

12. Understanding Digestion (B2)

Objective

- To understand the different processes and organs involved in digesting different kinds of foods.

Materials and preparation

- Anatomy wall chart of the digestive system.
- A handful of rice, one potato, one egg, and a handful of beans.
- Sheets of paper listing each organ's job description:
 - I am the mouth, and I chew and chew and chew the food.
 - I am the saliva, and I help digest food. I help make the food mushy and easy to swallow.
 - I am the esophagus, and I squeeze the food along from the mouth to the stomach.
 - I am the stomach, and I digest everything that falls into me. Some foods take longer to digest than others.
 - I am the liver, and I make the digestive juices the stomach needs to digest food.
 - I am the gall bladder, and I store excess bile the stomach needs to digest meats and other proteins.
 - I am the small intestine. I grow to 30 feet, and all I do is digest, digest, digest.
 - I am the large intestine, and I am the last part of the digestion game.
 - I am the rectum. I am the gateway through which whatever is left after digestion is thrown out of the body.
 - We are the kidneys, and we take the water out, water out, water out.
- Flipchart paper and markers.
- For each English or Mandarin word in quotations, be sure to negotiate a Yi word to use throughout the session.

Method

1. Hang up the anatomy wall chart that shows the digestive system.
2. Remind participants that we talked about how certain foods have special benefits for our bodies. Ask: How does the body process food to get these benefits?
3. We will play a game to better understand what happens when we eat. When we eat, food moves through our bodies through a process called "digestion." Negotiate a Yi word for this process.
4. Give each of four players one of the food items (rice, potato, egg, beans). Each player will stand and display his/her food.

5. Distribute to each of the other players one of the sheets of paper on which is written an organ and its job description, and set up the digestive system:

- Position one player as the **mouth** and an assistant player as **saliva**. Explain to participants that digestion begins in the mouth when food is chewed and then broken down by saliva. Saliva plays an especially important role in digesting carbohydrates. Show participants where the mouth is on the wall chart. Ask the Mouth and Saliva role players to read their sheets aloud:

I am the mouth, and I chew and chew and chew the food.

I am the saliva, and I help digest food. I help make the food mushy and easy to swallow.

- Position three or four players behind the mouth in a straight line. Tell them that they represent the **esophagus**, the tube that leads from the mouth to the stomach. Once food has been chewed and broken down by saliva into sugars, it passes down the esophagus to the stomach. Negotiate a word in the Yi language for “esophagus.” Show participants where the esophagus is on the wall chart. Ask the Esophagus role player with the sheet of paper to read aloud:

I am the esophagus, and I squeeze the food along from the mouth to the stomach.

- Position one player at the end of the esophagus as the **stomach**. Explain that the stomach is where a large part of the body’s digestion begins to happen. Negotiate a word in the Yi language for “stomach.”

When food is digested, your body removes its nutrients and absorbs them into the blood.

What is not needed by the body is finally rejected as feces. Show participants where the stomach is on the wall chart. Ask the Stomach role player to read his/her piece of paper aloud:

I am the stomach, and I digest everything that falls into me. Some foods take longer to digest than others.

- Position one player as the **liver**, to the right of the stomach. Show the liver’s approximate position on your body (just below the ribs on the right hand side). Tell participants that the liver produces digestive juices called bile, which flow into the stomach when food arrives. Tell people that bile is deep yellow in color. The color of feces comes from bile, and also the unpleasant taste of vomit. Negotiate a word in the Yi language for “liver.” Show participants where the liver is on the wall chart. Ask the Liver role player to read his/her piece of paper aloud:

I am the liver, and I make the digestive juices the stomach needs to digest food.

- Position one player to the left of the liver as the **gall bladder**. Tell participants that the gall bladder stores excess bile, which is produced by the liver and is needed by the stomach to digest meats and other proteins. Negotiate a word in the Yi language for “gall bladder.” Show participants where the gall bladder is on the wall chart. Ask the Gall Bladder role player to read his/her piece of paper aloud:

I am the gall bladder, and I store excess bile the stomach needs to digest meats and other proteins.

- Position four or five players linked at the elbows as the **small intestine**. Tell participants that digestion and absorption continue here after the stomach is through. An adult human being's small intestine can be as long as 30 feet. Negotiate a word in the Yi language for "small intestine." Show participants where the small intestine is on the wall chart. Ask the Small Intestine role player with the sheet of paper to read aloud:

I am the small intestine. I grow to 30 feet, and all I do is digest, digest, digest.

- Position three to five players, linked at the elbows, after the small intestine as the **large intestine**. Tell them that the large intestine is the last stage in the digestion of food. Negotiate a word in the Yi language for "large intestine." Show participants where the large intestine is on the wall chart. Ask the Large Intestine role player with the sheet of paper to read aloud:

I am the large intestine, and I am the last part of the digestion game.

- Position one player at the end of the large intestine as the **rectum**. Tell participants that the last part of the large intestine is a set of muscles known as the rectum. The rectum muscles are part of the **anus**, the opening through which feces (or shit) leaves the body. Negotiate words in the Yi language for "rectum" and "anus." Show participants where the rectum and anus are on the wall chart. Ask the Rectum role player to read his/her piece of paper aloud:

I am the rectum, and I am the gateway through which whatever is left after digestion is thrown out of the body.

- Position two players to the left and right of the digestive system as the **kidneys**. Tell participants that the kidneys collect excess water and other things that are carried by the blood from different parts of the body. Water from the kidneys is expelled through the **urethra**. Negotiate words in the Yi language for "kidneys" and "urethra." Show participants where the kidneys and urethra are on the wall chart. Ask the Kidney role player with the sheet of paper to read aloud:

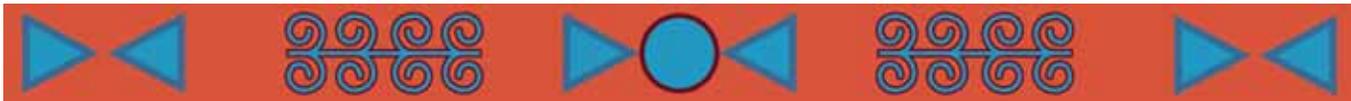
We are the kidneys, and we take the water out, water out, water out.

6. The facilitator will ask the volunteers holding the food to come forward one at a time. Each will hand over the food to the person playing the role of the mouth.
7. The players will "digest" the food by passing it along the chain from the mouth to the anus. Each body organ in the chain will repeat its function as a food is passed "through" it.
8. Repeat steps 6 and 7 until each food has been "digested."
9. Explain that as food is digested, your body removes what is beneficial (the nutrients) and absorbs them into the blood.

Key information points

- The mouth chews the food to break it down to smaller pieces before it goes through the rest of the digestive system.
- Saliva helps the mouth further break down the food.
- The esophagus is a tube that squeezes the food along from the mouth to the stomach. Once food has been chewed and broken down by saliva, it passes down the esophagus to the stomach.

- The stomach is where a large part of the body's digestion happens. Some foods are digested faster than others.
- The liver makes digestive juices called bile, which the stomach needs to digest food. Bile, a deep yellow color, flows into the stomach when food arrives.
- The gall bladder stores excess bile produced by the liver that the stomach needs to digest meats and other proteins.
- The small intestine is the next place that digestion and absorption of nutrients continues. It can be as long as 30 feet.
- The large intestine is the last place where digestion occurs.
- The last part of the large intestine is the rectum. The rectum is a set of muscles that are part of the anus, the opening through which feces leaves the body.
- The kidneys collect excess water and other things that are carried by the blood from different parts of the body. Water from the kidneys is expelled through the urethra.
- As food is digested, your body removes its nutrients and absorbs them into the blood.



13. What Cooking Does to Food (N2)

Objectives

- To explore the effects of temperature, humidity, and time on the lives of different kinds of foods.
- To understand the effects of temperature, humidity, and time, as well as cooking methods, on the nutrition values of different foods.

Materials and preparation

- Flipchart paper and markers.
- One week before the session, divide participants into six groups, and provide each group with the food they need for this exercise.
- Group 1 will leave some small pieces of bread in a cold place for seven days, others in a hot place for seven days, and fry pieces in oil as long as possible.
- Group 2 will leave some very small pieces of chicken and goat in a cold place for seven days, others in a hot place for seven days, boil a piece of each meat as long as possible, and fry a piece of each meat as long as possible.
- Group 3 will leave some potatoes in a cold place for seven days, others in a hot place for seven days, cut a potato into pieces and boil as long as possible, and cut a potato into pieces and fry as long as possible.
- Group 4 will leave a small glass of milk in a cold place for seven days, another in a hot place for seven days, boil some milk as long as possible, and squeeze a lemon into the milk after it has been boiled.
- Group 5 will leave some small amounts of spinach or another leafy vegetable, as well as some mushrooms, in a cold place for seven days, others in a hot place for seven days, boil the vegetables as long as possible, and fry in oil a piece of one of the vegetables as long as possible.
- Group 6 will fry the following in a little oil and note how many minutes it took before it felt ready to eat: a small piece of chicken, a small piece of goat, some slices of potato, some spinach, and some mushrooms. They will then repeat the exercise, but this time after soaking all the items in wine for 30 minutes, and then note whether the wine made any difference to the frying time and the taste. Separately, they will fry pieces of goat or sheep without using water or oil, on medium heat, and note changes in color, juiciness, temperature, and taste and which one they preferred.
- Each group will be asked to take notes as often as possible during the process, recording changes in color, appearance, form, and smell. They also should note at which stages the food seemed appetizing and ready to be eaten, as well as which stage it seemed inedible.

- Each group should also note the condition, color, and smell of the oil before and after it was used for frying.

Method

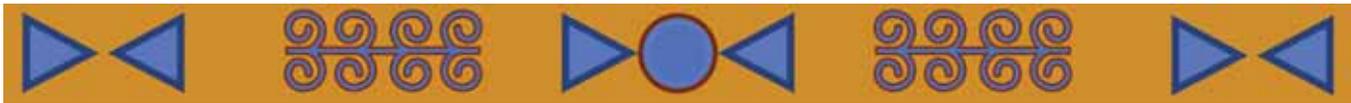
1. Ask group members to discuss their findings for about five minutes, and then make a group presentation on their observations. Provoke discussion by asking the following questions:
 - Under what circumstances do foods like bread acquire fungus?
 - What happens to the color of meat when it is left in the open?
 - What happens to the smell of meat when it is left in the open?
 - How does milk change over time in a warm place? In a cold place? What is the solid that rises to the top when milk is left standing for long?
 - How do frying and temperature affect the oil in which vegetables and meat are fried?
 - How do the color, firmness, and smell of spinach change when it is left to stand over a week?
 - What are the differences between food fried plain and food soaked in wine before frying? Which did you find more edible?
 - At which stage did bread seem best to eat? Why?
 - At which stage did meat seem best to eat? Why?
 - At which stage did leafy food seem best to eat? Why?
 - At which stage did oil seem best to use for frying? Why?
 - At which stage did potatoes seem best to eat? Why?
 - What was the main difference you noticed between foods that had been kept in a cold place and foods that had been kept in a hot place? (Note: Foods stay fresh longer at lower temperatures.)
2. Ask: At which stages are foods most healthy? How can we tell when a food is healthy and when it is not at its best, or even harmful? Note points that emerge on a flipchart sheet. The following points need to be shared:
 - Vegetables and fruits are generally better to eat when they are firm (not too hard and not too soft).
 - Meat goes bad quickly and can become poisonous if not consumed soon after it is cut.
 - Keeping food in a freezing cold environment is a way to make it last longer.
 - Adding sour things to meat, such as alcohol, lemon juice, or vinegar, is a way to make it tender before cooking.
 - Certain foods contain something called fiber, which adds bulk and volume to the food once it is in your stomach. To stay healthy, a person should eat as many foods with fiber as

possible. Raw vegetables, raw fruits, potatoes, and whole grains are all good sources of fiber.

- When oil is used again and again for cooking, it loses its healthy properties, and starts becoming toxic. Blackish oil, or oil with lots of black carbon particles in it, should not be used.
3. Ask participants to discuss the foods that Yis eat, and how they are cooked or not cooked. Which foods are likely to be nutritious?

Key information points

- To stay healthy, it is best to avoid fruits and vegetables that are unripe or decayed and meats that have been left out in the open.
- Both high heat and high humidity make food deteriorate faster.
- Foods last longer at lower temperatures.



14. Understanding Risk (R1)

Objectives

- To create an understanding of the risks inherent in different everyday activities and choices.
- To create an understanding of the factors involved in choosing an action that may have some risk for a person.

Materials and preparation

- Flipchart paper and markers.
- Scissors.
- Scotch tape.

Method

PART 1

1. Ask: What are some of the rules about forbidden activities that you had to follow when you were a small boy or girl (less than ten years old)? List the activities on a flipchart sheet as they are shared.
2. Choose one or two of the forbidden activities that have a clear danger and ask: Why was this activity forbidden? Was there any danger in it for you? Did some of you still choose to do it? What made it enjoyable for you even though it was forbidden or dangerous?
3. Ask: What are some of the forbidden or dangerous activities you did when you were a young man or woman in your teens? List the activities on a flipchart sheet.
4. Ask participants to identify the danger each listed activity posed to them, and then the reasons they still found it worth doing. What did they do to decrease the danger?
5. Ask: Is there any activity in your daily life that is completely free of danger? Use the following questions to provoke discussion:
 - Is there any danger in eating potatoes? Riding a horse? Crossing a river? Playing on a busy highway?
 - Does the person who smokes just one cigarette in his whole life have any risk? 70 cigarettes? Five cigarettes a day? 80 cigarettes a day? Who among these is taking the greatest risk?
 - Is there any risk in drinking water? In eating food? Do people do anything to make drinking water or eating food safe?

6. Ask participants what they understand by the word “risk.” After a few have shared their definitions, explain that “risk” refers to the possibility of harm or danger in an action. For example, when a person smokes, there is a risk of getting cancer.
7. Explain that almost all human activities carry some risk. Each person decides how much risk is acceptable. Ask participants to share what sort of risks they have knowingly taken in their lives.

PART 2

1. Ask participants to name activities or events that carry some amount of risk for couples or individuals. Record answers on a flipchart sheet, writing in clear, large letters, leaving a clear space between items. If this session is conducted with a Yi group at a basic level of understanding of hygiene, health, and risk, then risky sexual activities or drugs may not be listed.

- Having sexual intercourse with a friend
- Having sexual intercourse with a stranger
- Getting a tattoo
- Being bitten by a mosquito
- Donating blood
- Receiving a blood transfusion
- Deep kissing
- Drinking alcohol
- Not washing hands with soap and water
- Injecting heroin

With a more practiced group, the list that emerges should include some or all of the following:

- Oral sex (mouth to penis)
- Oral sex (mouth to vagina)
- Anal sex

2. In either case, the facilitator should work with whichever list the participants produce.
3. Cut the flipchart into strips, each containing one activity, and distribute them randomly to participants. Use scotch tape to mount four flipchart sheets on the wall, with one of the following headings written on each: “High Risk,” “Medium Risk,” “Low Risk,” and “No Risk.” Ask participants to think of the activities written on their strips, and attach each strip to the flipchart sheet where they think it belongs.
4. When all the strips have been placed, ask participants to walk around and study the flipchart sheets, and invite them to move activities whose risk they think has been wrongly judged. Note the changes that have been made.

5. Discuss specific activities (such as kissing, sexual intercourse, and receiving or taking drugs), and the circumstances under which they could be high-risk, medium-risk, or low-risk.

Key information points

- All activities carry a certain amount of risk. Even “safe” activities can become risky if done in excess.
- A person can choose a risky action knowing the risk involved or not knowing the risk involved.
- A person can take steps to reduce the risk of an action.
- No action is free of risk.



15. Self-esteem (V5)

Objectives

- To discuss what positive self-esteem means.
- To look at how self-esteem develops, is built, and is damaged.
- To consider the role that self-esteem plays in the choices and decisions we make.

Materials and preparation

- Flipchart paper and markers.
- Two pieces of paper and a pen/pencil for each participant.
- Three cards with text, as indicated below:

Card #1: “Self-esteem” is a word used to describe how people feel about themselves. How people feel about themselves influences their actions toward others and what they accomplish in life. People with high self-esteem know that they deserve love and respect, and they are confident in their abilities. People with high self-esteem are able to work hard, set goals, and achieve what they set out to do.

Card #2: When I get a poor mark, I accept it and work harder. If a boy I like doesn’t like me, I am sad about it, but I spend more time with my friends and after a while, I feel better.

Card #3: I do not accept when I get a poor mark. I blame the teacher for giving it to me. If a boy I like doesn’t like me, I become depressed and begin to flirt with other boys to try to make him feel jealous.

Method

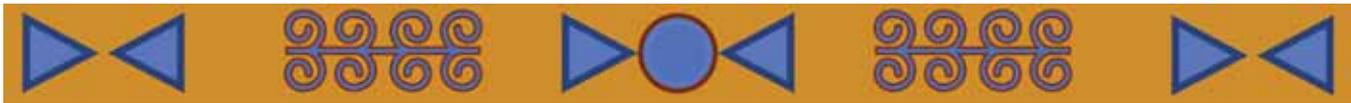
1. Divide the participants into small groups of three or four people each and ask them to briefly discuss what they think of when they hear the term “self-esteem.” (Does this word/concept translate into Yi?)
2. After a few minutes, hand out the three cards prepared ahead of time to three volunteers.
3. Ask the first volunteer to read Card #1.
4. Ask participants if they understand what was read or if they have any questions or additions.
5. Ask the second and third volunteers to read their cards.
6. Ask the group which of these two people has high (or positive) self-esteem and which has low (or negative) self-esteem.

7. Continue the discussion for a few minutes with additional questions and by following up on points made by the group. How has their self-esteem affected how they handle situations? Discuss the situations and choices in detail and how self-esteem led to different choices.
8. Next, brainstorm with the group and write responses on a flipchart sheet: How do you think self-esteem is developed?
9. Encourage general discussion around the points listed on the flipchart sheet.
10. Give each participant two pieces of paper. Ask them to pretend that one piece of paper represents their self-esteem.
11. Tell them that their self-esteem can be damaged by negative things or can be built by positive or good things that happen to them.
12. Tell them that you are going to read aloud a series of statements. Ask them to tear off a piece of the paper each time you read a statement that affects their self-esteem negatively. They should tear off bigger or smaller pieces based on how much each statement affects their self-esteem.
13. Read the following statements one at a time and allow a few seconds between each one for participants to respond as asked:
 - Your family can afford to send only one child to university. They choose your brother instead of you.
 - You missed a penalty kick and your teammates say you lost the game for everyone.
 - Your best friend always competes with you and puts you down.
 - The school you applied for rejected your application.
 - Your mother calls you stupid.
 - You fall in love with a black Yi. His/her family will not accept you because you are a white Yi.
14. Discussion: Take a look at your paper and those around you. How has self-esteem been affected by these statements? Did some things affect your self-esteem more than others? Which ones? Why?
15. Divide participants into the small groups from the start of session.
16. Ask them to take their second piece of paper and write at the top “Ways to Build My Self-Esteem.”
17. Give the groups five to ten minutes to work together to list as many ways to build self-esteem as they can think of.
18. In full group discussion, ask each group to share one thing from their list that is easy to do and one that is difficult to do. Try not to have repeats. Make two lists on two pieces of flipchart paper as groups are sharing.
19. Encourage general discussion around the lists on the flipchart sheets.
 - Why is it difficult to build and maintain positive self-esteem?

- What is the relationship between values and self-esteem?
- In what ways may having high or positive self-esteem or low or negative self-esteem lead a person to make different choices? Can anyone think of possible examples? (Remind the group of the two readers from earlier in the session to start ideas flowing.)

Key information points

- Our self-esteem is influenced by people and things we experience—just like our values.
- Self-esteem can be built by successful experiences and positive comments from ourselves and others.
- Self-esteem can be damaged by put-downs from other people or negative experiences.
- Positive self-esteem relates to sound decision-making.



16. Risks in What We Eat (R2)

Objectives

- To explore how people decide what is edible and what is not.
- To understand the differences between nutritious, tasty, and risky foods.
- To introduce basic hygiene and handwashing concepts by exploring the three origins of what enters our bodies: food, plates, and our hands.

Materials and preparation

- In Session 5, the facilitator will introduce the topic by talking briefly about three kinds of foods:
 1. Foods that are ready to eat,
 2. Foods that have gone bad, or decayed, and are not safe to eat.
 3. Foods that are unripe or uncooked and therefore not yet safe to eat.
- At that time, the facilitator will alert participants to keep watch for samples of all three kinds of food and to bring them with them to this session (announce the date).
- Seven to nine days before this session, the facilitator will place a piece of meat, some soy milk, a tomato, and a potato in an exposed area and let them decay.
- On the day before this session, the facilitator will remind participants to bring a sample from each of the three categories listed above.
- On the day of this session, the facilitator will carry a sample each from the list above, as well as the meat, soy milk, tomato and potato that have been allowed to decay.
- In addition, the facilitator will assemble five plates, as follows:
 1. One that held the previous day's food and is dry but not clean.
 2. One that held the previous day's food and has been wiped with a piece of paper.
 3. One that has been washed only with water and is still oily from yesterday's food.
 4. One that has been washed with soap but left to stand in a muddy place and now has bits of soil and dust on it.
 5. One that has been washed clean and dried.
- The facilitator also will have on hand some poorly washed chopsticks, with bits of old or decaying food, oil, and so on in the cracks and on the corners.

Method

1. Before starting, set up a large table by joining three tables. Ask participants to place the food samples they brought wherever they like. Invite participants to walk around the table and inspect the mixed samples.
2. Choose several tomatoes from the table and place them on a table in front of the group. Invite two or three participants to examine each one and decide which ones they would consider unfit to eat. Discuss their choices and their reasons for those choices.

In the discussion, share the following information: Every food has a life cycle in which it goes from young and unripe to old and decayed. It is important to know when in its life cycle a food is most nutritious.

3. Arrange the potatoes on a table or small plates, in order from freshest to oldest. Invite two or three participants to examine each one and decide which ones they would consider unfit to eat. Discuss their choices and their reasons for those choices. Ask them how much appearance and odor helped them decide which potatoes would be alright to eat.

In the discussion, share the following information: Some foods become poisonous over time and become dangerous to eat. The green spots on some potatoes are poisons that could harm a person if he/she ate them. Similarly, potatoes with sprouts are considered more risky to eat than ones without. It is important to understand which foods become toxic and how to recognize them.

4. Ask participants how many of the samples of soy milk they see look safe to drink. Ask them how much appearance and odor helped them decide which soy milk would be alright to drink. Ask if bad-smelling foods are always unfit to eat. Ask for examples.

In the discussion, share the following information: Fermentation and time sometimes change the nutrition in a food and may even improve it. For example, milk changes to yogurt and cheese and has different food values in each of those forms.

5. Ask participants the number of forms in which they consume soy beans. Explore common foods that are prepared by drying.

Share the following information: Cooking with heat, drying in the sun, and fermenting are all ways to make food ready to eat or make it healthier to eat.

6. Arrange the meat on a table or on small plates, in order from freshest to oldest. Ask participants to examine each piece of meat and decide which ones they would consider unfit to eat. Discuss their choices and their reasons for those choices. Ask them how much appearance and odor helped them decide which meats would be alright to eat.

In the discussion, share the following information: Meats contain sections of fat, which can go bad over time. Such meats are harmful to the body. Also, meats develop very tiny, almost invisible worms and parasites that can increase in number over time. Certain meats such as pork spoil especially quickly. Cooking with heat destroys some of the parasites, but once meat has begun to spoil, cooking cannot save it. Therefore, it is important to buy and eat meat that is freshly cut and has not been allowed to age.

7. Ask participants what goes into their mouths when they eat. Participants may or may not mention substances that were already on the plate from before the meals, or on their hands.

8. Arrange the five plates on the table and ask participants to examine them (smelling and handling allowed). Ask them to decide which ones they would prefer to eat from, and which ones (if any) they would reject. Discuss their choices and their reasoning.

Share the following information: Food and dirt already on a plate because it was not washed properly can also spoil and become poisonous and harmful to Yis.

9. Ask participants why they would or would not eat from a plate that has been wiped clean. Remind participants about the earlier session on microorganisms.

Share the information that even clean-looking plates can contain microorganisms that can cause sickness.

10. Ask participants to recall some of the stomach sicknesses that can be caused by microorganisms present in food.

11. Ask participants to name some other sources for what goes into the mouth. After a brief discussion, examine the unwashed chopsticks.

Share the point that chopsticks on which food is decaying can also bring about sicknesses.

12. Ask participants how much of a decaying or harmful substance is needed to harm a person.

Make the point that because microorganisms multiply rapidly and grow from a few to a few million very quickly, even a small spot of decaying food can be enough to seriously affect a person.

13. Ask for five volunteers. Ask one to rub his hands in the dust, another to handle oily parts of a machine, another to clean his shoes up and down with his bare hands, one to wipe his hands with a dry cloth, and the last one to wash his hands with soap and water. Ask these participants to place their palms on the table, then ask the other participants which of these people would be at greatest risk of falling sick because of microorganisms and other harmful substances on their hands.

Share the following information: Bad food, dirty plates, dirty chopsticks, and dirty hands are all sources of harmful, risk-laden substances.

14. Divide participants into groups of four or five people each and ask them to develop a small list of checks and steps that each Yi can do to ensure that what goes into their mouths—food; from the plate, the chopsticks, and their hands—is safe, hygienic, and not risky. Ask participants to share their suggestions and prepare a final hygiene and nutrition agenda.

Ensure that all of the following are on the final list: handwashing with soap before and after a meal, washing and drying of chopsticks, and inspecting of food before using it in the kitchen to prepare a meal.

Key information points

- A person can introduce risky substances into his/her body through bad food and dirty utensils, chopsticks, or hands.
- It is important to ensure that the food, chopsticks, and hands you use to eat food have been cleaned and are safe.

- Basic, inexpensive hygiene habits that everyone can learn can prevent sickness from consuming risky foods from unclean surfaces.



17. How Diseases Spread (D5)

Objectives

- To revisit the body’s “gateways” through which germs outside the body can enter the body and cause sickness.
- To create an understanding of the symptoms of malaria, tuberculosis (TB), and influenza and to create the understanding that HIV infection has no unique symptoms.
- To create an understanding of the different kinds of organisms that cause different diseases.
- To create an understanding of the differing modes of transmission of malaria, influenza, and HIV.
- To create an understanding of diseases that can be prevented and those that cannot.

Materials and preparation

- Flipchart paper and markers.

Method

1. Ask participants if they recall the earlier session in which we discussed “gateways” through which harmful organisms outside the body can enter the body and make a person fall sick. How many of the body’s gateways, or openings, do they remember? Let participants offer their suggestions, and write them down on a flipchart sheet. The final list should include the following:
 - Eyes
 - Ears
 - Nose
 - Mouth
 - Vagina
 - Anus
 - Penis
 - Skin

2. If participants talk about modes of transmission such as infected food, remind them that you are interested in a list of gateways, or openings, in the body. In the case of infected food, the gateway may be the mouth.
3. Ask participants to share some of the signs that a person is not well, and list the signs on a flipchart sheet. Explain that these signs are called “symptoms.”
4. Ask participants if there are any diseases that do not produce any feeling of illness. After a small discussion, explain that some diseases sleep in the body for a long time before they wake up and make a person ill. An example of such a disease is HIV. Other diseases produce symptoms almost immediately, such as influenza.
5. Ask participants if a fever that comes when you have influenza is the same as the fever that comes when you have malaria. Discuss the differences and similarities. Explain that often different diseases produce similar symptoms. A good doctor can look beyond symptoms and identify the disease behind it.
6. Ask participants the gateways through which the malaria germ enters the body. During the discussion, if any participant mentions the mosquito bite, then take the discussion forward from there. Explain that the malaria germ enters through the skin, but through a minute gateway created when a mosquito bites you.
7. Explain that the malaria germ lives in the body of the mosquito. When a mosquito bites you, it uses its saliva to soften the area from which it is going to suck blood. The malaria germ is in the saliva of the mosquito and enters your body when the saliva meets the opening created in the skin by the mosquito bite.
8. Ask participants why diseases such as HIV and influenza, or in fact any other disease, do not spread through the mosquito bite. After a discussion, explain that only the malaria germ is able to survive in the stomach of the mosquito; other germs get digested. The malaria germ is a parasite. It thrives in the mosquito, and is able to reach the saliva by leaving the stomach and traveling in the blood stream.
9. Ask participants what diseases could make a person cough a great deal. Write down the list of diseases that emerge. If TB is not included on the list, then introduce it as a fatal disease that can be cured only if a person seeks diagnosis and medicines.
10. Ask how the TB cough is different from other coughs. After a discussion, explain that the TB cough lasts for several weeks, and begins to produce phlegm with blood in it. Other coughs disappear quickly, usually within three or four days, or with a little medication.
11. Ask participants through which gateways TB enters the body. After a discussion, explain that TB is airborne and can pass quickly from person to person through the air, entering through the nose and the mouth. Obviously it can spread through mouth-to-mouth contact, such as kissing, or through contact with an infected person’s saliva.
12. Ask participants the gateways through which the influenza germ enters the body. After a discussion, explain that the influenza germ is also airborne and enters through the mouth and nose.
13. Ask how a person feels when he has an infection of influenza. Make a list of symptoms that emerge. They should include the following:
 - Fever
 - Chills

- Shivering
 - Runny nose
 - Cough
 - Weakness
14. Ask if the medicines for TB could also be used to cure influenza, since both have a cough as a symptom. After a discussion, explain that since they are different diseases, they are caused by different germs and require different cures.
 15. Ask participants if they can remember the gateways through which HIV enters the body. List points that emerge. The final list should include:
 - Mouth
 - Vagina
 - Penis
 - Blood transfusion
 - Anus
 - Skin that has openings
 16. Ask participants under what conditions skin can acquire openings. The discussion that follows should produce answers that include cuts, wounds, bruises, and punctures made by injections.
 17. Explain that people who share drug-injection needles often share HIV infection. Ask participants if they can explain how sharing needles can spread HIV. After a discussion, explain that since the needle's tip comes into direct contact with a person's blood, it can pick up HIV germs. If the same needle is next used by another person, the HIV could enter his/her blood.
 18. Ask participants how a person feels after becoming infected with HIV. After a discussion, explain that HIV produces no symptoms for many years, unlike other diseases. The only way to find out if you may be infected is by having a blood test.
 19. Ask participants which of the diseases that have been discussed—malaria, TB, influenza, and HIV—can be prevented by a person. Allow participants to share their views, but challenge them to support their answers with some reasoning.
 20. Explain that diseases that are airborne are very difficult to prevent since a person has no choice not to breathe. However, diseases that spread through human contact such as unprotected sexual intercourse can be prevented, since a person can choose not to have sex or to have it using protection such as a condom. Similarly, with diseases such as HIV, which can be passed on through injection drug use, people may decide not to inject drugs or to seek help to stay away from drugs in order to ensure that diseases are not spread via needle-sharing.
 21. Explain that, similarly, malaria can be prevented by keeping mosquitoes away. Ask participants to suggest how mosquitoes can be kept away. (Correct answers: Preventing stagnant water pools from forming in the neighborhood, using DDT, applying mosquito repellent cream, using mosquito repellent smoke, using medicated bednets.)

22. Explain that immunization for young people may help prevent or be protective against some diseases, such as TB.
23. Explain that a person who is infected with the TB bacteria may never get sick. People who do develop TB disease can be cured if they are diagnosed early and take the full course of their treatment. The treatment lasts several months, because TB has many different microorganisms that need to be killed, and if the person stops at any time in the middle of treatment because he/she is feeling fine, the disease could come back and the medications might not work as well.

Key information points

- Diseases are known and treated by their symptoms. Symptoms vary from disease to disease. Some symptoms are shared by several diseases.
- Some infections, such as HIV and TB, produce no symptoms for many years.
- Diseases that are airborne, such as TB or influenza, are difficult to prevent, since a person has to breathe. However, once symptoms of illness begin, a person should visit a health worker immediately and begin medication.
- Malaria can be prevented through a number of steps that keep mosquitoes away from human skin.
- HIV can be prevented by avoiding unprotected sexual intercourse with someone whose HIV status is not known to you, or by avoiding sharing injection needles with a person whose HIV status is not known to you.



18. Decision-Making (V6)

Objectives

- To identify factors in decision-making.
- To practice basic decision-making.

Materials and preparation

- Flipchart paper and markers.
- Three large envelopes: one containing a yam and a condom, one containing an onion, and one containing a 10 yuan note.
- Several index cards with simple decision-making scenarios on them, including deciding whether to:
 - Sneak out after curfew.
 - Defend your friend if you hear a classmate saying bad things about him/her.
 - Go out with your friends when you've promised your parents you would be home to complete your chores.
 - Cheat on an exam when your friend offers to give you the answers before the exam and you haven't had time to study.

Method

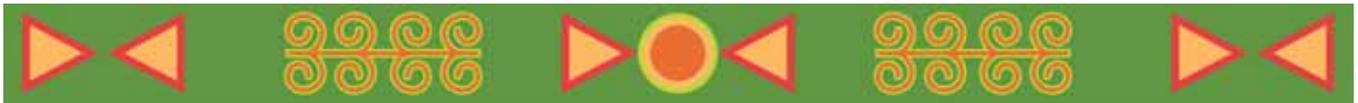
1. Place the three prepared envelopes on a table at the front of the room.
2. Ask for volunteers. Select two volunteers to come up to the front of the room.
3. Ask each volunteer to choose one envelope. Instruct the volunteers that they cannot touch the envelopes, but they may solicit advice from other participants.
4. Ask each volunteer why he/she chose each particular envelope. (Possible answers: I liked the way it looked, it was closest, others told me to choose it.)
5. Select another participant to come to the front of the room to accept the third, leftover envelope. Volunteers may now briefly touch their envelopes.
6. Ask the volunteers if they are satisfied with their decisions or if they would like to trade envelopes. Facilitate trades if requested.
7. Ask each volunteer, one by one, to open his/her envelope and to tell whether his/her choice yielded expected results.
8. Summarize this activity by sharing the following information:

- The yam at first appears to be a good consequence because it is both delicious and nutritious. Closer inspection, however, reveals that the envelope also contains a condom, both unexpected and embarrassing, as results from decisions sometimes are.
 - The participant may have thought that the second envelope contained an apple or an orange, similar to the first envelope. Finding the onion instead shows that one may have to make decisions without having full information and that the results of a decision may be disappointing. By pointing out that eating a cooked onion is better than eating a raw onion, participants understand that results may not be immediately gratifying.
 - The third envelope is confusing because it looks empty. This envelope, however, contains the best result. Results cannot always be easily predicted, and may be either better or worse than expected.
9. Ask participants what they have learned from this exercise.
 10. Write their observations on a flipchart sheet. As discussion wraps up, highlight the following points if they were not already brought up:
 - It is difficult to make rational decisions based on limited information.
 - Results of any decision may be unexpected, but the more information we have, the more likely the result will be positive.
 11. Ask participants to brainstorm what factors affect our decision-making.
 12. Write their observations on a flipchart sheet. Possible answers include: Available information, time, possible consequences, specific context of the situation, opinions of others. Also point out influences such as family expectations, media, and culture.
 13. Ask participants to share examples of when their values influenced their decision-making, or for examples of decisions they made that went against their values.
 14. Use one of the examples to illustrate the steps of everyday decision-making, outlined below:
 - Define the problem or challenge you are facing.
 - Explore the choices you have.
 - Choose one of the above choices.
 - Identify the consequences of this choice.
 - Act out the choice you made.
 - Evaluate your decision to determine if it was a good one. If not, make another choice and repeat the process.
 15. Ask volunteers to split into groups of three or four people each and to designate one group member as the secretary. Meanwhile, lay the index cards, written sides down, on the table at the front of the room.
 16. Ask each group to review the decision-making process together before coming to the front of the room to select an index card.

17. Instruct the groups that they have 20 minutes to make decisions about the situations outlined on their cards. Encourage each group to carefully think about the situation before going through each step of the decision-making process. The secretary should document the group's thought process.
18. Ask each group's secretary to share his/her group's scenario, thought process, and final decision with the class.
19. Encourage questions and comments from the other participants at the end of each group's presentation.
20. Ask participants to summarize lessons learned from the decision-making session. Record the lessons on flipchart paper as they are mentioned by the participants.

Key information points

- For all decisions, we need to know what challenge we are facing, what choices we have, and what the potential consequences are for those choices before we can make a thoughtful decision.
- Results of any decision may be unexpected, but going through the steps of the decision-making process results in an informed decision, which is more likely to yield positive results.



19. The Immune System (B3)

Objectives

- To create an understanding that the human body has a natural defense system.
- To understand how the immune system tries to fight germs, and the importance of having a strong immune system.
- To create an understanding of how immunizations work.

Materials and preparation

- Flipchart paper and markers.

Method

1. Ask: When was the last time you fell ill but recovered without taking any medicine? Ask for examples of illnesses, such as influenza, colds, headaches, etc. Allow participants to share real-life experiences.
2. Ask: How is it possible to recover from sickness without medicines? Write the answers on a flipchart sheet. Typical answers include: Spirits, immune system, defense system, antibodies, white blood cells, and superstitious practices.

If the term “immune system” (or “defense system”) is not mentioned, add it to the list after asking participants if they have heard of such a thing. Explain that the immune system is the name given to the body’s natural defense system.

3. Ask: Where is the immune system found? Let participants share views. Answers may include: In the blood, brain, and white blood cells. Note responses on a flipchart sheet.
4. Explain that all human beings are born with an immune system. You can think of your immune system as an army of millions of microscopic soldiers patrolling your body, working to prevent illness by fighting any invading germs. These “soldiers” are white blood cells (and the antibodies they produce), and how you “treat” and “feed” them has a large influence on how well they protect you from microorganisms, infection, and disease. The immune system helps the body to avoid disease, and to heal itself when symptoms of illness arise.
5. Ask: What can we do to have healthy immune systems? Allow participants to share views.
6. Explain that there are many factors that affect how well our immune system works. Healthy habits like eating a varied and balanced diet help increase immunity. In addition to what you eat, certain lifestyle changes can strengthen your immune system, including:
 - Washing your hands thoroughly and often with soap and warm water, particularly before eating and after using the bathroom.

- Storing, preparing, and cooking food in a safe and clean way.
 - Getting at least eight hours of sleep every day—deep sleep stimulates and energizes the immune system.
 - Maintaining a healthy weight—being either underweight or overweight can lead to a weakened immune system.
 - Doing physical activity at least 30 minutes most days of the week.
 - Consuming alcohol in moderation—while one drink does not appear to affect immune response, having three or more drinks within a short period starts to impair the functioning of white blood cells.
 - Eating less sugar—even small amounts of sugar can reduce white blood cells’ ability to kill germs.
 - Not smoking—smoking can lead to lung and other cancers, and also weakens the immune system.
 - Not using drugs—drug use has a negative effect on our immune system, making it less able to fight viruses such as HIV.
7. Explain: During a lifetime, a person’s immune system may be stronger or weaker at different times. As people age, their immune systems become less able to fight off infection and other health problems.
 8. Ask for a volunteer. Explain to the group that this volunteer represents a person. Next, ask for five more volunteers. Ask them to form a circle around the first volunteer. Once they are in the circle, ask them to link hands. Explain that they are white blood cells, and linked together, they are part of the human’s immune system.
 9. Now ask for three volunteers to be the germs. Ask them to stand outside the circle of white blood cells.
 10. Ask the germs to try to break through the white blood cells and touch the human to infect him/her. The white blood cells must try their hardest not to let the germs in—but they must remain linked.
 11. Once the germs have broken through, ask for 14 new volunteers. One of them should be the person, ten of them are now the white blood cells that linked together make up the immune system, and the other three are the germs.
 12. Repeat the game, with the germs trying to break through the white blood cells and the white blood cells trying not to let the germs through to the human. It should be much harder and take longer for the germs to get through when there are more white blood cells.
 13. Once this has been done, ask the group to sit down again.
 14. To end the activity, ask: Was it easier for the germs to break the ring of white blood cells the first time or the second time? Why?
 15. Explain that we have seen that the body has ways of fighting the germs that cause diseases. Sometimes the immune system’s white blood cells do not have the antibodies they need, and it is easier for the germs to get in and infect the person. We need lots of antibodies to fight disease.

16. Explain that this is how an immunization works. Immunizations help the white blood cells produce specific antibodies so that if a specific germ tries to infect you, the immune system is strong enough to fight it. You may not even know that the battle is happening, since the white blood cells should defeat the germ before infection. If you are immunized against a disease, you are protected; the germs that cause that disease will not make you sick.
17. Ask: What immunizations do you know of? (Common childhood immunizations include polio, measles, and combined diphtheria-pertussis-tetanus.) Let participants list the immunizations they know of. Ask: Is there an immunization for HIV? (Answer: No.)

Key information points

- The immune system helps the body to avoid disease, and to heal itself when symptoms of illness arise.
- Keeping healthy habits such as eating a nutritious diet, getting enough sleep, and not taking drugs can help keep your immune system strong and able to fight disease.
- There are immunizations that can give your immune system a “boost,” or make it stronger against certain diseases.



20. Listening (V7)

Objectives

- To establish the value of listening and how to listen effectively.
- To look at the need for quiet people to speak up and for dominant people to be sensitive to others.

Materials and preparation

- Identify volunteers to perform a short play using the following three scenes. **The play should be practiced before it is done for the group.**

Tell the “actors” to decide on topics beforehand and give them some time to practice away from rest of the group before performing the play.

Give them the following three scenes to practice/play:

1. Two people meet. One of them starts to talk and gets so excited and involved in what he/she is saying that the other person does not get a chance to say anything. The other person tries to speak, ask a question, respond to a question, or make a suggestion, but the first person talks on, so the second person remains silent and eventually gives up trying.
 2. Two people meet and both start telling the other what they are concerned about. They each have a different topic. Neither is listening to the other, and both are talking at the same time.
 3. Two people meet, greet each other, and start a real conversation. Each one asks questions about the other’s interests, and listens and responds to the other. There is open sharing of news and opinions.
- Prepare cards or pieces of paper, one for each of the tips for active listening found under method 5 below.

Method

1. Invite the actors to perform each scene in turn for the larger group. Stop each scene when the play’s point has been made. Usually the first two scenes take one to two minutes each, and the third takes a little longer.
2. At the end of the third scene, divide participants into three groups. Give each group only one of the scenes to discuss, and have them answer the following questions:
 - What did you see happening in the scene?
 - How does the scene relate to real life?

3. Bring the whole group back together to briefly share their answers to the two questions.
4. Facilitate a discussion about listening and communication barriers. Some questions to stimulate thinking and discussion:
 - What causes the kind of communication shown in scenes 1 and 2?
 - When have you had or experienced some of these barriers to listening? Share examples of situations.
 - How can we improve our listening skills?
 - What can shy or quiet people do? What can people who tend to talk too much do?
 - What can we do to help make communication as good as possible in our relationships?
 - What are some ways that we can listen ACTIVELY, or show others that we are ACTIVELY listening?
5. After the discussion, pass out cards or pieces of paper with the following tips for active listening written on them. Ask each participant to read his/her tip; note if the tip already came up in the discussion or not. If not, ask if anyone has anything to add to the point to generate further discussion.

Tips for active listening:

- Stop talking. Obviously, you cannot talk and listen at the same time. The most important rule of listening is to stop talking.
- Remove distractions. If something is distracting your attention, get rid of it. Turn off the television, radio, or cell phone, and do not fiddle with things.
- Concentrate. Listening takes concentration. Do not let your mind wander to other things. Do not think about what you are going to say, but rather, listen to what the other person is saying.
- Look interested. We communicate more nonverbally (by expressions) than we do verbally. Maintain eye contact without staring.
- Hear more than words. Listen with your eyes. Watch for nonverbal signs in the face, eyes, and hands. Look for feelings behind the words and in the tone of the voice. If in doubt, trust the nonverbal signs rather than the verbal ones.
- Check that you are hearing correctly. Often, the message we hear is not the same as the message the other person thinks he/she is telling us. Do not say “I see” or “I understand” unless you are sure that you do. From time to time, repeat and summarize what you hear being said.
- Ask clarifying questions. This shows you are listening and encourages the other person to keep talking.
- Be patient. Listening takes time—you need to be prepared to give it. If you do not have time at that moment, explain this to the person and offer to make time later.
- Try not to judge the person. If the person you are sharing with senses that you are feeling negative, he/she will close up and stop talking openly with you.

6. Ask if there are any questions and discuss them.

Key information points

- People need to listen properly to what others are saying and not draw conclusions.
- Listen first, ask later.
- Quiet people may need to speak up to be heard.
- People who talk a lot and often dominate conversation need to be sensitive to others—they need to listen.
- People can often tell when a person is not interested or not listening. It is best to delay the discussion until another time rather than to risk poor communication.



21. Friendship 2 (V8)

Objectives

- To help participants explore the stages in the development of a relationship, from first meeting to friendship to an intimate sexual relationship.
- To help participants explore the relationship between friendship and sexual relationship.
- To help participants explore the relationship between authority or power and friendship.

Materials and preparation

- Flipchart paper and markers.

Method

1. Identify participants who would call each other “best friends,” and group them together. (Remember: A may consider B to be his/her best friend, but this does not mean that B must consider A his/her best friend.)
2. Ask each member of the group how much they know about the best friend: Full name? Age? Family members? Met the best friend’s parents? Know his/her favorite animal?
3. Ask one of the best friends: If I were to tell you my full name, age, family members, and favorite animal, and introduce you to my parents, would that make me your new best friend now?
4. Use this discussion to explore the important things that one must know about the other person for that person to qualify as a best friend. Allow words like “character” and “personality” to emerge, and try to define them.
5. On a flipchart sheet, note all the information requirements that have emerged so far that qualify a person as a friend: age, name, family, secrets, favorite animal, and so on.
6. Ask: Should my best friend know all my secrets? Allow a brief discussion on this without correcting anyone.
7. Working again with the best friends group, ask two of them when they met, and how much they knew about each other then, how much they knew after about six months, and how much they know now. Through this discussion, establish the phrases “familiar with each other’s face,” “know each other,” and “are friends with each other.”
8. Ask participants to look around the room and decide how many people in the room fall into the first, second, and third groups. Take a count of each category through a raising of hands. Point out that the number of friends will usually be much fewer than the number of people who “know each other” or are “familiar with each other’s face.”

9. Ask: Can you be your father's friend? If anyone says yes, ask them if they know all their father's secrets. Can a son or daughter know all their father's secrets? Introduce the idea of friendship across generations and ask if it is truly possible in the same way as among peers.
10. Pose the scenario: Suppose you wanted to marry someone other than the person your father picked for you. When he finds out, will he react as a father or as a friend? How would a friend react?
11. Ask: Can a boy be friends with a boy in the same way as he can with a girl? Explore cross-gender friendships with other questions, such as: Can a woman and a man married to each other be friends as well? Point out that a man and a woman who are married to each other fit all the criteria that have been listed for friendship, so why would they not be friends. What are the differences between the relationships of husband-wife and friend-friend?
12. Ask: Can two friends have a sexual relationship? Explore this theme a little further with questions such as: Is it better to have sex with someone you know very well or with someone you don't know at all? If participants seem to feel that sex with a relative stranger is preferable to sex with a friend, ask how important it is for each person in the room to consciously choose who would be the father or mother of his/her children. Allow this to be discussed, and make the point that if the quality and character of the parent is important, then it becomes equally important to have sex with people you have chosen because you know them well and understand their character.
13. End the session by summing up the main points that have been made.

Key information points

- A relationship develops between two people as they share mutual information about themselves and personal experiences, secrets, and feelings.
- It is difficult to have an equal or peer relationship with someone who has authority or power over you.
- Having sex with a person is unconnected with the quality of the relationship with that person. Two strangers can have sex as two close friends can have sex.



22. Influenza (D6)

Objectives

- To help participants recognize the symptoms of influenza.
- To learn how to prevent the spread of influenza.

Materials and preparation

- Flipchart paper and markers.

Method

1. Ask participants: How many of you have heard of influenza? Is there any difference between influenza and the common cold? Discuss the words in Yi to describe “influenza” and “cold.”
2. Explain: “Flu” is a short word for influenza. Influenza is caused by a virus that attacks mainly the respiratory tract. The infection usually lasts for about a week. It is characterized by the sudden onset of high fever, muscle pain, headache and severe malaise, nonproductive cough, sore throat, and rhinitis. Most people can recover within one to two weeks without requiring any medical treatment. For the very young, the elderly, and people suffering from medical conditions, the infection may lead to severe complications of underlying diseases, pneumonia, and death.
3. The flu and the common cold are both respiratory illnesses, but they are caused by different viruses. Sometimes, it can be difficult to tell the difference between them based on symptoms alone. In general, the flu is worse than the common cold, and symptoms such as fever, body aches, extreme tiredness, and dry cough are more common and intense. Flu has a seasonal pattern and most frequently appears in winter and spring. In China, it usually begins in cities and spreads to the countryside.
4. Ask: Has anyone ever had the flu? Encourage participants to share their experiences:
 - How did you feel?
 - How long did it last?
 - What did you do to feel better?
 - How did you know that it was the flu and not the common cold?
5. Ask participants if they know how the flu spreads. Let people respond with several different answers. Let participants know that the flu virus spreads very easily—through both bodily contact and air. Bodily contact, like holding someone’s hand or hugging someone with the flu virus, and then touching your eyes, nose, or mouth, can spread the virus to you. When a person

with the flu coughs or sneezes, the virus microorganisms may spread from their mouth or nose to the air or to you. Sometimes after the virus has infected someone, it takes a while for symptoms to show, so you can be infected by someone who does not even seem sick.

- Viruses cause both colds and flu, and despite years of research, there is still no medicine that will cure either. Antibiotics will not make any difference against flu. Antibiotics act against bacteria, but colds and flu are caused by viruses, not bacteria. What you can do is relieve the symptoms with treatments and medicines. Controlling the symptoms will make you feel better while your body's immune system gets rid of the virus.

| Symptoms of flu | Symptoms of a cold |
|---|--|
| <ul style="list-style-type: none"> • Aching muscles • Dry cough • A blocked or runny nose • High temperature • A shivery feeling • Headaches, perhaps severe • Sore throat • Loss of appetite • Fatigue and weakness | <ul style="list-style-type: none"> • Runny nose and sneezing • Sore throat • Cough • Slight headache • Slight temperature |

- Ask: What advice would you give to a friend who has the flu? Record answers on a flipchart sheet. Participants should mention the points below. If any are not mentioned, ask additional questions to help participants come up with more points until these are covered:
- Rest and stay at home.
- Make sure your room is warm and well ventilated.
- Drink plenty of nonalcoholic fluids, as a high temperature can quickly make you dehydrated.
- Avoid smoking.
- Try to eat to maintain energy levels. Choose foods high in vitamin C (such as fruit) and carbohydrates (such as potatoes).
- Go to see a doctor if you feel terrible, or if you have chest pains, shortness of breath, severe earache, or rashes.
- Do not rush back into everyday activities as soon as you feel better.
- Ask: Has anyone ever had the flu vaccine? Did you get the flu the year you had the vaccine? Where can you get the flu vaccine?
- Explain that vaccination is the principal measure for preventing influenza and reducing the impact of epidemics. But, there is no guaranteed way—including being vaccinated—to prevent anyone from getting the flu.
- Ask: What are some practical ways to help prevent the spread of the flu? Record answers on a flipchart sheet under the Yi word for “Prevention” as the heading.

- Exercise and eat a variety of healthy foods to keep your immune system strong.
 - Wash your hands thoroughly and frequently with soap and clean water.
 - Keep rooms well ventilated.
 - Do not share cups and eating utensils with people when they have flu symptoms.
 - Stay home from work or school when you are sick with the flu.
 - During flu season, avoid going to poorly ventilated places with many people.
 - Cover your mouth and nose with a tissue when you cough or sneeze. Wash your hands afterward.
 - Try to avoid touching your eyes, nose, and mouth.
6. Ask: In our work at the Yi Center, what can we do to prevent flu? What healthy habits can we develop in our daily life to keep away from flu?

Key information points

- Influenza is a disease that can bring risk to your health.
- Influenza spreads quickly and can infect many people.
- It is more dangerous than the cold.
- Flu has a seasonal pattern.
- Having healthy habits can help you to prevent getting the flu.



23. Addiction (R3)

Objectives

- To create an understanding of the difference between addiction and enjoyment.
- To create an understanding of the physical and mental effects of addiction and withdrawal.
- To create an understanding of common addictive substances among Yis and how they harm health.

Materials and preparation

- Flipchart paper and markers.

Method

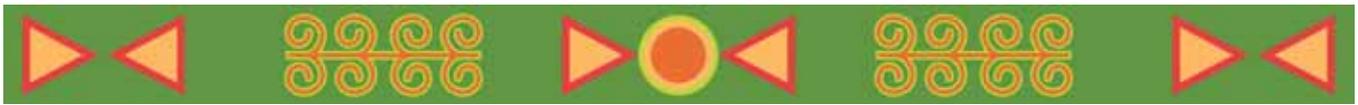
1. Ask participants to name some everyday commodities—food, drink, and so on—that they enjoy consuming. Write the list on a flipchart sheet. Ask specifically if anyone in the room has a special liking for sweets, salty foods, chocolate, tea, fish, cigarettes, alcohol, or heroin.
2. Assign the following tables: sweets, tea, fish, cigarettes, and alcohol. Ask participants to sit at a table that represents their favorite thing. It is preferable if some participants remain in the plenary group.
3. Provoke reflection on food likes and dislikes with the following questions, and summarize the answers on a flipchart sheet:
 - How often do you like to have your preferred substance?
 - In one sitting, how much can you consume?
 - Once you've had your favorite thing, how much time can you tolerate without it?
4. Ask participants at each table why they like what they like. What do you feel after eating sweets? After drinking tea? After smoking a cigarette? After drinking alcohol?
5. Ask participants at each table what they feel like when they do not have what they like. What do you feel when you can't have sweets? When you can't drink tea? When you can't smoke a cigarette?
6. Explain that there is a difference between those items we eat for the body's nourishment, such as fish or vegetables, and those items we consume because they make us feel good, like sweets or cigarettes. There is also a difference between *wanting* something and *needing* something. Ask participants for their thoughts about when a want becomes a need. Allow time for discussion.
7. Introduce the word “addiction” to refer to a developed physical need for an intoxicant or a drug. Addiction is more than wanting to have something; it is when a person is so accustomed to

having it that he/she cannot function well without it. When a person stops using something to which they are addicted, they will often feel sick at first. Once a person is addicted, it is very difficult to stop or give up the thing to which they are addicted.

8. Develop the discussion to examine the risks we take in consuming different things. Is there risk in eating sweet foods at every meal? Is there a risk in drinking tea every day? Is there a risk in drinking alcohol once a week? Every night of the week?
9. Explain that the risk of addiction varies from one substance to the next. Draw a line on a new sheet of flipchart paper, with “low risk for addiction” on one end and “high risk” on the other end. Mark off a midpoint. Explain that fish has a low risk of addiction but that injection drugs are highly addictive. Write “fish” on the low end of the scale and “injection drugs” on the high end.
10. Ask students where black tea fits on the scale. Is it addictive? Explain to students that black tea contains caffeine, a stimulant, and is indeed addictive. When a person is addicted to tea and for some reason cannot have it, he/she may have headaches, which are a sign that he/she needs caffeine to feel good.
11. Ask students to place other substances on the addiction scale, such as sweets, chocolate, coffee, cigarettes, alcohol, and other foods or substances that they mention.
12. Highlight the fact that drugs, including alcohol and cigarettes, are highly addictive. Even though cigarettes are made from the tobacco plant and heroin is made from the poppy flower, both of which grow out of the earth, both are very poisonous to the human body. Ask participants to name intoxicants or drugs that they enjoy using.
13. Introduce the point that intoxicants and drugs are addictive because they produce an initial good feeling when they enter someone’s blood and reach the brain. After a while, the amount of those intoxicants and drugs in the blood reduces. That is when the person feels a desperate need to consume the substance again to bring back the good feeling. This means the person is addicted, when he/she no longer just wants the substance, but actually needs it. When drug addicts cannot get drugs, they may feel sick, as in the example of the tea drinker getting a headache. These sicknesses, however, are usually more severe, like depression, anxiety, and even thoughts of suicide.
14. Ask participants to share stories of people they know who were addicted to something, and how it affected them. Did it improve their lives? Did it create difficulties for them? What health problems did it produce? If participants are hesitant to share, share a story of your own.
15. Ask participants what would happen if a person decided to stop taking/using what he/she was addicted to? Could it lead to death? Can a person get rid of an addiction? Make the point that any addiction can be overcome, although it is often a very difficult process for those affected.

Key information points

- There is a difference between a want of something and an addiction to something.
- Drugs and intoxicants like cigarettes, alcohol, and heroin are very addictive.
- Any addiction can be eliminated, but the process requires determination and can be difficult.



24. Adolescent Development (B4)

Objectives

- To discuss the different physical changes that take place in male and female adolescents.
- To understand that these changes are normal.
- To acknowledge that all adolescents go through the same physical changes, but do so at different times and respond to them differently.

Materials and preparation

- Flipchart paper and markers.

Method

1. Explain that people go through five stages during their life: Infancy, childhood, adolescence, adulthood, older age. Ask participants to list physical and emotional characteristics of each stage, starting with infancy. Ask questions like, “What can a baby do?”, “How does a baby feel?” Write their comments on a flipchart sheet under the appropriate heading. Review the changes mentioned for each and explore the most important ones in greater detail.
2. Explain: “Adolescence” is when the bodies of boys and girls physically change—bodies grow bigger and taller, genitals mature, and hair often starts growing in new places on the body. During puberty, a girl becomes physically able to become pregnant and a boy becomes physically able to father a child.
3. Break the participants into three groups. Instruct the groups that we will now discuss changes during adolescence in more detail. Assign one of the following types of changes to each group: (1) boys’ physical changes, (2) girls’ physical changes, (3) emotional changes for both boys and girls. Each group has 15 minutes to discuss and list changes. Provide groups with flipchart paper or pieces of paper on which to record their lists of changes.
4. After the group discussion, ask a representative from each group to share the group’s list. Ask after each presentation if the other groups have changes they would like to add.
5. After each group has shared, facilitate a general discussion about the listed changes. Allow participants to express themselves and ask questions and give opinions. Ask questions of the participants to probe for any changes that were not mentioned during the small group work.

| Girls | Boys |
|---|---|
| <ul style="list-style-type: none"> • Weight gain; height gain • Development of skin problems (acne) • Breast growth • Growth of underarm and pubic hair • Development of sweat glands • Vaginal lubrication • Onset of menstruation and ovulation • Increase in vaginal and cervical secretions • Body shape takes on characteristic adult pattern | <ul style="list-style-type: none"> • Weight gain; height gain • Development of skin problems (acne) • Body shape takes on characteristic adult pattern • Growth of body, underarm, pubic, facial hair • Development of sweat glands • Enlargement of the testes and penis • First ejaculation • Erections • Wet dreams |

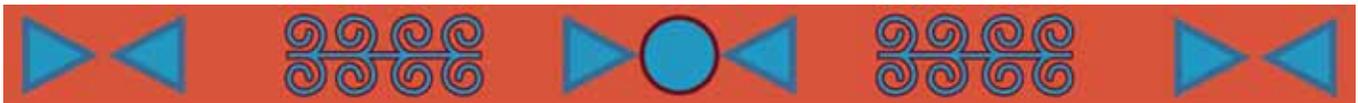
Emotional and psychological changes that occur during adolescence (both boys and girls):

- Eagerness to experiment and to learn new things
 - Desire to become independent from and be treated with respect by parents
 - Desire for adult behavior
 - Desire to make friends and to socialize; behaviors are easily influenced by peers
 - Emotional instability, confusion, and compulsiveness
 - Strong sexual awareness, being attracted to and wanting to be attractive to the opposite gender
-

6. Explain: Adolescence is an important time in one’s development. Changes that occur during adolescence are natural and normal. They are signs that we are growing and maturing. Every adolescent experiences changes, although at different times and different paces. Generally, girls enter adolescence earlier than boys. Earlier or later, either is fine. You don’t need to be nervous if your changes are different from others’—everyone is unique.

Key information points

- All people go through adolescence—it is a normal part of human development.
- During adolescence, many physical, emotional, and psychological changes take place that prepare a person for adulthood.
- It is normal for everyone to be different in terms of when and how they experience adolescent changes.



25. Killing Germs (N3)

Objectives

- To review what participants remember about germs and microorganisms.
- To understand different methods that can be used in daily life for killing harmful germs.
- To revisit handwashing and basic hygiene as a method for killing germs.

Materials and preparation

- Flipchart paper and markers.

Method

1. Review participants' recollection of microorganisms and infection with these questions:
 - What are microorganisms? Where are they found?
 - What are nanometers?
 - What are germs?
 - What are the gateways through which microorganisms enter the body?
 - Are all microorganisms bad? What are some uses of microorganisms?
 - Under what conditions do microorganisms survive? (Note: Microorganisms survive under a wide range of conditions. Some need extreme cold, some need extreme heat, some need air, some die in air, some need dryness, some need sugar, and so on.)
2. Ask: Is it possible to completely get rid of all the microorganisms in the food you eat? Is it a good idea to get rid of all microorganisms?
3. Make the following points: Not all microorganisms are harmful. Eliminating all microorganisms would make the food less healthy. However, there are various ways in which harmful microorganisms can be killed at home.
4. Ask participants to list substances that are used at home for keeping surfaces clean. Ask for the names of different cleaning agents, and list them on a flipchart sheet. Make sure everyone agrees that the items on the list are cleaning agents. Some of the following may be mentioned: Lemon, soap, detergent, and salt.
5. Ask participants to list substances that are used to keep hands and the body clean. Ask the names of different cleaning agents for hands and body, and list them on a flipchart sheet. Make

sure everyone agrees that the items on the list are cleaning agents. Some of the following may be mentioned: Soap, hot water, and detergent.

6. Ask participants if lemon, soap, detergent, or salt are sufficient to thoroughly clean a utensil that has black crusts from grilled meat or vegetables. Through questioning, bring out the concept of abrasives or scourers—that is, rough-textured surfaces for scrubbing. Ask for a list of common abrasives and scourers that are found and used among Yis. List them on a flipchart sheet.
7. Ask participants if there are things that cannot be cleaned with lemon, soap, detergent, salt, or hot water. People may mention things such as paint, tough motor grease, ink, and certain resins. Ask participants to name cleaning agents that are useful for paint, tough motor grease, ink, and so on, and add them to the list. People may mention such cleaners as petrol and kerosene.
8. Ask participants if utensils can be cleaned with petrol or kerosene, and explore the reasons for their answers. Make the point that certain cleaners are themselves poisonous and should not be used to clean anything that enters the body.
9. Ask participants how they would get rid of germs if there were no soap, detergent, lemons, or other cleaners. Through discussion, develop the point that most germs die after about five minutes in boiling water.
10. Ask participants to name things other than food and hands through which germs can enter the body and infect a person. Through discussion and probing, develop the point that unclean injection needles are among the most effective routes to infection since they take germs from one person's blood and directly introduce them to another person's blood.
11. Ask participants how they can tell if a needle is clean or dirty. Remind participants that germs are too small to be visible to the naked eye. Remind participants that the tip of a needle can contain hundreds of millions of germs. Develop the point that it is not possible to judge if a needle is clean just by looking at it.
12. Ask participants how many of them have seen needles being used at home. How often are they disinfected?
13. Ask participants what kind of objections others might have to disinfecting between users. Ask them how they would deal with such objections. (For example: Would guests at a Yi house feel that by disinfecting the needles, the host is implying that they are not clean?)

Key information points

- There are several inexpensive common household cleaning agents that are used to keep food, utensils, and hands and body clean.
- Some cleaning agents may themselves be poisonous and should not be used to clean anything that may enter the body.
- Most germs can be killed by boiling in hot water for five to ten minutes.



26. Alcohol and Cigarettes (R4)

Objective

- To understand the risks of smoking cigarettes and drinking alcohol.

Materials and preparation

- Flipchart paper and markers.
- Index cards. Make two sets of cards, one for cigarettes and the other for alcohol. On each card, write one risk associated with smoking cigarettes or drinking alcohol.

For the cigarettes set, include cancer and other diseases of the lungs, heart problems, increased blood pressure, bad breath, wrinkly skin, bad smelling hair and clothes, yellow fingernails and teeth, blindness, birth defects, sexual problems for men.

For the alcohol set, include diminished coordination, bad judgment, poor vision, loss of memory, brain problems, liver problems, throat cancer, mouth cancer, stomach cancer, birth defects, sexual problems, unintentional injury, violence.

- Draw a human figure on each of two flipchart sheets. Label one “Cigarettes” and the other “Alcohol.”

Method

1. Explain that we have talked about how to keep our bodies healthy. Ask: What are some ways to be healthy? Record on a flipchart sheet.
2. Ask: What are things that people do that are not healthy? Record on a flipchart sheet. To ensure that smoking cigarettes and drinking alcohol are mentioned, you may remind participants of Session 23, on addiction.
3. Explain that cigarette smoke contains many harmful substances, which are poisonous. The body knows when it is being poisoned, so many people find it takes several tries to get started smoking. Even though health problems from smoking may seem very far off when we are young, first-time smokers often feel pain or burning in the throat and lungs, and some people feel sick or even throw up the first few times they try tobacco. It is also hard for smokers to do well at sports.
4. Distribute the cigarette-related index cards to participants. Ask them one by one to read their cards aloud, and mark an “X” on the human figure on the flipchart to represent where cigarettes do damage to the human body.
5. Explain that excessive alcohol use causes physical, mental, and emotional damage. When you drink alcohol, it goes straight into your blood and affects your judgment and decision-making.

Drinking large amounts of alcohol at one time or very fast can cause alcohol poisoning, which can lead to a coma or even death.

6. Distribute the alcohol-related index cards to participants. Ask them one by one to read their cards aloud, and mark an “X” on the human figure on the flipchart to represent where alcohol does damage to the human body.
7. Ask participants why people begin smoking cigarettes and drinking alcohol. Continue the discussion by asking: If people know that cigarettes and alcohol are harmful to health, why do so many people still drink and smoke?

Make sure the following issues are covered: Tradition, habit, and individual values will affect one’s decision to smoke and/or drink alcohol or not. Where people regard smoking and drinking alcohol as a tradition and they play an important role in social life, it is difficult to dissuade them from smoking and drinking alcohol by merely emphasizing the harm to health. However, other things may be able to replace these social traditions, such as giving gifts to show hospitality and respect.

8. Ask: When and under which circumstances do Yi adolescents smoke and drink alcohol? Ask participants if they think that the health effects discussed earlier apply to adolescents as well as adults.
9. Listen to the responses of participants before explaining that adolescents are exposed to even more health damage from cigarettes and alcohol. Include the following information:
 - Adolescents’ physical organs are immature and absorb toxins more easily.
 - The earlier a person starts smoking, the higher the chances of getting lung cancer and dying from it.
 - Young smokers are sick more often, do poorly at sports, become injured more, and take longer to get better after falling ill.
 - Alcohol can cause learning problems or lead to adult alcoholism.
 - Smoking cigarettes and drinking alcohol at a young age often lead to use of more dangerous drugs later in life.
10. Introduce the fact that smoking cigarettes also causes secondhand smoke, which can affect the health of the friends and families with whom smokers spend their time. Smoke also damages the air we breathe and harms the environment.
11. Introduce the fact that smoking cigarettes and secondhand smoke are special health risks for women. Exposure to cigarette smoke during pregnancy can cause serious health problems for both mother and child, such as low birth weight infants, miscarriage or stillbirth, and infant death. Mothers can also pass nicotine to their babies through breastmilk, which can cause some of the same health problems in babies that adult smokers face.
12. Ask: If smoking affects people other than smokers, should smoking be banned? Why or why not? Allow for discussion.
13. Ask: How much money does a typical young Yi spend on smoking and drinking each month? If someone quit smoking and drinking now, how much money could he/she save in one year?
14. Summarize by saying that abstaining from smoking and drinking helps your health and also shows respect for the health of your family and society. If someone you know wants to reduce

or quit smoking or drinking, offer your support and encouragement because you know it is better for his/her health.

Key information points

- Smoking cigarettes and drinking alcohol are harmful to the health of both smokers and their loved ones.
- These activities involve special risks to adolescents and women.
- Secondhand smoke harms not only other people, but also the environment.
- People smoke because of tradition, habit, and individual values, and these things are not easy to change.
- It is important to offer support to those you know who want to reduce or quit smoking or drinking.



27. Drug Risk (R5)

Objectives

- To list the risks of drug use.
- To understand drug risks that adolescents face and practice the skills required to say no to drugs.

Materials and preparation

- Flipchart paper and markers.
- Slips of paper showing the statements on page 74 and the three situations listed on page 75.

Method

PART 1

1. Ask participants: Have you heard of drugs? What kinds of drugs have you heard about? What do you call these drugs in the Yi language? Brainstorm a list of drugs, and record them on a flipchart sheet.
2. Mark with a star or otherwise group together different drugs into legal/medical, legal/sometimes abused, and illegal. Explain: Drugs are chemicals that change the way a person's body and mind work. When people talk about drugs, they usually mean abusing legal drugs or using illegal drugs. Not all drugs are bad or illegal. When we are sick, we may take medicines. Medicines are legal drugs that can help us. Doctors can recommend that patients take them, stores can sell them, and people can buy them.

But it is not legal, or safe, for people to use these medicines any way they want or to buy them from people who are selling them illegally. This is called drug abuse. Morphine is an example of a medicine that people abuse. Also, cigarettes and alcohol are legal drugs that can cause serious health problems.

There are also illegal drugs. The most common ones are opium and heroin.

3. Divide participants into three groups. Ask group 1 to brainstorm the risks of drug use to an individual, ask group 2 to brainstorm the risks of drug use to a family, and ask group 3 to brainstorm the risks of drug use to a community. Encourage participants to think about people they know whose lives have been affected by drug use. Ask participants to list the risks on a flipchart sheet.
4. Bring participants back to the larger group and ask each group to present its list.
5. Be sure participants mention the following:

- To an individual: Drug abuse is harmful to physical and mental health, including damaging the central nervous system, the circulatory system, the digestive system, and the immune system. Drug users can also die of an overdose. Intravenous drug users who share needles may contract HIV, hepatitis B, hepatitis C, and other diseases. Drug users are often suicidal and can easily become victims of violence and accidents.
- To a family: If one family member uses drugs, the entire family suffers. There are so many cases in which people go bankrupt once becoming drug dependent.
- To society: As a consequence of addiction, drug users are prone to commit crimes such as fraud, robbery, selling drugs, and prostitution. Drugs have become a cause of social instability in many places. Since most drug users are young people, there is a loss within the labor force, which can have a negative effect on social and economic development.
- In China, both the sale and the use of nonmedical drugs are illegal.

PART 2

1. Explain: Adolescents are major drug users worldwide. Ask: In your neighborhood, who are prone to become drug users? Do adolescents face greater risks of drug use?
2. Divided participants into six groups. Assign one of the reasons for trying drugs (below) to each group. Ask each group to imagine that a friend told them they wanted to try drugs and used that statement. Ask participants to make a list of all the possible things they could do to try to convince their friend not to try drugs.
 - “Poppies grow on earth. Opium and heroin are extracted from poppies. How can things that grow naturally be so harmful?”
 - “Heroin is brought back from outside. It’s a good thing to show hospitality and respect. We should not refuse.”
 - “I’m only trying it once and won’t get addicted.”
 - “All my friends are using drugs. I feel embarrassed when I say no.”
 - “Is it really so cool? Let me try.”
 - “Drugs can make me forget my pain!”
3. Bring participants back to the larger group and ask each group to present the results of their discussion.

PART 3

1. Explain: Drugs are often introduced by friends. As we have learned, it is not easy to say no to your friends.
2. We discussed in previous sessions that we cherish our values, and we know we cannot satisfy all our friends’ requests. The difficulty in refusing a friend is the fear of ruining the friendship. A real friend would not force me to do things that will harm my health, let alone participate in illegal acts. Is he a real friend if he asks me to try drugs? How can we refuse such requests?

3. Tell participants we are now going to role play how to say no to drugs offered by friends (or acquaintances). Ask pre-selected participants to act out the role plays. After each play, brainstorm participants' comments and suggestions. Also ask role players what they feel.

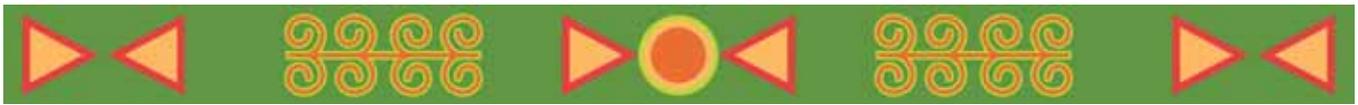
Situation 1: A young Yi boy is studying with a friend. When they finish, his friend offers him heroin and says, "It's good, much nicer than cigarettes. Have a try."

Situation 2: A group of young people are visiting a friend who just returned home from Chongqing. He offers heroin to the guests. Your good friends all accept and try. When your friends see you are hesitating, they say, "We are all using it ourselves. It won't harm you. Just try."

Situation 3: A young Yi girl is upset. Her friend calls. After some conversation, the friend takes out a cigarette and tells her it's a special one that will make her feel relaxed and comfortable. "Try it, and you won't feel upset anymore." The girl says, "It's addictive." But the friend says, "Just trying it once won't make you addicted." Then she lights the cigarette, smokes it, and hands it to the girl.

Key information points

- Illegal drug use and selling drugs are harmful to individuals, families, and society.
- Adolescents should stick to their own values and stay away from drugs.
- Planning and practicing how to say no to drugs can make it easier to say no when the situation arises.



28. Menstruation and Reproduction (B5)

Objective

- To understand the processes of menstruation and reproduction.

Materials and preparation

- Flipchart paper and markers.
- Two cards with the word “Ovary” written on each.
- Two cards with the word “Egg” written on each.
- One card on which “Uterus” is written.
- Two cards with the word “Vagina” written on each.
- One card on which “Penis” is written.
- Two cards with the word “Testicle” written on each.
- Three to five cards with the word “Sperm” written on each.
- Two cards with the words “Fallopian tube” written on each.
- Four cards, on which the following words are written: “Menstruation,” “Days 5–10,” “Days 11–16,” “Days 17–28.”

Method

1. The facilitator will first set up the female reproductive system and rehearse menstruation.
 - In the first round, females will be assigned the female reproductive roles. If there are not enough females, then males may be assigned those roles. If any participants are uncomfortable with the process at any stage, they may leave the room without permission. This should be explicitly announced.
 - The **ovaries** and the **uterus** will be positioned first. The ovaries will be seated in chairs. The ovaries will be told that their job is like a sculptor’s; they will craft a beautiful egg. Tell the ovaries that while one ovary is making the egg, the other one will be in a deep sleep, awaiting its turn.
 - The uterus is like a mother figure, waiting with her arms outstretched. She is always waiting for a fetus, which she can take care of while it grows into a human being.
 - Tell participants that the ovaries and the uterus are connected by the **fallopian tubes**.

- The **vagina** will be positioned last on the other side of the uterus. The two participants will face each other with their arms held high and hands clasped together creating a “tunnel” through which the egg will leave the body.
2. The facilitator will start the game by telling the **egg** to sit on the active ovary’s lap in a sleeping position. The ovary should “design” the egg with its hands. As the egg is designed, it should slowly wake up, like a flower, and admire itself. The egg should move as slowly and gracefully as possible as it rises from the ovary’s lap and moves like a dancer, in slow motion, turning around, admiring itself, and moving to a position somewhere in the middle of the fallopian tube.
 3. The facilitator will hold up the day cards, and tell the group that a woman’s reproductive cycle lasts for 28 days on average. She is only fertile for some of these days, and chance of pregnancy is small the rest of the time. The facilitator should explain to the class which is the fertile phase and at which times a woman is unlikely to get pregnant.

| | | |
|------------------|-------------------------|---------|
| Day 1 to Day 4 | Menstruation | Safe |
| Day 5 to Day 10 | New egg is maturing | Safe |
| Day 11 to Day 16 | Egg is mature and ready | Fertile |
| Day 17 to Day 28 | Egg is dying | Safe |

4. As the facilitator reaches the 17 to 28 day period, the egg should act as though it is growing weaker, losing interest, and becoming smaller. Eventually, the egg should collapse, and roll out of the fallopian tube, through the uterus, and pass through the vagina leaving the role-play system.
5. A new egg will now take up position on the other ovary’s lap, and the whole cycle will be repeated.
6. The facilitator will explain that this is menstruation.
7. The facilitator will now set up the male system, including the penis, testicles, and sperm. They will take their positions exactly opposite the female system.
8. The facilitator will signal to the female reproductive system that it should continue the menstrual process. The **penis** will rise up strong and large as an erection. The **sperm** will line up behind one of the two **testicles** (half behind one, the other half behind the other). The sperm should be on all fours, like marathon swimmers. When the penis gives a vigorous signal—a slap on the back—the sperm will charge forward and swim toward the egg. Most of them will die before they reach the egg.
9. The facilitator should stand behind the ovary that released the egg, holding the day cards. If a sperm reaches the egg, the egg will embrace it only if the day card behind her reads “Days 11–16.” Until then, the male reproductive system will have to keep trying to reach the egg.
10. Once the egg embraces the sperm, the two will move down the fallopian tube toward the uterus, who will embrace the couple with open arms.
11. Explain that when a sperm and egg join it is called fertilization. When the fertilized egg attaches to the wall of the uterus a pregnancy begins.

Key information points

- A female has two ovaries that produce eggs. Only one ovary is active at a time. Each ovary produces a single egg every 28 days or so.
- A male has two testicles that produce millions of sperm.
- During the 28-day period, the egg grows, matures, and then dies.
- During this 28-day period, there is a six- to seven-day period when the egg can be fertilized by a male sperm.
- If a male sperm is successful in joining with an egg, then the woman conceives, and a child will be born after about nine months.
- The 28-day period is known as a menstrual cycle.
- At the end of each menstrual cycle, the egg is expelled from the uterus, along with blood. This is known as menstruation; it lasts about four or five days.



29. Sexually Transmitted Infections (D7)

Objectives

- To create an understanding of sexually transmitted infections (STIs).
- To list signs/symptoms of STIs.
- To know ways to prevent STIs.
- To understand why girls are more at risk.

Materials and preparation

- Flipchart paper and markers.
- Find out where young Yis can go for testing for and treatment of STIs.
- Prepare cards with questions from “STI True or False” (see page 82) on one side and the answers on the back.

Method

1. Ask: What are some of the consequences of unprotected sex? (Examples: Pregnancy, infection.)
2. Explain that today we will talk about infections that are passed through unprotected sexual activity. Ask: What are some infections you have heard about that are passed through unprotected sexual activity? Write the answers on a flipchart sheet.
3. Explain that there are more than 20 diseases that can be transmitted sexually, including HIV, chancroid, Chlamydia, gonorrhea, genital herpes, human papillomavirus, syphilis, trichomoniasis, and others.
4. Explain that diseases that are transmitted through sex with an infected partner are called “sexually transmitted infections,” or “STIs.” STIs are very common, especially among younger people. STI infection happens when germs (bacteria and viruses) pass from an infected person to another. STIs can have serious health consequences that can lead to infertility, pain, cancer, and death. In addition, some STIs can be transmitted to infants during pregnancy or birth.
5. Explain that sometimes STIs have no obvious signs, especially in women, which is why they are so easy to catch and pass to others. Many people only discover that they have an STI when they are told by a partner, or are examined by a doctor.
6. Ask: Although there are not always signs, how can a woman tell if she has an STI? Write the answers on a flipchart sheet. Answers include:

- A discharge from the vagina that is thicker or thinner than usual, has a foul smell or an unusual color.
 - Pain in the lower abdomen.
 - Pain or a burning feeling when passing urine.
 - Pain during sexual intercourse.
 - Abnormal bleeding from the vagina.
 - Itching in the genital area.
 - Abnormal swelling or growth on the genitals.
7. Ask: How can you tell if your male partner has an STI? Write the answers on a flipchart sheet. Answers include:
- A wound, sores, ulcer, rash, or blisters on or around the penis.
 - A discharge, like pus, from the penis.
 - Abnormal swelling or growth on the genitals.
 - Complaints of pain or a burning feeling when passing urine, pain during sexual intercourse, or pain in the testicles.
8. Ask: What should you do if you think you have an STI? (Participants should mention: Consult a health worker for advice, tests, and treatment.) Tell participants that since most people have few or no symptoms of an STI, it is important to seek help even if you only think you are at risk for STIs.
9. Ask: Where can you go to get tested and treated for STIs?
10. Ask: How can STIs be prevented? (Answers: Abstaining from sexual activity, being in a mutually faithful relationship with a partner who is not infected, and using condoms can prevent some STIs.) Write the answers on a flipchart sheet.
11. Ask: Why is it easier for women to become infected with STIs? Allow participants to discuss.
12. Explain that the differences between men's and women's bodies cause women to become infected with STIs more often than men. A man's penis and his sexual fluids, both of which may carry infection, go inside a woman's body, increasing her risk.
13. Divide participants into four groups. Pass out four of the "STI True or False" cards to each group. Explain that you will play a game. Each group will take a turn asking a question on one of their cards. The other three groups will answer. Whichever team raises their hands first has a chance to answer. The group that answers correctly is given the card. After all the questions have been asked and answered, the team with the most cards wins. Be sure that the correct full answer is read and understood by everyone after each question has been read.
14. Allow participants to ask questions about any of the information discussed during the game and share additional information with them.

Key information points

- STIs are dangerous to your health. They can cause disease, infertility, cancer, and even death.
- Many STIs can be treated. If you have any STI symptoms, go to a health center immediately for treatment by a trained health care provider.

STI True or False

1. A person can always tell if he/she has an STI.

False. People can and do have STIs without having any signs. Women often have STIs without symptoms because their reproductive organs are internal, but men infected with diseases like Chlamydia may also have no symptoms. People infected with HIV generally have no symptoms for many years after infection.

2. There is medicine to cure all STIs except HIV.

False. There is no cure for genital warts and herpes, STIs caused by viruses. Even though not all STIs can be cured, they all can be treated, which is why it is important to go to a healthy facility if you think you are infected.

3. The organisms that cause STIs can enter the body only through the woman's vagina or the man's penis.

False. STI bacteria and viruses can enter the body through any mucus membrane, including the vagina, penis, anus, mouth, and in some rare cases, the eyes. HIV can enter the body when injected into the bloodstream from shared needles. It can also be passed from mother to child during pregnancy and delivery or through breastfeeding.

4. You cannot be infected with an STI by masturbating, holding hands, talking, walking, or dancing with a partner.

True. STIs are only spread by close sexual contact with an infected person. Anyone can be infected by having oral, anal, or vaginal intercourse with a partner who is infected.

5. Practicing good personal hygiene after having sex should be encouraged.

True. While personal cleanliness alone cannot prevent STIs, washing away your and your partner's body fluids right after intercourse is good hygiene. Washing does not, however, prevent pregnancy or stop HIV from entering the body through the mucus membranes in the mouth, anus, penis, or vagina.

6. It is possible to contract some STIs from kissing.

True. It is rare, but possible, to be infected by syphilis through kissing if the infected person has small sores in or around the mouth. The herpes virus can be spread by kissing if sores are present. HIV is not passed through saliva, and could be transmitted through kissing only if both people have open sores in their mouths or bleeding gums.

7. You cannot get an STI if you have sex only once in a while.

False. It is possible to catch an STI even after only one act of sexual intercourse with an infected person.

8. Condoms are the most effective protection against STIs.

False. Abstinence from sexual intercourse is the best way to prevent the spread of STIs. Condoms significantly reduce the risk, but only abstinence is 100 percent effective.

9. You cannot get HIV or other STIs if your partner is clean.

False. A person's risk of HIV cannot be determined by looking at a person and checking his/her reputation. Some people get HIV when they have had sex only once or with one partner.

10. Abstinence is the only way to completely prevent pregnancy and STIs.

True. Avoiding sexual activity is the only way to absolutely prevent pregnancy or STIs.

11. Once you have had gonorrhea, you cannot get it again.

False. A person can get gonorrhea as many times as he/she has sex with an infected person. It is important that anyone who is treated for gonorrhea or any other STI makes sure that his/her sexual partner is also treated.

12. There is no reason to use condoms, since they are not 100 percent effective in preventing HIV transmission.

False. HIV cannot pass through latex condoms. The reason condoms are not 100 percent effective in preventing HIV infection is because they can sometimes come off or break during intercourse when they are not being used properly. Using a condom provides over 10,000 times more protection against HIV infection than not using a condom. There is a strict manufacturing process that is followed when making condoms, and HIV is too big to pass through latex.

13. There is no known cure for genital herpes.

True. While there are medicines available to treat the symptoms of genital herpes, there is no cure for the disease.

14. If you have unprotected sex with a person who has HIV you will definitely catch it.

False. Not everyone who has unprotected sex with someone with HIV will become infected. Some people can stay in a relationship with a person who has HIV for a long time and not become infected; others catch it the first time they have sex with someone who is infected. Becoming infected with HIV is always a risk, but it is important not to assume that just because a person's partner has HIV that he/she will have it, too.

15. Using contraception like pills or IUDs protects against STIs.

False. Only condoms provide protection against pregnancy and STIs; other contraceptive methods do not protect against STIs.

16. Urinating after sex protects against STIs.

False. Germs enter the body very quickly, and urinating does not eliminate them.



30. Hygiene (N4)

Objectives

- To create personal and community plans for improving hygiene habits within families.
- To explore hygiene related to menstruation.

Materials and preparation

- Flipchart paper and markers.

Method

PART 1

1. Ask: What are some examples of things that you and your family do in your own home to promote good health? Possible responses include eat healthy foods; prepare, cook, and store food properly; use clean water for drinking and washing; washing hands often.
2. Explain that keeping our bodies and homes clean is important for staying free from many infections, and it promotes better health and well-being. Many sicknesses (such as diarrhea, worms, and typhoid fever) can be spread easily if our bodies, homes, or community are not clean.
3. Divide participants into three groups. Assign each group one of the following: our bodies, our households, or our community. Explain that each group will have five minutes to talk together about all the ways they can keep their assigned areas clean in order to help people stay healthy. Encourage each group to think of as many ways as they can, and have them list the ways on flipchart paper.
4. After five minutes, ask each group to present all the ways they talked about for keeping our bodies/homes/community clean. After each group has presented, ask if any other participants have other ideas about ways to keep clean or healthy, and add them to the appropriate list.
5. Take time to review all of the ways to keep clean by talking about why each one is important. Review the list and add information based on the following notes regarding items that the participants raised. Bring up any additional points not raised in the small group discussions. The following information should be covered by the time you have thoroughly reviewed the participants' lists with the full group.

Our bodies

- Wash hands: The spread of disease can be reduced by handwashing. Hands should be washed, with soap if possible, after going to the latrine, before preparing food, before eating, after cleaning a baby or child who has defecated, and after handling soil.

- **Bathe often:** Keeping our bodies clean helps us to stay healthy and helps prevent skin and eye infections, rashes, itching, and pimples (spots). Bathe at least once a day, after waking up in the morning or before going to sleep in the evening. The face and eyes should be washed and the teeth cleaned. Hair should be washed regularly and combed every day.
- **Wear shoes:** There are infections that can be caught by walking outside without shoes. When outside, it is always best to wear shoes.
 - Always use a latrine: People’s feces have harmful germs. Using latrines helps keep feces away from us and keep harmful germs from entering our bodies.

In our homes

- **Use clean water:** Unclean water causes many sicknesses. Water from rivers, streams, and unprotected wells is usually contaminated with human feces and is not safe to drink unless it is boiled first. If possible, water should come from a protected well, bore-hole, or spring. Water from an unknown or unclean source should be boiled for ten minutes before using. It should also be filtered through a clean, white cloth. Water for drinking and washing cooking utensils should be stored in a clean, covered container and kept in a cool place. Everyone in the family should know how to use this water.
- **Keep food clean and covered:** Food that is uncovered can be contaminated by flies and other insects or household animals. Uncovered, unclean food should not be purchased or eaten. At home, food should always be covered. Old food or food that smells bad should be thrown away. Fruits or vegetables should be washed in clean water before they are eaten. Keep animals away from food. Cook food until it is completely done.
- **Wash cooking utensils and dishes:** Clean drinking water should be used to wash dishes. Clean dishes should be dry before they are used again.
- **Wash clothes and bedding often:** Mats and mattresses should be aired out on a regular basis to discourage insects and germs.
- **Clean the latrine often:** The slab in the latrine should be washed regularly. Keeping the latrine clean will reduce odor, and encourage family members to use it.

In our community

- **Dispose of garbage and waste properly:** Garbage and waste have germs that cause many diseases. Dispose of garbage by burning it, burying it in a special pit, or composting.
 - **Do not allow sitting water to accumulate:** Water can collect in old tins or in other trash receptacles and breed mosquitoes and flies. Flies spread many diseases, and mosquitoes spread malaria.
6. Ask: What are changes we can make in our own homes and community to make them cleaner and safer for everyone? Ask participants to create an action plan based on the changes noted by participants. Help participants document their action plans, and include the action items, time frame, etc. Check with them during the next session to find out if they have implemented their plans.

PART 2

1. Ask: How can girls take care of their bodies when they are menstruating? What products do girls/women use during menstruation? Allow participants to discuss.

2. Explain that many communities have different ideas and practices about menstruation. Ask: What are common practices and thoughts about menstruation in our community? Encourage participants to talk about these thoughts and practices and to discuss their opinions about them.
3. Explain that menstruation is a normal part of every woman's life. It is not a curse, it is not an illness, and it is not an unclean time. Menstruation is a positive sign of health; it shows your body is healthy and functioning normally. During this time, women can continue with their normal activities, including daily baths or showers, exercising, dancing, and others. When girls are menstruating, washing is important. It is also important to use clean, dry tissues/pads/tampons and to change them often. There is no reason not to bathe on these days, though some girls may prefer to take showers on the days when their period is heaviest. Some girls/women have a problem of odor during menstruation; keeping clean and changing tissues/pads/tampons often can reduce this problem. It is not advisable to use perfumed pads or tampons or any powders in the genital area. Washing the genital area with water alone will keep it clean. Using harsh soaps or other substances can cause irritation.
4. Before you end the session, ask participants to prepare a food diary before Session 45, Healthy Eating, and give them the date you expect to have that session. Between now and that date, each participant should write down everything he/she eats and drinks for three consecutive days (any three days before the date you give them). Here is an example format for the diary:

| Day 1 | Day 2 | Day 3 |
|-------------------|-------------------|-------------------|
| <u>Meal 1</u> | <u>Meal 1</u> | <u>Meal 1</u> |
| <i>Food eaten</i> | <i>Food eaten</i> | <i>Food eaten</i> |
| <i>Where</i> | <i>Where</i> | <i>Where</i> |
| <i>When</i> | <i>When</i> | <i>When</i> |
| <u>Meal 2</u> | <u>Meal 2</u> | <u>Meal 2</u> |
| <i>Food eaten</i> | <i>Food eaten</i> | <i>Food eaten</i> |
| <i>Where</i> | <i>Where</i> | <i>Where</i> |
| <i>When</i> | <i>When</i> | <i>When</i> |
| <u>Snack</u> | <u>Snack</u> | <u>Snack</u> |
| <i>Food eaten</i> | <i>Food eaten</i> | <i>Food eaten</i> |
| <i>Where</i> | <i>Where</i> | <i>Where</i> |
| <i>When</i> | <i>When</i> | <i>When</i> |
| <i>Etc.</i> | <i>Etc.</i> | <i>Etc.</i> |

Key information points

- Keeping our bodies, homes, and community clean can help prevent diseases.
- Always wash hands with soap after going to the latrine, before preparing food, before eating, after cleaning a baby or child who has defecated, and after handling soil.
- Only use water that is boiled or from a safe source. Water containers need to be covered to keep the water clean.
- Washing the genital area with water and changing tissues/pads/tampons frequently keeps women clean during menstruation.



31. Instructions Game (D8)

Objectives

- To create an understanding of the role of clear, correct instructions in carrying out an activity.
- To create an understanding that the body's cells follow "instructions" to carry out their tasks.
- To introduce the concept of a written "manual" of instructions.

Materials and preparation

- Flipchart paper and markers.
- A pair of shoes, with shoelaces.
- Two chairs.
- A table.

Method

PART 1

1. Place a chair on the table (the height helps participants to observe your feet). Place the other chair facing away from the chair on the table so the person who sits in it cannot see the person on the table/chair. Climb up and sit on the chair on the table (wearing shoes with laces).
2. Tell participants that in this demonstration, you are an imaginary person living on the moon who does not know how to put on shoes. Invite participants to volunteer to give you instructions on how to put on and lace a pair of shoes. Tell the volunteer to be as simple and precise as possible and that you will follow the instructions literally.
3. Invite the volunteer to sit in the chair facing away from you. Once he/she is seated, remove your shoes and place them before your feet in a disorderly way—that is, keep the left shoe next to the right foot, and/or let the heels face forward, and/or let the soles face upward, and so on.
4. Invite the volunteer to give you instructions on how to put on shoes.
5. Follow the instructions EXACTLY and literally as they are given. (Note: If the instructions are vague or too general, then "misinterpret" them. If the instruction is "Keep the shoes next to your feet," then place the left shoe near the right foot and the right shoe near the left foot, or place a shoe pointing the wrong way, place the other shoe with the sole facing up, and so on.)
6. Repeat the exercise until two or three participants have tried giving you instructions on how to wear the shoes. If one participant's instructions are clear and correct, follow them.

7. The objective of the game is achieved once you have demonstrated how simple-sounding but vague instructions can lead to messy and incorrect results.

PART 2

1. Ask participants to remember and brainstorm occasions when they had to follow instructions to perform a task. Make a list on a flipchart sheet. (Note: Urge participants to think of written instructions as well as oral instructions. Some examples of written instructions include peer educator's manual, recipe, how to use a computer, doctor's prescription.)
2. Ask participants if they know a word that describes a book of written instructions. When a Yi word (or set of words) that describes "manual" is mentioned, write it on the flipchart sheet.

PART 3

1. Ask: What happens in your mouth when you see a plate of Tuotuo meat and potatoes? Allow participants to give their answers. There is no need to record the answers.
2. Once saliva has emerged as an answer, ask participants what makes saliva. (Answer: Saliva cells in the saliva glands.)
3. Ask: Where do saliva cells find instructions for making saliva? Write answers on a flipchart sheet as they are called out. Typical answers include the brain, blood, the nerves, and the cells themselves.
4. Explain: Each cell in our body carries small chemical "manuals" within itself. The cell that makes saliva finds the instructions in its chemical "manual" on how to make saliva.
5. Discuss different body functions for which "manuals" are required. Examples: Making hair grow, healing wounds, digesting food, producing a baby, breathing, excreting waste, fighting disease.
6. Explain that thousands of such functions are carried out by the cells in the body, and a chemical manual exists for each of them.

Key information points

- Instructions can be oral or written.
- A book of written instructions is called a manual.
- The body's cells include "manuals" for thousands of different functions.



32. HIV Instructions (D9)

Objective

- To create a basic understanding of how HIV uses its “manual” to harm the body.

Materials and preparation

- Flipchart paper and markers.

Method

1. Ask: Is HIV a cell? (Answer: No, HIV is a virus, not a cell.)
2. Ask: Do you remember from Session 10 the size of HIV? What is the size of a human cell? (Answers: HIV is around 100 nanometers. The average human cell is 200,000 nanometers.)
3. Ask: Does HIV have a “manual?” If so, what are the instructions in the manual? Let participants express their views.
4. Explain: HIV carries a manual with instructions on how to make HIV.
5. Explain: When HIV infects a person, it seeks certain human cells (white blood cells) and breaks into them. Once inside, it gets rid of its outer chemical shell. All that remains is the “manual” of instructions on how to make HIV. This manual is inserted into the white blood cell.
6. Explain: It is like inserting a manual called “how to make a fire” into a public place. The day someone opens the manual and follows the instructions, they will create a small fire. The fire can be put out by others. However, if many people all over the village opened the manual and made fires, there would be too many fires to be put out, and the village may be destroyed.
7. Explain: As long as HIV’s manual has not been opened by too many white blood cells, **the individual is infected with HIV but not sick**. Between 2 and 15 years later, as more and more white blood cells follow the instructions in HIV’s manual, they will make millions of HIVs, and **the person will develop AIDS**. The white blood cells will stop doing their normal work, and instead, will begin to follow instructions for making HIV.
8. Explain: A number of factors affect how long HIV’s manual will lie unopened in a white blood cell: Health, nutrition, other infections, risk behavior, stress, and attitude.

Key information points

- When HIV infects a person, it breaks into a white blood cell and leaves its chemical manual in the cell.

- Over the years, as more and more white blood cells begin to follow HIV's instruction manual, the person develops AIDS. Until then, he/she is infected with HIV but not sick with AIDS.
- It can take between 2 and 15 years for an HIV-positive person to develop AIDS.



33. Planning for the Future (V9)

Objectives

- To help participants know the differences between short- and long-term planning.
- To practice skills to make short- and long-term plans.
- To raise awareness of the preparation needed to reach desired goals.

Materials and preparation

- Flipchart paper and markers.
- Piece of paper and pen/pencil for each participant.

Method

1. The facilitator speaks the word “goal” in Chinese and then asks what participants think about this word and how they can express it in the Yi language. Try to reach a conclusion that most participants are happy with. Explain that a goal can be something you want to do or achieve, someplace you want to go, something you want to have, and/or a personal development.
2. Instruct participants to take a moment to think about goals for themselves and write down one.
3. Ask everyone to stand up, and ask each participant in turn to read out his/her goal. As each participant reads, without explanation, move him/her to one of two groups; one group should represent long-term goals, and the other, short-term goals. Do not share with participants your reasoning for the division into groups.
4. When everyone is in one group or the other, ask participants about what criteria they think you used to group them. After someone mentions the term “goals,” encourage participants to discuss why they think some goals are long-term while others are short-term. (Note: Some goals can be accomplished within a short period of time, such as a day, a week, or even a month—often, these are called short-term goals. Goals to be accomplished over a longer period of time, such as six months or several years or more, are called long-term goals. A long-term goal may include a series of short-term goals.)
5. Explain to participants that setting goals is something everyone does, although perhaps not always explicitly. In this session, we are going to spend some time focusing on and thinking about future goals so that we can be sure that we are making decisions and choosing our behaviors with our goals in mind.
6. Split participants into small groups of four or five people each. Ask them to discuss within their groups why goals are important for Yi youth, and particularly for Yi girls.
7. Lead a brief discussion, asking groups to share their opinions.

8. Ask participants to think for themselves about a long-term goal that they would like to achieve within the next five years. Ask them to keep this goal in mind as you share the following information about goals. Goals should:
 - Be specific (stated clearly to show what is required).
 - Be measurable (making it easy to monitor progress and success).
 - Be achievable/realistic (something that can be reached given a person's abilities, resources, etc.).
 - Be time-specific (have a given time frame for achieving the goal).
9. In their groups, have participants work to write the goals they have in mind in these terms, so the group can work together on each person's goal to make sure it is specific, measurable, realistic, and time-specific.
10. After the groups have finished, ask for examples to be shared.
11. Next, ask the groups to come up with a goal for a family or community using the same criteria. Have each group write down the goal it came up with. After setting the goals, let the groups spend some time discussing what steps would be needed to achieve the goal. What kind of teamwork and communication would be required among the family or community?

Explain to participants that goals share common characteristics. They:

- Give our lives direction and make life meaningful and/or challenging.
 - Guide our decision-making.
 - Are time-bounded.
 - Need preparation.
 - Require personal and/or collective hard work.
12. Now ask participants to think about short-term goals they want to achieve within the next two months. Remind them to think about things they have already learned about health, or other skills they have learned in the livelihood classes. Is there something they want to achieve based on what they have learned?
 13. Ask participants to share these goals within their small groups.
 14. Using some participants' goals, lead a discussion among the full group of participants.
 - Are they confident in these goals?
 - Are things completely under their control?
 - Will they change the goals sometime later?
 - Who sets the goals they should achieve?
 - When it comes to longer-term goals, why are they more difficult to think about?
 - What steps and actions are needed to achieve such goals?

- Is the training you received in the Yi Center helpful in achieving your goals?

15. Summarize the session, and encourage participants to think about their future plans and goals.

Key information points

- Goals are something you really want to achieve in the future, near or far.
- Setting goals is a good way to focus our energy and efforts.
- A goal should be a specific, achievable objective; it is time-bounded and measurable.
- Keeping our goals in mind can help us make healthy choices.
- Seek help from others, including the Yi Center, to achieve your goals.



34. Pregnancy (B6)

Objectives

- To understand how a woman or girl becomes pregnant.
- To be able to differentiate between pregnancy facts and myths.
- To understand risks faced by young women and girls who are pregnant.
- To be able to list healthy behaviors during pregnancy.

Materials and preparation

- Flipchart paper and markers.
- Bodymaps from Session 7.

Methods

1. Display the drawings from the bodymapping exercise. Ask for volunteers to point out the different parts of the male and female reproductive systems and tell what they do. They should point out and describe the following parts:

Female

Ovaries

Fallopian tubes

Uterus

Cervix

Vagina

Male

Penis

Urethra

Testicles

Scrotum

2. Ask: Can someone describe ovulation/menstruation?
3. Ask: How does a girl/woman become pregnant? Allow participants to share their ideas.
4. After participants have shared their views, explain that during sexual intercourse, the male's penis is inserted into the female's vagina. When a male and female have intercourse, millions of sperm are ejaculated from the penis into the vagina. The ejaculated sperm swim up through the vagina, into the uterus, and through the fallopian tubes, looking for an egg. If a mature egg is present, fertilization can take place. Although there may be millions of sperm, only one sperm can fertilize the egg. The fertilized egg moves from the fallopian tube into the uterus and

implants itself in the uterine wall, where the fetus will grow. If the egg is not fertilized, menstruation will occur.

5. Ask participants if they have any questions about pregnancy. Encourage other participants to answer the questions (correct and provide additional information as needed).
6. Explain that we learn about sexuality and reproduction from our friends, siblings, and other family members. It is important that we know what is true and what is not. Explain that we will play a quick game. Read each of the following statements. If participants think a statement is true, they should stand; if they think it is false, they should remain seated. (This should be a quick-paced exercise, with no talking between statements.)
 - A girl cannot become pregnant if she has not started to menstruate.
 - A girl cannot become pregnant if she is having her monthly period.
 - A girl cannot become pregnant if she has sexual intercourse standing up.
 - A girl cannot become pregnant if she urinates after intercourse.
 - A girl cannot become pregnant if she cleanses her vagina after sexual intercourse.
 - A girl cannot become pregnant if she is younger than 12 years of age.
 - A girl cannot become pregnant if the man pulls his penis out of the vagina before ejaculating.
 - A girl cannot become pregnant if the man she is having sexual intercourse with assures her that she will not get pregnant.
 - A girl cannot become pregnant if she is having sexual intercourse for the first time.
 - A girl cannot become pregnant if she is using a contraceptive method to control her fertility.
7. Explain that all of the statements about avoiding pregnancy are false except for the last one. Review specific statements that participants thought were true, and answer any questions and provide correct information.
8. Ask: Are there other statements you have heard about avoiding pregnancy that you think may not be true? Encourage participants to share common beliefs. Answer any questions and share correct information.
9. Ask: How can a woman know if she is pregnant? Encourage participants to discuss.
10. Explain that all pregnant women will stop having a monthly period. Other signs that a woman is pregnant may include:
 - Breasts feeling sore and growing bigger.
 - Having an upset stomach and sometimes vomiting.
 - Having to pass urine more often.
 - Feeling tired.
11. Ask: How can a pregnant woman know when she will give birth? Allow participants to discuss. Explain that a woman can add nine months and seven days to the date when her last period

began, and her baby will probably be born anytime within the two weeks before or after that date.

12. Ask: What should a girl/woman do if she thinks she might be pregnant? Encourage participants to discuss. Explain that it is important for a woman to go to a health facility immediately to have the pregnancy confirmed by a health worker. The health worker will give her information on staying healthy.
13. Ask: What can a woman do to stay healthy during pregnancy and to have a healthy baby? Write suggestions on a flipchart sheet, and ask probing questions until all the points below are raised:
 - Eat enough healthy foods.
 - Sleep and rest whenever possible.
 - Go for antenatal visits at a health facility.
 - Be active everyday, but without becoming too tired.
 - Avoid taking modern or plant medicines unless a health worker who knows you are pregnant says it is alright.
 - Do not drink alcohol, smoke, or use drugs.
14. Ask: What age would you like to be when you have children? Why? Encourage participants to share their thoughts.
15. Explain that there are medical and social reasons for young women to wait until they are older to have children.
16. Ask: What do you think some of the social reasons are? Participants may mention:
 - Delaying having children can give young women the opportunity to pursue formal education, work outside the home, and achieve their goals.
 - Men can pursue education and jobs without the pressure of providing for a family.
 - Delayed pregnancy can mean smaller families and can offer economic benefits.
 - The responsibility of caring for a child, as well as limited education, reduces a young woman's access to jobs and income-earning opportunities.
 - Pregnant girls may be expelled from or drop out of school and are not likely to return.
 - Some young women find themselves rejected by the father of the child or by their families.
17. Ask: What do you think some of the medical reasons are? Participants may mention:
 - A woman younger than age 16 has not reached physical maturity. A small pelvis can lead to a difficult delivery, as well as to health problems or death of the mother or the infant.
 - Young women, especially those younger than age 15, are more likely than women ages 20 and older to experience premature labor, spontaneous abortion (miscarriage), and stillbirths.
 - First births are typically more risky than subsequent births. Women giving birth for the first time have a higher probability of developing health problems.

- Infant death rates are typically higher for adolescent mothers than for older women.

18. Share information from the lists above if they are not mentioned. Ask if participants can think of any other reasons for adolescent girls to wait to have children.

Key information points

- During sexual intercourse, the male's penis is inserted into the female's vagina. When a male ejaculates, sperm swim up through the vagina, into the uterus, and through the fallopian tubes, looking for an egg. If a mature egg is present, fertilization can take place. The fertilized egg moves from the fallopian tube into the uterus and implants itself in the uterine wall, and the woman is pregnant.
- While a girl/woman is pregnant, she does not have a period.
- It is important for a woman to stay healthy during pregnancy, both for her health and the health of her baby.
- There are many medical and social reasons for young women to wait until they are older than 20 years of age to have children.