



Peer Educator Reference Guide 2023





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Introduction

The **Peer Educator Reference Guide** has been designed to support youth peer educators who are reaching out to young people in their communities (ages 10-24) to increase their knowledge about healthy living, HIV, and sexual and reproductive health and rights and help them access the services they need. This tool provides practical day-to-day information that helps young people, especially those who are vulnerable and those most at risk of HIV (sometimes called 'key populations').

The guide has been informed by peer educators, programme implementers and health workers who participated in the Uganda Sexual and Reproductive Health and Rights Umbrella programme.

For more information about being a peer educator, or if you have questions about HIV and sexual and reproductive health services, contact Alive Medical Services.



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1. Self-care

Self-care means taking care of yourself so that you can be healthy, you can be well, you can do your job, you can help and care for others, and you can do all the things you need to.

Self-care is important for peer educators – it helps them support others better.

You can practice self-care in many ways: exercise, eat well, meditate, speak to a counsellor, and more.

1. Self-care 1. Self-care



Self-care is not being selfish. Engaging in a self-care routine can help you cope with changes, build strong relationships, and recover from setbacks.

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1. Self-care

Building a self-care plan

Self-care comes from you!

You know best what you can do to take care of yourself, what makes you happy and what makes you feel stronger physically, emotionally and mentally. The table below can help you think through your own self-care plan.

Areas of self-care	What I can do to take care of myself	An adult in my life who can support me in this area
	Knowledge and health literacy	,
School/work (things I do to get the most out of educational, volunteer, and job opportunities)		
	Mental well-being	
Relationships (what I do to create and keep healthy connections with others)		
Emotions (what I do to express emotions and receive others' emotions in a healthy way)		
Core values (choices I make based on my personal values that support my sense of meaning and purpose)		
Stress resilience (what I do to positively deal with the challenges of life)		
	Physical activity	
Rest and play (what I do to balance work and play and to renew myself)		
Care for my body (healthy habits for my physical well- being, and unhealthy habits I avoid)		
	Healthy eating	
Care for my body (healthy habits for my physical well- being, and unhealthy habits I avoid)		

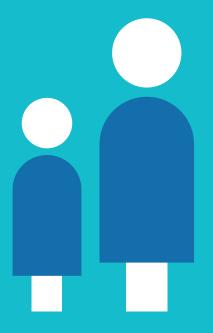
Areas of self-care	What I can do to take care of myself	An adult in my life who can support me in this area
	Risk avoidance	
Care for my body (healthy habits for my physical well- being, and unhealthy habits I avoid)		
	Good hygiene	
Care for my body (healthy habits for my physical well- being, and unhealthy habits I avoid)		
	Use of products and services	
Organisation (things that help me keep time and make good use of time, priorities, money, and belongings)		

Examples of self-care



2. Growth and development

Human development is a lifelong process of physical, behavioural, mental and emotional growth and change. These changes can happen at any stage of development and may include attraction to other people.



2. Growth and development

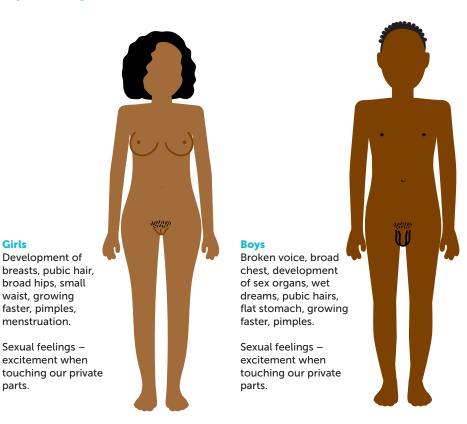
Body changes

Puberty is the physical, social, mental, emotional and behavioural changes that happen to young people as they move from being children to being adults. Puberty happens to people between the ages of around 9 to 18.

Physical changes

Girls

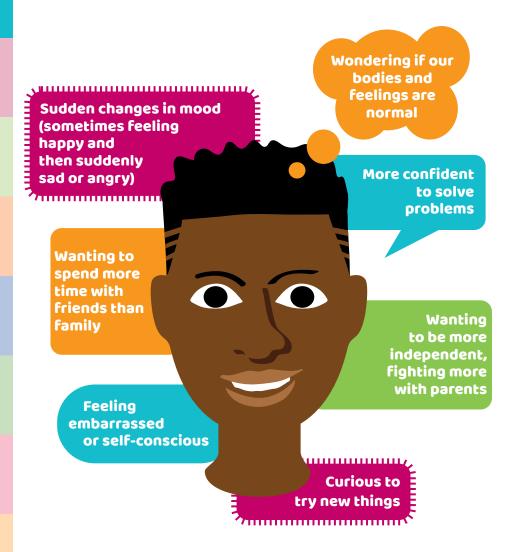
parts.



Changes are also happening in how you think and feel about yourself, people in your life and how you want to do things.

2. Growth and development

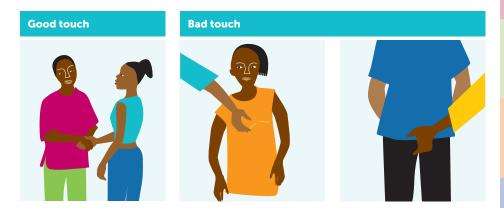
Changes to feelings and thinking



Good and bad touch

Why touch?

Because touch is one of the five senses we use to interact with our environment and with each other. However, there are different type of touches and people feel differently about touch. For example, some people like to hug to say hello, others prefer to shake hands, and some people are uncomfortable with touch. Always ask to make sure people are comfortable with touch. This is also known as asking for consent.



What is the difference between good touch and bad touch? Younger adolescents (ages 10-15)

Good touch could include your mother giving you a kiss on the cheek as she says goodnight, or your father putting his arm around your shoulders. Or maybe your uncle patting you on the back when you've done well at school. This is loving. You feel safe and cared for

But if an adult or a person older than you touches your genitals (private parts) or breasts – parts of the body that are usually covered by your underwear – those are bad touches.

If a person touches you in ways that make you feel frightened, worried, sad, ashamed or bad – it's not OK. This is bad touch.

If a doctor or nurse needs to examine you, they must do this with the knowledge of your parent or guardian and with your permission.

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2. Growth and development

Older age group (ages 16-24)

As we grow, we understand consent better. Don't let any adult or age-mate touch your private areas without your consent. Do not feel guilty if you refuse any affection from anyone for any reason. Your feelings and decisions matter the most when it comes to your physical space.

Dealing with bad touch

Your body belongs to you. So it's up to you who can touch it. Someone may try to get you to do something that you don't want to.

If something doesn't feel right, even if the other person doesn't actually touch you, trust your instincts and get away. It's OK to say "no". Avoid being alone with people who make you feel uncomfortable or unsafe.

If someone touches you inappropriately:

Shout "No, stop it!" or say in a loud voice, "Go away, I don't like it!"



Run away while making an alarm (in your loudest voice)

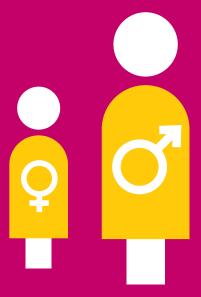
Fight back if you feel safe enough.

Find out more:



3. Gender-based violence

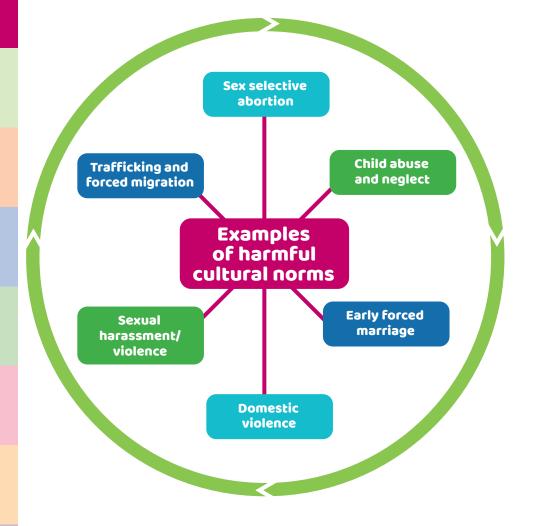
Gender-based violence is violence against someone because of their gender. It relates to gender roles: how men, women, girls, and boys are expected to behave. Gender-based violence is based on unequal power in a relationship.



3. Gender-based violence

Violence affects everyone, but women and girls are most at risk. Many young women and girls in our communities have limited control over their lives. Lesbian, gay, bisexual and transgender (LGBT) people face high levels of gender-based violence. Violence often increases during a crisis.

We all have the right to be protected from violence – in our homes, communities, schools, health facilities and at work. Violence is never acceptable.



3. Gender-based violence

Types of gender-based violence

1. Physical violence



e.g. hitting, kicking, slapping, pushing or choking

2. Sexual violence



e.g. rape, sexual assault or harassment

3. Emotional violence



e.g. threatening, shouting, controlling or criticising

Possible causes of gender-based violence

- 1. Lack of money
- 2. Gender norms
- 3. Limited access to services
- 4. Wars and conflict

- 5. Lack of education
- 6. Poor medical care
- 7. Lack of strong laws and policies

Impacts of gender-based violence

Mental health problems (anxiety, depression, stress, feeling isolated and thoughts of suicide).

Physical injury, harm and even death.

IMPACT

Violence – and the fear of violence – has a huge impact on the people who experience it. It can lead to: Girls dropping out of school.
This means they have fewer opportunities in life, such as getting a good job.

Anxiety, depression or aggression in children who witness domestic violence. Boys and girls may grow up thinking it's 'normal', and that this is how they should behave.

Sexual and reproductive health problems that can result in injury, illness and death (e.g. unplanned pregnancies, complications in pregnancy and childbirth, unsafe abortions and sexually transmitted infections, including HIV).

Stopping genderbased violence

We can all play our part in stopping gender-based violence. To prevent violence, whole communities – men, women, teachers, parents, health workers and young people – must be involved, not just individuals.

As well as preventing violence, we can support people who experience it.

Preventing violence

The best way to stop gender-based violence is to prevent it from happening in the first place.

You and your friends can help to change harmful attitudes and beliefs in your community. Here are some things you can do:

- Speak out against gender-based violence. It's up to everyone, including men and boys, to call out or report gender-based violence.
- **Defend the rights of marginalised people.** LGBT people, sex workers and women with disabilities often experience stigma, discrimination and violence. Like everyone else, they have the right to live free from violence.
- Challenge traditional ideas that limit how men, women, girls and boys should act. Show others in your family and community there are different ways of behaving, for example, by sharing housework and unpaid care work. When there is a disagreement, discuss things calmly rather than shouting or getting aggressive.
- Respect women and girls. All women and girls have the right to live free from violence and to make decisions about their own lives. They should be able to choose whether to stay in school, who they want to have sex with and when, whether to use contraception, if they want to marry, who they marry and when.

3. Gender-based violence

Providing support

It's important to support, not shame, people who experience gender-based violence.

If you are experiencing violence or are afraid of violence, you're not alone. Help is available. You can:

- Go to the nearest police station for help if you're in immediate danger.
- Access confidential psychosocial support, counselling and advice.
- Speak to someone you trust who will listen without judging. You can also talk to a gender-based violence focal person in your local health facility.
- Seek shelter in a 'safe house'.
- Access healthcare, including after a rape or sexual assault, from the nearest health facility.

Services available should include medical care, emergency contraception, post-exposure prophylaxis (PEP) to prevent HIV infection, STI screening and treatment, counselling and support, and legal assistance.

Perpetrators of gender-based violence may include family members, friends, community members and those acting on behalf of cultural, religious or state institutions.

If you know someone who is experiencing violence, share this information with them.

Remember: all forms of gender-based violence are wrong. We all have to work together to stop it. Ending violence – and the harmful gender roles and relations that fuel it – will benefit everyone and create a better world.

Supporting survivors of gender-based violence

1. Report genderbased violence to a trusted person



2. Report to your local council or police station



3. Go to the nearest health centre for treatment



Even if the harm is emotional, you may need mental health support.

TIPS FOR PEER EDUCATORS



Supporting survivors of gender-based violence

What to do if someone asks for your help:

- Remember your role. Introduce yourself, say calming words. Listen but never judge; practice respect. Do not try to solve their problem yourself.
- Provide reliable and comprehensive information on the available services and support. Let the survivor make their own choices.
- Know what you can and cannot manage. Even if there is not a gender-based violence specialist in your area, there may be other partners, such as a child protection or mental health specialist, who can support survivors who require additional attention and support. Ask the survivor for permission before connecting them to anyone else. Do not force the survivor if they say no.
- Do not proactively identify or seek out survivors of gender-based violence, but be available in case someone asks for support. Maintain confidentiality and respect their wishes. Do not record their personal data.
- Remember your mandate. All humanitarian actors are mandated to provide non-judgemental and non-discriminatory support to people in need, regardless of: gender, sexual orientation, gender identity, marital status, disability status, age, ethnicity/tribe/race, who perpetrated/committed the violence, and the situation in which the violence was committed.

Find out more:



4. Sexually transmitted infections

An STI – or sexually transmitted infection – is an infection that is spread through unprotected sexual contact with someone who already has an STI.



4. STIs

4. STIS

What is an STI?

An STI – or sexually transmitted infection – is an infection that is spread through unprotected sexual contact with someone who already has an STI. If you have vaginal, anal or oral sex without a condom, you could get or pass on an STI. HIV, chlamydia, herpes, syphilis, gonorrhoea and genital warts are all STIs. Anyone can get an STI, even if you've only had sex once or with just one partner. You don't need to have had lots of partners to get an STI.

How do I know if I have an STI?

The only way to know if you have an STI is to get tested. Below are signs of STIs that you should watch out for. If you are experiencing any or some of these, get checked out

FOR FEMALES FOR BOTH FOR MALES





Sores, rashes or small hard bumps on the genitals, lips or anus



Pain or swelling of the testes





Burning pain when passing urine



Pain when having sex



Bleeding from the vagina that is not a period



Many females do not show any signs or symptoms when they have STIs. And not all coming from the vagina that



Unusual liquid or discharge from the penis or vagina which may smell and be thick or yellowish



Itching in the genital area



Swollen glands in the groin



Lower belly pains above the sex organs



Bilharzia

Bilharzia, or 'snail fever', is a disease caused by parasites (worms called schistosomes) carried by freshwater snails that live in lakes, rivers and ponds where people swim, fish, bathe, wash clothes and collect water

When bilharzia is left untreated, it can cause symptoms like an STI, such as unusual discharge, itching, burning or pain in the genitals, and bleeding during or after sex. Untreated bilharzia can be mistaken for an STI. Someone with untreated bilharzia is more at risk of getting HIV, and it can make it difficult to get pregnant.

If a young person has STI symptoms and is regularly using fresh water sources, they should be referred to a health facility to assess their risk for bilharzia and for treatment.

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4. STIS

How can I prevent STIs?



Always keep good personal hygiene

You can protect yourself from STIs by not having sex.

If you decide to have sex, **use a condom correctly** every time you have sex. This lowers your risk of catching or passing on an STI. But if your partner has sores, a rash or blisters on their genitals that aren't totally covered by a condom, you won't be protected.

Go for regular check-ups at the health facility. Even if you've been going out with your boyfriend or girlfriend for a long time, you should still get tested, just to be safe.

Remember: You can only know if you do or do not have an STI by getting tested at a health clinic or by using a self-test kit (if used correctly).

Treatment for STIs

The good news is that most STIs are easily treated. Some STIs, such as herpes, HIV or genital warts, can't be cured but the symptoms can get better. If you test positive for HIV, taking your HIV treatment properly (which means every day) means you can still lead a long, healthy life.

Effects of untreated STIs

- Infertility (inability to have babies in males and females)
- Losing a pregnancy or going into early labour. Untreated STIs can also lead to still births (when a baby is born dead) or result in the death of the baby outside the womb.
- Pregnant women can pass STIs on in the womb and this can cause their baby to be born blind or disabled or to die young.
- STIs make it easier for HIV to get into the body through sores and broken skin.
- Loss of interest in sex
- Mental health issues

If you think you have an STI, you can:



Go to the nearest health centre for testing and treatment as soon as possible. You might feel nervous about getting tested. But there's no need to feel shy. Lots of people gets STIs, and you have the right to respectful and confidential treatment.

Finish all of the medicine you receive.



Abstain from sex, or practice safer sex, until both you and your partner finish treatment.

Ask the person/people you are having sex with to get tested as well. If only one sexual partner gets treatment, you might get infected again.



Don't rely on herbs. They won't cure STIs. And if you are living with HIV, they could stop your treatment from working.



Life-skills are skills that can help us to live a healthy and happy life, to respond to life's needs and meet its day-to-day demands and challenges.



5. Life-skills

Life-skills are skills that can help us to live a healthy and happy life, to respond to life's needs and meet its day-to-day demands and challenges. They include attitudes and skills for appreciating and supporting ourselves, relating to other people, and relating to the environment around us. Key skills include the ability to communicate well, make good decisions, set goals, understand ourselves, develop relationships with others, solve problems, and act responsibly.

Communication

Communication is sending and receiving information between two or more people. The person sending the message is referred to as the sender, while the person receiving the information is called the receiver. Communication is how a person shares knowledge, feelings, ideas and information. Communication can happen without words. Our four senses (audio, visual, touch and smell) can be used for communication. For example, through reading, gestures, talking, writing, listening and watching.

Types of communication

Communication can be categorised into three different types, depending on the nature of the interaction.

Intrapersonal communication



When a person interacts with themself. This type of communication is reflective.

Interpersonal communication



When a person communicates to another person or a small group.

Intergroup communication



When interaction between different groups takes place.

Verbal and non-verbal communication

Communication can be verbal and non-verbal. In verbal communication, we use words/language in the written or spoken form. Non-verbal communication is often given secondary importance, but it is much more important than verbal communication. It includes a series of gestures, such as facial expressions, signs, body movements, eye contact, tone of voice, and sounds. People can receive valuable information through non-verbal cues such as:



Body language



Eye contact



Facial expression



Head nodding or shaking



Playing with objects



Making sounds



Signs



Touch



Taste



Silence

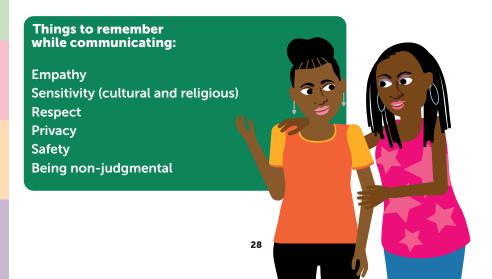


What is assertiveness?

Assertiveness means standing up for what you want or believe. It involves communicating your feelings and needs without violating other people's rights. It does not involve being violent, aggressive, rude, or disrespectful.

A	is for Attention	Get the other person to agree to listen to you. Find the right time, place, or method to help them focus on you.
S	is for Soon, simple, and short	Speak up as soon as your rights have been violated. Look the person in the eye and keep your comments short and simple.
S	is for Specific behaviour	Focus on the behaviour, not the person. Tell the person exactly what behaviour disturbed you.
E	is for Effect on me	Share the feelings you experienced because of the person's behaviour. For example, you can say, "I get frustrated when"
R	is for Response	Describe how you want the behaviour to change. Then ask the person to respond to what you said.
T	is for Terms	Agree on how the situation should be handled in the future.

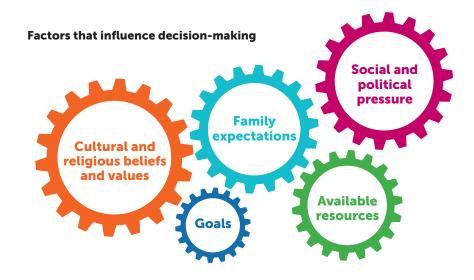
Active listening and observing are encouraged to support communication and reduce the barriers that stop us receiving information. As you communicate, remember to receive feedback from the people you are communicating with.



Problem solving and decision-making

What is decision-making?

Decision-making is the process of providing appropriate solutions to most situations in everyday life. It involves selecting options from many choices. All decisions require a lot of thought.



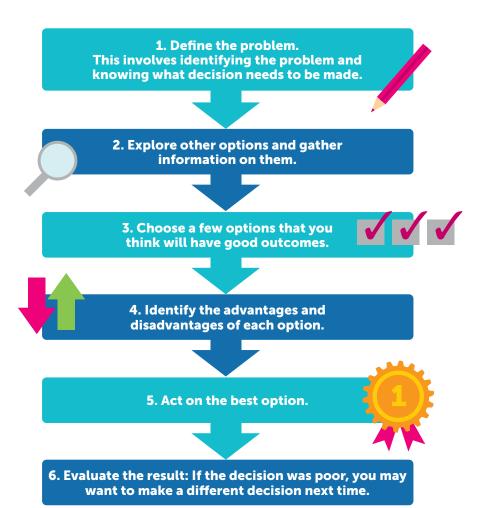
Barriers to decision-making

Young people face some problems when they have to decide on important issues, such as whether to have sex or to drink alcohol. These problems include:



Decision-making model

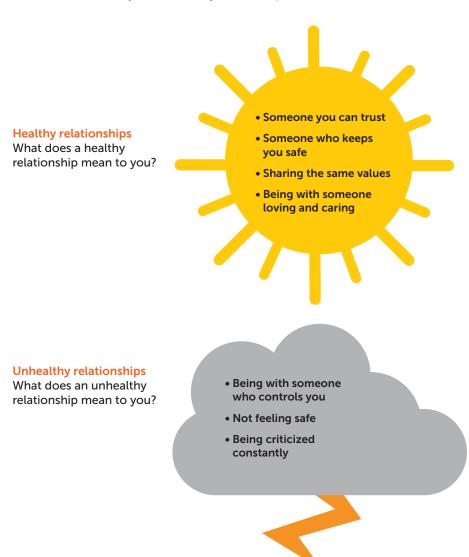
To make a good decision, it is important to develop decision-making skills. Follow these steps to make a decision:



Healthy relationships

What are healthy relationships?

Relationships are the ways in which two or more people or things interact with each other. Relationships can be healthy or unhealthy. Below are some of the characteristics of healthy and unhealthy relationships.



Characteristics of healthy and unhealthy relationships

HEALTHY RELATIONSHIPS

- You both consent to be in the relationship
- You treat one another with respect
- You feel safe and comfortable with each other
- You listen to each other
- Conflict is faced directly and resolved
- You are both open to constructive feedback
- Each is trustful of the other
- There is a balance of giving and receiving
- Negotiations are fair and democratic
- Tolerance: there is forgiveness of self and others
- Mistakes are accepted and learned from
- There is a willingness to take risks and be vulnerable
- Other meaningful relationships and interests exist
- Each person can enjoy being alone and privacy is respected
- Personal growth, change and exploration is encouraged
- Continuity and consistency is present in the commitment

UNHEALTHY RELATIONSHIPS

- Consent is not taken seriously
- Your rules are not respected
- You are not respected
- Privacy is not taken into consideration
- There is abuse



Let's play

Unhealthy relationships word search

	_		_	_		_	_	_	_		_		_		_				_
T	Z	U	0	Q	U	R	0	D	Q	F	R	U	S	Т	R	Α	Т	E	D
D	С	W	Т	X	W	Y	F	U	Ε	V	Q	Y	S	A	D	N	Ε	S	S
K	W	K	Α	P	Н	Y	V	X	U	S	G	F	Z	0	K	E	W	V	N
E	I	Q	С	Y	Н	N	В	P	L	U	U	U	M	L	D	L	K	С	M
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v	P	L	A	N	0	1	Т	0	M	E	U	W	X	Y	J	Q	K	Α	Т

IRAPPED
USED
PHYSICAL
ANGRY
STRESSED
IRRITABLE

CONTROLLED
ABUSED
EMOTIONAL
FRUSTRATED
EXHAUSTED
SADNESS

ISOLATED
MENTAL
INSECURE
HURT
CONFUSED

Healthy relationships involve negotiation.

What is negotiation?

Negotiation involves using problem-solving skills to stop arguments. A negotiation is a discussion aimed at arriving at a peaceful agreement. People need to negotiate in many situations, for example, when they deal with peer pressure, play a sport, or make sexual decisions.

Negotiation is also a way to get what you need without using force, guilt, anger, or threats. It requires both people to compromise or exchange ideas. Negotiation works best when a problem is talked about early. Good negotiation can build better relationships.



Negotiation process

1. If necessary, get another person to help you settle the argument.

2. State your position clearly.

3. Listen to the other person's position.

4. Brainstorm options that will work for both people.

5. Agree on a solution.

6. Try it out and evaluate the outcome.



Self-awareness

What is self-awareness?

Self-awareness is understanding yourself. It is the ability to identify your own feelings, values, strengths, and limitations, as well as how your feelings and thoughts influence what you do. It's also understanding that other people may see you differently from how you see yourself. In a group, it may mean understanding your strengths and contribution to a group.

Why is self-awareness important?

It's a part of getting to know yourself better. The better you know yourself, the stronger you will feel. Understanding your own feelings helps you know your own strengths and weaknesses. And that helps you build on your strengths and learn how to overcome challenges.

How can I develop self-awareness?

- Take quiet time to listen to your emotions and reflect on them. A journal is a good way to get started.
- Pay attention to how you feel throughout the day in different situations. Which situations make you feel happy? Anxious? Overwhelmed?
- Practise how you would tell someone what's on your mind and what you need to feel better.

These will help you to:

- 1. Identify and build on strengths
- 2. Explore your identities in the different situations
- 3. Explore your personality and learning styles
- 4. Build on emotional intelligence
- 5. Understand your stress and stressors

How to journal



It can help to see your feelings or potential on paper. It can also help you describe how you feel to other people. Start with these sentences and fill in the blanks:

1 feel_____right now 1 feel_____when 1 ____

		-		
Fin	d 0	114	ma	PA
	u v	u		



Mental health is just as important as physical health. Young people need healthy food and exercise to grow into healthy adults. Good mental well-being is equally important to help us grow up happy and resilient.



6. Mental health

Mental health is just as important as physical health. Young people need healthy food and exercise to grow into healthy adults. Good mental well-being is equally important to help us grow up happy and resilient.

Did you know?

Our mental health is always changing. We can feel strong one day and worried the next. It's normal to have ups and downs, especially when you're young.

Mental health is how we feel in our hearts and minds. Good mental health helps us deal with ordinary life, school and work. It also helps us feel balanced and content about the environment we interact with.

Mental health drives our emotions and how we interact with other people. Mental-health conditions during adolescence and young adulthood may have a negative effect on the development of safe and healthy relationships with peers, parents, teachers, and romantic partners.

Mental health challenges are common and they are not something to be ashamed of! This is normal for people of all ages. There are different types and some are more severe than others. They can affect our emotions and how we think and act. But there are resources to help us get help when we need it.



Understanding your emotions

Intense emotions



LovedFeeling
appreciated
and cared for



Hatred Intense dislike

How you view yourself



ProudPleased with an achievement



Embarrassed Ashamed or shy

Connected to thoughts of the future



ScaredAnxious or afraid



HopefulFeeling good
about the future

Related to outside influences



Нарру

Joy or when our experiences meet our expectations



Sad

Down or heartbroken



Disappointed

Let down and defeated



Relieved

Comforted or reassured



Grateful

Thankful and appreciative



AngryFrustrated
or cross

6. Mental health

Daily reminders of why we should support our mental well-being

- Mental well-being needs to be worked on daily, just like physical fitness.
- Mental health challenges are nothing to be embarrassed about. They are normal.
- Self-care is the first step for maintaining and improving mental well-being.
- Every-day mental health practices are easy to do and can help you.

Things that may help to boost our well-being

Doing small things every day can have a positive impact on mental well-being. Here are some easy ways to put self-care into each day.

Stick to a routine

with regular sleep and wake-up times to get enough rest. It's also easier to create healthy habits when you have a set routine.



Walk

to lift your mood, clear your head and boost the blood flow to your brain and body.



Keep a journal

and write down your feelings. A journal can be a safe space to vent frustrations or fears. Putting thoughts and emotions on paper can help you understand them better.

Eat nutritious food

Fruits, vegetables and brain foods like nuts, oily fish, and beans are all healthy options for mental well-being. Energy drinks, sugary foods and drinks, and alcohol can make you feel anxious or irritable.



Meditate

to help control your breathing and heart rate. This will lower your stress. It's also good for improving concentration and boosting self-esteem. Start by sitting in a comfortable position, closing your eyes, and calmly inhaling and exhaling. There are also many techniques to try online.



Stretch or try gentle yoga movements to relax. Exhaling releases feel-good chemicals in the brain.

Switch off from phones and gadgets

to feel better. Try to limit the time you spend on your phone or surfing the internet to two hours a day. Social media can be fun, but it has also been linked to feelings of low self-esteem.



Spend time in nature to help reduce stress.

Caring for animals, visiting a park and gardening can all help.



Spend time with friends

They provide social support and make us feel loved and appreciated. Even a quick phone call can make you feel better.

Get enough sleep.

It's closely related to mental and physical well-being. Avoid electronics and caffeine before bed and keep a regular sleep schedule to get enough and quality rest.



TER

How to feel better in 5 minutes

- Put down your phone
- Stretch and breathe deeply
- Take a walk outside
- Write down how you feel

Seeking psychosocial support

How to start talking about your mental health

- Write your feelings in a journal if talking to someone feels too hard.
- Talk to the mirror and practise what you want to tell people.
- Record voice notes for yourself.
- Try sending a text to a friend first to open the conversation.
- Write a letter to someone you trust and read it to them.
 A letter can spark a conversation.

Here are some prompts to use.



Asking for help

We ask each other for help all the time in our daily lives. We also ask for help when our bodies are sick – we want to know why we are sick and how we can get better.

Why don't we ask for help with our mental health?

It's understandable that you might feel nervous because this isn't a topic that many people talk about in our society. But it's important to talk about it. Talking can help us understand our emotions better. It can also help us see things differently. Talking also helps other people to help us.

The most important thing to remember is that you are not alone. What you are experiencing is more common than you think, and talking about your problems with people you trust is the first step to getting help.

Three ways talking can help

1

It makes you feel less alone. You can feel better just knowing that somebody you trust is listening to you. 2

Talking about your problems gives other people the chance to help you or direct you to others who can help. They may have had a similar experience, or maybe they're just a really good listener.

3

Talking can help show that mental health challenges are real and something we should all help each other with.

Who do we talk to?

When you feel the time's right, think about who you want to talk to. Think about people you can trust and people who are close to you. A parent, close relative, teacher, or maybe a friend.

Sometimes, it's easier to talk to people who don't know you. If you feel like this, why not try a professional counsellor?

Mental-health conditions have a major impact on the physical and social development of young people and may hinder their economic growth and their ability to form relationships. In some cases, mental health conditions cause young people to misuse drugs and alcohol.

Substance use

7

What is a drug?

Any substance that changes how someone behaves, feels and thinks.

Everyday things that we consume, such as coffee and tea (caffeine), sweets (sugar), chocolate (caffeine and sugar) and alcohol, can be considered drugs because they make us feel good and alter how we function and feel.

Why do people use drugs?

People and animals have used different substances to change their mood, thoughts or behaviours for thousands of years. We use many different substances without problem, but all substances can be misused. Substance misuse can affect the well-being of every person. It can lead to mental health challenges, but it can also be caused by mental illness.

Medicines that treat illness can also be abused if people take them to get high rather than because they are sick and following their doctor's orders. People can even abuse cough or cold medicines from the store if they ignore the directions and take too much at one time.

To feel good. Young people often like the way they feel when they take drugs. Taking drugs can make them feel happy, confident, cool, lively or relaxed.

To do better in academics or sports.

Some young people may take stimulants for studying, or anabolic steroids to improve their athletic performance.

WHY YOUNG PEOPLE TAKE DRUGS

To feel better. Some young people suffer from depression, anxiety, stress-related disorders, and physical pain. They may take drugs to try to get some relief or feel more energy.

To fit in. Young people may take drugs because they want to be accepted by friends or peers who are doing drugs.

To experiment. Young people often want to try new experiences, especially ones that they think are thrilling or daring.

It is common for young people to have many new experiences as they age, including trying out substances such as alcohol or cannabis. But just because a young person is using substances doesn't mean they have a substance use problem. It may be exciting to use substances, but the risks are greater for anyone under the age of 25. Their minds and bodies are still growing and changing, and substance use may affect their physical or mental health development. It may also lead to excessive substance use and even addiction.

Drugs	Effects
Alcohol, cannabis, benzodiazepines (Valium, Serepax, Mogadon, Normison), barbituates, GHB, opiates and opioids (heroin, morphine, codeine, methadone, pethidine), some solvents and inhalants	Slows down the activity of the brain and nervous system. Affects concentration and coordination, and slows down a person's ability to respond to unexpected situations. Can cause a person to feel more relaxed.
Mild stimulants Caffeine, nicotine, ephedrine Stronger stimulants Amphetamines (speed, crystal meth, ice), cocaine, ecstasy, slimming tablets, khat	Stimulants speed up the brain's activity. As a result, a person may feel more awake, alert, confident, talkative or agitated. Stimulants increase heart rate, body temperature and blood pressure. They can also reduce a person's appetite and may cause them to have dilated pupils and sleeping difficulties.
LSD, acid, trips, mushrooms	Hallucinogens produce hallucinations. This is when people see or hear things that are not actually there.



Changing friends a lot

Eating more or eating less than usual

Spending a lot of time alone

Losing interest in favorite things

Having problems at school - missing class, getting bad grades

Not taking care of themselves for example, not taking showers, changing clothes, or brushing their teeth

Lying and stealing

WHAT ARE THE SIGNS THAT A YOUNG PERSON HAS A DRUG PROBLEM?

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Being really tired and sad

Being very energetic, talking fast, or saying things that don't make sense

Having problems in personal or family relationships

Being in a bad mood

Quickly changing between feeling bad and feeling good

Missing important appointments

Memory lapses, poor concentration, lack of coordination, slurred speech, etc.

Addiction is a chronic mental health condition that drives people to compulsively seek drugs and continue to use drugs, despite harmful consequences. It causes long lasting changes in the brain. Addiction is a mental health illness and a complex brain disorder.

We need to educate ourselves and be aware of the risks of using drugs so that we do not harm ourselves or others. Saying 'no' to drugs altogether is one way to avoid becoming dependent on them.

Getting help

If you think that you or someone you care about is addicted to drugs or alcohol, recognising the problem is the first step in getting help.

Many people think they can kick the problem on their own, but that rarely works. Find someone you trust to talk to. It may help to talk to a friend or someone your own age at first, but a supportive and understanding adult is your best option for

getting help. If you can't talk to your parents, you might want to approach a school counsellor, relative, doctor, favourite teacher, or religious leader.

Unfortunately, overcoming addiction is not easy. Quitting drugs or drinking may be one of the hardest things you or your friend will have ever done. It's not a sign of weakness if you need professional help from a trained drug counsellor or therapist. Most people who want to deal with drug or alcohol addiction need professional help or a treatment programme to do so.



TIPS TO HELP WITH THE ROAD TO RECOVERY



• TELL YOUR FRIENDS ABOUT YOUR DECISION TO STOP USING DRUGS.

True friends will respect your decision. This might mean that you need to find a new group of friends who will be 100% supportive. Unless everyone decides to kick their drug habit at once, you probably won't be able to hang out with the friends you did drugs with.



ASK YOUR FRIENDS OR FAMILY TO BE AVAILABLE WHEN YOU NEED
THEM. You might need to call someone in the middle of the night just to
talk. If you're going through a tough time, don't try to handle things on your
own — accept the help your family and friends offer.

• ACCEPT INVITATIONS ONLY TO EVENTS THAT YOU KNOW WON'T INVOLVE DRUGS OR ALCOHOL. Going to the movies is probably safe, but you may want to skip a Friday night party until you're feeling more secure. Plan activities that don't involve drugs. Go to the movies, try bowling, or take an art class with a friend.



- HAVE A PLAN ABOUT WHAT YOU'LL DO IF YOU FIND YOURSELF IN
 A PLACE WITH DRUGS OR ALCOHOL. The temptation will be there
 sometimes. If you know how you're going to handle it, you'll be OK.
 Establish a plan with your parents, siblings, or other supportive friends and
 adults so that if you call home using a code, they'll know that your call is a
 signal you need a ride out of there.
- REMIND YOURSELF THAT HAVING AN ADDICTION DOESN'T MAKE A PERSON BAD OR WEAK. If you fall back into old patterns (backslide) a bit, talk to an adult as soon as possible. There's nothing to be ashamed about, but it's important to get help soon so that all of the hard work you put into your recovery is not lost.

Referral pathways

Where to find help and treatment programmes

- Butabika National referral hospital
- Bbosa Mental Unit Mulago and all government referral hospitals

WHERE

FIND

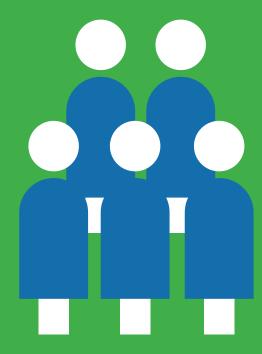
- The Haven, Najjanankumbi
- Uganda Youth Development
- Uganda Harm Reduction Network
- Any health facility. If they cannot manage your situation they will refer you to another place.

HELP

TO

7. Groups and group dynamics

A group is a collection of people working together for a common goal. The way the group behaves depends on who is in the group and the connections between group members.



7. Groups and group dynamics

What is a group?

It is a collection of people working together for a common goal. A group has common understanding, procedures and goals.

What is group dynamics?

It refers to how different people, personalities and relationships in a group interact with each other.

The need for a group and group dynamics

• Putting together different talents

• Providing new solutions to unfamiliar situations/problems Group-based workforce utilisation • Promotion of skills In a group one has to be: Self-monitoring strategy Motivated participation Group decision-making methods Accommodative Group achievements In control of • Self-responsibilities the group Peers should note that different group members offer different abilities for the development of the Able to keep groups and have different characteristics. members close to each other

7. Groups and group dynamics

SOCIAL ROLES

MOTIVATOR

HARMONIZER

COMPROMISER

FOLLOWER

STANDARD SETTER

GROUP OBSERVER

GATEKEEPER

FACILITATOR

Roles in the group

These different roles together develop the group, and if harmonised properly they become the norms and practice of the group.

MANAGING A GROUP

- Managing a group/s requires some skills and techniques (e.g. be attentive to audience, demonstrate positive body language, be friendly, be an active listener)
 - It requires time management for both the leader and the members
 - The group can establish laws that have to be adhered to by all group members
 - Cope with each individual member's strength and weakness

AGGRESSOR

DOMINATOR

BLOCKER RECOGNITION

SEEKER

ENERGISER

SELF-CONFESSOR

RECORDER

CO-COORDINATOR

HELP-SEEKER

ELABORATOR

TASK-ORIENTED ROLES

INFORMATION-SEEKER

INITIATOR INFORMATION
GONTRIGHTOR GIVER

CONTRIBUTOR GIVER OPINION GIVER

OPINION-SEEKER CRITIQUE

EVALUATOR

PROCEDURAL TECHNICIAN

8. HIV

HIV stands for human immunodeficiency virus. HIV attacks our body's immune system, which is how our body defends us against illness. If untreated, HIV can become AIDS, which is a set of symptoms that develop at the late stages of HIV.



What do we know about HIV?

HIV, like other viruses, is too small to be seen with naked eyes. It weakens the cells that protect the body against infection. This leaves the body poorly protected against diseases called 'opportunistic infections'. These include tuberculosis, pneumonia, diarrhea and many others.

What is HIV and how is it transmitted?

HIV stands for human immunodeficiency virus. HIV attacks our body's immune system, which is how our body defends us against illness. If untreated, HIV can become AIDS, which is a set of symptoms that develop at the late stages of HIV. There is no cure for HIV. The good news is there is effective treatment.

People living with HIV can live long healthy lives when they take HIV medications. It is important to start medication right away if you find out you have HIV (test HIV positive) to make sure that you stay healthy. If you keep taking your treatment properly then you may be able to lower the HIV in your body to such a low level that you cannot pass it on through sex. This is called being 'undectable' or 'virally suppressed'. You will only know if you are undectable if you have regular treatment monitoring.

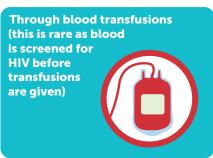
HIV is not transmitted through normal, day-to-day contact.

The most common ways that HIV is transmitted are:









What is AIDS? What causes AIDS?

AIDS stands for acquired immuno-deficiency syndrome. It is the late stage of infection caused by HIV.

A person who has HIV can look and feel healthy for a long time before signs of AIDS appear.

HIV treatment helps to slow down the rate at which HIV weakens the immune system. This means that if someone with HIV is on effective treatment they will not develop AIDS. But HIV treatment cannot cure HIV or AIDS.

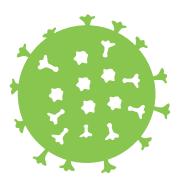
There is no cure for HIV or AIDS

How do I protect myself from AIDS?

Since there is no vaccine to protect people from HIV, and there is no cure for AIDS, the only certain way to avoid AIDS is to do things that will prevent you from getting HIV in the first place.

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HIV, just like other STIs, is passed between people when one person has HIV (or another STI) and another person doesn't.





Show your loving and sexual feelings through activities that are not risky – hugging, holding hands, kissing, touching each other, rubbing against each other with clothes on, talking about sexual dreams and thoughts, touching sexual organs without getting sexual fluids (semen, vaginal fluids) near any openings or broken skin.

THERE ARE DIFFERENT WAYS TO PREVENT YOURSELF FROM GETTING HIV

If you are sexually active, using a condom correctly each time you have sex.

Abstaining from sexual intercourse (this means choosing not to have sex).



Use water-based lubricants (lube) to make sex safer. Lube reduces risk of tears or damage to the vagina or anus caused by dryness or friction during sex. It also reduces the risk of a condom breaking.

Never use oil-based products, such as hand lotions or baby oil, for lubrication. They will damage the condom and it will no longer protect you.

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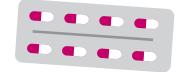
Sex without a condom is safe only if you and your partner do not have HIV. The only way for both of you to be sure is to get tested, never have sex with other people and stay faithful and honest to each other.

If you are living with HIV and want to start a family, speak to a health service provider to help prevent the transmission of HIV from parent to baby.



8. HIV

Pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP)



PrEP and PEP are medications that people who do not have HIV can use to reduce their risk of acquiring HIV. PrEP and PEP are not widely available. Both approaches require daily doses of medication and correct and continued use of the medication.

PrEP has to be taken every day. It will reduce your risk of getting HIV if you are having unprotected sex with multiple partners, unprotected sex with sexual partners who are living with HIV, if you are selling sex, and/or inject drugs.

PEP is for emergency situations, such as sexual assault, when a condom breaks during sex, and if you have shared injecting drug-use equipment (needles, syringes etc). PEP is not a 'morning after pill' for HIV. It must be taken within 72 hours of possible HIV exposure and for 28 days.

HIV stigma and discrimination

HIV stigma is when people think that a person or group associated with HIV is worth less than others

HIV discrimination is when a stigmatised person is treated unfairly or unjustly because they have HIV or they belong to a group seen as being at high risk of HIV.

HIV stigma builds on inequalities and injustice that already exist in relation to gender, age, poverty, race or sexual behaviour.

Institutions (for example schools, healthcare facilities, police) can also discriminate against people who have HIV or because they are from a group associated with it.



Consequences of stigma

Stigma and discrimination lead to denying those of us living with HIV our human rights. For example, we may be denied the right to work, to stay at school, to get healthcare, to marry, to have children, to travel or return to our own country, or to live in our community.

Stigma, discrimination and the violation of rights worsen the impact of HIV and related-health and social inequities.



TIPS FOR PEER EDUCATORS

The topic of HIV stigma and discrimination can be very heavy and painful, especially for those of us living with HIV or affected by it in our families. Keep an eye on the group members and use your judgement about when to take a break. People may need quiet time to reflect and recover. A group song/activity can be a good way to close the session on a united and positive note.

Those of us living with HIV, or who think we are at risk, may feel shame, guilt and fear – we stigmatise ourselves. This may cause us to hide our worries and avoid going for a test or practising safer sex in case people suspect us of having HIV. It prevents us from obtaining good care for ourselves, and family members if they have HIV.

Stigma and discrimination cause more anxiety and distress, which can damage our health and well-being.

Preventing stigma

We can all help to prevent HIV stigma and discrimination in our daily lives in many ways.

Those of us with HIV are the same as any other person. We do not expect to be treated differently – better or worse than anyone else. We need to share our worries and feelings about living with HIV with friends and family, and for them to sometimes provide practical help.

Those of us with HIV have faced the reality of what this means. We can take the lead in supporting each other and helping others to take the actions they need to protect themselves. We can promote changes in our culture, gender norms and the environment that make it easier for people to have happy and safe sexual lives.

Empower people with the knowledge, skills and self-confidence they need to cope with the epidemic.

Join those of us with HIV to challenge stigma and take charge of coping with HIV in our communities.

Speak out against all forms of stigma and discrimination, for example, against women, young people and sex workers.



Learn and teach others about:

- How HIV is spread and not spread to reduce the fear of being with people with HIV
- How any one of us could be living with HIV or get HIV if we have unsafe sex or inject drugs
- How those of us living with HIV can live a happy, healthy and long life with effective treatment
- How we all lose when people with HIV are treated badly because HIV spreads more quickly and has a worse effect
- How we should all work to fulfil the human rights of people with HIV
- How, with loving care, we can all contribute to preventing HIV
- Caring for those of us with HIV and affected by it, and stopping the worst consequences of the epidemic



People living with HIV are often discriminated against, which stops them from accessing services they need. To address stigma and discrimination, create awareness about the rights of people living with HIV or AIDS. Advocate for behaviour and conduct that is supportive of people living with HIV or AIDS.

Adherence

Although there is no cure for HIV, there are effective medications that are taken regularly to help people who are living with HIV live long, healthy lives. These medications are called antiretroviral drugs (ARVs). We typically say that people who are taking ARVs are on antiretroviral therapy or ART. These medicines help to slow down HIV and restore a person's immune system. ARVs are free of charge from public facilities and available to anyone.

To benefit from ART, a person must know their HIV status through testing. They should start treatment as soon as they are diagnosed, before they get sick. All people on ART have different needs. For example, young people may need support to ensure they take their ARVs on time.

Adherence to ART keeps people with HIV healthy and also reduces the risk of HIV transmission.

Adherence means that a person living with HIV is taking drugs correctly. It involves taking:





In the right dose (amount)



With the right frequency



At the right time



Adherence also means:



Attending all scheduled clinical visits/procedures, including clinic appointments



Doing lab tests



Taking all prescription refills

Making sure that ART is taken correctly and regularly keeps the virus at bay and also ensures that the medicines keep working. If ART drugs are not taken correctly, HIV can change so that it resists the action of the drugs (when this happens, the drugs do not stop HIV from reproducing). The person then becomes sicker. The resistant virus can be spread to others and drugs will not work on them either. Poor adherence leads to drug resistance, increased viral load, increased sickness, and the increased possibility of death.

Adherence may change across someone's life situation. They may start off very well and then start having problems with adhering to their ART. This is especially true for adolescents and young people who are going through a time in their life when their body changes, when they are taking more decisions, and entering into adulthood with added responsibilities and changing social, school and work situations.

Each young person's life is different and what works to keep them adhering to their ART will also be different. The table below will help you think through adherence challenges and solutions and who might be able to help. To get you started, some examples have been included.



Activity: Adherence challenges for young people

What makes adherence difficult?	Ideas and solutions?	Who can help?
It is difficult to carry the tin everywhere because it makes a lot of noise	Carry only medicine you will need for that particular moment in a smaller package	Counsellors at your health facility
It is easy to forget and hard to keep time	Set an alarm for a particular time	Family and friends can be asked to remind you

Adherence support and monitoring are important throughout the person's life. People living with HIV need to achieve 100% adherence to ART to keep the correct amount of drugs in their bodies to fight the virus.

Disclosure

HIV disclosure is the voluntary process of telling family members, friends, partners or other people our HIV status.

A disclosure process has five key elements:

- 1 It's voluntary. No one should force you to disclose your status to anyone.
- 2 Consider the age and maturity of the individual you are disclosing to.
- It's a gradual process. HIV disclosure is not a simple action that is done all at once to everyone. You can begin by giving small pieces of information to people you feel more comfortable with, then slowly increase the amount of detail you give so you can build up your support network.
- It's supported by professionals and experienced people, including those living with HIV. If HIV disclosure is done carelessly, you may make the process harder and even expose yourself to violent reactions.
- It's planned. Before disclosing, think about the good but also the bad consequences you might face. If you are concerned about your personal security, you can do it in a public but quiet space where there are people around.

There are many ways to disclose, depending on who we are talking with.

Open communication and trust are important for healthy relationships. At the same time, it is also wise to take steps to protect ourselves from situations that might compromise our safety (for example, if we think someone might react violently if we tell them).

It's a good idea to speak to other young people living with HIV about different ways to disclose and what worked for them, as you may be able to learn from their experiences.

Test how people may react to your HIV status by asking them questions like, 'What do you think about HIV?' and 'Have you met anyone with HIV?' This will help you get a sense of what they think and how they might react.

9. Children by choice, not chance

The physical changes that girls and boys experience during puberty mean that their bodies are getting ready to be able to reproduce. Once young women begin to menstruate and young men begin to produce sperm, unprotected sex can result in pregnancy.



9. Children by choice, not chance

The physical changes that girls and boys experience during puberty mean their bodies are getting ready to be able to reproduce. Once young women begin to menstruate and young men begin to produce sperm, unprotected sex can result in pregnancy.

It is important to help young people understand how they can become pregnant and how they can prevent pregnancy until they are ready to become parents.

Pregnancy and parenting are a shared responsibility for both members of a couple. Making an informed choice about when and how many children you are going to have ensures that parents are ready, and parents and children have the best opportunities in life.



Birth control, also known as contraception, is the use of different methods or devices to prevent unintended pregnancy. Becoming pregnant at a very young age puts young women at increased risk of health problems and death from early childbearing.

Pregnant adolescents often have preterm or low birth-weight babies and such babies are at greater risk of dying. Contraception helps people delay pregnancy until the time is right for them to have children.

Delaying first pregnancy, spacing births and limiting the size of families improves women's health. Babies are healthier too and less likely to be underweight. Contraception reduces the need for unsafe abortions, which can lead to injury, illness or even death.

When young women and adolescent girls can control their fertility, they have more choices. They decide whether to stay in education, work and earn money. This can decrease poverty.

9. Children by choice, not chance

Contraception methods and options

There are different ways we can prevent unintended pregnancies. There are both natural and medical procedures and some are more effective than others.

Withdrawal

Withdrawal, is when the man takes his penis out of the vagina before he ejaculates. This is not a reliable method for preventing pregnancy. Sperm can leak out of the penis before he ejaculates and he may not pull out in time.

Abstinence

Abstinence, deciding not to have sex, is the safest way to avoid pregnancy, STIs and HIV.

Contraception use

If abstinence is not a good choice for you, there are other ways to prevent pregnancy. These methods are called contraceptives. They allow people to choose when to have a baby rather than leaving it to chance. People can plan to have babies when they are ready, married, mature and ready to take responsibility for caring for and raising a child. Young people should be made aware of the fact that there are two types of birth control - permanent and temporary.

Type of contraception	How it works	Effectiveness	Benefits	Instructions for use	Benefits other than contraception
Permanent birth	control methods				
Male sterilization	Passageway for the sperm is surgically tied	Theoretically 100% but exceptions have been known to take place	Highly effective, permanent and a one time expense	Doctor performs an operation	None
Female sterilization	Passageway for the egg is surgically tied				
Temporary birth	control methods				
Birth control pill	Alters natural ovulation cycle	Theoretically 99-100%, but women have conceived on the 'pill'	Low cost, easily available and controlled by the woman	Taken daily after the menstrual cycle begins	None
Birth control injections	Given in the first days of menstruation and then every 2-3 months	Not known		Given by the doctor	None
Implants (under the skin)	Continuous release of hormones	Not known	Continuous birth control for 5 years	Implant of capsule in the upper arm. Done by the doctor	None

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Type of contraception	How it works	Effectiveness	Benefits	Instructions for use	Benefits other than contraception					
Temporary birth control methods (continued)										
Intrauterine device (IUD)	Small plastic device that fits inside the uterus. Can be used for 3-5 years	Theoretically 95-98%	Long-lasting and relatively inexpensive	Inserted by the doctor in the first few days of menstruation. Should be examined every few months.	None					
Condoms	Rubber sheath that fits over the penis	80-85%	Low cost, easily accessible and reduces risk of STIs and HIV	Do not use with oil-based lubricants, such as creams and lotions.	Can be effective in the prevention of STIs and HIV					
Calendar/ rhythm method November	Woman predicts the day of ovulation by keeping a calendar of the length of each menstrual cycle	Theoretically 85% but in reality about 60%	No cost and under the control of the woman	Woman must keep track with the help of a calendar	None					
Early withdrawal	Removal of the penis from the vagina before ejaculation preventing semen going into the vagina	Theoretically 85% but in reality about 70%	No cost and under the control of the man and woman involved	Dependent on the man	None					
partner if this i	t is important to discuss contraception methods with your sexual partner if this is possible. All contraception methods have their strong and weak sides. However, condoms are seen as an									

effective mean of preventing pregnancy and HIV/STIs.

Often, dual protection is recommended to avoid pregnancy and HIV/STIs. Dual protection can be achieved through abstinence, correct and consistent condom use, or using condoms and hormonal contraceptive together to protect against pregnancies and HIV/STIs.

Safe abortion

Natural abortion (miscarriage) is when a pregnacy ends before the foetus can survive as a baby outside of the womb. This can happen because the foetus is not growing properly.

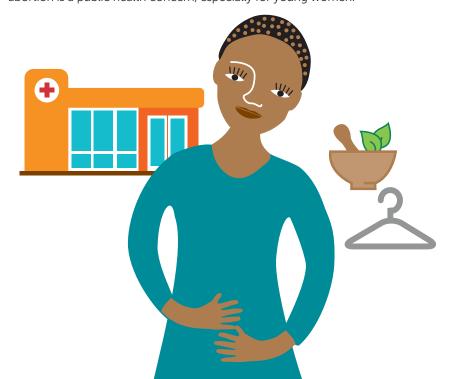
Induced abortion is when a person does something to end a pregnancy. Women may do this because they are sick, have too many children or children too close together. They may have been raped, want to continue school, are too young or are pressured by the father or family to end the pregnancy.

Abortion is legally restricted in Uganda and only permitted if the pregnancy would harm the mother's physical or mental health. A safe abortion is one carried out by a medically qualified person in a clean environment during the first three months of pregnancy.

Unsafe abortion

Unsafe abortion is the termination of an unintended pregnancy by people who lack the proper skills, done in an environment that does not meet medical standards.

It is done by using dangerous methods such as poisonous herbs and inserting objects like hangers or sticks in the uterus. It is very common among young people. Unsafe abortion is a public health concern, especially for young women.



Dangers of unsafe abortion

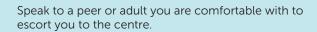
Immediate dangers: severe bleeding, uterine perforation, tearing of the cervix, severe damage to the genitals and abdomen, internal infection of the abdomen and blood poisoning.

Long-term damage:

- Damaged pelvic organs (e.g. womb, bladder, intestines) leading to severe vaginal bleeding
- Hysterectomy (removal of the womb)
- Anaemia due to excessive bleeding
- Infection (fever and chills, bad smelling vaginal discharge)
- Infertility (inability to have children)
- Complications that may lead to death
- Injury to the uterus
- Disability

Access to post-abortion care

You can go to any health facility to access post-abortion care services. Please ensure that it's a youth-friendly health centre as abortion has some stigma attached to it.



The impact of teenage pregnancy

- Most pregnant teenagers drop out of school. They also face stigma.
- Dropping out of school can significantly reduce the employment opportunities for girls later in life.
- They may feel they are a burden on their family and end up in relationships where they are heavily dependent on their male partner for money and security. This leaves them very vulnerable to intimate partner violence.
- Those who don't marry may engage in transactional sex or sex work to provide for themselves and their child/ren, if they are unable to find other work.

9. Children by choice, not chance

- Adolescents' bodies are not fully developed, so it is hard for them to handle pregnancy and birth. Many adolescent girls get complications and die during childbirth.
- Adolescent girls may have painful deliveries because their hips are too small for the baby to pass through the vagina. An operation may have to be carried out to remove the baby. This can only happen in a hospital. Girls who do not give birth in hospitals may die or lose their baby during delivery.
- Babies born to adolescents are often too young or small to live.
- During childbirth, the baby's head can stretch and tear the vagina. This can create a hole between the vagina and the bladder, or between the vagina and the anus. This hole will cause bad smelling urine or faeces to constantly leak out.

Why should young fathers be involved?

Teenage mothers suffer significantly more educational loss than teenage fathers because teenage mothers are expected to leave school, especially when they begin to show their pregnancy, to take care of their baby.

Teenage mothers experience more social exclusion and discrimination than teenage fathers because it is a taboo for girls and young women to have sex before marriage. In the longer term, teenage mothers have less educational and employment opportunities than teenage fathers.

Sharing responsibilities is a good way to build good connection and relationships between the child, the mother and the father.

Sharing responsibility for childcare and household work supports gender equity and increases opportunities for both parents, their children and their families.



i, it they are unable to find other work.

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9. Children by choice, not chance

Activity: How do you re-define these parenting activities so they are more evenly shared?

Parenting activities	Mother	Father	Shared parenting
Nursing the baby	X		Example: mother breastfeeds and the father bottle feeds
Changing dirty nappies	Χ		
Bathing children	X		Example: mother and father take turns
Ensuring the baby has clothes	Χ		
Cooking meals / feeding children	X		Example: mother and father take turns
Watching children	Χ		
Ensuring the children's education	X		
Taking children to and from school	Χ		
Fetching water	Χ		
Washing clothes	Χ		
Cleaning the house	Χ		
Disciplining children		Х	
Playing with children		Χ	
Work outside the household		Χ	



IMPORTANT TO REMEMBER:

- Young parents live in two worlds at once as they are still discovering themselves.
- Young parents experience more stress and pressure from their communities and parents.
- Young parents need positive reinforcement as they are strongly influenced by peers.
- Each young parent is a unique individual.

10. Sex and sexuality

Our sex describes the biological differences between males and females. Our sexuality is about attraction and how we feel and express ourselves.



10. Sex and sexuality

Our sex describes the biological differences between males and females. Men have a penis and testicles and produce sperms to make babies. Women have breasts and a vagina and produce eggs to make babies. Sex refers to the organs, hormones and chromosomes we are born with. Based on these, we are assigned at birth as female or male or, in the case of babies born with a mixture of female and male characteristics, as intersex.

What is sexuality?

Sexuality is all the things we enjoy and feel as male and females, such as our bodies, our clothes, the way we look and the way we express our feelings and our selves, and who we want to have sex with. We might express our sexuality by the way we walk, talk, dance or sing.

We all have our sexuality from the time we are born to the time we die. We can enjoy feeling and expressing it in different ways over our lives. We do not need to have sexual intercourse to enjoy our sexuality. Sexuality can be enjoyed at all ages even without sexual intercourse.

Sexual orientation refers to who we are physically and romantically attracted to. For example, people of a different sex/gender as us (heterosexual, straight), people of the same sex/gender as us (homosexual, lesbian, gay), or both (bisexual). Some people are attracted to people of a particular gender; others are attracted to people of more than one gender. Some are not attracted to anyone. A range of orientations exists in all cultures and societies.

Gender identity refers to how we feel inside our heads about ourselves and who we are. This may or may not be the same as the sex we were assigned at birth. If it is not the same, we may identify as transgender or another term of our choice. A range of identities exists in all cultures and societies.

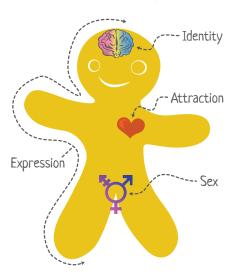
Gender expression refers to how we show our gender in the way we dress, behave, talk and relate to others, based on how we are taught as children. As we grow up, we develop our own ideas of what is right for us; this may or may not be the same as how we were taught or expected to act.

Gender norms

Gender norms are the values that a community upholds. They can change because people make them – and therefore people can change them.

- Some gender norms are harmful and need to change. For example, women and girls may be taught always to obey men, even if men are violating their rights.
 We may suffer violence or unfair treatment if we look or behave in ways that are 'outside the norm'.
- It is good to understand our own values and opinions about gender roles and how they affect our lives and our sexuality. Then we can change those which are harmful.

The Genderbread Person v4 by its pronounced METROSEXUAL COM





Identity ≠ Expression ≠ Sex Gender ≠ Sexual Orientation







Genderbread Person Version 4 created and uncopyrighted 2017 by Sam Killermann For a bigger bite, read more at www.genderbread.or

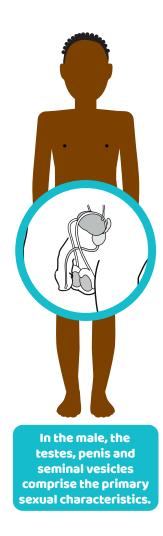
Sex characteristics

Sexual characteristics are physical traits of a body. There are primary and secondary sex characteristics.

The primary sexual characteristics include the internal and the external sex organs. They are directly involved in the process of reproduction.

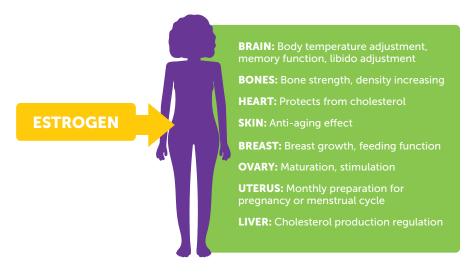


In females, the ovary, oviducts, uterus and vagina are the primary sexual characteristics.



10. Sex and sexuality

Secondary characteristics are physical characteristics which develop at puberty and distinguish the male from the female. They are influenced by the hormones oestrogen in females and testosterone in males.





BRAIN: Increased sex drive, improved mood, confidence, memory function

BONE MARROW: Red blood cell production

MUSCLES: Muscle growth, increased strength, increased endurance

SEX ORGANS: Sperm production, erectile function, prostrate growth

BONES: Bone mass density maintenance

TESTES: Maturation stimulation

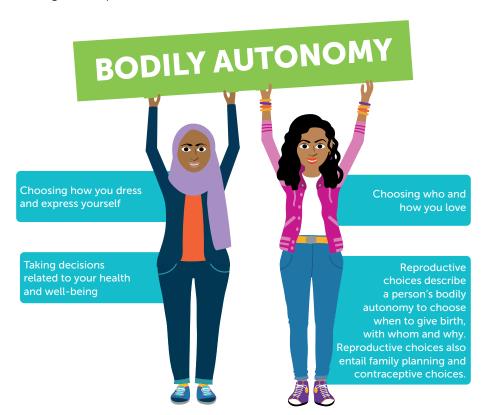
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Bodily autonomy

Bodily autonomy means my body is for me; my body is my own. It's about power, and it's about agency. It's about choice, and it's about dignity. Bodily autonomy is the right to make free and informed decisions about your body and life.

Dr, Natalie Kanem, UNFPA Executive Director

Acts of bodily autonomy represent countless choices we can make regarding our bodies. These can range from minor day-to-day decisions to ones that have long-term impacts.



Questions to ask to understand whether we have bodily autonomy:

- 1. Who usually makes decisions about healthcare for you?
- 2. Who usually makes the decision on whether or not you should use contraception?
- 3. Can you say no to your husband or partner if you do not want to have sex?



There are factors that affect women's decision-making power. They include:

- Knowledge on sexual and reproductive health and rights
- Pressures or encouragement from the community (in some communities, norms and values may dictate a woman's understanding of bodily autonomy)

Advantages of having bodily autonomy:

- Discussing bodily autonomy helps women and girls know more about their rights in deciding for their own bodies.
- It encourages them to exercise choices about what happens to their bodies.
- Having control over your body gives you control over the other aspects of your well-being, life and future.
- It promotes empowerment, which is passed on to families, communities, and the whole country.



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Find out more:		



