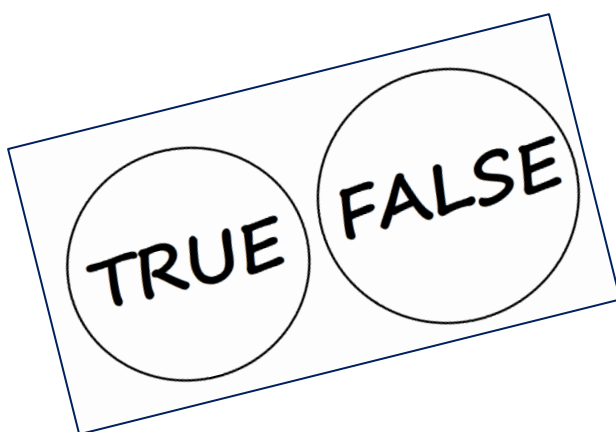
Show participants how to use a pregnancy test using a sample test.

Tests should be taken at least one day after your missed period. It is preferable to do the test with the first morning urine to best detect the hormone hCG indicating pregnancy. Depending on the type of test, either deposit 5 to 6 drops of urine on the circle or pee directly on the stick for several seconds. Wait 5 minutes for the results; pregnancy is generally indicated with a cross or two horizontal lines, depending on the test.

During her pregnancy, it's important for a woman to get regular check-ups at a health clinic. At the end of nine months for a normal pregnancy, a woman will start to feel **contractions**, or when the uterine muscles tighten to prepare for birth. The mother's body pushes the baby out of the uterus through the vagina head-first. This process is called **labor**.

If you want to watch a video of fertilization and implantation, you can watch this video (3 minutes):

<https://www.youtube.com/watch?v=vFfqLs94iHc>



II. True or False

Time: 10 Minutes

Materials: Chalk, Chalkboard

On the chalkboard, draw two circles. Label one as TRUE, the other as FALSE. Draw a chalk line on the ground about 2 meters in front of the chalkboard. Two or three students wait behind the chalk line. Read aloud a statement. Make sure that students understand. Then say "GO!" The students must run to the board and slap the correct circle. The first student to slap the correct

circle wins.

Statement		Answer
1.	One drop of semen can start a pregnancy.	True. Each drop of semen can contain a million sperm cells. It only takes one to fertilize an ovum.
2.	You cannot get pregnant if it is your first time having sex.	False. Even once is enough.
3.	After ejaculating into the vagina, sperm can live in the body for 3-5 days.	True. Intercourse on a Sunday could lead to fertilization on Wednesday or Thursday!
4.	A girl can get pregnant if she has sex during her period.	True. It is highly unlikely for her to get pregnant, but remember that sperm can live in a woman's body for up to 5 days.
5.	If a pregnancy does not happen in the first month of intercourse, one of the people must be infertile.	False. It's just a matter of chance. They probably did not have intercourse exactly at ovulation. If a couple has intercourse with no birth control for one or two years without getting pregnant, then they should see a doctor.
6.	A woman can get pregnant by masturbating.	False. Masturbation never causes pregnancy for either men or women because there is no sperm to meet the egg.
7.	A girl cannot get pregnant from sexual abuse or rape.	False. Any intercourse can lead to pregnancy ... whether or not she was forced or talked into it. She does not have to love the person, or enjoy it, to get pregnant.
8.	Each time a couple has intercourse, they start a pregnancy.	False. Pregnancy could happen any time two people have intercourse, but it doesn't happen every single time.
9.	Wearing a condom during sex will 100% prevent a pregnancy.	False. Condoms are only 86% effective so pregnancy is still a risk. Pregnancy can occur from not wearing condoms correctly or if the condom breaks. Be sure you are ready to take this risk when you engage in sexual intercourse.

III. Pregnancy Options

Time: 15 Minutes

Materials: Chalk, Chalkboard

If You Are Pregnant

Remember that you have legal rights about pregnancy!

According to national and international laws, you have the:



- Right to decide freely whether and when to become pregnant
- Right to decide how many children to have

If a woman is pregnant, she generally has three choices of action:

1. Abortion
2. Adoption
3. Raising the Baby

Abortion

Abortion is a medical procedure that ends a pregnancy in which trained doctors use medical instruments to empty the uterus. Medical abortions should never be painful and a woman can still have another child in the future after having an abortion. Abortions can be done up to 12 weeks after becoming pregnant and are completely safe when done in a hospital.

If a woman has an unwanted pregnancy, Rwandan law allows her to get an abortion only under cases of *rape, incest, forced marriage*, or if the pregnancy were to *endanger the health of her or her baby*. It can be very difficult to receive a court order for a legal abortion.

Unsafe abortions can be very dangerous to a woman's health. If you get legal permission to get an abortion, you should go to a qualified medical doctor, not a traditional healer.

Adoption

If you do not want the baby, you can choose to give the baby up for adoption. Most people give their babies to family members who are willing to help.

If you do not have family who want to take the baby, you can also give the baby to the government. Talk to someone at the cell or sector office about contacting the National Child Council (NCC). The NCC will take your baby and give him or her to a family who wants a baby and will be good parents.

Raising the Baby

Another option is to keep the baby. Pregnancies normally last 9 months. It's important for teen parents to receive care and support throughout their pregnancy, birth, and child's life. As soon as someone realizes she is pregnant, she should visit a health center to have a check-up and to receive regular care throughout the pregnancy. Legally, a student cannot be kicked out of school for being pregnant and it's important to finish school, even if pregnant.



Ask students to list ways to have a healthy pregnancy. Record their responses on the board and be sure to include the following:

- Eat healthy and safe foods. Be sure to eat lots of fruits and vegetables and avoid foods with lots of salt, sugar, and oil.
- Stay active.
- Drink lots of water and stay hydrated.
- Avoid alcohol, caffeine, and drug use. These can cause damage to the baby.
- Try to sleep 8 hours a night.
- Go to regular appointments at a health center to ensure there are no problems with the baby or pregnancy.
- If you experience any pain, vaginal bleeding, dizziness, swollen legs/ankles, or have another concerning symptom, go to a health center immediately to seek care.

Having a baby is a big responsibility. Babies require time, energy, and money. Adolescent girls and boys who become parents while young may compromise or delay their life goals that they had planned for themselves. Keep this in mind when making decisions about sex and contraceptives.

Topic 5. Lesson 2.

Sexual Decision Making

Time: 40 Minutes

Materials: Chalk, Chalkboard, A meter-long bat or stick.

Objectives: Students will be able to list sexual behaviors that are risk-free and identify the risks of using alcohol or drugs.

I. Deciding to Have Sex

Time: 15 Minutes

Materials: Chalk, Chalkboard

Read the stories out loud to the class or have a volunteer read them.

Story 1:

Claire has a boyfriend named Claude. Claire wants to have sex with Claude. However, she is too embarrassed to tell him. She thinks that only bad girls want sex. She wants Claude to think that she is a good girl. She waits for him to ask for sex first. One day, they are kissing. Claude starts to take her clothes off. Claire is excited, but she pretends to stop him. She says “No, we should not have sex. Stop it.” She does not want him to think that she is promiscuous. He continues and they have sex. Claire enjoys having sex with him. The next week, Claire is on her period. She is tired and in pain. She wants to rest alone. Claude starts to kiss and touch her. She says “No, stop it. I do not want to have sex.” Claude thinks to himself “Claire is always too shy to admit when she wants sex. I think that she really does want sex today.” He continues even though Claire does not want to.

Story 2:

Francine has a boyfriend named Frederic. Francine wants to have sex with Frederic. She says to him “I am ready to have sex with you. Do you also want to have sex with me?” He says yes. She goes to the health center and gets free condoms. She and Frederic use the condom and have protected sex. Francine enjoys having sex with him. The next week, Francine is on her period. She is tired and in pain. She wants to rest alone. Frederic starts to kiss and touch her. She says “No, stop it. I do not want to have sex today. Maybe next week when I am feeling better.” Frederic thinks to himself “Francine normally tells me when she wants sex. I guess that she is too tired today.” He makes her tea to feel better.



Discussion:

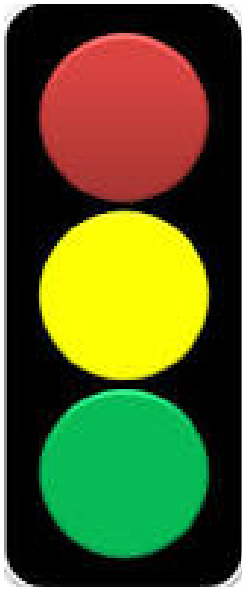
1. What did Claire and Francine do differently?
2. Why was Claire afraid to say “yes” to sex? Why did she say “No” when she really did want sex?
3. How did Claire and Claude communicate? How did Francine and Frederic communicate?
4. What did Claude and Frederic do differently? What did they think about their girlfriends’ words?
5. Is it embarrassing to directly ask someone permission to have sex? Why do you think that is?
6. Can you know if someone does or does not want sex without talking? How can you know for certain?

Go over the following:

Your body is physically ready to have sex during puberty... but are you emotionally ready?

- ❖ The decision to have sex is a very serious one and requires a lot of thought, discussions with your partner, and deep reflection on your values and life goals.
- ❖ It may help to discuss beforehand with your friends, family, or community role models.
- ❖ Make sure you are prepared to face consequences like pregnancy, infection, or even issues with your partner if you agree to have sex during adolescence.
- ❖ If you do feel mature enough and emotionally ready to enter into a healthy sexual relationship, make sure you use a contraceptive method like condoms to protect yourself from HIV, STIs, and pregnancy.
- ❖ A helpful tip in figuring out if you’re ready: If you’re too uncomfortable talking about sex or protection with your partner, you’re not ready!

Remember! Sex is a serious decision. It is generally considered a healthier option for teens to delay sexual intercourse but choosing to have sex is a personal decision. No one should pressure you. It is very important that BOTH people communicate honestly, give consent continuously, respect the words and feelings of their partner, and be safe.



II. Stoplight Activity

Time: 10 Minutes

Materials: None.

When your reproductive organs mature during puberty, you will experience sexual **arousal**. Men will know they are aroused because their penis becomes **erect**. Women will know they are aroused because their vagina produces a slippery, clear fluid (different from the daily cleansing fluid). Both men and women begin to have sexual desire during puberty.

You will develop feelings of attraction to people around you. You may feel you want to act on those feelings and do sexual activities with another person. There are so many ways to show someone you care that are risk-free. **Risk-free** means that both partners are safe from an unwanted pregnancy and STIs.

Sexual behaviors are like a stop light. There are many activities that are risk-free or green, other activities that you must be cautious or careful doing (yellow), and some activities that are high-risk and you should think very hard about the risks before engaging in them (red).

Tell the class that they will be deciding on the risk level of various sexual behaviors. The facilitator will read a statement and students must decide whether it is red: high risk, yellow: medium risk, or green: no risk. If they believe it is high risk, they should raise their hand. If they believe it's medium risk, they should put both hands on top of their lap or desk. If they believe it's low risk, they should touch the floor.

Read the following sexual behaviors and allow students to vote after each one. Be sure to tell the correct answer before moving to the next one.

- Hugging—GREEN
- Closed mouth kissing—GREEN
- Open mouth kissing—YELLOW (potential to spread herpes)
- Using alcohol or drugs—RED (limited ability to make decisions causes risk of not using protection)
- Texting or talking on the phone—GREEN
- Unprotected sexual intercourse—RED (risk for pregnancy and STIs)
- Touching genitals with hands—Mostly GREEN unless someone has herpes on their hands
- Oral sex (putting mouth on genitals)—RED (for STIs-herpes can be spread from mouth to genitals, NO RISK of pregnancy)
- Sharing fantasies—GREEN
- Protected sexual intercourse (with a condom)—YELLOW (condom may slip or break)
- Holding hands—GREEN
- Going on a date—GREEN

- Masturbation (touching one's own genitals)—GREEN
- Watching a movie with someone—GREEN

III. Alcohol, Drugs, & Decision-Making

Time: 15 Minutes

Materials: Chalk, Chalkboard, A meter-long bat/stick

Two students volunteer. Student A must spin his/her head on the top of the stick 10 times. Student B stands still, waiting for Student A to finish spinning. Then both students must walk across the room in a straight line. Student A is drunk. Student B is sober.

Discussion Questions:

- Who can walk better?
- If you had to choose a moto driver, who would you prefer?
- How does alcohol affect us? Physically? Mentally?
- **How does alcohol use affect sexual decision making?**

You can either write notes on the chalkboard, or post pre-written notes on paper.

Alcohol is a type of **drug**. Drugs are substances which affect your body's chemistry. When you drink alcohol or take drugs, they affect your body.

When we drink alcohol or take drugs, we lose our **self-control**. Our brain's **inhibitions** are lowered, so it is more difficult to make intelligent decisions.

*Ask the class: What are some ways that alcohol might have an effect on **sexual decision making**? List their responses on the board and be sure to include the following:*

- Drinking alcohol can make our bodies more sexually aroused/more interested in having sex. Can cause difficulty in saying "No".
- More likely to do sexual acts which you would not do sober.
- More likely to have unsafe sex or not use a condom.
- Increased risk of STIs and unwanted pregnancy.
- Unable to give consent.
- More risk for sexual assault or rape.
- At risk for blacking-out (or losing consciousness). It is possible to have unsafe sex and not remember if you drink too much or abuse drugs. This might mean you do not seek help/medical attention to test for STIs or pregnancy.
- Long-term abuse of alcohol can lead to sexual problems like impotence (penis is unable to become erect).

Go over the following information:

Remember! Sexual consent requires good communication. Someone who is drunk or high can NOT give consent.



Ask yourself:

- Can this person communicate clearly?
- Are they coherent? (Making sense and not slurring their words.)
- Are they sober enough to understand what is happening?
- Would they make this decision to have sex if they were sober?

If a person cannot answer these questions, they are too drunk/high to have sex or give consent:

- “Do you still want to do this?”
- “Is this okay?”
- “Do you need a break?”
- “Are you having fun?”
- “What do you want to do next?”

Continually ask for consent to see if they are not too drunk to have sex.

If you are concerned that your partner may be too drunk, stop! Wait until they are sober and able to make a good decision for themselves.

Drinking alcohol is a risk. Think carefully before choosing to drink alcohol or taking other types of drugs because it may hurt your ability to make good decisions.

Topic 5. Lesson 3.

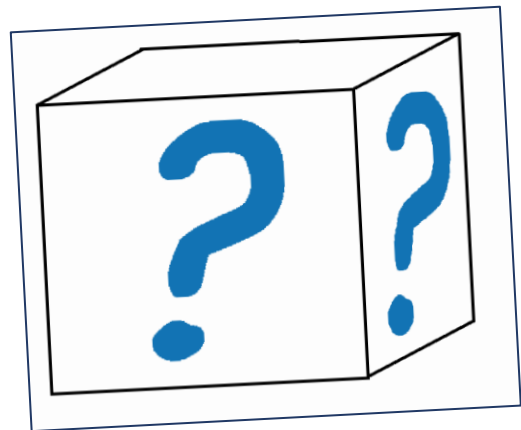
SHARE Discussion

Time: 40 Minutes

Materials: Box, Papers, Optional: Paper, Writing Utensils

Objectives: Students will have a safe space to ask anonymous and non-anonymous questions. Students will then brainstorm ways to practice consent and make healthy sexual decisions in their lives.

The SHARE Facilitator will put out a box. Students can write anonymous questions they have about anatomy, puberty, or hygiene and place those questions in the box. The SHARE Facilitator will then answer the questions.



After the Facilitator answers the questions, talk together about things students can do to practice consent and making healthy sexual decisions. Encourage students to think of concrete ways to act that will decrease sexual assault, unwanted pregnancies, and unhealthy sexual decision-making within their communities. Use the following questions as a guide:

1. What do you do if you want to have sex, but your partner does not want to have sex?
2. Who wants sex more: boy or girls? What do you think of girls who ask to have sex with their boyfriends, rather than the boy asking?
3. What would you do if you or your girlfriend got pregnant today? What options are available to you? How would your family, school, or community react?
4. What is the responsibility of a boy who gets his girlfriend pregnant? What is the role of men during pregnancy? How can a man help his partner while she is pregnant?
5. What would you do if your friend pressures you to take beers? What can you tell your friend, using what you've learned about alcohol and sexual decision making?
6. How can we stop rape and sexual assault in our communities? What are some ways that we can educate our communities about asking for consent?
7. How can we decrease unwanted pregnancies in our communities?

OPTIONAL ACTIVITY: Personal Timeline

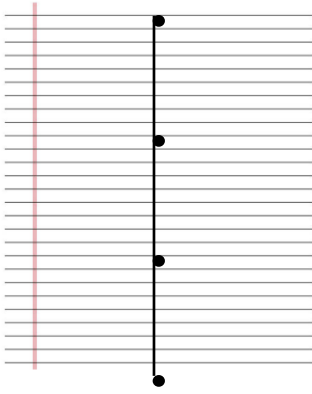
Time: 15 Minutes

Materials: Paper, Writing Utensils

Tell students to get out a blank piece of paper and writing utensil. Explain that they'll be creating a "personal timeline" that will include their future goals over the next 10 years. Encourage them to consider when they want the following life events to happen, if ever:

- graduating from secondary school
- going to university
- getting post-secondary school training
- getting a paid job
- falling in love
- getting married
- having a child or children
- moving away from your parent(s)'s house
- or others—encourage participants to think of other life events they wish to happen

Have everyone draw a vertical line down the middle of the page reaching from top to bottom. Tell participants to make four evenly spaced dots on the line:



At the first dot at the top of the page, tell participants to write down a goal they have for this year and list one concrete way to go about achieving that goal. For example, “I want to graduate from secondary school. I will achieve that by studying hard and passing my exams.”

At the next dot, they should write down a goal they have for next year and list one concrete way to achieve it. At the third dot, write down a goal they have for 5 years from now with a concrete step to achieve it, and at the last dot, have participants write a goal they have for 10 years from now, also with a concrete step to achieve it.

Give participants about ten minutes to write down their goals and how they can achieve them and then gather everyone’s attention again.

Goal setting is important as a young person so that you can plan your actions and behaviors around helping you achieve your goals in life. Planning important life steps, like getting married and having children, and waiting until you are fully ready for the next step, can allow for more time to pursue other goals like going to school or getting a job.

It’s important to keep reviewing your goals and change them or make new ones as time goes on. Having concrete steps to achieve your goals is just as important as making goals; these steps allow you to slowly work towards a larger life goal by accomplishing smaller ones.

Depending on time, call on 5-10 different participants to briefly share some of their goals with the group. Another option: have participants find a partner and have the partners share their goals with each other.

Topic 6. STIs, HIV, and AIDS

Topic 6. Lesson 1.

Sexually Transmitted Infections

Time: 40 Minutes

Materials: Chalk, Chalkboard, “Condom Talk” Notecards.

Objectives: Students will be able to name various types of STIs, their symptoms, and treatments. Students will practice discussing condom use with a partner to prevent STIs.

I. Spreading STIs

Time: 20 Minutes

Materials: Chalkboard, Chalk

Tell the class to stand up and high-five other students in the room, trying to notice who they high-fived. As the facilitator, give a high-five to 8 different students. After about a minute, tell the class to sit back down.

Tell the class, “If you high fived me, stand up.”

The facilitator had a sexually transmitted infection or STI in this activity. High-fives represented unprotected sexual intercourse meaning that everyone who high-fived the facilitator now has an STI.

Sexually Transmitted Infections (STIs) are infections which are passed from person to person through intimate sexual contact.

Ask the class, “Does anyone know any examples of STIs?” List correct responses on the board and be sure to include the following:

- Syphilis
- Chlamydia
- Gonorrhea
- HPV
- Herpes
- HIV/AIDS
- Pubic lice
- Trichomonas

Some STIs are caused by a **virus** and cannot be cured (note that they all start with “H”: HIV, Herpes, HPV). Other STIs are caused by **bacteria** and can be treated (syphilis, chlamydia, and gonorrhea cause serious problems if left untreated).



Ask the class, “How can you tell someone has an STI?” List correct responses on the board and be sure to include the following:

- Most STIs have no symptoms.
- Symptoms can include:
 - Unusual discharge from the genitals
 - Pain or burning during urination
 - Itchy or painful bumps or sores on or around genitals
 - Pain or swelling of the genitals
 - Muscle or head aches
 - Nausea, Fatigue, Irritability

Ask the class, “How are STIs passed in real life?” List correct responses on the board and be sure to include the following:

- Unprotected sexual intercourse
- Blood
- Semen
- Breastmilk
- Vaginal fluids
- Genital skin-to-skin contact

Ask the class, “How can you prevent STIs?” List correct responses on the board and be sure to include the following:

- Be aware of symptoms.
- Use condoms to protect yourself.
- Get tested regularly at a health center. Many health centers have free testing options. One place to start is Maison de Jeunes in Kimisagara which offers free Voluntary Counseling & Testing (VCT) services.



II. True or False

Time: 10 Minutes

Materials: None

Read aloud the statement. If students think that it is true, they stand up. If they think that it is false, they sit down.

Statement		Answer
1.	Most sexually transmitted infections are easily treated at a health clinic.	True. But remember that some (like HIV, HPV, and herpes) do not have cures.
2.	You can't contract sexually transmitted infections if you only have oral sex.	False.

3.	You cannot always tell if you have an STI or not.	<i>True. Sometimes you cannot see any symptoms, but can still give someone else your STI.</i>
4.	Sexually transmitted infections will go away by themselves if you just ignore them.	<i>False. If left untreated, many sexually transmitted infections can be painful or uncomfortable, and can be passed onto someone else. Some infections permanently damage your health and fertility.</i>
5.	If you have sex with only your spouse, then you cannot get STIs.	<i>False. Your spouse may have an STI. It is important that you are both tested at a health center.</i>

III. Condom Talk

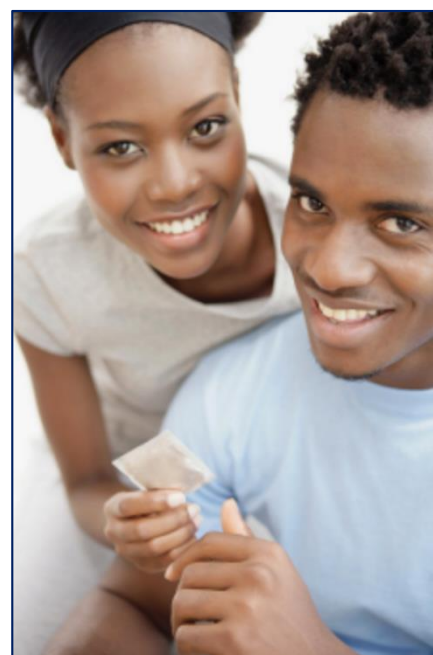
Time: 10 Minutes

Materials: “Condom Talk” Notecards

The only way to prevent STIs is to be abstinent or use a condom. Talk to your partner about condoms *before* you need a condom. When people are in the heat of the moment, they are more likely to make a decision that they regret later.

Sometimes your partner may not be supportive about using a condom. Practice these scenarios to be prepared if this happens in real life.

Tell the class to find a partner. Give each partner a “Condom Talk” Notecard. Partners should decide who is going to be person 1 and who will be person 2. Have partners practice reading their statements a loud to each other. Then call on a few pairs to read their statements out loud to the class.



“Condom Talk” Scenarios:

Person 1: We don’t need to use anything. I’m clean.

Person 2: Most STIs don’t have symptoms, so you or I could have something and not know it.

Person 1: I don’t like them, they don’t feel good.

Person 2: We can get a thin condom and use some extra lubricant to make it feel more natural.

Person 1: I’m too big for a condom.

Person 2: There are larger sizes of condoms we can use. Plus, they are stretchy.

Person 1: Condoms aren’t sexy, I don’t want to interrupt our good time.

Person 2: It won’t be a good time if we get pregnant or a disease.

Person 1: I’ll pull out so you don’t get pregnant.

Person 2: Pulling out is not 100% effective and I still could get an STI.

Person 1: I'm embarrassed to buy condoms.

Person 2: That's okay, I have some.

Person 1: I don't have any condoms with me.

Person 2: That's okay, I have some.

Topic 6. Lesson 2.

HIV/AIDS

Time: 40 Minutes

Materials: Paper, Writing Utensils, Paper with "True" written on it, Paper with "False" written on it, Chalk, Chalkboard.

Objectives: Students will be able to name modes of transmission for HIV and AIDS. Students will know how to prevent HIV and delay the onset of AIDS. Students will learn about HIV stigma and consider options for reducing stigma in their communities.

I. HIV in Rwanda

Time: 10 Minutes

Materials: Paper, Writing Utensils

Ask students to take out a piece of paper and writing utensil. Tell them to write the numbers 1-5 on their paper. Read the following statements out loud and students must write if they think the answer is True or False. After the "quiz", students should exchange papers with a partner. Go over the correct answers together.

Alternative: Read aloud the statement. Students stand up if they think that it is true and sit down if they think that it is false.

Statement		Answer
1.	In Rwanda, 3% of adults have HIV.	True.
2.	In Rwanda, there are 70,000 orphans under age 18 due to AIDS.	True.
3.	Only 60% of Rwandan teenagers have a comprehensive knowledge about AIDS.	True.
4.	Rwandan women are more vulnerable to HIV infections than men.	True.
5.	Rwandans who have had 3-4 sexual partners are 4-6 times more likely to be HIV positive than Rwandans who have had only 1 sexual partner.	True.
6.	45% of prostitutes in Rwanda are HIV positive.	True. Prostitution has a high risk of HIV. Make sure to always use a condom.

II. HIV Quiz Game

Time: 20 Minutes

Materials: “True” paper, “False” paper

Explain the following:

The **Immune System** are the cells, tissues, and organs which work together to defend the body against attacks by foreign invaders from outside the body. The immune system protects your body against viruses, diseases, and illnesses.

HIV: Human Immunodeficiency Virus

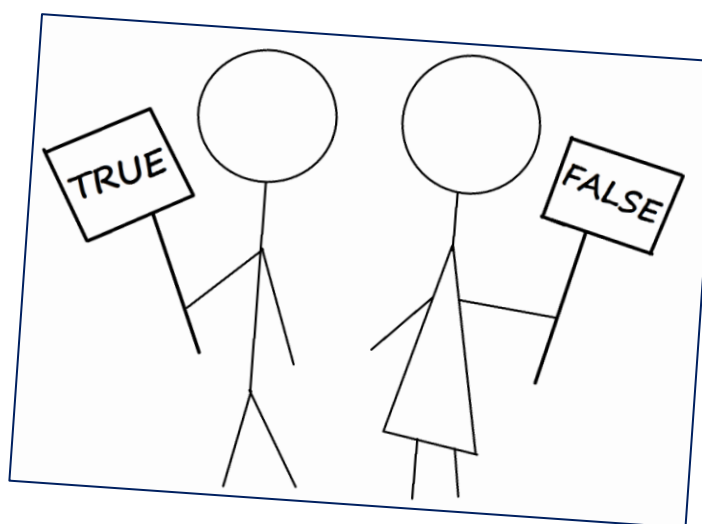
HIV hurts your immune system. Unlike some other viruses, the human body cannot get rid of HIV. That means that once you have HIV, you have it for life.

AIDS: Acquired Immunodeficiency Syndrome

Left untreated, HIV develops into AIDS. This is the stage of infection that occurs when your immune system is badly damaged and you become vulnerable to infections and infection-related cancers called **opportunistic illnesses**.

Be sure to get tested regularly for HIV at your local health center.

If you test positive for HIV, seek medical attention and get treatment immediately.



Break the class into groups. Each group has a TRUE and FALSE paper. Read aloud the statement. Groups discuss for 30 seconds. Say “1, 2, 3, GO!” and groups must raise their sign with the correct answer. The team who raises the correct answer first gets a point.

Statement		Answer
1.	You can tell who is living with HIV by looking at them.	False. Most people living with HIV can look healthy. People who look sick do not necessarily have AIDS.
2.	You get HIV from having unprotected sexual intercourse.	True.
3.	HIV is spread by mosquitos.	False. HIV is spread through blood, semen, vaginal fluids, and breast milk.
4.	HIV can be spread by supernatural means,	False. HIV can only be spread through blood, semen, vaginal fluids, and breast milk.

	such as witchcraft and curses.	
5.	One to six weeks after infection, a person may experience flu-like symptoms (fever, headache, sore throat, body rash, nausea, etc.)	<i>True. These symptoms happen because your body is trying to fight the HIV virus. This stage normally lasts only 1-2 weeks. Some people get no symptoms at all. During this stage, you are at high risk for infecting other people. Get treatment from a health center if you experience these symptoms!</i>
6.	Once you have HIV, you always feel sick.	<i>False. After experiencing flu-like symptoms, many people start to feel better and may not have any symptoms for many years, on average 10 years. The virus is still active. It is growing in number and hurting your immune system and making you vulnerable to infections. People in this stage can still spread HIV to other people, especially if they do not know that they have HIV.</i>
7.	People often don't die from AIDS but from other illnesses you contract while you have the disease.	<i>True. AIDS damages your immune system so that it cannot protect you well against opportunistic infections (infections which can more easily hurt people with weaker immune systems.) You can get more serious infections, bacterial and fungal diseases that you would normally be able to fight off.</i>
8.	You can get HIV by sharing food with someone who has HIV.	<i>False.</i>
9.	Having sex with someone 5 years older than you increases your risk of HIV.	<i>True. When someone is older, they are more likely to have had more sexual partners. This is why you should avoid sugar daddies!</i>
10.	A person can test negative for HIV but still have HIV.	<i>True. There is a window of time between exposure and infection. The window period is 6-8 weeks. If you have unprotected sex on July 1st, then you may see a negative test until August 26th. You can infect other people during the window period. Prevent this by always using a condom!</i>
11.	If a woman is living with HIV, then all of her children will also have HIV.	<i>False. It is possible for a woman to give HIV to her baby, but if she follows her doctor's instructions and takes HIV treatment throughout the pregnancy and breastfeeding period, then the likelihood is only 1%. The baby should also receive HIV treatment when born. Even though HIV can be transmitted through breast milk, the woman should exclusively breastfeed her child for six month with no other milk, water or food. This is because breast milk is very important to strengthen the baby's immune</i>

		system to help him/her fight diseases. When the child is not breastfed, or given a combination of breast milk and formulate or cow's milk, he/she is actually more likely to develop HIV or other childhood diseases than when it only gets breast milk.
12.	Religious leaders have cured HIV through prayer.	False. No one has ever cured HIV. There is NO cure for HIV.
13.	Without treatment, people with AIDS normally live about 3 years.	True. If you get a dangerous opportunistic illness without treatment, this can fall to only 1 year.
14.	If you have unprotected sex with someone who may have HIV, you can take a medicine to decrease your chance of getting HIV.	True. This medicine is called PEP (Post Exposure Prophylaxis). If PEP is taken immediately after exposure or within 3 days (72 hours), it significantly decreases the risk of contracting HIV.
15.	People with HIV can lead normal, healthy lives.	True! By taking antiretroviral therapy (ARVs/ART) medicine every day for the rest of their lives, people with HIV can live almost as long as people without HIV.

After the game, re-emphasize the following:

*****It is important to repeatedly get tested to know your HIV status.**

III. Stigma Discussion

Time: 10 Minutes

Materials: Chalk, Chalkboard

You can either write information on the chalkboard, or you can post pre-written paper.

Sometimes in Rwanda, people living with HIV face stigma and discrimination in society.

Stigma is a strong feeling of disapproval.

Discrimination is when people mistreat someone because of who they are.

Sometimes people discriminate against people with HIV because they do not understand how HIV is spread. They may incorrectly believe that touching, being near, or sharing dishes with an HIV positive person can spread HIV.

Another reason people may discriminate against people living with HIV is if they believe that having HIV is a sign of a “bad person.” This is not true. **Having HIV does not make someone a**

bad person. HIV can be spread many different ways, not only through sex, and having sex does not make someone a bad person.

If you see that someone is discriminating against someone living with HIV, you should say something.

What can you do or say in these situations? Discuss as a class.

1. Your mother refuses to buy things from one of the shops in town. She says “That shopkeeper is dirty because she has HIV. I do not want to buy things from someone who probably had sex with many men.”
2. Your friends at school refuse to sit with one student during lunch because he has HIV. They say that he may infect them if they share food with him.
3. A man interviews for a job at your work. Your supervisor learns that the man has HIV, and decides not to hire him. Your supervisor says, “I want a worker who is healthy.”
4. Your boyfriend shares that he is HIV positive. Do you stay with him or leave him?
5. What would you do if you thought you had HIV? Where is a place near your home where you can get tested for HIV?
6. How can we decrease the chances of spreading HIV?
7. How can we work together to reduce stigma in our society?

Topic 7. Contraception

Topic 7. Lesson 1.

Contraception

Time: 40 Minutes

Materials: Chalk, Chalkboard.

Objectives: Students will discuss why birth control is important and learn about different methods of contraception.



I. Why birth control?

Time: 10 Minutes

Materials: Chalk, Chalkboard

Ask the class, “What is birth control?” List their responses on the board.

Contraception/Birth Control is the intentional prevention of pregnancy. It is not only for married people, but also good for sexually active adolescents to prevent having children before they are ready. Most birth control methods do NOT protect against STIs—only condoms can protect from both.

Ask the class, “What are some reasons why someone would want to use birth control?” List their responses on the board and be sure to include the following:

- Preventing women from having more children than they want or can take care of.
- Spacing out children to allow for healthy pregnancies. (18-24 months is recommended to wait until having another pregnancy.)
- Allowing women to pursue a job (rather than care for more children).
- Allowing women to focus on care for her other family members.
- Giving time to save money for another child.
- Allowing the opportunity to go to school, or finish studies.
- Preserving country resources.*

*Rwanda is the most densely populated country in Africa and has one of the highest fertility rates in sub-Saharan Africa, which both put pressure on the country’s already scarce resources. This is why learning about contraception is vital to Rwanda’s future and development goals.

Remember: According to national and international laws, you have the right to:

- Choose any method of contraception

- Decide freely whether and when to become pregnant
- Decide how many children to have
- Have sexual and reproductive health care services

II. Contraception Lecture

Time: 30 Minutes

Materials: Chalk, Chalkboard

You can either write information on the chalkboard, or you can post pre-written papers. Ask students if they have heard of the following types of birth control and ask them to brainstorm advantages/disadvantages of each while you go through the information with them.

Abstinence is choosing to not have sexual intercourse. You can choose abstinence even after you have been sexually active before. Some people choose to have other types of less risky physical contact but abstain from sexual intercourse.

Protection from Pregnancy: Best, 100% effective

Protection from STIs/HIV: Best, 100% effective

Ask students: what are some advantages of being abstinent? List on the board.

Advantages:

- Abstinence is free and available to all.
- Abstinence can be practiced at any time in one's life.
- It is the only 100% effective method to prevent STIs, HIV, and unwanted pregnancies.
- Abstinence may encourage people to build personal, intimate relationships in other ways.
- No side effects.

Ask students: what are some disadvantages of being abstinent? List on the board.

Disadvantages:

- Requires commitment by both partners.

Intrauterine Device (IUD) is a T-shaped device made of copper that is inserted by a health care provider into the uterus. The Paraguard brand prevents pregnancy up to 12 years.

Protection from Pregnancy: Best, 99.9% effective

Protection from STIs/HIV: None.

Ask students: what do you think are some advantages of IUDs? List on the board.



Advantages:

- Long term use for up to 12 years.
- Don't have to worry about taking a daily pill or doing anything on a regular basis.
- Contains no hormones (The Paragard is a “natural” method.)
- Does not depend on partner cooperation.

Ask students: what are some disadvantages of IUDs? List on the board.

Disadvantages:

- Insertion can be slightly painful.
- Must be inserted by a trained doctor or nurse.
- May cause heavier bleeding or more cramping.
- Does not protect against STIs.

Brand Available in Rwanda: Paragard (non-hormonal, copper)



An **Implant** is a small, plastic rod that is inserted by a health care provider into the arm and releases hormones to prevent her from getting pregnant.

Protection from Pregnancy: Best, 99.9% effective

Protection from STIs/HIV: None.

Ask students: what do you think are some advantages of implants? List on the board.

Advantages:

- Long term use from 3-5 years, depending on the brand.
- Don't have to worry about taking a daily pill or doing anything on a regular basis.
- Does not depend on partner cooperation.

Ask students: what are some disadvantages of implants? List on the board.

Disadvantages:

- Side effects may include irregular bleeding or no bleeding at all.
- May be less effective in overweight women.
- Does not protect against STIs.

Brand Available in Rwanda: Jadelle and Implanon. Jadelle lasts 5 years, Implanon lasts 3 years

Surgeries:

A procedure done by a doctor to close or block the tubes that carry sperm so that sperm will not be ejaculated (for men) or to close or block the tubes that carry eggs to the uterus (for women). This prevents pregnant permanently.

Protection from Pregnancy: Best, 99% effective

Protection from STIs/HIV: None.

Ask students: what do you think are some advantages of surgery? List on the board.

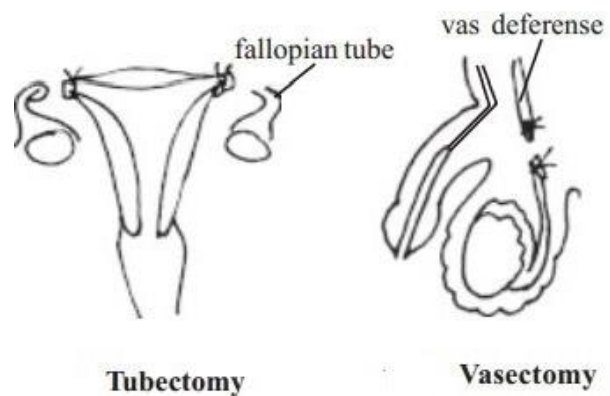
Advantages:

- Permanent, irreversible protection against pregnancy.
- A great way to prevent pregnancy for partners who are content with their family size and do not wish to have more children.
- Low cost after initial investment.
- Does not depend on partner cooperation.

Ask students: what are some disadvantages of surgery? List on the board.

Disadvantages:

- Not very common in Rwanda.
- Expensive upfront cost.
- Rarely, tubes reconnect and pregnancy occurs.
- Surgical procedure complications may occur, such as mild bleeding or infection.
- Does not protect against STIs.



A hormonal Injection is a shot of hormones given by a health care provider that prevents pregnancy from 1-3 months, depending on the brand.

Protection from Pregnancy: Best, 97% effective

Protection from STIs/HIV: None.

Ask students: what do you think are some advantages of surgery? List on the board.

Advantages:

- Prevents pregnancy long term, from 1-3 months depending on the brand.
- For some women, periods may stop altogether.
- Does not depend on partner cooperation.

Ask students: what are some disadvantages of surgery? List on the board.

Disadvantages:

- Side effects may include irregular bleeding or weight gain.
- Possible delay in return of fertility for up to 18 months.
- Must be able to access a health center on a regular basis.
- Does not protect against STIs.

Brand Available in Rwanda: DepoProvera lasts for 3 months. Noristerat lasts for 2 months. Norigynon lasts for 1 month.

Birth Control Pills are a daily pill containing hormones taken to prevent pregnancy.

Protection from Pregnancy: Good, 92% effective

Protection from STIs/HIV: None

Ask students: what do you think are some advantages of surgery? List on the board.

**Advantages:**

- Possible side effects include decreased menstrual cramps, lighter menstrual flow, and less acne.
- Regular menstrual cycles.
- Does not depend on partner cooperation.

Ask students: what are some disadvantages of surgery? List on the board.

Disadvantages:

- Must be able to access a pharmacy on a regular basis.
- Must remember to take the pill the same time daily—many people struggle to remember to take it at the same time.
- Mild side effects can include headaches, breast tenderness, nausea, and vaginal bleeding, but often stop after 1-3 months of starting the pill.
- Does not protect against STIs.

Brand Available in Rwanda: Microgynon and Microlut.

Male Condom is a thin latex tube that covers the penis during sex to prevent pregnancy and protect against STIs.

Protection from Pregnancy: Good, 86% effective

Protection from STIs and HIV: Good, 86% effective

Ask students: what do you think are some advantages of male condoms? List on the board.



Advantages:

- Provides protection from most STIs.
- Allows men to share responsibility for birth control.
- Condoms are widely available and cheap. There are a variety of types to choose from.
- There are no negative health side effects, unless you're allergic to latex.

Ask students: what are some disadvantages of male condoms? List on the board.

Disadvantages:

- Must be used with every act of intercourse.
- It may slip off or break if you do not use it correctly.
- Using a water-based lubricant may help it be more effective but is an added cost.

Brand Available in Rwanda: Prudence, Plaisir, Moods, Durex, Preventor, KamaX

Female Condom is a thin latex tube that is inserted into the vagina before having intercourse and is held in place by a small, flexible ring to prevent pregnancy and most STIs.

Protection from Pregnancy: Good, 86% effective

Protection from STIs and HIV: Good, 86% effective

Ask students: what do you think are some advantages of female condoms? List on the board.

Advantages:

- Provides protection from most STIs.
- Does not depend on partner cooperation.



Ask students: what are some disadvantages of female condoms? List on the board.

Disadvantages:

- Must be used with every act of intercourse.
- May cause vaginal irritation.
- It may slip off if you do not use it correctly.
- Often difficult to find in pharmacies.
- Using a water-based lubricant may help it be more effective but is an added cost.

Brand Available in Rwanda: fc2

Emergency Contraceptive is a pill containing hormones that can be taken up to 78 hours after unprotected sexual intercourse to prevent pregnancy.

Protection from Pregnancy: Least, 75% effective



Protection from STIs and HIV: None.

Ask students: what do you think are some advantages of emergency contraception? List on the board.

Advantages:

- May prevent unintended pregnancy.
- Available at pharmacies (no need to go to a health center).
- Does not depend on partner cooperation.

Ask students: what are some disadvantages of female condoms? List on the board.

Disadvantages:

- Does not protect against STIs.
- Side effects may include irregular bleeding or nausea.
- It's not recommended to use this method as a primary form of birth control due to its low effectiveness.

Brand Available in Rwanda: NorLevo

Fertility Awareness Methods use calendars, cycle beads, mucus, or temperature to track ovulation in order to prevent pregnancy. Because a woman is most fertile during ovulation, she abstains from intercourse during those days of her menstrual cycle.

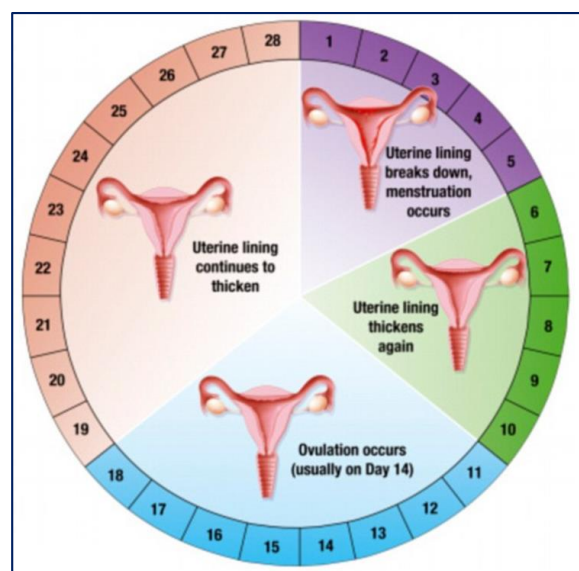
Protection from Pregnancy: Least, 75% effective

Protection from STIs/HIV: None.

Ask students: what do you think are some advantages of fertility awareness methods? List on the board.

Advantages:

- No medical or hormonal side effects.
- It is free to use and available to everyone.
- If you have a smart phone or the internet, there are free websites (such as



<https://menstrual-cycle-calculator.com/>) and phone apps (such as Period Tracker, My Calendar) which can help you keep track.

Ask students: what are some disadvantages of fertility awareness methods? List on the board.

Disadvantages:

- Do not protect against STIs.
- Women must have regular menstrual cycles.
- Requires cooperation of partner.
- Requires months of training and planning.
- Higher failure rate than other methods.

The Withdrawal / Pull Out Method is when two people have unprotected sex, but the man removes his penis from the woman's vagina before he ejaculates so that he does not ejaculate semen into her vagina.

Protection from Pregnancy: Least, 73% effective

Protection from STIs/HIV: None.

Ask students: what do you think are some advantages of withdrawal? List on the board.

Advantages:

- This method is free and available to all.
- Can help prevent pregnancy when no other method is available.

Ask students: what are some disadvantages of withdrawal? List on the board.

Disadvantages:

- It is not recommended as a reliable method of birth control.
- Does not protect against STIs.
- Requires good self control of male partner.
- Not recommended for teens or sexually inexperienced men.
- Higher failure rate than other methods.

Topic 7. Lesson 2.

SHARE Discussion & Condom Demonstration

Time: 40 Minutes

Materials: Box, Papers, Condoms, *Ibitoki* or Wooden Penis Models (or bananas), Birth Control Kit.

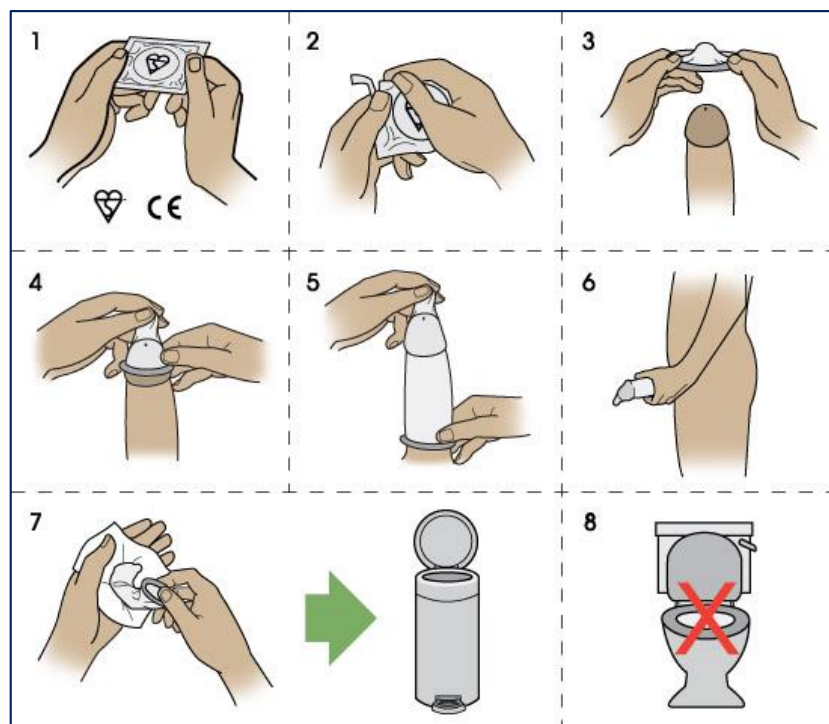
Objectives: Students will have a safe space to ask anonymous and non-anonymous questions. Students will know how to properly use a condom and see examples of the birth control methods.

The SHARE Facilitator will put out a box. Students can write anonymous questions they have about anatomy, puberty, or hygiene and place those questions in the box. The SHARE Facilitator will then answer the questions.

After the Facilitator answers the questions, they will do a condom demonstration and show models/examples of different types of birth control.

How to use a male condom:

- **Check expiration date**—Be sure the condom hasn't expired. Expired condoms are more likely to tear or have tiny holes in them, preventing their effective use.
- **Check the air bubble in the package**—Pinch the center of the package with your thumb and forefinger to ensure that there is an air bubble inside. This indicates that the package has not torn or been opened somehow.
- **Be careful not to tear condom when opening**—Do not use scissors or teeth to open to prevent tearing the condom.
- **Mind the lubricant**—Most condoms are covered with a slippery substance called lubricant. This is important for smoother, pain-free sexual intercourse and helps prevent the condom from tearing.
- **Figure out which way to unroll the condom**—If the condom touches the penis the wrong way, throw it out and start over. You can spread STIs or get pregnant!
- **Place the condom at the tip of the penis and unroll the entire length, pinching the tip to allow room for semen.**
- **To take off**, be careful when rolling up and tie in a knot to throw away. Do NOT flush it down the toilet.



How to use a female condom:



- **Check expiration date**—Be sure the condom hasn't expired. Expired condoms are more likely to tear or have tiny holes in them, preventing their effective use.
- **Check the air bubble in the package**—Pinch the center of the package with your thumb and forefinger to ensure that there is an air bubble inside. This indicates that the package has not torn or been opened somehow.
- **Be careful not to tear condom when opening**—Do not use scissors or teeth to open to prevent tearing the condom.
- **Mind the lubricant**—Most condoms are covered with a slippery substance called lubricant. This is important for smoother, pain-free sexual intercourse and helps prevent the condom from tearing.
- **Squeeze together the sides of the inner ring** at the closed end of the condom.
- **Slide the inner ring into your vagina** as far as it can go, up to your cervix. Be sure it's not twisted.
- **Allow the outer ring to hang** about an inch outside the vagina.

REMEMBER:

- Condoms are most effective when used correctly. They can break or tear if old or punctured with fingernails.
- Never wear two condoms at once. The condoms will rub against each other, causing friction. This may cause them to break.
- Condoms must not be exposed to heat or sunlight. Leaving condoms in sunlight for extended periods of time will weaken them. It is best to store condoms in a cool, dry place.
- You can buy condoms for between 50-300 RWF at shops. Some Health Centers have free condoms.

Next use the birth control kit to show models/examples of birth control methods. Address questions as needed.



Ask participants if they know where to access more information about these options. Explain that they can get more information the following ways:

- Family planning products and services:
 - **Health Development Initiative (HDI) centers:** Free STI testing clinics with Counselors in Nyamirambo (near Green Corner bar in Nyakabanda) and in Kicukiro (near Glory church)
 - **Maison de Jeunes-Kimisgara Youth Center:** A free Voluntary Counseling & Testing Center for youth in Kimisgara, with access to Counselors who have information about SRH
 - **ARBEF:** clinic at Nyarugenge Market in town offering family planning services
 - **Kasha:** call 9111 or dial *911# to purchase condoms and have them delivered confidentially to your home or school
 - **Hospitals**
- Call centers:
 - **3530:** HDI-Health Development Initiative (to access free information about SRH)
 - **811:** baby! (to access doctor consultations, about SRH or general questions, for a small fee)
 - **911:** Kasha (to access personal hygiene and family planning products and nurse/pharmacist consultations for a small fee)
- Websites:
 - www.tantine.rw
 - www.plannedparenthood.org

Public Awareness Event

Awareness Event Ideas

As a Peer Educator and club leader, you are expected to work with your peers and the SHARE Facilitator to create at least one public awareness event at the end of the program to share information with other classmates and your communities.

Here are some ideas:

- **Debates**---choose a debate topic about sexual and reproductive health and rights. If you need help thinking of some debate topic ideas, ask your SHARE Facilitator. Your debate can either be between members of your club, or you can organize a debate between different clubs. Debates can be in either English or Kinyarwanda and should be well-researched and prepared. Some example topics are:
 - **Using condoms vs. not using condoms**
 - **Whether parents or teachers should be the primary sexuality educators for youth**
 - **How old youth should be to learn about sexuality education**
 - **Whether it's more difficult to be male or female in Rwandan society**
 - **Whether birth control is primarily the responsibility of the man or the woman or both**
 - **Whether the media negatively or positively influences sexuality for youth**
 - **Whether puberty is hard for girls or for boys**
- **Creative Writing Contests**---members of your club can write poems or essays related to the SHARE curriculum. This can be a contest between club members, or just for fun. Talk to your SHARE Facilitator about publishing your written content online or in the OpenTalk newsletter so that other clubs can read your work!
 - **Why Sexuality Education is Important for Youth**
 - **How the Media Influences Youth Sexuality**
 - **How My Community Can Practice Better Hygiene**
 - **What Makes a Good Friend, Parent, and/or Life Partner**
 - **How My Sexuality Choices Impact My Future**
- **Performances**---your club members can prepare songs, dances, or sketches to perform for your community. These can be opportunities to share the knowledge that you have learned here and should be relevant to the theme of sexual and reproductive health and rights.
- **Anything!**---be creative! If you can think of a new idea about how to share information with your community, then try it out!

Resources

Information about Sexual and Reproductive Health and Rights

If you would like to learn more about sexual and reproductive health and rights, here are some resources:

- Call **HDI's toll free phone number 3530** Monday-Friday between 8 in the morning and 5 in the evening. A staff-member of HDI will answer your call and answer any questions you may have about sexual or reproductive health.
- Visit **HDI centers** in Nyamirambo (near Green Corner bar in Nyakabanda) and in Kicukiro (near Glory Church) for free STI testing clinics.

Other resources:

- Family planning products and services:
 - ARBEF: clinic at Nyarugenge Market in town offering family planning services
 - Kasha: call 911 or dial *911# to purchase condoms and have them delivered confidentially to your home or school
 - Hospitals
- Call centers:
 - 3530: HDI-Health Development Initiative (to access free information about SRH)
 - 811: babyl (to access doctor consultations, about SRH or general questions, for a small fee)
 - 911: Kasha (to access personal hygiene and family planning products and nurse/pharmacist consultations for a small fee)
- Websites:
 - www.tantine.rw
 - www.plannedparenthood.org
 - www.sexetc.org
 - www.scarleteen.com
- Health centers:
 - Maison de Jeunes-Kimisgara Youth Center: A free Voluntary Counseling & Testing Center for youth in Kimisgara, with access to Counselors who have information about SRH
 - Health Development Initiative (HDI) centers: Free STI testing clinics with Counselors in Nyamirambo (near Green Corner bar in Nyakabanda) and in Kicukiro (near Glory church)

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- World Health Organization. *Global Accelerated Action for the Health of Adolescents (AA-HA!): Guidance to Support Country Implementation*. 2017. Retrieved from: <http://apps.who.int/iris/bitstream/10665/255415/1/9789241512343-eng.pdf>.
- International Instruments:
 - ♦ The Covenant on Economic, Social, and Cultural Rights (CESCR)
 - ♦ The Convention on Elimination of All Forms of Discrimination Against Women (CEDAW)
 - ♦ The Convention on the Right of the Child (CRC)
 - ♦ CRC-Optional Protocol on the Sale of Children, Child Prostitution, and Child Pornography
 - ♦ The Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa (Known as Maputo Protocol)
 - ♦ The African Charter on the Rights and Welfare of the Child
 - ♦ The Convention on the Rights of Persons with Disabilities
 - ♦ The Universal Declaration of Human Rights.
- National Laws
 - ♦ The Constitution of Rwanda
 - ♦ The Law N°22/2016 of 20/5/2016 Relating to Human Reproductive Health
 - ♦ Organic Law N° 01/2012 of 2/5/2012 Instituting the Penal Code
 - ♦ The Law N°32/2016 of 28/8/2016 Governing Persons and Family
 - ♦ The Law N° 54/2011 of 14/12/2011 Relating to the Rights and the Protection of the Child
 - ♦ The Law N° 49/2012 of 22/1/2013 Establishing Medical Professional Liability Insurance
 - ♦ The Law N°59/2008 of 10/9/2008 on Prevention and Punishment of Gender Based Violence