

Family Life Education: Teaching Adults to Communicate with Youth



from a Christian Perspective



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Family Life Education:
Teaching Adults to Communicate with Youth
from a Christian Perspective

Family Health International



Family Life Education: Teaching Adults to Communicate with Youth from a Christian Perspective (CFLE) was developed by Family Health International (FHI)/YouthNet. A similar manual from a Muslim perspective and a manual for working with youth from a Christian perspective will be available later in 2006.

Users of this manual are invited to provide comments on how they adapted the sessions to the local environment. Please send your correspondence to the attention of the CFLE Project Coordinator.

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Participant Handbook (a companion publication) contains:

Introduction	
Section 1. Skills to Communicate with Young People	
Section 2. Five CFLE Communication Steps	
Section 3. Sexual Development of Boys	
Section 4. Sexual Development of Girls	
Section 5. Menstruation	
Section 6. Preparing for Reproduction	
Section 7. Sexual Desire	
Section 8. Sexually Transmitted Infections	
Section 9. HIV and AIDS	
Section 10. ABCs of HIV Prevention	
Section 11. Voluntary Counseling and Testing	
Section 12. Ten Ways Young People Can Avoid Unwanted Sex	
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Foreword

I want to congratulate the YouthNet project for producing this invaluable manual. These materials can help parents, youth workers, ministers, and lay persons to learn how to communicate with youth about sexuality in this era of HIV/AIDS — and from a church perspective. This manual can make a difference in saving the lives of our youth.

In adolescence, youth undergo a tremendous change, both physically and emotionally. At this critical and vulnerable age, these youth are searching for knowledge, guidance, and support to understand their sexuality and lead a healthy life. We need to be there for them. The scourge of HIV/AIDS has evoked responses from governments, United Nations bodies, nongovernmental organizations, and the private sector. The church must respond to this challenge as well and join hands with worldwide efforts to reduce the vulnerability to HIV and to alleviate the impact of the pandemic.

The World Council of Churches (WCC) joins in supporting the work of this family life education manual as one critical response. We cannot be silent. Too often, the church has been reluctant to talk about sex and sexuality, to regard the subject as taboo. Particularly disturbing are those institutions in many societies that say sex and sexuality are shameful and, hence, remain silent in discussing sex as a normal part of life. We must recognize that sex is a God-given blessing and should be discussed from the earliest possible age in order to be demystified. With the emergence of HIV/AIDS, we simply cannot afford to remain “silent as usual.” This manual can help us move down a new path of openness among church people, especially in working with youth.

WCC General Secretary Dr. Rev. Samuel Kobia writes, “A sufficient and effective control of AIDS will depend more on the quality of human relations and of our institutions. Similarly, a new culture of sexuality is needed whereby sexual encounter has to be viewed in its communal dimension instead of stressing one-dimensional and individual-oriented self-realization as the highest value.”

The WCC’s Ecumenical HIV/AIDS Initiative in Africa (EHAIA) works to build the capacity of churches and faith-based organizations to be “HIV/AIDS competent” — to promote accurate information on HIV/AIDS, mainstream HIV/AIDS into curricula for theological institutions, address discrimination and stigmatization of people living with HIV/AIDS (PLWHA), ensure that PLWHAs are supported and involved in church activities, and develop participatory educational programs that empower women and girls and educate men to reduce harmful practices and behavior.

I cannot emphasize enough the importance of addressing sex and sexuality at the family level, community level, church level, and individual level. Consequently, family life education from a Christian perspective should be taken as a focal point in a strong nation of responsible individuals. With the emerging global village filled with electronic media where youth are a prime target, the family needs to reassess its position in shaping the lives of youth who have easily fallen prey to Internet messages and other such media.

I pray that God will give guidance and heavenly wisdom to those who will use this manual and that the church will emerge as a torch bearer in curbing the spread of HIV and AIDS. God bless you all.

*Ms. Jacinta M. Maingi, Regional Programme Coordinator
Ecumenical HIV/AIDS Initiative in Africa, Eastern Africa Region
World Council of Churches*



Acknowledgments

While many resources were used in the development of these materials, FHI/YouthNet is particularly indebted to Shirley Oliver-Miller and the Margaret Sanger Center International, a former YouthNet partner. Oliver-Miller developed the document, *Christian Family Life Education: A Resource Guide for Educators and Facilitators*, which galvanized demand from the field and provided inspiration for the creation of this tool to support influential adults in the Christian community.

Field-testing of this manual took place in Iringa, Tanzania, as part of a region-wide initiative to support faith-based institutions. Alice Ijumba, the Youth-Adult Partnerships Coordinator for YouthNet/Tanzania, and Rev. Jacob Kahemele, a consultant, facilitated sessions for a group of 25 faith and youth leaders, representing six Christian denominations.

An external technical review was conducted by the following representatives: Debbie Herold (Adventist Development and Relief Agency), Shirley Oliver-Miller (Margaret Sanger Center International), JoAnn Lewis (FHI), Jacinta Maingi (World Council of Churches), Mahua Mandal (U.S. Agency for International Development), Solomon Nzyuko and Hugh Ivory (Lutheran World Relief), Rev. Can. John Simalenga (St. Mark's Theological College), and Lucy Steinitz and Brian Goercke (FHI/Namibia).

The *Participant Handbook*, which accompanies this manual, was developed as part of the field-testing process by a group of dedicated health workers, religious leaders, and youth leaders in Tanzania. The sample questions from young people included in the handbook, as well as the Biblical references, were reviewed and revised by: Rev. Isaac Chengula, Rev. Benito Madembo, and Rev. Nathaneal Mnyalape (Evangelical Lutheran Church of Tanzania); Rev. Jacob Kahemele (Christian Council of Tanzania); Chrispian Alamu Kajuni (Moravian Church of Njombe); and Rev. Phayrod Nyagawa (Tanzanian Assemblies of God).

Participant handbook themes were developed by: Willy Hyera and Father Lameck Luoga (Anglican Church of Tanzania); Florian Mwano, Severine Njelekela, and Father Walter Mgaya (Roman Catholic Diocese of Njombe and Iringa); and Paul Husurupia (Tanzania Presbyterian Church).

Without the support and efforts of all contributors, this project would not have been realized or endorsed by the World Council of Churches. YouthNet is thankful for the energy and dedication of everyone involved.

Introduction

The church has long been a safe environment that organizes and sponsors activities for young people. Christian institutions are places where moral values are formed and strengthened, self-esteem is cultivated, and life's lessons are taught using the Bible.

In the public health field, research has found that a connection to religion is a protective factor for youth in terms of healthy behaviors in the future. Youth often go to church and expect direction and leadership from adults. Yet, many adults in Christian communities need training and resources in order to feel prepared to provide guidance to youth about reproductive health, including the prevention of HIV.

To address the needs of adults who wish to provide accurate public health information in collaboration with faith-based organizations, Family Health International/YouthNet has produced *Family Life Education: Teaching Adults to Communicate with Youth from a Christian Perspective*. This manual has two purposes: 1) to educate adults about reproductive health and HIV issues and 2) to help adults learn how to communicate with youth about these issues within the context of shared faith.

The manual is intended to encourage open discussion about sexuality, reproductive health, and HIV in the context of faith communities. It provides a forum to clarify Christian values around reproductive health and HIV prevention, while providing accurate technical information on these topics. It is not designed to promote religion.

Because discussing topics of sexuality with young people is often taboo in many communities, including faith communities, the manual includes Bible passages as a way to frame many discussions in language that is comfortable to Christians.

The Bible passages are optional and may help adults reflect on challenging issues related to sexuality. They are not put forward as evidence of a particular point of view or public health information. Bible passages have different meanings to different readers and should be used as a means of reflecting on the material presented in this resource.

Source for Bible Passages

All Bible passages used in this manual are from the *New International Version Bible*, completed in 1978 and revised in 1984. This translation was completed by more than 100 scholars working from the best available Hebrew, Aramaic, and Greek texts. It is widely accepted for its clarity and ease of reading.

The manual is intended for use by any church or organization wanting to build the confidence and skills of adults. These adults would in turn provide a supportive and knowledgeable resource for young people related to decisions about reproductive health and HIV prevention. Appropriate participants for the workshops are adults who interact with youth regularly. This includes

parents and other relatives, choir leaders, youth leaders, religious teachers, pastors, priests, and nuns.

Christian-based organizations are encouraged to sponsor the use and adaptation of this manual as a way to help meet the needs of youth. Informed and trained adults have the potential, through a faith context, to help youth increase their

knowledge and skills in reproductive health and HIV prevention, seek more services, promote positive attitudes, and improve self-esteem. These trained adults can also function as advocates for youth issues in the family and community, stimulating more dialogue about reproductive health and HIV prevention issues.

Note: The manual uses the terms *youth*, *young people*, *young adults*, and *adolescents* interchangeably — all referring to people 10 to 24 years of age, unless otherwise specified. Definitions of youth are related to context, culture, programmatic goals, objectives, and other factors.

Structure of the Manual

The manual is divided into two major sections: 1) the workshops, — six day-long workshops written for the workshop facilitators; and 2) the *Participant Handbook* — referenced in the workshops and designed for participants to keep and use in talking about reproductive health and HIV with youth.

The objectives of the workshops are to:

- Learn and practice the “Five Christian Family Life Education (CFLE) Communication Steps” and accompanying skills to be able to discuss family life topics with young people
- Learn essential youth reproductive health information, including sexual development, sexually transmitted infections, HIV and AIDS, pregnancy, family planning, and gender roles
- Build communication skills to guide youth to make informed decisions about engaging in sexual activity, seeking professional medical services when needed, choosing a partner, using drugs or alcohol, continuing one’s education, and developing a livelihood
- Examine personal beliefs and use the Bible to discuss values about reproductive health and HIV prevention with young people
- Identify and map local resources in the faith and medical communities
- Develop an action plan for individual outreach with youth, following completion of the workshops

Workshops

Each of the six workshops focuses on a topic. They build on cumulative knowledge, using several common features, such as comparing myths and facts about each topic and role-plays using outlined steps. Collectively, the six workshops cover the major topics of family life education.

- *Workshop 1. Communicating with Young People* — introduces the workshops, ideas about working with youth, and specific CFLE communication steps
- *Workshop 2. Growing and Changing* — summarizes basic sexual development and reproduction and begins working with role-plays, practicing the CFLE communication steps
- *Workshop 3. Prevention of Sexually Transmitted Infections and HIV* — covers basic information on sexually transmitted infections (STIs), including HIV
- *Workshop 4. Safety and Your Future* — addresses gender roles, livelihood issues, the sensitive issue of unintended sex, and alcohol and drug use
- *Workshop 5. Family Life* — discusses relationships and marriage, planning a family, and contraceptive methods
- *Workshop 6. Resources, Responsibilities, Graduation, and Next Steps* — emphasizes next steps for participants, including how to refer youth to resources

Participant Handbook

The handbook sections are grouped by topic and follow the order presented during the six workshops. Each section contains typical questions and answers with Bible passages. These can be used to facilitate dialogue between adults and young people and ensure that correct information is disseminated. The last section contains related passages from the Bible for additional reflections.

Preparation for the Workshops

The six workshops are intended to be conducted one day per week over a six-week period. This schedule will allow participants to concentrate on and practice what they have learned at each workshop and study the *Participant Handbook* between sessions.

For each workshop, groups will need a room that:

- Holds 20 to 30 participants
- Has chairs for each participant and tables or desks on which to write
- Has space for participants to move around
- Has walls on which to post flip chart paper
- Has a stand or place on which to write or post flip charts

Adapting the Manual

These materials were developed for a global audience. They are intended to be adapted as appropriate to the local environment, cultural context, and specific needs of youth. You may also choose to translate some parts into a local language, particularly the *Participant Handbook*.

Throughout the manual, suggestions are made for modifications. For example, if you are using these materials in a community with a high HIV prevalence, you may decide to add additional exercises about care and support for people living with HIV and AIDS. As another example, participants who complete all six workshops are called CFLE Educators in the workshops. It may be important to find another title that brings esteem to the person. During the field-testing in Tanzania, the group thought that participants could also be called “youth allies.” When translated into Swahili, this becomes “marafiki wa vijana” — a friend to young people. There are many different ways to use the ideas presented in the manual by altering them to fit local needs and situations.

We ask that you let us know of these adaptations by filling out the feedback form on page 179, so that FHI/YouthNet can note your progress and success.

We strongly encourage providing a snack or tea break and lunches for participants during each workshop.

Your church or organization should decide if per diem is appropriate prior to selecting participants. This is often not needed in community-based projects where participants are expected to volunteer time and join based on their own motivation. However, if you are conducting residential workshops where participants travel, per diem may be needed to pay for transportation, meals, and other expenses.

Choosing Participants

Workshops are most productive when there are no more than 20 to 30 participants. This number allows everyone to contribute fully.

CFLE Educator

After completion of all six workshops, participants will graduate and become CFLE Educators. This designation means they will have knowledge about reproductive health and HIV prevention, be comfortable talking about these topics in the context of their faith and values, and be able to provide guidance to young people as they make decisions.

Prior to selecting participants, selection criteria should be determined, including a balance of men and women so that both will be available to talk with boys and girls in your community. In many cases, boys and girls may want to talk to adults of the same sex because of embarrassment about the sensitivity of a topic. Generally, women are under-represented as participants, although they are essential to success.

Common criteria include:

- Ability and commitment to attend all six workshops
- Interest in working with young people
- Ability to read and write at the level required for the workshops
- Willingness to fulfill post-workshops expectations as a CFLE Educator
- Desire and motivation to voluntarily support youth in the church
- Respected role model in the community
- Comfortable and open to talking about sensitive topics related to reproductive health and HIV

Finding people who meet all of these criteria may be challenging, but by selecting candidates with these qualities, you can help to ensure a successful program.

Preparing Materials

Before the workshops, facilitators should prepare the specific materials, flip charts, and photocopies listed at the beginning of each workshop.

At the start of the first workshop, all participants should register and provide contact information. Participants should sign in at the start of every subsequent workshop to track attendance for graduation purposes.

Each participant should receive a folder or carrying case containing the following:

- *Participant Handbook*
- Notebook
- Pen or pencil
- Name tag

Participants should be told to bring their own Bible for use as a reference.

Every participant should receive a copy of the *Participant Handbook* to enhance and strengthen outreach to youth following the workshops. A copy is included with the manual to be reproduced for participants. Although photocopying may be a quick and inexpensive way to reproduce the handbooks, participants will use them repeatedly and will want to share them with youth. If possible, the handbook should be reproduced on durable paper and laminated.

The authors encourage the adaptation of all materials to the local situation and needs (see box, page 9).

Daily Agenda

Each workshop lasts six hours. Sessions are planned to be conducted in two-hour segments to allow for breaks and lunch. Daily agendas should be posted on flip chart paper. Standardize and post the times that workshops start and end so that participants can easily follow activities. A suggested general schedule is outlined below; a more specific schedule appears at the beginning of each workshop.

Morning sessions	2 hours
Snack break	15 minutes
Mid-morning sessions	2 hours
Lunch	1 hour
Afternoon sessions	2 hours

Facilitating Workshops

This manual was designed for use by two or more adult facilitators. A balance of male and female facilitators should be considered to create a productive environment where co-facilitators work together and divide tasks.

Tips to consider *before* the workshops:

- Read the entire manual prior to planning and facilitating the workshops.
- Arrange the room before each workshop, so no time is wasted hanging signs or moving chairs. Avoid classroom-style chair arrangement, if possible. If the room is small, arrange chairs in a circle.
- Prepare all materials ahead of time, such as flip charts, photocopies, and other items that may be required.
- Review instructions for each session and activity until you feel comfortable with all of the steps.

- Practice prior to conducting the workshops.
- Revise any activities to meet your community’s needs or cultural context.
- Talk to workshop organizers to understand the plan for CFLE Educators following training.

Tips to consider *after* the workshops:

- Check with participants throughout the sessions to be sure that they understand the material.
- Use the ground rules identified in Workshop 1 to ensure quality participation.
- Ask participants to share their own experiences, examples, and testimonies as much as possible.
- Questions that are better addressed after the workshop objectives have been met should be posted on a flip chart called the “Parking Lot.” Do not be afraid to use the Parking Lot for questions that take time or get participants off topic.
- Keep to the schedule but adjust as needed.
- Be willing to incorporate unplanned but highly valuable discussions, which may require that other activities are shortened.

Facilitation Techniques

If you are preparing and facilitating these workshops, it is important that you have previous training or facilitation experience with adults.

The manual provides interactive activities, rather than lectures, to help participants learn information, examine attitudes, and practice skills. “Learning by doing” techniques are based on the assumption that individuals learn better when experiencing material rather than hearing it in a lecture. Learning is guided by facilitators, with participants learning from each other as well as from the facilitators. These workshops incorporate the techniques of role-plays, communication skills, small group work, brainstorming, discussions, and values exploration.

Post-workshop Recommendations

When using the manual as part of a behavior change program, your church or organization should plan for outreach with youth following the completion of the workshop series. Following graduation, participants should be introduced to their church or community as a new resource for youth. A bag, hat, T-shirt, or other item can motivate adults and help youth identify them as CFLE Educators. After graduation, supply participants with materials to track their outreach, such as a journal or monitoring forms. Sample monitoring forms are available in Workshop 6.

Follow-up Support to Participants

Taking on the responsibility of being a resource to young people is not always easy, though it can be very rewarding. In the excitement following workshops, sometimes educators eagerly jump into activities for the first few months but lose motivation or encounter difficulties. Providing a forum and network of support after graduation will help participants to continue to develop as educators. Specifically, the sponsoring group could provide:

- Regular follow-up meetings to reinforce knowledge and skills, allow educators to support and motivate each other, trouble-shoot problems, and answer questions related to work
- Monitoring and supervision visits

Participants and their churches or organizations should track activities that follow the workshops. Participants will create individual action plans in the last workshop to help them in measuring their work. Information on monitoring activities is also provided in the last workshop. The sponsoring church or organization could regularly assess the quality of interactions between youth and adult educators through observation or informal group discussions with youth.

Stakeholder and Community Involvement

Keeping stakeholders and community members informed about the workshops from start to finish is essential. Stakeholders are any people who can influence the success of your activities. They can be government or religious officials, medical personnel, community leaders, or influential young people. Most likely, you will need to ask for some type of support (perhaps financial) from stakeholders and community members. But most importantly, you will need their public endorsement of your activities. This endorsement is critical and will make the work of your participants easier.

Stakeholders and community members should understand how the project began and what the goals of the program are. They may be curious about the kinds of information that will be presented in workshops and messages that young people will receive as a result. Give them these details, perhaps by providing additional copies of the *Participant Handbook*. Assure them that providing young people with age-appropriate, factual information within the context of their faith and values will help to build healthier relationships and stronger families in the future.

WORKSHOP 1

Communicating with Young People



Workshop Agenda

Session A.	Introduction to the Workshops	1 hr. 35 mins.
Session B.	Young People	30 mins.
Break		
Session C.	Christian Family Life Education	2 hrs.
Lunch		
Session D.	Myths and Facts	30 mins.
Session E.	CFLE Communication Skills	1 hr. 15 mins.
Daily Closing		15 mins.



Main Messages

- ▼ Not all young people are the same or need the same information. Age, sex, life experiences, and other characteristics affect the way adults communicate with youth.
- ▼ The Bible provides guidance and encourages adults to talk with youth.
- ▼ Research has shown that talking about sex does not encourage sexual activity among young people. Rather, it can help youth make healthier and more responsible decisions and choices.
- ▼ When adults talk about reproductive health, young people will be encouraged to seek information from them to make safer and healthier choices.



Materials for This Workshop

- Flip chart paper
- Markers
- Tape
- Colored paper
- Scissors

Note: Before beginning the workshops, obtain consensus from the sponsoring organization or church about attendance and any other requirements for graduation. Participants should be aware of and understand these expectations.

Before You Begin

- Prepare one flip chart for each of the following:
 - “Workshop 1 Agenda” (include start and finish times)
 - “Session Objectives” A–E (each on a separate page)
 - “Youth Questions” (page 23)
 - “Myths and Facts” (label one side “Myths” and the other side “Facts”)
 - “Five CFLE Communication Steps” (page 37), will be used for each workshop
- Write the following titles on flip chart paper (one per page):
 - “Expectations”
 - “Ground Rules”
 - “Parking Lot”
 - “Positive Communication Skills”
 - “Negative Communication Skills”
- Photocopy the following handouts located at the end of Workshop 1:
 - *CFLE Pre-test* (one copy per participant)
 - *Strengths and Areas for Improvement Checklist* (one copy per participant)
 - *Dialogue of CFLE Communication Steps* (two copies only)
- Prepare pairing cards: Using small pieces of colored paper, cut out similar shapes or images (squares, stars, circles, triangles, etc.) in pairs. Prepare enough pairs for each participant to receive one card.





Session A. Introduction to the Workshops

Session Agenda

Step 1. Introduction	20 mins.
Step 2. Personal Strengths	35 mins.
Step 3. Workshop Expectations and Objectives	25 mins.
Step 4. Ground Rules	10 mins.
Step 5. Wrap-up	5 mins.
Total	1 hr. 35 mins.

Objectives

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

- Describe their expectations for the workshop series
- Identify a personal strength and explain how they can use their strength during the workshop series
- List the CFLE objectives and topics that will be covering during the workshop series



20 mins.

Step 1. Introduction

Materials

- “Workshop 1 Agenda” flip chart
- “Session A Objectives” flip chart

Instructions

Welcome participants to the first of six workshops. Introduce yourself. Tell participants about your background as an educator and experience with family life education.

Read aloud the following passage:

Fathers, do not exasperate your children; instead bring them up in the training and instruction of the Lord.

Ephesians 6:4

Note: All workshops can start and end with a reflection or song. Bible passages appear throughout the workshops to link information from the workshops to teachings from the Christian perspective. Facilitators are always encouraged to replace these with their own reflections or suggestions from participants, as appropriate.

? Ask participants: What does this passage mean to you?

Explain to participants that the workshops aim to help adults to:

- Educate young people about reproductive health and HIV prevention
- Create a supportive environment for youth to ask for and receive information based on shared Christian values
- Guide young people to make positive and responsible reproductive health decisions

Inform participants that the workshops seek to help influential adults (parents, relatives, and faith and youth leaders) develop the skills necessary to communicate with young people about reproductive health and HIV/AIDS. During the workshops, participants will learn technical information and practice communication skills that will help them guide youth to make healthy decisions and influence positive behavior change in the future.

Review the workshop agenda and Session A objectives, using the prepared flip charts. Ask if there are any questions.

Tell participants about the following:

- Daily registration sheet
- Toilet location
- Transportation (if needed)
- Whom to contact if they have logistical questions



35 mins.

Step 2. Personal Strengths

Materials

- Pairing cards

Instructions

Ask each participant to share the number of years they have worked with young people or have been a parent. Write their responses on flip chart paper. Add the total number of years and share it with the group. Emphasize that there are many years of experience in the room and everyone has much to contribute, based on their knowledge and experiences working with youth.

Tell participants that God has created us so that each person brings something unique and special to the world. In this exercise, participants will get to know each other and the unique qualities and skills they bring to the workshop.

Give each participant a card (from prepared sets of pairing cards) and explain that they need to find a person who has a card in the same shape as the card they received.

When they find the person with a matching card, they will have 10 minutes to:

- Introduce themselves
- Share a personal strength
- Identify how they will use this strength during the workshops
- Prepare to introduce their partner to the group



After 10 minutes, ask participants to introduce their partner to the group.

Thank participants for sharing their strengths. Tell them that they may be called upon at different times throughout the workshop to share their strengths.



25 mins.

Step 3. Workshop Expectations and Objectives

Materials

- “Expectations” flip chart
- *Participant Handbook*

Instructions

Explain to participants that this is the first of six workshops they will attend.

Ask participants the questions below. List answers on flip chart.

- ? What are your expectations for the workshops?
- ? What do you think you will learn?
- ? What will you do after the workshops end?

Ask participants to take out the *Participant Handbook* and open it to page 4. Read to participants, as they follow along, the overall objectives of the workshops. Identify the participant expectations that will be met through these objectives. If an expectation will not be met, explain why not.

By the end of six workshops, participants will:

- Learn and practice the Five CFLE Communication Steps and the accompanying skills necessary to discuss family life topics with young people
- Learn essential youth reproductive health information, including sexual development, sexually transmitted infections, HIV and AIDS, pregnancy, family planning, and gender roles
- Build communication skills to guide youth to make informed decisions about having sex, seeking professional medical services when needed, choosing a partner, using drugs or alcohol, continuing one’s education, and developing a livelihood
- Examine personal beliefs and use the Bible to discuss values about reproductive health and HIV prevention with young people
- Identify and map local resources available in the faith and medical communities
- Develop an action plan for outreach with youth, following the completion of the workshops



Note: Be creative in the way you use the strengths of your participants throughout the workshops. For example: If someone has a good singing voice, ask that participant to lead the group in a song; if someone likes to speak, ask him or her to do an opening or closing reflection; if someone is good at directing groups, ask that person to lead an icebreaker or energizer.

Tell participants that each workshop has different topics that will build their knowledge and skills. Ask them to refer to their handbooks again, (page 4) to review the list of topics covered in each workshop.

- *Workshop 1. Communicating with Young People* — introduces the workshops, ideas about working with youth, and Five CFLE Communication Steps
- *Workshop 2. Growing and Changing* — summarizes basic sexual development and reproduction and begins working with role-plays, practicing the Five CFLE Communication Steps
- *Workshop 3. Prevention of Sexually Transmitted Infections and HIV* — covers basic information on STIs, including HIV
- *Workshop 4. Safety and Your Future* — addresses gender roles, livelihood issues, the sensitive issue of unintended sex, and alcohol and drug use
- *Workshop 5. Family Life* — discusses relationships and marriage, planning a family, and contraceptive methods
- *Workshop 6. Resources, Responsibilities, Graduation, and Next Steps* — emphasizes next steps for participants, including how to refer youth to resources

Tell participants that before they get started, the group needs to set ground rules for the workshops. Also tell them the requirements for graduation.



10 mins.

Step 4. Ground Rules

Materials

- “Ground Rules” flip chart
- “Parking Lot” flip chart
- Flip chart paper
- Markers
- Tape

Note: These same ground rules should be posted for every workshop, all six days. If participants become disruptive or are not adhering to them, refer to the list and use it as a management tool.

Instructions

Ask participants:

- ? How do you expect facilitators and participants to behave during the workshops?
- ? What ground rules would help the group to behave in this way?

Write responses on the flip chart.

Examples include:

- Be on time
- Be supportive and respectful
- Participate fully
- Listen to each other

- Ask questions
- Respect confidentiality
- Talk loud enough to be heard
- Turn off cell phones and other electronic devices

After making the list, read each statement out loud to the group. Ask participants if they agree with each statement. If yes, put a checkmark next to the respective statement. If not, cross it off.

Inform participants that they are encouraged to ask questions, but that some questions may be better addressed at a later time. Explain to participants that such questions will be posted on the Parking Lot flip chart and addressed at the end of the day. Invite participants to post their own questions at any time.

Note: Be sure to keep the Parking Lot posted during all six workshops. Use it as a tool for session management, and respond to questions daily.



5 mins.

Step 5. Wrap-up

Materials

- “Session A Objectives” flip chart
- Markers
- Tape

Instructions

Review the session objectives. Ask participants if all of the objectives have been met.

Tell participants that in the next session they will be talking about young people in their own communities.



Session B. Young People

Session Agenda

Step 1. Youth in Your Community	25 mins.
Step 2. Wrap-up	5 mins.
Total	30 mins.

Objectives

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

- Describe the characteristics of young people in their community
- Identify how different characteristics can affect the way adults communicate with youth



25 mins.

Step 1. Youth in Your Community

Materials

- “Session B Objectives” flip chart
- “Youth Questions” flip chart
- Flip chart paper
- Markers
- Tape

Instructions

Review Session B objectives, using the prepared flip chart. Ask if there are any questions.

Tell participants that the purpose of the workshops is to prepare them to work with young people in their communities. Explain that in the next exercise participants will work in small groups to explore the types of youth in their community.

Note: There are many ways to divide a group: You can have them count off by numbers; line them up by birthday, month, or height; give out color-coded candy; or give out small pieces of paper with symbols, shapes, or the names of fruits or animals.

Break participants into small groups of four to five members. Give each group a piece of flip chart paper and a marker. Tell the groups that you will ask five questions about youth in their community and church. Post the prepared “Youth Questions” flip chart in the front of the room. Help them to think about their answers by reading the questions in parentheses out loud.

Youth Questions

1. How old are youth in your church community? (How does your church define “youth”?)
2. What percentage of these are males? (What percentage are females?)
3. Where do they live? (How far from the church? Urban? Rural?)
4. What percentage of young people is married? (What percentage is unmarried?)
5. What church activities do youth attend?



Give the groups 10 minutes to discuss the questions and write their answers on flip chart paper. Let groups know that they will discuss how their answers affect information they give to young people.

Ask the groups to share their responses from Question 1. Tell participants that it is important to recognize that youth of different ages have different needs regarding the level and detail of information.

Note: The groups may define youth differently than 10 to 24 years of age. While this is not a problem, be sure to explain that the information provided in the CFLE workshops is related to young people ages 10 to 24.

Ask the groups to share their responses from Question 2. Tell participants that males and females may need different information and skills as they grow and develop.

Ask the groups to share their responses from Question 3. Tell participants that understanding where young people live helps in assessing the physical and cultural context, so they can provide the most appropriate information.

Ask the groups to share their responses from Question 4. Tell participants that this answer is very important for guiding decision-making about sex. When talking to young married couples, one will give very different messages about healthy sexual behaviors than when talking to unmarried couples.

Ask the groups to share their responses from Question 5. Participants will likely share that youth are involved in choir, Bible study, religious classes, and other activities. Knowing what activities attract young people will help you to know how to reach out to them and make yourself available when needed.

Note: Participants may not know of many youth activities. Question 5 provides an opportunity to ask where more youth activities could be added to better reach out to young people.

Remind participants that understanding the characteristics of youth can help adults to guide youth on a healthy path. Let participants know that during Workshop 2, they will learn about the emotional and physical changes of youth.



5 mins.

Step 2. Wrap-up

Materials

- “Session B Objectives” flip chart
- Markers
- Tape

Instructions

Review the session objectives. Ask participants if all of the objectives have been met.



Reinforce this main message:

- ▼ Not all young people are the same or need the same information. Age, sex, life experiences, and other characteristics affect the way adults communicate with youth.

Tell participants that in the next session they will be looking at the meaning of Christian family life education, and their roles as communicators and influential adults.



Session C. Christian Family Life Education

Session Agenda

Step 1. Introduction	15 mins.
Step 2. CFLE Pre-test	40 mins.
Step 3. Understanding Your Strengths and Areas for Improvement	30 mins.
Step 4. Back in Time	30 mins.
Step 5. Wrap-up	5 mins.
Total	2 hrs.

Objectives

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

- Complete the *CFLE Pre-test*
- Define Christian family life education
- Identify their strengths and areas for improvement in their role as educators
- Identify roles the church can play in supporting and helping young people



15 mins.

Step 1. Introduction

Materials

- “Session C Objectives” flip chart

Instructions

Invite a participant to read the following to the group:
I will instruct you and teach you the way you should go. I will counsel you and watch over you. Psalm 32:8



? **Ask participants:** What does this passage mean to you?

Explain to participants that while television and radio have made people more aware of family life issues, education happens best in the church and at the family level. This means parents and adults should be ready to talk openly about these issues with the young people in their communities.

Religion and religious leaders have a role to play in the reproductive health education and sexual development of young people. The Bible provides guidance and insight in matters affecting young people today, such as dating and relationships, sex and marriage, drugs and alcohol, personal safety, and much more.

When adults are able to create safe and trusting relationships with young people, the youth can ask questions, share personal information, gather information, and make responsible decisions without feeling judged or pressured.

Let participants know that by coming to the workshops they have demonstrated that they are invested in the health, well-being, and safety of the young people in their communities.

Review Session C objectives using the prepared flip chart. Ask if there are any questions.



40 mins.

Step 2. CFLE Pre-test

Materials

- Photocopies of the *CFLE Pre-test* (handout, Workshop 1)

Instructions

Explain to participants that they will be completing a questionnaire to assess what they know about family life education. Inform them that the questionnaire will be used by themselves and the facilitator only. Do not take a lot of time explaining all of the answers; tell participants that they will not be graded on their results and will learn more in the coming workshops.

Give each participant a copy of the *CFLE Pre-test*. Let the group know that they have 20 minutes to complete the questionnaire. When done, they should turn their papers over. Review answers with participants.

Answers to the CFLE Pre-test

True or False

1. Pregnancy is not medically risky for girls under the age of 16.
False. Girls under age 16 often have more complications and need more medical attention than older women during pregnancy and birth.
2. Students say that friends influence their decisions about sex and relationships more than parents.
False. Surveys show that parents have more influence. Young people say they want to learn about sex and relationships from trusted adults, such as parents, teachers, and religious leaders.
3. In Africa half of all new HIV infections occur in young people under the age of 24.
True. Research from the Joint United Nations Programme on HIV/AIDS (UNAIDS) shows that HIV infections in Africa occur most often in young people. Girls and young women are at greater risk for HIV than boys and men for biological, social, and economic reasons.
4. Talking about sex with young people will encourage them to have early sex.
False. Research shows that talking about sex with young people will not promote early sex. In fact, it helps them to make better decisions about how to protect themselves and when to have sex.
5. Family planning is prohibited by the church.
False. Though some church denominations may not endorse certain family planning methods, Christian denominations generally call upon families to plan for the number and spacing of their births.

Complete the following sentences:

6. Two ways youth can prevent both unintended pregnancy and STIs, including HIV, are by **abstaining from sexual intercourse and using a condom consistently and correctly during sexual intercourse.**
7. When talking about the ABCs of HIV prevention, A refers to **abstain**, B refers to be **faithful**, and C refers to **use a condom.**
8. In the Bible, Paul refers to sex as a **gift** that is best when it is **between two people who are married.**
9. When young people use **drugs or alcohol**, they are more likely to make poor decisions about their reproductive health.

Answer the following question:

10. What is Christian family life education?
Christian family life education provides comprehensive information and skills within the context of their faith to young people to help them make healthy and responsible decisions as they develop into adults. It teaches young people how to make informed decisions consistent with the Christian faith. Family life education topics include sexual development, relationships and marriage, communication, reproductive health, gender roles, alcohol and drugs, livelihoods, family planning, STIs, and HIV and AIDS.

Emphasize that during all workshops, participants will learn specifically about these family life topics as related to Christian values.

In closing, collect the questionnaires and let participants know that you will keep them in a safe place until used again in Workshop 6, when they take this questionnaire again and compare how much their knowledge has improved as a result of the workshops.

Note: Pre- and post-tests are intended to be adapted. Some training may include other family life topics, but this one will concentrate on those things linked to reproductive health and HIV prevention. Add more questions or change them to reflect relevant issues.

Tell participants that in the next activity, they will explore skills an adult needs to educate youth about Christian family life topics.



30 mins.

Step 3. Understanding Your Strengths and Areas for Improvement

Materials

- Photocopies of the *Strengths and Areas for Improvement Checklist* (handout, Workshop 1)

Instructions

Inform participants that they will be looking at their strengths and areas for improvement. Explain that as educators, they will likely be resources and friends, or allies, to young people. Adults will support young people by answering questions and guiding them to make decisions based on shared faith and values.

? Before beginning the activity, **ask participants:** What are values?

If participants are not sure, explain that values help define who you are and your behaviors by giving worth to beliefs, principles, or ideas. When you determine how important something is to you, it can influence your actions. Examples of values are honesty, integrity, hard work, respect, or being dependable or responsible.

Give each participant a photocopy of the *Strengths and Areas for Improvement Checklist*. Read the instructions out loud and inform them that they have 10 minutes to complete it.

When participants are finished, ask them to form small groups of four or five. Encourage participants to talk about how principles in the Bible affect or do not affect the advice or guidance they give to others.

Tell participants that they have 15 minutes to discuss their responses in their group.

Reconvene the entire group and **ask participants:**

- ? What did you learn about yourself when doing this activity?
- ? How do Christian teachings influence personal values?

Note: This activity will allow you to monitor the level of confidence participants feel at the beginning of the series and again at the end.

Remind participants that they will be working on all areas of the checklist during the CFLE workshops. They will improve knowledge and skills, and they should be aware of how personal values influence the information they give to young people.

Let them know that they will do this activity again in Workshop 6 to gauge what has changed. Collect the checklists and let participants know that you will keep them in a safe place.



30 mins.

Step 4. Back in Time

Materials

- Blank flip chart paper
- Tape
- Markers

Instructions

Explain to participants that they will be taking a trip back in time. To do this, you will guide them using a visualization technique.

Note: Adults can sometimes feel a generation gap between themselves and youth. This visualization is intended to highlight the similar feelings they had as young people. Use scenarios and questions that are common to your setting. As a facilitator, practicing the visualization ahead of time in a clear, calm, and slow voice will help participants enter into the activity smoothly.

Ask participants to get comfortable in their chairs and close their eyes. Tell them to relax and breathe evenly and calmly. Guide them slowly, using the following:

Imagine that you have traveled back in time and are 13 years old again. It is Tuesday at 6 a.m. You are waking up to a new day. Everything around you is familiar.

You get up slowly, rubbing your eyes. While you sit on the edge of your bed, you look around your room. What does it look like? What is on your walls? How comfortable is your bed? Do you share it with a brother or sister? Are you alone?

You gently get up and go to the bathroom. When you come back, you look at yourself in the mirror. What do you see? What does your face look like? What about your hair? Your breasts? Your genitals?

What feelings come over you while you look at yourself? Are you confident with your development? Or worried that you are growing faster or slower than your friends? Do you have a boyfriend or girlfriend?

What is important for you, and what do you have to do today? Are you going to school? Do you have chores to do at home? What are they? Are they the same chores your brother or sister does?

Who are your friends? Why did you choose them? Or did they choose you? What are they doing at this moment? Is it the same thing as you?

What is your family doing right now? Maybe you are hungry? Maybe you are still sleepy?

You lie down again on your bed. You breathe calmly and slowly. Come back to the present. Open your eyes. Look around this room. You are here again.

Post flip chart paper in the front of the room. Ask participants to come up and write their immediate feelings about being age 13 on the flip chart. Read them out loud for the group.

? Ask participants: Do you think young people feel some of these things today? Is it different or similar?

After responses, ask participants to sit back, close their eyes, and relax again. You are going to take them back in time again. Guide them slowly with the following:

Imagine that you have traveled back in time again. You are now 17 years old. It is Sunday, 8 a.m. You slowly open your eyes and wake up to a new day. It is your room. As you open your eyes you hear familiar sounds. What are they? You smell familiar scents. What is cooking?

You get up slowly, stretching your arms widely and smoothing your hair. While you sit on the edge of your bed, you look around your room. Is it the same room? What does it look like? How comfortable is your bed now? Do you share it with someone? Who?

You go to the bathroom and pass a mirror. What do you see? What does your face look like? What about your hair? Your breasts? Your genitals? Are you developing? Do you have a boyfriend or girlfriend? Are you married? Do you want to get married? Do you have any children? If so, how many?

You leave the mirror and your thoughts to wash and get dressed. What are you going to wear today?

What are you going to do today? Are you going to church? If yes, why? Who is there that you want to meet? Who is the priest or pastor? Is he funny? Serious? Can you talk to him? Whom can you talk to? Why? What makes that person special?



Are you going to do anything after the service? How are you connected to your church? Do you attend choir? Bible study? Religious classes? Why or why not?

You look at the clock and see that it's 9 a.m. already. You need to get dressed and leave. As you open the door, you breathe deeply in and out. As you look into the doorway, you open your eyes to see the training room. Come back to the present. Open your eyes. You are here.

Begin a discussion by **asking participants**:

- ? How do you feel now?
- ? Is it different than at age 13?
- ? Did you or did you not go to church at this age?
- ? Do young people use the same reasons for going or not going to church as today?

Post another flip chart. Invite them to list how they were connected to their church at this age. What activities are they involved in?

Read the list out loud. Ask them if this list is different than the activities available to young people today? If different, add other activities available to youth in their communities.

Note: Personal testimony is a method that can help participants get to know each other better, but sometimes adults can feel shy on the first day. If testimony does not get them talking, choose from the flip chart a way in which youth are connected to the church and ask for a volunteer to describe how the church could reach out to a young person attending this activity. For example, choir leaders can incorporate health messages and information into new songs.

Reinforce that when youth are connected to the church and church activities, it is an opportunity to reach youth. Ask for volunteers to share an experience they had as an adolescent where the church reached out to them, and describe how they benefited.

Find out how connected participants are to these activities by asking them to raise their hand if they are involved with any of the listed activities.

Close with the following passage:

The King will reply, "I tell you the truth, whatever you did for one of the least of these brothers of mine, you did for me." Matthew 25:40

- ? **Ask participants:** What do you think this passage means in the context of educating young people?

Share with participants that this passage lets us know that helping young people will not go unappreciated.



Step 5. Wrap-up

5 mins.

Materials

- “Session C Objectives” flip chart
- Markers
- Tape

Instructions

Review the session objectives. Ask participants if all of the objectives have been met.



Reinforce this main message:

- ▼ The Bible provides guidance and encourages adults to talk with youth.

Inform participants that in every workshop they will learn more information about reproductive health as it relates to the Bible. They will be practicing how to use this information when communicating with young people about reproductive health and HIV prevention.



Session D. Myths and Facts

Session Agenda

Step 1. Myths and Facts	25 mins.
Step 2. Wrap-up	5 mins.
Total	30 mins.

Objective

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

- Identify and discuss myths and facts related to communicating about Christian family life education topics with young people



Step 1. Myths and Facts

25 mins.

Materials

- “Session D Objectives” flip chart
- “Myths and Facts” flip chart
- Three prepared myths
- Flip chart paper
- Markers
- Tape

Instructions

Share the following passage with participants:

Get wisdom, get understanding; do not forget my words or swerve from them. Proverbs 4:5

? **Ask participants:** What does this passage mean to you?

Explain to participants that the Bible reminds us that the way of God is based in truth and understanding, not in myths or rumors.

Review the session objectives, using the prepared flip chart. Explain to participants that every workshop will have a session about myths and facts related to the workshop topic. Ask if there are any questions.

Explain that these sessions are an opportunity to:

- Explore local and cultural norms
- Clarify information that we are not sure is true but others have said
- Find out the truth

Ask participants:

? What is the definition of a myth?

? What is the definition of a fact?

Share the following, if not already mentioned:

Myths are opinions, beliefs, and traditional stories that are thought to be fact. **Facts** are known truths or events that actually occurred, have been proven, or can be shown physically.

For example, if we were talking about sex today, someone might write, “Once a boy starts having sex, he cannot stop.” This may seem like a fact to a boy who thinks he cannot control his sexual desires, but we know that, physically, he can stop. And if he does, he will protect himself from STIs and prevent unintended pregnancy.

Note: Participants may want to write everything they have ever heard about any family life topic. This is natural. If myths are not relevant to the workshop topic, let them know that you will keep those myths for the appropriate workshop.

Also, decide beforehand how you will handle participants who are skeptical of facts presented during this activity. You may find it necessary to invite a doctor, nurse, or public health worker to help.

Ask participants to write down a myth they have heard about communication and sex. This can be from other adults or young people. It should be in the form of a statement and not a question. Collect their responses and write some of the myths on the prepared flip chart. Leave the “Facts” side empty so the group can discuss them together first.

Examples of myths and facts are included in the following table.

Myths	Facts
Talking about sex with young people encourages them to have sex.	Talking about sex with young people does not encourage them to have sex. Research shows that when youth are exposed to comprehensive information, through family life education for example, they are <i>less likely to have sex</i> than youth who are given only limited information.
Boys can talk about sex, but girls are supposed to keep quiet about it.	Both boys and girls may want to know and talk about sex. Research finds that it is common and normal for young people to want to learn about sex. They are curious even before they are emotionally ready. Adults should not be afraid to talk with boys and girls about sex and other reproductive health issues. When given access to more information, young people make safer and healthier decisions before having sex and the first time they have sex.

Discuss the different myths, explain the facts, and answer any questions participants might have.

End the activity by **asking participants** the following questions:

- ? What are the dangers of these myths and misinformation?
- ? What are the sources for these myths? Which ones come from the community? Or from radio or television? Which are old myths? Which ones are more recent?
- ? What can you do to share the facts about these subjects with young people in your communities?

Remind participants that myths or misunderstandings are normal. Explain that sometimes they may not know the facts about a particular issue; this is expected. But it is their responsibility to find the answers by asking professionals or knowledgeable community members. If participants are well informed, they will be able to communicate correct and accurate information to youth, which will help young people to trust and have confidence in them.



5 mins.

Step 2. Wrap-up

Materials

- “Session D Objectives” flip chart

Instructions

Review the session objectives. Ask participants if all of the objectives have been met.



Reinforce this main message:

- ▼ Research has shown that talking about sex does not encourage sexual activity among young people. Rather, it can help youth make healthier and more responsible decisions and choices.

Inform participants that in the next session, they will learn steps to communicate with youth in their communities.



Session E. CFLE Communication Skills

Session Agenda

Step 1. Introduction and Telephone	10 mins.
Step 2. CFLE Communications Steps	1 hr.
Step 3. Wrap-up	5 mins.
Total	1 hr. 15 mins.

Objectives

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

- Identify positive and negative communication skills
- List the Five CFLE Communication Steps



10 mins.

Step 1. Introduction and Telephone

Materials

- “Session E Objectives” flip chart

Instructions

Review the session objectives, using the prepared flip chart. Ask if there are any questions.

Tell participants they are going to do an activity called “Telephone.”

Ask participants to form one line in order by height, shortest to tallest. Inform participants that they will create a human telephone today. Explain that you will whisper a message into the ear of the first person of the line. Each person will then repeat the message to the next person in line. Inform participants that they can say and hear the message only one time — no repeating is allowed.



Whisper the following message to the first person in the line: *Train a child in the way he should go, and when he is old, he will not turn from it. Proverbs 22:6*

After the last participant in the line hears the message, ask him or her to share what was just heard.

Note: If this passage is very well known, choose a related passage, such as: *He who answers before listening, that is his folly and his shame. Proverbs 18:13*

? **Ask participants:** What were the challenges in doing this activity?

Let participants know that communication can be a difficult thing to do and that misunderstandings happen often. For example, a young person may have had a correct message initially, but after passing through many people, the same message becomes distorted or incorrect. If they trust the source of information, they may act based on the misinformation.

Inform participants that key components of communication are listening and discussion.



1 hr.

Step 2. CFLE Communication Steps

Materials

- “Positive Communication Skills” flip chart
- “Negative Communication Skills” flip chart
- “Five CFLE Communication Steps” flip chart
- 2 photocopies of the *Dialogue of CFLE Communication Steps* (handout, Workshop 1)
- Flip chart paper
- Markers
- Tape

Instructions

Introduce the session by explaining that you are going to read two stories about how youth and adults communicate. Then ask participants to reflect on the processes.

The Story of Anna

Anna is 11 years old. She saw blood on her underwear one day and was nervous. She was scared to say anything to her mother, because her mother taught her it was rude to talk about her private parts. One time after Anna asked her mother about her (Anna's) breasts and how she felt they were too small, her mother just laughed and walked away. So Anna did not talk to her mother about her bleeding and used an old cloth that was dirty to put in her panties. Soon after her bleeding finished, she got a yeast infection that became severe before she told anyone. Instead of speaking to her mother about it, she told her auntie.

Ask participants to identify what happened in the story of Anna:

- ? What did Anna's mother say or do?
- ? What was positive or negative about it?
- ? What happened to Anna?

The Story of David

David is 12 years old. He noticed that at night he sometimes has something come out of his penis. He was not sure what was happening and was a little nervous about it. His father works on a farm for part of the year and comes home very rarely. David plays soccer on his church's team and has a close and trusting relationship with his coach.

One day after a game, David approached his coach and asked if he could ask some very personal questions. The coach assured David that what they talked about would be kept private. He then asked David what he wanted to know. He listened closely to David to make sure he understood what he wanted to know. His coach then explained in simple language what was happening to David and asked him what else he needed to know about young men as they become adults.

David thanked him and walked away feeling better about the changes happening to him and good about having someone he could talk to about them.

Ask participants to identify what happened in the story of David:

- ? What did his coach say or do?
- ? What was positive or negative about it?
- ? What happened to David?

Post two flip charts — one titled “Positive Communication Skills,” the other titled “Negative Communication Skills.” Invite participants to list positive and

negative communication skills on the flip charts. They can use personal experiences or continue to reflect on the stories of Anna and David.

Note: Facilitators can add to the list by using the complete list on page 6 in the *Participant Handbook*. Later in the session, participants will be directed to their handbooks to see the complete set of information.

Now introduce the *Five CFLE Communication Steps* as posted on the prepared flip chart. Read them aloud to the group.

Five CFLE Communication Steps

1. Understand the question being asked.
2. Give a clear and simple answer.
3. Share your values and use your faith.
4. Check for understanding of the answer.
5. Build confidence and trust.



Next, give two participants the *Dialogue of CFLE Communication Steps* photocopies and ask them to read the dialogue. Inform participants that they are going to hear a dialogue between a 10-year-old boy and his youth leader.

Ask participants to listen carefully to how the youth leader approaches the boy's question.

After the dialogue is performed, go through each of the CFLE communication steps, using the information below. After each step has been reviewed, ask participants if they have any questions or concerns.

Note: In some situations, boys are more comfortable talking to men about sensitive topics, just as girls may be more comfortable talking to women. This can be especially true when discussing changes in the body where talking about intimate or sexual things is taboo. Raise this point with participants and ask their opinions as they practice these communication steps in the workshops.

Five CFLE Communication Steps

1. **Understand the question being asked.**
 - Make sure you understand what the young person is asking or what information he or she needs.
 - Think about why the question is being asked, but do not ask why. The young person may become defensive or stop talking.
 - Ask questions that will help you understand what the young person wants to know.
 - Listen to the young person's response(s).
 - Do not ridicule or judge the question. Be supportive of the effort to get more information.
2. **Give a clear and simple answer.**
 - Give a response according to the age and needs of the young person.
 - Use language the young person can understand.
 - Keep your answers short and simple, but allow the young person to ask other questions.
 - If you do not know an answer, do not be afraid to say that you do not know. Tell the young person that you will find the answer and let her or him know. For example, "That is a good question. I am not sure about the answer. Maybe the doctor could help us." Be sure to follow up as soon as possible or go together, if possible, to find an answer.
3. **Share your values and use your faith.**
 - Let the young person know what you think and feel about the issue.

- Use your Christian faith to help describe your values.
 - Do not lecture or expect all young people to share your values.
 - Listen to what the young person has to say and do not judge. Guide the young person, using the Bible.
4. **Check for understanding of the answer.**
- Ask if the young person understands your answer. Ask him or her to repeat it back to you.
 - Listen to his or her response.
 - Correct any misinterpretations.
5. **Build confidence and trust.**
- Thank the young person for coming to you with a question.
 - Give the young person your full attention and time in a comfortable place.
 - Let the young person know that it is normal to have questions.
 - Assure the young person that you will not share this information with others, unless it puts him or her at risk or he or she gives permission.
 - Tell the young person that he or she is special and unique and that God loves him or her. Build the young person’s confidence and self-esteem at every opportunity.

Note: If time permits, ask participants to share an experience that is similar to Anna’s or David’s. Let them relate to the described situations and provide local examples.

Inform participants that they will become more comfortable with the steps as they use them. They will practice these steps during the next four workshops. Remind them that this is a tool that can be used in any conversation, both with young people and adults.

Refer participants to the *Participant Handbook*. They can find information on communication skills and these communication steps on pages 6–8. Let them know they will be using their handbooks during role-plays to help reinforce their communication skills.



5 mins.

Step 3. Wrap-up

Materials

- “Session E Objectives” flip chart
- Markers
- Tape

Instructions

Review the session objectives. Ask participants if all of the objectives have been met.



Reinforce this main message:

- ▼ When adults talk about reproductive health, young people will be encouraged to seek information from them to make safer and healthier choices.



Daily Closing

15 mins.

Materials

- *Participant Handbook*

Note: Every day can begin and end with a reflection or song led by participants, as appropriate.

Instructions

? **Ask participants:** What did you learn today?

Use this as an opportunity to review main messages and assess what they have learned.

- Not all young people are the same or need the same information. Age, sex, life experiences, and other characteristics affect the way adults communicate with youth.
- The Bible provides guidance and encourages adults to talk with youth.
- Research has shown that talking about sex does not encourage sexual activity among young people. Rather, it can help youth make healthier and more responsible decisions and choices.
- When adults talk about reproductive health, young people will be encouraged to seek information from them to make safer and healthier choices.

Tell participants when and where the next workshop will be held.

Encourage participants to review between workshops those sections related to Workshop 1 in the *Participant Handbook*, including *Skills to Communicate with Young People* and *Five CFLE Communication Steps*. Tell them that most of the sections in the handbook contain a feature called “Communicating with Young People” that relates to the topic of the section.

Tell them to open their handbooks to page 5. Show them how sample questions from young people have been listed and how some responses are linked to a passage from the Bible. Explain that these are common things youth could ask; the handbook provides suggested responses and related passages to help participants prepare to communicate with young people. They should be encouraged to think of how they would answer and use other passages from the Bible.

Then ask them to open their handbooks to *Additional Sources for Reflections* on page 39. Show them how more Bible passages have been referenced to help them think about CFLE topics individually. They may study these on their own between workshops.

If needed, visit the Parking Lot and address any questions.

Thank participants for all of their hard work and close by asking a participant to lead the group in a reflection or a song.



**Workshop 1
Handout**

CFLE Pre-test

Name: _____

True or False (write T or F beside each statement):

- _____ 1. Pregnancy is not medically risky for girls under the age of 16.
- _____ 2. Students say that friends influence their decisions about sex and relationships more than parents.
- _____ 3. In Africa half of all new HIV infections occur in young people under the age of 24.
- _____ 4. Talking about sex with young people will encourage them to have early sex.
- _____ 5. Family planning is prohibited by the church.

Complete the following sentences:

- 6. Two ways youth can prevent both unintended pregnancy and STIs, including HIV, are by _____ and _____.
- 7. When talking about the ABCs of HIV prevention, A refers to _____, B refers to _____, and C refers to _____.
- 8. In the Bible, Paul refers to sex as a _____ that is best when it is _____.
- 9. When young people use _____, they are more likely to make poor decisions about their reproductive health.

Answer the following question:

- 10. What is Christian family life education?



Strengths and Areas for Improvement Checklist

Name: _____ Date: _____

Put a check by the one statement that best describes how you feel.

Faith

- I am very clear about my Christian beliefs and the teachings of God.
- I am fairly clear about my Christian beliefs and the teachings of God, but I could probably learn more.
- I am not sure about my Christian beliefs or the teachings of God. I want to learn more.

Communicating with Young People

- I feel confident and comfortable communicating with young people.
- I am somewhat confident, but sometimes it is a challenge to communicate with young people.
- I feel I do not understand young people and often struggle to communicate with them.

Personal Values

- I am very clear about my personal values.
- I am fairly clear about my personal values, but I could probably explore them more.
- I am not sure about my personal values. I want to explore them more.

Reproductive Health and HIV Knowledge

- I feel I know much about reproductive health and HIV, such as how the body develops and functions sexually and how HIV is transmitted.
- I feel I know some things about reproductive health and HIV, but I also have some questions and want to learn more.
- I have many questions about reproductive health and HIV. I need to know more before discussing it with young people.

Communicating about Christian Teachings

- I understand Christian teachings related to life's decisions, and I can easily discuss them with youth.
- I think I understand Christian teachings related to life's decisions, but I have some questions about them.
- I do not feel I have enough understanding of Christian teachings related to life's decisions to discuss them with young people.



Workshop 1 Handout

Dialogue of CFLE Communication Steps

A 10-year-old boy approaches his youth leader.

Boy: What is a prostitute?

Youth Leader: Hey man, I see that your vocabulary is increasing! That's great, what do you want to know about prostitutes?

Boy: Somebody at school said his brother went to see one and others started to laugh. I did not want to feel left out, and so I laughed with them.

Youth Leader: A prostitute is someone who is willing to have sex in exchange for money. It is not legal in this country, but it happens a lot anyway.

Boy: So that is why we laughed?

Youth Leader: They probably laughed because your friend was referring to sex. Some people laugh when discussing sex because it is uncomfortable for them to talk about it. But why did you laugh?

Boy: I did not want to look stupid.

Youth Leader: That's okay; most people want to fit in with their friends. Sometimes though, you'll see that they only respect you when you do what you really believe in, instead of fitting in. Anyway, you asked about prostitution.

Boy: Yes, you said that it was just like a business then.

Youth Leader: Well, sort of. But not all business is allowed. Our bodies are sacred and should be treated with respect. Selling our bodies for sex or buying the bodies of other people is not what the Bible teaches us. Sex is not something so cheap that we can just buy and sell it like ice cream.

Youth Leader: Does that answer your question? To make sure, can you tell me what you understand about all of this now?

Boy: I understand that sex is more important than ice cream and that God does not want us to buy or sell our bodies for sex.

Youth Leader: Yes, and that you can enjoy ice cream all the time but that you can only have sex when you are married!

WORKSHOP 2

Growing and Changing



2

Workshop Agenda

Session A.	Talking about Sex	1 hr.
Session B.	Sexual Development (start)	1 hr. 5 mins.
Break		
Session B.	Sexual Development (finish)	25 mins.
Session C.	Preparing for Reproduction	1 hr. 30 mins.
Lunch		
Session D.	Myths and Facts	45 mins.
Session E.	Role-Plays	1 hr.
Daily Closing		15 mins.



Main Messages

- ▼ Using appropriate language to talk openly and comfortably about sex and reproductive health will help adults build confidence and trust when communicating with young people.
- ▼ From ages 10 to 24, girls and boys go through emotional and physical changes as they develop into adults. These changes are normal.
- ▼ Talking simply and accurately to youth as they go through physical and emotional changes will help them better understand their development, reinforce normalcy, and build self-esteem.



Materials for This Workshop

- Flip chart paper
- Markers
- Tape
- Small prize for a group of three to four people
- Paper (one page per participant)
- Empty box
- Glue
- Stapler
- Natural items such as branches, flowers, leaves, etc. (for creating models of sexual body parts)

Before You Begin

- Prepare one flip chart for each of the following:
 - “Workshop 2 Agenda” (include start and finish times)
 - “Session Objectives” A–F (each on a separate page)
 - “Body Art Instructions” (page 57)
 - “Myths and Facts” (label one side “Myths” and the other side “Facts”)
 - “Role-Play Scenarios” (page 64)
 - “Feedback Questions” (page 66), will be used for each workshop
 - “Five CFLE Communication Steps” (from Workshop 1)
- Write the following titles on flip chart paper (one per page):
 - “Boys 10–14”
 - “Girls 10–14”
 - “Boys 15–19”
 - “Girls 15–19”
 - “Boys 20–24”
 - “Girls 20–24”
- Photocopy the following handouts located at the end of Workshop 2:
 - *Fill in the Blank* (one copy per participant)
 - *Talk Show Guide* (enough for six groups)
- Create a feedback box (an empty box labeled “Feedback Box”)



Session A. Talking about Sex

Session Agenda

Step 1. Introduction	5 mins.
Step 2. Let's Talk about Sex	30 mins.
Step 3. Fill in the Blank	20 mins.
Step 4. Wrap-up	5 mins.
Total	1 hr.

Objective

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

- Identify and use appropriate terms for discussing sex



5 mins.

Step 1. Introduction

Materials

- “Workshop 2 Agenda” flip chart
- “Session A Objectives” flip chart

Instructions

Welcome participants to Workshop 2. Ask for a volunteer to open the workshop by leading the group in a reflection or a song.

Ask participants if they had a chance to review the sections in the *Participant Handbook* that relate to Workshop 1, such as *Skills to Communicate with Young People* and *Five CFLE Communication Steps*.

Share with participants the following passage:

My son, pay attention to what I say; listen closely to my words. Do not let them out of your sight, keep them within your heart; for they are life to those who find them and health to a man's whole body. Proverbs 4:20–22

? Ask participants: What does this passage mean to you?

Inform participants that the words they use to talk about family life topics with young people can have a positive or negative effect. Thus, they must choose their words carefully and listen to what young people have to say.

Review the Workshop 2 agenda and Session A objectives, using the prepared flip charts. Ask if there are any questions.



30 mins.

Step 2. Let's Talk about Sex

Materials

- Flip chart paper
- Markers
- Tape
- Small prize for a group of three to four people

Instructions

Read the following to participants:

Kimberly is a 19-year-old mother of two children. Here is what she has to say about learning about sex from her boyfriend: "When you are young and you run into a boy who is cute, he can teach you about sex in a few minutes. You don't want a boy like that to be the one who teaches your child about sex. But if an adult doesn't, then a boy like that will."

Remind participants that one of the major barriers to educating youth about reproductive health is the reluctance of adults to talk about it.

? **Ask participants:** What are some reasons adults may not want to talk about reproductive health?

Include the following if not mentioned by participants.

Adults worry or think that:

- They do not know the information very well themselves.
- Their children or other young people will know more information than they do.
- It is inappropriate or culturally taboo to talk about sex.
- Young people will not listen to them.
- Talking about sex with young people will encourage them to have sex.



Tell participants that one of the greatest challenges most adults experience in discussing sex with young people is being comfortable with the language. Explain to participants that this next exercise will help them to become more comfortable with sexual language, including slang words.

Share with participants that this activity is a competition to see who can list the most slang terms for sexual intercourse or sexual body parts.

Ask participants to form small groups of three or four members. Inform participants that in these groups they have three minutes to write all the words for sexual acts or body parts that they can think of. They can use terms from when they were growing up or terms used now.

Tell participants that saying some phrases out loud may be very uncomfortable and even against their morals, or language not used in church. If a group

member is not comfortable saying the word aloud, they could write such words down on the flip chart. Writing the word or phrase might help them feel more comfortable hearing such words if used by youth.

Each group should identify someone who can write the words or phrases on flip chart paper. The group with the most terms will receive a prize. Keep time, letting participants know when they have one minute remaining. After three minutes, ask each group to share their list. Give a small prize to the winners, such as candy, cookies, or a round of applause.

Ask participants:

- ? How did it feel to say all those words out loud?
- ? Were some words difficult to say? Or easy?
- ? Did anyone choose not to say anything or very little?
- ? How does it feel when these words are used by people in their family or community?



Share with participants that many terms have turned sex into something about power and sometimes violence. Let them know that often these terms are used to create or to cover shame about our bodies and sexual intercourse. Point out to participants the Song of Solomon, which refers to both love and wisdom as gifts of God, to be received with gratitude and celebration. Let participants know that even in the Bible, talking about sex is done poetically. Refer participants to the Song of Solomon 7:11–12, which uses the metaphor to “spend the night in the villages” and “to give you my love” instead of sexual intercourse.

- ? **Ask participants:** What can you do to become more comfortable using appropriate sexual terms?

Explain to participants that they will be doing many activities to help them explore their feelings about sex and reproductive health. These activities will help them to become more comfortable using sexual terms.



20 mins.

Step 3. Fill in the Blank

Materials

- Photocopies of *Fill in the Blank* (handout, Workshop 2)

Instructions

Inform participants that in this next exercise, they will be using some of the sexual terms they just discussed. Ask participants to form small groups of three.

Explain to participants that each group will get a photocopy of three sentences to complete. There will be missing words in each sentence that each group must fill in. They should complete these using correct terms, not slang.

Ask for volunteers to read the sentences out loud. Ask if other groups chose different terms. (See below for sample answers.)

1. When a man puts his **penis** into a woman's **vagina**, it is called **sexual intercourse** or **having sex**.
2. A woman feels pleasure when she is touched on her **breast**, **buttocks**, **clitoris**, or **vagina**.
3. A man feels pleasure when he is touched on his **penis** or **buttocks**.

Tell participants that while young people may feel more comfortable using slang words when talking about sex, as educators, participants should use the proper and correct terms for sexual anatomy and sexual intercourse when talking to young people. Because the meaning of slang words can change over time or may not be completely understood by the young person using it, remind participants that they should ask for clarification from young people when they hear slang words being used.

For example, an adult may say to a young person, "When you say 'snake' I understand that to mean your penis. God gave you a beautiful body with names for the different parts. I'll be using the word 'penis' for the rest of our talk. Is this okay with you?"

By using correct terms, the adult clarifies what the young person means and helps him or her become more comfortable with the appropriate term. Ask if there are any questions. Inform participants that they will continue to use these terms and others as workshops continue.



5 mins.

Step 4. Wrap-up

Materials

- "Session A Objectives" flip chart
- Markers
- Tape

Instructions

Review the session objectives. Ask participants if all of the objectives have been met.



Reinforce this main message:

- ▼ Using appropriate language to talk openly and comfortably about sex and reproductive health will help adults build confidence and trust when communicating with young people.

Inform participants that in the next session, they will be talking about the changes that occur as children become young adults.



Session B. Sexual Development

Session Agenda

Step 1. Introduction	5 mins.
Step 2. Sexual Development of Boys	30 mins.
Step 3. Sexual Development of Girls	30 mins.
Step 4. Talk Show on Growing Up	20 mins.
Step 5. Wrap-up	5 mins.
Total	1 hr. 30 mins.

Objective

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

- Describe the different stages of sexual development in boys and girls

2



5 mins.

Step 1. Introduction

Materials

- “Session B Objectives” flip chart

Instructions

Invite participants to join you in this reflection:

There is a time for everything, and a season for every activity under heaven: a time to be born and a time to die, a time to plant and a time to uproot, a time to kill and a time to heal, a time to tear down and a time to build, a time to weep and a time to laugh, a time to mourn and a time to dance, a time to scatter stones and a time to gather them, a time to embrace and a time to refrain, a time to search and a time to give up, a time to keep and a time to throw away, a time to tear and a time to mend, a time to be silent and a time to speak, a time to love and a time to hate, a time for war and a time for peace. Ecclesiastes 3:1–8

? **Ask participants:** What does this passage mean to you?

Let participants know that through these passages God instructs us on the role of change in our lives and that each time and event has its purpose. Inform participants that adolescence (young adulthood) is a confusing time for all youth and that, as parents and educators, we must treat young people with the same loving kindness and patience that God shows us.

Review the session objectives, using the prepared flip chart. Ask if there are any questions.



30 mins.

Step 2. Sexual Development of Boys

Materials

- “Boys 10–14” flip chart
- “Boys 15–19” flip chart
- “Boys 20–24” flip chart

Instructions

Tell participants that in the next section, they will talk and learn about the sexual development of boys ages 10 to 24. Both physical and emotional changes will be discussed.

Post the three flip charts around the room. Give participants ten minutes to write down as many physical and emotional changes as they can think of for each age group.

Note: There may be some variation between lists for boys and girls developed during Steps 2 and 3. This is expected; young people’s development can differ somewhat.

Thank participants for their contributions and read the flip charts for changes in boys ages 10 to 14. Ask participants to open their handbooks to page 9. Review answers not identified in the brainstorming.

Physical Changes for Boys Ages 10 to 14

- Growth spurts occur
- Muscles enlarge
- Voice deepens
- Acne develops
- Sperm matures, wet dreams begin



Emotional Changes for Boys Ages 10 to 14

- Values and beliefs primarily determined by family
- Experience mood swings, behavior driven by feelings
- Confused about emotional and physical changes
- Begin to have sexual feelings and curiosities
- Begin to seek acceptance by peers through competition and achievement

Note: This may also be an opportunity to talk more about erections. Notice that they are not part of this list — erections start from infancy, not adolescence. Parents accept this in a child, but as boys grow, social or cultural norms may make boys feel bad for having erections. See the *Participant Handbook* (page 15) for more information on erections. Let participants know that they can use this information to help boys understand changes happening to their bodies and to reinforce normalcy.

Read the flip charts for changes in boys ages 15 to 19. Ask participants to open their handbooks to page 9. Review answers not identified in the brainstorming.

Physical Changes for Boys Ages 15 to 19

- Development continues
- Genitals enlarge
- Hair grows around genitals, under arms, and on chest

Emotional Changes for Boys Ages 15 to 19

- Challenge rules and test limits
- Feelings contribute to behavior but do not control it, can analyze potential consequences
- Compare own development to peers, become concerned with self-image
- May have a girlfriend and want to experiment or act on sexual desire
- Peers influence leisure activities, appearance, substance use, and initial sexual behaviors



Read the flip charts for changes for young men ages 20 to 24. Ask participants to open their handbooks to page 10. Review answers not identified in the brainstorming.

Physical Changes for Boys Ages 20 to 24

- Development finishes

Emotional Changes for Boys Ages 20 to 24

- Develop more serious relationships, may commit and marry
- Understand consequences of behaviors
- Struggle with adult roles and responsibilities, modern versus traditional values
- Can make own decisions, peers have less influence
- Cope with the competing demands of school, family, spouse, community, livelihood, and self



Ask participants:

- ? Will every boy in each age group experience all of the changes listed?
- ? Why it is important to segment or group different ages of young men?

Make sure to emphasize that:

- We have discussed common changes for these age groups. Individual boys will develop physically and emotionally at different rates, some faster and some slower. This is normal and should not be a concern.
- We segment age groups because we understand that boys are experiencing different emotional and physical changes at different times. Our role as educators is to help boys understand what is normal about their development and support them emotionally.

Note: Participants may raise the subject of masturbation. Assumptions may be made that the church rejects this type of behavior, although theologians have not found direct references that forbid it. Some churches have been known to endorse masturbation, others may keep silent, and still others openly reject it as an option for any followers. A discussion with clergy prior to this workshop may be helpful in preparing for this session and Myths and Facts later in the day.

From a health perspective, it is necessary to make sure that participants know that masturbation does not cause health problems such as infertility. It is also important to point out that masturbation can be a safe alternative to acting on sexual feelings, preventing early sex, or abstaining until marriage.

Next, they will look at the sexual development of girls.



30 mins.

Step 3. Sexual Development of Girls

Materials

- “Girls 10–14” flip chart
- “Girls 15–19” flip chart
- “Girls 20–24” flip chart

Instructions

Tell participants that in the next section they will talk and learn about the sexual development of girls ages 10 to 24. Both physical and emotional changes will be discussed.

Post the three flip charts around the room. Give participants ten minutes to write down as many physical and emotional changes as they can think of for each age group.

Thank participants for their contribution and read the flip charts for changes in girls ages 10 to 14. Ask participants to open their handbooks to page 11. Review answers not identified in the brainstorming.

Physical Changes for Girls Ages 10 to 14

- Grow taller, bigger (often before boys)
- Breasts begin to enlarge
- Hips widen
- Acne develops
- Hair grows around genitals and under arms
- Ovaries mature, menstruation begins, able to become pregnant



Emotional Changes for Girls Ages 10 to 14

- Values and beliefs primarily determined by family
- Experience mood swings, behavior driven by feelings
- Confused about emotional changes, preoccupied with physical appearance
- Self-esteem determined by others
- Seek acceptance by fostering relationships

Read the flip charts for changes in girls ages 15 to 19. Ask participants to open their handbooks to page 11. Review answers not identified in the brainstorming.

Physical Changes for Girls Ages 15 to 19

- Development continues
- Breasts enlarge, hips widen, hair grows around genitals and under arms

Emotional Changes for Girls Ages 15 to 19

- Compare their development to peers, determine self-image
- May challenge rules and test limits of gender norms, desire more control over life
- Increased interest in sex, aware of own sexuality
- Desire to be loved may influence decision-making in sexual relationships
- Peers influence leisure activities, appearance, substance use, and initial sexual behaviors



Read the flip charts for changes for young women ages 20 to 24. Ask participants to open their handbooks to page 12. Review answers not identified in the brainstorming.

Physical Changes for Girls Ages 20 to 24

- Development finishes

Emotional Changes for Girls Ages 20 to 24

- Develop more stable relationships
- Understand consequences of behaviors, prepare for parenthood
- Clearer about self in relation to others, including spouse
- Cope with the competing demands of school, family, spouse, community, livelihood, and self
- Able to recognize and seek help when needed



Ask participants:

- ? Will every girl in each age group experience all of the changes listed?
- ? Why it is important to segment or group different ages of young women?

Make sure to emphasize that:

- We have discussed common changes for these age groups. Individual girls will develop physically and emotionally at different rates, some faster and some slower. This is normal and should not be a concern.
- We segment age groups because we understand that girls are experiencing different emotional and physical changes at different times. Our role as educators is to help girls understand what is normal about their development and support them emotionally.

Thank participants for their contribution and remind them that:

- They do not need to be experts on sexual development. Doctors, nurses, and other professionals are available.
- All young people will develop at their own pace.
- It is most important to listen to youth, help them understand changes, and provide emotional support.



20 mins.

Step 4. Talk Show on Growing Up

Materials

- Photocopies of *Talk Show Guide* (handout, Workshop 2) — enough for six groups



Instructions

Tell participants they will now break into three groups. Assign each group an age range: 10 to 14, 15 to 19, or 20 to 24.

Participants will take the view of a young person in this next activity and prepare to be interviewed on a talk show. Give each group a copy of the *Talk Show Guide*. Tell them they will have 15 minutes to prepare answers to the questions, using their handbooks. Each group should choose one person from their group to play the role of a young person who will be interviewed during the talk show.

A co-facilitator or another participant should act as the talk show interviewer. Conduct three interviews.

After finishing the talk shows, **ask participants:**

- ? What did you learn during this activity?
- ? Was it challenging? Easy? Why?



Step 5. Wrap-up

5 mins.

Materials

- “Session B Objectives” flip chart
- Markers
- Tape

Instructions

Review the session objectives. Ask participants if all of the objectives have been met.



Reinforce these main messages:

- ▼ From ages 10 to 24, girls and boys go through emotional and physical changes as they develop into adults. These changes are normal.
- ▼ Talking simply and accurately to youth as they go through physical and emotional changes will help them better understand their development, reinforce normalcy, and build self-esteem.

Tell participants that in the next session, they will be creating models of the different sexual parts of the male and female body and using the models to describe how the body works.



Session C. Preparing for Reproduction

Session Agenda

Step 1. Introduction	5 mins.
Step 2. Body Art	1 hr.
Step 3. Clear and Simple Explanations	20 mins.
Step 4. Wrap-up	5 mins.
Total	1 hr. 30 mins.

Objectives

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

- Create a model of the male and female sexual body parts
- Explain menstruation, wet dreams, and sexual intercourse
- Use clear and simple information to communicate how the body functions and prepares for reproduction



5 mins.

Step 1. Introduction

Materials

- “Session C Objectives” flip chart

Instructions

Ask a participant to read the following passages:

So God created man in his own image, in the image of God he created him; male and female he created them. Genesis 1:27

God saw all that he made and it was very good . . . Genesis 1:31

The Lord God said, “It is not good for the man to be alone. I will make a helper suitable for him.” Genesis 2:18

For this reason a man will leave his father and mother and be united to his wife, and they will become one flesh. The man and his wife were both naked, and they felt no shame. Genesis 2:24–25

? **Ask participants:** What do these passages mean to you?

Let participants know that according to the Bible, our sex and sexuality was made by God and in His image. Explain to participants that when discussing reproductive health with young people, they should emphasize that everyone has value because they are made in God’s image. Each of us is unique and beautiful.

Review the session objectives, using the prepared flip chart. Ask if there are any questions.



1 hr.

Step 2. Body Art

Materials

- “Body Art Instructions” flip chart
- *Participant Handbook*
- Tape
- Glue
- Stapler
- Natural items such as branches, flowers, leaves, etc. (for creating models of sexual body parts)

Note: If using natural materials is logistically challenging, use common household items such as string, cans, socks, bottles, etc.

Instructions

Tell participants that in the last session, they learned about the different physical and emotional changes that young people go through as they develop.

Inform participants that for this activity they will create a model of the sexual parts of the male and female bodies. The activity is called body art. By using a model, they will practice explaining a process or event in a young person's life out loud, just as they might when talking to a young person. Let participants know that they will eventually form four groups, one group for each of the following bodily functions: menstruation, wet dreams, sexual intercourse, and pregnancy.

Before breaking up into groups, have participants begin using their handbooks. Highlight the following:

- Erections in boys happen from infancy. This is normal, and adults expect it.
- Menstruation is the first physical sign that a girl can become pregnant.
- Sexual intercourse is an intimate act that can result in pregnancy.
- Pregnancy is the period from conception to birth.

Tell participants that they will have 30 minutes to create their body art, which should demonstrate the function they have been assigned. Post the “Body Art Instructions” flip chart.

Body Art Instructions

- Use your handbook as a guide (pages 9–15)
- Make a model using materials found in nature
- Be creative
- Prepare to explain the function to the larger group
- Prepare answers to the following questions:
 - How is this bodily function viewed in the Bible?
 - What does their faith tell them about this function?

After 30 minutes, invite each group to explain their assigned bodily function and body art. Ensure that the entire group understands each function and answer any questions that are raised.

Ask participants:

- ? What was challenging about this activity? Easy?
- ? How can they use this activity when discussing sexuality and sexual health with young people in their communities?



20 mins.

Step 3. Clear and Simple Explanations

Materials

- Flip chart paper
- Markers
- Tape

Instructions

Tell participants that in the last activity, groups gave very open and specific information about how the body functions as it prepares to reproduce. Let them know that in Workshop 5, they will look further into fertility, pregnancy, and family planning.

During this activity, participants will explore how young people traditionally learn about the body and its reproductive functions.

Ask participants some of the following questions:

- ? What stories were you told or did you hear about how you were conceived?
- ? How did women learn about menstruation?
- ? How did men learn about erections or wet dreams?
- ? Which parts of these stories were factual and which parts were not?
- ? How did these stories influence your views about sex as you grew up?
- ? What are some reasons people use myths and stories to discuss sexual development and reproductive functions?
- ? What are the risks of using stories to inform youth about sex?

Explain to participants that bodily functions related to sexuality are complicated, but that they need to provide both simple and factual information when talking to youth.

Ask for three volunteers to try and explain the three bodily functions of menstruation, wet dreams, and sexual intercourse using simple and clear language and just a few sentences.

Thank volunteers for their contribution. Let them know you appreciate their openness and can see how confident they are becoming as they talk about sensitive topics.



5 mins.

Step 4. Wrap-up

Materials

- “Session C Objectives” flip chart
- Markers
- Tape

Instructions

Review the session objectives. Ask participants if all of the objectives have been met.



Reinforce this main message:

- ▼ Talking simply and accurately to youth as they go through physical and emotional changes will help them better understand their development, reinforce normalcy, and build self-esteem.

Inform participants that in the next session, they will be looking at myths and facts about sexual development.



Session D. Myths and Facts

Session Agenda

Step 1. Introduction	5 mins.
Step 2. Myths and Facts	35 mins.
Step 3. Wrap-up	5 mins.
Total	45 mins.

Objective

- By the end of the session, participants will be able to:
- Identify and discuss myths and facts about sexual development



5 mins.

Step 1. Introduction

Materials

- “Session D Objectives” flip chart

Instructions

Share the following passage with participants:

Do not forsake wisdom, and she will protect you; love her, and she will watch over you.
Proverbs 4:6

? **Ask participants:** What does this passage mean to you?

Explain to participants that the Bible reminds us that truth and understanding can protect young people.

Review the session objectives, using the prepared flip chart. Ask if there are any questions.



35 mins.

Step 2. Myths and Facts

Materials

- “Myths and Facts” flip chart
- Markers
- Tape
- Paper (one page per participant)
- Pens

Instructions

Remind participants about the definitions of myths and facts.

Myths are opinions, beliefs, and traditional stories that are thought to be fact.

Facts are known truths or events that actually occurred, have been proven, or can be shown physically.

Tell participants that it is of great importance that they dispel any myths young people may have and provide them with facts related to reproductive health.

Ask participants to write down on a piece of paper a myth they have heard about sexual development or something that they are unsure about. It should be in the form of a statement and not a question. Collect their responses and write some of the myths on the prepared flip chart.

Note: Do not forget to include and address any myths previously mentioned that may be appropriate for this workshop topic.

Examples of myths and facts are included in the following table.

Myths	Facts
Women prefer a large penis to satisfy them.	Not all women prefer a large penis. Women come in all different shapes and sizes, as do men. Women (and men) have different desires for what pleases them.
Youth ask about sex because they plan on having sex.	Not all young people are asking about sex because they are planning to have sex immediately. Some are just curious. Eventually, when they get married, they will have sex.
Masturbating can cause sickness.	Masturbation does not cause any kind of sickness or infertility. It is not harmful unless a person becomes overly preoccupied with it.
A girl cannot become pregnant the first time she has sex.	It is possible for a girl to become pregnant the first time she has sex, even if she has not had her first menstruation. Her period is the first visible sign of fertility, but before her first menstruation, an egg has been released and could unite with sperm.
When a boy has an erection, he has to have sex.	When a boy has an erection, he does not need to have sex or ejaculate. If he waits, his erection will go down.

Discuss the different myths, explain the facts, and answer any questions participants may have.

End the activity by **asking participants** the following questions:

- ? Why are myths and misinformation about sexual development dangerous?
- ? What are the sources for these myths? Which ones come from the community? Or from radio or television? Which are old myths? Which ones are more recent?
- ? What can you do to share the facts about these subjects with young people in your communities?



5 mins.

Step 3. Wrap-up

Materials

- “Session D Objectives” flip chart
- Markers
- Tape

Instructions

Review the session objectives. Ask participants if all of the objectives have been met.

? **Ask participants:** What did you learn during the session that you will take home?

Inform participants that in the next session they will be using role-plays to build their skills in discussing reproductive health with young people.



Session E. Role-Plays

Session Agenda

Step 1. Introduction	5 mins.
Step 2. Role-Plays	50 mins.
Step 3. Wrap-up	5 mins.
Total	1 hr.

Objectives

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

- Use clear and simple information to communicate with youth
- Demonstrate comfort and confidence in discussing reproductive health issues and information with youth, using the Five CFLE Communication Steps as a guide
- Use positive communication skills while talking to youth, helping to build their self-esteem and trust



5 mins.

Step 1. Introduction

Materials

- “Session E Objectives” flip chart

Instructions

Ask a participant to read the following passage aloud:

Do not judge, or you too will be judged. For in the same way you judge others, you will be judged, and with the measure you use, it will be measured to you. Matthew 7:1–2

? **Ask participants:** How does this passage relate to your relationship with young people?

Reiterate to participants that their main role is to educate and support young people. Remind them that only God can judge the actions of any individual.

Review the session objectives, using the prepared flip chart. Ask if there are any questions.



50 mins.

Step 2. Role-Plays

Materials

- “Five CFLE Communications Steps” flip chart
- “Role-Play Scenarios” flip chart
- Markers
- Tape

Instructions

Post the “Five CFLE Communications Steps” flip chart. Review the steps with participants and explain that they will be using these steps for the next exercise.

Break participants into groups of three members each. Inform participants that they will be doing their role-plays in these groups.

Tell participants that in the role-plays, they will be using information from the other sessions to become more comfortable speaking about sexual development and expressing their values.

Explain that in these role-plays, there should be two people who act out a scene and one person who is an observer. Inform participants that the role of the observer is to give feedback on how the dialogue went, what went well, and what could be improved.

Note: At the end of the day, participants may need an energizer. Be creative when dividing them into groups. One energizer is to think of a different animal for each group of three people and write the name three times on small pieces of paper. Then distribute the papers and tell the participants that they should not share their animal with others. They will need to find their new group members by acting and making noises like the animal written on the paper. When they find each other, they will probably be smiling.

Another fun way to combine an energizer and divide participants into groups is to use a lifeboat technique: Have all participants stand in an open space and let them know that this space is the ocean. In this ocean, there are sharks in the water and they will need to jump in a lifeboat to escape the sharks. They will create the lifeboat by hugging other participants. But each lifeboat only holds a certain number of people. You will let them know by calling out the number. When they hear the number, they should rush to jump in the lifeboat. Have them start by swimming in the water (walking around). As they walk around, let them know that there are reports that sharks are coming. Then call out the number 5. Continue to call out numbers for a few minutes to let the group laugh and get energized. When you want to finish, call out the number 3. When they find each other, let participants know that this will be their group of three for the day and begin the session.

Tell participants that:

- The role-plays can be done in any order.
- For each role-play, participants should change roles, so that each person in the group has an opportunity to play an adult, a young person, and an observer.
- Participants should envision the types of responses a real young person might give.
- Participants should use the *Participant Handbook* to refer to pictures or information, as needed.
- After each role-play, participants should give feedback to each other, checking to make sure that the Five CFLE Communication Steps were correctly followed by the group.
- Participants should be prepared to act out any of the role-plays for the larger group.

Note: Role-plays are used to practice communication skills using information learned during sessions. Scenarios should be developed on issues important to young people in your community. They should be adapted and made as culturally and locally relevant as possible.

Post the “Role-Play Scenarios” flip chart. Give participants 30 minutes to practice the three role-plays from the list.

Role-Play Scenarios

- A 14-year-old boy shares with his uncle that he likes to rub his penis so that he feels really good and gets wet. He is worried that God might punish him for enjoying his body so much.
- An 11-year-old girl shares with the female choir leader that she is scared because she is bleeding in her underwear.
- A 17-year-old boy tells his father that he really likes a girl in his school, and they have talked about having sex. He wants to but wonders if it is the right thing to do.

After 30 minutes, ask the groups to act out one of the role-plays. After each group does its role-play, ask other participants to provide feedback on:

- ? What went well?
- ? What could be improved?
- ? Did participants follow the Five CFLE Communication Steps?

If time allows, ask participants to consider the following questions:

- ? How did it feel to do the role-play?
- ? What questions came up when practicing?
- ? What words of faith did you use?
- ? What can you do to feel more prepared when speaking with youth about the changes that are happening to them?
- ? Do you think youth will accept or reject the advice you gave?



5 mins.

Step 3. Wrap-up

Materials

- “Session E Objectives” flip chart
- Markers
- Tape

Instructions

Review the session objectives. Ask participants if all of the objectives have been met.

? **Ask participants:** What did you learn during the role-plays that you will take home?

Inform participants that they will be doing more role-plays during subsequent workshops, so there will be more opportunities to practice these skills. Thank participants for all of their hard work.



15 mins.

Daily Closing

Materials

- *Participant Handbook*
- “Feedback” flip chart
- Paper (one page per participant)
- Feedback Box

Instructions

? **Ask participants:** What did you learn today?

Use this as an opportunity to review main messages and assess what they have learned.



Reinforce these main messages:

- ▼ Using appropriate language to talk openly and comfortably about reproductive health will help adults build confidence and trust when communicating with young people.
- ▼ From ages 10 to 24, girls and boys go through emotional and physical changes as they develop into adults. These changes are normal.
- ▼ Talking simply and accurately to youth as they go through physical and emotional changes will help them better understand their development, reinforce normalcy, and build self-esteem.

Tell participants when and where the next workshop will be held.

Encourage participants to review between workshops those sections related to Workshop 2 in the *Participant Handbook*, such as *Sexual Development of Boys*, *Sexual Development of Girls*, *Menstruation*, *Preparing for Reproduction*, and *Sexual Desire*. Let them know that they can choose to continue their studies using the Bible and the *Additional Sources for Reflections* section at the end of their handbooks.

If needed, visit the Parking Lot and address any questions.

Tell participants you want to finish by getting feedback on the day. Ask participants to answer the questions from the “Feedback Questions” flip chart on a piece of paper and place their papers in the Feedback Box when they leave.

Feedback Questions

- Name two things you learned today.
- What did you like about today’s activities?
- What could have been done better today?

Thank participants and close with a reflection, such as:

Oh God, what a responsibility and privilege it is to be in the lives of young people. As the psalmist says, youth are a gift from God. Help us to be worthy parents and leaders of our children!

Enable us to appreciate the differences between girls and boys. Help us to recognize and to seize opportunities to affirm our young people as sexual beings. Give us wisdom and understanding at each stage of their development so that we might be enhancers, not destroyers, of their healthy sexual identity.





Fill in the Blank

1. When a man puts his _____ into a woman's _____ ,
it is called _____.
 2. A woman feels pleasure when she is touched on her _____ ,
or _____.
 3. A man feels pleasure when he is touched on his _____ or
_____.
-

Fill in the Blank

1. When a man puts his _____ into a woman's _____ ,
it is called _____.
 2. A woman feels pleasure when she is touched on her _____ ,
or _____.
 3. A man feels pleasure when he is touched on his _____ or
_____.
-

Fill in the Blank

1. When a man puts his _____ into a woman's _____ ,
it is called _____.
 2. A woman feels pleasure when she is touched on her _____ ,
or _____.
 3. A man feels pleasure when he is touched on his _____ or
_____.
-

Fill in the Blank

1. When a man puts his _____ into a woman's _____ ,
it is called _____.
2. A woman feels pleasure when she is touched on her _____ ,
or _____.
3. A man feels pleasure when he is touched on his _____ or
_____.



Workshop 2 Handout

Talk Show Guide

Greetings, Everyone! Welcome to Talk Show.

Today, we have three guests who will share with us some very important information about growing up.

We adults often find that the youth in our communities are a mystery — we are not quite sure how they act or think.

We have found three guests willing to speak with us about the changes they are experiencing and how we adults may be able to communicate better with them.

1. First, I'd like to start with _____. Please, share your age with us — how old are you?
2. Could you tell us some of the changes that you are noticing at this age, in your body as well as in the way you are feeling or acting?
3. What are some of the concerns or questions you may have at this stage of your life?
4. What advice do you have for parents or other adults on how you want to be treated and how to best communicate with you?
5. Is there anything else you wish to share with the audience?

Thank you! Let's give a nice round of applause for _____!

Next, I'd like to introduce . . .

WORKSHOP 3

Prevention of Sexually Transmitted Infections and HIV



3

Workshop Agenda

Session A.	Sexually Transmitted Infections	1 hr. 5 mins.
Session B.	HIV Transmission and Prevention (start)	40 mins.
Break		
Session B.	HIV Transmission and Prevention (finish)	1 hr. 50 mins.
Session C.	Myths and Facts	1 hr.
Lunch		
Session D.	Role-Plays	1 hr. 15 mins.
Daily Closing		15 mins.



Main Messages

- ▼ Young people who show symptoms of a sexually transmitted infection (STI), or have had unprotected sex and may be at risk for STIs, should visit a clinic for testing and treatment.
- ▼ STIs can put young people at greater risk for HIV transmission and for infertility or sterility.
- ▼ HIV is transmitted through blood, semen, vaginal fluids, and breastmilk.
- ▼ Sexual transmission of HIV can be prevented by:
 - Abstaining from sex
 - Being faithful to an HIV-negative partner
 - Using a condom correctly and consistently



Materials for This Workshop

- Flip chart paper
- Markers
- Tape or chalk
- Paper (enough for four pages per participant and six cards)
- Snacks (for Meet and Greet Party)
- Three condoms
- Feedback Box (from Workshop 2)

Before You Begin

- Prepare one flip chart for each of the following:
 - “Workshop 3 Agenda” (include start and finish times)
 - “Session Objectives” A–D (each on a separate page)
 - “STI Quiz Questions” (page 72)
 - “STI Signs and Symptoms” (page 73)
 - “Myths and Facts” (label one side “Myths” and the other side “Facts”)
 - “Role-Play Scenarios” (page 90)
 - “Five CFLE Communication Steps” (from Workshop 1)
 - “Feedback Questions” (from Workshop 2)
- Write the following titles on flip chart paper (one per page)
 - “HIV Can Be Passed ...”
 - “HIV Cannot Be Passed ...”
- Photocopy the following handouts located at the end of Workshop 3:
 - *HIV Transmission Cards* (one for each image)
 - *ABC Group Work* (enough copies for each group)
- Prepare “Values Cards” (one question per card, written largely enough to read when taped to the floor, page 82)
- Research local statistics on HIV (If this information cannot be found at a local hospital, go to www.unaids.org. This Web site provides up-to-date national statistics and information about the state of the epidemic.)



Session A. Sexually Transmitted Infections

Session Agenda

Step 1. Introduction	5 mins.
Step 2. STI Quiz	45 mins.
Step 3. Wrap-up	15 mins.
Total	1 hr. 5 mins.

Objectives

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

- Identify the signs and symptoms of STIs
- Describe ways to prevent STIs
- Explain the impact of STIs



5 mins.

Step 1. Introduction

Materials

- “Workshop 3 Agenda” flip chart
- “Session A Objectives” flip chart
- Markers
- Tape

Instructions

Welcome participants to Workshop 3. Ask for a volunteer to open the workshop by leading the group in a reflection or a song.

Ask participants if they had a chance to review sections related to Workshop 2 in the *Participant Handbook*, such as *Sexual Development of Boys*, *Sexual Development of Girls*, *Menstruation*, *Preparing for Reproduction*, and *Sexual Desire*.

Review the workshop agenda and session objectives, using the prepared flip charts. Ask if there are any questions.

Share with participants the following passage:

Do you not know that your body is a temple of the Holy Spirit, who is in you, whom you have received from God? You are not your own; you were bought at a price. Therefore honor God with your body. 1 Corinthians 6:19–20

Ask participants:

- ? What does this passage mean to you?
- ? How does this passage relate to diseases that a person can get from having unprotected sex?

Suggest to participants that in his letter to the Corinthians, Paul is saying to hold our bodies sacred.



45 mins.

Step 2. STI Quiz

Materials

- “STI Quiz Questions” flip chart
- Paper (one page per participant)

Instructions

Ask participants if they know what a sexually transmitted infection is.

Share the following description of how these infections are transmitted:

Sexually transmitted infections are passed on by any type of genital (penis and vaginal area), oral (mouth), or anal (opening to bowels) contact with another person. Note that the penis does not have to enter the vagina, mouth, or anus for some of these infections to be passed on. But there may be contact between these parts of the body which can cause an infection to spread.

Ask the group to name a few STIs.

Note: STI quiz questions are intended to be adapted. Make information relevant to your region or country, as appropriate.

Pass out a sheet of paper to each participant. Ask them to write the numbers 1 through 6 (vertically). Inform participants that they are going to take a short quiz on STIs, but let them know they will not be graded.

Read the following six questions from the prepared flip chart. After each statement, allow time for participants to write down their answers.

STI Quiz Questions

1. True or False: STIs are not a problem for young people in Africa.
2. True or False: STIs can lead to serious health problems, especially if left untreated.
3. True or False: It is easy for young people to know if they have an STI, because they will experience uncomfortable symptoms.
4. True or False: Having an STI puts people at greater risk for contracting HIV.
5. What is the best way for young people to protect themselves against STIs?
6. What should young people do if they think they may have an STI?

Go through each question, asking for volunteers to share their answers. Use the following information to further explain the correct answer.

- 1. True or False: STIs are not a problem for young people in Africa.**
False. STIs are a serious health problem for young people in Africa. It is estimated that up to one in four sexually active youth between the ages of 13 and 19 are infected with an STI each year. HIV infections are more frequent among those under 24 than in any other age group.
- 2. True or False: STIs can lead to serious health problems, especially if left untreated.**
True. Many STIs, if left untreated, can cause serious reproductive health problems for men and women. Gonorrhea or chlamydia may lead to sterility in men and infertility in women (the inability to have children). Syphilis or HIV may lead to death.
- 3. True or False. It is easy for young people to know if they have an STI, because they will experience uncomfortable symptoms.**
False. Only some STIs show symptoms. There are often no symptoms or it may take years before symptoms appear.

Explain to participants that it is not necessary to know the name of every STI. Doctors and nurses with tests and expertise know this information. As influential adults, they should be familiar with general signs and symptoms so they can respond to a young person's worries and refer them to services.

Review the "STI Signs and Symptoms" flip chart with participants.

STI Signs and Symptoms

Signs of STIs in men include:

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

Signs of STIs in women include:

- A discharge from the vagina that is thick, itchy, or has an unusual odor or color
- Pain in the lower abdomen
- Pain or a burning feeling when passing urine
- Pain during sexual intercourse
- Abnormal, irregular bleeding from the vagina
- Itching in the genital area
- Abnormal swelling or growths in the genitals
- Sores around the genital area

Before moving to the next question, remind participants again that youth may not have any symptoms if they are infected with an STI.

4. **True or False: Having an STI puts people at greater risk for contracting HIV.**
True. Inform participants that having an STI does put people at greater risk for HIV.
 - If a person has an STI, it means they have had unprotected sex with a partner who may be having unprotected sex with other partners. This is a main route of HIV transmission.
 - Some STIs cause sores around the genital, oral, and anal areas. Open sores make it easier for HIV to enter the body.
5. **What is the best way for young people to protect themselves against STIs?**
For young people, the best protection against an STI is to choose not to have sex at this time in their lives. For young people who do choose to have sex, the best choice is to use quality condoms consistently and correctly.
6. **What should young people do if they think they may have an STI?**
Young people who think they have an STI should go to a clinic or see a doctor. Many STIs are caused by bacteria (chlamydia, chancroid, syphilis, and gonorrhea) or parasites (trichomoniasis, pubic lice, and scabies) and can be cured with no permanent damage, if they are treated quickly and properly. Some, however, are viral (hepatitis B, human papillomavirus, and herpes). While these viral infections cannot be cured, they can be controlled.

Ask participants how they did on the STI quiz.

Note: Make sure to emphasize that it is the role of the participants to educate and guide young people to seek professional care when at risk for or exhibiting symptoms of STIs or HIV, either through local health centers and hospitals or specialized clinics, such as voluntary counseling and testing (VCT) sites and youth centers.

Remind participants that giving advice to young people about preventing STIs can be challenging. Therefore, they should be prepared to inform young people about the seriousness and potential negative complications, and to send youth to be tested and treated by professionals.

Review with participants that the Bible gives clear instruction on how married and unmarried men and women should act. Young people should abstain from sex before marriage and be faithful after marriage. If this is not possible, however, sexually active youth can use condoms to reduce the risk of STIs and HIV and prevent unintended pregnancy, and they must be used consistently and correctly. If a person has multiple partners, he or she should be encouraged to reduce the number of partners to avoid further risk.



Step 3. Wrap-up

15 mins.

Materials

- “Session A Objectives” flip chart

Instructions

Ask participants:

- ? What should you do when young people share with you that they think they may have an STI?
- ? Do you need to know if that person had unprotected sex or can you give them information to help them make healthy decisions?
- ? Where can you refer a young person to go for STI testing or treatment in your community?

Remind participants that when talking to young people about STIs, they do not necessarily need to know personal information about relationships. However, they should let young people know that:

- Having any kind of unprotected sex (vaginal, oral, or anal) can put them at risk for an STI.
- STIs often have no symptoms or take a long time to develop.
- If they have symptoms of an STI, you should refer them to a health center, hospital, or clinic to find out their status.
- Trained medical providers can determine if a young person has an STI, provide available treatment, and give advice.

Review the session objectives. Ask participants if all of the objectives have been met.



Review these main messages:

- ▼ Young people who show symptoms of an STI, or have had unprotected sex and may be at risk of STIs, should visit a clinic for testing and treatment.
- ▼ STIs can put young people at greater risk for HIV transmission and for infertility or sterility.

Share with participants that in the next session, they will have an opportunity to learn more about HIV transmission and prevention.



Session B. HIV Transmission and Prevention

Session Agenda

Step 1. Introduction	10 mins.
Step 2. HIV Transmission	30 mins.
Step 3. ABCs of Prevention	1 hr.
Step 4. Exploring Values	30 mins.
Step 5. Meet and Greet Party	15 mins.
Step 6. Wrap-up	5 mins.
Total	2 hrs. 30 mins.

Objectives

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

- Identify how HIV can and cannot be transmitted
- Use the ABCs to discuss prevention of HIV with youth in their communities
- Identify personal values related to condom use



10 mins.

Step 1. Introduction

Materials

- “Session B Objectives” flip chart

Instructions

Review the session objectives, using the prepared flip chart. Ask if there are any questions.

Ask participants to help you define HIV and AIDS.

H = Human (only found in humans)

I = Immunodeficiency (weakens the immune system)

V = Virus (a type of germ)

A = Acquired (to get something that you are not born with)

I = Immuno- (the body’s defense system, which provides protection from disease)

D = Deficiency (a defect or weakness, lack of or not enough of something)

S = Syndrome (a group of signs and symptoms of disease)

Be sure to explain the difference between HIV and AIDS to the participants, as many people tend to confuse the two. HIV and AIDS are not the same. HIV is the virus; having HIV means that the person is infected with the virus. AIDS comes as a result of becoming infected with HIV. AIDS is a syndrome of symptoms and various diseases that results from a weakened immune system. A person can be infected with HIV for a long time before developing AIDS.

Note: Emphasize that HIV and AIDS are not the same. Help participants to understand this difference by modeling correct use of the terminology when facilitating sessions.

Share with participants the following passage from the Bible:

Be self-controlled and alert. Your enemy the devil prowls around like a roaring lion looking for someone to devour. 1 Peter 5:8

Ask participants how this passage might relate to the issue of HIV. Remind participants that self-control is a mighty weapon that God encourages us to use to protect ourselves.

Ask participants if there is a cure for AIDS. If not mentioned, tell them:

- There is no cure for AIDS.
- There is medicine that can help people infected with HIV live longer. However, these medicines, called antiretrovirals, are not yet available in many areas of the world.

Share local statistics about HIV infection.

Remind participants that as influential adults, they need to be able to understand the challenging choices faced by young people when making decisions about sex. The next activity will help participants understand how HIV is transmitted and which behaviors put people at risk for HIV infection.



30 mins.

Step 2. HIV Transmission

Materials

- *HIV Transmission Cards* (handout, Workshop 3)
- “HIV Can Be Passed ...” flip chart
- “HIV Cannot Be Passed ...” flip chart
- Tape

Instructions

Tell participants that in the next exercise, they are going to find out how HIV is transmitted. Give each participant a transmission card. Tell them they must decide whether this is a method of HIV transmission by posting their card under one of two flip charts: “HIV Can Be Passed ...” or “HIV Cannot Be Passed ...”

Ask participants to explain their responses. Correct myths or misinformation, as needed. Allow time to address questions or concerns.

Remind participants that HIV *can* be transmitted when a person comes in contact with:

- Blood
- Semen
- Vaginal fluids
- Breastmilk

HIV *can* be passed:

- By having unprotected sex with an infected partner (anal, oral, or vaginal)
- During delivery when the mother is HIV positive
- During breastfeeding when the mother is HIV positive
- By sharing needles or sharp objects with someone who is HIV positive

Be sure to reinforce that in each case, people must come in direct contact with infected fluids. Direct contact means that HIV must be transmitted through a known medium (blood, semen, vaginal fluids, or breastmilk) and enter the body.

Note: While sexual contact is the most frequent route of HIV transmission globally, in some places other routes of HIV transmission, such as injecting drugs, may contribute significantly. If so, make sure to provide additional information relevant to your HIV epidemic.

Let participants know that sexual contact is the most frequent route of transmission for young people and that the next session on prevention will focus on sexual contact.

Share additional information about transmission of HIV from HIV-positive mothers to their children during pregnancy, labor and delivery, and breastfeeding. In the absence

of any intervention, an estimated 15 percent to 30 percent of mothers with HIV infection will transmit the infection during pregnancy and delivery, and 10 percent to 20 percent will transmit through breastmilk. Different medications can be taken during pregnancy to reduce the risk of transmission. Ask a local hospital to find out if and where pregnant women can be treated.

Next, share with participants how HIV *cannot* be passed. Review the following list together:

- By hugging, shaking hands, or sharing a home with an infected person
- By eating with or sharing utensils used by an infected person
- By sharing toilets used by an infected person
- By having an infected person kiss, spit, sneeze, cough, breathe, sweat, or cry on you
- By being bitten by mosquitoes

Ask participants if they have heard of other methods of transmission. Close by telling participants that they now have learned about HIV transmission. In the next session, they will learn how to stop transmission.

Notes about Transmission

When differing opinions arise, participants can be introduced to QQR — for HIV to be transmitted it must have sufficient **Quantity** of virus, be **Quality** virus, and follow a known **Route** of transmission.

Quantity: Myths sometimes circulate that saliva can transmit HIV; people may believe if you tongue kiss (French kiss) you can contract the disease. Though HIV has been detected in saliva in extremely small amounts, there has never been a documented case of HIV transmission through saliva. Research shows that the quantity is too small and the natural properties of saliva restrict transmission.

Quality: Sometimes participants from Africa mistakenly think that mosquitoes transmit HIV since they take blood from one person and pass it to another. However, even if a mosquito ingests blood from an HIV-positive person, the blood then is digested internally. At this point, the virus is no longer viable. The quality of the virus has been compromised, and it will not cause infection.

Route: In places where HIV transmission is not well understood, local beliefs may be prevalent. Some may simply say a person has been cursed or hexed with witchcraft. However magic does not follow any known route of transmission, and there has never been a documented case. HIV is not transmitted through sweat, tears, urine, or feces either.

If a method of transmission is raised that is not addressed above, use this moment to teach your participants how to handle a question that needs further research. Let them know you will find out and get back to them in the next workshop. Be true to your word and let them know how you went about finding the answer and what you found.



1 hr.

Step 3. ABCs of Prevention

Materials

- *ABC Group Work* (handout, Workshop 3)
- Flip chart paper
- Markers
- Tape or chalk

Instructions

Explain to participants that some countries have been successful in reducing the new numbers of HIV infection in their countries. This means that we can learn from their experience, try to replicate their process to prevent transmission, and, thus, reduce the number of new infections.

Research has repeatedly shown that young people need simple and clear messages in order to prevent the transmission of HIV. For example, in Uganda, they educated people using the ABC approach.

Ask participants if anyone knows what each letter in ABC means.

Explain that the ABC message is short and gives young people three choices, depending on their needs.

A = Abstain (do not have sex). This means that a young person chooses not to engage in penetrative sex (where the penis enters a part of the body, such as the vagina, mouth, or anus) which could expose them to HIV. Abstinence includes delaying first sexual intercourse, as well as deciding to abstain from sex temporarily or permanently after a person has already had sexual intercourse.



Abstinence is the first choice every young person should be given. But it may not be the easiest choice to make and keep over time.

B = Be Faithful. Faithfulness in the context of HIV means that two uninfected partners only have sex with each other. To find out their status, couples must be tested for HIV at a local hospital or clinic. Faithfulness can also include reducing the number of partners if a woman or man is having sexual intercourse with multiple partners.

For young people, faithfulness is the best option for married couples or couples in a long-term, serious relationship who have been tested and know that they are both uninfected.

C = Use a Condom. As we will discover in the next session, there are differing views on whether to discuss condoms with youth. For youth already engaging in sex, using condoms consistently and correctly may be their only means of protection from disease and unintended pregnancy.

Share with participants that though the Bible was written thousands of years ago, it teaches young people how to avoid HIV infection. One might even interpret the Bible as providing guidance similar to the ABC approach:

- Unmarried young people should not have sexual intercourse (abstinence). *It is God's will that you should be sanctified: that you should avoid sexual immorality; that each of you should learn to control his own body in a way that is holy and honorable, not in passionate lust like the heathen, who do not know God.* 1 Thessalonians 4:3–5
- Married young people should have sex only with their husband or wife (faithfulness). *Marriage should be honored by all, and the marriage bed kept pure, for God will judge the adulterer and all the sexually immoral.* Hebrews 13:4
- However, even faithful followers of the Bible may stray from its teachings. The church is an agent of change in an imperfect world and must seek to minimize the consequences — and potentially lifelong damage — of wrongful behavior, without excusing the behavior. If an individual plans to have

sex with an untested partner, outside of marriage or before marriage, condoms should be used consistently and correctly to reduce the risk of HIV or STI transmission (condom use).

Love does no harm to its neighbor. Therefore love is the fulfillment of the law. Romans 13:10

Divide participants into three groups and tell them that they will have 20 minutes to work on answering the questions contained in the *ABC Group Work* handout.

After 20 minutes, have each group present their answers. Finish the activity by asking the following questions:

- ? Which was easiest for you to discuss: A, B, or C? Why?
- ? Which was the most challenging? Why?
- ? What influence does your church have in what you say?

Remind participants that HIV should be treated as an STI.

- ? **Ask participants:** Is HIV testing available in your community? Where?

Emphasize that, as educators, they should refer young people to services, such as voluntary counseling and testing (VCT), if the youth want to know their status or think they are at risk of HIV infection.



30 mins.

Step 4. Exploring Values

Materials

- “Values Cards”
- Tape or chalk

Instructions

Share the following passage with participants:

For if you forgive men when they sin against you, your heavenly Father will also forgive you.
Matthew 6:14

- ? **Ask participants:** What does this passage mean to you in the context of young people having sex outside of marriage?

Remind participants to guide unmarried youth to abstain from sex, realizing that some will choose to abstain, while others will not.

The ethic of love and valuing life requires that the church seeks to minimize the consequences of risky adolescent sexual behavior (such as unplanned pregnancies, maternal mortality, abortion, and STIs and AIDS). To help prevent harm that can accompany risky adolescent sexual behavior, it is important to teach young people to always use condoms for preventing pregnancy and STIs (including HIV) if they engage in sex.

Note: Prior to starting this activity, use tape or chalk to create a circle on the floor. Then, divide the circle into four sections. Place one value card in each section of the circle (near the center of the circle).

Note: There are many values that could be explored during this session, perhaps about premarital sex or masturbation. A highly controversial topic is condoms. This may be a good topic since it is rare to have an opportunity to receive accurate information or discuss values openly. And even though some participants may decide that condoms are not appropriate for youth, they will likely be asked questions about them later. Consider your own situation and decide accordingly.

In countries with higher HIV prevalence, additional sessions could be planned to address stigma related to people living with HIV and AIDS. Helping communities to identify values that affect people living with HIV and AIDS is a first step in promoting greater acceptance and understanding.

The Bible provides guidance for reflection on this topic:

Stop judging by mere appearances and make a right judgment. John 7:24

Do not oppress the widow or the fatherless, the alien or the poor. In your hearts, do not think evil of each other. Zechariah 7:10

Share a local statistic about the rate of early pregnancy, STIs, or HIV to support this comment.

Explain to participants that we will use the next 20 minutes to discuss their values about condom use for sexually active youth.

? **Ask participants:** What is the difference between a value and a fact?

Explain the difference:

Values are those beliefs that have importance, significance, or worth in your life. More abstractly, the term often refers to a set of principles, standards, or beliefs concerning things of ultimate importance.

Facts are things that are known to have happened, to be true, or to exist. They are not disputable, because there is evidence to prove it.

For example, in the case of condoms:

A **value** is the belief or view that condoms should not be used outside of marriage.

A **fact** is that condoms are effective in preventing STIs, HIV, and unintended pregnancy when used consistently and correctly.

Invite them over to the divided circle on the floor. Read out loud the four values about condoms.

Values Cards — Condoms

1. **My religion does not allow condom use.**
2. **It is the right of an individual to choose to use condoms.**
3. **By teaching about condoms, we are promoting infidelity and saying it is okay to have sex.**
4. **By teaching about condoms, we are acknowledging that premarital sex occurs and that we can minimize harm without condoning the behavior.**

Ask participants to walk around the circle, choose a value with which they agree, and then stand in that section of the circle. Have them explain to the group why they chose this view (briefly).

Provide time for discussion. Ask the group:

- Do you think young people are having sex? If they are having sex, how should the community respond?
- Are condoms accepted in your church? Why or why not?
- Should the existence of STIs and HIV influence the decision to discuss condoms with the youth in your communities?
- Do young people know how to use condoms? Should they?
- Are condoms effective?
- Are condoms available in your community? Affordable or free? Easy to find?

Be sure to correct any myths or misinformation during the discussion.

Ask each participant to move two sections to the left on the circle and consider this new point of view or value.

Ask participants:

- ? How does it feel to explore this new value?
- ? Is it challenging? Easy?

Thank participants for their contributions and let them know that this was an activity to help them begin to understand their values about condoms better.

Close with the following passage:

... *Love your neighbor as yourself.*

Matthew 22:39

Compassion and love were the most important messages that Jesus gave to us. Let us remember love and compassion when we think about the challenges young people are facing and help them to make safe and responsible choices.

Thank participants for considering new viewpoints during the session.

Condom Facts

When tested in laboratories, condoms made of latex or polyurethane provide an impenetrable barrier against HIV, STIs, and sperm. Though very small, bacteria, viruses, and sperm will not pass through condoms made of latex or polyurethane, whether designed for males or females. A good example to prove this to participants is to fill a condom with water and leave it there for a period of time. Make sure the condom has not expired, tie it firmly at the top, and dry the outside. At the end of the day, they will see that nothing has leaked from the condom.

Condoms can fail by tearing or slipping off. Effectiveness requires users to know how to use them correctly and to use them every time they have sexual intercourse. Young users risk having a higher failure rate if they are unsure of how to use condoms correctly, have an inconsistent supply, are in a rush to use them, or are unable to negotiate condom use consistently.

An extensive review of studies evaluating use of male condoms by heterosexual couples revealed that consistent use of condoms results in 80 percent reduction in HIV incidence. Multiple studies show that condoms are more than 90 percent effective at preventing pregnancy when used correctly and consistently. Condoms can also significantly reduce the transmission of STIs such as gonorrhea, but they may be less effective at reducing the transmission of STIs that are spread by skin-to-skin contact in the genital area that is not protected by the condom.

If a heated discussion takes place, you may want to save it for the discussion of “Myths and Facts” later in the day or plan to extend the session as needed. Remember that while every study will have its own limitations, public health experts and religious leaders can agree that condoms are not perfect. Instead, **focus on getting agreement that condoms do reduce the risk of HIV, some STIs, and pregnancy for sexually active youth.**



15 mins.

Step 5. Meet and Greet Party

Materials

- Snacks

Instructions

Tell participants that they have just talked about a very serious issue, so they are now going to take a break and have a small party.

Note: In preparation for this activity, ask four participants to help with this exercise. Explain to these volunteers that they will pretend to be infected with an imaginary virus. During this activity, they should shake hands when they greet others but should not tell others about their virus.

Put out the snacks. Tell participants at this party, they should:

- Introduce themselves to each other.
- Find out something new about another participant in the group that they did not know before.
- Enjoy a quick snack.

After five minutes, ask participants to return to their seats and ask them if they enjoyed finding out something new about their neighbors.

Then tell participants that you have something to tell them about the people they just met. Inform participants that four people in their group have a deadly imaginary virus that is transmitted by shaking hands. Identify the four people and ask the group who shook hands with those four people. Tell them that they have now been exposed to the deadly virus.

Ask participants:

- ? How does it feel to have been exposed to a deadly virus?
- ? What would they do differently if they had known someone in the group had a virus?
- ? How might they protect themselves in the future? (They should think of different ways to greet a person without shaking hands.)

Inform the group that you have now identified four new people, other than the original infected group, with the deadly imaginary virus but that everyone else has been cured. These four new people do not know that they have the virus.

Invite participants to go back to their party, this time knowing that four people have the virus. Encourage them to continue their conversations about finding out something new about each other.

After a few minutes, ask the participants to return to their seats. Identify the four people who have the virus and **ask participants:**

- ? How did you treat people you thought were infected this time? (Did you ignore them, stigmatize them, or accept them?)
- ? How were you able to avoid shaking hands?

- ? What did you learn from this activity? Was the party fun?
- ? How can what you learned from this activity be applied to HIV?
- ? How can you share what was learned from this activity with youth in your community?

Explain that because participants knew the imaginary deadly virus was passed by shaking hands, they could change their behavior or avoid shaking hands. *It is important to remind participants that in real life, HIV cannot be transmitted by shaking hands.*

Participants could avoid the virus because they:

- Knew how the disease was transmitted (information)
- Could greet friends in ways other than shaking hands (skills)
- Felt confident to refuse shaking hands (support)
- Knew the disease was deadly and did not want to catch it (motivation)
- Were not worried that the party would not be fun (it was only a short party)

Note: In high HIV prevalence areas, you can adapt this session to highlight stigma and discrimination that may exist. Too often when communities do not understand how HIV is transmitted, they ostracize people living with HIV. Research has shown that people living with HIV can live normal lives for a long time. Support, both physical and emotional, can help improve the quality of life for such people. Participants should be made aware that they can play a critical role in helping both young people and adults in their communities to provide care and positive support to people living with HIV and AIDS.

Remind participants that behavior change is challenging. Youth need information, skills, motivation, and support to make healthy decisions. Thank participants and inform them that they are all cured of the imaginary deadly virus.



Step 6. Wrap-up

5 mins.

Materials

- “Session B Objectives” flip chart

Instructions

Review the session objectives. Ask participants if all of the objectives have been met.



Reinforce these main messages:

- ▼ HIV is transmitted through blood, semen, vaginal fluids, and breastmilk.
- ▼ Sexual transmission of HIV can be prevented by:
 - Abstaining from sex
 - Being faithful to an HIV-negative partner
 - Using a condom correctly and consistently

Inform participants that in the next session, they will discuss myths about reproductive health and STIs, including HIV.



Session C. Myths and Facts

Session Agenda

Step 1. Introduction	5 mins.
Step 2. Myths and Facts	50 mins.
Step 3. Wrap-up	5 mins.
Total	1 hr.

Objective

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

- Identify and discuss myths and facts about STIs, HIV/AIDS, and reproductive health



Step 1. Introduction

5 mins.

Materials

- “Session C Objectives” flip chart

Instructions

Share the following passage with participants:

Have nothing to do with godless myths and old wives' tales; rather, train yourself to be godly.

1 Timothy 4:7

Explain to participants that the Bible reminds us that the way of God is based in truth, not in myths.

Review the session objectives, using the prepared flip chart. Ask if there are any questions.



Step 2. Myths and Facts

50 mins.

Materials

- “Myths and Facts” flip chart
- Markers
- Tape
- One condom

Note: Because so many myths exist about STIs, HIV, and AIDS, additional time has been given to address misinformation. Consider inviting a doctor, nurse, or HIV counselor to ensure that participants have their questions answered completely.

Instructions

Remind participants about the definitions of myths and facts.

Myths are opinions, beliefs, and traditional stories that are thought to be fact.

Facts are known truths or events that actually occurred, have been proven, or can be shown physically.

Ask participants to write down a myth they have heard about STIs, HIV, or something that they are unsure about. Since STIs and HIV are most often linked to sexual intercourse, they can also include items about sex. It should be in the form of a statement and not a question. Collect their responses and write some of the myths on the prepared flip chart.

Examples of myths and facts are included below.

Myths	Facts
HIV and STIs affect people in big cities more than in villages.	HIV and STIs affect people everywhere. If a couple has unprotected sex (vaginal, oral, or anal), they put themselves at risk.
Having sex with a virgin can cure AIDS.	Having sex with a virgin will not cure AIDS. There is no cure for AIDS at this point. Medicines have been developed that prolong the life of people infected by HIV, but people taking these medicines can still transmit it.
Condoms break easily and have holes in them.	Condoms do not break easily. Most condoms are made of a thin, durable material called latex. This material expands greatly and is sturdy. If condoms are from a reputable source and have not expired, they do not have holes and do not break easily.
Once you start having sex, you cannot stop.	Anyone can stop having sex any time they want; they only have to use self-control. Sometimes young people decide to stop having sex — often referred to as secondary abstinence or “reclaiming one’s virginity.”

(continued on next page)

Myths

(continued from previous page)

If you remain a virgin too long, you will get sick.

Facts

Remaining a virgin will not affect your health. Virgins simply do not have sex, which ultimately protects them from the emotional and physical stress of unintended pregnancy, STIs, and HIV. Remaining a virgin allows girls to live healthier lives until they are ready for marriage and a family.

Discuss the different myths, explain the facts, and answer any questions participants may have.

End the activity by **asking participants** the following questions:

- ? What are the dangers of these myths and misinformation?
- ? What are the sources for these myths? Which ones come from the community? Or from radio or television? Which are old myths? Which are more recent?
- ? What can you do to share the facts about these subjects with young people in your communities?



5 mins.

Step 3. Wrap-up

Materials

- “Session C Objectives” flip chart
- Markers
- Tape

Instructions

Review the session objectives. Ask participants if all of the objectives have been met.

Inform participants that in the next session, they will be using role-plays to build their skills in discussing STIs and HIV prevention with young people.



Session D. Role-Plays

Session Agenda

Step 1. Role-Plays	1 hr. 10 mins.
Step 2. Wrap-up	5 mins.
Total	1 hr. 15 mins.

Objectives

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

- Use clear and simple information to communicate with youth
- Demonstrate comfort and confidence in discussing reproductive health issues and information with youth, using the Five CFLE Communication Steps as a guide
- Use positive communication skills while talking to youth, helping to build their self-esteem and trust



1 hr.
10 mins.

Step 1. Role-Plays

Materials

- “Session D Objectives” flip chart
- “Five CFLE Communication Steps” flip chart
- “Role-Play Scenarios” flip chart
- Markers
- Tape

Instructions

Share the following passage with participants:

Watch and pray so that you will not fall into temptation. The spirit is willing, but the body is weak. Matthew 26:41

- ? **Ask participants:** What does this passage mean to you in the context of young people having sex outside of marriage?

Remind participants that whenever possible, guide unmarried youth to abstain from sex. But explain that because some young people are sexually active, we should not ignore the risk of their behaviors nor condemn them to suffering greater harm by failing to educate them about reducing the risk of their sexual activity.

Post the “Five CFLE Communications Steps” flip chart. Review the steps with participants and explain that they will be using these steps for the next exercise.

Note: Continue to remind participants that their role is not to know all information about STIs, HIV, and AIDS but to help refer young people to appropriate services and guide them in healthy decision-making.

Break participants into groups of three members each. Tell participants that they will be using some of the information from the other sessions in the role-plays so that they become more comfortable speaking about STIs, HIV, and AIDS and expressing their values.

Explain that in a role-play, there are usually two people who act out a scene and one person who is an observer. Inform the participants that the role of the observer is to give feedback on how the dialogue went, what went well, and what could be improved.

Participants should follow the same instructions as in Workshop 2 (page 64), including:

- The role-plays can be done in any order.
- For each role-play, participants should change roles, so that each person in the group has an opportunity to play an adult, a young person, and an observer.
- Participants should envision the types of responses a real young person might give.
- Participants should use the *Participant Handbook* to refer to pictures or information, as needed.
- After each role-play, participants should give feedback to each other, checking to make sure that the Five CFLE Communication Steps were correctly followed by the group.
- Participants should be prepared to act out one of the role-plays for the larger group.

Give participants 30 minutes to practice the three role-plays.

Role-Play Scenarios

- A 16-year-old girl tells you that she has a discharge from her vagina. She says her vagina itches a lot and the discharge smells.
- A 10-year-old has heard of AIDS on the radio and asks you what it is and why people talk about it so much.
- An 18-year-old boy reveals that he is having unprotected sex and does not want to stop.

After 30 minutes, ask the groups to act out one of the role-plays. After each group does its role-play, **ask other participants** to provide feedback on:

- ? What went well?
- ? What could be improved?
- ? Did participants follow the Five CFLE Communication Steps?

If time allows, **ask participants** to consider the following questions:

- ? How did it feel to do the role-play?
- ? What questions came up when practicing?
- ? What words of faith did you use?
- ? What can you do to feel more prepared when speaking with youth about STIs and HIV prevention?
- ? Do you think youth will accept or reject the advice you gave?



5 mins.

Step 2. Wrap-up

Materials

- “Session D Objectives” flip chart
- Markers
- Tape

Instructions

Review the session objectives. Ask participants if all of the objectives have been met.

Inform participants that they will be doing more role-plays during subsequent workshops, so there will be more opportunities to practice these skills. Thank participants for all of their hard work.



15 mins.

Daily Closing

Materials

- *Participant Handbook*
- Paper (one page per participant)
- Feedback Box (from Workshop 2)

Instructions

- ? **Ask participants:** What did you learn today?

Use this as an opportunity to review the main messages and assess what they have learned.



Reinforce these main messages:

- ▼ Young people who show symptoms of an STI, or have had unprotected sex and may be at risk for STIs, should visit a clinic for testing and treatment.
- ▼ STIs can put young people at greater risk for HIV transmission and for infertility or sterility.
- ▼ HIV is transmitted through blood, semen, vaginal fluids, and breastmilk.

- ▼ Sexual transmission of HIV can be prevented by:
 - Abstaining from sex
 - Being faithful to an HIV-negative partner
 - Using a condom correctly and consistently

Tell participants when and where the next workshop will be held.

Encourage participants to review between workshops those sections related to Workshop 3 in the *Participant Handbook*, such as *Sexually Transmitted Infections*, *HIV and AIDS*, *ABCs of HIV Prevention*, and *Voluntary Counseling and Testing*. Let them know that they can choose to continue their studies using the Bible and the *Additional Sources for Reflections* located at the end of their handbooks.

If needed, visit the Parking Lot and address any questions.

Tell participants you want to finish by getting feedback on the day. Ask participants to answer the “Feedback Questions” on a piece of paper. After finishing, they can place their papers in the Feedback Box when they leave.

Feedback Questions

- Name two things you learned today.
- What did you like about today’s activities?
- What could have been done better today?

Thank participants and close with a reflection or song from a participant.

HIV Transmission Cards



Workshop 3 Handout



3

HIV Transmission Cards (continued)



HIV Transmission Cards (continued)



3



**Workshop 3
Handout**

ABC Group Work

A = Abstain

- What are some reasons a young person chooses to abstain?
- What are the benefits of abstinence?
- What are the challenges of abstinence?
- How can you guide a young person to abstain?
- What strategies can you use to help someone abstain?

Role-play using the Five CFLE Communication Steps:

A young girl is 16 years old and has been seeing a boy for six months. He wants to marry her and she thinks she is ready to have sex. What do you tell her?

B = Be Faithful

- What are some reasons why a young couple remains faithful to each other?
- What are some reasons that some people are unfaithful?
- What are the benefits of faithfulness?
- What are the challenges of faithfulness?
- How can you guide a young couple to remain faithful to each other?
- What can be said to convince a young man or woman to reduce the number of partners, if unfaithful?

Role-play using the Five CFLE Communication Steps:

A young man is married at age 24. He has been married for one year. He is beginning to feel that he would like to have sex with another woman.

C = Use a Condom

- What are some reasons a young person would use a condom?
- What are the benefits of condoms?
- What are the challenges of condoms?
- Why do some people not trust condoms?
- How could you guide a young person at risk of an infection or unintended pregnancy to use condoms?

Role-play using the Five CFLE Communication Steps:

A young man is 20 years old. He knows he should wait until he is married to have sex, but he does not think he will be able to provide for a family for several years. He has a girlfriend now but knows the church says he should not use a condom. What can he do?

WORKSHOP 4

Safety and Your Future



Workshop Agenda

Session A.	Gender Roles	1 hr. 15 mins.
Session B.	Looking to the Future	45 mins.
Break		
Session C.	Staying Safe from Unintended Sex, Drugs, and Alcohol	2 hrs.
Lunch		
Session D.	Myths and Facts	45 mins.
Session E.	Role-Plays	1 hr.
Daily Closing		15 mins.



Main Messages

- ▼ Gender roles influence how young people act as they grow up, which affects the decisions they make about their sexual health.
- ▼ Adults should support the educational and career development of youth, which can help youth gain self-confidence and have a positive and healthy future.
- ▼ When decisions are more complex than “do or do not have sex,” young people need support, discussion, and advice from trusted adults.
- ▼ Young people should know that in a caring relationship based on love, sex is never pressured, forced, traded, or coerced.



Materials for This Workshop

- Flip chart paper
- Markers
- Tape
- Paper (one page per participant)
- Feedback Box (from Workshop 2)

Before You Begin

- Prepare one flip chart for each of the following:
 - “Workshop 4 Agenda” (include start and finish times)
 - “Session Objectives” A–E (each on a separate page)
 - “Gender Discussion Questions” (page 102)
 - “Turning Points Discussion Questions” (page 109)
 - “Alcohol and Drugs Questions” (page 111)
 - “Myths and Facts” (label one side “Myths” and the other side “Facts”)
 - “Role-Play Scenarios” (page 119)
 - “Five CFLE Communication Steps” (from Workshop 1)
 - “Feedback Questions” (from Workshop 2)
- Prepare the following from handouts located at the end of Workshop 4:
 - *Livelihood Images* (photocopied, or draw ones that are relevant to your community)
 - *Trust Your Instincts Scenario Cards* (photocopied)
- Prepare two signs, one labeled “Woman” and one labeled “Man”





Session A. Gender Roles

Session Agenda

Step 1. Introduction	10 mins.
Step 2. Gender Roles	1 hr.
Step 3. Wrap-up	5 mins.
Total	1 hr. 15 mins.

Objectives

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

- Identify what it means to be a man or woman in their community
- Explain the ways gender affects the development of youth



10 mins.

Step 1. Introduction

Materials

- “Workshop 4 Agenda” flip chart
- “Session A Objectives” flip chart

Instructions

Welcome participants to Workshop 4. Ask for a volunteer to open the workshop by leading the group in a reflection or a song.

Ask participants if they had a chance to review sections related to Workshop 3 in the *Participant Handbook*, such as *Sexually Transmitted Infections*, *HIV and AIDS*, *ABCs of HIV Prevention*, and *Voluntary Counseling and Testing*.

Share the following reflection with participants:

*We are made in the image
and likeness of God.
There is no separation
We are one and the same.*

*I accept those different from me
Because I accept myself.
All women and men,
We are one and the same
Because we are made in the image of God.*

*I accept the drug users, the poor, and the sick
Because I accept myself,*

*The people living with AIDS
We are all the same.
Because we are made in the image of God.*

(Adapted from a song created by faith educators and youth leaders, Universal Foundation for Better Living Innovative Teaching Workshop, Chicago, Illinois, 1999.)

? **Ask participants:** What do the passages mean to you?

Explain to participants that we are taught to love everyone, regardless of the money they have or do not have, their sex, their health, etc. We should not judge, but lead by example.

Review the workshop agenda and session objectives, using the prepared flip charts. Ask if there are any questions.



1 hr.

Step 2. Gender Roles

Materials

- “Gender Discussion Questions” flip chart
- “Woman” and “Man” signs

Note: Addressing youth and gender is important for various reasons. Adults usually have a greater sense of who they are — what they value, what they need, and how best to get what they need — than do adolescents. On the other hand, youth are often more likely than adults to consider new ways of looking at power, relationships, and issues of gender equity and equality. They are often more open to reviewing and questioning their experiences and considering alternatives. In some ways, youth may even be better equipped than adults to learn and practice behaviors that strengthen gender equity and equality between the sexes.

Instructions

Start the session by asking participants to define the difference between sex and gender. If not mentioned, review the following:

Sex describes our physical bodies: we are female if we have a vagina and breasts; we are male if we have a penis and testicles. Sex is biological.

Gender describes assumptions and expectations about being male or female. Gender norms differ from one society to another and can define our roles and responsibilities as we grow and develop into adults. Gender varies across cultures and changes over time.

Tell participants that in this activity, we will explore gender roles by looking at how they influence our lives and reproductive health. Explain that adolescence is a time for adopting values and forming behaviors. It is a period when young people experiment with and rehearse adult relationships and model examples set by men and women.

As young people make the transition to adulthood, they can address gender-related reproductive health issues and concerns. During this time, cognitive

development is accelerating, particularly moral reasoning and critical thinking. Youth can engage in analysis and reflective discussions about power differences between men and women and about gender equity issues. By understanding the role that gender has in youth reproductive health and HIV and AIDS, adults can better support boys and girls to improve health outcomes. This support from adults could help contribute to:

- Reduced maternal morbidity and mortality associated with early pregnancy
- Decreased transmission of STIs and HIV
- Enhanced couple communication and respect between the sexes
- Decreased violence against women and girls
- Decreased harmful cultural practices

Ask participants to stand; tell them that they are now going to identify the different roles that women and men take in society. Show them how you have posted two signs, one labeled “Woman” and the other labeled “Man.” Explain that you are going to read five examples that describe an action or characteristic. After each statement, participants will decide whether this is generally the role of a man or a woman in their community and then stand beside the appropriate sign.

In preparation, choose five examples from the following list to demonstrate gender roles:

- Physically strong
- Ambitious
- Takes care of money
- Makes political decisions for the community
- Drives a car
- Is gentle and understanding
- Initiates sexual activity and intercourse
- Initiates dating or relationships
- Cleans the house or compound
- Works in the fields
- Tends the animals
- Gets an education
- Is very emotional
- Takes care of children
- Is educated
- Does the household shopping



Read each of the selected statements. After the participants have chosen either woman or man, ask participants:

- ? Why did you choose this side?
- ? Can only a man or a woman take on this role?
- ? Why is it a man's or woman's role in your community?

Next, ask participants to break into small groups of four to five members. Tell them that they will have 20 minutes to further discuss gender roles by answering the following questions posted on the prepared flip chart.

Gender Discussion Questions

1. How has being a man or a woman affected your education? Your income? The work that you do? Your ability to make choices?
2. Do you feel you have been limited by being a man or a woman? If so, how? Or do you feel you have benefited from being a man or a woman? If so, how?
3. How does gender affect boys' and girls' vulnerability to pregnancy and HIV infection?
4. What initiation ceremonies take place in your community for boys? For girls?
5. How do gender roles affect access to health services for boys and girls?

Ask for a volunteer from each group to share the highlights of what they discussed in their small groups. If not mentioned, explain any additional factors that make girls and boys vulnerable to HIV from the following lists.

Girls and young women:

- Are biologically more susceptible to STIs and HIV
- Have limited access to prevention technology, e.g., female condoms and microbicides
- Are at greater risk of morbidity and mortality as a result of early pregnancy
- Engage in “sugar daddy” or intergenerational relationships
- Are often pressured to validate fertility
- Experience higher rates of sexual violence, coercion, and exploitation
- Have less formal education than males
- Are often unable to effectively negotiate condom use

Boys and young men:

- Experience peer pressure and social pressure to be sexually active
- Tend to believe pregnancy (or even the presence of STIs) validates masculinity
- Are taught to dominate and control, which can lead to violence and coercion
- Do not feel comfortable using reproductive health services
- Are not traditionally targeted for reproductive health services
- Tend to avoid responsibility, e.g., the burden of care
- Experience stigma, abuse, and lack of information for younger men who have sex with other men

At the end of the activity, **discuss the following questions** with participants:

- ? What is different about the ways youth grow up today versus when you were a child?
- ? How do gender norms affect young people's decisions?
- ? How do gender roles affect a girl's vulnerability to pressured or coerced sex?
- ? How can you promote gender equity in your work as an educator?

Explain that educators can inadvertently reinforce negative gender norms. For example, they might assume that a girl will drop out of school when pregnant or married, which promotes the idea that girls do not need an education as much as boys.

On the other hand, educators can help introduce more equitable norms. For example, by reminding a boy that sexual activity has repercussions that go beyond STIs, such as pregnancy or a child, educators can help to promote greater responsibility for sexually active youth.

Emphasize that participants can influence and advocate on behalf of gender equality for young women and men. They can help young men and women enjoy human rights equally, especially when it leads to healthier lives.

Thank participants for their contributions.



5 mins.

Step 3. Wrap-up

Materials

- “Session A Objectives” flip chart
- Markers
- Tape

Instructions

Review the session objectives. Ask participants if all of the objectives have been met.



Reinforce this main message:

- ▼ Gender roles influence how young people act as they grow up, which affects the decisions they make about their sexual health.

Inform participants that in the next session, they will use some information about gender in discussing how parents and adults can support youth to make decisions about their futures.



Session B. Looking to the Future

Session Agenda

Step 1. Introduction	5 mins.
Step 2. Looking to the Future	35 mins.
Step 3. Wrap-up	5 mins.
Total	45 mins.

Objective

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

- Describe ways to help youth make decisions about continuing education, finding jobs, and building livelihoods and careers



5 mins.

Step 1. Introduction

Materials

- “Session B Objectives” flip chart

Instructions

Share the following passages with participants:

Then he told this parable: A man had a fig tree planted in his vineyard, and he went to look for fruit on it, but did not find any. So he said to the man who took care of the vineyard, “For three years now I’ve been coming to look for fruit on this fig tree and haven’t found any. Cut it down! Why should it use up the soil?” Luke 13:6–7

Ask participants:

- ? What does this passage mean to you?
- ? How might it relate to decisions about future livelihoods and careers?



Share with participants that, like the fig tree, youth need to be tended so that they may blossom.

Review the session objectives, using the prepared flip chart. Ask if there are any questions.



Step 2. Looking to the Future

35 mins.

Materials

- *Livelihood Images* (handout, Workshop 4)
- Flip chart paper
- Markers
- Tape

Instructions

Tell participants that in the next activity, they will look at how young people reach their goals in life and make decisions for their futures, as well as why this is important to their reproductive health.

Share with participants that there are strong connections between the decisions young people make as they look to the future — continuing education, finding a job, or developing a livelihood or career — and their reproductive health. And before young people are ready for work, keeping busy and having activities that are important to them can provide them with self-esteem, a protective factor.

Economics can play a large role in increasing the vulnerability of young people to pregnancy and STIs, including HIV. However, with the security of education, steady income, or a job or career:

- Girls and boys are less likely to be coerced or pressured into sex prematurely
- Girls are less likely to become pregnant early
- Girls and boys are less likely to have multiple partners with whom they trade sex for money or gifts
- Girls and boys will feel less pressure to enter into “sugar daddy” or “mama” relationships for financial benefits
- Girls and boys have greater self-esteem and confidence
- Girls and boys can plan for their futures, including family life

Ask participants to form five small groups. Give each group a piece of flip chart paper and a livelihood image, either from the workshop handout or drawn to depict images that are more relevant to the community.

Images include:

- An idle boy out of work
- A young accomplished tailor or sewer
- A young woman working at a desk
- A young person raising chickens and goats
- A young girl receiving money from an older man
- A university student studying for a profession

Note: If these images do not fit the types of jobs or experiences of young people in your community, draw additional or new images.

Note: This section also provides an opportunity to begin discussing how a lack of income or employment affects decisions that young people make. For example, girls may feel pressured to trade sex for gifts or money because formal jobs are less available. Boys may feel inadequate if unemployed and look to drugs or alcohol to mask their feelings. Validate participants' ideas but let them know that they will have more opportunity to explore these ideas in the next session, called *Staying Safe*.

Tell each group to divide their flip chart paper into six squares (by folding it in half lengthwise and then in thirds) and tape their livelihoods image in the last square.

Ask the groups to draw five pictures to show the story of how a young person arrived at this outcome. These five pictures should show who interacts with the young boy or girl, the decision-making process, and any other relevant events that lead the young person to the final image.

After 15 minutes, invite the groups to share their stories.

Ask each group some of the following questions:

- ? Who played a role in the final outcome? How?
- ? Did they have a positive or negative effect?
- ? What was the role of self-esteem? Income?
- ? How do gender norms play a role in the story?
- ? Was confidence fostered in this story?
- ? Did reproductive health issues, such as HIV/AIDS, influence the story?

Ask participants to list things they can talk to young people about when choosing an educational path, training, job, career, or means of livelihood.

If not mentioned, add:

- Personal interests, likes, and dislikes
- Personal strengths
- Skills
- Motivation
- Future goals

Summarize the activity by saying that supporting young people to stay in school and making good decisions about finding work can help protect them from negative reproductive health outcomes, such as early pregnancy or HIV infection.



Step 3. Wrap-up

5 mins.

Materials

- “Session B Objectives” flip chart
- Markers
- Tape

Instructions

Review the session objectives. Ask participants if all of the objectives have been met.



Reinforce this main message:

- ▼ Adults should support the educational and career development of youth, which can help youth gain self-confidence and have a positive and healthy future.

Inform participants that in the next session, they will have the opportunity to look at how to keep young people safe so that they can achieve their goals and establish successful careers.



Session C. Staying Safe from Unintended

Sex, Drugs, and Alcohol

Session Agenda

Step 1. Introduction	5 mins.
Step 2. Turning Points	45 mins.
Step 3. Drugs and Alcohol	40 mins.
Step 4. Trust Your Instincts	25 mins.
Step 5. Wrap-up	5 mins.
Total	2 hrs.

Objectives

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

- Identify what happens before unintended sexual intercourse
- Describe the effects of drugs and alcohol on young people
- Practice providing practical ways for youth to keep safe



5 mins.

Step 1. Introduction

Materials

- “Session C Objectives” flip chart

Instructions

Share the following passage from the Bible:

Wisdom will save you from the ways of wicked men, from men whose words are perverse, who leave the straight paths to walk in dark ways, who delight in doing wrong and rejoice in the perverseness of evil, whose paths are crooked and who are devious in their ways. Proverbs 2:12–15

Ask participants what this passage means to them and if it could relate to the personal safety of youth. Acknowledge that many parents and adults feel uncomfortable with personal and sensitive subjects.

Inform participants that in this session, they will be discussing personal safety and protection from coerced sex or pressure to use drugs and alcohol. They will look at ways to share information and guide youth to make healthy decisions and choices.

Review the session objectives, using the prepared flip chart. Ask if there are any questions.



45 mins.

Step 2. Turning Points

Materials

- “Turning Points Discussion Questions” flip chart
- Flip chart paper
- Markers
- Tape

Instructions

Tell participants that in the following exercise, they will identify points where a young person can turn away from unwanted advances, coercion, or pressure to have sexual intercourse.

Ask participants to form four small groups. Give each group a piece of flip chart paper. Tell the groups that they will now draw four pictures to create a scenario about unintended sex. They should divide their flip chart into four boxes, one for each of the four pictures.

Note: There are many words to describe these kinds of sexual encounters. Unintended, unwanted, coerced, or pressured all have somewhat different meanings, depending on the situation. They are similar in that they can happen to any young person, boy or a girl, young man or woman, married or unmarried.

- Unintended means that person did not expect to have sex when they did.
- Unwanted implies that person did not desire to have sex.
- Coerced sex describes a situation in which a person has been emotionally or physically manipulated into having sex.
- Pressured sex suggests that enough demand was made by a partner for the person to have sex.

Explain to participants that you want them to create a story that shows how unintended sex occurs in their communities. This can be from the perspective of a boy or a girl. The last box should show the unwanted or unintended sex taking place. The story can come from something that they have heard or what they think might happen in such a scenario. Tell them they have 10 minutes, so the story and drawings can be very simple.

After 10 minutes, ask each group to discuss the “Turning Points Discussion Questions” posted on the flip chart paper.

Turning Points Discussion Questions

1. What situation put this young person at risk?
2. At what point could this scenario have been prevented? How could it have been prevented?
3. What would you do if this young person came to you after this event?
4. Where could this person get help?

Did any groups describe a relationship between a young person and an adult? If so, use this as an opportunity to discuss intergenerational relationships. Often these relationships occur because of pressure, economic reasons, or self-esteem issues. They are commonly unbalanced, in which the young partner is at greater risk. This person may not be able to negotiate condom use or may have multiple partners (e.g., an older person and peer simultaneously). Allow participants to discuss the situation in their own communities.

After 15 minutes of discussion, invite the small groups to share their stories with all participants. Have them discuss turning points when a young person could have taken a safer route.

Brainstorm with participants a list of factors that put young people at risk for unintended or unwanted sex.

If not mentioned, add:

- Having a family that does not talk about sex
- Poor communication with one’s partner
- Peer pressure
- Low self-esteem
- Alcohol and drugs
- Poverty
- Other economic needs
- Being alone together

Note: When discussing where young people can get help, probe participants to find out what is culturally acceptable in their community. For example, if a girl is raped, can she go to the police station? Or is there a community system that will punish the offender? If she is struggling emotionally, can she talk to a social worker, a teacher, a person at church, or a parent?

- Gender issues (e.g., power imbalances or expectations that boys are sexually aggressive while girls are passive)
- Age difference
- Lack of enough education, knowledge, or life skills to understand that they can say “no.”

Share the following definitions that are serious and include force:

- **Rape** is an act of violence, whereby a man or woman physically forces another to have sex against that person’s will.
- **Child sexual abuse** is when a child is used sexually by an older person. The adult is often a person who has influence and power in the child’s life. Youth are manipulated, threatened, and often forced. (Incest is sexual activity between family relatives who are so close that they are forbidden by law to marry. Examples are: sex between a father and daughter or son, a brother and a sister, or an uncle and a niece.)
- **Domestic violence** is the use or threat of physical, emotional, sexual, or economic violence against a partner in a relationship or with a family member, resulting in fear and emotional or physical suffering.

Stress to participants that the topics discussed in this session are often very complicated and confidential. When a young person comes to an adult with issues related to personal safety, it is probably because they trust the adult and need his or her help. As influential adults, participants must be prepared to listen to young people but not judge or share confidential information that could hurt even more.

? **Ask participants:** Are there ever circumstances when it might be necessary to share information related to a young person’s personal safety?

Make sure to include the following:

- When a young person is at risk for further abuse
- When professional attention by a trained counselor or doctor is needed
- Where to go to receive support

Reinforce for participants that their roles as influential and trusted adults are to:

- Help young people understand that they are not at fault and should not blame themselves if they experience unwanted or coerced sex
- Guide them to find professional help
- Prevent this from happening again

Thank participants for sharing their stories. Tell them that being aware of the risks young people face will help them to better understand and lead young people to further help. In the next session, they will look at how drugs and alcohol also put youth at risk for unsafe sex and poor decision-making.



Step 3. Alcohol and Drugs

40 mins. **Materials**

- “Alcohol and Drugs Questions” flip chart
- *Participant Handbook*
- Flip chart paper
- Markers
- Tape

Instructions

Share the following passage with participants:

Wine is a mocker and beer a brawler; whoever is led astray by them is not wise. Proverbs 20:1

Ask participants what this passage means to them and how it relates to alcohol abuse. Share that the Bible can guide us to understand that alcohol can affect our lives and lead us to make poor decisions. Tell participants that in this session, they will explore alcohol and drug use among youth in their communities.

Begin by asking the group to call out different kinds of alcohol and drugs found in their community. Write responses on flip chart paper. Thank participants for their responses and let them know that they will return to this list later.

List each of the five following questions at the top of a piece of flip chart. Post them so that participants can write answers. When finished, discuss the answers as a group and **ask participants:**

- ? Does everyone agree with these reasons?
- ? Are these reasons different for adults?

Alcohol and Drugs Questions

1. Why do youth use alcohol and drugs?

Responses could include:

- Peer pressure, to fit in with friends
- To feel like an adult, grown up
- To relax or feel good, avoid problems or reality
- Because they are bored, lonely, or angry
- Because they want to experiment
- Because they do not know another way to deal with social situations or stresses
- Because their families use them, and they are copying this behavior



(continued on next page)

Alcohol and Drugs Questions (continued from previous page)

2. When is it acceptable to drink alcohol?

Responses could include:

- In moderation, after reaching the legal age of consumption
- To celebrate an event, in moderation
- In a social setting, in moderation
- Never, our religion does not allow it

3. How do drugs and alcohol affect decision-making?

Responses could include:

- Impair decision-making
- Make decision-making difficult

4. How do drugs and alcohol influence sexual behavior?

Responses could include:

- Can cause people to engage in sex more freely
- Can cause people to have unprotected sex
- Can cause people to force sex on another or become violent

5. Why should youth not use drugs?

Responses could include:

- Because they are illegal
- Because they are unhealthy and can cause severe illness or death
- Because they are often addictive
- Because they make youth act in ways they would not when sober

Thank participants for their responses. Let them know that they will spend the rest of the session finding out more information on specific drugs.

Return to the original brainstormed list of alcohol and drugs used in their community.

? **Ask participants:** What alcohol and drugs from this list are most commonly used by youth?

Note: We expect that the most common answers for youth will fit into four categories: alcohol, tobacco, cannabis (marijuana), and stimulants. Be sure to add others based on what is commonly available and used in participants' communities. When possible, prepare to provide any relevant information to participants to help them complete the exercise.

Divide participants into four small groups. Give each group one topic: alcohol, tobacco, marijuana, or stimulants.

Tell participants that they have 10 minutes to prepare a short role-play. They should use the *Participant Handbook* to learn more about the different topics they are assigned (see pages 28-30). In their role-plays, they

should demonstrate ways that an adult can guide a young person to stop using or stay away from alcohol and drugs.

Ask each group to perform their role-play for all participants. Let participants know that they can learn more about each of the drugs by consulting their handbooks. Close by summarizing the following ways that adults can counsel youth not to use alcohol or drugs:

- Refuse, say no
- Walk away
- Avoid the situation
- Ignore the offer
- Make friends with people who do not drink or use drugs
- Get involved in drug- and alcohol-free activities, such as sports
- Provide a good role model
- If addiction has begun, get professional or specialized help

Tell participants that in the next activity, they will continue to practice skills for suggesting alternative behaviors that will help young people stay safe.

Note: If drug or alcohol abuse is a particular challenge in your community, you may ask for a participant to describe a personal experience. This could be helping a friend (or oneself) to confront the issue, supporting someone during recovery, or unsuccessfully trying to help. Sometimes people view alcohol or drug abuse as a societal issue rather than an individual one that should be addressed.



25 mins.

Step 4. Trust Your Instincts

Materials

- *Trust Your Instincts Scenario Cards* (handout, Workshop 4)

Instructions

Share the following passage with participants:

Simply let your "Yes" be "Yes" and your "No," "No"... Matthew 5:37

? **Ask participants:** What does this passage mean to you?

Introduce the exercise by explaining that you will give scenarios about unsafe situations that are meant to prompt participants to think about ways to guide young people to prevent them.

Ask participants to split into four small groups. Give each group the Scenario 1 card. Tell them that they have five minutes to read the scenario. After reading,



the group members should “trust their instincts” and discuss how to respond. After discussing, members should then turn over the card to see more suggested ways to respond to young people.

After five minutes, give each group the Scenario 2 card and go through the same process as above. Do the same with Scenario 3 and Scenario 4 cards.

After completing the four scenarios, ask any groups who came up with interesting or creative techniques to share them with the larger group. Then, ask participants what they learned from this activity.

In closing, let participants know that in thinking about the practical ways young people can avoid unwanted sex, they have identified life skills that can be communicated to young people.

Also note the section in their handbooks that contain advice about avoiding unwanted sex (see *Ten Ways Young People Can Avoid Unwanted Sex*, page 24). They should be encouraged to review this list with youth who seek advice or who may need this information for future protection.



5 mins.

Step 5. Wrap-up

Materials

- “Session C Objectives” flip chart

Instructions

Before reviewing, tell participants that they have talked at length about staying safe. Tell them that they will spend more time in the next workshop focusing on strategies that can help protect young people’s reproductive health. Let them know that there are many alternatives for young people, such as sports, after-school clubs, choir, church groups, theater, Bible study groups, and other supervised fun.

Review the session objectives. Ask participants if all of the objectives have been met.



Reinforce these main messages:

- ▼ When decisions are more complex than “do or do not have sex,” young people need support, discussion, and advice from trusted adults.
- ▼ Young people should know that in a caring relationship based on love, sex is never pressured, forced, traded, or coerced.



Session D. Myths and Facts

Session Agenda

Step 1. Myths and Facts	40 mins.
Step 2. Wrap-up	5 mins.
Total	45 mins.

Objective

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

- Identify and discuss myths and facts about gender roles, livelihoods, safety, and alcohol and drugs



40 mins.

Step 1. Myths and Facts

Materials

- “Session D Objectives” flip chart
- “Myths and Facts” flip chart
- Markers
- Tape

Instructions

Review the session objectives, using the prepared flip chart. Ask if there are any questions.

Ask a participant to remind the group of the definition of a myth and a fact. If not mentioned, share the following:

Myths are opinions, beliefs, and traditional stories that are thought to be fact.

Facts are known truths or events that actually occurred, have been proven, or can be shown physically.

Ask participants to write down a myth they have heard about gender roles, livelihoods, safety, and alcohol and drugs. It should be in the form of a statement and not a question. Collect their responses and write some of the myths on the prepared flip chart.

Examples of myths and facts are included in the following table.

Myths

Using marijuana makes you perform better.

Poverty prevents youth from having satisfying careers.

If a girl has sex once, her boyfriend can have sex with her again, even if she refuses.

Alcohol is not dangerous; otherwise, so many adults would not be drinking it.

Higher education is more important for boys than girls.

Facts

This is a myth. Physically, marijuana makes the body perform slower. Although young people may perceive that they are more productive, reality is just the opposite.

Poverty can limit the options that young people have in their careers, but it does not prevent them from having satisfying work. Knowing what one likes in life and what feels rewarding will help young people feel happy in their work.

Even if a girl has had sex with her boyfriend in the past, she can always refuse sex later. Sex should not be expected, forced, coerced, or pressured. Gender roles may make it difficult for a woman to take control of her body, but doing so will keep her healthy and protected.

Alcohol is dangerous. When under the influence, young people or adults are unable to make clear decisions and may have a false sense of confidence. Alcohol slows the mind, can affect performance in school and work, and can cause long-term disease.

Education is equally important for both boys and girls. Traditional gender norms may place greater importance on education for boys, but girls have the same potential as boys.

Discuss the different myths, explain the facts, and answer any questions participants might have.

End the activity by **asking participants** the following questions:

- ? What are the dangers of these myths and misinformation?
- ? What are the sources for these myths? Which ones come from the community? Or from radio or television? Which are old myths? Which are more recent?
- ? What can you do to share the facts about these subjects with young people in your communities?



5 mins.

Step 2. Wrap-up

Materials

- “Session D Objectives” flip chart
- Markers
- Tape

Instructions

Review the session objectives. Ask participants if all of the objectives have been met.

Inform participants that in the next session, they will be using role-plays to build their skills in discussing reproductive health with young people.



Session E. Role-Plays

Session Agenda

Step 1. Introduction	5 mins.
Step 2. Role-Plays	50 mins.
Step 3. Wrap-up	5 mins.
Total	1 hr.

Objectives

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

- Use clear and simple information to communicate with youth
- Demonstrate comfort and confidence in discussing sexual health issues and information with youth, using the Five CFLE Communication Steps as a guide
- Demonstrate positive communication skills while talking to youth, helping to build their self-esteem and trust



5 mins.

Step 1. Introduction

Materials

- “Session E Objectives” flip chart

Instructions

Share the following passage with participants:

Do not let any unwholesome talk come out of your mouths, but only what is helpful for building others up according to their needs, that it may benefit those who listen. Ephesians 4:29

Ask participants what this passage means to them. Inform them that the words they use in discussing reproductive health will affect young people in many ways. Thus, their words need to build the confidence of youth to help them make healthy and responsible decisions and avoid dangerous situations. Adults should try to build the self-esteem of youth and motivate them to achieve their dreams and have successful futures.

Review the session objectives, using the prepared flip chart. Ask if there are any questions.



50 mins.

Step 2. Role-Plays

Materials

- “Five CFLE Communications Steps” flip chart
- “Role-Play Scenarios” flip chart
- Markers
- Tape

Instructions

Post the “Five CFLE Communications Steps” flip chart. Review the steps with participants and explain that they will be using these steps for the next exercise.

Break participants into groups of three members each. Tell participants that they will be using some of the information from the other sessions in the role-plays so that they become more comfortable speaking and expressing their values about gender roles, livelihoods, safety, and alcohol and drugs.

Explain that in a role-play, there are usually two people who act out a scene and one person who is an observer. Inform the participants that the role of the observer is to give feedback on how the dialogue went, what went well, and what could be improved.

Give participants 30 minutes to practice the three role-plays.

Role-Play Scenarios

- A 14-year-old boy worries that he does not know what will happen to him when he finishes school. He knows his father wants him to work on their family's farm, but he is not sure he wants to do that.
- A 15-year-old girl tells you she has her first boyfriend. She tells you he is so nice; because he is older, he buys her gifts like lotion and candy.
- A 18-year-old boy asks why adults tell young people not to drink alcohol when they drink themselves.

Participants should follow the same instructions used in previous workshops, including:

- The role-plays can be done in any order.
- For each role-play, participants should change roles, so that each person in the group has an opportunity to play an adult, a young person, and an observer.
- Participants should envision the types of responses a real young person might give.
- Participants should use their handbooks to refer to pictures or information, as needed.
- After each role-play, participants should give feedback to each other, checking to make sure that the Five CFLE Communication Steps were correctly followed by the group.
- Participants should be prepared to act out one of the role-plays for the larger group.

After 30 minutes, ask each group to act out one of their role-plays. After each group does their role-play, **ask other participants** to provide feedback on:

- ? What went well?
- ? What could be improved?
- ? Did participants follow the Five CFLE Communication Steps?

If time allows, **ask participants** to consider the following questions:

- ? How did it feel to do the role-play?
- ? What questions came up when practicing?
- ? What words of faith did you use?
- ? What can you do to feel more prepared when speaking with youth about gender roles, livelihoods, safety, and alcohol and drugs?
- ? Do you think youth will accept or reject the advice you gave?



5 mins.

Step 3. Wrap-up

Materials

- “Session E Objectives” flip chart
- Markers
- Tape

Instructions

Review the session objectives. Ask participants if all of the objectives have been met.

Inform participants that they will be doing role-plays during the next workshop, so there will be more opportunities to practice these skills. Thank participants for all of their hard work.



15 mins.

Daily Closing

Materials

- *Participant Handbook*
- Paper (one page per participant)
- Feedback Box

Instructions

Ask participants what they have learned today. Use this as an opportunity to review take-home messages and assess what they have learned.



Reinforce these main messages:

- ▼ Gender roles influence how young people act as they grow up, which affects the decisions they make about their sexual health.
- ▼ Adults should support the educational and career development of youth, which can help youth gain self-confidence and have a positive and healthy future.
- ▼ When decisions are more complex than “do or do not have sex,” young people need support, discussion, and advice from trusted adults.
- ▼ Young people should know that in a caring relationship based on love, sex is *never* pressured, forced, traded, or coerced.

Tell participants when and where the next workshop will be held.

Encourage participants to review between workshops those sections related to Workshop 4 in the *Participant Handbook*, such as *Ten Ways Young People Can Avoid Unwanted Sex*, *Helping Youth Choose Abstinence before Marriage*, *Common Drugs and Alcohol*, and *Healthy Relationships*. Let them know that they can choose to continue their studies using the Bible and the *Additional Sources for Reflections* section located at the end of their handbooks.

If needed, visit the Parking Lot and address any questions.

Tell participants you want to finish by getting feedback on the day. Ask participants to answer the “Feedback Questions” on a piece of paper. After finishing, they can place their papers in the Feedback Box when they leave.

Feedback Questions

- Name two things you learned today.
- What did you like about today’s activities?
- What could have been done better today?

Thank participants and close with a reflection or song from a participant.





Livelihood Images (continued)



Livelihood Images (continued)





Trust Your Instincts Scenario Cards

Make a photocopy of the scenarios. Cut out each scenario and affix it to the front of a card or a piece of stiff paper. Then, cut out its possible responses and affix them to the other side of card.

Scenario 1

A 16-year-old girl tells you she has a new 31-year-old boyfriend. Could the age difference create problems in the relationship?

Possible Responses

Though she may be excited about having a boyfriend, he is 15 years older than she. This could put her at greater risk for pregnancy or STIs, including HIV, because the relationship is not equal. She may not feel the power to say “no” to sex or make him use a condom.

In general, young women and men should avoid relationships with older partners, sometimes called “sugar daddies” or “sugar mamas,” who give the younger partner money or gifts.

To raise the girl’s awareness, you could suggest:

- She should always be prepared to pay for her portion of a date (meal, drinks, transportation, etc.). Remind her that giving gifts or money may make a man think she owes him sex.
- She should be clear about her limits with an older man. He may have more experience and want her to do things with which she does not feel comfortable. Let her know that she has a right to refuse to have sex and should be prepared to do so.

Scenario 2

A 12-year-old girl is talking to an uncle; he keeps referring to her newly forming breasts, and she feels uncomfortable. What should she do?

Possible Responses

She should trust her instincts. If she feels uncomfortable or nervous, she should get away from the person — even a family member — immediately. Her feelings are warning signals that should not be ignored.

To help the girl, you could suggest that she could:

- Tell her parents or other adults in authority that she feels uncomfortable.
- Say, “I have to go to the bathroom,” and get away.
- Say, “Oh, look at the time. I need to get home,” and get up and leave.

Scenario 3

A 15-year-old boy is invited by a new friend to a party at an unknown club. This friend often talks about how drinking alcohol is fun. Should the boy be concerned?

Possible Responses

Yes, it not wise for young people (men or women) to get into a situation, like a party, with people they do not know well. It is always best to go out with a group of friends or people you know and trust.

Let the young man know he could respond to the invitation by:

- Asking if he may invite one of his other friends, too.
 - Suggesting a different club he knows already.
 - Saying that he has another commitment and cannot go out.
-

Scenario 4

A girl is getting ready to go alone to a dance with a boy she knows; she likes the boy but is not ready to have sex. What should she do to prepare?

Possible Responses

The best way to prevent unwanted advances or sex is to know your own limits and make sure that your boyfriend or girlfriend knows them too. Do not wait until you are cuddling and kissing to think about it.

You could suggest to the girl that she:

- Ask the boy what his plans are for the night and state what time her parents expect her to be home. She should not agree to go anywhere alone or unsafe with him.
- Practice delay techniques, such as saying things like, “I care about you too, but I’m not ready to have sex yet.”
- If that is not working, she should be ready to use a firm refusal. She should not leave any doubt when she says no. Using a strong voice and looking him in the eye can help affirm her refusal. She should not give the impression that she wants to be coaxed or convinced.
- She should be prepared to get home safely — for example, by bringing money for transportation home or letting a friend or parent know ahead of time that she may need their help.

WORKSHOP 5

Family Life



Workshop Agenda

Session A.	Relationships and Marriage	2 hrs.
Break		
Session B.	Planning a Family	2 hrs.
Lunch		
Session C.	Myths and Facts	45 mins.
Session D.	Role-Plays	1 hr.
Daily Closing		15 mins.



Main Messages

- ▼ Relationships are complex, but they can be healthy and successful with understanding and guidance.
- ▼ For young people, there are both physical and emotional benefits in a committed marriage.
- ▼ Marriage is the relationship in which to plan a family. Effective and widely available methods of contraception for young couples include oral contraceptive pills, hormonal injections, and condoms.

Note: You may ask, "What if some participants do not complete all six workshops?" This is a good question and one to be resolved with your sponsoring organization *before* the sixth workshop. Depending on the situation, you may decide to proceed with graduation, just as you may decide that some participants are not ready for graduation. Following this workshop, review the goals, objectives, and expectations of the workshops with the sponsoring organization to make an informed decision.



Materials for This Workshop

- Flip chart paper
- Markers
- Tape
- Paper (one page per participant)
- Feedback Box (from Workshop 2)

Before You Begin

- Prepare one flip chart for each of the following:
 - “Workshop 5 Agenda” (include start and finish times)
 - “Session Objectives” A–D (each on a separate page)
 - “Mutual Activities Questions” (page 131)
 - “Love Is/Infatuation Is Chart” (page 132)
 - “Relationship Questions” (page 133)
 - “Abstinence Questions” (one question per flip chart, page 134)
 - “Menstrual Calendar” (page 139)
 - “Myths and Facts Chart” (label one side “Myths” and the other side “Facts”)
 - “Role-Play Scenarios (page 147)
 - “Five CFLE Communication Steps” (from Workshop 1)
 - “Feedback Questions” (from Workshop 2)
- Photocopy the following:
 - *From Relationships to Marriage* (two copies of each scenario, page 150)
 - “Agree/Disagree Statements” (one copy, page 142)
- Arrange for a guest speaker from a local health clinic. He or she should try to bring samples of family planning devices to show participants. (Session B)



Session A. Relationships and Marriage

Session Agenda

Step 1. Introduction	5 mins.
Step 2. Healthy Relationships	30 mins.
Step 3. Love versus Infatuation	40 mins.
Step 4. From Dating to Marriage	40 mins.
Step 5. Wrap-up	5 mins.
Total	2 hrs.

Objectives

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

- Describe the characteristics of healthy relationships
- Identify the physical, emotional, and spiritual benefits of abstinence
- List the characteristics of a loving relationship
- Explain the steps to marriage in their community
- Define components of a successful marriage



5 mins.

Step 1. Introduction

Materials

- “Workshop 5 Agenda” flip chart
- “Session A Objectives” flip chart

Instructions

Welcome participants to Workshop 5. Ask for a volunteer to open the workshop by leading the group in a reflection or a song.

Ask participants if they had a chance to review sections related to Workshop 4 in the *Participant Handbook*, such as *Ten Ways Young People Can Avoid Unwanted Sex*, *Helping Youth Choose Abstinence before Marriage*, *Common Drugs and Alcohol*, or *Healthy Relationships*.

Review the workshop agenda and session objectives, using the prepared flip charts. Ask if there are any questions.

Share with participants the following passage:

Train a child in the way he should go, and when he is old he will not turn from it.
Proverbs 22:6

? **Ask participants:** How does this passage relate to relationships?



Inform participants that the Bible is guiding adults to rear children on the right path from a young age. The lessons we teach and the role modeling that adults provide early in a person's life can influence behaviors and attitudes about relationships throughout life.



30 mins.

Step 2. Healthy Relationships

Materials

- “Mutual Activities Questions” flip chart
- Flip chart paper
- Markers
- Tape

Instructions

Tell participants that in the next activity, they will explore the characteristics of healthy relationships for young couples.

Share with participants that, in general, a healthy relationship is one that brings happiness to both people. Although couples ultimately define the specific boundaries of their own relationship, there are common components of healthy relationships. Ask the group if they can think of some.

If not mentioned, include:

- **Time** — Healthy relationships often start as friendships and develop over time.
- **Mutual respect** — Each person genuinely values the other, promotes greater self-esteem in the other, and respects the individual needs and wishes of the other.
- **Trust and honesty** — There is confidence that each person is being truthful and faithful in the relationship.
- **Support** — Couples provide companionship and strength to each other in good and bad times.
- **Fairness** — Couples strive for an equal balance of both giving and taking in the relationship.
- **Separate identities** — Each person retains his or her individual personality and sense of self. In healthy relationships, there is compromise, but that should not mean losing oneself in the process.
- **Communication** — Couples are able to talk openly and honestly about their feelings and thoughts.



Let participants know that this list is provided in their handbooks on page 31. They can use this list when talking to young people about seeking a relationship or evaluating an existing relationship.

Let participants know that they will now work in small groups to explore how to foster an environment to support healthy relationships for young couples, as well as acceptable activities in their communities.

Ask participants to break into four groups to answer the following questions on flip chart paper. Inform them that they will have 10 minutes to discuss the questions.

Ask each group to share their responses.

Ask participants:

- ? What is the role of the Christian community in establishing guidelines for relationships among youth?
- ? What opportunities exist in your community for young women and men to spend time together and get to know each other?

Thank participants for their ideas and tell them that in the next activity, they will learn more about emotions in relationships and how to guide youth to abstain before marriage.

Note: When discussing activities that boys and girls do together, it may be necessary to validate feelings of uneasiness among participants about allowing young men and women to spend time together. Encourage them to be candid. Remind participants that the church can provide supervised activities that promote healthy development of Christian relationships. Such activities can provide youth with the knowledge and skills to enter into successful marriages later in life.

Mutual Activities Questions

1. How should relationships develop among young people in your community?
2. What kinds of activities can a boy and girl do together?
3. What in your faith supports this?

Step 3. Love versus Infatuation



40 mins.

Materials

- “Love Is/Infatuation Is” flip chart (chart prepared)
- “Relationship Questions” flip chart
- “Abstinence Questions” flip charts

Instructions

Share the following passage with participants:

Love is patient, love is kind. It does not envy, it does not boast, it is not proud. It is not rude, it is not self-seeking, it is not easily angered, it keeps no record of wrongs. Love does not delight in evil but rejoices with the truth. It always protects, always trusts, always hopes, always perseveres. 1 Corinthians 13:4–7



Ask participants:

- ? What does this passage mean to you?
- ? What is Paul saying to the Corinthians about love?

Explain to participants that this passage helps couples define healthy behaviors in a relationship. Let participants know that they will further explore love as compared to infatuation so they will be prepared to help youth recognize and resist unhealthy relationships. Explain to participants that infatuation is a strong but often short-lived liking for another person.

Share with participants that Paul says that love is many things. Post the “Love Is/Infatuation Is” flip chart. Read the “Love Is” list and ask participants to complete the “Infatuation Is” side. Write the responses on the flip chart.

Use the completed chart (next page) to help the group, if needed.

Love Is:	Infatuation Is:
Patient	Quick, looking for instant acceptance and affection
_____	_____
Kind	

Fair	

Accepting	

Giving	

Honest	

Long-lasting	

Love Is:	Infatuation Is:
Patient	Quick, looking for instant acceptance and affection
Kind	Hurtful, can damage self-esteem
Fair	Selfish, focusing on one person's needs
Accepting	Demanding, can try to change someone
Giving	Jealous, can limit other friendships and relationships
Honest	Deceitful, can hide the truth
Long-lasting	Short-term, based heavily on immediate emotions and feelings

Thank participants for their contributions. Let them know that they can help youth to recognize infatuation and unhealthy behaviors in relationships.

Let them know that they will now have time in small groups to discuss answers to difficult questions about love and relationships. Share the “Relationship Questions” flip chart with the participants. Remind participants to think about responses in the context of talking to their own children or youth in their communities.

Ask participants to spend 15 minutes discussing their responses to these questions.

Relationship Questions

1. How do you know if you are in love?
2. What are acceptable ways for young people to show affection to someone they love?
3. When is the right time to have sex?
4. Should young people have sex with a person they plan to marry?
5. What consequences will young people face by having unprotected sex and sex before marriage?

After 15 minutes, **ask participants:**

- ? What did you discuss in your groups?
- ? What did you learn from this activity that will help you guide young people?

Note: If time permits, participants may choose to talk about some of their own experiences with infatuation. These feelings are very common to young people, so being able to empathize but still guide them with safe information is important.

Remind participants that if young people understand healthy relationships, they are better prepared to resist infatuation and to make an informed decision when choosing a partner for marriage.

You can help them to understand all the benefits of abstinence before marriage.

Explain to participants that they will brainstorm about the many reasons why young people should choose abstinence before marriage.

Post the three “Abstinence Questions” flip charts around the room. Read each question out loud and invite participants to write answers on the flip chart.

Abstinence Questions

1. What are physical reasons for abstaining?
2. What are emotional reasons for abstaining?
3. What are spiritual reasons for abstaining?

Add the following information, if not mentioned.

Physical reasons for abstaining:

- Offers complete protection from pregnancy, without side effects
- Offers complete protection from STIs, including HIV

Emotional reasons for abstaining:

- Demonstrates maturity, that one can resist peer or social pressure
- Is without worry, guilt, or shame
- Enables youth to develop deeper friendships and love
- Enables youth to concentrate on personal goals and desires

Spiritual reasons for abstaining:

- Respects God’s gift of sex within the covenant of marriage
- Preserves virginity for the sacrament of marriage
- Honors the body

Thank participants and let them know that they can use these reasons for choosing abstinence until marriage when talking to youth. The list can be found in their handbooks on page 26. Let them know that they will talk more about relationships and marriage.



Step 4. From Dating to Marriage

40 mins.

Materials

- Photocopies of *From Relationships to Marriage* (handout, Workshop 5)
- Flip chart paper
- Markers
- Tape

Instructions

Explain that they will have 10 minutes in small groups to develop stories about one of the stages of dating to marriage.

Ask participants to form six groups. Give each group a piece of flip chart paper and one of three assignments from the *From Relationships to Marriage* handout. Each story will be told twice so that they can be compared. They should divide their flip chart into four large boxes, one for each picture they will draw to tell a story. They can use experiences from their own life, those of friends and family, or fictional ones. As they prepare their stories, they should answer the specific questions for each group.



The three groups are:

- **Group 1: Finding the Right One** will tell a story leading up to marriage; the last picture is of a couple on their wedding day.
- **Group 2: Just Married** will tell a story of what happens right after marriage; the first picture is of the couple on their honeymoon.
- **Group 3: Married for Life** will tell the story of what happens in a long-lasting marriage; the first picture is of a couple five years after marriage.

After 10 minutes, invite each group to share their story.

By telling stories, the group will generate much information about the complexities of relationships. Use examples to highlight aspects of relationships, such as:

- **Role modeling:** Youth are influenced by the relationships around them. Adults can demonstrate healthy relationships by modeling behaviors, such as communication, fidelity, mutual respect, support, and trust.
- **Sticking to the basics:** Whether one is dating or married, common components of healthy relationships stay the same. Couples need to have mutual respect for each other; communicate openly; support one another; feel trust, honesty, and fairness; and maintain their own identities.

- **Working together:** Healthy relationships require commitment and dedication from both partners. Couples will always be challenged. Married couples vow to spend their lives working to make their relationship succeed.
- **Changing over time:** Relationships are not static. Life experiences will influence the way people change over time, both individually and as couples. Couples who take time to reevaluate their relationship and individual needs will be better equipped to support each other as they grow.

Thank participants for their stories. Tell them that young people need to know what happens both before and during marriage so that they can make healthy decisions. Let participants know that they are going to use the remaining time in this session to focus on faithfulness in marriage.

? **Ask participants:** What does faithfulness mean?

If not mentioned, add:

- Complete devotion to one's wife or husband
- Remaining monogamous in the relationship; resisting temptation
- Respecting the vows of marriage

? **Ask participants:** What are the benefits of faithfulness in marriage?

If not mentioned, add:

- Creates peace of mind and trust in the relationship
- Develops stronger commitment and deeper love
- Preserves God's gift of sex within the covenant of marriage
- Provides security in knowing that there is no risk of infection (if each person has been tested and has shared the infection status with the partner)

Let participants know information about faithfulness is included in their handbooks on page 30. They should use it to help couples understand the emotional and physical benefits of remaining faithful in marriage.



5 mins.

Step 5. Wrap-up

Materials

- “Session B Objectives” flip chart
- Markers
- Tape

Instructions

Review the session objectives. Ask participants if all of the objectives have been met.



Reinforce these main messages:

- ▼ Relationships are complex, but they can be healthy and successful with understanding and guidance.
- ▼ For young people, there are both physical and emotional benefits in a committed marriage.

Close with this reflection:

God created intimacy so it must be a good thing. However, like all of the things God has created, we must follow God's guidelines in order to be blessed by this gift.

God tells us that marriage is a sacred covenant between a man, a woman, and God. This covenant creates a commitment between the two people involved and is blessed and fortified by the presence of God in this relationship. The marriage covenant facilitates a greater bond between two people when it is consummated — an act which is meant for marriage alone.

Like all of the commandments that God gives us, these are not meant to stifle us, but to protect us. Sex outside of marriage damages the relationships between the persons involved. Trust is the main issue. If two people do not cherish sex enough to wait for a marriage commitment, how can they trust one another for fidelity? Because God has given us these guidelines, disobeying also damages our relationship with God.

(Adapted from Equipping Christian Leaders Internationally.)



Session B. Planning a Family

Session Agenda

Step 1. Introduction	5 mins.
Step 2. Understanding Fertility	25 mins.
Step 3. Pregnancy	15 mins.
Step 4. Family Planning Methods	45 mins.
Step 5. Agree/Disagree	25 mins.
Step 6. Wrap-up	5 mins.
Total	2 hrs.

Objectives

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

- Identify when males and females become fertile
- List the signs of pregnancy
- Identify different types of family planning methods
- Explain their values about family planning



5 mins.

Step 1. Introduction

Materials

- “Session B Objectives” flip chart

Instructions

Share the following passage with participants:

In this same way, husbands ought to love their wives as their own bodies. He who loves his wife loves himself. After all, no one ever hated his own body, but he feeds and cares for it, just as Christ does the church — for we are members of his body. “For this reason a man will leave his father and mother and be united to his wife, and the two will become one flesh.” Ephesians 5:28–31

? **Ask participants:** What does this passage mean to you?

Let participants know that the Bible shows us that not only did God intend for people to “join flesh” or have sex, but He shows that a man and woman join together in creating a family of their own, separate from their parents.

Review the session objectives, using the prepared flip chart. Ask if there are any questions.



25 mins.

Step 2. Understanding Fertility

Materials

- *Participant Handbook*
- “Menstrual Calendar” flip chart

Instructions

Remind participants that they learned in Workshop 2 that a girl’s menstrual period is the first visible sign that she can become pregnant and produce children. Remind them that a woman’s menstrual cycle ranges from 21 to 31 days; the average is 28 days but can vary widely for younger women. Reiterate to participants that when a woman sees her period, her body is releasing blood, nutrient-rich tissue, and an unfertilized egg.

In this session, we are going to explain fertilization. Explain to participants that the term “fertility” is used to define the ability to produce children.

Share with participants when a man and a woman are fertile.

- A woman is fertile when she has the ability to become pregnant. This happens on certain days of each menstrual cycle, starting with her first cycle and ending with menopause, when a woman quits menstruating.
- A man may be fertile for his entire life, beginning with his first ejaculation. He can father a child as long as he can ejaculate sperm.

Refer participants to the female internal genitalia diagram on page 14 of the *Participant Handbook*.

Describe the process before pregnancy:

1. A supply of eggs exists in the ovaries.
2. An egg is released each month, usually about 14 days after the onset of menstrual bleeding (ovulation).
3. The egg travels into a fallopian tube.
4. An egg can become fertilized for 12 to 24 hours after ovulation.
5. After sexual intercourse, sperm can travel to the fallopian tube to meet an egg (fertilization).
6. The fertilized egg attaches to the wall of the uterus, which is lined with nutrient-rich tissue (implantation).
7. Implantation is the first step of pregnancy.

Emphasize that although an egg survives only 12 to 24 hours, a woman can become pregnant if she has unprotected sex in the days *before* ovulation because sperm can remain viable in the uterus for five days. Younger women, whose menstrual cycles can be irregular, may find it difficult to calculate this window of time.

Use this calendar to show a typical 28-day menstrual cycle. Shaded numbers show the days of blood flow (menstruation).

Menstrual Calendar

1	2	3	4	5	6	7
8	9	10	11	12	13	Ovulation
15	16	17	18	19	20	21
22	23	24	25	26	27	28

? **Ask participants:** Why do some young women have unprotected sex but do not become pregnant?

End by pointing out that it is always good to encourage young women to keep track of their monthly menstrual cycles and when married, share this information with their partners. It will help them to better understand their bodies and know when they are at potential risk for pregnancy. But be sure to point out that, as educators, they should *not* be teaching couples how to calculate fertility. These couples should seek guidance from trained family planning counselors, nurses, or doctors.



15 mins.

Step 3. Pregnancy

Materials

- *Participant Handbook*

Instructions

Explain to participants that we will explore decision-making about pregnancy in marriage and recognizing the signs of pregnancy. Share that pregnancy can be a time of great joy.

? **Ask participants:** What should a couple think about before deciding to become pregnant?

If not mentioned, add the following:

- Are we emotionally ready for a baby?
- Are we financially ready?
- Are we willing to compromise our future goals in order to take care of a baby?
- Do we have the time needed to be a good parent?
- Do we have a trusted partner who will also be a good parent?
- Will we have support from our families to care for this child?

Explain to participants that despite emphasizing the importance of marriage before having children, some women become pregnant before they are married or have been married but are now single. Thus, these question will also be useful to women who will be single parents.

Thank participants and let them know they can refer to a similar list of questions on page 33 of the *Participant Handbook*.

When couples are ready for a baby, a woman needs to know what signs to look for to indicate that she may be pregnant.

? **Ask participants:** What are the physical signs that a woman might be pregnant?

Tell participants that the most common sign of pregnancy is a missed menstrual period. But, this can sometimes be misleading because younger women often have irregular periods. Being able to identify other signs is especially important.

Other signs are:

- Tenderness of breasts
- Nausea
- Fatigue
- More frequent need to urinate

Remind participants that one of their roles is to refer young people to professional medical services. If a woman has had unprotected sex and thinks she



may be pregnant, she should see a health care provider to confirm it. A doctor or nurse can determine if she is pregnant and instruct her on how best to take care of herself and prepare for the baby.

Tell participants that this information is also available in their handbooks. Thank them for their participation and let them know that in the next session, they will learn about family planning.



45 mins.

Step 4. Family Planning Methods

Materials

- Guest speaker from a local health clinic
- Family planning methods

Instructions

Tell participants that in the next activity, they will learn about the ways young couples can plan families.

As they learned previously, counting days in a menstrual cycle and understanding fertile periods can be challenging. Natural family planning methods such as the calendar method rely on tracking this fertile period.

Young couples, committed or in marriage, can plan or space pregnancy by using modern family planning methods. There are many family planning methods available. All of them are safe for youth, i.e., none have medical restrictions. However, some are more appropriate for young people. Appropriate contraceptive methods for youth are ones that are: 1) easy to use; 2) effective; and 3) not permanent (in case a woman decides she wants to become pregnant at a later time).

The most appropriate family planning methods for use by young couples include:

- Male or female condoms
- Oral contraceptive pills
- Hormonal injections

Emphasize to participants that when a young couple is deciding on a method other than condoms, they should consult a health care provider (nurse or doctor) to guide them through the decision and make sure they understand completely the side effects and dosage, as prescribed.

Remind participants that they will find more information about family planning methods in their handbooks on pages 36-38.

Let participants know that you have invited a guest speaker from a local clinic to give them more information about family planning methods for youth.

Note: When inviting a guest speaker, plan to spend some time beforehand explaining the objectives of the session, expected questions, and how to be a resource to the group. The speaker might also be helpful in the next session (Session C) on "Myths and Facts."

Invite the speaker to:

- Introduce the different contraceptive methods available at clinics
- Show examples of methods for participants to look at and touch
- Explain briefly how they work in the body
- Explain what happens when a couple comes for family planning, including what information they get, the cost of the visit and methods, and what counseling is provided

After the speaker has finished, invite participants to ask any questions. Close the activity by thanking the speaker and asking if he or she would be willing to be a resource to participants in the future.



25 mins.

Step 5. Agree/Disagree

Materials

- “Agree/Disagree Statements” (photocopied, cut apart, and taped to paper; or written on individual sheets of paper)

Instructions

Inform participants that in this next activity, they will explore some of their values and feelings about family planning. Ask the participants to form small groups of four or five people.

Give each group two of the “Agree/Disagree Statements.” Let participants know that they will have 15 minutes to discuss the statements and decide how they feel about them. Every member of each group should have a chance to say whether she or he agrees or disagrees with the statements. Then, the group should discuss together their thoughts and feelings about the two statements.

Agree/Disagree Statements

1. Family planning will make a woman unfaithful to her partner.
2. Parents should encourage sexually active children to use family planning.
3. It is part of my faith not to use a family planning method.
4. Women should be responsible for family planning.
5. Because premarital sex is not allowed, there is no reason I should allow my child to use any method of family planning until he or she is married.
6. The Bible says that your seed should not be wasted, so family planning should not be used by Christians.
7. Family planning should only be talked about by married couples.
8. There is no excuse for an unintended pregnancy since effective family planning methods exist.
9. I think family planning methods are too easy for young people to get.
10. All sexually active people, regardless of their age, should use family planning methods until they are ready to have children.

After 15 minutes, ask the small groups to share some highlights from their discussion with the entire group.

Ask participants:

- ? Did the discussion lead anyone to change his or her mind?
- ? Did group members have opposing views? If so, how did that affect discussion?
- ? Were group members able to respect each others' views?



Step 6. Wrap-up

5 mins.

Materials

- “Session B Objectives” flip chart
- Markers
- Tape

Instructions

Review the session objectives. Ask participants if all of the objectives have been met.



Reinforce this main message:

- ▼ Marriage is the relationship in which to plan a family. Effective and widely available methods of contraception for young couples include oral contraceptive pills, hormonal injections, and condoms.



Session C. Myths and Facts

Session Agenda

Step 1. Introduction	5 mins.
Step 2. Myths and Facts	35 mins.
Step 3. Wrap-up	5 mins.
Total	45 mins.

Objective

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

- Identify and discuss myths and facts about relationships, marriage, pregnancy, and family planning



5 mins.

Step 1. Introduction

Materials

- “Session C Objectives” flip chart

Instructions

Read the following passage:

Wisdom is supreme; therefore get wisdom. Though it cost all you have, get understanding.
Proverbs 4:7

Tell participants that the Bible reminds us to seek the facts and truth, though it is not always easy.

Review the session objectives, using the prepared flip chart. Ask if there are any questions.



35 mins.

Step 2. Myths and Facts

Materials

- “Myths and Facts” flip chart
- Markers
- Tape

Instructions

If needed, remind participants of the definitions of myths and facts:

Myths are opinions, beliefs, and traditional stories that are thought to be fact.

Facts are known truths or events that actually occurred, have been proven, or can be shown physically.

Ask participants to write down a myth they have heard about dating, marriage, pregnancy, and family planning. It should be in the form of a statement and not a question. Collect their responses and write some of the myths on the prepared flip chart.

Examples of myths and facts are included in the following table.

Myths	Facts
If you urinate after having unprotected sex, you cannot become pregnant.	Urinating after sex will not prevent pregnancy. Urine exits the body through a different opening than the vagina. Douching will also not prevent pregnancy. Sperm are very tiny and travel into the vagina. Water and soap cannot wash them away.
A change in a woman's menstrual cycle is a sign that she has been unfaithful.	Changes in women's menstrual cycles happen because of changes in hormones. This can be a result of physical labor, poor nutrition, pregnancy, or some other stress. It does not mean that she is unfaithful.
If a woman carries a condom, it means that she has frequent sex.	If a woman carries a condom, it means that she is prepared to protect herself when she decides to have sex.
Using modern family planning will cause infertility.	Modern family planning methods (except sterilization) do not cause infertility. They temporarily stop a woman from becoming pregnant and allow women to space their children. They are not permanent.

Discuss the different myths, explain the facts, and answer any questions participants might have.

End the activity by **asking participants** the following questions:

- ? What are the dangers of these myths and misinformation?
- ? What are the different sources for these myths? Which ones come from the community? Or from radio or television? Which are old myths? Which are more recent?
- ? What can you do to share the facts about these subjects with young people in your communities?



5 mins.

Step 3. Wrap-up

Materials

- “Session C Objectives” flip chart
- Markers
- Tape

Instructions

Review the session objectives. Ask participants if all of the objectives have been met.

Let participants know that in the next session, they will be using role-plays to build their skills in discussing reproductive health with young people.



Session D. Role-Plays

Session Agenda

Step 1. Role-Plays	55 mins.
Step 3. Wrap-up	5 mins.
Total	1 hr.

Objectives

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

- Use clear and simple information to communicate with youth
- Demonstrate comfort and confidence in discussing reproductive health issues and information with youth, using the Five CFLE Communication Steps as a guide
- Demonstrate positive communication skills while talking to youth, helping to build their self-esteem and trust



55 mins.

Step 1. Role-Plays

Materials

- “Five CFLE Communications Steps” flip chart
- “Role-Play Scenarios” flip chart
- Markers
- Tape

Instructions

Review the session objectives, using the prepared flip chart. Ask if there are any questions.

Tell participants that this is the last time they will practice role-plays. After the next workshop, they will be ready to go out and talk to young people.

Post the “Five CFLE Communications Steps” flip chart. Review the steps with participants and explain that they will be using these steps for the next exercise.

Break participants into groups of three members each, preferably people they have not worked with in the past. Tell participants that they will be using some of the information from the other sessions in the role-plays so that they can become more comfortable when speaking about relationships, abstinence, marriage, family planning, and personal values.

Explain that in a role-play, there are usually two people who act out a scene and one person who is an observer. Inform the participants that the role of the observer is to give feedback on how the dialogue went, what went well, and what could be improved.

Share the role-play scenarios from the prepared flip chart.

Role-Play Scenarios

- **A 20-year-old girl tells you that her fiancé is pressuring her to have sex before marriage. They are engaged and will be married in six months. She is not sure she wants to have sex yet.**
- **A woman is worried. Her husband wants more children, but she does not. She wants to use family planning and is asking for advice on a method she can use in secret.**
- **An 18-year-old boy worries that his girlfriend will not be satisfied with him sexually. He is convinced that they should have sex before he gets married to make sure that they “fit.”**

Give participants 30 minutes to practice the three role-plays from the list. Participants should follow the same instructions as previously used, listed below:

- The role-plays can be done in any order.
- For each role-play, participants should change roles, so that each person in the group has an opportunity to play an adult, a young person, and an observer.
- Participants should envision the types of responses a real young person might give.
- Participants should use the *Participant Handbook* to refer to pictures or information, as needed.

- After each role-play, participants should give feedback to each other, checking to make sure that the Five CFLE Communication Steps were correctly followed by the group.
- Participants should be prepared to act out any of the role-plays for the larger group.

After 30 minutes, ask the groups to act out one of the role-plays. After each group does their role-play, **ask other participants** to provide feedback on:

- ? What went well?
- ? What could be improved?
- ? Did participants follow the Five CFLE Communication Steps?

If time allows, **ask participants** to consider the following questions:

- ? How did it feel to do the role-play?
- ? What questions came up when practicing?
- ? What words of faith did you use?
- ? What can you do to feel more prepared when speaking with youth about relationships, abstinence, marriage, and family planning?
- ? Do you think youth will accept or reject the advice you gave?



5 mins.

Step 2. Wrap-up

Materials

- “Session D Objectives” flip chart
- Markers
- Tape

Instructions

Review the session objectives. Ask participants if all of the objectives have been met.

Thank participants for all of their hard work.



Daily Closing

15 mins.

Materials

- *Participant Handbook*
- Paper (one page per participant)
- Feedback Box

Instructions

Ask participants what they have learned today. Use this as an opportunity to review main messages and assess what they have learned.



Reinforce the workshop's main messages:

- ▼ Relationships are complex, but they can be healthy and successful with understanding and guidance.
- ▼ For young people, there are both physical and emotional benefits in a committed marriage.
- ▼ Marriage is the relationship in which to plan a family. Effective and widely available methods of contraception for young couples include oral contraceptives pills, hormonal injections, and condoms.

Tell participants when and where the next workshop will be held.

Encourage participants to review between workshops those sections of the *Participant Handbook* that relate to Workshop 5, such as *Helping Young Couples Understand Faithfulness*, *Preparing for a Baby*, *Fertilization*, *Pregnancy*, and *Family Planning*. Let them know that they can choose to continue their studies using the Bible and the *Additional Sources for Reflections* located at the end of their handbooks.

If needed, visit the Parking Lot and address any questions.

Tell participants you want to finish by getting feedback on the day. Ask participants to answer the “Feedback Questions” on a piece of paper. After finishing, they can place their papers in the Feedback Box when they leave.

Feedback Questions

- Name two things you learned today.
- What did you like about today's activities?
- What could have been done better today?

Thank participants and close with a reflection or a song from a participant.



**Workshop 5
Handout**

From Relationships to Marriage

Group 1: Finding the Right One

Use the model below to prepare your flip chart and tell the story of a couple before they get married.

While creating your story, prepare answers to the following questions:

- What are the stages of the relationship leading to marriage?
- How does the couple know that they are marrying the right person?
- Is reproductive health affected at any stage in the relationship?
- What are the roles of parents and community in the union?

1	2
3	4 Draw a picture of a married couple on their wedding day.

From Relationships to Marriage (continued)

Group 2: Just Married

Use the model below to prepare your flip chart and tell the story of a couple in their first two years after marriage.

While creating your story, prepare answers to the following questions:

- What happens after the honeymoon? Are there challenges? Successes?
- Why does the couple remain committed to each other?
- How is the couple's reproductive health affected by marriage?
- What are the roles of the family and the community in the relationship?

1 Draw a picture of a married couple on their honeymoon.	2
3	4

From Relationships to Marriage (continued)

Group 3: Married for Life

Use the model below to prepare your flip chart and tell the story of a couple after five years of marriage.

While creating your story, prepare answers to the following questions:

- How does the couple remain committed to each other?
- What makes a marriage long-lasting?
- How is the couple's reproductive health affected by a long-term marriage?
- How does faith play a role in the relationship?

1 Draw a picture of a couple after five years of marriage.	2
3	4

WORKSHOP 6

Resources, Responsibilities, Graduation, and Next Steps



Workshop Agenda

Session A.	Community Resources	2 hrs.
Break		
Session B.	CFLE Educators	2 hrs.
Lunch		
Session C.	Graduation and Next Steps	2 hrs.



Main Messages

- ▼ Local resources and specialists are available. They can be called on to meet the specific needs of youth and answer questions posed by young people.
- ▼ Outreach to young people should be targeted and planned, when possible.



Materials for This Workshop

- Flip chart paper
- Markers
- Tape
- Paper (two pages per participant)
- Feedback Box (from Workshop 2)
- Medium-sized stone (or something that can be passed around)

Before You Begin

- Prepare one flip chart for each of the following:
 - “Workshop 6 Agenda” (include start and finish times)
 - “Session Objectives” A–C (each on a separate page)
 - “Mapping List” (list the names of organizations that have youth services in reproductive health and HIV/AIDS)
 - “Job Description Tasks” (page 160)
 - “Code of Ethics Questions” (page 161)
 - “Sample Action Plan” (page 164)
 - “Feedback Questions” (from Workshop 2)
 - “Next Steps Questions” (may require multiple pages, see page 169)
- Photocopy the following handouts located at the end of Workshop 6 (one copy per participant):
 - *Individual Action Plan*
 - *CFLE Post-test*
 - *Strengths and Areas for Improvement Checklist*
- Invite a panel of four to five specialists to speak on CFLE topics from medical, spiritual, social, and young people’s perspectives. The panel should have at least one young person, such as a youth leader, and can include a combination of clinic or hospital staff, spiritual leaders, and people who deal frequently with youth health in the community. When inviting specialists, try to find candidates who are willing to be a resource to participants following the workshops.
- Have the completed *CFLE Pre-tests* from Workshop 1 available.
- Have the completed *Strengths and Areas for Improvement Checklists* from Workshop 1 available.

Note: During the planning process, the church or organization sponsoring these workshops should have planned for follow-up support to workshop participants. This support can include answers to the following questions:

- How will CFLE Educators be introduced to the community and church following graduation?
- How will CFLE Educators be identified?
- How will the activities of CFLE Educators be monitored?
- How will CFLE Educators be supported in the future?
- Who will be the main contact person for CFLE Educators?

- Prepare to discuss the questions in the “Next Steps Questions” flip chart (page 169) with the sponsoring church or organization. Invite the main contact person from the sponsoring organization, if that person is not one of the facilitators.
- Prepare monitoring forms or buy journals for each participant.
- Prepare certificates of completion with the names of each participant (page 176).
- Prepare any other materials that will be distributed at graduation, such as an identifying bag, hat, or T-shirt.



Session A. Community Resources

Session Agenda

Step 1. Introduction	5 mins.
Step 2. Panel of Specialists	1 hr. 10 mins.
Step 3. Community Resource Map	40 mins.
Step 4. Wrap-up	5 mins.
Total	2 hrs.

Objective

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

- Identify resources in their community, including people and services, that can support them after completion of the workshops.



5 mins.

Step 1. Introduction

Materials

- “Workshop 6 Agenda” flip chart
- “Session A Objectives” flip chart

Instructions

Welcome participants to the last CFLE workshop, Workshop 6. Ask for a volunteer to open the workshop by leading the group in a reflection or a song.

Ask if participants had time to review sections related to Workshop 5 in the *Participant Handbook*, such as *Helping Young Couples Understand Faithfulness*, *Preparing for a Baby*, *Fertilization*, *Pregnancy*, and *Family Planning*.

Share the following passage with participants:

And the things you have heard me say in the presence of many witnesses, entrust to reliable men who will also be qualified to teach others. 2 Timothy 2:2

? Ask participants: What does this passage mean to you?

Let participants know that as they come to the end of the workshop series, they are now preparing to go out and educate young people. Tell them that, as educators, it is important for them to provide correct information. Not all educators know all of the answers, but good ones know how to locate other resources to determine the answer.

Review the workshop agenda and session objectives, using the prepared flip charts. Ask if there are any questions.

Explain to participants that in the next activity, they will begin to explore resources in their communities.



Step 2. Panel of Specialists

1 hr.
10 mins.

Materials

- Paper (two pages per participant)

Instructions

Introduce the panel of specialists to participants. Explain to participants that the panel was invited to:

- Answer their questions about youth reproductive health, HIV, and AIDS
- Share their perspectives and opinions as specialists

Introduce each specialist and ask them to tell participants about themselves and their work with young people.

Ask participants to write down any questions they have for the specialists on a sheet of paper. Assure participants that all of their questions will remain anonymous.



Note: If questions are about adult issues, rather than adolescent issues, save them for the end of the session. It is common to want information for themselves, but the session should remain focused on youth needs first.

Collect the questions. Read each one out loud and ask the appropriate specialist to answer the question.

Continue to facilitate the discussion. Encourage follow-up questions and additional ideas from participants.

In closing, thank the specialists for coming and ask if they are willing to be resources to participants in the future. Let participants know that they should contact these and other resources when in need. Young people will have many of the same questions participants asked in this session. There are not always easy or simple answers, so it is okay to ask for additional help from external resources.



Step 3. Community Resource Map

40 mins.

Materials

- “Mapping List” flip chart
- Flip chart paper
- Markers
- Tape

Instructions

Explain to participants that in the last activity, they focused on who can be resources to them in their communities. In this next exercise, they will identify where additional services for youth can be found in their communities.

These are the places where participants can: 1) refer young people directly; and 2) obtain additional information for themselves and young people about reproductive health and HIV prevention issues.

Post the “Mapping List” flip chart.

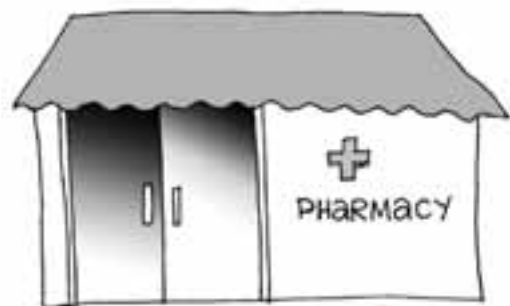
Inform participants that for this activity, they will be working in groups of five to six people to draw a community resource map. Give each group a piece of flip chart paper and markers, and ask them to draw a map of their communities, labeling key places that provide any and all reproductive health, HIV and AIDS, or counseling services for young people, such as:

Note: If you are training participants from more than one area, divide them according to geographical proximity, church, or neighborhood.

- Clinics and hospitals for STI screening, VCT, antenatal care, family planning, etc.
- Churches
- Pharmacies
- Traditional healers
- Schools
- Organizations that work for and with youth — NGOs, youth groups, etc.
- Alcohol and drug counseling centers
- Services that handle rape and sexual abuse
- Other

After 20 minutes, ask the groups to share their maps. Discuss the following questions with the entire group:

1. Which services are designed for young men?
2. Which services are designed for young women?
3. Which services are youth-friendly?
4. Which services will not judge the behaviors of youth?
5. Which types of services are most trusted to give quality care?
6. Which services are most accessible to young people because of location, cost, or hours of operation?



Advocate for those places that are designed specifically for youth or may be youth-friendly. Encourage adults to visit places to find out key information and what happens during services. Tell them that understanding ahead of time what is offered to youth will help a young person feel more comfortable when going for services.

Note: It is important for adults to know that youth often worry about seeking care from services designed for adults. And they may need extra encouragement to use adult services that claim to be youth-friendly. When treating reproductive health-related illnesses, adult staff may inappropriately judge the behaviors of youth and condemn their actions. Services also may be expensive and not accessible, either far away or not open at convenient hours. Sometimes youth prefer traditional healers who are confidential and inexpensive, although healers may not provide quality treatment. When making a referral to a young person, it is important that you know whether the service is youth-friendly and reliable in quality.

Examples of things to find out are:

- Hours of operation
- Cost
- Services available
- Person they can contact
- Description of what will happen during services

Thank participants for their resource maps and contributions.



5 mins.

Step 4. Wrap-up

Materials

- “Session Objective A” flip chart
- Markers
- Tape

Instructions

Review the session objectives. Ask participants if all of the objectives have been met.

Reiterate that, as educators, they will have times when they do not know the answer to a young person’s question. This is okay and expected. Educators gain respect from the people they serve by admitting this and working to find answers from reputable sources in their communities.



Reinforce this main message:

- ▼ Local resources and specialists are available. They can be called on to meet the specific needs of youth and answer questions posed by young people.

Again, reinforce the need for CFLE Educators to refer young people for services, when appropriate.

Tell participants that in the next section, they will identify the specific responsibilities of being a CFLE Educator following graduation.



Session B. CFLE Educators

Session Agenda

Step 1. Introduction	5 mins.
Step 2. Responsibilities of a CFLE Educator	1 hr.
Step 3. Individual Action Planning	45 mins.
Step 4. Wrap-up	10 mins.
Total	2 hrs.

Objectives

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

- Write a job description for CFLE Educators that includes defining their responsibilities to youth, themselves, and their communities
- Write a code of ethics concerning confidentiality and appropriate behaviors when discussing reproductive health and HIV prevention topics with youth
- Develop an individual action plan for their outreach following graduation from the training



5 mins.

Step 1. Introduction

Materials

- “Session B Objectives” flip chart

Instructions

Share the following passage with participants:

Apply your heart to instruction and your ears to words of knowledge. Proverbs 23:12

- ? **Ask participants:** What does this passage mean to you?

Share with the participants that the role of raising and educating children is a noble one but one that includes a lot of responsibility. Remind participants that they will be held to a high standard in their work as CFLE Educators.

Note: In this manual, we are calling graduated participants CFLE Educators. As noted previously, it may be important to find another title that brings esteem to the person. During the field-testing in Tanzania, the group thought that participants could also be called “youth allies.” When translated into Swahili, this becomes “marafiki wa vijana” — a friend to young people. However, your church or organization may have another creative title that fits.

Review the session objectives, using the prepared flip chart. Ask if there are any questions.



1 hr.

Step 2. Responsibilities of a CFLE Educator

Materials

- “Job Description Tasks” flip chart
- “Code of Ethics Questions” flip chart
- Flip chart paper
- Markers
- Tape

Instructions

Ask participants to break into two groups to complete two different tasks that will help them after they graduate. Remind participants that these workshops are part of a greater goal to prevent HIV infection and improve the reproductive health of young people in the wider Christian community.

Both groups will have 30 minutes to work on their assigned tasks and prepare to share with the larger group.

The first group should write a job description for a CFLE Educator. The goal is to develop a basic job description to which all participants can adhere after graduation.

Often in the church, volunteerism is expected from its members. When selecting participants, this should be clear. If the term “job description” causes confusion, use another term, such as “volunteer description” or “CFLE description.”

Give this group the prepared flip chart with the following tasks.

Job Description Tasks

- Describe how CFLE Educators will improve the reproductive health of young people in the wider Christian community
- Define specific responsibilities after graduation (weekly, monthly, etc.)

Note: In work environments, the term “job description” also may come with expectations of compensation. However, the idea of having a description is to identify responsibilities and establish expectations as a group. In subsequent sessions, participants will outline how they accept these responsibilities and will have an opportunity to discuss their roles more with the sponsoring organization.

The second group should write a code of ethics for working as a CFLE Educator. The goal is to outline a code by answering the following questions listed on the prepared flip chart.

Code of Ethics Questions

1. What are acceptable behaviors for CFLE Educators?
2. What are guidelines for confidentiality?
3. What are unacceptable behaviors for CFLE Educators?
4. Are there any repercussions for unacceptable behaviors?

Note: In establishing a code of ethics among participants, you also create a sense of community responsibility. We never want educators taking advantage of the trust of young people by placing their status and knowledge about sensitive topics above those youth.

Help the second group by asking them to think about the following questions:

- Should an educator ever invite a young person to his or her home alone?
- If an educator learns about a serious issue that would put a young person at risk, should she or he keep it confidential?
- If a rumor circulates that an educator is abusing influence or taking advantage of a young person, what should be done by the sponsoring organization or church?

CFLE Educators may decide on some of the following ethics to be included in their code:

Assured confidentiality	CFLE Educators hold information about youth and their concerns in confidence. Confidentiality is assured, except in cases where the young person is in danger or involved in illegal activity.
Respect for values	CFLE Educators pledge to respect all values of young people, regardless if they differ from their own.
Respect for diversity	CFLE Educators respect the diversity of young people, regardless of sex, ethnicity, or culture.
Provision of correct and factual information	CFLE Educators always provide correct and factual information to young people.
Promotion of gender equity	CFLE Educators promote gender equity when working with young people by providing the same information in similar manners to both young men and young women.

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Use of a comprehensive health approach	CFLE Educators use a holistic health approach, providing comprehensive information and choices in decision-making and recognizing that youth have multiple influences in their lives.
Awareness of individual limits and the role of referrals	CFLE Educators acknowledge that their outreach has limits. Outreach can, but will not always, increase knowledge, affect attitudes, and change behavior. Referrals to specialists will be made when needed.
No abuse of position	CFLE Educators commit to using their skills and knowledge to improve the health of young people and agree to refrain from using their position at the expense of others.

Invite a representative from the first group to share their work. Facilitate a discussion allowing questions and answers, until the entire group is able to come to general agreement on the job description.

Then, invite the second group to share its work on a code of ethics. Again, facilitate a discussion allowing questions and answers, until the entire group is able to come to general agreement on the code of ethics.

Note: Make sure to share the job description and code of ethics with the sponsor of the workshops. Facilitators can ask participants if they would also like to have copies of their own after discussing with the sponsor. This information also should be presented to community members and stakeholders following graduation.

Finish the session by explaining to participants that, as CFLE Educators, their jobs will be challenging at times, but rewarding. The job description and code of ethics are meant to guide them in their work and give them greater understanding of what their roles and responsibilities will be after graduation. Adults should never take advantage of their role with young

people. As a group, CFLE Educators are responsible for protecting and respecting the rights of young people.

Explain to participants that in the next session, they will be creating individual action plans based on the job description just developed.



45 mins.

Step 3. Individual Action Planning

Materials

- “Sample Action Plan” flip chart
- Photocopies of the *Individual Action Plan* (handout, Workshop 6)
- Flip chart paper
- Markers
- Tape

Instructions

Before developing individual action plans, remind participants of the session in Workshop 1 when they described all of the different types of youth in their communities.

Ask participants to quickly describe these youth again. Write responses on flip chart paper. Prompt participants by asking:

- How old are youth?
- Are there more males than females?
- Are many youth married?

Now ask participants to brainstorm ways that they could conduct outreach to young people in their communities. Remind them to think about this in the context of their new roles as CFLE Educators equipped with new information and skills.

If not mentioned, add the following:

- Through individual conversations, if they are approached by young people at church activities or by their own children.
- Through other conversations, as appropriate. For example, if they are listening to the radio or watching TV and a condom announcement is made, use this as an opportunity to talk to a young person who may be sitting with them. They could ask: “Have you ever heard about condoms?” “Do you know what they are used for?”
- By offering themselves as a resource during church activities for youth, such as choir, Bible study, or religious classes. For example, an educator could approach a choir leader to introduce himself or herself and his or her role. They could offer to take questions from youth or give a short talk on a reproductive health topic. They also could offer their services as a resource outside of church when needed.
- By offering themselves for general church activities, such as weekly services or holiday gatherings. For example, during a Sunday service, an educator could advocate to parents about the need to talk to their children about reproductive health and HIV prevention issues.

Thank participants for the list and remind them that when conducting activities, they should be aware of their audience. Young people are diverse and need

different information and skills. It is important for participants to: 1) know their audience and their needs; 2) give small amounts of specific information at one time to avoid confusion; and 3) check for understanding.

Now tell participants that they are going to have 20 minutes to plan what they will do over the next few months in their new roles as CFLE Educators. Distribute photocopies of the *Individual Action Plan*.

Explain each section of the form to participants.

- **Description of Outreach to Youth** — Participants can use the lists just developed and add other ideas of what they will do to reach young people.
- **Who** — Participants should write the types of youth they will reach in their communities.
- **When** — Participants should write when they make this contact with young people. It could be unplanned, but it is better as planned contact, e.g., weekly, monthly, etc.
- **Where** — Participants should write where their outreach will take place, noting that sometimes travel may be necessary.
- **Key Information and Messages** — Participants should explain what key information and messages are needed by the intended audience.

Show the prepared flip chart:

Sample Action Plan

Description of Outreach to Youth	Who	When	Where	Key Information and Messages
Individual conversations	Age: 10–24 Male and Female Married and Unmarried	As needed	Where approached	As a core activity, I will be available for young people as much as possible with a variety of messages.
During choir practice	Age: 10–17 Male and Female Unmarried	Weekly	Church	Abstinence Sexual development

After 20 minutes, ask participants to share some of their plans with the larger group. Tell them that they should share these plans with the sponsoring organization (or give them any specific instructions that were previously developed with the sponsoring organization) and keep them for use in their work.



Step 4. Wrap-up

10 mins.

Material

- “Session B Objectives” flip chart
- Paper (one page per participant)
- Feedback Box

Instructions:

Review the session objectives. Ask participants if all of the objectives have been met.



Reinforce this main message:

- ▼ Outreach to young people should be targeted and planned, when possible.

If needed, visit the Parking Lot and address any questions.

Tell participants you want to finish by getting feedback on the day. Ask participants to answer the “Feedback Questions” on a piece of paper. After finishing, they can place their papers in the Feedback Box when they leave.

Feedback Questions

- Name two things you learned today.
- What did you like about today’s activities?
- What could have been done better today?



Session C. Graduation and Next Steps

Session Agenda

Step 1. Introduction	5 mins.
Step 2. CFLE Post-test	25 mins.
Step 3. Reassessing Your Strengths and Areas for Improvement	30 mins.
Step 4. Graduation Ceremony	25 mins.
Step 5. Next Steps	25 mins.
Step 6. Workshop Closing	10 mins.
Total	2 hrs.

Objectives

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

- Evaluate their own learning from the workshops using a post-test and checklist of strengths and areas for improvement
- Receive a certificate of CFLE workshop completion for having attended all six workshops and having completed all training objectives successfully
- Identify what will happen following graduation, i.e., next steps



5 mins.

Step 1. Introduction

Materials

- “Session C Objectives” flip chart

Instructions

Share the following passage with participants:

Search me, O God, and know my heart; test me and know my anxious thoughts. Psalm 139:23

Note: Make sure to include a representative from the sponsoring organization or church when planning and presenting “Step 5. Next Steps.” They should help graduating CFLE Educators to understand their role in the organization or church and answer specific questions.

Ask participants:

- ? What does this passage mean to you?
- ? Does it mean more to you now that you have come to the end of the workshops?

Review the session objectives, using the prepared flip chart. Ask if there are any questions.



25 mins.

Step 2. CFLE Post-test

Materials

- Photocopies of the *CFLE Post-test* (handout, Workshop 6)
- Previously collected *CFLE Pre-tests*

Instructions

Explain to participants that they will be completing the same questionnaire that they did at the beginning of the workshop series. Give each participant a copy of the *CFLE Post-test*. Let the group know that they have 15 minutes to complete the questionnaire.

After all participants are done, distribute their pre-tests and tell them that they will now review the answers and compare how they did on the earlier questionnaire.

Answers to the CFLE Post-test

True or False

1. Pregnancy is not medically risky for girls under the age of 16.
False. Girls under age 16 often have more complications and need more medical attention than older women during pregnancy and birth.
2. Students say that friends influence their decisions about sex and relationships more than parents.
False. Surveys show that parents have more influence. Young people say they want to learn about sex and relationships from trusted adults, such as parents, teachers, and religious leaders.
3. In Africa half of all new HIV infections occur in young people under the age of 24.
True. Research from the Joint United Nations Programme on HIV/AIDS (UNAIDS) shows that HIV infections in Africa occur most often in young people. Girls and young women are at greater risk for HIV than boys and men for biological, social, and economic reasons.
4. Talking about sex with young people will encourage them to have early sex.
False. Research shows that talking about sex with young people will not promote early sex. In fact, it helps them to make better decisions about how to protect themselves and when to have sex.
5. Family planning is prohibited by the church.
False. Though some church denominations may not endorse certain family planning methods, Christian denominations generally call upon families to plan for the number and spacing of their births.

Complete the following sentences:

6. Two ways youth can prevent both unintended pregnancy and STIs, including HIV, are by **abstaining from sexual intercourse and using a condom consistently and correctly during sexual intercourse.**
7. When talking about the ABCs of HIV prevention, A refers to **abstain**, B refers to **be faithful**, and C refers to **use a condom.**
8. In the Bible, Paul refers to sex as a **gift** that is best when it is **between two people who are married.**
9. When young people use **drugs or alcohol**, they are more likely to make poor decisions about their reproductive health.

Answer the following question:

10. What is Christian family life education?
Christian family life education provides comprehensive information and skills within the context of their faith to young people to help them make healthy and responsible decisions as they develop into adults. It teaches young people how to make informed decisions consistent with the Christian faith. Family life education topics include sexual development, relationships and marriage, communication, reproductive health, gender roles, alcohol and drugs, livelihoods, family planning, STIs, and HIV and AIDS.

Ask the participants how they did in comparison to the first time they completed the questionnaire. Congratulate them on their learning.



30 mins.

Step 3. Reassessing Your Strengths and Areas for Improvement

Materials

- Photocopies of the *Strengths and Areas for Improvement Checklist* (handout, Workshop 6)
- Previously collected copies of the *Strengths and Areas for Improvement Checklist*

Instructions

Share with participants that they are now at the end of the series. In this activity, they will learn if there have been any changes in how they see themselves as a CFLE Educator, but also as a youth ally, resource, and supporter. Once again, they will determine their strengths and areas for improvement.

Give each participant a photocopy of the *Strengths and Areas for Improvement Checklist*. Read the instructions out loud and inform them that they have 10 minutes to complete the handout.

When completed, give participants copies of their first checklist from Workshop 1. Tell them to take a few moments to compare their answers on their own.

When finished, ask participants to form small groups of four or five and take 10 minutes to discuss their responses and those of others in their group.

With the entire group, ask participants to share the different ways they have built upon their strengths and worked on their challenges during the workshops.

Congratulate them on their growth and inform them that they are now ready to graduate.



25 mins.

Step 4. Graduation Ceremony

Materials

- Prepared *Certificates of Completion*

Instructions

Refer participants to their handbooks (page 4), so that they can review the objectives of the workshops again. Read the objectives. Ask participants if all objectives have been completed and check them off if they have.

Tell participant that from this point on, they will play an important role in educating young people.

Note: You may ask, "What if some participants do not complete all six workshops?" This is a good question and one to be resolved with your sponsoring organization *before* the sixth workshop. Depending on the situation, you may decide to proceed with graduation, just as you may decide some participants are not ready for graduation. Following Workshop 5, review the goals, objectives, and expectations of the series with the sponsoring organization to make an informed decision.



Inform participants that having participated in all six workshops and having completed all of the objectives, they are now ready to receive a *Certificate of Completion* for the workshops.

Note: Be creative and make the moment special. Allow the other participants to applaud after each name has been read. Stand in a circle or have the ceremony outdoors.

Call the name of each participant and present her or him with a certificate.

After all the names have been read, congratulate the group on their accomplishments. Tell them that they will take some time to discuss next steps now that participants have graduated and have plans for outreach in their communities.



25 mins.

Step 5. Next Steps

Materials

- “Next Steps Questions” flip charts
- Flip chart paper
- Markers
- Tape

Instructions

Tell participants that now that they have graduated, they can begin to be true resources to young people in their churches and communities.

Using prepared flip charts, read out loud and discuss the “Next Steps Questions.”

Note: When preparing to co-facilitate this exercise with a representative of the sponsoring organization or church, read carefully through suggested flip charts. Reviewing answers ahead of time will prevent confusion during the session. This is a critical time to ensure that participants are clear about their roles and responsibilities, what will happen after the workshops, and the type of support they can expect from the organizing church or organization. Take the time to make sure these questions are clearly addressed.

Note: Review the introduction to the manual, (page 7) when preparing this session. Remember that monitoring and follow-up is as important as the outreach completed by CFLE Educators. A sample monitoring form is provided in the hand-out section at the end of this workshop. The form has key information to be collected over time and should be adapted to meet the needs of your project. Sponsoring organizations or churches should provide either photocopies of the form or journals to the CFLE Educators and collect them.

Next Steps Questions

1. **Who is the contact person for keeping in touch or answering questions?**
 - Introduce this person, if possible.
 - Supply a name, title, telephone number, office location, and any other information to ensure that they can be easily reached.
2. **How will CFLE Educators be introduced to the community and church following graduation? When?**
 - Share plans for an introduction to the community.
 - Have exact dates ready, if possible, or let them know when they will be notified.
 - Explain how they will be identified, if materials such as bags, pins, or T-shirts are available.

(continued on next page)

(continued from previous page)

3. **How will the sponsoring church or organization support CFLE Educators in the future?**
 - Explain when meetings for CFLE Educators will be held to share and learn from each others' experiences (or how they will be made aware of the first meeting).
 - Explain that community members and stakeholders will be informed regularly of educators' progress.
4. **What is expected of CFLE Educators in the coming months?**
 - Reinforce that the workshops were held so that they could learn new information and skills for talking with young people.
 - Reiterate that the action plans they developed are to be implemented.
 - Share the name of the person at the sponsoring organization who will review each educator's action plan and give feedback.
5. **How will each educator's outreach be monitored?**
 - Explain the process and key indicators.
 - Distribute monitoring forms or journals.
 - Show how they will use these tools by providing an example.

Check for understanding and ask participants if they have questions or concerns.

Thank participants for their energy and participation throughout the workshops. Let them know how appreciative you are of their dedication to helping young people. Tell them they will now close the workshops together.



10 mins.

Step 6. Workshop Closing

Materials

- Medium-sized stone (or something that can be passed around)

Instructions

Ask participants to stand and form a circle.

Inform participants that as a way to close the workshops, each of them will take a turn sharing what they have learned or achieved and acknowledge what they have accomplished as a group. Start by giving the stone to the first person to your left. After speaking, he or she should pass the stone to the left, and the next person should speak. The stone should go around the circle and end with the facilitator. Tell participants that they are not required to speak if they do not wish to.

After all participants have had a chance to speak, share your insights about what the group has accomplished and thank the participants again for all of their hard work and commitment.

Close by asking a participant to lead the group in a reflection or a song.

Individual Action Plan

Name: _____ To be implemented from _____ to _____

Description of Outreach to Youth	Who	When	Where	Key Information and Messages
Individual conversations	Age: 10–24 Male and Female Married and Unmarried	As needed	Where approached	As a core activity, I will be available for young people as much as possible with a variety of messages.





**Workshop 6
Handout**

Sample Monitoring Form

No identifying information on youth, such as names, should ever be collected during monitoring.

Individual Outreach

- Age or age range (10–14, 15–19, 20–24)
- Sex: male or female (M or F)
- Marital status: single or married (S or M)
- Was this a first visit or repeat visit? (F or R)
- What questions were asked? What topics were discussed?
- What advice was given? Was the person referred for services?
- Is any follow-up needed? Could you answer all questions or do you need to use other resources and get back to the person?

Follow-up					
Advice					
Topics					
First or Repeat					
Marital status					
Sex					
Age					
Date					

Sample Monitoring Form (continued)

Group Outreach

- Location where group outreach took place
- Number who participated
- Ages or age ranges of those attending
- Percentage of the group that was female (to estimate the gender balance of the group)

Follow-up					
Questions asked					
Topics:					
First or Repeat					
% Female					
Ages					
Number attending					
Location					
Date					



**Workshop 6
Handout**

CFLE Post-test

Name: _____

True or False (write T or F beside each statement):

- _____ 1. Pregnancy is not medically risky for girls under the age of 16.
- _____ 2. Students say that friends influence their decisions about sex and relationships more than parents.
- _____ 3. In Africa half of all new HIV infections occur in young people under the age of 24.
- _____ 4. Talking about sex with young people will encourage them to have early sex.
- _____ 5. Family planning is prohibited by the church.

Complete the following sentences:

- 6. Two ways youth can prevent both unintended pregnancy and STIs, including HIV, are by _____ and _____ .
- 7. When talking about the ABCs of HIV prevention, A refers to _____ , B refers to _____ , and C refers to _____ .
- 8. In the Bible, Paul refers to sex as a _____ that is best when it is _____ .
- 9. When young people use _____ , they are more likely to make poor decisions about their reproductive health.

Answer the following question:

- 10. What is Christian family life education?



Strengths and Areas for Improvement Checklist

Name: _____ Date: _____

Put a check by the one statement that best describes how you feel.

Faith

- I am very clear about my Christian beliefs and the teachings of God.
- I am fairly clear about my Christian beliefs and the teachings of God, but I could probably learn more.
- I am not sure about my Christian beliefs or the teachings of God. I want to learn more.

Communicating with Young People

- I feel confident and comfortable communicating with young people.
- I am somewhat confident, but sometimes it is a challenge to communicate with young people.
- I feel I do not understand young people and often struggle to communicate with them.

Personal Values

- I am very clear about my personal values.
- I am fairly clear about my personal values, but I could probably explore them more.
- I am not sure about my personal values. I want to explore them more.

Reproductive Health and HIV Knowledge

- I feel I know much about reproductive health and HIV, such as how the body develops and functions sexually and how HIV is transmitted.
- I feel I know some things about reproductive health and HIV, but I also have some questions and want to learn more.
- I have many questions about reproductive health and HIV. I need to know more before discussing it with young people.

Communicating about Christian Teachings

- I understand Christian teachings related to life's decisions, and I can easily discuss them with youth.
- I think I understand Christian teachings related to life's decisions, but I have some questions about them.
- I do not feel I have enough understanding of Christian teachings related to life's decisions to discuss them with young people.

Certificate of Completion

Teaching Adults to Communicate with Youth from a Christian Perspective

The bearer of this certificate has attended six one-day Family Life Education Workshops on topics including communicating with youth, sexual development, relationships, sexually transmitted infections, HIV prevention and transmission, drugs and alcohol, livelihoods, safety, and family planning.



Presented to _____

Date _____ Location _____



Additional Materials

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Feedback Form

FHI/YouthNet is interested in learning about your experience using the family life education manual and accompanying handbook. Your comments and suggestions are crucial to assess the value of our materials and plan for the development of future health education resources.

We welcome e-mails at youthnetpubs@fhi.org. Or, you can complete the following form and fax it to 1.703.516.9781 or mail it to:

YouthNet Project
Attn: CFLE Project Coordinator
Family Health International
2101 Wilson Boulevard, Suite 700
Arlington, VA 22201 USA

Please enter your name and address in the space below, then answer the following questions. A space is provided at the end for additional comments.

Name _____

Title _____

Organization _____

Address _____

Country _____

Telephone/fax/e-mail _____

1. How did you use these materials?

- I facilitated workshops.
- Our organization implemented workshops.
- I used the manual as a resource.
- I used the participant handbook as a resource.
- Other _____

If you checked "Other," please describe the scope and scale of use. How did you use the manual? How many adults were trained? How were youth reached?

Feedback Form (continued)

2. How would you rate the manual overall?
 Excellent Very good Fair Poor
3. How relevant are the topics covered in the manual?
 Very relevant Somewhat relevant Relevant Not relevant
4. What topics are most useful and why?

5. Were there any topics you wish were covered but were not? Please describe those topics.

6. How useful is the handbook?
 Very useful Somewhat useful Useful Not useful
7. Describe how you would improve the handbook?

8. Please provide any other suggestions or comments below.

Thank you!

Glossary

Abstinence	To refrain, such as from sexual intercourse. Individuals or couples who decide not to have sex practice abstinence. This is the only way to be 100 percent protected from pregnancy and STIs, including HIV.
Addiction	The uncontrollable use of habit-forming substances such as alcohol, cocaine, heroin, or cigarettes.
AIDS	An acronym that stands for acquired immunodeficiency syndrome. AIDS develops as a result of infection with HIV (human immunodeficiency virus). It is a condition in which the body's immune system deteriorates and is unable to fight off infections and other illnesses that take advantage of a weakened immune system. It could be several years before a person with HIV develops AIDS.
Alcohol	A major active ingredient in wine, beer, and distilled spirits. Alcohol can produce feelings of well-being, sedation, or intoxication. Alcohol is a depressant because it slows brain activity.
Anus	The opening of the body where waste (feces) is eliminated.
Bacteria	Small organisms that can cause infections. Bacteria cause some STIs, such as syphilis or gonorrhea, and can usually be treated with medication.
Barrier contraceptive methods	Contraceptive methods such as condoms or diaphragms that physically block sperm from reaching an egg.
Cervix	The lower portion of the uterus, which protrudes into the vagina and through which menstrual blood passes from the uterus to the vagina.
Christian family life education	Comprehensive information and skills for young people to help them make healthy and responsible decisions, within the context of their faith, as they develop into adults. It teaches young people how to make informed decisions consistent with the Christian faith. Family life education topics include: sexual development, relationships and marriage, communication, reproductive health, gender roles,

	alcohol and drugs, livelihoods, family planning, STIs, and HIV and AIDS.
Circumcision	Surgical removal of the skin that covers the tip of the penis (foreskin). For a female, it refers to partial removal or cutting of the external genitals.
Clitoris	The pea-shaped sex organ located at the top of the vulva. It is a female's center of sensation and sexual pleasure, containing thousands of nerve endings that can be stimulated, resulting in an orgasm.
Cocaine	An illegal drug obtained from coca leaves. It makes a person feel euphoric and is extremely addictive.
Community	A group of people with common interests or in geographic proximity.
Condom	A thin sheath worn over the penis during sexual intercourse to prevent pregnancy. When used correctly and consistently, condoms made of latex rubber or polyurethane protect against pregnancy and sexually transmitted infections, including HIV.
Dating	The act of going out with another person socially, often with romantic interest. Dating is a way for young people to develop social skills, explore relationships, and discover a life partner.
Depressant	A substance that slows the body's systems, especially the central nervous system (brain). Alcohol is an example of a depressant.
Erection	When the penis fills with blood and becomes hard and straight. Having erections is not a sign that a boy needs to have sex. If he waits, his erection will go down.
Ejaculation	When a man releases semen from his erect penis due to sexual excitement.
Family life education	Comprehensive information about health topics that affect young people as they grow and develop into adults. It includes topics such as sexual health, physical development, decision-making, relationships, marriage, family planning, STIs, and more.
Faithful (sexually)	The act of committing to one sexual partner.

Fertilization	The union of an egg with sperm.
Foreskin	The delicate skin that covers the tip of the penis of an uncircumcised male.
Fetus	A developing baby in the uterus (womb).
Gender	Assumptions and expectations about being male or female.
Genitals	External sex organs.
Heterosexuality	A sexual orientation when people are attracted to people of the opposite sex.
HIV	An acronym that stands for human immunodeficiency virus. HIV is a virus that works to destroy the human body's immune system, which fights off disease and infection.
Hormonal methods	Family planning methods that contain sex hormones and prevent pregnancy by changing the way a woman's reproductive system works (e.g., preventing ovulation or making it more difficult for sperm to enter the uterus). Hormonal methods include oral contraceptive pills and injectables.
Hormones	Chemical substances produced in the body that control and regulate the activity of certain cells or organs. For example, they inform the body when to produce an egg, when to produce sperm, and more.
Homosexuality	A sexual orientation when people are attracted to people of the same sex.
Hymen	A delicate piece of tissue which partially conceals the vaginal opening and can tear or stretch during sex. It is often assumed that an intact hymen indicates a girl has never had sex, but some girls are born without a hymen or tear or stretch it during sports.
Incest	Sexual activity between family relatives so close that they are forbidden by law to marry.
Infatuation	Strong feelings of attraction toward another person. It often happens at the beginning of a relationship.
Love	Deep affection and commitment. There are many types of love — love of God, love of family, love of

friends, love for community, and love for a romantic partner. Love is built on trust, giving, and communication. Love with a romantic partner takes time and devotion to develop and maintain.

Lubricant	A liquid or substance introduced between two moving surfaces to reduce the friction between them. Non-oil-based lubricants are often used on condoms during sex. Oil-based creams or petroleum jelly will destroy a latex condom and should not be used.
Marijuana	A drug commonly smoked. It can make people feel happy, relaxed, and sleepy. Also known as cannabis, it can limit your ability to make decisions and cause feelings of panic or fear.
Masturbation	Rubbing, stroking, or stimulation of sex organs. Males and females can experience sexual pleasure through masturbation. Boys often stroke their penises until they ejaculate. Girls can touch their breasts or clitoris, which can lead to orgasm.
Menstruation	The shedding of blood and tissue from the uterus each month. Menstruation begins during puberty and ends between the age of 45 and 55 years.
Monogamous	The state of being committed emotionally or sexually to only one person at a time.
Natural methods	Family planning methods used to prevent pregnancy by limiting sex to the days when a woman is less likely to become pregnant, based on daily fertility awareness. A couple charts the female's common signs of fertility day by day and uses that information to determine her fertile and infertile times.
Nicotine	A poisonous and addictive substance found in tobacco and cigarettes. In the short term, it can make a person feel energetic and reduce appetite. In the long term, it causes many cancers and can damage the heart and blood vessels.
Orgasm	Intense sexual pleasure. When a female has an orgasm, muscles in her vagina and clitoris contract or squeeze. When a male has an orgasm, he ejaculates a fluid containing semen from his penis. During sexual intercourse, men and women may not have an orgasm at the same time. It may take women longer to have an orgasm.

Ovary	A female sex organ that produces eggs and sex hormones. A female usually has two ovaries that are located in the pelvis, one on each side of the uterus, next to the fallopian tubes.
Ovulation	The release of an egg from the ovary.
Penis	The male sex organ, made of spongy tissue. Semen and urine are released through the penis.
Pregnancy	The period when a woman carries a developing fetus in her uterus. Full-term pregnancy takes approximately nine months.
Pressured sex	When a male or female applies force, either physical or psychological, to another person to have sex when that person does not want it. Young people may feel that they need to prove their love by having sex or pay back a boyfriend or girlfriend for money or gifts. Often the person being pressured lacks the confidence and skills to say “no.”
Puberty	The period of life when a person changes physically from a child into an adult. Most girls and boys enter puberty between the age of 10 and 16 years old.
Rape	An act of violence, whereby a man or woman physically forces another to have sex against that person’s will. Either a male or a female can be raped, but most rape victims are female.
Self-esteem	Feeling good about and respecting oneself.
Semen	The milky fluid that carries sperm and is ejaculated through the penis during intercourse or masturbation.
Sex	Describes our physical bodies: we are female if we have a vagina and breasts; we are male if we have a penis and testicles. Sex is biological.
Sexual abuse	Any type of unwanted sexual contact or touching.
Sexually transmitted infections (STIs)	Infections spread through sexual contact. They are also called sexually transmitted diseases (STDs).
Sperm	Male reproductive cells that can unite with (fertilize) a female’s egg, leading to pregnancy.

Stimulants	Drugs that increase heart rate, breathing rate, and brain function. They can give the user a feeling of power or excitement. They may also cause loss of appetite, convulsions, or hallucinations.
Testicles	The two egg-shaped sex organs found inside the scrotum that produce sperm and male hormones.
Uterus	The pear-shaped, muscular sex organ in the female reproductive system in which a baby develops before birth.
Unprotected sex	Sexual intercourse that occurs without any protection against pregnancy or STIs.
Vagina	The passage that goes from the cervix to the outside of the female body. It is also called the birth canal.
Vas deferens	The tubes that sperm pass through when traveling from the testicles to the urethra.
Vulva	Female genital organs that are on the outside of the body and include the labia minora and majora (small and large lips), clitoris, and vaginal opening.
Wet dream	Also called a nocturnal emission, when a boy's penis becomes erect and he ejaculates while sleeping.
Withdrawal	When a male pulls his penis out of the vagina before he ejaculates. This method results in high pregnancy rates and does not protect from STIs or HIV.

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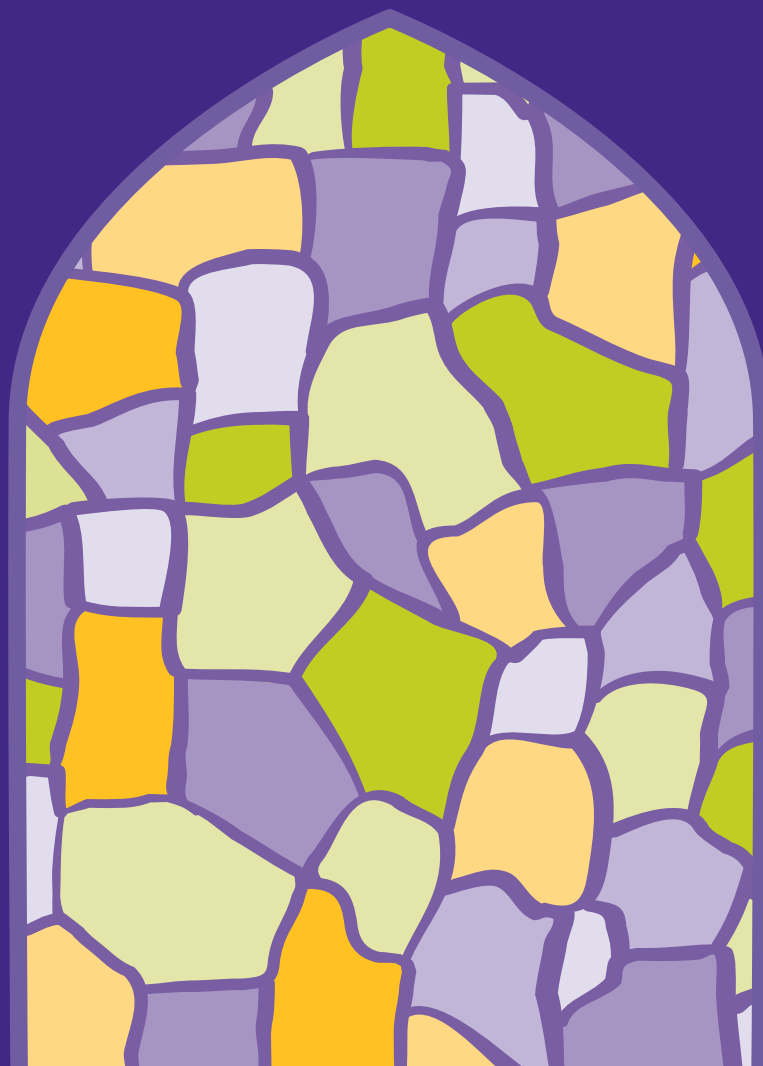
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