



THE REPUBLIC OF UGANDA
MINISTRY OF EDUCATION AND
SPORTS

LIFE SKILLS Toolkit

**Module 2:
My body, my health**



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September 2022

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FOREWORD

Children and adolescents in Uganda today live in a world of challenges and opportunities, including new technologies, changing labor markets, migration, conflict, environmental and political changes. To succeed within the current and future environment, all children in Uganda need access to quality education and learning that develops skills, knowledge, attitudes and values that enables them to become successful lifelong learners who can learn, unlearn and relearn; find productive work, make wise decisions and actively engage in their communities.

Life Skills, also known as transferable skills, 21st century skills, soft skills or social emotional skills allow young people to become agile, adaptive learners and citizens equipped to navigate personal, academic, economic, social and environmental challenges.

The Life Skills toolkit is part of MoES's ongoing efforts to expand, re-think and transform education and the learning system in Uganda to provide children and adolescents especially the most marginalized with quality learning opportunities that include the skills they need to succeed in school, work and life.

The toolkit is aligned to the Government of Uganda's vision of transforming Uganda's society from a peasant to a modern and prosperous country, through preparing well educated, skilled and healthy human resources essential to facilitate development. More particularly, the toolkit is aligned to the Ministry of Education and Sports' goal of achieving equitable access to relevant and quality education and training for all.

The Toolkit is also aligned with the Sustainable Development Goals, especially (SDG 4) to ensure inclusive and equitable quality education and promote Lifelong learning opportunities for all. Concurrently, Life Skills development also contributes to the fulfillment of other SDGs relating to Promoting healthy lives(SDG 3), achieving gender equality and empowerment of all women and girls(SDG 5), Promotion of full and productive employment and descent work for all(SDG8), promoting innovation(SDG9) among others.

The Life skills Toolkit as a competency-based resource builds on MoES existing Life Skills education materials (including but not limited to Reporting, Tracking, Response and Referral(RTRR) Guidelines, PIASCY, Journeys Handbook, Menstrual Hygiene Management reader, Guidelines for the formation and management of school clubs), compressed into a single toolkit and enhanced with UNICEF's adolescent centered skills building material.

The toolkit is designed for teachers and facilitators who work with schools clubs to help learners learn and practice essential competencies-set of knowledge, skills, attitudes and values that they need to form and pursue positive goals, cope with challenges , form healthy relationships and contribute to peace in their lives and communities.

MoES will deliver the toolkit using a system strengthening approach through capacity building of pre-and in-service teachers with appropriate pedagogical practices, formative and summative assessment of learners to measure skills acquisition. Lastly, MoES accentuates that effective Life skills development requires learning environments where all learners can participate and feel physically, socially and emotionally safe and where skills can be reinforced through positive interactions with teachers and peers.

Realizing the vision set forth in this Life Skills toolkit will require resources, partnerships, coordination and continuous learning based on data and evidence. I therefore call upon all stakeholders; teacher training institutions, schools, private sector, academia, donors to advance in this rapidly evolving area of Life Skills development and to support the government of Uganda to ensure that children and adolescents are equipped with skills they need for success in school, work and life.

For God and my Country



Dr. John C Muyingo

Minister of State for Higher Education/ Holding the Portfolio for the Minister of Education and Sports

ACKNOWLEDGEMENT

The Life Skills Toolkit is a Ministry of Education and Sports (MoES) Resource book for Teachers within formal and non-formal education institutions.

The Toolkit utilizes and builds upon existing MoES Life Skills education materials including but not limited to Reporting, Tracking, Response and Referral (RTRR) Guidelines, PIASCY, Journeys Handbook, Menstrual Hygiene Management reader, Guidelines for the formation and management of school clubs as well as UNICEF best practice 21st century content “Adolescent Kit for Expression and Innovation” and Aflatoun International content on child social and financial education.

The Life Skills Toolkit was developed under the Leadership of the MoES Gender Mainstreaming Unit, with technical oversight from the MoES Life Skills Taskforce. The Toolkit was written and curated by Juliet Young, UNICEF Consultant, and Gabriela Gutierrez from Aflatoun International.

Ministry of Education and Sports convey special thanks to our development partners UNICEF, Embassy of Ireland and Government of the Netherlands’ PROSPECTS partnership for the financial and technical support.

Module 2:

My body, my health

Through the module **“My body, my health”** participants become aware of the changes they are going through, physically, emotionally and socially during puberty. In terms of physical changes, they will understand how their bodies are changing from a biological perspective, and the health and hygiene responses to these changes. On an emotional level, participants understand the importance of identifying behaviours, emotions and feelings that might intensify during this pivotal moment in their lives. The session will also address some of the social changes participants will experience as they grow up, such as increasing responsibilities and peer or social pressures.

The sessions in this module address the importance of staying healthy: physically and emotionally. Exploring some of the changes adolescents will go through during puberty, participants recognise the importance of making informed and healthy decisions

in their relationships and behaviours. Acknowledging their own changes, participants recognize that their experiences are not the same as they grow older, and that girls and boys face different emotional and social pressures due to their gender.

Throughout the ‘My body, my health’ section, participants are encouraged to reflect on their own behaviours and emotions, in a judgment free environment. Throughout the activities they will have opportunities to clarify doubts and ask questions about key themes including: menstruation, wet dreams, HIV and AIDS, anxiety, depression and addiction.

Primary competency domains

Identity and self-esteem

Critical Thinking and Decision Making

Sessions in this module

-
- | | |
|-------|---|
| 2.1 | Changes as we grow 1: changes during puberty |
| <hr/> | |
| 2.2 | Changes as we grow 2: our bodies during puberty |
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| 2.3 | Menstrual Hygiene Management |
| <hr/> | |
| 2.4 | Healthy and unhealthy relationships |
| <hr/> | |
| 2.5 | HIV and AIDS |
| <hr/> | |
| 2.6 | My body and mind |
| <hr/> | |

Key information for facilitator

- You have an important role to play in helping adolescents understand how sexuality relates to well-being and health. It is important that you remain neutral and avoid imposing personal views on participants.
- You are not expected to be a health expert. You might feel embarrassed discussing issues around growing up with participants, and it is normal. Read the sessions and additional readings before the day of the activity to prepare, this will help you to feel more confident.
- Have at hand the contact information of adolescent friendly health services in your community that are accessible to participants if they have questions on the module themes (find support services template in the 'Connecting Adolescents with Support' section in the Toolkit introduction)
- During these sessions, participants might discuss intimate information, if you think discussions are difficult in mixed-sex groups consider making single-sex groups.
- Bear in mind that there may be participants in the room who have survived trauma or abuse.
- Do not rush through these sessions. If you think you might need more time, plan extra sessions on the same themes and invite health experts in your community that can provide accurate and youth-friendly information to participants.

By the end of this module participants should ...

- Identify physical and emotional changes that occur during puberty
- Understand social expectations that come with age and how these differ based on their gender
- Be able to accurately define menstruation, wet dreams and erections
- Identify characteristics of healthy and unhealthy behaviours in relationships
- Accurately define HIV and AIDS
- Describe characteristics of emotional and mental health

2.1 Changes as we grow 1: changes during puberty

Overview

Session: Changes as we grow 1: physical changes during puberty						
Module: My body, my health						
Competency Domain: Identity and self-esteem Critical Thinking and Decision Making						
Quick description	Participants identify physical and non-physical changes that occur during puberty and reflect on their own experiences as adolescents.	1	2	3	4	5
		Quiet and restful			Energetic and active	
		1	2	3	4	5
		No literacy required			High literacy required	
Time	60 minutes	Simple and easy		Complex and challenging		
		1	2	3	4	5
Learning Outcomes	Knowledge Outcomes: Participants will be able to...					
	<ul style="list-style-type: none"> Identify physical, non-physical and emotional changes that occur during puberty and how these differ for males and females 					
Key Terms	Competency Outcomes: Participants will...					
	<ul style="list-style-type: none"> Reflect on their own identity and experiences as adolescents Focus on their own experience and reflect on social expectations that come with age 					
Preparation	Puberty: is a period in children's lives when they experience physical changes by which their bodies eventually become adult bodies. It is also the stage when a boy or girl becomes sexually aware or mature and can have a baby. Puberty usually starts sometime between age 7 and 13 in girls and 9 and 15 in boys.					
	<ul style="list-style-type: none"> Prepare the running dictation information slips (included in the 'Participant Handout' section) and place them randomly around the space If the space where you are conducting the activity does not allow for participants to run around safely, this activity should be conducted outside. Prepare signs with: GIRLS, BOYS and BOTH Have at hand the contact information of adolescent-friendly health centres in the community where participants can access additional information (find the Support Services Template in the Toolkit introduction or in the 'Facilitator Resources' section at the end of this session) 					
Materials	<ul style="list-style-type: none"> Ball or object that can be safely thrown or passed around Running dictation slips Signs: GIRLS, BOYS and BOTH 					

Step by Step

Start with your opening circle ritual.

START (10 minutes)

1. Ask participants to stand in a circle and explain, “in this session we will be talking about physical, emotional and social changes we all experience as we grow. To start the discussion, we will play a quick game”.
2. Explain that the ball will be passed around. The person that catches the ball will share with the group the first thing that comes to their mind when they hear the word “puberty”.
3. Remind participants that they shouldn’t think too much about the word they will share, it is about keeping the ball going and just sharing the very first thing that pops in their mind.
4. After a few minutes get the ball back and summarize the words they shared.

ACT (35 minutes)

1. Explain, “during the first activity you already shared some of the words you associate with puberty. Even though puberty might mean something different for each one of us, in general, puberty is a time marked by change”.
2. Ask participants to think about the changes that occur during puberty.
3. To help them reflect, ask a few questions:
 - What changes occur in our bodies when we go through puberty? (physical)
 - What changes occur in our feelings? (emotional)
 - What changes occur in how we are expected to behave? (societal roles and expectations)
4. Give them some time to reflect.
5. Ask a few volunteers to provide examples of some of the changes people go through during puberty.
6. Next, organize the participants in groups of three. For this activity you will be using the information slips included in the ‘Participant Handout’ section.
7. When creating the groups, assign each participant in the group a number: 1, 2 or 3. Once the groups are formed, tell half of the groups they are ‘A teams’ and the other half they are ‘B teams’. ‘A teams’ are only working with the slips that are marked as A, ‘B teams’ are only working with the slips marked as B.
8. Explain, “all participants with the number 2 will be the writers. As a writer, you will need to be ready to note down the information the runners will give you. If you prefer not to write, check if someone else in your group wants this important role”. If only a few participants feel comfortable writing, rearrange the groups to ensure at least one person per group can be the writer. Remind them “this is not a test, making mistakes is not a problem here”
9. Then explain, “participants with the numbers 1 and 3 are the runners. As the runner you will run around the space looking for the information slips. Once you find a slip, you have to read it and memorize. Then you will have to run back and tell your writer what you memorized so they can note it down”.
10. Start the game.
11. Once all teams have finished writing down the 6 information slips, give them a couple of minutes to discuss together the information they collected and make sure all sentences are complete.
12. Then, create new groups by putting together A teams with B teams (so that each group has an ‘A team’ working with a ‘B team’).

13. In the newly formed groups ask the A team to share with the B team what they learnt from the slips they collected.
14. After a few minutes ask them to switch, so the B team can share with the A team what they learnt from slips they collected.
15. Ask participants to think about the information slips and discuss for a few minutes:
 - Which of the changes are unique to girls? Or boys? Or both?
16. Before moving to the last activity, ask participants if they have questions about the information included in the slips. If possible, try to answer their questions or give them additional information on where to find the answer to their questions. If you feel comfortable, give them the option to reach out to you after the session if they have questions and they do not feel comfortable asking in the group.
 - Which changes are physical and which changes are non-physical?

REFLECT (15 min)

1. Ask participants to come back from the groups and make a circle.
2. Explain "the changes mentioned in the information slips are physical and non-physical (emotional) changes that happen during puberty. All of them are normal".
3. Explain that in addition to these changes, during puberty, they will also experience changes in the way people treat them.
4. Point at the three signs you have fixed on the walls or the ground: BOYS, GIRLS and BOTH.
5. Explain "for the next activity I will read a list of statements and you will decide if the statements apply to boys, girls or both. To share your opinion you will have to walk and stand in front of the sign that matches your answer."
 6. Remind them "this is not a quiz, so there are no wrong or right answers. We will all share our opinion and learn from each other".
 7. After reading a statement allow participants 30 seconds to choose their answer and stand where they wish. Then ask a few participants from each line to explain their choice. Ask them: "Why do you think that?"
 8. After hearing these volunteers, ask if anyone wishes to change their position based on the arguments they have heard. Then read the next statement, and so on.

Statements:

- More freedom to move about in public spaces (street, parks, community centres, market)
 - More responsibilities to start earning money
 - More domestic responsibilities (household chores and child or elderly care)
 - More pressure to dress in a way that covers their body
 - Less social mixing between boys and girls
 - Increase social pressure to get married
 - Increase social pressures to gain sexual experience
 - Greater likelihood of being pulled out of school by one's family
1. Ask participants to come back together in a circle and reflect silently. To help them reflect, ask the questions:
 - What are some of the changes you have noticed happening to yourself in the last years?

- Have you noticed people treating you differently in the last years?
2. To finalize the activity explain: “as we grow up we face different challenges. Girls and boys face different pressures and it is important to know how to stay safe. In the next sessions we will talk more about staying safe, but remember, you are protected by the Ugandan law, and no adult can force you to get married or engage in sexual activities.”
 3. Share with participants the contact information of some of the services and organizations they can access to get support. If possible, provide

participants with copies of the support service template with the services you have identified in the community (find the Support Service Template in the Toolkit introduction or in the ‘Facilitator Resources’ section).

4. Close the session by thanking everyone for sharing their thoughts and experiences. Remind them that the changes they are going through are normal and encourage them to find help or reach out to an adult if they have questions.

End with your Closing Circle ritual.

Participant Handout

Running Dictation- Information Slips

A TEAMS	B TEAMS
1. Puberty usually starts sometime between age 7 and 13 in girls and 9 and 15 in boys. Some people start puberty earlier and some later.	1. With puberty girls become physically able to conceive. Girls can become pregnant even before their first period.
2. It is normal to start feeling physically and emotionally attracted to others. During puberty we might start having more sexual thoughts.	2. Puberty might feel confusing because we develop new emotions and feelings. Talking to people about our feelings can help to make us feel better.
3. During puberty our skin might feel greasy and we might start getting black spots or acne.	3. Your period will start at some point during puberty. You might feel some pain or discomfort leading up to your period and during it too.
4. During puberty we grow pubic and body hair. Some people grow more hair than others. This is normal.	4. Our bodies will go through changes. Our hips will widen and our breasts will grow.
5. Our bodies will go through changes. Our voice might break and deepen and our chest and shoulders get broader.	5. During puberty our body will produce more sweat.
6. Everyone goes through puberty at their own pace.	6. We begin to have wet dreams, our penis increases size and testicles begin producing semen.

Facilitator Information Card

	<ul style="list-style-type: none"> ■ Remind participants about the club rules and about the importance of respect and confidentiality ■ Consider making single-sex groups if discussions are difficult in mixed-sex groups. ■ Consider the age or level of participants and their needs. If you find it necessary, organize the 'act' section groups based on the participants' age. ■ Ensure children do not mock or point at each other when talking about the changes they are going through ■ Use the template provided in the introduction of the Toolkit and prepare a list with names of organizations or services participants can access (in and out of school) if they have more questions about their body or puberty.
	<ul style="list-style-type: none"> ■ Do not force participants to share their options. In this session participants might feel particularly vulnerable. ■ Do not ask questions about the participant's personal physical or emotional changes. ■ Do not force participants to write if they feel uncomfortable. ■ Do not perpetuate gender stereotypes by suggesting participants have to adhere to traditional female/male roles after their puberty.
	<p>For younger adolescents: for the section 'reflect', instead of using the statements, read as a group the information slips together and decide if the changes there apply to girls, boys or both.</p> <p>For low-literacy participants: for the 'act' section pair up the low literacy participants with the more advanced participants. Instead of working alone you can have pairs of runners and pairs of writers so they can help each other.</p> <p>Environment: this session can be fully conducted outside to allow participants to safely run or walk around the space. If this is not possible, for the 'act' section call the runner 'seekers' and ask them to walk safely around the space looking for the information slips.</p>
<p>Additional Reading and Activities</p>	<ul style="list-style-type: none"> ■ PIASCY: Helping pupils to stay safe: A handbook for teachers (pg 5-7). Chapter 9: Guidance and Counselling (pg 111) ■ Guidelines for the implementation of the roles and responsibilities of the senior women and senior men teachers in Uganda

Facilitator Resources

Directory of available adolescent-friendly services in my community

This form should be completed and updated periodically. Ensure all the services included in the list are safe, adolescent friendly and easily accessible for participants in and out of school. If possible, find services that do not require previous registration and are free of charge.

Support Service Template

Key Support Services	Agency/organization/ Service providers	Name of contact person	Telephone contact	Email address	Address
Medical/ health service					
Psychological support/ counselling services					
Legal Services					
Provision of basic services support (shelter, food, clothes, etc)					
Key community leaders or school officials and administrators					
Key local government leaders/councillors					
Other civil society institutions					

<p>Key Terms</p>	<p>Menstruation: It is a natural body change a girl goes through when she is growing up. It is the monthly flow of blood from the uterus through the vagina in all girls and is normal and natural. The first monthly flow normally happens to girls between 9 and 15 years and this can last for 3 to 7 days.</p> <p>Menstrual Hygiene Management: refers to access to clean menstrual management material to absorb or collect menstrual blood, that can be changed in privacy as often as necessary for the duration of a menstrual period, using soap and water for washing the body as required, and having access to facilities to dispose of used menstrual management materials</p> <p>Wet dreams: are a normal part of growing up. During puberty boys start realising semen during their sleep at night or in the day if they nap, these are called wet dreams.</p> <p>Erections: When the penis becomes erect, it increases size, becomes longer and wider; this is caused by blood flowing into the penis. During puberty boys might start experiencing frequent erections, often with no sexual stimulation.</p>
<p>Preparation</p>	<ul style="list-style-type: none"> ■ Prepare the flip chart with words: MENSTRUATION, WET DREAMS AND ERECTIONS, and SANITARY PADS. Hang them or place them on separate corners of the space. ■ Read the information cards included in the 'Participant Handout' section and consider if you would like participants to be in single-sex or mixed-sex groups for the 'Act' activity. Preparing this will help you run the session smoothly. ■ Have at hand the contact information of adolescent-friendly services in the community. Find the Support Services Template in the Toolkit introduction section or the 'Facilitator Resources' section in session 2.1 Changes as we grow 1.
<p>Materials</p>	<ul style="list-style-type: none"> ■ Flip chart with words: MENSTRUATION, WET DREAMS AND ERECTIONS, and SANITARY PADS ■ Markers or pens ■ Information cards (included in the 'Participant Handout' section)

Step by Step

Start with your Opening Circle ritual.

START (10 min)

1. To open this activity ask participants to go back to the club rules and read them together.
2. Remind them "It is normal for us to feel a little embarrassed when talking about puberty, but remember that the club is a safe space and all interventions will be treated with respect. If you do not feel ready to share, it is ok too".
3. Ask participants to sit/stand in a circle.
4. Start by reminding them about the last session and some of the discussions they had around puberty and changes during puberty. Ask them to provide a few examples of the physical or non-physical (emotional or societal) changes discussed (some examples can be: menstruation, acne, awareness of new feelings or sexual thoughts, growth of pubic or body hair).
5. Explain "today we will on the changes that happen to our bodies during puberty: menstruation for girls, and wet dreams and erections for boys. Understanding these changes will help us feel more comfortable and help us stay healthy".
6. Point at the flipcharts you prepared and placed around the space before the session with the words: Menstruation, wet dreams and erections and sanitary pads.
7. Ask participants to move around the space and write whatever comes to mind for each word. If you are working with a low literacy group ask them to add a symbol next to the word.
8. After a few minutes of each person adding to the flip chart, have them go to each sign as a group and lead a discussion on what has been written for each word.
9. During this initial conversation participants might share information that is not right, at this stage just listen to their comments and note it down so you can ensure that at the end of the session all doubts have been clarified.

ACT (40 minutes)

1. Make 4 groups, each group will work with one information card (included in the 'Participant Handout' section).
2. Explain "for the next activity you will imagine you are all 'health experts' and you will work together to create a presentation on one of the themes: menstruation, wet dreams and erections, menstrual hygiene management or hygiene".
3. Encourage participants to be creative and motivate them by saying "It is up to you to create a presentation that is clear and engaging. You can perform a short skit, a dance, a quiz a poster, etc. In the presentation, you should try to include all the facts and myths listed in the information cards"
4. Remind them we are talking about a topic that affects us all and we should use this as a learning opportunity without judgment or mockery.
5. Give each group 15 minutes to read the information card and prepare.
6. While the groups are working, walk around the room and provide support if the information in the cards is not clear.
7. Once the 15 minutes have passed ask them to come back in a circle.
8. Each group will have 5 minutes to present.

REFLECT (10 minutes)

1. During the last minutes go over the key facts included in the information cards and ask participants if they have questions.
2. Try to answer all the questions before moving to the last reflection. If you noted down some misconceptions during the first activity try to bring them back into the discussion and provide clarifications.
3. Explain participants: “talking about our bodies during puberty is not always easy but it can help us understand what the changes mean. If we know the reality about these changes we can stop spreading myths that can lead to stigma, exclusion or misinformation in our community”.
4. Remind them “even after going through puberty, you are protected by rights. The law in Uganda protects you against forced early marriage and sexual abuse. This means that no one can force you to get married or have sex against your will.”
5. Tell them they can always find support if they have questions about their bodies or health during puberty. Share once more with them the contact information of a few adolescent-friendly services in their community where they can find help (refer back to the Support Service Template included in the Toolkit introduction or the ‘Facilitator Resources’ in session 2.1 Changes as we grow 1).
6. To close the session go around the circle and ask participants to share one thing they learnt today.

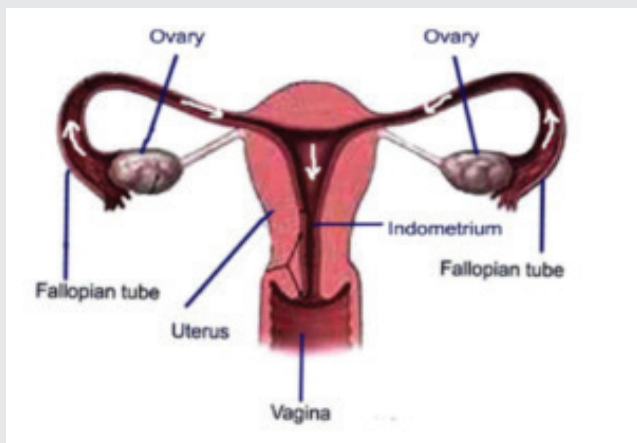
End with your Closing Circle ritual

Participant Handout

Information cards

Menstruation facts:

Every month an egg is released from the ovary to the uterus. The egg spends some time in the uterus, then it breaks the walls of the uterus and that is when blood starts flowing through the vagina, that is menstruation (also known as period).



Menstruation is a natural change girls go through usually around the ages of 9 and 15. Girls over 16 that have not had their first period should see a doctor.

Menstrual periods last between 3 to 7 days. The duration varies from one person to another, this is normal.

When menstruation starts it will go on up to an old age.

Menstruation is irregular during the first years, so you should not worry if you miss some months (as long as you have not engaged in sexual relations).

Menstruation Myths and answers:

Girls have to stop going to class when they have their menstruation- NO, they do not have to stop unless the pain is too strong or if they are feeling dizzy.

Girls have to stop playing sports while in their period- NO, doing sports might even take away some of the pain.

After their first period girls are ready to get married- NO, the Ugandan law forbids a child younger than 18 years of age to be married.

You cannot get pregnant during menstruation –NO, it is possible to get pregnant during menstruation.

Menstruation is a curse/disease – NO, Menstruation is not a curse. It is a normal body change in girls and it is healthy.

Erections and wet dreams facts:

During puberty boys might start experiencing frequent erections, often with no sexual stimulation. This is caused due to hormones. When the penis becomes erect, it increases size, becomes longer and wider; this is caused by blood flowing into the penis.

Erections are normal. Boys are likely to get erections when: he awakes in the morning, his penis is touched, he thinks about someone he is attracted to or about sex. Erections can also happen without a specific reason.

During puberty boys start releasing semen during their sleep, these are called wet dreams. Once they have started wet dreams boys can impregnate a girl if they have penetrative sex. Boys should not start sex to reduce wet dreams.

The thick sticky fluid that comes out of the penis during sex or in a wet dream is made up of two parts: sperm and semen. Sperm cells are the male "eggs" made in the

testicles and contain the male genetic material. Semen is the fluid that allows sperm cells to swim and provide the sperm cells the necessary nourishment they need as they swim up the female reproductive tract during sexual intercourse.

Erection and wet dreams Myths:

Boys get wet dreams when they are ready to start having sex – NO, Wet dreams are not a sign to start having sex, they are the body's natural way to create space for new sperm and semen.

Boys that have sex are more respected – NO, boys should not feel pressured to engage in sexual activities to show they are manly, strong or respected. Just like girls, boys have the responsibility to be safe and understand their emotions and bodies without engaging in unwanted sexual activities.

Menstrual hygiene management facts:

Mensuration is different for every person. Time, duration and menstruation symptoms are not the same and it is normal.

The menstrual cycle is the time between the first day of your period and the first day of the next one. It takes around 28 days from one menstrual period to the next and this repeats itself monthly.

Menstruation can be consistent (on particular dates) or irregular, using a calendar to track your cycle might help you be prepared for your next period. For the first two years, menstruation may not happen every month.

Using a sanitary pad will help you stay clean and comfortable when menstruating. Disposable sanitary pads can be bought at the supermarket or shop and should be disposed of in a sanitary bin, a pit latrine, or thrown in the incinerator for burning. Reusable pads are washable and are not thrown away but are instead washed, dried and properly used again.

Sanitary pads should not be shared between friends and should be changed every 4 hours. Carrying a pad or cloth in their bag will reduce the number of girls going home because of their period.

Menstrual Hygiene management myths:

If you bathe in a river when you are menstruating you will menstruate forever – NO, there is no relation between bathing in the river and menstruation.

If you sit on a stone when you are menstruating, it will reduce the blood flow – NO, sitting on a stone when menstruating does not reduce the menstrual flow. Use sanitary pads during menstruation

If you use the latrine when you are menstruating, you will become barren - NO, Using a latrine is a good healthy practice; always make sure you keep it clean.

Hygiene facts:

Keeping clean is an important part of staying healthy. During puberty our body is changing and it is particularly important to have a good hygiene to avoid infections and disease.

Girls and boys should wash at least once a day paying particular attention to their pubic area. However, washing your pubic area more than once a day might take away the natural bacterias that are present to protect it.

To stay clean, boys need to know how to clean their penises, this is particularly important for uncircumcised boys. To do this, boys need to roll back their foreskin and wash gently beneath it. Cleaning thoroughly will prevent the accumulation of smegma and prevent infection. Smegma is the creamy substance found beneath the foreskin of the penis.

During menstruation, girls need to be particularly aware of their hygiene. Depending on their flow, girls should change their pad every 3-4 hours or every 2 hours.

Always carry plastic bags to wrap your dirty re-usable pad for washing at home.

Hygiene myths:

You can dry your reusable pads under your bed – NO, never dry your reusable pads and knickers under your bed. Always dry your re-usable pads and pairs of knickers/underwear in the sun, covered under a piece of cloth.

Folded toilet paper is the best replacement for a pad – NO, if not wrapped in a clean piece of cotton cloth toilet paper sheds into small pieces, hardens when the blood dries and can cut the girl.

A girl should go home and wash immediately if she gets her period – NO, girls should carry with them clothes or pads so they can be prepared if they get their period at school.

Facilitator Information Card

	<ul style="list-style-type: none"> ■ Emphasize the seriousness and importance of following the group rules. It is crucial to ensure participants feel safe and comfortable with each other ■ Encourage participants to see their changes as something natural. ■ If you are concerned about facilitating this session because of the sensitive theme, you can find additional information, support and activities in the 'Additional reading and activities' section ■ Plan an additional session to focus on menstrual health management, wet dreams or erections using the activities in the section "additional reading and activities" – participants particularly enjoy the activity 'Making sanitary pads' – included in the 'Handouts for facilitators' section below ■ Have at hand the contact information of adolescent-friendly services in the community that can support participants if they have questions about their body and puberty. Use the Support Service template included in the Toolkit introduction section. ■ Conduct the activities in single-sex groups if you think discussing the topics in mixed groups might be too difficult. Even if you split the group by sex, all the themes in the session are important for everyone.
	<ul style="list-style-type: none"> ■ Do not make assumptions based on gender. Encourage all participants to lead and engage equally. ■ Do not perpetuate gender stereotypes by suggesting participants have to adhere to traditional female/male roles after their puberty. ■ Do not feel like you need to know all the answers. If you do not have an immediate answer to the questions raised by participants, note them down and come back with the answers at a later stage. Otherwise, share with them material or names of organizations where they can find reliable information.
	<p>For younger adolescents: For the presentation under "act" ask the groups to focus on a few of the facts and myths in the information cards, not all.</p> <p>For low-literacy participants: for the activity "start" ask participants to use symbols instead of words. For the 'act' activity, pair up low literacy participants with more advanced participants so they can support each other.</p>
<p>Additional Reading and Activities</p>	<ul style="list-style-type: none"> ■ PIASCY: Chapter 6 Reproductive Health (pg 58) , Activity 6.6 identifying children who know or do not know about menstruation (pg 64) ■ Menstruation Management Reader: How to make a homemade reusable pad "local pad" (pg 29), Coping with challenges during menstruation (pg 23)

Facilitator Resources

Making sanitary pads

Materials:

1. Cotton cloth.
2. Cotton wool.
3. Polythene/Kaveera.
4. Scissors/razorblade.
5. Threads and needles.

Step by step:

Out of the big material of cotton cloth, cut two small pieces of cloth of 16 by 7cms.

1. Sew the two pieces of cloth leaving an opening at the top cut two or 4 small strings from the cloth to hold the pad.
2. Sew the strings to either side of the pad: to tie under the pair of knickers.
3. Cut a strong polythene sheet to the shape of the pad and insert it at the bottom of the pad.
4. Get some small pieces of cotton cloth and push them inside the sewed piece on top of the polythene sheet.
5. Insert the old pieces into the sewed old cloth to make it absorbent.
6. Now your homemade sanitary towel is ready for use.
7. Each time you finish using a pad make sure you wash it very clean. Remove and wash the inside materials separately from the outer material using soap and enough water. Dry all the materials under the sun on the line and leave them to dry completely.

USE AND CARE INSTRUCTIONS

HOW TO USE



HOW TO WASH



AFTER YOUR PERIOD



Image from AFRpads: <https://www.afripads.com/partnership/use-care/#use-care-video>

2.3 Menstrual Hygiene Management (MHM)

Overview

Session: Menstrual Hygiene Management						
Module: My body, my health						
Competency Domain:						
Identity and self-esteem						
Critical Thinking and Decision Making						
Quick description	Participants identify some of the challenges associated with menstruation and come up with solutions to address them.	1	2	3	4	5
		Quiet and restful			Energetic and active	
		1	2	3	4	5
		No literacy required			High literacy required	
Time	60 minutes	Simple and easy			Complex and challenging	
		1	2	3	4	5
Learning Outcome	Knowledge Outcomes: Participants will be able to...					
	<ul style="list-style-type: none"> ■ Define menstruation ■ Understand the menstrual cycle ■ Understand myths and misconceptions around menstruation ■ Mention some of the challenges related to menstruation 					
Learning Outcome	Competency Outcomes: Participants will...					
	<ul style="list-style-type: none"> ■ Reflect on challenges related to menstruation and think of possible solutions 					

<p>Key Terms</p>	<p>Menstruation: It is a natural body change a girl goes through when she is growing up. It is the monthly flow of blood from the uterus through the vagina in all girls and is normal and natural. The first monthly flow normally happens to girls between 9 and 15 years and this can last for 3 to 7 days.</p> <p>Menstrual Hygiene Management: refers to access to clean menstrual management material to absorb or collect menstrual blood, that can be changed in privacy as often as necessary for the duration of a menstrual period, using soap and water for washing the body as required, and having access to facilities to dispose of used menstrual management materials</p> <p>Menstrual hygiene materials: the products used to catch menstrual flow, such as pads, cloths, tampons or cups</p> <p>Period/menstruation stigma: Menstruation is a natural healthy part of the reproductive cycle, yet many experience discrimination and humiliation when menstruating. Misinformation and stereotypes that stigmatize periods as dirty leaves girls feeling ashamed and without resources to manage their menstruation safely.</p>
<p>Preparation</p>	<ul style="list-style-type: none"> ■ Draw on a flipchart or board the KWL table included in the 'Start' section. ■ Go back to session 2.2 Changes as we grow 2: our bodies during puberty and review the Information Cards included in the 'Participant Handout' section. Focus on the cards: menstruation facts and menstrual hygiene management facts. ■ Find additional information on menstruation and menstrual health management in the 'Understanding and Managing Menstruation: Reader for Learners', 'PIASCY' by the MoES and the training manual for teachers and other stakeholders on menstrual health management.
<p>Materials</p>	<ul style="list-style-type: none"> ■ Flipchart ■ Pens, markers or chalk ■ Scene cards (included in the 'Participant Handout' section).

Step by Step

Start with your *Opening Circle ritual*.

START (10 minutes)

1. Gather participants together near a flipchart or board and show them the KWL table (below)

Menstruation KWL table

What do we think we Know about menstruation?	What do we Want to know about menstruation?	What did we Learn about menstruation?

2. Spend five minutes on the first column.
3. Ask the participants to share what they think they already know about menstruation and write their answers down in the first column.
4. Explain "this is not a test. If you think you might know something about menstruation but aren't sure, you should say it anyway."
5. Remember, this is a brainstorming exercise so simply accept all answers for the moment. Above all else, you want participants to feel safe to share their ideas without fear of rebuke. If you know that a participant has given an incorrect or flawed answer, write it down but make a mental note to address the matter before the end of the session.
6. Next, spend five minutes on the second column. Ask the participants what they want to know about menstruation and write their questions down in the second column. Avoid trying to answer any of their questions at this point.
7. Explain to the participants that you will ask them to fill in the third column at the end of the session.

ACT (40 minutes)

1. Explain: "in previous sessions we talked about some of the changes we go through as we grow up. Today we will focus on menstruation and some of the challenges we can face when menstruating. We might feel a little shy when talking about menstruation, but it is important that we all understand that menstruation is normal, and talking about it will help us know how to manage it and stay healthy"
2. Remind them of the information cards they discussed during the session 'Changes as we grow 2: our bodies during puberty'. If possible, ask participants to quickly share what they remember from the information cards: Menstruation facts and menstrual hygiene management facts.
3. After few examples have been provided, remind participants of some key definitions:

Menstruation: a natural body change a girl goes through when she is growing up. It is the monthly flow of blood from the uterus through the vagina in all girls and is normal and natural. The first monthly flow normally happens to girls between 9 and 15 years and this can last for 3 to 7 days. Menstruation is sometimes referred to as periods or Menstrual period. Menstruation is irregular for the first 1-2 years until the body adjusts to all the changes. Therefore you should not worry if you miss some months as long as you have not had sex with a boy or man.

Menstrual Cycle: time between the first day of one period and the first day of the next one. The cycle varies from one person to another. For some it can be as short as 21 days and for others as long as 35 days. The average cycle is 28 days. Menstruation may be consistent on particular dates or it may occur on different dates. Therefore it should not be a worry if one missed some months as long as you have not had sex.

Menstruation diary: apart from the changes that happen to you, you can tell the time of the next period by counting the number of days. This can be done on a calendar or diary. A menstrual cycle starts with the first day of monthly period/flow. The last day of the menstrual cycle is the day before the next monthly period starts.

4. If possible, draw on a blackboard or flipchart an example of a menstruation diary (see example of diary in the 'Participant Handout' section).
5. Using the diary explain, "for example: if the monthly period started on July 1st, that is the first day of the menstrual cycle. If the menstrual cycle that month was 28 days long, the next monthly period may start on July 29th. If you usually have a 28 day cycle, you can expect your monthly period to start again on August 26th".
6. Do not rush through the definitions. If you find it necessary, plan an additional session to further discuss menstruation, the menstrual cycle and menstruation diary.
7. Continue by explaining: "in previous sessions we talked about some of the changes we go through as we grow up. Today we will focus on menstruation and the menstrual cycle, some of the challenges we can face when menstruating including the myths and misconceptions about menstruation. We might feel a little shy when talking about menstruation, but it is important that we all understand that menstruation is normal, and talking about it will help us know how to manage it and stay healthy"
8. For this activity make sure at least one of the participants in the group can read the scene cards aloud to the rest of the group.
9. Give participants some time to prepare. While they practice, walk around the space and support the groups as needed. Ensure everyone in the group has a role to play in the short skit.
10. After 15 minutes ask participants to come back together and have them present.
11. After each presentation thank the group and ask the audience: what did you think of the problem this group presented? Have you experienced something similar? What do you think of the solution the group presented? Why do you say that?
12. Then turn back to the presenters and ask: was it difficult to understand the problem presented in the scene card? Was it difficult to come up with a solution? Why do you say that?

REFLECT (10 min)

1. Go back to the KWL chart from the 'start' section, and spend some minutes reviewing the W column with the group. If necessary, use this time to address the information that was not correct in the K column of the chart.
2. If time is limited, write down the questions that were not answered and try to address them at the beginning of the next session.
3. Ask participants to share some of the key learnings of the session and complete column L of the chart.
4. Thank participants for work they did today and remind them "menstruation is natural and healthy. Knowing the facts about menstruation will let us identify myths and help us stop false information in our community that result in fear, stigma and wrong beliefs around menstruation."
5. Find more information on myths and facts about menstruation in the 'Facilitator Resources' section at the end of this session.
6. Go over the key messages below:
 - Menstruation is natural and healthy
 - The menstrual periods last about 3-7 days
 - The average menstrual cycle is 28 days. It's from the first day of period to the next
 - Visit a health centre when you get any problems during menstruation
 - If you are over 16 years and have not had a menstrual period yet, please see a doctor.
 - A girl needs to wash and dry her re-usable sanitary pad every day for further use
 - Always dry yourself well and put a fresh pad on your knickers, or remember to change the re-usable pad every 4 hours to avoid soiling your clothes.
7. Give participants information on local health centres they can access if they need support or if they have questions about menstruation.

End with your Closing Circle ritual.

Participant Handout

Scene Cards

Challenge: Menstrual pain and discomfort

You may get some signs that your menstruation is about to start; such as backache, headaches, menstrual cramps (pain), pimples, breast tenderness. These signs are called Premenstrual Syndrome, also known as PMS, and can appear as many as two weeks before the start of the menstrual cycle. These symptoms differ from woman to woman.

These symptoms are effects of the menstrual cycle. But it is important to remember, being on your period doesn't mean you are sick. Menstruation is not a disease, you are able to live a normal life and do all the activities you want.

Challenge: Lack of private spaces

Girls and women frequently lack access to safe, private and clean toilets and washrooms to manage their menstruation at school, home or work. In some cases, not having access to safe facilities and services can cause girls to miss school or work. Girls should be able to access private toilets where they can safely, comfortably and privately manage menstruation (change or dispose the menstruation material and have water to wash their hands with soap).

Challenge: Menstrual materials

Most women and girls lack access to high quality, appropriate hygienic absorbent materials to manage menstruation. Not being able to afford safe materials, girls and women are forced to use unsafe materials such as non-absorbent materials, sponges, newspaper, banana fibres, leaves/grass, rough or dirty piece of cloth, sitting on sand or stones.

Poor menstrual hygiene can cause physical health risks and has been linked to reproductive and urinary tract infections. Additionally, cultural beliefs may limit the types of materials used and complicate how used materials can be disposed of or washed and dried.

Challenge: Stigma and lack of information

Girls reach their puberty without the necessary information about menstruation. Without the right information and fearing being teased or harmed, many girls go home after getting their period and stay there for the entire week. Harmful social stigma or beliefs keep menstruating women from bathing, using the latrine, attending religious ceremonies or engaging in community activities.




Lack of education on sexual reproductive health and menstruation results on fear, stress and misinformation. Boys and girls need to understand the changes the female and male body go through during puberty to be empathetic and challenge harmful practices that lead to stigma.

Challenge: Hygiene

To have a healthy menstrual hygiene girls and women need to have access to sanitary facilities where they can privately manage their menstruation, dispose the used material and wash their hands. Not having access to these facilities and products can prevent girls from their daily activities, such as going to school, the market, work, etc. During their periods girls are embarrassed of engaging in physical activities because of teasing (usually by boys) or fear of menstrual leakage.

Because of traditional beliefs, girls might prefer to dispose their menstrual products in the latrine, but inadequate disposal of menstrual material can contaminate the environment and create a bad smell. Disposable sanitary pads should be thrown in the sanitary bin and/or incinerated carefully.

Facilitator Information Card

	<ul style="list-style-type: none"> ■ Ensure both, boys and girls, learn about menstruation and its challenges. ■ Make sure the club is a safe space for everyone. Review the club rules and highlight the importance of being respectful and kind to each other. ■ Be mindful of the different cultural and economic contexts participants might have. ■ Read once more the 'Addressing Sensitive Themes' section in the Toolkit introduction.
	<ul style="list-style-type: none"> ■ Do not force participants to share personal stories. ■ Do not judge participant's answers. ■ Do not reinforce stereotypes that might portray girls as weak and vulnerable because of their period. ■ Do not allow participants to mock or make jokes about menstruation. ■ Do not rush. If you think participants need more time to understand menstruation, the menstruation cycle or how to use the menstruation calendar/diary, plan an additional session.
	<p>Sensitive content: It may be helpful to separate boys and girls during discussions so that girls may speak openly and freely about menstruation and any personal issues they may want to express. If you decide to divide boys and girls, ensure that the boys are also educated on the topic in order to destigmatize the issue.</p>
<p>Additional Reading and Activities</p>	<ul style="list-style-type: none"> ■ PIASCY: Chapter 6 Reproductive Health (pg 58), Ugandan Ministry of Education and Sports. ■ Menstruation Management Reader (2013), Ugandan Ministry of Education and Sports. ■ Training manual for teachers and other stakeholders on menstrual health management

Facilitator Resources

Menstruation Diary

A menstrual diary is a simple tool to help you track your menstrual flow/period and pain (if any). Remember we are all different and it is normal for our menstrual flow and the menstrual pain we experience to be different.

Use the + symbols in the box below to mark how heavy your flow is and if you experience any menstrual pain during the month.

Month:

Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Menstrual Flow																																
Menstrual Pain																																

Month:

Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Menstrual Flow																																
Menstrual Pain																																

Month:

Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Menstrual Flow																																
Menstrual Pain																																

<p>Menstrual Flow</p> <p>+++ Heavy: having to change sanitary products every 1-2 hours, passing large blood clots (larger than 2.5 cm) and bleeding through clothes or bedding.</p> <p>++ Moderate: sanitary product can be changed every 3-4 hours.</p> <p>+ Light: light loss of blood but needing some protection to avoid staining of underwear.</p> <p>S Spotting: a few drops of blood or very light loss of blood.</p>	<p>Menstrual Pain (if any)</p> <p>+++ Severe: requiring painkillers and not able to do normal daily activities.</p> <p>++ Moderate: needing mild painkillers or applying heat to abdomen with a hot water bottle but carrying on normal activities</p> <p>+ Mild: some pain but not needing painkillers</p>
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Myths and Facts – Menstruation¹

Wrong	Myths or Misconceptions About Menstruation	Facts About Menstruation
X	Big girls are the only ones who menstruate.	Girls can start menstruation at 9 years and above. All bodies are different and menstruation can start earlier for some girls. Half of Uganda girls have started their period at age 14, girls in urban areas usually start their period slightly earlier (average of 13) than girls in rural areas.
X	You cannot get pregnant if you have sex during menstruation.	You can get pregnant during menstruation. However it is very unhygienic and you can get diseases.
X	You cannot get pregnant before you get your first period. .	You can get pregnant before your first period. Getting pregnant is related to ovulation and a girl can ovulate before having her first period.
X	Men with AIDS get cured when they have sexual intercourse with girls before having their 1st period.	Sex cannot cure AIDS. If you have unprotected sex with some one that has HIV/AIDS you can get it too.
X	When you get your first period it means you are ready for marriage.	No, you are not ready for marriage, you must continue with your education. The Ugandan law forbids a child less than 18 year of age to be married.
X	Sex cures painful menstruation.	Sex does not prevent menstrual pains. Menstrual pains are normal if too painful seek medical help.
X	Menstruation is a curse/disease.	Menstruation is not a curse. It is a normal body change in girls and healthy. Girls should look forward to it.
X	If you carry a newborn baby during menstruation, it will get a rash and the cord will not dry.	Girls in their menstruation can do all kinds of work including carrying new born babies. In order to carry the baby, you should maintain personal hygiene.
X	If you go to the garden or climb a tree crops or fruits will die.	Menstruation has no relationship with crops drying or fruits rotting. Girls are as normal as other human beings even when they are menstruating.
X	If you bathe in the river when you are menstruating, you will menstruate forever.	There is no relationship between menstruation and bathing in the river. However you should never bathe in the river because it is a water source; you should fetch water and use a basin for bathing in order to reduce disease.
X	If you use the latrine when you are menstruating, you will become barren. Wrong.	Using a latrine is a good healthy practice; always make sure you keep it clean.
X	If you sit on a stone when you are menstruating, it will reduce the blood flow. Wrong.	Sitting on a stone when menstruating does not reduce the menstrual flow. Use sanitary pads during menstruation.

¹ Adapted from 'Understanding and Managing Menstruation: A reader for Learners' (2013), MoES. (pg 23)

2.4 Healthy and unhealthy relationships

Overview

Session: Healthy and unhealthy relationships						
Module: My body, my health						
Competency Domain: Identity and self-esteem Critical Thinking and Decision Making						
Quick description	Participants discuss what constitutes healthy/acceptable and unhealthy/unacceptable behaviours in relationships.	1	2	3	4	5
		Quiet and restful			Energetic and active	
		1	2	3	4	5
		No literacy required			High literacy required	
Time	60 minutes	Simple and easy		Complex and challenging		
		1	2	3	4	5
Learning Outcomes	<p>Knowledge Outcomes: Participants will be able to...</p> <ul style="list-style-type: none"> Define and identify characteristics of healthy and unhealthy behaviours in relationships <p>Competency Outcomes: Participants will...</p> <ul style="list-style-type: none"> Feel they are worthy of healthy relationships and are able to reflect on the characteristics that they value in their relationships. 					
Key Terms	<p>Healthy relationship: healthy relationships are based on strong communication, honesty, equality, responsibility and mutual respect.</p> <p>Unhealthy relationship: characterised by poor communication and unequal decision-making. This might make communication extremely difficult, and might put one or both partners at greater risk of abuse.</p>					
Preparation	<ul style="list-style-type: none"> Prepare signs with: HEALTHY, DEPENDS and UNHEALTHY and hang them up or place them around the space. Write the sentences for section “reflect” on a flipchart Have at hand the contact information of adolescent-friendly services in the community that can support participants if they are in an unhealthy relationship. Find the Support Services Template in the Toolkit introduction section or the ‘Facilitator Resources’ section in session 2.1 Changes as we grow 1. Go over the list provided under the ‘Facilitator Resources’ section and make sure you understand all items in the list. Find key additional information about child protection on the RTRR Guideline. 					
Materials	<ul style="list-style-type: none"> Signs: HEALTHY, DEPENDS and UNHEALTHY Flipchart 					

Step by Step

Start with your Opening Circle ritual.

START (10 minutes)

1. Ask everyone to walk around the space, and to quickly find a partner when you shout "Greet". They should greet this partner as if it were a long-lost friend, hugging them, asking how they are, etc. When you call "Stop", the participants should move around the space again.
2. When you call "Argue", everyone must find a new partner and then have a huge argument with this new 'character'. Call "Stop" again, and have them move off around the space.
3. Finally, when you call "Make Up", each person must find a third partner and make up with them from the 'argument', apologising sincerely and trying to become friends again until you call "Finish".
4. Repeat the exercise, this time asking participants to exaggerate the level of emotion in each encounter.
5. Repeat it once more, asking them to exaggerate the energy levels until it is completely over the top, with people begging on their knees for forgiveness.

ACT (35 minutes)

1. Ask participants to get in pairs and discuss the characteristics that describe a healthy relationship. Tell them "in pairs you will discuss the characteristics of a healthy relationship. Try to think about relationships you have in your life and what you like and value about them. Think about the relationships you have with your friends, family, neighbours, etc"
2. Give them a few minutes to discuss.
3. Next, ask some volunteers to share what they discussed.
4. Then, ask them to get back in pairs and discuss about unhealthy relationships. Say: "now that we have discussed the characteristics of a healthy relationship, let's think of the opposite. How do you think and an unhealthy relationship would look like? What do you think people in an unhealthy relationship do or feel?"
5. After a few minutes ask for some volunteers to share what they discussed.
6. After hearing some volunteers, explain "everyone has the right to enjoy healthy relationships where both persons feel happy, valued and safe. Unhealthy relationships can be harmful and usually one or both of the persons involved in the relationship are unhappy."
7. With puberty, and in general, as we grow older we might start to feel attracted to other people and we might think of starting a romantic relationship. Before this happens, it is good to identify healthy and unhealthy behaviours in relationships so we can protect ourselves and know when to seek help.
8. Remind participants "being in unhealthy relationships is not unusual and it is important to know that we can seek support if we need it." At this point remind them of the adolescent-friendly services in their community they can access if they need help.
9. For the next activity point at the signs, you hung up or placed around the space with the words: HEALTHY, DEPENDS and UNHEALTHY.
10. Explain that you will read out various statements describing imaginary relationships. After they have heard the statement, participants should stand in front of whichever of the three signs they feel is most appropriate.
11. Explain: "relationships can be situated anywhere between healthy and unhealthy. Once we start the activity you will notice some of the behaviours are easy to identify as healthy or unhealthy. In other situations, it is harder to know and it might

depend on the situation. Knowing if a behaviour is unhealthy will help us identify unsafe relationships and will help us stay safe”

12. Read out the following statement: “You never disagree with each other.” Allow them to reflect on this statement for 30 seconds, and to then go stand in front of one of three signs.
13. Once participants have chosen a sign to stand in front of, ask a couple of volunteers to explain their answers. Keep asking them: “Why do you think that?” and “Who has a different answer?”
14. Work your way through the following list of Relationship Situation Statements in a random order.
15. If necessary, remind participants of some of the qualities of a healthy relationship (e.g. respect, equality, responsibility and honesty), and ask them if the situation in question shows these qualities.

Relationship Situation Statements:

- Your friend makes you feel good about yourself.
- Your friend doesn't want you to be friends with anyone else.
- You spend all of your money when you are with your friend.
- Your friend pressures you to study for your exams.
- Your friend only talks about him/herself and never asks questions about your life.
- Your friend does whatever you say.
- Your friend pressures you to do things you don't feel comfortable doing
- Your friend is always there for you, even during the hard times.
- Your friend encourages you to take care of your health
- Your friend makes you do things you don't want to do in exchange for gifts
- Your friend insults you/calls you names
- You talk about your problems when they arise in the friendship

REFLECT (15 minutes)

Ask participants to go back to their places. You will read the beginning of 3 sentences and they will individually think how to complete each sentence. If possible, also write the sentences on the board or a flip chart so they can go back to them if needed.

1. For me, three important sorts of behaviours in a healthy relationship are: _____
2. For me, the most important behaviour in a healthy relationship is _____ because _____
3. Unhealthy behaviours in relationships are harmful and can lead to physical and emotional abuse. Three examples of unhealthy behaviours in relationships can be: _____

Ask some volunteers to share their answers.


1. Explain to participants “decisions in a healthy relationship are made together, and that neither person dominates the relationship. Unhealthy relationships, on the other hand, are often characterised by poor communication and unequal decision-making. This might make communication extremely difficult, and might put one or both partners at greater risk of abuse. Point out that healthy relationships are based on strong communication, honesty, equality, responsibility and mutual respect.”
2. Stress to participants the importance of practicing a healthy relationship behaviour and of expecting the same from their friends and in the future from their partners.
3. To close the session read with them the list ‘Knowing when to seek help’ included in the ‘Handouts for facilitator’ section.
4. After reading together share with them once more the list of adolescent-friendly services they can access in the community and remind them: “in Uganda there are different services you can access if you are in an unhealthy relationship. Some of the services include:
 - Medical services: if you have been hurt badly and need to see a doctor or a nurse.
 - Counselling services: if you need to talk to a professional who will help you heal emotionally.
 - Police: in case there is legal action needed.
 - Child helpline: number 116, to report any case of violence
 - School clubs, child protection committees or NGOs in the area: if you need other kind of support that is given by the community or other NGOs. ”

End with your Closing Circle ritual

Participant Handout

None.

Facilitator Information Card

	<ul style="list-style-type: none"> ■ Remember people make decisions about relationships throughout their lives. These decisions are based on a variety of factors including values, information, cultural norms, experience, religion, age, etc. ■ Conduct the activity in the 'start' section. This opening exercise helps to remove any tension in the group. This should make subsequent activities easier to conduct. ■ Remind participants of the club rules and the commitment they made to be respectful. ■ Conduct the activities in single-sex groups if you think discussing the topics in mixed groups might be too difficult. Even if you split the group by sex, the themes in the session are important for everyone. ■ Participants in the class might currently be in unhealthy or abusive relationships, if that is the case ensure they do not feel threatened or judged in the session. ■ Provide participants with information on where and how to find help if they are in an unhealthy relationship. ■ To avoid triggering participants that might have been victims of abuse, adapt or select only a few statements of the ones included in section "act". ■ Read once more the 'Addressing Sensitive Themes' section in the Toolkit introduction.
	<ul style="list-style-type: none"> ■ Do not disregard some topics as "only for girls" or "only for boys" all themes are important for everyone. ■ Do not judge participants and avoid making disapproving noises or gestures.
	<p>For younger adolescents: spend more time on the "act" section and focus on the statements that could be applicable for any kind of relationship (friends, family, at school, with my community)</p> <p>For low-literacy participants: add symbols/similes to the signs healthy, depends and unhealthy: ☹️☹️☹️</p>
<p>Additional Reading and Activities</p>	<ul style="list-style-type: none"> ■ RTRR Secondary School Booklet, Reporting Checklist (pg 18), Reporting Process (pg 19), Referral process (pg 20), Roles and responsibilities (pg 21) ■ PIASCY: Pregnancy (pg 76) and Caring for the pupil who conceives (pg 77) ■ Guidelines on prevention and management of teenage pregnancies in school settings in Uganda: 5.2 Mobilization of actors, roles and responsibilities (key actors at national level pg. 17, key actors at district level pg. 18, key actors at school level pg. 19, key actors at community level pg. 22) ■ Journeys: Activity Handbook for Pupils – Activity 6: Knowing my school: pupil-pupil relations (pg 44), activity 33: What is important to me (pg 121)

Facilitator Resources

Knowing when to find help

You should never feel shy to get help from family, friends and especially teachers if you have experienced violence in school.

You can also report if you have witnessed an incident of violence. It is important that you SPEAK UP if you experience or witness any of the following incidents in or outside of school:

- When someone has caused you physical harm, for example, slapping, kicking, caning or biting.
- When someone denies you food, clean water, clothes or a safe place to sleep.
- When someone touches in a way that makes you feel uncomfortable, or forces you to touch them.
- When someone forces you, or has forced you to have sex with them.
- When you feel threatened by someone, either on the way to school, in school or on the way back home.
- When someone has treated you unfairly and poorly. For example, treating you differently than others, shouting at you, ignoring you and not showing any affection and blaming you for something you did not do.
- When another student bullies you and you are afraid for your safety.

2.5 HIV and AIDS

Overview

Session: HIV and AIDS											
Module: My body, my health											
Competency Domain: Identity and self-esteem Critical Thinking and Decision Making											
Quick description	Participants know how to define HIV and AIDS and reflect on risky behaviours that might lead to their transmission.										
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	1	2	3	4	5						
	Quiet and restful			Energetic and active							
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1	2	3	4	5							
Simple and easy			Complex and challenging								
Time	60 minutes										
Learning Outcomes	<p>Knowledge Outcomes: Participants will be able to...</p> <ul style="list-style-type: none"> ■ Accurately define HIV and AIDS ■ List some of the benefits of being tested <p>Competency Outcomes: Participants will...</p> <ul style="list-style-type: none"> ■ Apply learnings by reflecting on their own behaviors after understanding the modes of transmission of HIV and AIDS 										
Key Terms	<p>HIV: Human Immunodeficiency Virus is a virus. If you get it, it prevents your immune system from working well. The immune system is your body's defence against illness and disease.</p> <p>AIDS: is a condition where the body's immune system is weakened by HIV. It has no cure but it can be controlled with drugs, which are widely available</p> <p>STIS: Sexually Transmitted Infections are infections that are passed from and infected person to another through intimate body contact. STIs are most commonly transmitted through unprotected sexual intercourse where there is exchange of infected body fluids.</p> <p>Stigma: a strong feeling of disapproval about something based on social beliefs. HIV stigma is linked to the negative attitudes and beliefs people or society have about people living with HIV.</p>										

<p>Preparation</p>	<ul style="list-style-type: none"> ■ Read the material referenced in the “additional reading and activities” section to learn more about HIV and AIDS ■ Review the material included in the ‘Facilitator Resources’ section and ensure you can explain participants the different HIV testing options they can access in their community. ■ If possible, ask a health expert to join the session to help address some of the tougher questions ■ Have at hand the number and contact information of a youth friendly health clinic and other relevant services for participants in their community. Find the Support Services Template in the Toolkit introduction section or the ‘Facilitator Resources’ section in session 2.1 Changes as we grow 1. ■ During your facilitation training you learnt and practiced the KWL method. If you can’t remember how to facilitate using this method, read the session carefully and/or refresh your memory with this video: https://www.youtube.com/watch?v=tVIEDoqQP7w ■ During your facilitation training you learnt and practiced the memory card method. If you can’t remember how to facilitate using this method, read the session carefully and/or refresh your memory with this video :https://www.youtube.com/watch?v=loo0-AV3di4
<p>Materials</p>	<ul style="list-style-type: none"> ■ Flipchart with letters KWL ■ Memory Cards

Step by Step

Start with your Opening Circle ritual.

START (10 minutes)

1. Start by asking participants to remember the club rules and highlight the importance of being respectful.
2. Explain: "today we will talk about sexually transmitted infections (STIs), which might be a difficult topic to discuss for some of us. We are all here to learn so we need to ensure this is a safe and respectful environment."
3. Ask if anyone has heard about the term STI before and if they know what it means.
4. Give them some time to think and tell them "this is a space for sharing and we should not be embarrassed if something we say is not completely right. We are here to learn and hopefully after today's sessions some of our misconceptions will be clarified"
5. Ask for a few examples.
6. Explain "STIs or sexually transmitted infections, are infections that are passed from an infected person to another through intimate body contact. STIs are most commonly transmitted through unprotected sexual intercourse where there is exchange of infected body fluids. However, some STIs can be transmitted through direct contact with infected skin. They can be spread from male to female, male to male, female to female or female to male. Some STIs can be transmitted from an infected mother to her baby"
7. Today, we will talk about one particular STI, HIV which causes AIDS.
8. Gather the group together near the flip chart/board (below).
9. Begin by asking the participants: 'What do we Know about HIV and AIDS?' Write their answers in the first column of the chart.
10. Remember –this is a brainstorming exercise. Accept all answers at this stage without correcting or evaluating responses. Encourage a fast, free-flow of ideas. Spend about five minutes here then move on.
11. Now direct participants to the second column and ask them 'What do we **Want** to know about HIV and AIDS?' Record participants' questions in the second column. Again this is a brainstorming exercise.
12. Ensure participants understand that you will return to the chart and complete the third column (What did we **Learn** about HIV and AIDS?) at the end of the session.

What do we K now about HIV and AIDS?	What do we W ant to know about HIV and AIDS?	What did we L earn about HIV and AIDS?

ACT (35 minutes)

1. Explain “We have already shared a bit about what we know about HIV and AIDS. Some of the information we have heard in the past about HIV and AIDS might be wrong and not knowing the facts might put us at risk. Today we will learn about some of the myths and facts about HIV to help us better understand how to protect ourselves and how to avoid risky behaviours”.
2. Before continuing, provide the following definitions:

HIV (Human Immunodeficiency Virus) is a virus. If you get it, it prevents your immune system from working well. The immune system is your body's defence against illness and disease. If your immune system isn't working well and is weak, you are exposed to a range of infections and diseases. The person becomes weaker and develops illnesses, including one called AIDS.

AIDS (Acquired Immune deficiency Syndrome). Acquired means that it is passed from one person to another. It doesn't just happen on its own. You have to get it from someone else. It is passed in three ways –by coming into contact with an infected person's blood, breast milk or sexual fluids. AIDS is a condition where the body's immune system is destroyed by HIV. It has no cure and eventually kills the infected person. It can be controlled with drugs, which are widely available.

A - *Acquired, this condition is acquired, meaning that a person becomes infected with it.*

I - *Immuno- the HIV affects a person's immune system, the part of the body that fights off germs such as bacteria or viruses.*

D - *Deficiency- the immune system becomes deficient and does not work properly*

S - *Syndrome- a person with AIDS may experience other diseases and infections because of a weakened immune system*

3. Remind them that you can catch HIV from coming into contact with an infected person's blood, sexual fluids or breast milk. (You can catch HIV from sexual intercourse, blood transfusion, pregnancy, childbirth, breastfeeding, sharing knives, needles or syringes -often used for circumcision, getting tattoos or for drug use).
4. Also remind them that HIV can affect any one irrespective of age, race or economic status
5. Explain that HIV is different from other diseases because it doesn't pass through the air like the cold, for example. You cannot catch it simply by being in the same room as an infected person or by hugging or touching a person. We cannot catch it from an infected person coughing or sneezing on us, by drinking from the person's cup, or by sharing clothes –even underwear.
6. If something is not clear, ask participants to voice their questions and add them to the W column of the KWL chart. Some of the questions will be addressed during the activity, some other questions will need to be addressed at the end. If possible, ask a health expert in your community to join this last part of the session.
7. Ask participants to make groups of 4 and give each group a set of memory cards (under “Participant Handout” section).
8. Explain that half of these are ‘myths’ cards and half are ‘facts’ cards. For each myth card there is a matching fact card.
9. Ask them to shuffle these and spread them out on the table/floor, facing down.
10. The first player turns up a card and reads it aloud. Then turns a second card over and reads that aloud. If the two make a matching pair the participant takes them off the table/floor and keeps them.
11. If the two cards do not make a pair, they must turn them back face down.
12. It is now the turn of the second player. This player turns over two cards and reads them aloud. If they

make a pair this player can keep them. If they don't make a pair, they must be turned over face down again.

13. Players can tell if they have a matching pair by checking the numbers at the bottom of each card. So myth card (1) will match with fact card (1)
14. The game requires each player to try and remember the position of each card.

15. The game ends when all the cards have been removed.
16. After a round, ask participants to come back together. Read aloud one of the myths and ask one volunteer to read the fact that corresponds to that myth. Do this with each one of the myths.

REFLECT (15 minutes)

1. Explain that talking about HIV and AIDS is not easy. Having questions or concerns about this topic is perfectly normal and many times others have questions or concerns similar to our own.
2. Explain that there is no cure for AIDS, although there are ways to treat and prevent the symptoms. Treatment means the use of medicine that can cause symptoms to be less painful. It is important for people with HIV and AIDS to eat a nutritious diet so that they can fight the infection. Nutrition and HIV are strongly related to each other. People who are malnourished are more likely to progress faster from HIV to AIDS, because their bodies are weak and cannot fight infection.
3. Explain that they can assess their risk of becoming infected with HIV by reflecting on their own behaviours.
4. Ask them to close their eyes. Explain that you will read a list of risky behaviours, silently, they will reflect on their behaviours.

You are putting yourself at risk:

- If you share a razor or toothbrush with a person with HIV or AIDS.
- If you don't know if your sexual partner is HIV positive or has an STI.
- If you get injections, tattoos or piercings (risk if needles are shared).
- If you participate in traditional rituals like male circumcision or shaving off hair using unsterilized instruments.
- If you don't protect yourself with a condom

when having sex

- If your sexual partner has sex with others.
 - If you drink beer or other kinds of alcohol (you won't catch HIV from alcohol but drinking alcohol might lead you to take poor decisions that lead to risky behaviour – such as having unprotected sex).
 - If you have sex with more than one person.
 - If you or your partner has a STI (having an STI makes you more vulnerable to getting HIV).
5. Ask everyone to open their eyes and ask "does anyone know what "VCT" or PITC?"
 6. Allow a few volunteers to answer.
 7. Explain "Voluntary Counselling and Testing or VCT is something you do out of your own free will. It involves testing for HIV. You will also receive pre-test and post-test counselling. VCT is the process by which a person can find out whether or not he or she has been infected with HIV, the virus that causes AIDS. In many health clinics a person is counselled before and after the test, regardless of the results. The decision to go for testing and receive the results is voluntary. If the test is negative, the counsellor will discuss the importance of prevention of HIV and other STIs in detail with the person in order to reduce his or her risks of infection in the future. The discussion will cover not only the methods available, but the person's individual situation, concerns and attitudes".

8. Continue “Provider Initiated counselling and testing or PITC is a “routine” part of medical care where the care provider makes a clinical recommendation that a patients receives an HIV test to reduce the number of missed opportunities to identify HIV infected patients in order to increase the number of people living with HIV tested and linked to care and treatments. This is HIV testing and counselling offered by health care providers to persons attending health care facilities, as a standard component of medical care. It offers an opportunity to the client to opt in or opt out of the HIV testing. Under this approach, HTS should be initiated by the health worker as part of standard health care.”
9. Remind them “testing does not prevent you from contracting HIV. If a person tests positive, the counsellor will discuss with the person all of the behaviour to avoid in order that he or she avoids infecting his or her partner (or children). In addition to this, the major task for the counsellor will be to offer compassion, support and practical advice, including referral to appropriate medical services, to enable him or her to cope with stress and anxiety and to make personal decisions. Follow-up sessions to ensure meaningful and long-term support will be necessary.”
10. Make sure that all participants understand clearly where to find local VCT facilities and/or other Youth Friendly Health Services.
11. Gather participants around the KWL Chart and ask them the question at the head of the third column (What did we Learn about HIV and AIDS?). Write their answers in the third column making sure to challenge any incorrect information.
12. Close by thanking everyone for their work today and remind them that many people in our community have HIV or AIDS and they should feel reassure that they will not be treated differently or stigmatized because for this. Be respectful, kind and keep learning and informing yourself about this virus to avoid spreading misinformation.

End with your Closing Circle ritual.

Participant Handout

Memory Cards Game

Myths	Facts
<p>MYTH:</p> <p>HIV and AIDS are the same</p>	<p>HIV is a virus. If you get it, it prevents your immune system from working. The immune system is your body's defence against illness and disease. If your immune system isn't working, you are exposed to a range of infections and diseases. If left untreated, HIV can lead to the disease AIDS. AIDS is the late stage of HIV infection that occurs when the body's immune system is badly damaged because of the virus.</p>
<p>MYTH:</p> <p>HIV/AIDS can only be contracted by men</p>	<p>While men and boys can contract HIV and STIs through sexual activity, women and girls face more risks for HIV and STI contraction because of their anatomies. Semen remains in the vagina for a long time after penetrative sex; this increases women's and girls' chances of infection from any single sexual act.</p>
<p>MYTH:</p> <p>HIV/AIDS can be transmitted through mosquito bites</p>	<p>HIV/AIDs cannot be transmitted through mosquito bites. Unlike diseases like Malaria, HIV/AIDs cannot live in mosquitoes. If a mosquito bites an infected person, the disease doesn't survive in the mosquito. Also, when mosquitoes bite you, they do not inject the blood of the last person they bit.</p>
<p>MYTH:</p> <p>HIV/AIDS can be transmitted through casual contact, such as kissing, hugging, using a toilet that an infected person used and sharing utensils</p>	<p>HIV/AIDs cannot live outside of the body, so sweat, tears, and skin contact, cannot transmit the disease. Therefore, you cannot contract it from utensils, or using the same toilet as an infected person. Saliva can only carry such a small amount of the virus, that it is not possible to contract it through kissing.</p>
<p>MYTH:</p> <p>You can tell if someone has HIV/AIDS by the way they look</p>	<p>A person infected with HIV may remain healthy for several years with no physical signs or symptoms of infection. After a person has been infected with HIV for a period of time (often many years) they may contract one or more specific infections. The only way to confirm if someone has HIV/AIDS is to get tested.</p>
<p>MYTH:</p> <p>HIV/AIDS can be cured with spells, herbal medicine or spiritual healing</p>	<p>Spells and herbal medicine, along with other natural remedies cannot cure HIV/AIDS and can be dangerous. If someone is infected, they must seek antiretroviral treatment from a doctor, which can make living with the disease much easier, safer and healthier.</p>
<p>MYTH:</p> <p>HIV/ADIS can be prevented by having sex with a virgin, showering after sex or taking the contraceptive pill</p>	<p>Abstinence is the most efficient way to prevent contraction of any STIs/STDs and HIV/AIDS. If you already are sexually active, consistent and correct use of condoms protects you against HIV/AIDS and involuntary pregnancy.</p>

Facilitator Information Card

	<ul style="list-style-type: none"> ■ Prepare before the session by reading the material mentioned in the 'additional reading and actives' section. ■ If possible, invite a health expert from a reliable and adolescent-friendly health service. ■ Remind participants that abstinence is the only 100% effective protection against any sexually transmitted infections (STI). ■ Ensure participants feel safe and make sure the club rules are followed. ■ Talk to people in the community and participants' guardians before conducting the session. Remind them HIV and reproductive health education does not teach children how to have sex and does not cause them to start sex. ■ Remind participants, community members and yourself that sexuality is a natural part of life and talking about sexuality can prevent HIV/STIs and early pregnancy. ■ Allow for open, judgement-free participation. Participants in your group will probably have different levels of understanding and awareness. Activities have been constructed in recognition of this, so that there is a pooling and sharing of knowledge. ■ Remember some of the participants might be HIV positive themselves or might know people that have passed away from AIDS. Be mindful of the interactions taking place and stop harmful behaviours. ■ Consider, without judging, the circumstances under which participants might have started having sex including: abuse, incest, coercion, poverty, peer influence, etc.
	<ul style="list-style-type: none"> ■ Do not think you are not expected to be a "health expert" to conduct this activity but make sure you prepare by reading and know where to find additional information on HIV and AIDS to share with participants. ■ Do not rush with this session. Given the serious nature of the topic, you may need to extend this session over two gatherings. ■ Do not reinforce gender stereotypes. Both, girls and boys, are responsible and accountable for their sexual health and behaviours.
	<p>For younger adolescents: Instead of working on the KWL, conduct a quick barnstorming activity around the words "HIV" and "AIDS". Spend more time going through the Memory Card game and the 'reflect' section.</p> <p>For low-literacy participants: Instead of playing the memory card game, use the information to conduct a vote with your feet activity. Read the statements on the cards and ask participants to vote whether they think it is a myth or a fact and discuss.</p>
<p>Additional Reading and activities</p>	<ul style="list-style-type: none"> ■ PIASCY: Chapter 4: Understanding HIV/AIDS in Uganda (pg35), Chapter 7: STIs, HIV and AIDS (pg 81), 7.8 Activity 3: Myths and misconceptions about common STIs in Uganda (pg 87), 7.10 Activity 5: Visiting a health center (pg 88), 7.27 Activity 10: Myths about caring for young people living with HIV/AIDS (pg 97).

Facilitator Resources

HIV and AIDS facts sheet

- HIV is a virus that hurts the immune system. It is very important to know how it is passed from person to person (transmitted) to help you stay protected.
- In Uganda, HIV is transmitted mainly through sex with an infected person. The great majority (84%) of people in Uganda who have HIV contracted the virus through sex.
- Infected mothers can also pass HIV to their babies when the baby is still in the womb or during delivery and breast feeding.
- People can have HIV and be healthy and show no signs for over 10 years. During all this time, they can pass HIV to other people. The only way to know if you have HIV is to get your blood tested.
- Any person who tests positive for HIV should also get tested for tuberculosis (TB). TB is one of the most dangerous infections for a person with HIV. TB is completely curable, and the treatment is free.
- People with HIV or AIDS need to rest, eat healthy food, avoid alcohol and treat every health problem as soon as it arises. This is called 'living positively'.
- People with HIV or AIDS need to always use a condom during sex. They need to be careful not to infect another person with HIV. They also need to avoid getting re-infected with HIV or infected with any other germ.
- There is no cure for HIV or AIDS but there are medicines that stop the virus from multiplying. These medicines are expensive but are becoming more available. They need to be taken daily for life.
- Many people in our communities have HIV. These can be fellow participants, parents, brothers, sisters, you or me. It is wrong to laugh or assume someone has HIV or AIDS. Treat them with the same kindness you would want to be treated with.
- It is very important to know if you have HIV or not. This helps you plan your life and make good decisions. Everybody should get tested before starting to have sex (only a blood test can show if you have HIV). Including people who say they are virgins considering some people might acquire HIV from their mothers or by sharing unsterilized instruments to shave, circumcision, etc.
- Although it's important and encouraging to share your HIV status with your loved ones, so you can get emotional and psychosocial support, you do not have to disclose your status if you do not feel comfortable.

HIV Testing in Uganda

Home-based HIV testing and counselling (HBHTC)

Home-based HIV testing and counselling is where HTS is provided in a home setting through an index HIV client invitation or a door-to-door approach. Index-client HBHTC should be prioritized for household members of all HIV-positive individuals in care as well as confirmed and presumptive TB patients

HIV Self-Testing (HIVST) is a process in which a person collects his or her own specimen (oral fluid or blood), then performs a test and interprets the result, often in a private setting, either alone or with someone he or she trusts

Assisted Partner Notification (APN) is part of a comprehensive array of services offered to persons infected with HIV or STDs and their partners. The critical function of APN is partner notification where HIV-positive index clients are interviewed to elicit information about their sexual partners, who can then be confidentially notified of their possible exposure or potential risk and are offered HIV testing services

2.6 My body and mind

Overview

Session: My body and mind						
Module: My body, my health						
Competency Domain: Identity and self-esteem Critical Thinking and Decision Making						
Quick description	Participants identify the characteristics of some mental health disorders and understand how their decisions can help them improve their health.	1	2	3	4	5
		Quiet and restful			Energetic and active	
		1	2	3	4	5
		No literacy required			High literacy required	
		1	2	3	4	5
		Simple and easy			Complex and challenging	
Time	60 minutes					
Learning Outcomes	<p>Knowledge Outcomes: Participants will be able to...</p> <ul style="list-style-type: none"> Name and identify the characteristics of anxiety, depression and addiction. <p>Competency Outcomes: Participants will...</p> <ul style="list-style-type: none"> Reflect on their feelings and recognize how their decisions can help them improve their health Feel they can identify what they feel to be able to seek support if needed 					
Key terms	<p>Anxiety: is an emotion characterized by feelings of tension, worried thoughts. People with anxiety disorders are overwhelmed by feelings of intense fear or worry.</p> <p>Depression: is more than sadness or moodiness. Depression affects people’s behaviour, appetite, energy level, sleeping patters and academic performance. People with depression might experience lack of interest and pleasure, insomnia or excessive sleeping, lack of energy, inability to concentrate and feelings of worthlessness.</p> <p>Addiction: An addiction is an urge to do something that is hard to control or stop even when you know it is bad for you. A behaviour goes from normal to addictive when it becomes an uncontrollable habit.</p> <p>Mental Health: emotional, psychological and social well-being. It affects how we think, feel and act. It also helps determine how we handle stress, relate to others and make choices.</p>					

<p>Preparation</p>	<ul style="list-style-type: none"> ■ Read the 'Identifying emotional distress and immediate action' included in the 'Facilitator Resources' ■ Have at hand the contact information of services in the community that provide emotional and mental support to adolescents. Find the Support Services Template in the Toolkit introduction section or the 'Facilitator Resources' section in session 2.1 Changes as we grow 1. ■ Review the 'Supporting Participants in distress' section in the Toolkit's introduction. ■ Prepare flipchart for the "act" section with the information included in table ■ For the frozen image activity review the rules of ImageTheatre: No sounds, no movements, no props (https://www.youtube.com/watch?v=j0qWF3hiZNc)
<p>Materials</p>	<ul style="list-style-type: none"> ■ Flipchart paper ■ Pens and markers

Step by Step

Start with your Opening Circle ritual.

START (25 minutes)

1. Put participants into groups of six.
2. Explain that half of the groups (designate which ones) will discuss physical well-being, and the other half will discuss mental well-being.
3. Say: “when we talk about mental health and well-being, we are talking about our emotional, psychological and social well-being. It affects how we think, feel and act. It also helps determine how we handle stress, relate to others and make choices.”
4. Give each group a flipchart and markers.
5. Ask the groups to draw the shape of either a male or female body.
6. Explain “the person you are creating should be representative of your own age group and community. Please include in the drawing some brief information about the figure: name, age, gender, background and hobbies.”
7. Tell them that you want their new character to enjoy full physical and mental health.
8. Groups should create two columns. In one column, they should quickly list all of the things their character needs in order to enjoy full mental or physical health (depending on the group).
9. In the second column, they should list all of the things their character should avoid to stay mentally/physically healthy.
10. The groups should then discuss the factors they think affect mental and physical well-being (i.e. food, family, situations).
11. Give the groups ten minutes to work amongst themselves, then ask them to present to the whole group.
12. Ask participants about the discussions they had in the group: How did they decide which aspect to include? Did you have disagreements in the group or did everyone think the same?
13. Stress: “Staying physically and mentally healthy is not always easy. Sometimes we might need an extra support from an expert. Just like for a tooth ache we would go to the dentist, in our community there are doctors that can help us with our mental health.”
14. Share the contact information of organizations or health centers that can provide adolescent friendly support to participants.
15. During this first activity some participants might already feel uneasy. Read the ‘Identifying emotional distress and immediate action’ included in the ‘Facilitator Resources’ to know how provide immediate support and comfort.

ACT (25 minutes)

1. Suggest that mental or emotional health is linked to physical health and vice versa. It is hard to have one without the other. Ask the participants if they know the phrase, “healthy body, healthy mind” and explain that our mental health affects how we think, feel and act.
2. Ask for some examples of good mental health: How can you tell if a friend is enjoying good mental health? What are the signs of poor mental health? How can you tell if a friend is affected by poor mental health? (remember, mental health is our emotional, psychological and social well-being. It affects how we think, feel and act. It also helps determine how we handle stress, relate to others and make choices.)

3. Explain that they will now look very briefly at three ways in which mental health can be challenging. Direct participants' attention to the prepared flipchart with the information below, and with the help of volunteers read through the descriptions.
4. Allow for questions. If you think the group might require more support on this topic, plan an additional activity on mental health and invite an expert to support the group.

Anxiety	Depression	Addiction
<p>A person with anxiety disorder:</p> <ul style="list-style-type: none"> ■ Feels worried all the time, even when there is no reason to worry. ■ Feels strongly that something bad will happen. ■ May feel that their heart beats very fast. ■ May sweat for no reason. 	<p>A person with depression:</p> <ul style="list-style-type: none"> ■ Feels sad and hopeless most of the time. ■ Thinks they do not matter and that they are not useful to anyone. ■ Wants to be alone. ■ May lose interest in activities that they really like. ■ May think about taking their own life (suicide). 	<p>A person with an addiction problem:</p> <ul style="list-style-type: none"> ■ Uses alcohol or drugs to forget about problems or to try and take away pain. ■ Feels that drinking alcohol or taking drugs is a big part of their life. ■ May have problems with family and at work. ■ May not be able to handle responsibilities.




1. Make groups of five or six and assign each group one of the three areas of mental health you have just discussed. Ask each group to spend 5 minutes preparing a 'frozen picture' illustrating how the condition might affect someone their own age.
2. When presenting the frozen picture participants should follow the three rules of Image Theatre: NO sounds, NO props and NO movements.
3. Whilst groups are preparing, circulate and help them as necessary. Make sure they are standing up and practicing their images and not simply talking about them.
4. Ask to see one image for each condition. Use the sorts of questions to facilitate a discussion with the audience:
 - What do you see?
 - Who are these people?
 - What is happening?
5. Be sure to keep asking: "Why do you think that?" and "Who has a different idea?" throughout the discussion.
6. Remind participants that usually we cannot personally do much to help people going through hard times, however, we can always reach out and seek help from experts in our community that are trained to help people with their mental health
 - Is this a realistic situation?
 - Is it an image you recognise from your own lives or communities?
 - What advice would you give to the person in the image who is experiencing mental health problems?
 - What would be one thing you can do if you know someone that is dealing with this anxiety/depression/addiction?

REFLECT (10 minutes)

1. Today we have talked about the importance of mental and physical health. While most of us feel comfortable talking about physical health and know where to find support if something doesn't feel right, many of us feel less comfortable when it comes to addressing issues of poor mental health.
2. Seeking help is a sign of strength, not weakness. If you think you could use some support to improve your mental health think about the people around you and the services available in your community.
3. Before moving on, go back to the list of support services participants can access in the community that can provide support or/and advise if they are struggling with their emotions.
4. To close, instruct participants to find a comfortable spot in the room. They can stand still, or sit in a comfortable position.
5. With their eyes closed, have them take three deep breaths in and out. It might be beneficial to guide their breaths by counting off (i.e. in through the nose for 1-2-3-4, out through the mouth for 4-3-2-1).
6. To close, have them reflect on something they feel grateful for today. Provide the following suggestions to allow them to get into a gratitude mind-set:
 - Something that someone else did for you today
 - What you have learned from something that was hard
 - An activity, hobby, sport that you are grateful to have the ability to do
 - A person in your life that you appreciate
 - A skill or ability you have
 - Something that makes you laugh

End with your Closing Circle ritual.

Facilitator Information Card

	<ul style="list-style-type: none"> ■ A possible challenge in this lesson could be tackling any stigma that may exist around admitting to mental health issues, and persuading participants that seeking help with these issues is not a sign of weakness ■ Shows kindness, understanding, and empathy, the pupils themselves will realize the values of these behaviors and will demonstrate the same measures of love and kindness toward each other ■ Make sure participants feel safe and heard during the session. Be aware some of them or members of their family might be struggling with mental health issues and addiction. ■ Be prepared to call in a backup facilitator, call for an extra-long break or call on a co-facilitator should a pupil need immediate emotional support.
	<ul style="list-style-type: none"> ■ Do not force students to share personal stories ■ Do not ignore, blame or humiliate participants if they show signs of distress. ■ Do not minimize the feelings participants are going through and attempt to tell them how they feel.
	<p>For younger adolescents: spend more time working on the “start” section and discuss as a group the table on the “learn” section.</p> <p>For low-literacy participants: pair up the more active participants with participants that might require more support.</p>
<p>Additional Reading and Activities</p>	<ul style="list-style-type: none"> ■ Journeys: Activity Handbook for Pupils – Introduction (pg 4-10), Activity 29: Feelings Charades (pg 109), Annex 6: Government of Uganda Teacher’s code of conduct (pg 152), Annex 7: Government of Uganda Children’s Act (pg 156)

Facilitator Resources

Identifying emotional distress and immediate comfort actions

To prepare for this session identify adolescent-friendly support services in your community that can support participants if they are going through a difficult time.

It is possible that participants have experienced some form of violence, either as a witness or by experiencing violence themselves, including: bullying; harsh punishment or public humiliation as punishment; and sexual harassment and abuse.

When sensitive topics come up, participants may remember some of these experiences and become upset. The following are some signs that a participant may be in distress:

- Limited or no participation in the activity;
- Avoidance of the activity through disruptive behaviour, inappropriate laughter, going through their school bag;
- Holding a head down;
- Showing signs of nervousness such as holding their head down, crying or shaking;
- Abruptly leaving;
- Crying.

Opting out is always an option!

For activities that involve sensitive content, especially activities about abuse or violence, participants need to be informed their participation is optional. Let everyone know they should not feel scared of opting out, no repercussion will come from that decision.

Immediate actions that comfort

The following are a variety of actions that the facilitator can do to comfort the participant that has become upset by the activity.

1. Be available immediately to provide the participant with assistance and support.
2. Bring the participant to a safe place, away from his or her peers. Make sure the place is safe and is not seen as a threat to the participants.
3. Focus on the pupil. Ask the participant what he/she would like to do at that moment (e.g., go home, not participate in the session but remain or sit in another location, talk to a counselor or supportive person immediately or the next day, etc.). Help the participant follow through with whatever he or she decides.
4. Be flexible and meet the participant's needs. Be prepared to call in a backup facilitator, call for an extra-long break or call on a co-facilitator should a participant need immediate emotional support.
5. Listen to what the participant is saying. Provide the participant with understanding, support and assistance. Do not attempt to tell the participant how he or she feels. Assure the participant that it is normal to feel upset.
6. Be non-judgmental. Provide support and information to the participant regardless of personal feelings, beliefs or attitudes.
7. Do not overwhelm the participant with information, questions or advice. Do not assume the participant is ready for all the resources or help.

Do not!

- ✗ Do not interrupt, ridicule or shame the participant
- ✗ Do not blame the participant
- ✗ Do not criticize the participant
- ✗ Do not interrogate the participant
- ✗ Do not judge the participant
- ✗ Do not ignore the participant
- ✗ Do not minimize or ignore the participant's feelings
- ✗ Do not put the participant in a threatening setting
- ✗ Do not try to distract or divert the participant's attention from his or her feelings
- ✗ Do not tell the participant how to feel
- ✗ Do not discuss the participant's situation with others

Notes to Module 2

1. Adapted from Aflatoun International, *Afteen+: Life Skills and Financial Education Through a Gender Lens*, Aflatoun International, Amsterdam, 2017, pp. 113-117.
2. Adapted from: Ugandan Ministry of Education and Sports, *Reporting, Tracking, Referral and Response (RTRR) Guidelines on Violence Against Children in School*, Uganda Ministry of Education and Sports, 2014, pp. 71.
3. Adapted from Uganda Ministry of Education and Sports, *Understanding and Managing Menstruation: A reader for Learners*, Uganda Ministry of Education and Sports, 2013, pp. 23.
4. Adapted from Aflatoun International, *Afteen+: Life Skills and Financial Education Through a Gender Lens*, Aflatoun International, Amsterdam, 2017, pp. 149-154.
5. Adapted from Aflatoun International, *Afteen+: Life Skills and Financial Education Through a Gender Lens*, Aflatoun International, Amsterdam, 2017, pp. 161-165.
6. Adapted from: Uganda Ministry of Education and Sports, *Presidential Initiative on AIDS Strategy for Communication to Youth (PIASCY): Helping pupils to stay safe: An handbook for teachers P5-P7*, Uganda Ministry of Education and Sports.
7. Adapted from: Uganda Ministry of Education and Sports, *Presidential Initiative on AIDS Strategy for Communication to Youth (PIASCY): Helping pupils to stay safe: A handbook for teachers P5-P7*, Uganda Ministry of Education and Sports.
8. Adapted from: Aflatoun International, *Afteen+: Life Skills and Financial Education Through a Gender Lens*, Aflatoun International, Amsterdam, 2017, pp. 119-124.
9. Aflatoun International, *Afteen+: Life Skills and Financial Education Through a Gender Lens*, Aflatoun International, Amsterdam, 2017
10. Aflatoun International, *Afteen+: Life Skills and Financial Education Through a Gender Lens*, Aflatoun International, Amsterdam, 2017.
11. Ugandan Ministry of Education and Sports, *Understanding and Managing Menstruation: A reader for Learners*, Uganda Ministry of Education and Sports, 2013.
12. Ugandan Ministry of Education and Sports, *Presidential Initiative on AIDS Strategy for Communication to Youth (PIASCY): Helping pupils to stay safe: An handbook for teachers P5-P7*, Uganda Ministry of Education and Sports,
13. Uganda Ministry of Education and Sports, *Understanding and Managing Menstruation: A reader for Learners*, Uganda Ministry of Education and Sports, 2013.
14. Uganda Ministry of Education and Sports, *Presidential Initiative on AIDS Strategy for Communication to Youth (PIASCY): Helping pupils to stay safe: An handbook for teachers P5-P7*, Uganda Ministry of Education and Sports.
15. Uganda Ministry of Education and Sports, *Understanding and Managing Menstruation: A reader for Learners*, Uganda Ministry of Education and Sports, 2013.

16. Uganda Ministry of Education and Sports, *Understanding and Managing Menstruation: A reader for Learners*, Uganda Ministry of Education and Sports, 2013; and Uganda Ministry of Education and Sports, *Presidential Initiative on AIDS Strategy for Communication to Youth (PIASCY): Helping pupils to stay safe: An handbook for teachers P5-P7*, Uganda Ministry of Education and Sports.
17. Uganda Ministry of Education and Sports, *Understanding and Managing Menstruation: A reader for Learners*, Uganda Ministry of Education and Sports, 2013, pp. 29-30.11.
Uganda Ministry of Education and Sports, *Understanding and Managing Menstruation: A reader for Learners*, Uganda Ministry of Education and Sports, 2013.
18. Uganda Ministry of Education and Sports, *Understanding and Managing Menstruation: A reader for Learners*, Uganda Ministry of Education and Sports, 2013
19. Uganda Ministry of Education and Sports, *Understanding and Managing Menstruation: A reader for Learners*, Uganda Ministry of Education and Sports, 2013.
20. Uganda Ministry of Education and Sports, *Understanding and Managing Menstruation: A reader for Learners*, Uganda Ministry of Education and Sports, 2013; and Uganda Ministry of Education and Sports, *Presidential Initiative on AIDS Strategy for Communication to Youth (PIASCY): Helping pupils to stay safe: An handbook for teachers P5-P7*, Uganda Ministry of Education and Sports.
21. Uganda Ministry of Education, Science, Technology and Sports, *Learner's Booklet: Say No! To Violence- for post-primary schools and educational institutions*, Uganda Ministry of Education, Science, Technology and Sports and UNICEF.
22. Uganda Ministry of Education and Sports, *Presidential Initiative on AIDS Strategy for Communication to Youth (PIASCY): Helping pupils to stay safe: An handbook for teachers P5-P7*, Uganda Ministry of Education and Sports.
23. USAID Uganda Literacy Achievement and Retention Activity, *Journeys: Activity Handbook for Pupils*, RTI International, 2017, pp. 7-8.
24. UNICEF, *Guidance on Menstrual Health and Hygiene*, New York, 2019.
25. UNICEF, *Guidance on Menstrual Health and Hygiene*, New York, 2019.
26. UNICEF, *Guide to Menstrual Hygiene Materials*, New York, 2019.
27. UNICEF MENA, *Making Period Stigma History: Menstrual Hygiene Day 28 May*, UNICEF, 2021.

