

Guide for Teenage Mother's Support Groups



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Table of Contents

Acronyms

1. INTRODUCTION TO THE TEENAGE MOTHER'S SUPPORT GROUPS	1
2. OBJECTIVES AND MEASUREMENT OF CHANGE	3
3. THE PROCESS OF ESTABLISHING TEENAGE MOTHER SUPPORT GROUPS	4
4. MONITORING AND EVALUATION OF THE SUPPORT GROUPS	7
5. TRAINING MODULES: GENDER AND RIGHTS TOPICS	8
MODULE 1: CLIMATE SETTING	8
MODULE 2: GENDER AWARENESS	14
MODULE 3: CHILD RIGHTS	21
MODULE 4: CHILD PROTECTION FROM ABUSE, EXPLOITATION, NEGLECT AND VIOLENCE	34
MODULE 5: SEXUAL VIOLENCE	46
MODULE 6: CHILD MARRIAGE	53
MODULE 7: FEMALE GENITAL MUTILATION	57
6. TRAINING MODULES: SEXUAL REPRODUCTIVE HEALTH TOPICS	61
MODULE 8: MENSTRUAL HYGIENE MANAGEMENT	62
MODULE 9: TEENAGE PREGNANCY	69
MODULE 10: FAMILY PLANNING AND CONTRACEPTION	76
7. TRAINING MODULES: LIFE SKILLS TOPICS	88

MODULE 11: PEER-TO-PEER SUPPORT/PRESSURE	88
MODULE 12: DRUG AND SUBSTANCE ABUSE	93
MODULE 13: CONFIDENCE, SELF-AWARENESS, AND SELF-ESTEEM	106
MODULE 14: RELATIONSHIPS	114
MODULE 15: DECISION MAKING	119
MODULE 16: STRESS MANAGEMENT /MENTAL HEALTH	124
8. ANNEXES	132
Annex A - Selection criteria for Community Health Promoters	133
Annex B - TOR for CHPs	134
Annex C - Selection criteria for teenage mothers	137
Annex D - Standard form to be filled for interested young mothers while attaching copies of birth certificates	138
Annex E - Consent for pregnant adolescents and teenage mother's participation in Teenage Mothers' support Group Sessions	139
9. MONITORING TOOLS	142
Tool 1: Evaluation Tool for CHP Training	143
Tool 2: Monitoring Tool – mother's ambassadors Workplan	147
Tool 3: Evaluation Tool for teenage mothers	152
Tool 4: Teenage mother's support group Monitoring Tool for CHPs	154
Tool 5: Attendance Sheet	156

Acronyms

CCI - Charitable Children Institution

CHEW - Community Health Extension Worker

CHP - Community health promotor

CP - Child Protection

DCS - Directorate of Children Services

FGM - Female genital mutilation

GBV - Gender Based Violence

HIV/AIDS - Human Immunodeficiency Virus/ Acquired Immuno-Deficiency Syndrome

LSD - Lysergic acid diethylamide

MDMA - Methylenedioxymethamphetamine

MHM - Menstrual Health Management

MoH - Ministry of Health

MOU - Memorandum of understanding

NCDF - National government Constituency Development Funds

PEP - Post Exposure Prophylaxis

SRH - Sexual Reproductive Health

STI - Sexual Transmitted Infection

STD - Sexual Transmitted Disease

ToR - Terms of Reference

VAC - Violence Against Children

1. INTRODUCTION TO THE TEENAGE MOTHER'S SUPPORT GROUPS

Lack of comprehensive sex education and limited access to contraceptives contribute to the high rates of teenage pregnancies.

Teenage mothers face numerous challenges, including limited access to education, healthcare, and economic opportunities, leading to a higher risk of poverty and marginalization. Social norms and stigma surrounding teenage pregnancy often result in social isolation and discrimination. Moreover, early motherhood can disrupt the personal development and aspirations of teenagers, hindering their potential for a brighter future.

The objective of the “Teenage mother’s support groups” is to empower teenagers by gaining knowledge on gender equality, child rights, sexual and reproductive health and life skills. This is achieved by engaging them in dialogues aimed at demystifying negative social norms and amplifying the protective believes. By challenging those norms and beliefs that make them shy off from accessing health and education services, the groups support their members in achieving their full potential. The support groups are moreover:

- a safe space for pregnant adolescents and teenage mothers to share their experiences and offer peer-to-peer emotional support;
- a space of exchange for their members to access other services such
- as health services, education in schools (for those who want to

re-enrol), child protection services through the Directorate of Children Services (DCS), bursaries through the NCDF (National government Constituency Development Funds).

The groups comprise teenagers' mothers and pregnant adolescents aged 13-17 years, who are willing to participate in empowerment activities and cascade the learnings to their peers within the community. The support groups have young mother's ambassadors selected by the members. Each support group consists of at most 25 teenagers that are from the same village or sub-location. Participation in the support group is voluntary and once a member attains the age of 20 years can leave the group, hence membership might change after 2 years. One mentor - a Community Health Promoter (CHP) – is assigned to each support groups: this is a volunteer, committed to the protection of children

The CHPs are trained on the guide, which has 16 modules addressing gender equality and children rights, sexual and reproductive health, and girls' life skills. After the training, the CHP organize bi-monthly meetings with the support group members and, through participatory activities, facilitate discussion on the topics of the 16 modules. The mother's ambassadors also conduct peer-to-peer sessions in other youth forums on topics such as reproductive health, non-violent behavior and attitude, protective practices and gender equality.

This document is to be used as a guideline by implementing partners who are training selected Community Health Promoters on the teenage mother's support group methodology. It will also serve as a guide for the trained CHPs, when training teenage mother's group members and overseeing peer-to-peer activities in the community. It will help the CHPs ensure that key information is understood and passed to the members of the support groups in a systematic way. The guide is divided in 16 modules/topics: one or more activities per module are proposed to facilitate the transfer of concepts, allow reflection and discussion among the teenagers. This guide adheres to all key human rights principles and peaceful practices such as gender equality, child participation, adherence to positive norms, non-violent behavior and attitude, and stress management.

2. OBJECTIVES AND MEASUREMENT OF CHANGE

The overall objective of the teenage mother's support groups is:

- To contribute to reducing sexual violence against children and teenage pregnancies in the target communities, by empowering teenage mothers as youth ambassadors.

The specific objectives are:

- To empower pregnant teenagers and young mothers by enabling them to know their rights, accessing key services and recognising harmful norms and practices that shy them off from enjoying their rights.
- To empower teenage mothers as agents of change in their community by leading peer-to-peer awareness sessions.
- To prevent other teenage pregnancies through peer-to-peer education on child rights, sexual and reproductive health education and access to services.

To measure the success of the methodology the following indicators should be considered:

- Percentage of knowledge gained by teenage mothers through the support group meetings.
- Number of peer-to-peer support sessions conducted in the community on healthy relationships, sexuality, reproductive health education, child rights and gender equality.
- Percentage of knowledge gained by the youth through the peer-to-peer education sessions.
- Number of teenage pregnant girls returned to schools or enrolled in vocational institutions or starting an income generating activity or finding a job.
- Success stories on behavior change.

3. THE PROCESS OF ESTABLISHING TEENAGE MOTHER SUPPORT GROUPS

To establish teenage mother's support groups in the communities, the implementing partner should follow the process described below.

Formation of the groups.

4

1. The implementing partner pay a visit to relevant government institution i.e., the Ministry of Health, the Deputy County Commissioner (County and subcounty), chief/assistant chief, ward administrator/community area administrator, to explain the concept of young mother's support group in the community. It will then sign an MOU with the MoH.
2. With support from the officer in charge of Community Health Volunteers, the implementing partner **select Community Health Promoters** (CHPs), ideally 1 per support group. The selection is guided by criteria provided in *Annex A* and vet by the project staff, MoH focal person, ward administrator/assistant chief and DCS, to ensure they are not child abusers and are genuinely interested in empowering and supporting young mothers. The selected CHPs sign a TOR (see *Annex B*) outlining their roles.
3. The selected CHPs, together with the project staff, **identify/select interested young mothers** in the target location (please see *Annex C* for selection criteria of the support group members). Membership for the teenage mother's support groups is voluntary and open to all interested young mothers between 13 to 17 years old, residing within the project implementation locality. The interested young mothers shall fill a standard

form (selection form - *Annex D* - while attaching copies of birth certificates) to be handed over to the CHP and the project staff. Each group will be composed of max 25 members.

4. The selected young mothers are provided with a **consent form** (*Annex E*) for their parents/guardians to fill and sign to allow their participation in the group. The forms are collected once signed and only the girls with signed forms, babies' birth certificates or notification/baptismal cards are registered.

5. The project staff organize a **first meeting** as a bonding session to set the climate for all members and introduce their CHPs. During the meeting the members select their group leaders, also called young mothers ambassadors (2 mother's ambassadors per group). They also set group's rules and agree on meeting places/venues/areas, day of the week and time (ideally twice a month for mentorship and support sessions). The group can then be formally inaugurated, and they can kick start their meetings.

Group activities implementation.

1. The implementing partner trains the selected CHPs for 5 days.

They are trained on 16 modules, and the topics include: *Gender and rights, Climate Settings, Gender Awareness, Child Rights, Child Protection from Abuse, Exploitation, Neglect and Violence, Sexual violence, Child marriage, FGM, SRH: MHM, Teenage pregnancy, Family planning and contraceptives, Life skills, Peer-to-peer support/pressure, Drugs and substance abuse, Confidence, self-esteem, and self-awareness, Relationship, Problem-solving, Stress management and mental health*

2. The trained CHPs then train the support group members for 32 weeks.

Two sessions bimonthly.

3. The mother's ambassadors are supported to develop **Social Behaviour communication materials** that will help them communicate their message during their peer-to-peer and advocacy sessions. The materials may include: pictures, paintings, photos, photovoice, theatre performances or video.



4. The trained mother's ambassadors develop an action plan to reach out to other peers and cascade the information through peer-to-peer education in youth forums (such as in secondary schools, vocational institutions, and community youth forums).

5. Linkages with other service providers such as health services/hospitals/ health centres, schools (for those who want to re-enrol), DCS for CP services, NCDF (National government Constituency Development Funds) for bursaries are facilitated to ensure adequate support towards these girls.

6. The most vulnerable teenage mothers are supported with **dignity kits** on a quarterly basis.

7. Teenage mother's support group members shall be invited to participate in **key calendar events**, such as the Day of the African Child, International Girls Day, 16 days of activism against GBV among others.

8. All activities for teenage mothers are to be conducted on **weekends or holidays**, when teenage mothers are available.



4. MONITORING AND EVALUATION OF THE SUPPORT GROUPS

The implementing organization will conduct a pre, and post-training text with the Community Health Practitioner, to verify their knowledge change in terms of content and capacity to facilitate teenage mother's support group sessions (*Annex A*).

Pre-text for teenage mothers' support group members will be conducted by the implementing partners before the start of the sessions to verify their knowledge change in terms of content and capacity to facilitate peer to peer activities (*Annex B*). The support group sessions will be coordinated and supported by one CHP per group with technical support from the implementing partner staff. Bi-weekly meeting reports are submitted to partner staff, highlighting the topics covered, discussions outcome, challenges, lessons learnt and recommendations (*Annex C* and *Annex D*).

The impact of the teenage mother support groups is also evaluated through a pre, and post questionnaire administered to the group members at the start, mid and end of the activities/project (*Annex E*).

5. TRAINING MODULES: GENDER AND RIGHTS TOPICS

Module 1: Climate Setting (Getting to know each other)

Time: 60 minutes | **Materials:** Flip charts; A piece of cloth that is not transparent if folded into two and can be used as a blindfold.

* At least one extra person to help you supervise this activity.

Purpose

Trust is the firm belief in the reliability, truth, ability, or strength of someone or something.

In this module, pupils are going to discuss trust and why it is important in our lives for building relationships and managing conflict.

Pupils should understand why they need to trust other people and why it is important to be trusted by others.

Activity 1:

"The blindfold " (45 minutes)

STEP 1

Ask the participants to pair up. Once each person has identified their partner, take half of the partners to a corner where you would not be heard when giving them instructions. (The half receiving instructions are the ones that will guide the other half in blindfold). Give them the path that they will use to guide their blindfolded partners. After they understand the path to use, give them the blindfolds and they can now rejoin their partners and consequently blindfold them.

9

STEP 2

Ask each person to lead their blindfolded partner through the specified path (they should depart one by one and not all at once to avoid accidents and confusion of instructions). The blindfolded partner is supposed to follow the instructions of his/her partner. Make sure that there is no peeking.

STEP 3

Once all pairs complete their path, ask them to remove the blind fold and return to their seats/desks. Lead a discussion using the following questions:

- How did it feel to be blindfolded?
- How did it feel like to lead the other person? And what strategies did you use to help get your directions across to your partner?



- How did it feel like to be led blindly? At what point did you begin to trust your partner?
- Did you feel like you want to trade places with your partner? Why?
- Think about a person you trust. Why do you trust them?
- Why is trust important in our daily lives?
- How might we build trust with other people?

STEP 4

Take the participants through the additional information in Resource Sheet 1 below, on how to build trust in our lives.



Resource Sheet 1: “How to build trust in our lives”

Be reliable.

- Do what you say;
- Honor your promises;
- Be consistent;

Be honest.

- Tell the truth as much as you can;
- If you do lie, admit it;
- Speak from the heart;
- Express your feelings;

Be open

- Volunteer information;
- Don't omit key details;
- If you do have secrets, say so;

Show your integrity

- Keep secrets said to you;
- Display loyalty;
- Keep your feelings under control;
- Avoid abusive behavior;
- Use assertive communication;
- Make a promise.

STEP 5

Conclude the activity by highlighting the following points:

- When people trust each other, they feel free to bring out any issues they have and these issues can be discussed and solutions found.
- Where there is trust, there also is respect of others' ideas and feelings.
- Many conflicts are escalated because there is no trust between the parties involved.
- We should be able to look at our values and reflect on them so that we can be respectable and trusted by other people.
- Trust is one of the things we must build on throughout our lives.

Activity 2:

Setting group norms

(15 minutes)

This activity is to help participants to discuss how to make the group safe for them.

Advance preparation.

Before this activity post 2 different flip chart paper on different positions of the wall or trees. On each paper write down one of the 2 categories below:

- Discuss rules/norms that will guide the group
- Discuss how to make the group safe for everyone

STEP 1

Start this activity by explaining to the participants that they are going to come up with their own rules/norms that will guide them as a group and also, they shall discuss how they can make the group safe for all members.

STEP 2

Divide the participants into 2 groups and assign each group one of the above categories. Ask them to stand next to their category and brainstorm on it for 5 minutes as they write their responses on the flip charts.

STEP 3

After each group has posted their responses on the flip chart, clap to signal the participants that their time is up and ask them to walk to the next group's station to see what they have written. Ask them to add any other information that might have been omitted by the other group using a different color of felt pen.

STEP 4

After the groups have returned to their original flipchart, let them appreciate what the other groups have added before returning to their seats.

13

STEP 5

Once the participants have returned to their seats, build a consensus on the norms and ways of making the group safe.

STEP 6

Have the group norms typed, printed, and laminated for use during the project period. Have them as references throughout the project period.





Module 2:

Gender Awareness

Time: 90 minutes | **Materials:** Flipchart, blackboard

Purpose

In this module, participants are going to look at gender roles and the differences/similarities between boys and girls.

They should understand what privileges they get because of their gender; what privileges are some people denied because of their gender. And how gender relations are in their community. Finally, they need to relate how power affects gender.

Specific objectives

By the end of this topic, the pupils should be able to:

- Define Gender and describe the difference between Sex and Gender.
- Examine beliefs about being a boy or girl in their culture.
- Identify challenges that girls and boys face because of gender inequalities.
- Question common gender roles and understand they can change with time.
- Define violence and recognize the three types of violence and their impact.

Activity 1:

Being a Boy, being a Girl

(30 minutes)

STEP 1

Explain to teens that being a girl or being a boy has a big impact on how people see themselves and how others see them. Our sex influences our identity and even our self-esteem.

15

STEP 2

Ask teens to think about what they like about being a boy or a girl including their bodies. What are the positive benefits they get? At the same time, have them also think of what they don't like about being a girl or a boy. What are the negative aspects?

STEP 3

Have each participant complete the following statements individually:

For boys.

I'm happy that I am a boy because _____.

I wish I were a girl because _____.

For girls.

I'm happy that I am a girl because _____.

I wish I were a boy because _____.



STEP 4

Ask for volunteers to share out their answers. Write their ideas on a flipchart or blackboard.

STEP 5

Review the list and ask teens to identify which things (positive or negative) can be changed and which cannot. For example, “I wish I were a boy so I could leave the house whenever I wanted and go around with my friends” can be changed. But “I wish I were a girl so I could have a baby” cannot be changed.

STEP 6

Explain that the examples that can change refer to gender. Give the definition of gender, gender roles.

STEP 7

Explain that the examples that cannot change refer to sex, or biological differences between males and females. Give the definition of sex and sex roles.

Gender is the difference in the way society expects boys and girls to behave (dress, work, speak, and relate to others).

Examples of **gender roles** for women are cooking, taking care of animals, caring for children etc.

Gender roles change from time to time and place to place.

Sex is the biological or physical difference between males and females, e.g., reproductive body parts, processes like menstruation, etc.

Examples of **sex roles** are giving birth, carrying pregnancy.

Sex roles cannot change

STEP 8

Conclude by helping pupils see that most of the differences we think of between girls and boys are not actually based on our physical bodies.

Activity 2:

Gender box (45 minutes)

STEP 1

Tell teens that sometimes gender roles and expectations can limit a person's choices. One can feel like they are trapped inside a box without room to freely move or be her/himself. Today's activity will explore how this happens.

17

STEP 2

Draw a picture of a boy on flip chart or blackboard and ask pupils to name the boy.

STEP 3

Ask teens the questions below and write their answers around the drawing:

A. What does your community say to this boy when telling him to "act like a man"?

B. What is he expected to do?

*C. How is the boy encouraged to behave? (Likely answers include: be strong, be brave, protect people from danger, help provide for the family – ensure examples reflect what's true in the local community).**

STEP 4

Next draw a picture of a girl on a separate sheet of flip chart paper or blackboard and give the girl a name. Repeat the same questions.

STEP 5

Ask teens the questions below and write their answers around the drawing:

- A. *What does your community say to this girl when telling her to "be a good girl"?*
- B. *What is she expected to do?*
- C. *How is the girl encouraged to behave? (Likely answers include: be quiet, be kind, help with the cooking and cleaning, care for the children, look pretty – ensure examples reflect what's true in the local community).*

STEP 6

Draw a box around the messages on each flip chart. Explain that this is a gender box. This is how we expect people to behave, depending on society's idea of what is considered masculine or feminine behaviour.

STEP 7

Repeat the activity, but this time ask what a child (boy or girl) should NOT do. Take their ideas of things that people say "girls don't" or "boys don't" and write them on flip chart paper outside of the box. Start with the boy (likely answers include: crying, being shy, cooking, care for babies). Then do the same for the girl (likely answers include: climb trees, fight, shout, spend time being idle).

STEP 8

After completing the activity, look at the charts side by side. Ask the participants to see the differences between how boys and girls are told to behave and NOT behave. Use the questions below to lead a discussion:

A.. What happens when a boy or girl acts out in a way that is outside the gender box? How are they treated by their families, peers and the community?

B. What are specific jobs girls are told they cannot do?

(e.g., mechanic) What are specific jobs boys are told they cannot do? (e.g., nurse)

C. How can these expectations influence a child's goals and dreams for the future? How can they impact performance in school?

D. What would help people to leave outside these boxes?

19

STEP 9

Define Gender Equality and Gender Equity:

Gender Equality: means that women and men enjoy the same status and have equal conditions for realizing their full human rights and potential to contribute to national, political, economic, social and cultural development and to benefit from the result.

Gender Equity: is the process of being fair to women and men. To ensure fairness, measures must often be available to compensate historical and social disadvantages that prevent women and men from operating on a level playing field.

STEP 10

Conclude by highlighting the following:

- What have you learnt from this activity?
- Gender roles are based on standards, created by society.
- Gender socialization begins at birth and occurs through four major agents of socialization: family, education, peer groups and mass media.
- Repeated socialization over time leads men and women into a false sense that they are acting naturally, rather than following a socially constructed role.
- The attitudes and expectations surrounding gender roles are typically based not on any inherent or natural gender differences but on stereotypes about the attitudes, traits, or behavior patterns of men and women. When girls
- or boys act outside of the gender box they are usually treated badly. This is unfair and can limit a person's potential.
- All boys and girls can succeed and should be treated as unique individuals. No one should be judged just because he is a boy or she is a girl.
- It's important to encourage people to live outside the boxes and support those who are already outside the boxes because they are limiting.

Module 3: Child Rights

Time: 60 minutes | **Materials:** Flip charts notebooks and pens

Purpose

By the end of this module, the pupils should know their rights, their responsibilities and reporting channels in case of abuse.

In this module we are going to look at our rights and responsibilities as children.



Activity 1

STEP 1

Explain to participants that there is often a lot of discussion about children's rights, because many people say that if we give children their rights then they become disrespectful to adults.

STEP 2

Ask the following question:

Why do you think we have children's rights?

STEP 3

Let them write the answers in their notebooks.

STEP 4

Brainstorm the answers from the participants as you write down key ideas on flipchart paper.

STEP 5

Summarise the discussion with the following points:

- Children have specific needs.
- Children are not always accepted as 'holders' of rights – they are often thought of more as "possessions" of parents, which can be problematic if parents are abusive.
- Often children do not have the capacity (physical, emotional, cognitive etc.) to protect themselves, from abuse, from exploitation.

- In Kenya there is a Children's Act 2022, which was enacted to promote the wellbeing of children. The Act addresses the rights a child is entitled to and the role of the Government and parents in protecting these rights.
- The Act also sets out the general roles and responsibilities of parents in ensuring the well-being of the child.
- The Act provides for the establishment of institutions dealing with children and gives guidelines on issues of children's welfare, legal aid, custody and care of children, foster care, guardianship and adoption.

STEP 6

Explain that child rights fall into four categories:

1. **Survival rights:** which cover the basic needs of children.
2. **Protection rights:** which are about safeguarding children from harm.
3. **Participation rights:** which enables them to express their opinions, take active role in their community, etc.
4. **Development rights:** which enables children to reach their fullest potential.

STEP 7

Divide the participants into 4 groups and ask them to list rights in each category above on their notebooks (this activity should take 8 minutes).



STEP 8

Ask one participant in each group to present what they have come up with.

STEP 9

Provide participants with the Handout 1 of Simplified list of child rights and responsibilities as stipulated in Children Act 2022.

STEP 10

Tell the participants that if those rights including sexual rights are violated, the following penalties from different Acts apply through the justice system:

1. Any parent or guardian who willfully neglects, fails or refuses to present his or her child in need of health care to a health care facility for purposes of treatment commits an offense and shall, on conviction, be liable to a fine not exceeding fifty thousand shillings or, in default, to imprisonment for a term not exceeding thirty days.
2. A person who deprives a child of any property or benefit accruing to the child under or by virtue of the law relating to inheritance commits an offense and shall, on conviction, be liable to imprisonment for a term not exceeding two years or to a fine not exceeding five million shillings, or to both.
3. Any person who subjects the child-to-child labor, domestic servitude, economic exploitation or any work or employment which is hazardous, interferes with the child's education or is likely to be harmful to the child's health or physical, mental, moral or social development, commits an offence and shall, on conviction, be liable to imprisonment for a term not exceeding five years or to a fine not exceeding two million shillings, or to both.

4. Any person who, through any electronic system, network, or other communication technology:
 - Proposes or solicits to meet a child for the purpose of engaging in sexual activities contrary to the provisions of the Sexual Offences Act;
 - Transmits or causes to be transmitted any obscene material, or otherwise makes such material accessible to children; or
 - In any other way, subjects a child to online abuse, harassment or exploitation, whether through social networks, playing online games or by use of mobile phones or other electronic devices, commits an offence and shall, on conviction, be liable to imprisonment for a term not exceeding ten years or to a fine not exceeding two million shillings, or to both.
5. A person who subjects a male child; forced circumcision; commits female genital mutilation, child marriage, virginity testing, girl child beading; except with the advice of a medical geneticist, commit organ change or removal in case of an intersex child; or any other cultural or religious rite, custom or practice that is likely to negatively affect the child's life, health, social wellbeing, dignity, physical, emotional or psychological development, commits an offense and shall, be liable to imprisonment for a term of not less than three years or to a fine of not less than five hundred thousand shillings, or to both.
6. A person shall not marry unless that person has attained the age of 18 years. Anyone convicted of marrying an under-age person is liable to a sentence of up to 5 years and/ or fine up to 100000.
7. Any person who subjects a girl to FGM, or is indirectly involve, shall, on conviction, be liable to life imprisonment.
 - 7.1 A person who provides drugs and substances for use, such as hallucinogens, narcotics, alcohol, tobacco products, glue, psychotropic drugs, or any other drugs that may be declared harmful by the government on matters relating to health; or involvement in the production,

trafficking, sale, storage or distribution of the any of the drugs or substances; commits an offense and shall, on conviction, be liable to imprisonment for a term not exceeding five years or to a fine not less than five hundred thousand shillings, or to both.

7.2 Any person who (a) unlawfully deprives a child of his or her liberty; (b) subjects the child to torture or (c) submit the child to other cruel and inhuman or degrading treatment, including corporal punishment, (d) submit the child to any cultural or religious practice which dehumanizes or is injurious to the physical, mental and emotional wellbeing of the child, commits an offense and shall, on conviction, be liable to the offense under the Prevention of Torture Act.

7.3 A person who commits an offense of defilement with a child aged eleven years or less shall, upon conviction, be sentenced to imprisonment for life.

7.4 A person who commits an offense of defilement/sodomy with a child between the age of twelve and fifteen years is liable, upon conviction, to imprisonment for a term of not less than twenty years.

7.5. A person who commits an offense of defilement with a child between the age of sixteen and eighteen years is liable, upon conviction, to imprisonment for a term of not less than fifteen years.

7.6 Incest is an indecent act by male or female persons which cause penetration with a male or female person who is to his/her knowledge his/her daughter/son, granddaughter/grandson, sister/brother, mother/father, niece/nephew, aunt/uncle or grandmother/grandfather. The punishment, if found guilty, is 10 years imprisonment or life imprisonment if the

offense is committed against a person who is under 18 years.

7.7 Gang defilement attracts a prison sentence of 15 years, but which may be enhanced to imprisonment for life.

7.8 Sexual assault is the penetration of a person's genital organs with any part of a person's body or a manipulated object except where such penetration is carried out for proper and professional hygienic or medical purposes. The punishment for this offence, if found guilty, is imprisonment for not less than 10 years but which may be enhanced to imprisonment for life.

7.9 Sexual Offenses relating to persons in positions of authority and persons in positions of trust and meant to protect children from sexual abuse in institutions such as a jail, remand homes, charitable children's institutions (CCI), hospitals, police stations, and schools, are punished with 10 years imprisonment.

7.10 Deliberate transmission of HIV/AIDS is prohibited and if found guilty the sentence is imprisonment for fifteen years and may be enhanced to imprisonment for life.

STEP 11

Divide participants into 3 groups and assign the following tasks, after which they will present what they have come up with.

Group 1 - List the responsibilities of children

Group 2 - List the responsibilities of parents

Group 3 - List the responsibilities of the government



STEP 12

Summarize the activity highlighting the following points:

Children's responsibilities include:

- Working for the cohesion of the family;
- Respecting their parents, superiors, and elders at all times and assisting them in case of need provided that the child's best interest shall remain paramount;
- Serving their national community by placing their physical and intellectual abilities at its service;
- Preserving and strengthening social and national solidarity;
- Preserving and strengthening the positive cultural values of their community in their relations with other members of that community;
- Attending school unless prevented by factors beyond their ability;
- Not discriminating against other children on account of ethnicity, race, disability, gender, social status, or other grounds;
- Protecting the environment and not destroying any property;
- Not to abuse or harm other children;
- Reporting abuse and neglect

Parents' responsibilities include to:

- Maintain the child and, in particular, to provide the child with: (i) basic nutrition; (ii) shelter; (iii) water and sanitation facilities; (iv) clothing; (v) medical care, including immunization; (vi) basic education; and (vii) general guidance, social conduct and moral values;

- Protect the child from neglect, abuse, discrimination or other differential treatment;
- Provide a holistic environment that promotes positive values and holistic development of children: (i) provide parental guidance in religious, moral, social, cultural and other values that are not harmful to the child; (ii) determine the name of the child; (iii) procure registration of the birth of his or her child; (iv) appoint a legal guardian in respect of the child; (v) receive, recover and otherwise deal with the property of the child for the benefit, and in the best interests, of the child; (vi) facilitate or restrict the migration of the child from or within Kenya; (vii) upon the death of the child, to arrange for the burial, cremation of the child or any other acceptable method of interment;
- Ensure that, during the temporary absence of the parent or guardian, the child shall be committed to the care of a fit person;
- Assist children, realize their goals and develop their full potential;
- Offer room for children's participation at all levels of decision-making on matters affecting their growth and development;
- Provide guidance and counseling to the children;
- Provide special care for children with special needs;
- Provide equal access to equal opportunities for children regardless of their gender;
- Be positive role models to the children.



Handout 1:

“Child rights and responsibilities”

Right to life.

- Every child shall have the right to life, survival, well-being, protection, and development.
- The government and the family are charged with ensuring the survival and proper development of every child.

Name and nationality.

- Every child shall have a right to a name and nationality and, as far as possible, the right to know and be cared for by their parents.
- Every child has the right to be registered in the Register of Births immediately after birth in accordance with the Births and Deaths Registration Act.

Right to parental care

- Children have the right to reside and be brought up by their parents.
- They deserve better parental care for their growth. To be provided with basic needs, love and protection.

Right to social security

- Every child whose parent or guardian is unable to maintain the child has the right to social security as guaranteed by the Constitution.
- “Social security” includes alternative care services such as kinship care, guardianship, adoption, foster care, temporary shelter, supported independent living, and supported child-headed households. With the aim to facilitate the provision of parental care and protection of a child in accordance with the best interest and wellbeing of the child.

Right to education

- Every child has the right to free and compulsory basic education. It is the responsibility of every parent or guardian to present for admission or cause to be admitted his or her child, as the case may be, to a basic education institution.

Right to religious education.

- Every child shall have the right to freedom of thought, conscience, religion, and religious education subject to appropriate parental guidance, and in the best interest of the child.
- The religious guidance and education, shall not in any way limit or hinder the child's access to and enjoyment of any of the basic rights and fundamental freedoms guaranteed by the Constitution, this Act or any other law.

Right to Healthcare.

- Every child is entitled to medical care. The government and the child's parents are responsible for providing this medical care.
- Provisions of reproductive health services to children shall be subject to the express consent of the parent or guardian.
- Every child has the right to enjoy the best attainable state of physical, mental, and psychological health.

31

Every child has the right to:

- Access to age-appropriate information on health promotion and the prevention and treatment of ill- health and disease, mental health, and reproductive health.
- Access to information regarding their health status.
- Access to information regarding the causes and treatment of his or her sickness.
- Confidentiality regarding his or her health status and the health status of a parent, caregiver, or family member, except when maintaining such confidentiality is not in the best interests of the child.
- Access to age-appropriate information that affirms human dignity in human relationships and promotes sexual risk avoidance.

Right to inheritance.

- Every child shall have the right to inherit property and be entitled to equal treatment.



Child Labor Protection Right.

- No person shall subject a child to child labor, domestic servitude, economic exploitation, or any work or employment which is hazardous, interferes with the child's education or is likely to be harmful to the child's health or physical, mental, moral or social development. Right to inheritance.

Disabled Children Rights

- Children with disability should be treated with dignity and afforded special care. Furthermore, they are entitled to all the rights of typical children.

Rights of intersex children.

- An intersex child shall have the right to be treated with dignity, and to be accorded appropriate medical treatment, special care, education, training and consideration as a special need category in social protection services.

Child Abuse Protection Rights.

- Every child is protected from psychological, physical, or sexual abuse including trafficking, sale, or abduction. Children are also protected from cultural rites such as early marriage and female circumcision. These practices are deemed to be detrimental to a child's dignity, social welfare, health, and psychological and physical development.

Drugs protection rights.

- Children are protected from accessing drugs or intoxicating substances. Every child is protected from using drugs or being used to produce, distribute, or traffic drugs.

Right to freedom from torture.

- Every child has the right to freedom from torture and cruel, inhuman or degrading treatment or punishment.

Right to privacy

- Like adults, a child is entitled to their own privacy. However, a child's privacy should be closely monitored and supervised by their parents.

Duties and responsibilities of a child

It is the duties and responsibilities of a child to :

- work for the cohesion of the family;
- respect his parents, superiors and elders at all times and assist them in case of need provided that the child's best interest shall remain paramount;
- serve his national community by placing his physical and intellectual abilities at its service;
- preserve and strengthen social and national solidarity;
- preserve and strengthen the positive cultural values of his community in his relations with other members of that community;
- attend school unless prevented by factors beyond their ability;
- not discriminate against other children on account of ethnicity, race, disability, gender, social status or other grounds;
- protect the environment;
- not abuse or harm other children; and
- not destroy any property.

Module 4:

Child protection from abuse, exploitation, neglect and violence

Time: 75 minutes | **Materials:** Pictures/newspaper cuttings, flip charts, felt pens and flash cards, notebooks

Purpose

This session introduces the learners to key concepts in child abuse, child protection as a human right and child rights issues.

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

- a) Explain the meaning of child abuse.
- b) List different forms of child abuse.
- c) Identify children in need of protection.
- d) Outline features of a protective environment.



Activity 1:

Definition of Child abuse (15 minutes)

STEP 1

Ask the participants to be in pairs and brainstorm the meaning of the word child abuse.

STEP 2

Ask each pair to write the meaning on a flashcard.

STEP 3

Explain the meaning of child abuse by picking the key elements on the flashcards and discussing them.

STEP 4

Conclude the activity by sharing the information below:

- Child abuse constitutes all forms of physical, sexual, psychological, ill-treatment or neglect of a child or children, especially by a parent or other caregivers.
- It includes any act or failure to act by a parent or other caregivers that results in actual or potential harm to a child.
- Child abuse can occur in a child's home, school or community within which the child interacts.

Activity 2:

Forms of Child abuse (15 minutes)

STEP 1

Divide the participants into five groups and ask them to identify forms of child abuse and write on notebook.

STEP 2

Ask the participants to make their presentation in plenary.

STEP 3

Summarize the activity using the following information. Forms of child abuse:

A. Physical abuse of a child is that which results in actual or potential physical harm, which is reasonably within the control of a parent or person in a position of responsibility, power or trust. It involves the actual or likely injury to a child, or failure to prevent physical harm or suffering to a child. E.g., corporal punishment.

B. Emotional abuse includes the failure to provide a developmentally appropriate, supportive environment. It also includes adverse effects on the emotional and behavioral development of a child caused by persistent rejection and threats thus affecting the child's physical and emotional growth. E.g., acts including restriction of movement, patterns of belittling, intimidating, scapegoating, threatening, scaring, discriminating, ridiculing, or other nonphysical forms of hostility and rejection.

C. Neglect is the failure to provide for the development of the child in all spheres: health, education, emotional development, nutrition, shelter, and safe living conditions, in the context of resources reasonably available to the family or caretakers, and causes or has a high probability of causing harm to the child's health or physical, mental, spiritual, moral or social development. This includes the failure to properly supervise and protect children from harm as much as is feasible.

D. Sexual violence is a form of abuse that amounts to either an attempt or actual engaging in a sexual act with a child, directed towards a child by coercion by any person regardless of their relationship. It can happen to both boys and girls. Some forms of sexual violence among children are tolerated because of culture and beliefs. Sexual violence is an offense for a child cannot consent to any sexual activity. Sexual violence is evidenced by this activity between a child and an adult or another child who by age or development is in a relationship of responsibility, trust, or power, the activity being intended to gratify or satisfy the needs of the other person. This may include but is not limited to:

- The inducement or coercion of a child to engage in any unlawful sexual activity such as defilement and incest;
- The exploitative use of a child in prostitution or other unlawful sexual practices; and
- The exploitative use of children in pornographic performances and materials.

E. Commercial or other exploitation of a child refers to the use of the child in work or other activities for the benefit of others. This includes, but is not limited to, child labor and child prostitution. These activities are detrimental to the child's physical or mental health, education, or spiritual, moral or social-emotional development.

Suggested actions against child abuse.

- A. Holding perpetrators accountable rather than blaming victims.
- B. Reporting all cases of violence.
- C. Challenging beliefs and norms promoting violence .
- D. Speaking against violence.
- E. Avoiding compromise and solving matters of sexual violence at home.

What to do and not to do in case of sexual abuse.

- The victim should be taken to a safe place.
- Do not shower or bathe or throw away the clothes, you need to preserve evidence and if you change clothes wrap them in a clean bag such as an envelope or the new bio-degradable bags commonly known as Uhuru bags (NOT polythene).
- Go to the hospital or to the nearest hospital/dispensary/ health center for treatment to be given in less than 72 hours and protect the survivor from any further harm or infections and manage any physical injury and PEP will be given.
- Report the matter to the police where a P3 form will be issued to be filled at the public hospital level 3 and above and signed by the doctor.
- Connect the child to psychosocial support.
- The case should be reported to the Police as soon as possible. No out-of-court settlements allowed. Being charged with obstruction of justice is punishable with up to 5 years imprisonment.

How to report all cases of child abuse:

- Child Helpline services by dialing the Toll-Free Number 116 or National GBV Helpline 1195.
- Hospital- to get medical services and counseling.
- Police stations where they have a Gender help desk or child protection centers .
- Children offices in all sub-county offices.
- Chief offices.

Activity 3:

Child Protection (15 minutes)

39

STEP 1

Divide the participants into groups of 5 and give each group a case study Handout 2 on a particular kind of child abuse. Let the participants:

- Identify the type of abuse
- Discuss how the victim in each case needs to be protected
- Discuss ways in which children in their community facing similar situations are or can be protected.

STEP 2

Conclude the activity by mentioning that: Child protection involves preventing, detecting, and responding to specific situations where children are at risk of or subject to abuse.





Activity 4:

Categories of children in need of protection (15 minutes)

STEP 1

Divide the participants into 4 groups, and discuss the categories of children who are likely to be abused in their community and therefore in need of protection.

STEP 2

Ask them to write on the flip chart paper.

STEP 3

Ask one participant in each group to present in plenary.

STEP 4

Conclude the activity by providing key information below.

All children are at risk of exploitation. However, some are at higher risk than others. These children include, but are not limited to:

- a) Orphans
- b) Children with physical or mental disabilities
- c) Children in employment
- d) Children from poor households
- e) Children living in the streets
- f) Sexually exploited children.

Activity 5:

Roles played by stakeholders to ensure a protective environment for children

(15 minutes)

STEP 1

Divide the participants into 4 groups, ask them to discuss how each of the following can ensure a safe environment for children:

- a) Parents and caregivers
- b) Schools
- c) Local Communities
- d) Government

STEP 2

Ask one participant in each group to write on a notebook or flip chart.

STEP 3

Give a maximum of 3 minutes for each group to present their position in plenary.

STEP 4

Conclude the activity by stating that a safe environment is:

- The one in which children live in safety and dignity.
- The one that ensures the children are in school, laws are in place to punish those who exploit them.
- The one that governments are truly committed to protect.
- The one in which communities are aware of the risk children face and ready to take action if a child's right is violated.

STEP 5

Conclude the module by emphasizing the following:

- All children are at risk of abuse anywhere in the community. Most incidences of abuse take place at home, in school, and at places of worship.
- It's important for children to be alert and always report or run away when they feel they are in danger.
- Online space is also not safe for children and children should be alert not to be lured and abused.
- Children should report cases of child abuse or at risk of abuse to trusted persons (teacher, parent, caregiver, neighbor etc.), children office near you, assistance chief, chief, child protection volunteer, community health volunteer, police, hospital, toll free child helpline 116.

Even when in doubt report anyway!





Handout 2:

Case studies

Case study 1

44

****Rukia** is a 15-year-old adolescent girl who lives with her parents. She attends school and helps her mother with household chores. One day ***Salma**, Rukia's cousin, and friend who is 16, comes over to visit the family. Salma announces that she is getting engaged and will be married in a month's time. Salma says she is happy to get married to someone her father knows and trusts. She is excited to have her own place, to have her own money, to be able to get money to support her mother and siblings, her own phone, and be able to visit shops, markets and go out with her new husband. She encourages Rukia to find a husband too and not become a spinster like her aunt. She says Rukia should focus on marriage more than school as a woman's true role is to take care of her house, husband, and children.*

Case study 2

****Joseph** thinks that children should be children, and enjoy their childhood. He thinks that child marriage is wrong, even if it is still commonly practiced in his community. He knows that his father expects him to marry his daughter once she reaches puberty, which is when most girls in the community get married.*

Case study 3

****Mary's** parents separated when she was aged four, and she soon lost contact with his father after her mother re-married. She became estranged from her mother when she and his stepfather became preoccupied with running a small business and she developed a substitute attachment with his maternal grandmother since she was now chiefly responsible for her upbringing. Mary had nothing in common with his stepfather and the relationship was distant and strained more after the birth of her half-sister. At about this time when Mary was 13 years old, the stepfather's friend sexually abused her. In school, Mary had been taught to report any form of sexual abuse but in her attempt to report to the nearby police the first question she was asked was "How were you dressed". Mary mentions this to the mom and the mother says she should keep quiet as the stepfather's friend is really helping them and is a very good person.*

45

Case study 4

I am *Asli Salad. My mother died when I was two years old and my aunt took on the responsibility of raising me and I was lucky enough not to undergo FGM. This was unusual because most of the girls in our neighborhood were required to undergo this harmful traditional practice. At 19 years old, I got engaged and was about to get married, but the mother of my fiancée demanded that before the wedding took place, I needed to be inspected to see if I was circumcised or not. During the 'inspection', the boy's mother discovered that I was not circumcised—she was shocked. She instantly started a campaign to disparage me and my character and informed her son that she will not allow him to marry me because I had not been circumcised. She forced him to cancel the wedding plans with immediate effect. Desperate to save the wedding plans, I had to agree to be cut before the marriage, but my idea fell on deaf ears, as the boy's mother had already formed a preconceived opinion that since I was not cut, I used to have uncontrolled sexual desires that may have included having sex before marriage.



Module 5: Sexual Violence

Time: 45 minutes | **Materials:** Flip charts, marker pens, masking tape



Purpose

In this module, we are going to look at definition and types of sexual violence, the causes, and consequences of sexual violence, prevention, and reporting of such cases.

By the end of this module, the teens should know what sexual violence is, its causes, the consequences, prevention, and reporting channels.

Activity 1:

Understanding sexual violence

Advance preparation

Before the session, post 5 different flip chart papers on different positions of the wall. On each paper write down one of the 5 categories below:

- Types of sexual violence
- Causes of sexual violence
- Consequences of sexual violence
- Prevention of sexual violence
- Reporting

47

STEP 1

Start this module by explaining to the participants that we are going to talk about types of sexual violence, causes, consequences of sexual violence, prevention, and reporting.

STEP 2

Divide the participants into 5 groups, assign each group one of the above categories, and issues each group with a different color of felt pen. Ask them to stand next to their category and brainstorm on about it for 5 minutes as they write their responses on the flip charts.



STEP 3

After each group has posted their responses on the flip chart, clap to signal the participants that their time is up and ask them to rotate in clock wise direction and have a gallery walk to what the next group has written (repeat this action until they have visited all stations. Each group should not spend more than 5 minutes at each station). Ask them to add any other information that might have been omitted by the other groups.

STEP 4

After the groups have returned to their original flipchart, let them appreciate what the other groups have added before returning to their seats.

STEP 5

Once the participants have returned to their seats, conclude the activity by leading a plenary discussion on the 3 categories using Resource Sheet 2: "Sexual violence, causes, consequences, prevention and reporting".



Resource Sheet 2: "Sexual violence, causes, consequences, prevention and reporting"

Types of sexual violence

A) Defilement - any sexual intercourse with a child under the age of 18 years old.

B) Sodomy - anal sex with a child (boy or girl) by male person.

C) Incest- an indecent act by male or female persons which cause penetration with a male or female person who is to his/her knowledge his/her daughter/son, granddaughter/grandson, sister/brother, mother/father, niece/nephew, aunt/uncle or grandmother/grandfather.

D) Sexual assault (defined as "any unwanted' object insertion' or forced sexual act committed without consent") or threat including actual physical aggression - threats of physical aggression emotional coercion; and/or - psychological blackmailing.

E) Indecent Act/Fondling (unwanted touching of a sexual nature) -any contact between any part of the body of a person with the genital organs, breasts, or buttocks of another, but does not include an act that causes penetration.

F) Sexual Exploitation

- Exposure or display of any pornographic material to any person against his or her will
- Demanding sex in any context
- Making sex a condition for assistance
- Forcing sex, forcing someone to have sex with anyone
- Forcing a person to engage in prostitution or pornography
- Refusing to use safe sex practices
- Videotaping or photographing sexual acts and posting it without permission
- Alleging or threatening to allege that anyone already has a history of prostitution on legal papers
- Name-calling with sexual epithets
- Insisting on anything sexual, including jokes that may be uncomfortable, frightening, or hurtful
- Telling someone that they or anyone else are obliged to have sex as a condition for anything

Causes and contributing factors of sexual violence

- *Abuse of power*
- *Social cultural belief or inequality, e.g. stepfathers not considering stepchildren as their own*
- *Lack of belief in equality of human rights for all, e.g. blaming a victim for dressing in certain way*
- *Age factor (Children are more vulnerable)*
- *Drug or substance abuse*
- *Parental negligence*
- *Myths and beliefs about HIV / AIDS*
- *Myths about sex, e.g. sex cures back and crump pain*
- *Lack of reporting of such cases to deter more cases from happening*
- *Normalization and inaction when such cases happen*

Effects / Consequences of Sexual Violence

There are many short and long-term negative consequences of violence for the child and their family, as well as for the wider community: at its worst, violence can result in death. A history of abuse in childhood and adolescence has consistently been found to be associated with increased health risks and health-risk behaviours.

Acute physical consequences	Chronic physical consequences	Reproductive consequences
<ul style="list-style-type: none"> • Injury • Shock • Disease • Infection 	<ul style="list-style-type: none"> • Disability • Somatic complaints • Chronic infection • Chronic pain • Gastrointestinal disorders • Eating disorders • Sleep disorders • Chronic fatigue 	<ul style="list-style-type: none"> • Teenage pregnancy • Unsafe abortion • STI, including HIV • Menstrual disorders • Pregnancy complications • Fistula • FGM

Psychological & Emotional consequences	Social consequences
<ul style="list-style-type: none"> • Depression • Anxiety and fearfulness • Anger • Shame, self-hate, self-blame • Self-harm • Suicidal thoughts and behaviour • Low self-esteem • Sexual disorders • Traumatic stress • Eating and sleeping disorders • Substance abuse • Antisocial behaviour 	<ul style="list-style-type: none"> • Blaming and social stigma • Rejection by family and community • School dropouts • Social isolation • Withdrawal from social and community life, including education • Reduced contribution to family and community life • Economic costs, including the costs of health, social services and of losses in earning potential

The consequences for each child and how severe they are depending on the type of violence they experienced affects their developmental level and stage, and the care and support that they receive.

Prevention of sexual violence

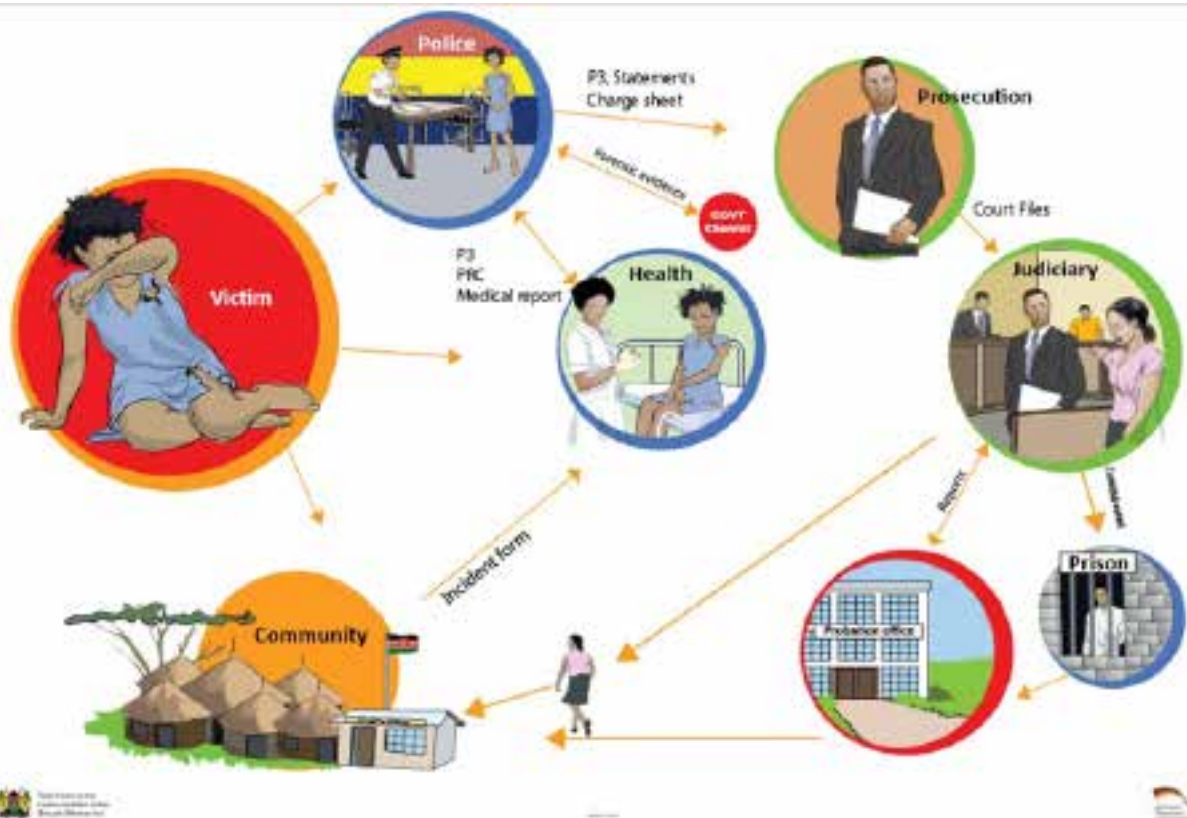
- Create awareness on human and sexual rights
- Demystify HIV cure myths, and provide correct information about sex
- Create awareness and implement the laws
- Report all cases of sexual violence immediately to authorities

Reporting

Children should report cases of sexual violence or at risk of sexual violence to trusted persons (teacher, parent, caregiver, neighbor etc.), children office near you, assistance chief, chief, child protection volunteer, community health volunteer, police, hospital, toll free child helpline 116, talk box in schools, National GBV helpline 1195.

Even when in doubt report anyway!





Referral Pathways for Sexual Violence

Module 6: Child Marriage

Time: 45 minutes | **Materials:** Flip charts, marker pens, masking tape
Notebooks

Purpose

In this module, we are going to look at definition of child marriage, causes, consequences, prevention, and reporting of such cases.

By the end of this module, the participants should know what child marriage is, its causes, the consequences, prevention, and reporting channels.

Activity 1:

Understanding Child Marriage

STEP 1

Start this module by explaining to the participants that we are going to talk about child marriage, its causes, consequences, prevention, and reporting.

STEP 2

Ask participants what they understand by the term child marriage and what causes it. After a few responses correct any misinformation using Resource Sheet 3 “Child marriage, causes, consequences, prevention, and reporting”.

STEP 3

Ask participants to mention the consequences of child marriage and how they can prevent child marriage. After a few responses give additional information using Resource Sheet 3.

STEP 4

Conclude the session by discussing reporting channels using Resource Sheet 3.



Resource Sheet 3:

“Child marriage, causes, consequences, prevention and reporting”

Child marriage refers to any formal or informal union between a child under the age of 18 years with an adult or a child. Girls are more at risk than boys.

Causes of child marriage

55

- Teenage pregnancy causes some girls to opt to marry the person who impregnated them, or the boy opt to marry the girl whom he impregnated.
- Due to economic hardship, boys dropping out of school and starting casual jobs and decide to marry.
- Children living with guardians may get frustrated out of mistreatment, neglect and cruelty from step-parents and run away to get married.
- Prioritizing educating boys over girls which drives the practice of child marriage since most out-of-school girls end up getting married.

Consequences of child marriage

- Teenage pregnancy
- Complications during pregnancy and birth which might result in death
- Domestic violence and abuse- particularly girls
- School dropout

- Poverty, due to limited economic opportunities and limited education, coupled with having to be taking care of the babies at a very young age
- Depression, anxiety, and other emotional problems due to the stress of marriage and the loss of childhood
- Prevention of child marriage
- Report case of mistreatment, cruelty and negligence form guardians
- Report cases of children dropping out of school to authorities (girls have a right to education)
- Report cases of defilement immediately to concerned authorities, to ensure perpetrators to be punished. Medical attention will help prevent pregnancy
- Report cases of child marriage to concerned authorities

Reporting

- Children should report cases of sexual violence or at risk of sexual violence to trusted persons (teacher, parent, caregiver, neighbor etc.), children office, assistance chief, chief, child protection volunteer, community health volunteer, police, hospital, toll free child helpline 116, National GBV, toll free line 1195, talk box in schools.

Even when in doubt report anyway!

Module 7: Female Genital Mutilation

Time: 45 minutes | **Materials:** Flip charts, marker pens, masking tape

Purpose

In this module, we are going to look at definition of Female Genital Mutilation, causes, consequences, prevention and reporting of such cases.

By the end of this module, the participants should know what Female Genital Mutilation is, causes, the consequences, prevention and reporting channels.

***Facilitators' note**

This is a sensitive topic, participants should be allowed to speak about what they are comfortable with.

Activity 1:

Understanding FGM (45minutes)

Advance preparation

This module can be done in two options:

Option 1: Obtain the necessary equipment to screen a video on FGM and after the video lead a discussion on:

- Define female genital mutilation
- Causes of female genital mutilation
- Consequences of female genital mutilation
- Prevention of female genital mutilation
- Reporting

Option 2: Before the session, post 5 different of flip chart paper on different positions of the wall. On each paper write down one of the 5 categories below:

- Define female genital mutilation
- Causes of female genital mutilation
- Consequences of female genital mutilation
- Prevention of female genital mutilation
- Reporting

STEP 1

Start this module by explaining to the participants that we are going to talk about: female genital mutilation, its causes, consequences, prevention and reporting.

STEP 2

Divide the participants into 5 groups and assign each group one of the above categories. Ask them to stand next to their category and brainstorm on about it for 5 minutes as they write their responses on the flip charts.

STEP 3

After each group has posted their responses on the flip chart, clap to signal the participants that their time is up and ask them to rotate in clockwise direction and have a gallery walk to what the next group has written (repeat this action until they have visited all stations. Each group should not spend more than 5 minutes at each station). Ask them to add any other information that might have been omitted by the other group using a different color of felt pen.

STEP 4

After the groups have returned to their original flipchart, let them appreciate what the other groups have added before returning to their seats.

STEP 5

Once the participants have returned to their seats, conclude the activity by leading a plenary discussion on the 5 categories using Resource Sheet 4: "Female genital mutilation, causes, consequences, prevention and reporting".



Resource Sheet 4:

“Female genital mutilation, causes, consequences, prevention and reporting”

Female genital mutilation is a practice/tradition of partially or totally removing the external genitalia of girls and young women for non-medical reasons.

Causes of female genital mutilation

- Parents practice FGM as a traditional custom inherited from their ancestors to avoid potential blame from the community.
- Belief that girls must be circumcised as a rite of passage to make them ready for marriage.

Consequences of female genital mutilation

- Excruciating pain
- Severe bleeding
- Infections and problems during delivery
- Urinary difficulties such as incontinence or urinary tract infections for girls and women

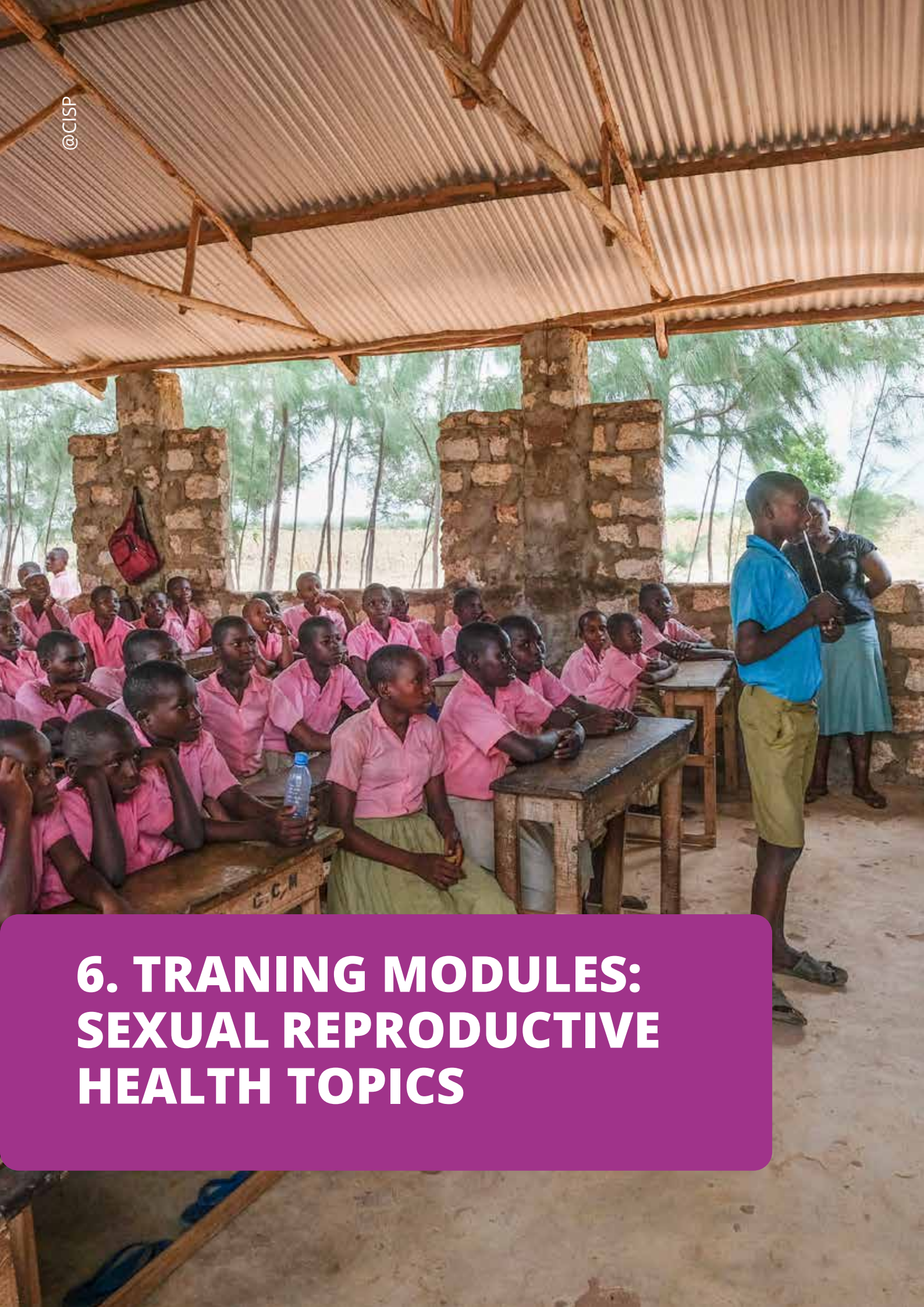
Prevention of female genital mutilation

Advocate for abandonment of the practice since it has no medical reason

Reporting

Children should report cases of sexual violence or at risk of sexual violence to trusted persons (teacher, parent, caregiver, neighbor etc.), children office near you, assistance chief, chief, child protection volunteer, community health volunteer, police, hospital, toll free child helpline 116.

Even when in doubt report anyway!



6. TRAINING MODULES: SEXUAL REPRODUCTIVE HEALTH TOPICS

Module 8: Menstrual Hygiene Management

Time: 45 minutes | **Materials:** Flip charts, colorfull felt pens

Purpose

This module will discuss menstruation, methods girls can use to feel better during their menses, ways to manage their hygiene during this period and myths and taboos about menstruation.



Activity 1:

Menstrual Hygiene

Advance preparation

Before the session, post 4 different flip chart papers on different positions of the wall. On each paper write down one of the 4 categories below:

- Define the term menstruation and name the phases of the menstrual cycle
- List the methods girls use to feel better during their menses
- List ways to manage menstrual hygiene
- List myths and taboos about menstruation

63

STEP 1

Start this module by explaining to the participants that we are going to talk about menstruation, methods girls can use to feel better during their menses, ways to manage their hygiene during this period and myths and taboos about menstruation.

STEP 2

Divide the participants into 4 groups and assign each group one of the above categories. Ask them to stand next to their category and brainstorm on about it for 5 minutes as they write their responses on the flip charts.

STEP 3

After each group has posted their responses on the flip chart, clap to signal the participants that their time is up and ask them to rotate in clock wise direction and have a gallery walk to what



the next group has written (repeat this action until they have visited all stations. Each group should not spend more than 3 minutes at each station). Ask them to add any other information that might have been omitted by the other group using a different color of felt pen.

STEP 4

After the groups have returned to their original flipchart, let them appreciate what the other groups have added before returning to their seats.

STEP 3

Once the participants have returned to their seats, conclude the activity by leading a plenary discussion on the four categories using Resource Sheet 5: “Menstruation”.



Resource Sheet 5: “Menstruation”

Menstruation happens to girls at puberty. It shows that the girl’s uterus is preparing itself to be able to carry a pregnancy. It becomes stronger, because a thick lining grows on the inside on the uterus. If that month, the girl does not get pregnant, the uterus sheds the lining. This might cause cramps (muscle contraction), and makes the blood of the lining leave the body through the girl’s vagina.

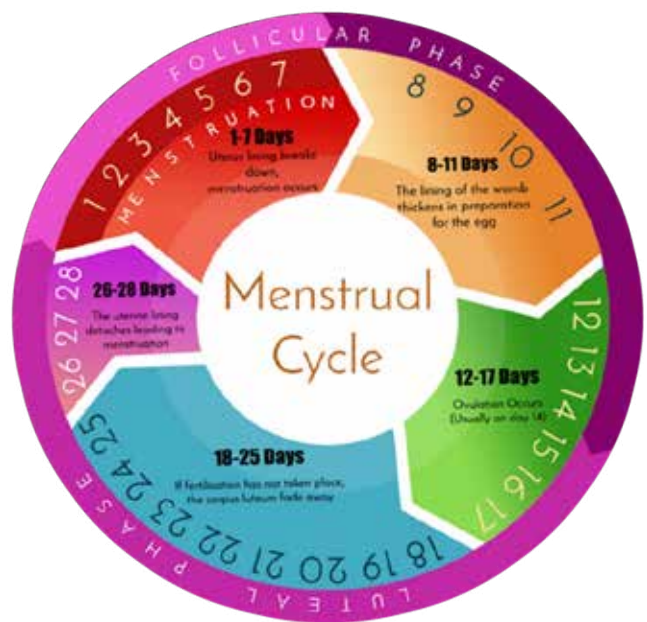
It is a normal process that girls and women all over the world undergo. It starts during puberty, as the body starts to prepare for pregnancy when the girl is older. It ends when the woman is too old to bear children. Usually, the period comes again between 21 days to 35 days (majority are within the 28 days), and lasts for a few days each time (3 to 5 days). However, it is very normal if

times between periods last a bit longer or shorter, especially in the first years that a girl starts having her period, when her 'cycle' still fluctuates.

Medical fact about menstruation and methods girls use to feel better during their menses.

Puberty is not an illness. It is not something to be scared of, as it is a normal process that happens to all women. However, there are some medical conditions that may first appear during this stage in a person's life. It is important that girls are aware of this so that they don't get scared, and they know what to do and to expect. These conditions include:

- The loss of blood every month by the girls during their menstrual periods may lead to anemia, especially if they do not eat enough iron containing food. Anemia, which is a blood condition, may cause weakness and tiredness in the girls. Foods that contains a lot of iron are spinach for example.
- Irregular, prolonged or heavy bleeding may occur in girls who have recently begun having their periods.
- During their menstrual periods, many girls experience one or more of the discomforts below;
 - Stomach pains;
 - Bloating feeling;
 - Sore or tender breasts;
 - Acne;
 - Food cravings;
 - Moodiness and irritability.



- There are certain methods that girls use to feel better during their menses. These include:
 - Drinking warm or hot water which may relax cramp muscles
 - Staying active like doing exercises
 - Placing a towel deep in hot water and drained or a hot water bottle on lower abdomen or lower back
 - Taking mild pain killers like paracetamol
 - When the cramps are very bad, they should see a doctor.

Menstrual Hygiene

Girls can keep their hygiene during menstruation by:

- Changing the sanitary towels regularly
- Washing their private part several times per day (depending on how heavy the flow is) with warm water and no soap
- Wearing comfortable clothes
- Keeping their genital area clean
- Using unseated hygiene products.
- Disposing used menstrual products properly in a trash bin.

Boys and men can support by:

- Having accurate information on menstruation so as to reduce social stigma and period shaming among girls.
- Breaking the barriers and taboos around menstruation.
- Buying menstrual products such as sanitary towels.

Myths and taboos around menstruation

Myth	Reality
<ul style="list-style-type: none"> Girls are ready for marriage and to have babies by the time they have their first menstruation. 	<ul style="list-style-type: none"> Though menstruation is a sign that a girl can get pregnant, the body of the girl is not ready for giving birth. Early pregnancy, that is pregnancy before the age of 18, is dangerous for girls, and increases the health risks for both the baby and the mother, contributing to high rates of maternal and infant mortality. Young pregnant girls often have difficulties giving birth; doctors usually have to perform caesarean section on young mothers to ensure the safety of the mother and child. Caesarean section is a type of surgery for delivering a child by cutting through the mother's abdomen.
<ul style="list-style-type: none"> Having periods is like having a sickness - all menstruating girls are affected. 	<ul style="list-style-type: none"> Menstruation is a normal biological process that all girls must go through in order achieve fertility and have children. It is not a sickness though it can cause some discomfort and inconveniences.
<ul style="list-style-type: none"> When they have their menstruation, girls should not move or walk around. There are many things they cannot do. 	<ul style="list-style-type: none"> Walking is a good form of physical exercise. It is actually healthy for the menstruating girls to walk and move around instead of sitting in one place.
<ul style="list-style-type: none"> Menstruation is something that girls should be ashamed of. You should not talk about this openly! 	<ul style="list-style-type: none"> Menstruation is a natural process, and necessary if human life is to continue on this earth. Girls should not be stigmatized and laughed at because of menstruating. Instead, they should be taught how to manage menstruation and keep themselves clean.

Discuss:

If a girl has undergone FGM, this can have an impact on her menses. Ask the participants what they know about FGM, and about the impact of FGM on menstruation. Discuss together.

Most importantly, FGM can make it hard for the blood to flow, sometimes creating very intense cramps. It may become so bad, that the girls will try to get pregnant and deliver soon, as this will help to open the birth canal.

It is important that all the participants understand that this is not a solution, because of the other risks that come with early pregnancy, including medical risks and high risk of maternal mortality, and drop out of school. It is better she visits a doctor and gets painkillers, or if available go to a hospital where she can be helped.

You have now reached a point in the discussion, where probably it will be clear that there are many challenges related to the lack of proper sanitary pads. You can create a discussion around this.

Module 9: Teenage Pregnancy

Time: 60 minutes | **Materials:** Flip charts, markers, masking tape



Purpose

In this module we analyse the causes and consequences of adolescent pregnancy using a problem tree.

Specific Objectives:

By the end of the module participants will be able to:

1. List causes/contributing factors and the consequences of adolescent pregnancy.
2. Identify ways of preventing adolescent pregnancies in the community.

Activity 1¹:

Adolescent pregnancy

Advance preparation

Draw a sample Problem Tree to provide an example of how the problem tree is to be populated. Only label the Trunk as illustrated below.

STEP 1

Divide the participants into 3 groups.

STEP 2

Ask each group to draw a big tree on a flipchart, showing the roots, trunk and branches (show your sample tree).

STEP 3

Explain to the participants that in order to deal effectively with the teenage pregnancy problem, it is important to understand it in depth.

STEP 4

Ask the groups to discuss teenage pregnancy as a key challenge in the community. Ask them to consider the attitudes, behaviors and practices that fuel teenage pregnancy.

1. The content of this activity was adopted from MENKEN “Real parents” project and in particular the “Adolescent pregnancies” training manual.

STEP 5

Tell them to write the causes and consequences of teenage pregnancy on the tree they have drawn. The trunk represents the problem (teenage pregnancy) while the roots represent the causes and contributing factors. The branches represent the consequences (allow 15 minutes to do this).

STEP 6

Ask one person from each group to present their tree in the plenary with brief explanation. Use Resource Sheet 6: Consequences of Teenage Pregnancy to add on to the group presentations (allow 5 minutes for each group).

71

STEP 7

After each group has presented its tree, explain to participants that in order to deal with the teenage pregnancy problem, we need to identify the root causes and uproot them otherwise the tree will keep on shooting (teenage pregnancies will keep recurring). Ask them to identify the main root causes from the trees as you circle or underline them on the flipcharts.

Highlight the following, if they were not mentioned:

- Lack or limited education
- Food insecurity
- Lack of information about sexual and reproductive health and rights
- Inadequate access to services tailored for young people
- Pressure to marry from family, community, and society
- Sexual violence e.g., incest, defilement, and rape
- Child, early, and forced marriage
- Poverty

STEP 8

Ask them what can be done to deal with the root causes they have identified.

STEP 9

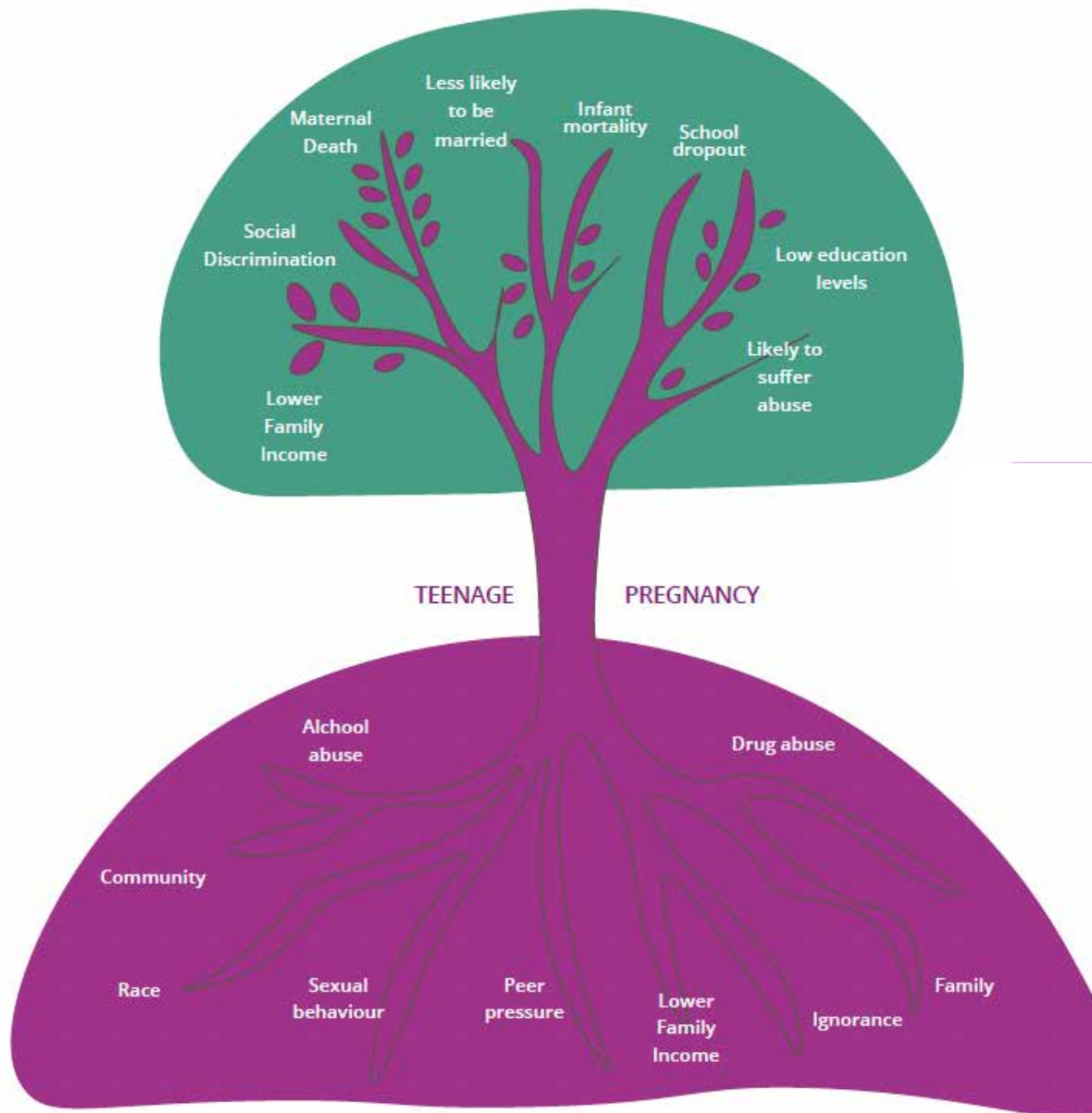
Ask participants to identify ways in which parents/guardians and the community can support teenagers who become pregnant while in and out of school as you list their suggestions on a flipchart.

STEP 10

Ask participants to identify measures they will take to prevent themselves from getting pregnant again while teenagers.

STEP 11

Conclude the session by asking them what they have learnt from the session, and what can be done to prevent the problem of teenage pregnancy in the community.



Sample problem tree



Resource Sheet 6:

"Consequences of Teenage Pregnancy"

Medical Consequences of Teenage Pregnancy

- High-risk pregnancy, which may lead to maternal death
- Stillbirth and newborn death among 0-1-year-old is 50 %higher among 15-19 years old compared to infants of women from 20-29 years old
- Infants of adolescent- mothers are more likely to have low birth weight
- Poor health of the mother and her baby, which could lead to sickness, and even death
- High probability of the couple to have another child (1-3) before the age of 20

Economic Consequences of Teenage Pregnancy

- Higher cost of health services
- Loss of various opportunities for social advancement, including delayed or neglected educational goals
- Less opportunity to land a good job, hence limited provision for household needs
- Increase in economic burden to the family/country

Psycho-social Consequences of Teenage Pregnancy

- Poor husband-wife relationship (immaturity)
- High possibility of GBV and separation
- Less opportunity to enjoy adolescence and to mingle with friends
- Poor psycho-social development of children
- Stigma and social isolation
- Maternal depression

Prevention of teenage pregnancy

75

- Report cases of defilement immediately after they happen. This will help the survivor get medical attention the soonest, which include prevention of pregnancy
- Report cases of defilement to concerned authorities for judicial course of action
- Provide adequate/ age-appropriate information on sex education and awareness on sexual reproductive health
- Provide right information on contraceptives and how to access them
- Advocate for abstinence

Reporting

Children should report cases of sexual violence or at risk of sexual violence to trusted persons (teacher, parent, caregiver, neighbor etc.), children office near you, assistance chief, chief, child protection volunteer, community health volunteer, police, hospital, toll free child helpline 116.

Even when in doubt report anyway!



Module 10: Family Planning and contraception

Time: 60 minutes | **Materials:** Flip charts, markers

Purpose

This module is to help participants understand the benefits of family planning and contraception.

Specific Objectives:

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

1. Explain the different types of contraception and how they work.
2. Identify the health, economic and social benefits of family planning.
3. Correct any misconceptions they may have about family planning and contraception.

Activity 1

STEP 1

Tell the participants that it is the right of adolescents to access reproductive health information and services as per the Constitution of Kenya 2010 Art. 43 – 1:

Every person has the right: (a) to the highest attainable standard of health, which includes the right to health care services, including reproductive health care.

77

STEP 2

Tell participants that the government has provided youth-friendly services that are within the government hospitals:

- Non-judgmental and considerate health workers and staff;
- Health services available to all adolescents during times of the day that are convenient to them (this may include after-school, evening, and/or weekend hours);
- Reduced financial barriers to contraceptive services;
- Accessed reproductive health information and skills;
- Provision of health advice and counseling services aimed at promoting health and preventing health problems and behaviors;
- Referral to other health and social service providers, when necessary;
- Equipped facilities to provide adolescents with the health services they need and are also appealing and 'friendly' to adolescents;
- A safe and supportive environment.



STEP 3

Ask participants to define what they know about Family Planning, Contraception, and Child spacing.

STEP 4

After getting 2 or 3 responses from participants, add any aspect they might have left out using the points below:

- **Family planning** is a reproductive life plan that allows a person to set goals about whether to have children when to have children, and under what conditions. The plan can change.
- **Contraception** is the prevention of pregnancy. Broadly speaking, any behavior, technique, drug, or medical device that achieves this end can be defined as a means of contraception.
- **Child spacing** is the time in between pregnancies. Couples use various contraceptive methods to enable them to space their children and achieve their family planning goals.

STEP 5

Briefly describe the following 5 events necessary for pregnancy to occur and explain that different contraceptive methods disrupt one or more of these events:

- a) Sperm must enter the vagina;
- b) Sperm must travel through the cervix and uterus and enter the fallopian tubes;
- c) An egg must be present in the fallopian tubes within 48 hours of the introduction of sperm;
- d) Sperm must fertilize the egg;
- e) The fertilized egg must implant into the lining of the uterus.

STEP 6

Ask participants to mention the contraceptive methods that they know of and review using Resource Sheet 7: "Family Planning and Contraceptives".

STEP 7

Conclude the activity by explaining that when choosing the birth control method whether natural or modern, one must consider the following:

- Their health and the health of the family;
- Opportunity cost of not using any method;
- Facts not myths;
- Individual differences;
- The opinion of knowledgeable and unprejudiced medical personnel.

Activity 2:

Overview of Importance of Contraceptives and Family Planning and Contraceptives Benefits (30 Minutes)

79

STEP 1

Divide participants into four groups and assign each group one of the following topics to discuss and write their answers on a flip chart (10 minutes).

- Importance of contraceptives
- Benefits of family planning for parent(s)
- Benefits of family planning for baby and siblings
- Benefits of family planning for community and Government



STEP 2

After 10 minutes, ask each group to present their answers. When all groups have presented, distribute Handout 3: “Importance of Contraceptives and Benefits of Family Planning” and highlight any important information they might have missed out.

STEP 3

Lead a discussion on problems for mother and child related to closely spaced pregnancies. Emphasize the following:

- Babies born too early;
- Babies that are too small;
- Sickly children;
- Children who are more likely to die before fifth birthdays;
- Mothers who may get ill during and after pregnancy and childbirth;
- Mothers who may be more likely to die in childbirth.

Explain that these problems can be worse if the mother has another existing health problem such as anemia, HIV, malnutrition, malaria, tuberculosis, diabetes or heart disease.

STEP 4

End the discussion by highlighting the Take-Home Message:

To protect the health of both the mother and the baby, the messages for teenagers are:

- For your health and your baby’s health, wait until you are at least 18 years of age, before trying to become pregnant.
- Use a family planning method of your choice until you are 18 years old.
- Preferred age of full maturity is 23 years.

Activity 3

Myths and Misconceptions about Contraceptives

STEP 1

Ask participants to stand in the middle of the meeting space.

STEP 2

Explain that you will read a statement (use below statements); if they agree they should move to the right side (point to this side). If they disagree, they should move to the left side. Encourage everyone to move to a side (if they do not feel strongly, they can go to the side that is closest to how they feel).

- When you use contraceptives, you can't get a child in the future/which leads to bareness
- When a boy has sex with a girl only once he can't impregnate her
- After having sex, you should wash the vagina with cold water to kill sperm
- Condom burst during sex occurs as a result of struggling
- Contraceptives should not be used by teenagers. It is for adults.
- The use of contraception prevents both unplanned pregnancies and STIs
- Those who use contraceptives are promiscuous

STEP 3

Conclude the activity with the points below:

- If one cannot abstain, use condom
- Adolescents to be open in discussing their sexual and reproductive health with their parents, trusted adults, CHVs
- Attend prenatal and postnatal care in health facilities for education and information on contraceptives
- Deliver in hospitals and health care facilities rather than at home due to the risks involved
- Practice behavior change particularly on secondary abstinence
- Do not abort if contraceptives backfire. Accept the pregnancy and carry on to realize your dreams for it's not the end of life.
- Get the baby's grandmother's support to take care of the baby and return to school after delivery.
- Report violations of health and reproductive rights





Resource Sheet 7: “Family Planning and Contraceptives”

Family planning: the practice of controlling the number of children one has and the intervals between their births, particularly by means of contraception or voluntary sterilization.

Contraceptives: a device or drug serving to prevent pregnancy.

Methods of contraceptives:

83

- 1) **Fertility awareness/Natural methods** - withdrawal, cervical mucus, calendar days (fertility awareness), body temperature, and abstinence.
- 2) **Artificial methods** - long-acting reversible contraception - the implant or intrauterine device (IUD); hormonal contraception - the pill or the Depo Provera injection; barrier methods - condoms; emergency contraception.
- 3) **Permanent contraception** - vasectomy and tubal ligation.

1) Fertility awareness/ Natural methods:

This includes; withdrawal, cervical mucus, calendar days (fertility awareness), body temperature, and abstinence as discussed below:

a) Safe and unsafe days (Calendar Method)

Understanding which days of the menstrual cycle a person is most fertile on can help people avoid pregnancy. Though menstrual cycles can vary from person to person, the average length is 28 days.

- The ovaries release an egg or ovulate, around 10–16 days before menstruation begins.
- The time around ovulation is called the fertility window because these are the most fertile days in the menstrual cycle.
- It is possible to become pregnant during the 5 days leading up to ovulation and on the same day.
- An egg can survive for up to 24 hours after release, and sperm can survive for up to 7 days after sex. Therefore, it is also possible to get pregnant in the 2 days after ovulation, but this is less likely.
- As a result, there are around 21 days in the menstrual cycle on which pregnancy is less likely. The days before and during menstruation are the least fertile days of the menstrual cycle.
- People with a menstrual cycle that is shorter than 28 days could ovulate within days of their period ending.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1 Safe	2	3	4 Period Starts	5	6	7
8	9	10	11 Unsafe	12	13	14
15	16	17	18	19	20	21
22	23 Safe	24	25	26	27	28
29	30	1	2 Period Starts	3	4	5

b) Tracking body temperature

Tracking temperature throughout the menstrual cycle can help predict ovulation. Body temperature typically rises around ovulation, from 96–98°F (35–36°C) to 97–99°F (36–37°C).

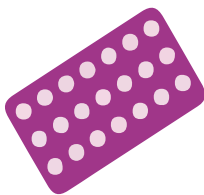
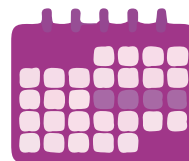
c) Examining their cervical mucus

Cervical mucus, or vaginal discharge, changes in color, texture, and volume throughout the menstrual cycle. On a person's most fertile days, the mucus will feel slippery, similar to raw egg white. On their less fertile days, it will be sticky and cloudy. On their least fertile days, there may be little or no mucus at all.

2) Artificial methods

Including female/ male condoms, diaphragm, cervical cap, pill, intrauterine system (coil) contraceptive patch, emergency contraceptive (p2) sponge, spermicides, pull out method, sterilization, contraceptive ring contraceptive implant, injection (depo), intrauterine device (Norplant)...

85

*The pill**Intrauterine System (IUS)**Male condom**Contraceptive Patch**Female condom**Contraceptive Ring**Fertility awareness**Diaphragm*



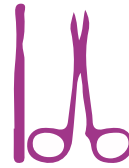
Contraceptive implant



Contraceptive Injection



Pull-out method



Sterilization



Emergency Contraceptive



Sponge



Spermicides



Cervical cap



Handout 3

“Importance of Contraceptives and Benefits of Family Planning”

The rationale for family planning is that a small family is good for the parent(s), children, community and the country as a whole.

Contraceptives are important because they:

- Enable the mother to regain her health after delivery.
- Give enough time and opportunity to love and provide attention to her child
- Give more time for her own personal advancement (education and financial empowerment).
- Give enough time for treatment and recovery, when suffering from an illness.
- Reduce unintended/ adolescent pregnancies
- Protect teenagers from the physical, emotional and financial burden of unplanned pregnancy.
- Prevent spread of sexually transmitted diseases (STDs)
- Remove the option of unsafe abortion.
- Minimize pregnancy complications: contraceptives help protect women from any health risks that may occur before, during, or after childbirth. These include high blood pressure, gestational diabetes, infections, miscarriage, and stillbirth.

87

Benefits of family planning for the parents:

- Enable the mother to regain her health after delivery.
- They will be healthier and less tired
- They can give more attention to the children
- They can be sure to have enough food, clothes and other basic needs
- They can spend more time with their spouse
- They have energy to work for more income
- They have time to help in community activities
- They have peace of mind about the future
- They have time for recreation



Benefits of family planning for the baby and other siblings:

Breast feeding for a longer time

- Have more love, care, and attention from parents
- Have better food
- Be healthier
- Have brighter future opportunities and better chances to get education
- Have good opportunities for jobs
- Have more space for living and playing
- Have confidence for a peaceful life
- Possibly have a larger share of property from their parents when they grow up

Benefits of family planning to the community and Government because there is:

- Better and less crowded facilities (schools and hospitals/clinics)
- Balance between natural resources and people
- More social services
- Better use of water and soil (environmental conservation)

7. TRAINING MODULES: GENDER AND RIGHTS TOPICS

Module 11: Peer-To-Peer Support/ Pressure

Time: 45 minutes | **Materials:** pen and paper

Purpose

Peer pressure is the way people who are our age, like our classmates affect or encourage how we act or do things.

By the end of this module, we should understand and learn how to respond to good and bad influences from our peers/agemates/classmates/schoolmates.

Activity 1²

Silent signals (45 minutes)

STEP 1

Send two pupils (helpers) out of the room on a quick task.

STEP 2

While they are out, tell the pupils that they are going to participate in an experiment about peer pressure. Have the pupils clear their desks, then hand out the pens and paper. Leave pens and paper on the 'helpers' desk as well.

STEP 3

Ask each pupil to write the word "APPLE" in large letters and place the paper on their desk. Tell the class they are not to talk to the returning pupils (helpers), even if they ask what's going on. No laughing or smiling either!

STEP 4

Tell the pupils in the class to observe what the helpers will do when they return. E.g. Will they ask for an explanation? Will they ignore what is on the desk or anything in the class because it makes no sense? Or will they pick up their pens and write the word "APPLE" like everyone else?

STEP 5

Now ask the helpers to come back to class (the observation should not take more than 2 minutes).

2. Kids Health in the classroom <<http://classroom.kidshealth.org>>

STEP 6

After the pupils have observed the helpers, ask the helpers the following questions:

- a) Why did you do what you did?
- b) What made you follow along – or not?
- c) How was this an example of peer influence?

STEP 7

Conclude the activity with the following:

Peer pressure can happen in the following ways: when a person asks you directly to do something, or says things to you that force you toward a certain choice/decision or when nothing is actually said to you, but because you see others doing something, you feel pressure to do the same. For example, everybody doing, or wearing, or liking the same thing. Body language can also make someone feel like they are or aren't part of a group (hugging, crowding /gathering together, sitting together, eye-rolling, staring, giggling/laughing, pointing).

The following are ways your peers can affect your decision/choice:

- Threatening to leave someone out or end a friendship.
- Abusing or calling names to make someone feel bad.
- Giving reasons to do something or why it would be okay to do it.
- A group standing together talking or laughing, maybe looking at something you can't see.

- Children who think they are cool give you a look that means: “We’re cool and you’re not”.
- Popular children buying or wearing or doing something, and because they set an example, others want to follow.
- Peer pressure can influence one into bad behaviors: such as drug abuse, sexual activities, absenteeism from class, cheating, stealing eating junk foods etc.
- A school should be a place of good influence.





Module 12:

Drugs and Substance abuse

Time: 60 minutes | **Materials:** flipchart, masking tape and marker pens, notebook

Purpose

To increase awareness of the impact of drugs in our community, and their effects to individual life and relationships.

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

1. Define the term drugs.
2. List the different types of drugs and where they can be found.
3. Describe risks associated with using drugs especially related to violence and teenage pregnancy.
4. Identify factors that influence young people to use drugs.
5. Identify consequences of drug abuse in people's lives and relationships.
6. State actions that can be taken to prevent or stop abusing drugs.

Activity 1

As you start this activity, set climate by informing participants, they are going to be doing an activity on substance abuse. Explain the objective and importance of this activity. Prior to the session, first ask participants what drugs are. Then proceed by writing each of the following questions on a piece of flipchart paper:

- What comes to mind when you hear the word “drug abuse”?
- Who uses the drugs?
- What are some examples of drugs and where are they available?
- What are the risks associated with using drugs, especially related to violence and teenage pregnancy?

Place one sheet in each corner of the room.

STEP 1

At the beginning of the session, divide the participants into 4 groups.

STEP 2

Assign each group to one of the four questions. Explain that each group has 5 minutes to discuss the question and write out their responses on the flipchart paper. For low literacy groups, read aloud the questions and ask them to discuss among themselves.

STEP 3

Tell the groups to rotate clockwise. Give them another 5 minutes to discuss the new question and write their responses.

STEP 4

Repeat steps two and three until all of the groups have had an opportunity to discuss and respond to each of the four questions.

STEP 5

Read aloud and summarize the responses provided on the flipchart papers. If the groups did not write out their responses, ask them to share with the larger group what they discussed.

95

STEP 6

Use the questions below to facilitate a discussion.

- Do people in your community have easy access to alcohol and cigarettes? Are they prohibited for minors under the age of 18? Are these laws enforced?
- Do people have easy access to other types of drugs? (See Resource Sheet 8 - What are Drugs?)
- What are the most common reasons young people use drugs? Are these different from the most common reasons older people use drugs? In what ways?
- Are there different degrees, or levels, to which an individual can use a drug? What are these degrees? (See Resource Sheet 10 - Types of Substance Users)

- Are advertisements for cigarettes and alcohol allowed in newspapers, magazines, or television? How do these advertisements promote the use of these substances? What do you think of this?
- How do these media advertisements portray the people who use their products? Do you think these portrayals are accurate?
- How do these media advertisements influence young people's attitudes about cigarettes and alcohol?
- What effects do alcohol and other substances have on sexual decision-making and other behaviors (See Resource Sheet 9 - Effects of Different Substances)
- How can drug use affect a person's risk for violence or pregnancy?
- How does peer pressure contribute to drug use?
- How does the use of drugs affect relationship? Families? Communities?
- What actions can you take if abusing alcohol or other substances?

STEP 7

End the discussion by asking participants what they have learnt from this activity and how they are going to use the knowledge.

STEP 8

Conclude the module by summarizing with the following points:

- There are many types of drugs, some legal, some illegal, some more commonly used by women, some more commonly used by men. It is important to think about the personal and social pressures that lead young people to use drugs and to be aware of the consequences of their use on individual lives, relationships, and communities.

- It is difficult to generalize what factors lead a person to use drugs. Each person has his or her own reasons and sometimes they're not even clear to the individual. In the majority of cases, there might be a variety of reasons: curiosity, a desire to forget problems, an attempt to overcome shyness or insecurity, dissatisfaction with one's physical appearance, etc. It is important that family, friends, and peers offer support, without blame or judgment, to help the individual reflect on the harmful effects of drug use, to identify healthy alternatives, and how to seek competent professional help, if needed.



Resource Sheet 8

"What are Drugs?"

A drug can be defined as any substance that is capable of producing changes in the functioning of living organisms, be it physiological or behavioral. There is a special category of drugs called psychoactive or psychotropic that alters the mood, perceptions, sensations, and behaviors of the user in accordance to the type and the quantity of drug consumed, the physical and psychological characteristics of the user, the moment and context of usage, and the expectations the person has in relation to the drug. These psychoactive or psychotropic drugs can be classified in three groups, according to their effect on brain activity.

A. Depressants:

Depress brain activity, causing sluggishness and disinterest.
Examples include alcohol, sleeping medicines, and inhalants.

DEPRESSANT	Sensations they provoke	Effects they can cause
Tranquilizers	Relieve tension and anxiety, relaxes the muscles and induces sleep	In high doses, they cause a drop in blood pressure; combined with alcohol, they can lead to a state of coma; in pregnancy, they increase the risk of foetal malformation. They generate tolerance, requiring an increase in dosage.
Solvents or inhalants (glue, varnish, benzene, liquid paper)	Euphoria, hallucinations and excitation	Nausea, drop in blood pressure, repeated use can destroy neurons and cause lesions in the spleen, kidneys, liver and in peripheral nerves.
Cough syrups and drops with codeine and zipeprol	Pain relief, feeling of well-being, sleepiness, floating sensation	Drop in blood pressure and temperature; risk of coma; convulsions, generate tolerance, requiring an increase in dosage; when withdrawn, dependent users experience cramps and insomnia.
Sedatives	Relieves tension, calm and relaxing sensation	In association with alcohol, causes a drop in blood pressure and breathing rate, which can lead to death. Generates tolerance, requiring an increase in dosage and dependence.
Opium, morphine, heroin	Euphoria, hallucinations and excitation	Cause dependence; reduce the rhythm of heartbeat and breathing and can lead to death; collective use of syringes can lead to HIV; difficult withdrawal.
Alcohol	Euphoria, frees speech, feeling of anaesthesia	Slight tremors and nausea; vomiting; sweating; headaches; dizziness and cramps; aggressive-ness and suicidal tendencies.

B. Stimulants:

Increase brain activity, causing wakefulness and alertness. Examples include appetite control medicines, cocaine, and caffeine.

STIMULANTS	Sensations they provoke	Effects they can cause
Amphetamines	Resistance to sleep and tiredness; tachycardia; sensation of being "turned on;" full of energy	Tachycardia and increase in blood pressure; dilatation of the pupil; danger for drivers; high dosage can cause delirium and para-noia.
Cocaine	Sensation of power; of seeing the world more brilliantly; euphoria; loss of appetite; sleepiness and tiredness	In high doses, causes an increase in temperature, convulsions and severe tachycardia, which can result in cardiac arrest.
Crack	Sensation of power; of seeing the world more brilliantly; euphoria; loss of appetite; sleepiness and tiredness	In high doses, causes an increase in temperature, convulsions and severe tachycardia, which can result in cardiac arrest. Causes a strong physical dependency and high mortality.
Tobacco (cigarettes)	Stimulating; sensation of pleasure	Reduces appetite, can lead to chronic states of anaemia. Aggravates diseases such as bronchitis, and can perturb sexual performance. In pregnant women, increases the risk of miscarriage. Is associated with 30% of all types of cancer.
Caffeine	Resistance to sleep and tiredness	Excessive dosage can cause stomach problems and insomnia.

C. Hallucinogenic:

Modify brain activity by altering how reality, time, space, and visual and auditory stimulants are perceived. Examples include Ecstasy and LSD.

HALLUCINOGENIC	Sensations they provoke	Effects they can cause
Marijuana or Bhang (Cannabis Sativa)	Calmness, relaxation, desire to laugh	Immediate loss of memory; some persons can have hallucinations; continuous use can affect the lungs and the production (temporary) or spermatozoa; loss of will.
LSD	Hallucinations, perceptive distortions, fusion of feelings (sound seems to acquire forms)	Nausea, drop in blood pressure, repeated use can destroy neurons and cause lesions in the spleen, kidneys, liver and in peripheral nerves.
Ecstasy (MDMA)	Hallucinations, perceptive distortions; fusion of feelings (sound seems to acquire forms); stimulant	Anxiety and panic; delirium; convulsions; risk of dependency
Anticholinergics (plants such as the lily and some medicines)	Hallucinations	Tachycardia; dilation of the pupils; intestinal constipation and increase in temperature can lead to convulsions



Resource Sheet 9

"Effects of Different Substances"

In small doses, alcohol can create a sensation of relaxation, calming, well-being, and sometimes even mild euphoria. When ingested in large quantities, it can cause sleepiness, mental confusion, slower reflexes, and a lack of motor coordination. These effects can lead an individual to engage in various high-risk behaviors, including unprotected sex, driving under the influence, and/or violence. When alcohol is consumed with high frequency, there is an increased risk for cirrhosis, memory loss and other chronic problems such as loss of appetite, and vitamin deficiencies.

101

In general, women tend to have a lower tolerance for alcohol than men, in part because they typically have a higher proportion of fat and a lower proportion of water in their bodies; as a result, a woman will have a higher blood alcohol content than a man who of the same weight who drinks the same amount. Additionally, women have lower levels of an enzyme that breaks down alcohol in the stomach, so they absorb a higher concentration of alcohol than a man who drinks the same quantity.

A woman who drinks alcohol during pregnancy risks the health of her unborn child. Alcohol passes freely through the placenta, creating a level in the fetus almost identical to that in the mother. Babies whose mothers drink frequently or heavily during pregnancy may be born with serious birth defects, including low birth weight, physical deformities, heart defects, joint and limb deformities, and mental retardation.



Prescription medicines.

The purpose of medicine is to cure disease, relieve pain or suffering, and promote wellbeing. However, if used by people who do not need it, or if used in high or inadequate doses, medicine can damage one's health.

For example, amphetamines are often misused, which can lead to heart problems, paranoia, or convulsions, among other things. Because amphetamines are stimulants, and therefore increase one's stamina and physical energy, they are sometimes used by students to pull all-nighters. Additionally, varying perceptions of beauty often lead women to endanger their health by taking amphetamines to lose weight in pursuit of the "perfect" body.

Tranquilizers, also known as "calmers," cause the brain (the central nervous system) to act more slowly. They are often used to treat anxiety and some sleep disorders. As the body becomes accustomed to tranquilizers, the initial symptoms can disappear and the user can develop a tolerance to, and dependency on, the substance. When combined with other drugs—such as alcohol—tranquilizers have more intense effects, which, in turn, can increase certain health risks, such as respiratory depression or cardiac arrest.

Marijuana

Marijuana is one of the most frequently used illegal drugs today. Its most common effects are the sensation of well-being and relaxation. Sometimes users can become very chatty, anxious, or hallucinate. While a young person experimenting with this drug may not become addicted, even innocent experimentation can have detrimental health effects, such as problems with memory, clear thought, and coordination, and an increased heart rate. It may also result in problems with the law, since it is an illegal substance.

Long-term users who smoke marijuana have an increased likelihood of respiratory illness, such as a persistent cough or lung cancer. Users may also suffer from personality disorders, such as depression or anxiety. The drug most often causes the greatest risk during the intoxication period itself, because the user can lose the capacity to carry out such activities as driving a motorcycle or car.

Cocaine

Surveys indicate that cocaine use is much less common than the use of other drugs, such as alcohol and tobacco. Cocaine use can lead to dependency and can affect both mental and physical functions. Mental effects include euphoria, hyperactivity, visual and tactile hallucinations, and the sensation of being pursued. Some physical effects are an abnormally high heart rate, convulsions, and chills. Cocaine is particularly harmful when used with alcohol. Cocaine is also an appetite suppressant, which has led some women to use it to lose or keep off weight.

Cocaine can cause damage to the body at the time of use, as well as later. Some report heightened sexual stimulation at the beginning of use. However, regular use can decrease sexual desire and cause impotence.

Cocaine can be snorted or injected. When injected, there is the additional risk for HIV/AIDS and Hepatitis B and C.

Steroids

103

Steroids are most often used to accelerate the building of muscle. They are typically taken in pill form or injected. Steroids are artificial versions of testosterone, a naturally produced hormone in the body. In some cases, people use steroids not intended for human use. For example, there are reports of young people ingesting steroids intended for veterinary use, to rapidly increase their muscle mass.

Steroids have a variety of physical effects. They can decrease the function of the immune system, which is the body's defense system against germs. They can also damage the liver, cause cancer, and change normal hormonal function, i.e., interrupting menstruation in women and affecting the hypothalamus and reproductive organs. They can even cause death. Steroids can also have emotional effects, such as depression or irritability. Steroids can have sex-specific effects.

For women, these include: alteration of the menstrual cycle, deepening of the voice, decrease in the size of the breasts, excessive hair growth, and changes in disposition, including



aggressiveness and anger. Common effects for men include: breast development, reduced sexual function and infertility, and testicular atrophy.

As with any injected drug, sharing needles for injecting steroids can lead to the transmission of HIV/AIDS and Hepatitis B and C.



Resource Sheet 10

“Types of Substance Users”

104

The United Nations distinguish four types of substance users:

The Experimenter – Limits him or herself to experimenting with one or several substances, for various reasons, e.g. curiosity, desire for new experiences, peer pressure, publicity, etc.

In most cases, contact with the substance does not go beyond the initial experiences.

The Occasional User – Uses one or several substances occasionally, if the environments are favorable and the substances are available. There is no dependency, or rupture in professional or social relations.

The Habitual User – Makes frequent use of substances. (Suggesting “One already observes signs that the user is breaking away from relationships.”) Still, the user can function socially, though in an unpredictable way, and runs the risk for dependence.

The Dependent or “Dysfunctional” User – Lives through substance use and for substance use, almost exclusively. As a consequence, all social ties are broken, which causes isolation and marginalization.

Substance Use and Sexual Behavior

Many people believe that certain substances can improve sexual performance. In reality, the effect of substance use varies from person to person, based on many factors, including: biological (the metabolism of the human body), frequency of use, environment and culture, and psychological aspects. Very often, the positive effects produced by substance use during sexual relations have more to do with what people believe will happen than the drug's pharmacological properties. For example, contrary to what many people believe, alcohol can initially make people feel less intimidated, but as the playwright William Shakespeare once said: "Alcohol provokes the desires, but puts an end to the performance." That is to say, it can hinder an erection. In the same way, marijuana reduces the production of the male hormone testosterone and can temporarily lead to reduction in the production of sperm. Cocaine reduces desire and excitement, since users are more interested in using the substance than in having sex.

Moreover, when people are using drugs, it is more difficult to establish communication and negotiation at the time of sexual relations, as each person is often more concerned about his/her own immediate sensations than with their partner's sensations or possible risks for unintended pregnancy, STIs, or HIV/AIDS. Research has confirmed that a person under the effects of any substance is unlikely to use a condom because his or her judgment and reflexes are impaired. It is also important to remember that even the rare or occasional use of alcohol or substances can still put individuals at risk, as it takes only one incident of drinking too much alcohol and having unprotected sex for an unintended pregnancy and/or STI/HIV/AIDS infection to occur.

Module 13:

Confidence, self-awareness and self-esteem

Time: 60 minutes | **Materials:** no materials needed

Purpose

In this module we are going to discuss confidence, self-awareness, and self-esteem. It is very important that children feel good about themselves. We will discuss how to improve our confidence and self-esteem; how we see ourselves and how it affects how other people view us; how it also affects our performance both in and outside school.

These activities are aimed to help children understand their limitations, strengths and develop a positive concept about themselves and their schools.

In this activity, participants work with partners, since it is difficult to draw one's own portrait (usually for self-portraits artist uses a mirror). By drawing each other's portraits, participants develop a sense of observation and create an atmosphere of appreciation and acceptance of themselves and others which in turn strengthens the relationship between members of the group.

Activity 1

Self-esteem³ (20 minutes)

STEP 1

Explain that we are born with an imaginary empty treasure chest (treasure box). As people love us, compliment us, appreciate us, play with us, and learn with us, we build up our treasure. As people criticize us, shout at us, and put us down, we lose our treasure.

STEP 2

Explain that as the put-downs build-up, the treasure chest can lock and that prevents us from feeling good about ourselves and others.

STEP 3

Read the following statements aloud one at a time and ask the pupils to write a response to each statement:

- What do you think is your greatest personal achievement to date?
- What do you like most about your family?
- What do you value most in life?
- What are the three things you are good at?
- What is one thing you would like to improve about yourself?
- If you died today, what would you most like to be remembered for?
- What do members of the opposite sex like most about you?
- What do your friends like most about you?

3. Activity borrowed from Save the children life skills manual-facilitators guide.



STEP 4

Divide the pupils into groups of 3 or 4. Ask them to share two or three of their responses and to discuss in their groups how they can give themselves and other people self-esteem treasure.

STEP 5

Conclude the activity by emphasizing that we need to build our own treasure chests or boxes, and find ways of building those of others as well.

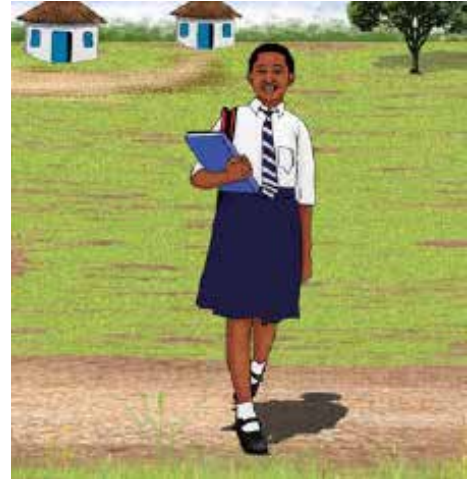
Activity 2

Self-awareness (20 minutes)

STEP 1

Self-awareness as a skill empowers an individual to know and come into terms with their strengths, status, background, culture, needs and feelings. It is also an individual's ability to appreciate the strong and weak points of one's own character. This realization enables one to take actions, make choices and decisions which are consistent with one's abilities.

Mwangaza is a beautiful fifteen-year-old girl. She is a talented singer and dancer just like her grandfather Mwaga. Her academic performance is exemplary. However, she steals, bullies others and is not concerned about other people. Mwangaza feels she is too big and old to be in grade seven. Her parents enrolled her in school late since there were no schools in her neighborhood when she attained school going age. She also had to look after her family's animals.



STEP 1

Ask a volunteer to read Mwangaza's story.

109

STEP 2

Guide pupils to answer the following questions and write their responses on a flip chart:

- a) Identify factors which have influenced Mwangaza's life positively and negatively.
- b) Discuss possible ways of helping Mwangaza overcome negative habits.

STEP 3

Ask each pupil to reflect on his or her life and write on the notebook the factors that may have influenced his or her personality and behavior.

STEP 4

Summarize this activity by explaining the role of nature versus nurture in influencing human behavior as outlined in the Resource Sheet 11.



Resource Sheet 11

“Self-awareness”

Definition of Self-awareness

- Self-awareness is the perception that one has of themselves. It involves knowing and understanding one’s physical, intellectual, emotional and spiritual components as well as recognizing one’s abilities, talents, role in society, strengths and weaknesses.
- Encourage learners to share the aspects about themselves they are comfortable with.
- The mentor could also share about themselves; their likes and dislikes as well as past struggles with physical attributes. This will make it easier for the participants to freely talk about their own struggles.
- Encourage the participants to accept what they cannot change like height, complexion etc. and work towards changing what they can.
- Emphasize that each person is unique and valuable, hence the need to accept self and others.
- Self-acceptance enhances self-image.
- Individual abilities, gifts, and talents can be enhanced by being aware they exist, accepting and improving them. For instance, knowing that you have the capability to run, play ball games, sing and dance and working towards developing them enables one to become a competent and productive member of the society.

- Utilizing abilities, gifts and talents leads to personal fulfilment and enhanced self-esteem of an individual.

The skill of self-awareness aims at helping one to discover and accept self, plan for one's future and be able to accept others. It helps in the appreciation and application of all other life skills.

Benefits of self-awareness

- Helps one to understand oneself better
- Helps one to accept oneself
- Empowers one to be in control of one's life
- Minimizes external influences: you are able to protect your personal space
- Enables one to accept feedback
- Helps to improve interpersonal relationships

111

Factors that influence an individual's life

- Culture: The culture a person comes from contributes a great deal to his or her current situation (positively or negatively).
- Family values: Positive and negative family values shape individuals' attitudes and behavior.
- Religion: The beliefs a person upholds affects his or her values and hence day-to-day choices.
- Education: The schools attended and the level of education a person has attained do shape a person's life in a way.
- Peer groups: Childhood peers and current peer groups have an influence on an individual's choices.

- Genetic inheritance. Abilities and talents inherited from our parents and grandparents tend to enhance personal growth if they are developed.

Human beings are products of both genetics and the environment. Self-awareness entails asking oneself the following questions:

- Who am I and how do I relate with myself (intra-relationship)?
- Where have I come from? What is my family background and its impact on my life?
- Where do I want to go in life - what is my passion?
- What steps should I take to get to my desired destination in life?

Pupils, when necessary, they can access guidance and counselling to deal with psychological challenges associated with their past.

STEP 5

Summarize the self-awareness activity with the following point.:

- Human beings are products of both genetics and the environment. Self-awareness entails asking oneself the following questions:
- Recognize the weak and strong sides of your own behavior.
- Recognize the weak and strong sides of your own thoughts and abilities.
- Differentiate what one can do or can't do by themselves.
- Recognize things that which cannot be changed and accept them (e.g., hair type, height etc.)
- Whatever people say, each person is different and should value themselves.
- Recognize your unique talents

Conclude the module with the following:

- It is important to feel good about yourself.
- Try to solve problems, or to learn something new. This will help you improve your confidence and self-esteem.
- Do not bully other children or make them feel inferior/bad about themselves.



Module 14: Relationships

Time: 45 minutes | **Materials:** no materials needed

Purpose

In this module is to understand what healthy and unhealthy relationship, the importance of maintaining cordial relationships and values/skills on daily interaction.



Activity 1

STEP 1

Start the module by explaining that we shall be discussing about relationships, and understand what healthy and unhealthy relationship is.

STEP 2

Tell the participants that respect for both oneself and others is a key characteristic of healthy relationships. In contrast, in unhealthy relationships, one partner tries to exert control and power over the other physically, sexually, and/or emotionally.

115

STEP 3

Ask participants to share characteristics of a healthy relationship

STEP 4

After getting 2 or 3 responses from participants; add any aspect they might have left out using the points below:

- Healthy relationships share certain characteristics that teens should be taught to expect. They include:
- Mutual respect. Respect means that each person values who the other is and understands the other person's boundaries.
- Trust. Partners should place trust in each other and give each other the benefit of the doubt.
- Honesty. Honesty builds trust and strengthens the relationship.

- **Compromise.** In a dating relationship, each partner does not always get his or her way. Each should acknowledge different points of view and be willing to give and take.
- **Individuality.** Neither partner should have to compromise who he/she is, and his/her identity should not be based on the partner. Each should continue seeing his or her friends and doing the things he/she loves. Each should be supportive of his/her partner wanting to pursue new hobbies or make new friends.
- **Good communication.** Each partner should speak honestly and openly to avoid miscommunication. If one person needs to sort out his or her feelings first, the other partner should respect those wishes and wait until he or she is ready to talk.
- **Anger control.** We all get angry, but how we express it can affect our relationships with others. Anger can be handled in healthy ways such as taking a deep breath, counting to ten, or talking it out.
- **Fighting fair.** Everyone argues at some point, but those who are fair, stick to the subject, and avoid insults are more likely to come up with a possible solution. Partners should take a short break away from each other if the discussion gets too heated.
- **Problem solving.** Dating partners can learn to solve problems and identify new solutions by breaking a problem into small parts or by talking through the situation.
- **Understanding.** Each partner should take time to understand what the other might be feeling.
- **Self-confidence.** When dating partners have confidence in themselves, it can help their relationships with others. It shows that they are calm and comfortable enough to allow others to express their opinions without forcing their own opinions on them.

- Being a role model. By embodying what respect means, partners can inspire each other, friends, and family to also behave in a respectful way.
- Healthy sexual relationship. Dating partners engage in a sexual relationship that both are comfortable with, and neither partner feels pressured or forced to engage in sexual activity that is outside his or her comfort zone or without consent.

STEP 5

Ask participants to share characteristics of an unhealthy relationship.

STEP 6

After getting 2 or 3 responses from participants; add any aspect they might have left out using the points below:

Unhealthy relationships are marked by characteristics such as disrespect and control. It is important for youth to be able to recognize signs of unhealthy relationships before they escalate

Some characteristics of unhealthy relationships include:

- Control. One dating partner makes all the decisions and tells the other what to do, what to wear, or who to spend time with. He or she is unreasonably jealous, and/or tries to isolate the other partner from his or her friends and family.
- Hostility. One dating partner picks a fight with or antagonizes the other dating partner. This may lead to one dating partner changing his or her behavior in order to avoid upsetting the other.
- Dishonesty. One dating partner lies to, keeps information from the other, steals from the other.

- Disrespect. One dating partner makes fun of the opinions and interests of the other partner or destroys something that belongs to the partner.
- Dependence. One dating partner feels that he or she
- “Cannot live without” the other. He or she may threaten to do something drastic if the relationship ends.
- Intimidation. One dating partner tries to control aspects of the other’s life by making the other partner fearful or timid. One dating partner may attempt to keep his or her partner from friends and family or threaten violence or a break-up
- Physical violence. One partner uses force (such as hitting, slapping, grabbing, or shoving) to get his or her way
- Sexual violence. One dating partner pressures or forces the other into sexual activity against his or her will or without consent.

STEP 7

Conclude the module by stating that maintaining open lines of communication may help them form healthy relationships and recognize the signs of unhealthy relationships, thus preventing violence before it starts.

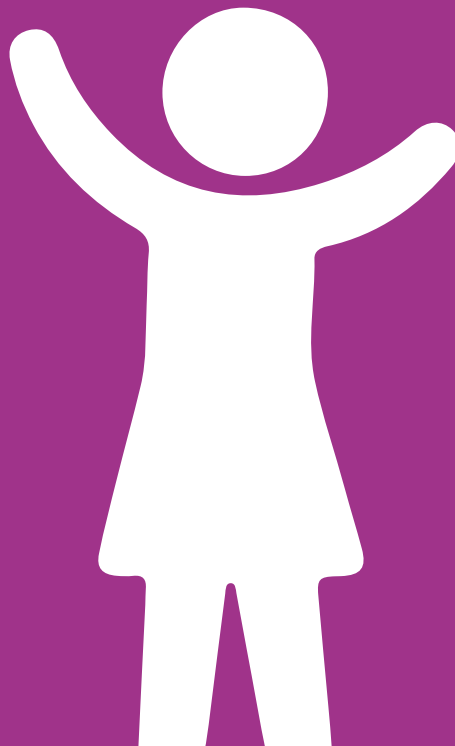
Module 15:

Decision Making

Time: 30 minutes | **Materials:** Flip charts, notebooks, felt pens

Purpose

To help the pupils in making good decisions.



Activity 1

Three Cs To Good Decision-Making (30 minutes)

STEP 1

Explain that making decisions and knowing the consequences are important skills young people need.

STEP 2

Ask the participants to take out a blank piece of paper and write down a serious decision that they (or someone they know) are currently facing. The decisions can be about anything - school, a job, a family situation, or a social situation. Instruct them to choose a decision where the consequences really matter, instead of something that will not make much difference (this should take 3-5 minutes).

Assure them that what they write will remain confidential.

STEP 3

Collect the papers in a basket or hat. Read them quickly and choose five or six that are tough decisions. Write them on the flipchart paper, editing them as necessary to keep confidentiality.

STEP 4

Explain to the participants that these are the kind of challenges many young people face, especially as they become independent. Young people must make decisions and learn to live with the consequences.

STEP 5

Using flipchart paper, display the “Three Cs to Good Decision Making” showing the words, challenges, choices, and consequences, and distribute Handout 4. Point to the word “challenges” (as illustrated in Handout 4), and ask them to define what that means (something that is difficult). Ask the pupils to choose one of the challenges listed on the flipchart paper, and then write it on the first line of their handout.

STEP 6

Now point to the word “**choices**” on the flipchart paper. Again, ask them to define “choices” (things you can opt to do in a particular situation). Ask the group to brainstorm several choices or options that a person making this decision has. List those beside the word “choices” and add any others that you can think of. Be sure there are at least three choices.

121

STEP 7

Point to the word “**consequences**”, and ask what that means (something that happens as a result of doing something, either positive or negative). Ask them to think of possible negative and positive consequence for each choice. Add any obvious consequences the group may leave out, especially negative ones. Point out that the number of choices should not determine the best choice. You should note the intensity or weight of each choice.

STEP 8

Tell the group to look at the choices and consequences and make a choice together. If there is no consensus, take a vote to determine the outcome. Clarify that although an individual usually is capable of making a decision, people may seek other people's opinion before making a decision.



STEP 9

Summarize what is on the newsprint and help learners to articulate the three steps in making a good decision when facing a challenge.

Discussion Points

- What do you think about the “three C’s”? How effective do you think it will be when you are back in your day-to-day life?
- What are some of the most powerful influences in our lives when we make decisions?
- How does it feel when we decide to do something that disagrees with any of those influences?
- When facing a tough challenge, and unsure of the decision to take, who could you turn to for help?

STEP 10

Conclude the module by using the points below:

- When it comes to making decisions regardless of what a person’s values may be, there are some questions that a person should ask before making the decision. Decisions about sexual behaviors are some of the important ones that young people make.
- Making decisions about sex is related to “who you are” and “what you believe in.” This influences “how you behave.” With this in mind, it is important to recognize that all individuals have a right to make their own decisions about sex. No.
- one can make those decisions for him or her. In the end, individuals will do what they value.
- It is illegal in Kenya for Children below 18 years of age to engage in sex.



Handout 4

"Three Cs To Decision-Making"

1. Challenge or decision you are facing:

2. Choices you have:

Choice 1:

Choice 2:

Choice 3:

3.	Consequences of each choice: Positive	Negative
1)		1)
2)		2)
3)		3)

4. Your decision is:

5. Your reason(s) is/are:

Module 16:

Stress management / Mental Health

Time: 45 minutes | **Materials:** Flip charts, felt pens



Purpose

This module will discuss stress, causes of stress, effects of stress, and ways of managing stress.

Activity 1

Definition of stress, causes of stress, effects of stress, and ways of managing stress

Advanced preparation

Before the session, post 4 different flip chart paper on different positions of the wall. On each paper write down one of the 4 categories below:

- *Define stress*
- *Causes of stress*
- *Effects of stress*
- *Ways of managing stress*

125

STEP 1

Start this module by explaining to the participants that we are going to talk about stress, causes of stress, effects of stress, and ways of managing stress.

STEP 2

Divide the participants into 4 groups and assign each group one of the above categories. Ask them to stand next to their category and brainstorm on about it for 5 minutes as they write their responses on the flip charts.



STEP 3

After each group has posted their responses on the flip chart, clap to signal the participants that their time is up and ask them to rotate in clock wise direction and have a gallery walk to what the next group has written (repeat this action until they have visited all stations. Each group should not spend more than 3 minutes at each station. Ask them to add any other information that might have been omitted by the other group using a different color of felt pen. At what point did you begin to trust your partner?

- Did you ever want to trade places with your partner?
- Think about a person you trust. Why do you trust them?
- Why is trust important in our daily lives?
- How might we build trust with other people?

STEP 4

After the groups have returned to their original flipchart, let them appreciate what the other groups have added before returning to their seats.

STEP 5

Once the participants have returned to their seats, conclude the activity by leading a plenary discussion on the four categories using Resource Sheet 11: "Stress management / mental health "



Resource Sheet 12

“Stress management / mental health “

- **Stress** is a condition of increased activity in the body, which overwhelms the individual beyond what their mental capacity can handle.
- **A stressor** is any excessive demand on a person. The demands can have a physical, mental or social impact on the person.

127

There are two types of stress:

- **Eustress** is any form of stress that propels someone to work hard to achieve a certain goal, for instance preparing for an examination.
- **Distress** is an unhealthy form of stress since it may cause excessive pressure that interferes with the body or mental equilibrium.
- **Stress management** refers to effective coping with a situation that weighs hard on a person's mental capabilities as a result of increased physical or emotional pressures.

Causes of stress:

Physical sources	Sickness, developmental challenges, disability, sexuality, personality type
Spiritual sources	Guilt, self-image, exhaustion, boredom, sickness, injury
Emotional sources	Loss of loved one, divorce or separation of parents, expectations, time-pressure, adolescence issues, tension (exams, responsibilities), happiness,, hate, shame, fear, failure, anxiety.
Sociological sources	Relationship, population congestion, abortion, new neighbours, stigma/discrimination
Economic sources	Lack of school fees, child marriage, child labour, poverty, drought/famine, lack of control over what is happening
Environmental sources	Lack of rain, information exposure
Cultural sources	The disappearance of tradition hence, we are caught up in cultural vacuum, disintegration of extended family, changing roles of women

Effects of stress:

- Stress can be destructive if poorly handled. It becomes a problem when a person can no longer withstand the pressure.

Ways of managing stress:

Stressful circumstances cannot be completely avoided but can be contained within manageable limits. It is believed that a certain amount of stress may be essential to get one awakened to the need to focus on one's actions and appropriate response.

However, if you find yourself asking, WHY ME, then you know that you have not resolved the 5Ws.

You are still questioning yourself, blaming yourself, regretting, bringing yourself down. Use the following techniques to manage stress:

- A) **Stop, calm down and think before you act.** Once you're calm, try to say what the problem is and how it makes you feel.
- B) **Try to think of some solutions and what the consequences of the solutions would be.**
- C) **Explain your solutions and try to put them into action.**
- D) **Write them down.**
- E) **Draw, scribble or sketch your feelings.**
- F) **Play a sport to work out: Move!** Physical activity can help reduce and prevent stress. Move to stop stress from building up in your body. When you feel nervous, angry or upset, release the pressure through exercise.
- G) **Meditate or practice deep breathing – count to ten.**
- H) **Take a Deep Breath /slow down and breathe slowly.** Stress often causes us to breathe shallowly and this almost always causes more stress!
- I) **Talk It Out.** Keeping feelings inside can increase stress. Share your feelings with a friend, family member, teacher or religious leader can help you see your problem in a new way.

J) Take a “Minute” Holiday. Create a quiet place in your mind. You cannot always run away, but you can dream. Imagining a quiet place can take you out of a stressful situation.

K) Pay Attention to Physical Comfort. Be as physically comfortable as the situation will allow. Wear comfortable clothing, sit comfortable chair in a comfortable environment.

L) Take Care of Your Body. Healthy eating and adequate sleep fuels your mind as well as your body. Avoid eating too much caffeine and sugar. Well-nourished bodies cope better with stress.

M) Laugh. Maintain your sense of humor, including the ability to laugh at yourself. Share jokes and funny stories with your friends. Laughter is good for you!

N) Manage Your Time. Plan ahead and make a realistic schedule for yourself and include time for stress reduction as a regular part of your schedule.

O) Know Your Limits. When in a stressful situation, ask yourself: is this my problem? If it isn't, leave it alone. If it is, can you resolve it now? Once it is settled, leave it alone. Do not agonize over it.

P) Must You Always Be Right? Do you get upset when things don't go your way? Consider cooperation or compromise rather than confrontation to reduce the strain and feel good.

Q) Have a Good Cry. It is normal for people of all ages to cry. A good cry when stressed can be healthy and relieving and may prevent a headache or other physical consequences of stress.

R) Look for the Good Things Around You. It is easy to see only the negative when you are stressed. Decide to notice five good things.

Conclusion

Many stressful life events are value-laden e.g., in case of an unwanted pregnancy several options are available. Selecting the best alternative such as keeping the child, giving the child up for adoption, or guardian or foster care are all value-laden solutions, and one must be selected.

The decision process may be quite difficult due to the imposed values placed upon the involved persons by society, family, religion, etc. Those imposed values may not be the accepted values of those making the decision. Thus, health educators need to strengthen values clarification skills by providing an atmosphere where an individual can assess opinions and beliefs on value-laden issues such as an unwanted pregnancy and arrive at a personal position statement which will guide future actions.



8. ANNEXES

Annex A:

Selection criteria for Community Health Promoters

The Community Health Promoters should have the following characteristics:

- Good literacy skills
- Secondary education completed will be an added value
- Coming from the locations where the groups will be established
- Be charismatic
- Be open-minded and ready to talk about sexual violence, teenage pregnancy, child marriage and FGM that occur in the community
- Be committed to group members well-being and development
- Be respected and trusted
- Be a person who influences the opinions, attitudes, beliefs, motivations and behaviors of others. We want her to become a champion for change by using her influence to build awareness about child protection, reproductive health and contraceptives, GBV/sexual violence among others and take action to prevent GBV/VAC and model positive behaviors towards children
- Should be a female
- Committed to be take charge of the group for the entire project period
- Reside in the locality where the young mothers' group will be established.
- Recognized by the MOH and seconded by her/ his supervisor-
CHEW
- Have no history of child abuse or GBV

Annex B:

TORs for CHP

Terms of Reference (ToR) for Community Health Promoter

Position: Community Health Promoters (CHP)

Incentive/token/airtime: Kshs/Month

Duration: Location:

Starting date:

134

Activities

- Together with two volunteers “young mother ambassadors” follow a 5 days training on the young mothers’ support group guide so as to acquire skills and capacity to facilitate the groups sessions.
- Together with young mother ambassadors, facilitate young mothers’ bimonthly sessions two sessions in a month and meet with project staffs on a monthly basis to report and prepare for the next sessions.

Teenage mothers’ sessions will consist of:

- Talking about sexual violence, teenage pregnancy, child marriage, reproductive health, child protection, relationships among other topics.
- Have dialogue among group members about protecting themselves from abuse and others from sexual violence, teenage pregnancy, child marriage and FGM in their community.
- Mentor the group members as they conduct peer to peer sessions within the community.
- Link group members with other service providers such as health

services/hospitals/health centres, schools (for those who want to re-enrol), DCS for CP services, NCDF (National government Constituency Development Funds) for bursaries will be done to ensure adequate support towards these girls.

- Support in distribution of dignity kits to the most vulnerable group members on quarterly basis.
- Support in preparation and accompanying teenage mothers participating in county and national key events calendar events such as the Day of the African Child, International Girls Day, 16 days of activism against GBV, among others
- Support young mothers' groups in developing action plans to promote protection of children from sexual violence, teenage pregnancy, child marriage and FGM.
- Promote public discussions and generate commitment among others in the community to prevent sexual violence, teenage pregnancy, child marriage and FGM.

Profile:

- Be a recognised CHP by the MoH
- Good literacy skills
- Secondary education completed will be a plus
- Be part of the community that the young mothers' groups will be conducted
- Be charismatic
- Be open-minded and ready to talk about child abuses that occur in the community including talking about sexual violence, teenage pregnancy, child marriage and FGM
- Be committed to their community well-being and development
- Be respected and trusted.
- Be an opinion leader who influences the opinions, attitudes, beliefs, motivations and behaviours of others. We want her to become champion for change by using her influence to



build awareness about teenage pregnancy, sexual violence, child marriage and FGM and encourage others about the need to take action to prevent child abuse and model positive behaviours towards children.

I certify that I have read and understood the responsibility assigned to this position

Name:

Designation:

Date:

Location:

Annex C:

Selection criteria for teenage mothers

- Teenagers of 13 to 17 years old
- Either has a child or is pregnant
- Comes from the target locations
- Willing to be part of the group
- Willing to attending trainings/sessions



Annex D:

Standard form to be filled for
interested young mothers
while attaching copies of birth
certificates

Full name:

Grade:

Age:

Village:

**What makes you interested in joining young mothers support
group?**

Annex E:

Consent for pregnant adolescents and teenage mother's participation in Teenage Mothers' support Group Sessions

The International Committee for the Development of People (CISP) in collaboration with the Directorate of children services is leading a consortium of 6 other organizations in implementing a 3-year EU-funded project titled TETEA project - 'Together Empowering Society To Eliminate the Abuse of Women and Children,' in Tana River County (Tana River sub-county), Kakamega County (Shinyalu and Malava sub-counties), and Nakuru County (Gilgil and Naivasha Sub-counties). The overall objective/goal of the project is to contribute to eliminating all forms of gender-based violence (GBV) and violence against children (VAC) in Kenya. The specific objective is to address root causes of all forms of GBV and VAC (i.e., harmful gender norms) and strengthen the reporting system of GBV and VAC.

Part of the key project components is to empower young girls and boys to become leaders of change (such as peer educators and advocacy leaders) whereby the project has established 28 Teenage Mothers Groups in the targeted sub counties. The Teenage Mothers Group members will be trained on gender-based violence/sexual violence, reproductive health and contraceptives, teenage pregnancy, child marriage, relationships, problem solving among others. To ensure the information is not limited to the Teenage Mothers Group

members, the members will have routine peer-to-peer sessions both within and beyond their groups where they will cascade the acquired knowledge and skills to their peers. In relation to this, the project staff and partners may take photos of the young mothers during group activities for purposes of promoting their mission.

I hereby give my consent:

- (a) to CISP, and its affiliates and their representatives to film, photograph, tape or otherwise make a video reproduction of my child and/or record his/her voice;
- (b) to use my child's name and such film, photograph, tape or reproduction of his/her recording of his/her voice(s), in part or in whole, in newspapers, magazines and other print media, on television, radio and electronic media (including the "Internet"), for educational and awareness campaigns, in connection with the promotion of CISP work and/or to help raise funds for supporting children locally, regionally or globally, and,
- (c) to transport my child to any event or activity as may be planned or may arise.

I understand that no monetary compensation will be given in connection with the participation of my child in the Teenage Mothers Support Group activities or use of the film, photograph, tape or reproduction of my child and/or the recording of his/her voice.

Name of the child:

Address:

Date:

The below signed parent or legal guardian of the above-named minor child hereby consents to and gives permission to the above on behalf of such minor child.

Signature of Parent or Legal Guardian:

Name:

Address:

Date:

The following is required if the Consent and Release form has to be read to the individual or parent/legal guardian of a minor:

I certify that I have read this consent form in full to the individual or parent/legal guardian whose signature appears above.

Translator



9. MONITORING TOOLS

Tool 1:

Evaluation Tool for CHP Training

(Pre to be administered before the start of the CHPs training and post after the last day of the training)

Please remember that this is a pre-test. It is happening before you have taken part in the training or had the opportunity to learn more about the topics. Do not be surprised or upset if you find you cannot answer many of the questions. Just do your best.

143

Name of CHP:

Date:

1. Gender is ... (tick the correct statement) (1mk)
 - a) What is appropriate for men and women
 - b) Washing clothes, cooking, taking care of animals
 - c) The difference in the way society expects boys and girls to behave
 - d) The biological or physical difference between boy and girl or man and woman

2. The statement below defines gender roles for both boys and girls which one does not (tick the correct statement) (1mk)
 - a) Doing house chores
 - b) Assisting in construction work
 - c) Increase in body and height



3. Sex is.... (tick the correct statement) (1mk)
- a) The biological or physical difference between male and female
 - b) The way people expect you to behave as a boy or a girl
4. List 4 types of contraceptives. (2 mks)
- -
 -
 -
5. Provide any 3 reasons why contraceptives are important. (2mks)
- 1
 - 2
 - 3
6. Family planning is (tick the correct statement) (1mk)
- a) productive lifeline that allows a person to set goals whether to have children and under what conditions
 - b) prevention of pregnancy through broadly speaking and behaviors technique or using drug or medical devices that can achieve this
7. Please describe the five events for pregnancy to occur (2mks)

8. What is a drug (tick the correct statement) (1mk)
- i. Any substance that can be taken through the mouth
 - ii. Any substance that can affect our well-being that is both psychological and emotional being
 - iii. Any substance that is capable of producing change in the functioning of a living organism be it psychological or behavioral
9. We have three groups of psychotic drugs as (tick the correct answer) (1mk)
- a) Depressant, stimulants, hallucinogenic
 - b) Sentation, stimulant, depression
 - c) Solvents, inhalants, tranquilizers
 - d) Sedative, stimulant, hilarious
10. What action can be taken to a child abuser (tick the correct answer) (1mk)
- a) Showing the bad effect
 - b) It is not possible to stop child abuse
 - c) Educate the child abuser
 - d) Report to the police or trusted adult
11. Name four 4 ways to relief menstrual pain. [2 marks]
- -
 -
 -

12. How do we communicate to get better results (1mk)

- a) Assertively
- b) Aggressively
- c) Passively
- d) I am not sure

13. List any 4 consequences of child marriage. [2marks]

-
-
-
-

14. What is teenage pregnancy? [2 marks]

15. List any 4 ways on how we can prevent sexual violence [2 mks] -

-
-
-
-

16. The 3 steps to decision making are(tick the correct statement) (1mk)

- a) Choice, Challenge, Consequences
- b) Consequences, time, similarity
- c) Challenges, solution, choice

17. List 2 consequences of FGM (2mks)

-
-

Tool 2:

Evaluation Tool for for teenage mothers (Pre to be administered before the start of the sessions and post to be administered after the 16 modules are completed)

Please remember that this is a pre-test. It is happening before you have taken part in the training or had the opportunity to learn more about the topics. Do not be surprised or upset if you find you cannot answer many of the questions. Just do your best.

147

Name of CHP:

Date:

1. Gender is ... (tick the correct statement) (1mk)
 - a) What is appropriate for men and women
 - b) Washing clothes, cooking, taking care of animals
 - c) The difference in the way society expects boys and girls to behave
 - d) The biological or physical difference between boy and girl or man and woman

2. The statement below defines gender roles for both boys and girls which one does not (tick the correct statement) (1mk)
 - a) Doing house chores
 - b) Assisting in construction work
 - c) Increase in body and height



3. Sex is.... (tick the correct statement) (1 mk)
 - a) The biological or physical difference between male and female
 - b) The way people expect you to behave as a boy or a girl

4. The following are types of child abuse. Give an example of each (2mks)
 - a) Physical abuse
 - b) Emotional/ Psychological abuse
 - c) Sexual Abuse

5. Provide any 3 reasons why contraceptives are important. (2mks)
 - 1
 - 2
 - 3

6. Family planning is (tick the correct statement) (1 mk)
 - a) productive lifeline that allows a person to set goals whether to have children and under what conditions
 - b) prevention of pregnancy through broadly speaking and behaviors technique or using drug or medical devices that can achieve this

7. Please describe the five events for pregnancy to occur (2mks)

8. What is a drug (tick the correct statement) (1mk)
- i. Any substance that can be taken through the mouth
 - ii. Any substance that can affect our well-being that is both psychological and emotional being
 - iii. Any substance that is capable of producing change in the functioning of a living organism be it psychological or behavioral
9. We have three groups of psychotic drugs as (tick the correct answer) (1mk)
- a) Depressant, stimulants, hallucinogenic
 - b) Sentation, stimulant, depression
 - c) Solvents, inhalants, tranquilizers
 - d) Sedative, stimulant, hilarious
10. What should one NOT do in case of sexual abuse? Tick one answer (1mk)
- a) Seek medical treatment before 72 hours
 - b) Wash your body (shower)
 - c) Report immediately to a trusted adult/ authority
11. Tick the statements below that are TRUE about Menstruation (1mk)
- a) Girls are ready to have babies when they start periods/ menstruation
 - b) Menstruation is like sickness
 - c) Female genital Mutilation (FGM) creates painful cramps during menstruation
 - d) It's a normal vaginal bleeding of a girl at the start puberty that occurs every month
 - e) Menstruation pain can be cured by having sex

12. Tick the correct sentence that describes a person with values (1mk)

- a) Working hard to live a good life
- b) Having numerous sex partners
- c) Sleeping at a friend's place without permission

13. When being asked by a trusted person you know to have sex with him/her, which is the best way to respond (tick one answer) (1mk)

- a) Passively
- b) Assertively
- c) Aggressively

14. List three characteristics of a healthy relationship (2mks)

-
-
-
-

15. Mention two ways one can manage stressful circumstances (2mks)

-
-

16. Give two ways in which the abuse of drugs and substances can contribute to sexual abuse (2mks)

-
-

17. Which of the following statements is true about Family planning/contraceptives? (tick the correct statement) (1mk)
- a) Family planning/contraceptives make one not get a child in future
 - b) Those who use family planning/contraceptives are promiscuous
 - c) Contraceptive prevents unplanned pregnancies and STIs
18. The 3 steps to decision making are (Tick the correct statement) (1mk)
- a) Choice, Challenge, Consequences
 - b) Consequences, time, similarity
 - c) Challenges, solution, choice
- 19) List 5 consequences of FGM (5mks) -
- -
 -
 -
 -

Tool 3:

Monitoring Tool –CHP and young mother’s ambassadors

Workplan

Group name:

Month:

Date of Activity	Type of Activity	Young mother ambassador responsible
Week 1		
Week 2		

Date of Activity	Type of Activity	Young mother ambassador responsible
Week 3		
Week 4		

Tool 4:

Monitoring Tool –CHP and young mother's ambassadors Workplan

After facilitating each group session, please answer to the following questions.

Name of group:

Date:

No of youths attending the session:

A. What was the topic discussed during the session?

B. How willing were the teens to start and carry out the activity?[on a scale of 1-5, with 1 being very unwilling and 5 being very willing]

C. How was the teens' attitude during the session? (Choose any attitude as observed: calm, happy, closed, sad, stressed, aggressive, participatory or not, judgmental, laughing at others, interacting with others or not; any other observation from the patrons):

D. What did teens like and not like about the activity?

E. What would you improve for the next session?

F. Attach photo of the activity



Tool 5:

Attendance Sheet

No.	Name	Gender		Class
		F	M	
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				

Number of teens in attendance:

Number of Adults in Attendance:

Women:

Men:

Total:

Name of CHPs supervising:

Signature.....



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