Teaching and Learning Materials for Adolescent Health and Life Skills (AHLS) Syllabus - Senior Secondary School

SSSC
Senior Secondary School Curriculum

Teaching and Learning Materials for Adolescent Health and Life Skills (AHLS) Syllabus - SSS

Acknowledgements

This Teacher's Manual draws heavily on content from "I Am Somebody" Facilitator's Guide, published in 2016 by the Government Sierra Leone, Ministry of Health and Sanitation, National Secretariat for the Reduction of Teenage Pregnancy, and supported by UNFPA, UNICEF and Irish Aid and written by Lorilei Beer. The Teacher's Manual incorporates content from "I Am Somebody" in the form of easy-to-follow lesson plans for teachers, following the suggested structure for the new subject syllabus for Adolescent Health and Life Skills within the New Senior Secondary Curriculum for Sierra Leone. For some topics, content is supplemented by exercises drawn from an international sexuality and HIV curriculum[1] developed by Population Council which is referenced in the subject syllabus.

[1] International Sexuality and HIV Curriculum Working Group. 2009. "It's All One Curriculum: Activities for a Unified Approach to Sexuality, Gender, HIV, and Human Rights Education," edited by Nicole Haberland and Deborah Rogow. New York: Population Council

Introduction to Adolescent Health and Life Skills

AHLS is being introduced into the senior secondary school curriculum to promote the health and wellbeing of adolescents. By studying this subject, learners will be more equipped to make a safe and fulfilling passage to adulthood. It will strengthen their understanding of self, their emotions and feelings, and teach them about human reproduction. They will develop confidence and acquire, the communication and decision-making skills needed to navigate their way through adolescence, protecting and preserving their health and laying foundations for their future success, happiness and wellbeing.

Your job is to create a relaxed, safe space. You want everyone to feel comfortable and to know they belong. The group is safe when teenagers trust they can participate without being judged, mocked or criticized.

We note that some lessons deal with topics that are sensitive. Teachers may at first feel uncomfortable talking about some topics, however, like anything, this becomes easier with practice. The teacher's role is extremely important for supporting adolescents approach the subjects with openness, curiosity, respect and tolerance. Reading each lesson plan carefully, becoming familiar with the information and the suggested teaching steps, will help teachers to feel confident and support learners to gain the knowledge and skills they need. Teachers' feedback will be very important in helping to continually improve this syllabus and we welcome suggestions.

The **Teacher's Guide** for each session is structured as follows:

- Lesson title
- Learning outcome
- Key concepts
- What you need (materials)
- What you do (read through this carefully before the lesson).

Yellow panels contain information the teacher should be familiar with and able to explain to the class

What you will need

This Teacher's Manual is designed so that minimal resources are needed to teach the lessons. Teachers can use whatever they have available – such as blackboard and chalk or flipchart and markers when collecting ideas from learners. For some sessions, some additional pre-prepared materials will be helpful – such as case studies written on cards or a prep-prepared poster. For other sessions a guest speak (if available) might be helpful to assist the teacher. Sometimes it is important you do some prior research so you can provide locally specific information about services etc. to learners.

However, teachers should know that what is most important is the quality of interaction with learners in these sessions. If teachers can create a relaxed, safe and enjoyable space, allow learners to explore the concepts in this syllabus, and impart to them accurate information in this manual, they will have, in very large part, succeeded.

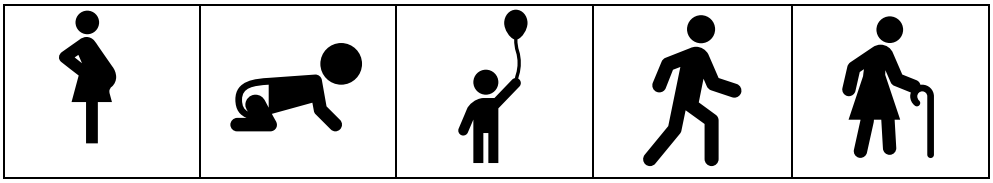
Students with Special Needs

Throughout the lessons, special consideration should be given to inclusion of learners with special needs. Learners with limited fluency in the language spoken at school may avoid joining discussions. Students living with a physical disability and those with other special needs may feel shy.) You can boost class involvement by using activities that promote respect and team building and by spreading leadership opportunities. Think about making concepts easy to understand and involving learners with special needs by giving them a specific role when conducting group activities.

Structure of Syllabus

SSS 1	SSS 2	SSS 3
Term 1	**Term 1**	**Term 1**
1.1 Adolescence in the human life cycle 1.2 Puberty 1.3 Personal hygiene 1.4 Body image 1.5 Gender and adolescence 1.6 Gender equality and equity	1.1 Sex and sexuality 1.2 Sexual identity 1.3 Sexual behaviour and response 1.4 Protection of privacy 1.5 Importance of consent 1.6 Values and sexuality	1.1 What is gender-based violence (GBV)? 1.2 Types of GBV 1.3 Strategies to combat GBV 1.4 Transactional sex 1.5 Pornography 1.6 Human and sex trafficking
Term 2	**Term 2**	**Term 2**
2.1 Health and nutrition 2.2 Mental health 2.3 Sexual and reproductive health (SRH) 2.4 SRH rights and human rights	2.1 Reproduction 2.2 Knowing and valuing our sexual organs 2.3 Developing healthy relationships	2.1 Substance abuse and prevention 2.2 Sexually transmitted infections (STIs) 2.3 Risky behaviour and prevention 2.4 Support to people with HIV
Term 3	**Term 3**	**Term 3**
3.1 Concept of life skills 3.2 Self-esteem and self-confidence 3.3 Interpersonal communication skills 3.4 Decision-making skills 3.5 Good and bad peer pressure 3.6 Safe use of information technology	3.1 What is pregnancy? 3.2 Prevention of pregnancy (Part I) 3.3 Prevention of pregnancy (Part II) 3.4 Dangers of unsafe abortion	EXAMS

SSS 1: Lesson 1.1: Adolescence in the human life cycle

Learning Outcome	Learners will be able to: • Define and explain the concept of adolescence in the human life cycle • Explain the links between adolescence and foundations of good health.
Key concepts	Adolescence, puberty, maturity, hormones, health and wellbeing, safe learning environment
What you need	Understanding of your school's child safety protocols Pictures of people at different stages of life – they can be pre-prepared
What you do	1.Ask the learners to recall what they know or have heard about adolescence. List key concepts on blackboard. 2. Explain that you are starting a new syllabus called "Adolescent Health and Life Skills (AHLS)" and tell them about why this is being introduced, using the information in the box. **Adolescent Health and Life Skills** AHLS is being introduced into the senior secondary school curriculum to promote the health and wellbeing of adolescents. By studying this subject, learners will be more equipped to make a safe and fulfilling passage to adulthood. It will strengthen their understanding of self, their emotions and feelings, and teach them about human reproduction. They will develop confidence and acquire, the communication and decision-making skills needed to navigate their way through adolescence, protecting and preserving their health and laying foundations for their future success, happiness and wellbeing. 3. Say that you want everyone to feel comfortable and safe to participate in this class without being judged, mocked or criticized. Remind learners that for this class, what happens in the group stays in the group. 4. Ask learners if they feel safe at school always / sometimes / not at all. Ask them what they should do if they feel unsafe or want to report a problem in school or at home. Make clear the importance of child safety and explain child protection policies and safety protocols in your school. 5. Explain that the first topic is Adolescence. Draw on blackboard or show pictures of humans at different life stages (foetus, baby, child, adult, older adult)  6. Ask the learners to draw themselves at different stages and describe the changes they have observed in themselves from the age of about 12 years.

	7. Call on some of the learners to explain the changes they have drawn. Ask different learners if they had the same changes and how they feel about those changes. 8. Lead a discussion about the changes the learners have identified and their feelings and summarise the concept of adolescence using information in the box below. **Adolescence** Adolescence is a time when children mature into adults. The World Health Organization defines the period of adolescence as 10-19 years, although sometimes physical changes can start even earlier. It is the time when there are **physical changes** in which girls and boys develop adult bodies that can reproduce (make or have babies). Girls and boys also experience many **emotional changes**. Maturity happens because chemicals in the body, called 'hormones' create the physical changes. They also affect our feelings. The World Health Organization (WHO) defines Adolescence as the phase of life between childhood and adulthood, from ages 10 to 19. It is a unique stage of human development and an important time for laying the foundations of good health. What we eat (nutrition) is important in this period and so is caring for one's body parts. It is important for everyone to know: • Body changes, new feelings and sexual desire are normal • Their peers are going through similar feelings and changes • This class is a safe place to learn about adolescent health 9. Ask all learners to note down what adolescence means and why it is important. Call on volunteers to share their answers and check if they have understood well. 10. End the session by explaining that adolescence is a normal and important phase in the human life cycle and the lessons in this syllabus will cover different aspects in detail.

SSS 1: Lesson 1.2: Puberty

<table>
<tr><td>Learning Outcome</td><td>Learners will be able to:
Acknowledge that puberty is a normal and healthy part of adolescence.
Explain and categorize the different types of changes that occur during puberty (e.g. physical, emotional, social, cognitive).
Analyse the social expectations for boys and girls as they reach adolescence.</td></tr>
<tr><td>Key concepts</td><td>Puberty, hormones, attraction, physical and emotional changes, family and societal expectations</td></tr>
<tr><td>What you need</td><td>Slips of paper with one change (either a body change or a change in societal expectations) written on them from the two lists in the boxes below.

<table><tr><td>Changes in the body
Growth in body hair
Increased perspiration
Breast growth (among girls)
Boys produce semen (could cause pregnancy)
Wet dreams (among boys)
Voice changes (among boys)
Increase in overall growth; need for extra nutrition
Increase in sexual feelings
Menstrual bleeding/mucus secretion (among girls)
Girls start to ovulate (could become pregnant)</td><td>Societal expectations (changes in how people treat you)
New opportunities for leadership at school and in the community
Coming-of-age rituals
Changes in responsibilities
New pressures related to sexual activity
New pressures related to marriage
New rules about how to dress
New rules about social mixing between boys and girls
Change in the amount of freedom allowed
Importance avoiding unplanned pregnancy</td></tr></table></td></tr>
<tr><td>What you do</td><td>1.Ask the learners what they know about puberty. Ask what is the difference between adolescence and puberty? Listen to some of their ideas.

2. Explain that adolescence is the period of psychological and social transition, while puberty refers to the bodily changes that occur during the adolescence period.

3. Ask the learners to list the physical, emotional, and social changes that boys and girls experience during adolescence. Refer to the list above to ensure most changes are covered.

4. Explain that many adolescents can feel anxiety about physical changes which are perfectly normal. Discuss the physical and emotional changes (and possible causes of anxiety) from the information below, providing reassurance that changes are normal.

5. Explain that there can be variations in the ages when the changes happen and this can make adolescents anxious. Girls as young as 8 or 9 can start to develop</td></tr>
</table>

breasts or start menstruating. It can also happen later at 14 or 15. Similarly for boys – there's no specific age when the changes occur.

Normal Physical Changes: Boys and Girls	
Boys	**Girls**
Arms, legs, hands, and feet may grow faster than other body parts. Shoulders and chest grow wider. The body becomes more muscular and taller. The voice breaks and becomes deeper.	Arms, legs, hands, and feet may grow faster than other body parts. Girls get taller. Hips get wider. Body becomes rounder (due to weight gain in the stomach, hips, buttocks, and legs). It is unhealthy to go on a diet to try to stop normal weight gain.
Hair grows on legs, chest, face, and underarms. Pubic hair (around genitals) grows and gets curly.	Hair grows on legs, and underarms. Pubic hair (around genitals) grows and gets curly.
It is common for boys to develop swelling beneath their nipples. About 50% of boys have some breast growth, which is normal and goes away in a year or two.	Breasts grow, swell, and may hurt a bit. Breast growth can start on one side but will even out. It is normal to begin wearing bras at different ages.
The testes and penis grow larger. After about a year, a boy may experience ejaculation (release of white milky fluid called semen from the penis). Boys may have erections resulting from sexual desires or for no reason – this is normal. Ejaculation during sleep is called a "wet dream". Many boys are concerned about their penis size; a boy may compare his penis with his friends'. The size of a penis (erect or not) has nothing to do with manliness or ability to father children.	Uterus (womb) and vagina grow. First menstrual bleeding (monthly period) comes 2 or 3 years after breasts start developing. Many girls have irregular periods the first couple of years. Secretion (or discharge) from the vagina is usually white or clear. This is normal; it helps the vagina stay healthy. If discharge is yellow, green or has a bad odour, visit a school nurse or health centre.
Normal emotional changes (both)	
It is normal to have sexual feelings and attraction for someone during adolescence It is normal to feel frustrated, angry, sensitive, misunderstood – these feelings can be caused by hormones that affect moods	

6. **Activity**: Introduce the topic by explaining:
   - *All young people experience changes with puberty and adolescence. Some of these changes are natural physical developments. Others are not physical developments; they are shifts in the way people treat you.*
   - *I will walk around and ask some of you to remove a slip of paper, read it aloud, and tell us if what you are reading is a physical development or a shift in how society treats young people when they reach adolescence.*

	7. Conduct exercise as explained above. [If you have not prepared slips of paper, read the changes aloud, randomly selecting from the two lists.] 8. Facilitate a discussion on the family and social expectations for adolescent boys and girls and the differences in the expectations for boys and girls. You can ask: • *What happens to young people when they reach adolescence? Do people treat them differently?* *Do the societal shifts affect girls and boys in the same way or differently? How?* 9. To check learning, ask learners to give examples of some normal physical changes that occur during puberty. Now ask them to suggest different family and social expectations that occur during the adolescence period.

SSS 1: Lesson 1.3: Personal hygiene

<table>
<tr><td>Learning Outcome</td><td>Learners will be able to:
Reflect on the importance of personal hygiene during adolescence.
Recall daily good hygiene practices.
State the causes and symptoms of body odour and how to prevent it.
Explain why it is important for all girls to have access to sanitary pads and other menstrual aids, clean water, and private toilet facilities during their menstruation.</td></tr>
<tr><td>Key concepts</td><td>Hygiene, body odour, menstruation, menstrual hygiene</td></tr>
<tr><td>What you need</td><td>Hygiene items such as limes, water, soaps, toothbrushes, toothpaste, combs, menstrual pads, razor, shaving stick etc.</td></tr>
<tr><td>What you do</td><td>1. Ask the learners what they understand by the term “hygiene” and collect answers. Ask why hygiene is important, particularly during the adolescence period.

2. Explain that good personal hygiene involves keeping all parts of the external body clean and healthy. It is important for maintaining both physical and mental health.

3. Facilitate a discussion on the daily good hygiene practices (e.g. taking a bath, brushing your teeth at least twice a day, eating clean food and drinking clean, safe water etc.)

4. Explain that body odour is caused by the hormonal changes that come when people start puberty. It can start early for some people and later for others.

5. Discuss different ways to deal with body odour and highlight that constant use of lime before taking a bath can help reduce body odour.

Good practices include:
Wash your body twice a day
Washing your armpits every morning with soap and water/ ashes and water/ baking soda and water / rub with lime
If you shave your armpits, use clean water and do not share razor blades or shaving stick. Wash the razor blade or shaving stick with clean water and soap after use.
6. Discuss best practices for hygiene of the genitals, covering the following:

<table><tr><td>Girls
• Wash genitals with water at least once a day. After toilet, wipe or clean from front to back
• Do not put soap or anything else in the vagina to clean or reduce odour</td><td>Boys
• Wash genitals with soap and water at least once a day
• If not circumcised, be sure to clean under the foreskin
• If you see discharge or have itching, go to a health provider</td></tr></table></td></tr>
</table>

– this can cause irritation and infection • To reduce odour, wash the external parts of the vagina with a little gentle soap (such as African black soap, shea butter soap) and water. Avoid strong soap as this can cause irritation and infection. • If you shave this area, clean with soap and water. Do not share razor blades or shaving stick and do not use razor blades that are old or rusty • If you see discharge that is yellow or green (not clear or milky), go to a health provider. This can be a sign of sickness. • If you have itching, go to a health provider. This can be a sign of fungal infection (not a sexually transmitted infection) or sickness.	• If you see sores or rashes, go to a health provider • If you shave genital hair, do not share razor blades or shaving sticks and do not use razor blades that are old or rusty

7. Introduce the topic of menstrual hygiene. Check learners know that menstruation is girls' monthly bleeding from the uterus. It happens when an egg and the lining of the uterus leave the girl's body through the vagina. It is also called a period.

8. Discuss how girls can practice menstrual hygiene, demonstrate how they can use and dispose of sanitary pads and what they need to maintain a good hygiene during their menstrual period (clean water, private toilets, sanitary pads etc).

Menstrual Hygiene

- Sanitary towels or pads – these are special towels made out of cotton wool. They can be disposable (used once) or reusable. Do not keep the pad on for the whole day - make sure you change at least twice a day or when necessary
- Disposable sanitary towels should be disposed of in covered bins or wrapped in paper towel if bin is not covered.
- Reusable sanitary towels should be washed and dried in the sun. If stained, add a touch of salt.
- Cloths (Pisis) should be changed frequently, cleaned with salt or soap, washed well and dried in the sun.
- If using toilet roll or pieces of cotton wool, take care that bits are not left in the vagina because they can cause infection
- Tampons – these are tubes of cotton wool, which are inserted into the vagina to capture the blood. Tampons must be changed regularly to prevent infection.
- On the last day of her period, girls should check to be sure she does not leave a tampon inside. Using a tampon does not affect a girl's virginity.
- It is important to wash at least twice a day during periods.

	• Girls should drink a lot of water and eat foods such as beans, green vegetables, peas, meat and fish during their period, to replace iron lost in the blood. 9. Ask the boys to think about support they can give to girls during their menstrual periods (for example fetching sanitary pads from the shops, filling up water tanks, being kind etc). 10. **Activity**: In mixed small groups of boys and girls, ask the learners to prepare a short role play (1-2 minutes) of the following scenario: *A girl is at school when her period starts. Some boys are laughing and making the girl feel embarrassed. Then one of the boys tells his friends to stop. He goes out of his way to offer support to the girl (maybe he goes to get a female teacher or the girl's sister or friend to help her).* After 2 or 3 groups have demonstrated their role play, ask the learners how they feel when boys behave more supportively. Who wins? 11. Ask whether there are any improvements to facilities for menstrual hygiene that could be made within this school and collect suggestions (good suggestions should be fed back to school management committee). For example: • Providing sanitary pads consistently • Ensure clean water and soap for handwashing • Improve privacy in girls' bathrooms (doors, curtains etc) • Covered bins for disposing of used pads 12. Check learning by asking learners what are some key ways to reduce body odour. Ask learners to explain some important ways to practice menstrual hygiene / or for boys to support girls.

SSS 1: Lesson 1.4: Body image

Learning Outcome	Learners will be able to: • Respect diversity: acknowledging that all bodies are special and unique and there are variations in size and shapes. • Accept oneself • Explain how the media can negatively influence our ideals of beauty. • Describe the negative impact of some actions to change appearance
Key concepts	Body image, ideals versus reality, confidence, social media
What you need	Paper and markers for learners **Optional**: Pictures of male and female models cut from various magazines
What you do	1.Ask learners what they understand by the term "body image". Ask what experience they have of social media particularly concerning ideals about bodies and physical beauty. 2. Explain that body image can cause adolescents to worry, and that many times we make comparisons to others, whereas every body is unique and normal at the same time. 3. Explain that ideals (in media or wider society) may differ from most people's reality. If appropriate, you can ask learners to bring images of boys and girls in magazines prior to the lesson. 4. Facilitate a discussion on body image. Use the following guiding questions: • *Which factors influence how we feel about our bodies?* • *Do the larger society and the media depict all kinds of body types as attractive?* • *How do you feel when you have to get used to a lot of changes in your body over a fairly short time?* • *Is too much emphasis placed on appearance and not enough on our other qualities?* • *What other positive qualities do people want to have others appreciate?* [Call on girls as well as boys. Probe for: intelligent, honest, good sense of humour, hardworking, courageous, kind, artistic, musical, athletic, generous, fair, good listener, loyal, and other such qualities of **character**. 5. Generate at least eight to ten qualities and write them on the board. Point out that girls as well as boys want to be appreciated for these qualities. 6. Ask learners to take out pen and paper. Tell them: • *Think of something about your own appearance or body that you feel good about. It could be your smile, your eyes, the way you walk, your muscles, your hair, or your height. It could be your body shape, your nose, the way you dance or move, the shape of your face, your arms or legs, your hands, your skin, your dimples, or your lips. Or it could be something else.* • *Just for yourself — you will not be asked to share this — write it down. Write a poetic sentence describing that characteristic, such as "My*

	smile brightens up a whole room." Or "My eyes are deep like the ocean." • *You have five minutes. When you finish, put your writing away in a private place.* 7. Divide learners into groups of five learners per group. Pass out five blank sheets of paper and one marker to each group. Say: • *Remember that we all want to be appreciated for qualities beyond our appearance.* • *Starting with one person in your group, someone will write the person's name at the top of a blank sheet. Then one at a time, each of you in the group will take a turn to tell that person something that you admire about him or her that is* ***not*** *related to the person's physical appearance. It could be any of the qualities that you mentioned earlier [refer to the board] or another positive trait. You may want to consider something about the person that you have not paid much attention to before today.* • *When you name this quality, also write it on the sheet with the person's name and then pass the sheet to another person in your group. Continue until the sheet has gone around the circle.* • *Repeat this process for each of the remaining group members. Take just a couple of minutes to go around the circle for each person.* • *Be respectful; think of new comments rather than repeating what others have said; do not skip your turn. Even if you have someone in your group whom you do not like much, remember that everyone has good qualities. Treat others the way you would like to be treated!* **Important**: This exercise should take 10 minutes (2 minutes per person). Keep time carefully so that everyone has an equal turn. Circulate to keep the groups progressing in a timely and respectful fashion. 8. After the Activity tell learners they may keep their "page of praise." • *You earned it!* 9. Ask learners to share some of the things some adolescents do to change their appearances (bleaching, dieting, eating disorders, piercing, exercise etc,) discuss why do they do those things and what could be the consequences. 10. Remind learners that a healthy body image is feeling happy and satisfied with one's body. It is also about valuing in ourselves and others, qualities besides physical appearance.

SSS 1: Lesson 1.5: Gender and adolescence

Learning Outcome	Learners will be able to: • Understand the distinction between biological differences between boys and girls and gender stereotypes • Describe issues girls and boys face because of their sex. • Reflect on effects of gender stereotyping • Understand how girls and boys, men and women are born equal and have the right to be treated equally
Key concepts	Gender, biological sex, gender stereotypes, gender norms, harmful practices
What you need	N/a
What you do	1.Ask learners what they understand by the term "gender". Ask how is this different to biological sex? **Gender and biological sex** **Biological sex** is whether a person is male or female. Men and women have some physically different characteristics. **Gender** is what society says it means to be a man or a woman. This refers more to social and cultural differences rather than biological ones. 2. Create a debate on the topics below: • Boys are more intelligent than girls. • Cooking and taking care of the home is the sole responsibility of girls. 3. Give learners the opportunity to explain why they agree and disagree with these statements. 4. Explain that statements like the above are gender-stereotypes and show bias that contributes to gender unfairness or gender inequality. Say that most people reject unfairness – which is why it is important that schools teach about gender. **Gender stereotypes or norms** Societal beliefs about what it means to be a man or a woman can change over time. In the past people in many different cultures believed women should not work in professions or government, and men should not bring up children or cook. Today people believe both sexes can do most things that they want to do, which makes society a fairer place for men and women. 5. Read aloud the following list and ask learners to say whether each word applies to males, females or both. *Intelligence, grow human life, courage, greater physical strength, leadership, industriousness, kindness, creativity.*

6. Explain the biological differences between boys and girls (men/boys have greater physical strength; women/girls can grow human life). But all other qualities (intelligence, courage, leadership, industriousness, kindness etc.) have no relation to sex.

Females	**Males**
Ability to grow human life	Greater physical strength
Both	
Intelligence, courage, leadership, industriousness, kindness, creativity etc	

7. Say that even though the list of qualities that girls and boys share is much longer than the list of biological differences, most societies have gender norms (or gender stereotypes) which describe how girls and boys are each expected to behave, in a specific, social context.

8. In pairs, ask learners to list separately society's expectations of boys and for girls. Ask them to think about things like: girls' and boys' roles and responsibilities (what they should do, how they should behave), how they should dress, what age they should marry, how hard they should work, whether they should have boyfriends/girlfriends, how much leisure time they should spend with friends etc.] If time, learners can act out an example of these gender norms through a role play. Discuss the role play and whether the gender norm is fair o not.

9. On the blackboard/flipchart, draw two columns - one for boys and one for girls. Ask learners to call out suggestions from their lists until you have two representative lists of different expectations.

10. Go through the list of gender norms you have written and show how gender norms, disproportionately affect girls, although they can also affect boys. For example:

- "It is girls' responsibility to help with the cooking, cleaning, childcare, wood collection as well as find time for their schoolwork"
- "It is fine for boys to work a short time and then relax with their friends"
- If a girl has sexual urges she will become promiscuous.
- Boys should always be brave and showing feelings is a sign of weakness.
- Men need to earn money to buy things women want.

11. Facilitate discussion on challenges adolescents experience (For girls: female genital cutting, early marriage, etc; For boys: toxic masculinity and violence, higher rates of school drop-out, pressure to earn money for family) and how the gender norms affect their development including their education, health and wellbeing.

12. Remind learners that some traditional practices caused by gender norms are bad for your health and against your rights, such as female genital mutilation, early and forced marriage, or having sex against your will. These are also called harmful practices. Young people have a right to know about the dangers of such practices and to be protected against them.

Female Genital Cutting / Mutilation

Female genital cutting or mutilation (FGC/M) comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons. The practice has no health benefits for girls and women and can result in severe bleeding and problems urinating, and later cysts, menstrual difficulties, infections, loss of pleasure or pain during sex, as well as complications in childbirth and increased risk of newborn deaths.

The practice of FGM is recognized internationally as a violation of the human rights of girls and women. It reflects deep-rooted inequality between the sexes and constitutes an extreme form of discrimination against girls and women. It is nearly always carried out on minors and is a violation of the rights of children. The practice also violates a person's right to health, security and physical integrity; the right to be free from torture and cruel, inhuman or degrading treatment; and the right to life, in instances when the procedure results in death.

In Sierra Leone, some women from FGM practising communities are urging people to abandon FGM while still respecting their culture. They believe the positive aspects of the Bondo Society can be retained while stopping the harmful parts. Some communities adopt alternative rite of passage to womanhood “Bloodless Bondo” where there is no cutting - so girls keep their bodies the way God intended.

13. Ask learners to suggest some changes in norms that have happened in Sierra Leone since their parents were growing up, to demonstrate that it is normal for norms to evolve.

14. Explain that gender norms are perpetuated through religious and cultural beliefs. Say that gender norms are not universal or static change over time. Emphasize the fact boys and girls are born equal and must be treated equally. Both can advance in their education and career.

15. Check learning by asking learners to explain concepts of gender and gender norms or stereotypes.

SSS 1: Lesson 1.6: Gender equality and equity

Learning Outcome	Learners will be able to: • Understand the difference between gender equality and gender equity. • Explain how gender inequality affects girls' rights, wellbeing and development. • Question the fairness of gender roles and demonstrate ways to challenge those practices that are unjust and harmful as a result
Key concepts	Gender equality, Gender equity
What you need	N/a
What you do	1. Ask learners what they recall of the previous lesson and the concept of fairness between genders. 2. Explain the difference between gender equality and gender equity. **Gender equality** ensures that everyone has the same access to education, jobs, and public services. It treats all genders equally, offering the same chances without bias. **Gender equity** focuses on fairness. As a key component of social justice, it recognizes that different genders may face unique challenges. One example may be offering flexible hours to working moms. 3. Facilitate a discussion on how society views girls/women and boys/men - and how these views prevent girls and boys from achieving their potential. 4. Ask the learners to give examples of gender equality and gender equity at home or at school. Write these down and ask whether these are fair. 5. Divide the learners into four groups. Give each group only one of these things to consider: Work, Income, Education, Marriage 7. Say: • *You have to come up with steps to take in this community to change the opportunities and responsibilities for women and men relating to Work (Group 1), Income (Group 2), Education (Group 3), Marriage (Group 4).* • *You have 10 minutes and can choose how to present to the group.* 8. After 10 minutes, have each group present their ideas to the other groups and invite comments on whether they agree and why. 9. Facilitate a discussion on how gender stereotypes and harmful norms can be challenged. Ask learners to think about how they will cascade what they have learnt to others. How will they advocate for gender equality in their homes, at school and among their peers? Emphasise the critical role of boys and men in advocating for gender equality and gender equity.

Term 2

SSS 1: Lesson 2.1: Health and nutrition

Learning Outcome	Learners will be able to: • Understand the definition of health • Explain the importance of different types of health • Understand how regular exercise, rest, and nutrition (eating from different food groups) contribute to good health • Make healthy food choices
Key concepts	Nutrition, food groups, wellbeing
What you need	Home economics lab (if available) or open space
What you do	1.Ask learners what they understand by the term "health". 2. Explain that the World Health Organization defines health as a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity. Tell the learners that mental and physical health are the two most frequently discussed types of health. 3. Explain that regular exercise, balanced nutrition, and adequate rest contribute to good physical, cognitive and emotional health especially during adolescence. **Adolescent Nutrition**: • Nutrition is supplying our body with the foods and vitamins and minerals it needs to grow and be healthy. • Adolescents need to eat well because their bodies, bones, and brains need nutrition at this time of their life. • Adolescents may want to diet – or avoid eating too much to keep thin. This can stunt (limit) their growth for life! • Eating too much of the wrong sorts of food – high in sugar – causes risks of diabetes and cardiovascular disease later in life • When girls are malnourished (don't eat enough of the right foods) and get pregnant, they are at higher risk. • Babies born to malnourished teenage girls are at higher risk. 4. Say that there are different kinds of foods that make our body strong. We have four plus one food groups. Ask learners to name the four groups and examples of foods from each: **Food Groups** 1. **Energy boosters (carbohydrates)** - Provide quick energy, provide warmth, give flavour or sweetener Foods include: Rice, Irish Potatoes, Bread, Cassava, Sweet Potatoes, Pumpkin, Yams, Corn Beans 2. **Body Builders (proteins)** - Promotes growth and repairs body cells, helps fight infection, feeds muscles

Foods include: Meat, Black-eyed peas, Milk (from cows or goats or breast milk), Chicken, Nuts, Cheese, Fish, Sesame (benni), Yogurt, Beans, Lentils, Ice cream

3. **Transporters (fats)** - Transport oxygen in the blood, build new cells, help brain develop, transport vitamins, keep body warm

Foods include: Oil (Palm oil, coconut oil, corn oil, soyabean oil, benni oil, fish oil) Some fish, like eel, mackerel, sardines, Nuts, Milk, Butter, Avocado, Yogurt, Cheese, Mayonnaise, Meat, Ice cream

4. **Body Protectors (vitamins and minerals)** - Help keep skin healthy and smooth, maintain good vision & healthy eyes, keep mouth, ears, nose, lungs and hair healthy, Promote strong bones and teeth

Foods include: Papaya Pumpkin, Cassava leaves, Potato leaves, Orange, Grapefruit, Tomatoes, Bananas, Mangos, Apples, Milk, Carrots, Okra, Peppers, Pineapple, Cucumbers, Radishes, Avocado

Plus 1: Water!
- Needed to make blood, saliva, urine and tears
- Used in digestion
- Keeps mouth and lungs wet
- Keeps skin moist and cool
- Keeps body temperature regulated
- Needed to produce breast milk
- Drinking enough can help support treatment of diseases

5.Explain that unclean water and contaminated food can contain bacteria and parasites which can make you sick with diarrhoea and/or vomiting (D&V). D&V has a negative effect on your nutritional status because nutrients are flushed out of the body. Practising good WASH (water, sanitation, and hygiene) is extremely important for all the family to stay healthy and grow well. Handwashing is one of the most effective things you can do.

6. Say "Remember – to keep healthy, adopt these healthy eating habits:
- Do not skip breakfast
- Eat three meals a day if you can
- Eat foods from the four food groups every day if you can
- Drink clean water several times a day
- Wash hands before eating and after using the toilet

7. **Exercise**: If home economics lab is available in your school, you could add a cooking activity. Plan and prepare a healthy meal using locally available ingredients from all four food groups.

8. Ask the learners to reflect and develop a plan to take care of their nutrition including at least 3 things they will start doing from now on.

SSS 1: Lesson 2.2: Mental health

<table>
<tr><td>Learning Outcome</td><td>Learners will be able to:
Identify signs and symptoms of mental health problems
Explain some of the different mental health issues adolescents face and their causes.
Identify and practise strategies for building resilience
Identify sources of support for mental health problems</td></tr>
<tr><td>Key concepts</td><td>Stress, mental health, resilience, coping strategies, active listening</td></tr>
<tr><td>What you need</td><td>Balloon or elastic (optional), small bucket and stones
Before the lesson you should find out the sources of support in your school for learners with a mental health problem – e.g. guidance / counselling units</td></tr>
<tr><td>What you do</td><td>1. Ask learners what they understand by the term “mental health”. Facilitate a discussion on the different types of mental health issues adolescents face (peer pressure, stress, substance use, depression, etc.).

2. Use a balloon or elastic to demonstrate the idea of “stress”. Pull the elastic until it is ready to break or blow up the balloon until it is ready to pop. BE SURE YOU DO NOT POINT THE ELASTIC TOWARD PEOPLE! Use this activity to show how too much pressure or “stress” can affect a person. Think about how you will explain “stress” in the local language.

Stress
Stress is emotional or physical strain or pressure that comes from difficult situations. In Krio, some people say, “wen yu tot load way pas yu yone ed”.

3. Activity: use a small bucket or container filled with water and stones. Ask learners to put a stone in the water when they name something that causes them stress. At some point, the water will spill over the top of the bucket. If needed, prompt for more causes of stress. Examples may include:

Hungry and there is no food
Someone dies
No money for school fees
Disease in the community spreading, like Ebola or Cholera
No money for medicine
Too many people living in the house
Discrimination (shunning)
Someone harassing me
Pressure to have sex
Unwanted pregnancy
Disability
Problems with friends
No money for menstrual pads or pisis
Sickness

Explain that just as the bucket overflowed, sometimes stress can feel like “too much”.

4.Ask learners what signs or symptoms might suggest someone is stressed or suffering from a mental health problem and check points below are covered.

Possible symptoms of mental health problems
Withdrawn
Overly anxious
Often angry
Not attending school
Not enjoying things that were previously enjoyed</td></tr>
</table>

Sad / tearful

5.Ask learners to suggest what people do to cope when they feel too stressed.

Possible coping Strategies	
Listen to music	Sing
Talk to a friend	Talk to the imam or priest
Go for a walk	Play football
Talk to a parent	Get some exercise
Talk to an auntie	Want to be alone

6. **Activity**: Teach the group a deep breathing exercise. Say:
"Sometimes we can help ourselves feel better through something very simple: breathing.
"I want everyone to put your hands on your stomach so your fingers meet in the middle.
"Now, take one big breath in, and fill your stomach with air.
"Now breathe out – pushing the air from your stomach.
"Did your hands move? If your hands are not moving, take a bigger breath and focus on filling your stomach with air.
"Take a big breath in and fill your stomach with air, so you push your hands out. Stop. Now, push the air out again. Do this ten times.
"Sometimes focusing on our breathing can help us feel calm. You can do this anywhere or anytime. Remember to do at least ten breaths.

7. Explain that when we focus on our breathing, it gives our brains a rest.

8. Say that you are now going to talk about what we can do when someone we care about is feeling stress. Sometimes the best thing we can do is to listen. "Active listening" is the best type of listening.

9. On the blackboard write down the steps of active listening:
Listen; Repeat what you heard; Listen again; Repeat and show you understand

10. Divide the learners into pairs and ask them to take turns using role play to practice active listening. One person should tell the other about a problem (it can be made up or real) and their partner should listen actively and show they understand.

11. Ask learners to feedback how they felt when they were actively listened to. Conclude the lesson with a reminder of where people can go to for help within the school or community if they are experiencing stress or other problems they need help to manage.

Sources of support in school / community	
Child welfare committee member	A teacher you trust
School counsellor	Health provider
School mentor	

SSS 1: Lesson 2.3: Sexual and reproductive health

Learning Outcome	Learners will be able to: • Explain the concept of sexual and reproductive health • Reflect on how adolescents can protect their sexual and reproductive health • Seek timely medical care for reproductive health concerns • Advocate for policies and practices that promote sexual and Reproductive health and Rights
Key concepts	Sexual and reproductive health, comprehensive sexuality education
What you need	Prior research on locally available adolescent-friendly services sexual and reproductive health services Guest speaker from UNFPA, WHO or Ministry of Health (optional)
What you do	1. Ask the learners if they have heard about sexual and reproductive health. If yes, ask them to share their understanding of this concept. 2. Explain the World Health Organization (WHO) definition of sexual and reproductive health (SRH) using local terms: The WHO defines sexual and reproductive health as "*a state of physical, emotional, mental and social well-being in relation to sexuality and reproduction; it is not merely the absence of disease, dysfunction or infirmity.*" In everyday life, this means that people are able to have satisfying and safe sex lives, to have healthy pregnancies and births, and decide if, when and how often to have children. Sexual and reproductive health services cover a broad range including contraception, fertility and infertility care, maternal and perinatal health, prevention and treatment of sexually transmitted infections (STIs), protection from sexual and gender-based violence, and education on safe and healthy relationships. 3. Discuss sexual and reproductive health issues adolescents face in Sierra Leone (see box below) **Adolescent Sexual and Reproductive Health** For millions of young people around the world, the onset of adolescence brings not only changes to their bodies but also new vulnerabilities to human rights abuses, particularly around sexuality, marriage and childbearing. Millions of girls are coerced into unwanted sex or marriage, putting them at risk of unwanted pregnancies, unsafe abortions, sexually transmitted infections (STIs) including HIV, and dangerous childbirth. Adolescent boys are at risk, as well. Young people – both boys and girls – are disproportionately affected by HIV. Sexually Transmitted Infections (STIs) are infections that are passed from person to person through sex.

	4.Debate on what the government is doing to protect adolescents' sexual and reproductive health. Ask learners to call out suggestions of what is being done to protect them. Ask whether they think this is adequate and what else they feel is needed. 5.Discuss the role of sexuality education to equip adolescents in making healthy choices. This Adolescent Health and Life Skills curricula is an example of comprehensive sexuality education! 6.Optional – ask the learners to debate the pros and cons of teaching comprehensive sexuality education. What are the benefits? Why might some people in society not think it is a good idea? What positive social norms exist which support sharing accurate information to protect adolescents? **Comprehensive sexuality education** is a curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality. This enables young people to protect and advocate for their health, wellbeing and dignity by providing them with accurate knowledge and skills relating to sexuality, reproduction and healthy relationships that is appropriate for their age and culture. It is a precondition for exercising full bodily autonomy and making informed choices about sexual and reproductive health and rights. It builds on and promotes an understanding of universal human rights, gender equality, and the rights and empowerment of young people, and is vital for advancing health outcomes and gender equality. Including this in the school curricula ensures young people have access to accurate information and develop skills to realise their sexual and reproductive health rights, protect their health and advance gender equality. 7. Optional - invite a resource person from UNFPA, WHO, Ministry of Health, or a local NGO to give a talk on the issue. Whether or not you have a guest speaker, give learners information on where they can go if they have a problem or concern relating to their sexual and reproductive health. 8. Ask learners to develop a personal plan for their sexual and reproductive health and well-being. 9. Check learning by asking learners what they have learnt that was new for them about SRH.

SSS 1: Lesson 2.4: Sexual and reproductive health rights and human rights

Learning Outcome	Learners will be able to: • Understand what is meant by sexual and reproductive rights • Identify human rights instrument that protect the sexual and reproductive health rights of adolescents • Advocate for the sexual and reproductive rights of adolescents.
Key concepts	Sexual and reproductive health rights, consent, sexual and bodily integrity
What you need	N/a
What you do	1.Ask the learners what is their understanding of rights and then of sexual and reproductive health rights? Collect ideas. **Rights** Rights are things or protections that are fair for a person to have, to do or to get. Usually, rights are protected by law. Examples of rights are right to life, right to equality and non-discrimination, right to decide the number and spacing of children. 2. Explain that sexual and reproductive health rights are human rights. Various declarations adopted by practically all of the world's nations within the United Nations confirm the diverse and rich nature of reproductive rights. 3. Ask learners, in pairs, to identify sexual and reproductive services young people have the right to access. Collect suggestions and agree on a full range of SRH services. **Sexual and Reproductive Health Rights** Access to sexual and reproductive health services is a human right and should be available to all people throughout their lives. This not only contributes to improved health outcomes, but also to gender equality and wider development. Article 14 in the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa specifically refers to the right to sexual and reproductive health. Sexual and reproductive health services refers to a broad range of services that cover access to: contraception, fertility and infertility care, maternal and perinatal health, prevention and treatment of sexually transmitted infections (STIs), protection from sexual and gender-based violence, and education on safe and healthy relationships. All adolescents have the right to make their own free and informed choices and to have control over their sexual and reproductive health and lives, free from coercion, violence, discrimination and abuse. 4. Facilitate a discussion on how the sexual and reproductive health rights of adolescent girls and boys are violated, and why this happens.

Ways in which SRH rights are violated

Young people face barriers to reproductive health information and care.

Even those able to find accurate information about their health and rights may be unable to access the services needed to protect their health.

Girls and young women, in particular, are often denied the ability to exercise SRH rights. For example, if a young person does not consent to engage in a sexual act, or is too young to consent, his or her rights have been violated.

Gender inequality and discriminatory social norms mean that girls and young women often lack the voice, agency and autonomy to make their own decisions in relation to their sexual and reproductive health.

This can leave them vulnerable and unable to protect themselves from unwanted pregnancy and sexually transmitted infections (including HIV), as well as from complications related to pregnancy and childbirth.

Girls and young women are frequently subjected to serious human rights violations, including coerced sex, sexual violence and harmful practices, such as female genital mutilation/cutting and early and forced marriage.

Harmful practices such as FGC/M denies women the right to a satisfying and safe sex life for their whole life.

5. Discuss how young people like them can defend their sexual and reproductive health rights. Explain that "Advocacy" means to stand up for your rights or the rights of others. Sometimes it means to "fight for your rights," but this does not mean using violence.

Where can women and girls get help?

- The Sierra Leone Police (SLP) and the Family Support Unit (FSU)
- Marie Stopes Clinic
- NGOs like Save the Children, Concern, Rainbo Centers, GOAL, Restless Development, BRAC, and others – find out which ones are active in your area
- Chiefs and Mammy Queens
- Traditional Birth Attendants (TBAs)
- Child Welfare Committee
- Local Council, Ward Committee, possibly the teen Leader or Representative
- PHU, Community Health Workers, Hospital
- School Management Committee (or the teachers recently trained on PSS)

6.Check learning by asking learners to provide a summary of what they understand by "rights" and what they understand by "sexual and reproductive health rights".

SSS 1: Lesson 3.1: Concept of Life Skills

<table>
<tr><td>Learning Outcome</td><td>Learners will be able to:
Explain the concept of life skills
Appreciate the fact that life skills help make healthy decisions
Recognise psychological skills to deal with adversity
Understand the different components of life skills</td></tr>
<tr><td>Key concepts</td><td>Life skills, critical thinking, aspirations, values</td></tr>
<tr><td>What you need</td><td>Case study cards – applying life skills</td></tr>
<tr><td>What you do</td><td>1.Ask the learners if they have ever heard of the term “life skills”? Ask what do we mean by life skills?

2. Say that life skills are skills we need to stay healthy, be successful, and reach our goals in life. An example is planning. To be healthy, successful and reach our goals, we need to plan.

3. Ask the learners to list some of the skills they think they need to navigate everyday life. Keep asking until you get most of the answers below.
<table>
<tr><th colspan="2">Life Skills</th></tr>
<tr><td>Thinking</td><td>Ability to get and keep a job</td></tr>
<tr><td>Deciding</td><td>Keeping clean and healthy</td></tr>
<tr><td>Protecting yourself from violence</td><td>Healthy relationship with family</td></tr>
<tr><td>Protecting yourself from disease</td><td>Healthy relationship with friends</td></tr>
<tr><td>Protecting yourself from pregnancy</td><td>Respect for self</td></tr>
<tr><td>Planning</td><td>Respect for others</td></tr>
<tr><td>Communicating</td><td>Goal-setting</td></tr>
<tr><td>Responsibility</td><td>Helping others</td></tr>
<tr><td>Organizing</td><td>Knowing your rights</td></tr>
<tr><td>Family planning</td><td>Good Parenting</td></tr>
</table>
4. Ask the learners to reflect on World Health Organization (WHO) definition of life skills below:

Life Skills
Life skills are a group of psychosocial competencies and interpersonal skills that help people make informed decisions, solve problems, think critically and creatively, communicate effectively, build healthy relationships, empathize with others, and cope with and manage their lives in a healthy and productive manner.

5.Give out case study cards (or read aloud) the following three examples:
A is a 25-year-old woman. When she was at school, as there was no electricity in her house, she got up early to study in the daylight. She persuaded her parents to allow her to go to university. She delayed starting a family and became a doctor so she could cure people of disease. She has now built a good house for her family.</td></tr>
</table>

- *B is a 32-year-old man. 5 years ago he paid a bribe to allow him to acquire some land and has given fake job references to enable him to be awarded contracts. He has become wealthy and married a beautiful wife.*
- *C is a 30-year-old man. His family was poor, but he started a small business selling nutritious snacks. He has done research to find the best sort of food to grow even with a changing climate. He treats his employees well and is now expanding the business.*

6.Ask the learners to identify all the life skills in the examples that contributed to success. Ask which are associated with positive values. Explain that to earn someone's respect, life skills need to go hand in hand with good values.

ANSWERS: life skills that were used in success

A	B	C
Problem-solving, negotiating, goal-setting, decision-making, getting a good job, helping others etc.,	"Success" is not due to life skills but to corruption and deceit. This type of "success" can be easily lost because it is not based on life skills and not earned.	Determination, motivation, goal-setting, planning, organizing, helping others etc.,

7.**Activity**:

- Sit in a circle.
- Ask each person to say the name of someone they admire (like and respect) and say why. It is important to focus on values, and not things like physical qualities or jobs.
- If a learner says she admires someone because she is an engineer, ask WHY she admires someone for being an engineer – Because she studied? Because she invents new things? You want the learners to think about WHY they admire someone.
- Continue until everyone has identified one person and the reason WHY they admire them
- Finally ask the learners to think about which life skills were relevant to the reasons given for people they admired.

8. Explain that there are different types of life skills. The following will be explored during this term: 1) Self-esteem and self-confidence 2) interpersonal and communication skills 3) critical thinking and decision-making skills, 4) dealing with peer pressure and 5) safe use of new technologies. Developing healthy relationships will be covered next year.

SSS 1: Lesson 3.2: Self-esteem and self-confidence

Learning Outcome	Learners will be able to: • Explain self-esteem and self confidence • Appreciate the role of self-esteem and self-confidence to lead a healthy life • Identify ways to improve self-esteem and confidence.
Key concepts	Self-esteem, self-confidence, low self-esteem, self-awareness, motivation
What you need	N/a
What you do	1. Ask the learners to define self-esteem and self-confidence. Build on their definitions using the information below. **Self-esteem and self-confidence** Self-esteem refers to whether you appreciate and value yourself and self-confidence is your belief in yourself and your abilities. This can change depending on the situation. It's normal to feel quite confident in some circumstances and less confident in others. A healthy amount of self-esteem is necessary to have the self-confidence to meet life's challenges and participate in things you find enjoyable and rewarding. 3. Exercise: • Divide the group into pairs. • Say "I want everyone to tell your partner five qualities you like about yourself." • Ask for an example. • If no one understands, use yourself as an example – say your name and say something you like about yourself – "My name is Aisha, and I am a good listener." • Be clear that you are not talking about things they like or things they like to do, but qualities like patience, honesty, good listener, etc. • Give them about 10 minutes to do this. • Remind them to be good listeners, and to remember what has been said. • Bring everyone back together in the circle and ask for a volunteer to tell one of their partner's qualities. • Ask them to say how these qualities can be helpful in life. • You may need to give examples, like, "Momitu is helpful – that is a good quality in a friend." Or "Osman speaks four languages. That will surely help him find work." • Continue this process as time allows, trying to get everyone to report on the qualities of their partners, and how that can help them in life. Note: It is very important to make the link between the quality and its role in life to help build self-confidence. 4. Ask learners what they understand by self-awareness. Explain that self awareness is about being aware of one's strengths and one's limitations.

Facilitate a discussion on the signs (and consequences) of high self-esteem and low self-esteem.

Low self-esteem / low self-confidence

Many people experience low self-esteem or low self-confidence. Some are only affected in particular situations, but for others it can be restricting or debilitating.

If you have low self-esteem or low self-confidence, you may find that individual negative or disappointing experiences affect how you feel about yourself. This can cause a self-perpetuating cycle of negative thinking where negative expectations for the future discourage you from trying.

For example, if you're lacking self-confidence and receive a low mark for an assignment, you may think, "What else could I expect? I'm stupid. This proves it, and I might as well leave."

Low self-esteem may cause you to develop a strong critical internal voice (an 'inner critic'). This inner critic can cause significant personal distress by contributing to feelings of sadness, anxiety or anger.

Over-confidence

Some people exhibit over-confidence – which may lead to them having an inflated view of their own abilities. This might come across as arrogant to other people, and might prevent them putting in the effort required and lead to disappointment down the line.

Healthy self-esteem and self-awareness

If you have healthy self-esteem and receive a low mark, you may think, "I wonder where I went wrong? I'll find out so that I can do better next time." Although you may feel disappointed by the low mark, you don't feel diminished as a person.

Good self-awareness means people have neither low self-confidence or over-confidence, but a balanced view of themselves, knowing their strengths, weaknesses, feelings and values. People with good self-awareness are more likely to want to strive to improve.

5.**Exercise**: Ask the learners to prepare a role play, in small groups, demonstrating either someone with low self-esteem/low self-confidence or someone with over-confidence. The role-play should include the negative consequences of the low self-esteem or over-confidence. Now ask the learners to repeat the same scenario role play but this time with the main character displaying healthy self-esteem and good self-awareness. Facilitate a discussion on what was differ

6. Ask the learners if they have heard of coaching or mentoring. Explain these concepts.

Coaching and Mentoring

	Coaching and mentorship are one-on-one (or sometimes group) support from trusted individuals to help you think about and follow a chosen path. Coaching might be provided by someone who brings expertise in a specific field and provides some level of guidance or instruction. Mentoring might be provided by a role model who simply helps you make decisions. Coaches and Mentors can be informal or formal e.g. • Semi-regular chats with a neighbour about your intended career (informal) • Weekly sessions with a guidance counsellor to support you to stay in school (formal). Even successful businesspeople sometimes rely on coaches or mentors to develop themselves to be their very best! 7. Ask the learners to think about what they want to achieve for their life and describe how they will develop their self-esteem, self-confidence and self-awareness to reach their goals. Ask them to think about possible strategies for improving their own self-esteem and self-confidence. Is there anyone they might reach out to provide coaching or mentoring? 8. Ask learners to share what they have learnt about self-esteem, self-confidence and self-awareness.

SSS 1: Lesson 3.3: Interpersonal communication skills

Learning Outcome	Learners will be able to: • Identify the differences between verbal and non-verbal, healthy and unhealthy communication • Demonstrate effective ways to communicate wishes, needs and personal boundaries, and listen and show respect for that of others • Apply effective communication, negotiation and refusal skills they can use to counter unwanted sexual pressure
Key concepts	Interpersonal communication, mixed messages, verbal and non-verbal communication, empathy, active listening, conflict resolution
What you need	N/a
What you do	1.Ask the learners what they understand by interpersonal communication skills. 2. Explain that interpersonal skills are behaviours that help you interact with others effectively, in the workplace, school, or in the larger world. Say: "*Sometimes we think we are sending clear messages, but it does not work well. People misunderstand us. Communication takes at least two people. Misunderstandings can happen between the sender and the receiver. Sometimes we unintentionally give mixed messages*." **Mixed Messages** A mixed message sends more than one message at the same time. It may say yes and no at the same time. For example, if I say, "I don't want to go with you," and then I take your hand and walk with you, I am sending a mixed message. 3. Say "*We can use our voice to show our feelings. This is one powerful way to communicate*." Ask "*How else do we communicate*?" and collect ideas (e.g. facial expressions, body language, gestures, actions, written messages etc). 4. Explain that interpersonal communication covers verbal and non-verbal communication, and that interpersonal communication skills are important to have positive relationships with people and to make good decisions. 5.Ask the learners what "empathy" means. Explain that empathy is the ability to see things from the other person's point of view. It needs good listening skills to understand what the other person is thinking or feeling. 6.Ask for a volunteer. Ask the volunteer to face you and tell you about himself or herself for about 3 minutes. Your job (the facilitator) is to act out **bad** listening skills. As the teen speaks, you: • Cross your arms • Look away • Tap your foot • Yawn • Look at your mobile phone • Interrupt

• Start talking about something else

7.Ask "*Was I a good listener?*" If no, ask "*why not*?" Discuss good listening skills with the group.

Good Listening Skills

1. Look in the eyes of the other person with respect
2. Ask questions to show interest or if you don't understand
3. Be patient
4. Relax
5. Don't do other things (like look at your phone or other people)
6. Nod to show you understand

8. Explain that there are different communication styles and explain these: assertive (active or firm), passive (too quiet) and aggressive (pushy). Say that it is possible to learn techniques to use active communication so that you can stand up for yourself without being pushy.

Different Communication Styles

1)Assertive (active, firm)

- You stand up for your rights without putting other people down (Yu ebel tok).
- You look people in the eyes with respect
- You can say "yes" when you want to and "no" when you want to
- You can say how you feel, what you want and what you need

2) Passive (too quiet)

- You do not stand up for your rights or what you need (Yu shem for tok).
- You give in to what other people want, even when you don't think it is right.
- You keep quiet when something bothers you.
- You find it difficult to look people in the eye

3) Aggressive (pushy)

- You stand up for your rights, but don't care about other people's rights (Fityay).
- You make demands / are pushy.
- You don't take time to hear what others have to say or how they feel.

9. Ask for two volunteers to do a role-play.

- Tell the girl to play Kariatu's role and behave too quietly. Tell the boy who plays Abu Bakarr to behave aggressively. Be sure they understand how to communicate for this role-play.
- Tell them the situation, so the others cannot hear.
  "*Kariatu is 16 years old. She has been dating Abu Bakarr, who is 19 years old for 6 months. They like to go to parties and dance. They like to kiss and hold hands. For 3 months Abu Bakarr has been telling Kariatu*

	he wants more. Tonight, Abu Bakarr has decided it is time for them to do the mami-dadi business. Kariatu does not want to, but does not want to lose Abu Bakarr." • Introduce the actors and tell their ages, then ask the volunteers to start the role play while the others watch and listen. • After the role-play, ask the girl who played "too quiet Kariatu" how she felt. Ask the boy who played "aggressive Abu Bakarr how he felt. • Now ask for two other volunteers. Take them off to the side and tell them both to do the same role-play, but both to communicate **actively** (standing up for rights in clear but respectful way). • After the second role play, ask the group "How did Kariatu communicate this time?" and "How did Abu Bakarr communicate?" • Ask each of the role-players, "How did it feel to communicate that way?" • To the group, ask: What was the difference in the two situations? What did Kariatu / Abu Bakarr do or say in each situation? • Ask "Is it hard to communicate actively? If so, why?" 10. Say that good listening skills, showing empathy and active communication are both important for conflict resolution. Emphasize the importance of saying no if you are not ready for something. Give these good interpersonal communication tips. **Good interpersonal communication tips when saying no** • Start sentences with "I". (e.g. I feel I am not ready…) • Say what you want, feel or need. • Consider what the other person wants, feels or needs. • Look in the eyes of the other person with respect. • Be sure your voice and your body are saying the same things! • Remember, you have to take care of yourself!

SSS 1: Lesson 3.4: Decision-making skills

Learning Outcome	Learners will be able to: • Acknowledge that decision making skills are a part life skills. • Describe the main steps in making informed decisions. • Understand that decisions about sexual behaviour can affect people's health, future and life plan. • Recognize that poverty, gender inequality and violence can all influence decision-making about sexual behaviour.
Key concepts	Critical thinking, consultation
What you need	N/a
What you do	1.Ask the learners to think about an example of a decision they have made in the last week. Ask them to think about the process involved. Ask them why making a good decision in this case was important? 2. Explain that decision making is the process of making choices by identifying a decision, gathering information, and assessing alternative choices. Explain 6 critical thinking steps. **6 Critical Thinking Steps** 1. Stop and think – What is the problem, situation or goal? (STOP) 2. What do you need to know? Information (WHAT) 3. Where can you find real answers? (WHERE) 4. What will happen? (Wetin go bi?) (CONSEQUENCES) 5. Look at the answers and what could happen. (CONSIDER – "How do you see it?") 6. CHOOSE (Pick) 3. Divide the learners into 2 groups: girls and boys. For the girls, ask for volunteers for each of the following roles. Aisha - Policewoman - Teacher - Best Friend - Parent - Auntie - Pastor/Imam – Nurse 4. Say "*Aisha must decide what to do using the critical thinking steps. She can talk to any of the other people who have roles. If she talks to a person, that person should ask Aisha questions to help with her decision. She must then make her decision and tell her group. The group can discuss if they think she made the right decision*." 5. Now tell them Aisha's situation: "*Aisha is 16 and has been seeing Morlai for six months. Morlai is 19.* *She has never had a boyfriend before. Two months ago, Morlai started asking Aisha to have sex. He says that if she loved him, she would. Aisha is afraid of what could happen but also does not want to stop seeing Morlai.*" 6. For the boys, ask for volunteers for each of the following roles.

	Momo - Friends - Uncle - Gang Leader - Taxi drivers - Street Child - NGO worker - Pastor/Imam 7. Say "*Momo must decide what to do using the Critical Thinking Steps. He can talk to any of the other people who have assigned roles. If he talks to a person, that person should ask Momo questions to help with his decision. Momo must then make his decision and tell his group. The group can discuss if they think he made the right decision*." 8. Now, tell the boys Momo's situation: "*Momo is 17 and lives on the streets in Belgium (Freetown). His parents died during the war and he has lived with different relatives but was thrown out of his uncle's house after a dispute. He knows how to drive and would like to be a taxi driver. He needs a lot of money to pay for a driver's license and to get a place to live. His friends and the gang leader want him to steal a computer to sell so he has enough money.*" 9. Ask everyone to stop after about 15 minutes and bring them back together. 10. Ask 'Aisha' to tell the whole group her situation and what she decided to do. Ask the following questions (10 minutes): • What does Aisha need to know before she can decide what to do? • Who is responsible? • Where can she get trusted information? • Who did she talk to? Who else could she have talked to? • Who cares about what happens to Aisha? Who does her decision affect? • What do you think the consequences were for her decision? • What would the consequences have been if she made a different decision? • Did she use all the critical thinking steps? If not, which ones did she leave out 11. Ask 'Momo' to tell the whole group his situation and what he decided to do. Ask the following questions (10 minutes). • Does the group think Momo has any choices? Why or why not? • What information does Momo need to make a good decision? • Where can he get trusted information? • Who did he talk to? Who else could he have talked to? • Who cares about what happens to Momo? Who does his decision affect? • What are the consequences of his decision? • What would the consequences have been if he made a different decision? • Did he use all the critical thinking steps? If not, which ones did he leave out? 12. Facilitate a discussion on how gender inequality, poverty, wealth, power and economic inequalities, violence, or position in society etc. can influence decision making. Ask the learners to reflect on the pressures that Aisha and Momo faced. Point out the importance of consultation with others to help good decision-making. 13. Ask learners if they recall the 6 critical thinking steps discussed at the beginning of the session and to think about how they might use these in any forthcoming decisions in their lives.

SSS 1: Lesson 3.5: Good and bad peer pressure

Learning Outcome	Learners will be able to: • Perceive that peer influence can be good and bad. • Identify ways to counteract negative peer pressure. • Stand up for her/his values. • Refuse to do something that they don't want to do.
Key concepts	Positive peer pressure, negative peer pressure
What you need	N/a
What you do	1. Ask the learners to define peer pressure – both positive and negative). Ensure they correctly understand the meanings. **Positive and negative peer pressure** Peer pressure means feeling like you must do something because people around you want you to or expect you to. Peer pressure can be positive (let's study! let's exercise! let's eat healthy! etc,) Peer pressure can be negative (let's take drugs, let's drink alcohol, let's have sex etc). Positive peer pressure makes you feel good and happy while negative peer pressure can make you feel uncomfortable. 2. Ask the learners to each list 3 things they do or might do because of positive peer pressure. Ask them to think about who are the good influencers in their lives? (parents, siblings, friends, elders, teachers etc) 3. Say "*Being able to resist negative peer pressure is important in healthy relationships. We are going to learn five steps to help us say no*." Write the 5 steps on the black board. **The 5 steps**: 1. When you… (say clearly what it is you don't like) 2. I believe… (say what you believe) 3. And I feel…(say how it makes you feel) 4. And it makes me want to … (and how you react) 5. But I still want to … (tell the other person you want to work things out) 4. **Exercise**: Say that you will do a role-play to demonstrate using the 5 steps to say no. Explain the following situation to the whole group: Issa is pushing Posseh to have sex and she does not want to (change the names if you prefer). *Issa says to Posseh:* *When you push me to have sex, I believe you don't love me and only want sex*

	Issa, I feel like you don't respect my feelings when you keep pressuring me. When you do this, it makes me want to stop seeing you. The answer is no. But I still love you. I hope we can find a different way to be loving and close together." 5.Ask the group to observe and then comment on the role-play? Who has control of this conversation, Issa or Posseh? 6.Now say Posseh's lines again but this time pause and say which step you are on *"When you push me to have sex (step 1)* *I believe you don't love me and only want sex (step 2)* *I feel like you don't respect my feelings when you keep pressuring me (step 3). When you do this, it makes me want to stop seeing you (step 4).* *The answer is no. But I still love you. I hope we can find a different way to be loving and close together. (step 5)"* 7. Divide the learners into pairs. Ask each pair to discuss a situation where one person wants the other person to do something, and the other one does not want to. Tell them to role-play the situation and try to use the 5 steps. Give them 5 minutes. Then ask them to stop and reverse roles. Give them 5 more minutes. 8. Explain to the learners that they should always be in control of their lives, develop self-confidence and never yield to any pressure from anyone unless they find it positive. 9. Ask them what Issa should do if Posseh kept trying to force her to have sex. For example she could say: "Please Issa, don't force me, if you do, I will report you to the teacher mentor". 10. Say "*As we become adults, we are responsible for ourselves. When we are responsible, we stand up for ourselves. We send clear messages, even when we need to say no*." Yielding to negative peer pressure can damage our self-esteem/identity, whereas surrounding ourselves with good influences boosts our self-esteem and self-discipline. 11. Facilitate a discussion on how they can deal with the pressure to have sex if they do not feel ready, or consume alcohol or use illicit substances. Check learners have understood and can use the 5 steps to resist negative peer pressure, and know they can escalate to their teacher or another authority if the negative peer pressure continues.

SSS 1: Lesson 3.6: Safe use of Information Communication Technology

Learning Outcome	Learners will be able to: • Acknowledge that social media has many benefits but can also result in unsafe situations or violations of law. • Illustrate ways that the Internet, cell phones and social media can be sources of unwanted sexual attention. • Analyse strategies for using social media safely, legally and respectfully.
Key concepts	ICT, Cyberbullying, cyberstalking, revenge porn, computer viruses
What you need	Mobile phone (Optional)
What you do	1.Ask the learners how many of them are familiar with internet and social media and what forms of social media do they know? Explain that information, communication, technology (ICT) refers to the use of digital channels for communication and sharing of information. It covers the internet and all forms of social media such as Instagram, TikTok, YouTube, WhatsApp. 2. Explain that internet and social media use can have benefits such as facilitating research. However, there are also some dangers associated with it (addiction, distracting them, disrupting their sleep, and exposing them to bullying, rumour spreading, unrealistic views of other people's lives and peer pressure). **Keeping safe (avoiding dangers) online** In order to keep yourself safe, you need to know about the different types of online dangers that exist. Here are some of the places where kids and teens might be at risk: **Instant messaging and chat** – it's possible to be contacted by a cyberbully or criminal through IM or chat. If someone is harassing you, you can choose to block messages from that person. **Computer games** – Many computer games have built in chat making it possible for cyberbullying to occur. **Texting** – Just like IM and chat, it's possible to receive unwanted messages on your mobile phone. **Email** – Email is widely used so it's a popular tool for different types of scams. It can also be used by cyberbullies and online predators. **File sharing networks** – many of the files contain viruses that can infect your device **Software downloads** – Downloaded software can contain viruses or other malware than corrupt your device **Social networks** – Sites like Facebook give you opportunity to share information about yourself. As a result, people may share too much information. Before you post anything, ask yourself whether it could harm your (or anybody else's) reputation. You should not publicly share your

address or phone number. Only post something online if you are comfortable with everyone in the world seeing it.

Bad websites (pornography etc) – it is possible to accidentally encounter a bad site, even if you did not go looking for it.

Embarrassing images and revenge porn – Once images are uploaded to the internet you have no control over them. They remain even if deleted as others may have downloaded them. Think twice before allowing intimate photos to be taken and shared digitally. It is possible that when a relationship ends, a previous partner gets revenge by sharing compromising images. Future employers may check social media to get a full view of a candidate before hiring.

If you encounter a problem, it is always better to talk to an adult you trust – your parent or a teacher – to help you deal with the problem. Most adults understand it is not the kid's fault and will want to protect you from dangers.

3. Explain that aside from dangers, there can also be negative pressure of spending too much time on social media, for example comparing yourself to others, unrealistic body images etc. There are also physical risks to your body when too much time is spent looking at screens.

Physical problems

Whenever someone uses a computer, there is a risk of eye strain, wrist strain and other injuries.

Too much time spent looking at a mobile phone often causes neck strain and hunched shoulders.

Too much screen time can also interfere with healthy sleep.

You can help prevent this by limiting the amount of time you spend on computers and mobile devices, and sitting with a good posture when you are on a computer or screen.

4. Facilitate a discussion on preventive measures to protect oneself against the dangers and negative consequences of internet and social media.

5. Either individually or in small groups, ask the learners to define and write their own safety rules while using internet or social media. Check learning by asking the learners to share their safety rules / strategies.

SSS 2: Lesson 1.1: Sex and sexuality

<table>
<tr><td>Learning Outcome</td><td>Learners will be able to:
Recognize that people are sexual beings throughout their life cycle.
Understand that sex and sexuality is much more than sexual feelings and sexual intercourse.
Acknowledge that it is natural to be curious and have questions about sexuality.</td></tr>
<tr><td>Key concepts</td><td>Sex, sexuality, love / lust</td></tr>
<tr><td>What you need</td><td>N/a</td></tr>
<tr><td>What you do</td><td>1.Introduce the lesson by telling the learners that they are going to explore what is sex and sexuality, a subject that is often considered taboo. Acknowledge that it is normal for teens to feel a little embarrassed or uncomfortable as we do not often have serious discussions about sex.

2. Write the word SEX in a circle in the middle of the blackboard and ask the learners to shout out all the words that they think are associated with the word SEX (words not sentences).

3. Ask them to share their definition of sex from the exercise.

Explain that when most people hear the word ‘’Sex’’ they think of sexual intercourse and other kinds of sexual physical activities. However, sex and sexuality goes beyond sexual intercourse. It includes all aspects of a person’s life – see box.

Sex and sexuality

Sexual intercourse is the physical act of penetration of the penis into the vagina. Other terms used include coitus, love-making etc. Other types of sexual act include oral sex (stimulation of male or female genitals with the tongue or mouth), anal sex (penetration of penis into the anus) and mutual masturbation. Foreplay refers to the activities that increase the desire for sex, such as kissing, touching parts of the body, stimulating the clitoris.

Both men and women can reach orgasm (intense peak of pleasure) through sexual activity. For most women stimulation of the clitoris before, during or after sex is needed to reach orgasm.

Sexuality includes many aspects of a person’s life including their gender identity, who they are attracted to, their feelings, desires, how they experience pleasure and intimacy.

Although we think about sexuality as a very personal and private matter, in reality, many aspects of sexuality have become matters of public policy. For example, teaching sex education in schools, laws on same sex relationships, access to contraception etc.</td></tr>
</table>

5. Ask the class members to sit in a circle. Say *"I am going to read something to you."*

Love

Love is patient, (Love dae bear)
Love is kind. (Love get goodness)
It is not jealous, (Yu no for get balance)
It is not proud. (Love no dae kak)
It does not dishonor others, (Love no dae molest oder poisin)
It is not selfish, (Love no put yusef fors)
It does not get angry easily, (Love I no dae vex kwik)
It keeps no record of wrongs. (Love no dae kip bad tin na art)
Love does not delight in evil, (Love no dae gladee for bad tin)
Love rejoices in truth. (Love I dae gladee for di tru)
It always protects, always trusts,
Always hopes, always perseveres.

(from the Bible)

6. Ask "Why are 'love' and 'being in love' different?" and hear some opinions from the learners.

7. Explain that the feeling most people have for their good friends or family members is love. Explain what being In Love means.

8. Exercise: Say "Being **in love** is..." – Go around the circle, so each learner ends the sentence with a short phrase about what they perceive being "In Love" is.

9. Ask "How can you tell the difference between being in love and sexual desire (lust)?"

In love and sexual desire (lust)

"To be 'in love' is to want an intimate relationship with someone not in your family. It usually means you want to be physically close - to kiss and hug. When someone is 'in love' or "falls in love," he may think about that person all the time. She may want to be with that person all the time. He or she may want to spend their life with that person.

Adolescents also confuse sexual desire with love. People can get sexual desire from looking at pictures or videos. That does not mean they are in love. People can also feel sexual desire for different people. That does not mean they are in love with all those people.

10. Explain that we are sexual beings because we are all born with sexual organs and we remain sexual beings throughout our life. Say that it is normal to be curious and ask questions about one's sexual organs.

11. Explain that an important goal of the Government of Sierra Leone is to reduce unwanted pregnancy among teenagers because of the harms this causes. The following sessions in this course will help learners to learn more

	about sex and sexuality so they can make the best decisions, for example abstaining from sexual intercourse until they are ready. 12. Check learning by asking learners to categorise the following as "Love, In love, or Desire (Lust)" • Looking longingly at a picture of a famous handsome actor (desire/lust) • Feelings towards one's parent (love) • An adolescent hoping to have sex with a girl he has just met (desire/lust) • A young couple who have been faithful to each other for over a year (In Love)

SSS 2: Lesson 1.2: Types of sexual identities

Learning Outcome	Learners will be able to: • Recognize that there are different types of sexual identities. • Acknowledge that people with different types of sexual identity exist in all parts of the world. • Analyse the laws on same sex relationships in Sierra Leone.
Key concepts	Sexual identity, homosexuality
What you need	N/a
What you do	1. Ask learners what they understand by the term "sexual identity". 2. Explain that sexual identity, or sexual orientation, is how one thinks of oneself in terms of to whom one is romantically, emotionally and/or sexually attracted. 3. Explain that four sexual identities exist in all parts of the world. However, homosexuals and bisexuals often face human rights violations because of the way society perceives them, and there are laws which forbid practice. **Definition of Sexual Identity** Sexual identity refers to which gender someone is attracted to (has sexual feelings towards) Research has shown that there are at least four types of sexual identities: 1) heterosexuals (those who are attracted to the opposite sex); 2) homosexuals (those attracted to the same sex: men who are attracted to men are called gay/homosexual and women who are attracted to women are called gay/homosexual/lesbian), 3) bisexuals, those who are attracted to both the same and opposite sex) and 4) asexual (those who do not have any sexual feelings and do not want to have sex). 4. Explain that even if learners are uncomfortable with this topic and feel their society or religion forbids non-heterosexual sex, it is important to understand differences in culture in other countries to avoid "culture shock" in case of travel to other parts of the world. In many countries it is a crime to mistreat someone because of their sexual identity. 5. **Exercise**: Divide students into small groups and ask them to consider these questions: • How are homosexuals and bisexuals perceived in Sierra Leone? • What does the law say about same sex relationships in Sierra Leone? • What impacts does this have? • How has western society's perceptions about homosexuality evolved over the years? 6. Ask groups to feed back the conclusions from their discussion. 7. Explain that in many parts of the world, people with diverse sexual identities are protected by human rights treaties, which was not the case in the past.

	When people are free from the fear of persecution, they are more likely to access services which protects the health of everybody in society. 8. Answer questions that learners have about sex and sexual identity and direct them to reliable information. **Human Rights** United Nations human rights treaty bodies have confirmed that sexual orientation and gender identity are included among prohibited grounds of discrimination under international human rights law. This means that it is unlawful to make any distinction of people's rights based on the fact that they are lesbian, gay, bisexual or transgender (LGBT), just as it is unlawful to do so based on skin colour, race, sex, religion or any other status. This position has been confirmed repeatedly in decisions and general guidance issued by several treaty bodies, such as the United Nations Human Rights Committee, the Committee on Economic, Social and Cultural Rights, the Committee on the Rights of the Child, the Committee against Torture, and the Committee on the Elimination of Discrimination against Women. 9. Check learning by asking learners to explain why it is important to understand that different sexual identities exist.

SSS 2: Lesson 1.3: Sexual behaviour and response

Learning Outcome	Learners will be able to: • Understand that during puberty boys and girls become more aware of their responses to sexual attraction and stimulation. • Acknowledge that many boys and girls begin to masturbate during puberty or sometimes earlier and it does not cause physical or emotional harm but should be done in private. • Acknowledge that having erections, wet dreams or other sexual and responses are a normal part of puberty • Differentiate myths from facts when it comes to information about sexual behaviour.
Key concepts	Sexual desire, erection, ejaculation, masturbation, abstinence
What you need	N/a
What you do	1.Ask the learners to recall the changes that occur during the puberty period. 2. Explain that during adolescence, young people have sexual feelings and attraction and want to express their sexuality. Bodily changes during puberty mean that girls and boys can become sexually aroused which is a normal part of sexual behaviour and response. Boys may experience erections and wet dreams. **Erection and Ejaculation** • An erection is when the penis fills with blood and becomes hard. (For women, the clitoris becomes enlarged when stimulated) • Ejaculation is when semen comes out of a male's erect penis due to sexual excitement. • A male does not have to ejaculate every time he has an erection. If he waits, the erection will go down on its own without causing any harm. **Wet Dreams** • A wet dream is when a boy's penis becomes erect and he ejaculates while sleeping. This causes the boy's underwear or the bed to be a bit wet when he wakes up. • Wet dreams are completely natural and normal. • A boy cannot stop himself from having wet dreams. • As he grows older, a boy will stop having wet dreams. Girls can also experience erotic dreams in which they might experience sexual feelings towards someone even if they don't have these feelings in real life. 3. Facilitate a discussion on different ways adolescent express their sexuality (kissing, touching, masturbation, oral sex, vaginal or anal penetrative sex, etc). 4. Explain that boys and girls begin to masturbate during puberty or earlier and it does not cause physical or emotional harm but should be done in private. **Masturbation**

Masturbation is touching your own private parts to give yourself pleasure. (Wen yu sex yu sef)
For boys, it is sometimes called “dry jack.”
For girls, it is sometimes called “finga finga.”
When a girl masturbates, she may become wet in her vagina.
When a boy masturbates, he will usually ejaculate (come)
For some people, masturbation reduces their desire and helps them avoid sex when they are too young.

5.Say that some may say their religion says masturbation is a sin. Explain that that this is a belief and we do not need to be the judge. Say, “*In this group we are too young to have sex with other people. For some people, masturbation reduces their desire and helps them avoid sex when they are too young*.”

6. Exercise: Say “*I will read out some statements. Some of these things are opinions. Some are true. Some are not true (myths). You need to decide whether you agree or not. Thumbs Up means you agree. Thumbs Down means you don’t agree. Thumbs sideways means you are not sure*.” Make sure the learners know the correct answer after each statement.

Statement 1. “Girls who masturbate are likely to become prostitutes.”
Answer: NOT TRUE

Statement 2. “Virgins and married women masturbate.”
Answer: TRUE

Statement 3. “Touching yourself to give yourself pleasure is one way to avoid having sex when you are too young.”
Answer: TRUE

Statement 4. “Only boys masturbate.”
Answer: NOT TRUE

Statement 5: “Masturbation relieves tension for boys and girls.”
Answer: TRUE

Statement 6: “Boys who masturbate too much won’t be able to father children.”
Answer: NOT TRUE

Statement 7. “Masturbation is the same as being unfaithful.”
Answer: NOT TRUE

Statement 8. “If you masturbate, you are no longer a virgin.”
Answer: NOT TRUE

7.Explain that engaging in risky behaviour is also common during adolescence. Say that the ABC guide helps adolescents manage and reduce the risks (of unwanted pregnancy and STIs).

A, B, C choices

Choice A is to ABSTAIN

Choice B is BE FAITHFUL

Choice C is to use CONTRACEPTIVES, especially CONDOMS to protect against unwanted pregnancy and sexually transmitted infections.

	8. Ask "*Does abstinence (not having sex) sound difficult*?" Say "*For some people it is difficult because they don't know how to say 'No.' For other people it is difficult, because they want to have sex*." 9. Ask for two volunteers. Take them aside and tell them they are going to role-play this situation: "Kande is 16. He has just come out of Poro and feels proud. He wants to have sex with his girlfriend, Aminata, aged 15. He thinks he should be able to have sex now that he is a man. Aminata wants to abstain (she wants to say 'No.'), but does not know how. She is afraid of losing Kande." 10. Before the role-play, introduce the characters' names and ages. Let the volunteers do the role-play. 11. To the group, ask "*What could Aminata have said to tell Kande no*?". 12. Ask the learners what they recall of the previous sessions on interpersonal communication and how to use assertive communication to say no. Ask learners to explain various ways that people can reduce their risks of pregnancy and STIs.

SSS 2: Lesson 1.4: Protection of Privacy

Learning Outcome	Learners will be able to: • Protect their own and others' privacy • Assess how clearly communicating ''yes'' and no'' protects one's privacy. • Recognize the importance of access to private space including toilets as girls mature
Key concepts	Privacy, personal information, dignity, respect
What you need	N/a
What you do	1. Ask the learners to share their understanding of privacy. Help to clarify the definition and why it is important. Explain privacy is a fundamental right, essential to autonomy and the protection of human dignity, serving as the foundation upon which many other human rights are built. **What is privacy?** Privacy is a fundamental right, essential to autonomy and the protection of human dignity, serving as the foundation upon which many other human rights are built. Privacy enables us to create barriers and manage boundaries to protect ourselves from unwarranted interference in our lives, which allows us to negotiate who we are and how we want to interact with the world around us. Privacy helps us establish boundaries to limit who has access to our bodies, places and things, as well as our communications and our information. The rules that protect privacy give us the ability to assert our rights in the face of significant power imbalances. **Personal information** Personal information is information about ourselves which we have a right to keep private such as information about our health, our relationships, etc. 2. Remind learners that during this Adolescent Health and Life Skills course, they are asked to respect other people's privacy, and asked not to disclose information to others that they feel should be kept private. Assure learners that you, as their teacher, keep all discussions confidential. 3.Ask them to state parts of the body that are private and why they are considered private. 4.Discuss the specific privacy needs for girls during their menstruation period. Girls need privacy to change (girls only toilets with doors), places to throw out the pads (e.g. covered bins in toilet cubicles), privacy to wash pisis and dry them. Ask the girls to consider whether their privacy needs are adequately met, at home and at school. If not, what could be done to improve their privacy? 5.Discuss what privacy needs boys have (privacy when showering, changing, using the bathroom etc.

6.Facilitate a discussion on how to respect other people's privacy.

7. Ask the learners to think whether absolute protection of privacy has any disadvantages? Prompt for examples such as:

- Someone with a genital tract infection is too embarrassed to go to a health provider **(while genitals are private parts, it is a health provider's job to treat diseases without judgement while maintaining patient confidentiality)**
- A child is hiding their internet activity from their parents **(parents have a responsibility to check what their children are doing online and to protect them from harm)**

A child has told a teacher about abuse but asked her not to tell anyone **(child protection protocols are needed to follow up on allegations of abuse**).8.Ask the learners, in pairs, to list measures young people can take to protect their privacy while online / using social media. Go round the room and write the main ideas on the board. Prompt for more ideas using information in the box.

Protecting your Privacy Online

You have the right to privacy - and so do others. It is not okay to log into other people's accounts or to use their phones or profiles without their permission.

Don't spread rumours or post/share hurtful or embarrassing stories or photos. What may seem like a harmless joke to one person can be deeply hurtful to others. We all have the right to dignity and to be treated with respect.

Think twice before you click 'send' - especially if you're upset or angry. Once you share a photo or a video it's hard to control what happens to it and who sees it. Taking it down is nearly impossible.

If you've seen something on social media that made you upset or hurt you, you can report it. On many social media platforms, you can report a specific post or photo if it is against the community standards of the social media platform.

You can change the privacy settings on your social media platforms to help you control who sees your information, photos and videos. Think carefully and what you share with whom. It may seem obvious but don't share personal information like your address, phone number or bank details. If your privacy settings are not secure anyone can see this information.

Making new friends is great but before you accept a person you should have a look at their profile - try to see who they are. Do you have friends in common? Are you from the same town? Don't feel pressured to accept random friend requests. Check your privacy settings so that this person does not see any information that you don't want them to see. Remember that sometimes people pretend to be someone they are not and it's hard to know if they are telling the truth about who they are.

SSS 2: Lesson 1.5: Importance of Consent

<table>
<tr><td>Learning Outcome</td><td>Learners will be able to:
Acknowledge the importance of giving and perceiving sexual consent.
Analyse factors that influence consent in sexual relationship
Analyse the benefits of giving and refusing sexual consent and acknowledging someone else's sexual consent or lack of consent</td></tr>
<tr><td>Key concepts</td><td>Consent, free and informed consent, exploitation</td></tr>
<tr><td>What you need</td><td>Pre-prepared poster (Guidelines for Meaningful Consent)

4 case study handouts

<table>
<tr><td>Case Study A
Dom and Deenah are 18 and have decided to have sex. Deenah says she is afraid of becoming pregnant, but Dom assures her that you can't become pregnant the first time you have sex. Can Deenah give free and informed consent?</td><td>Case Study B
Beni knows that he is infected with HIV but he hasn't told anyone. He has been dating Rosa, and recently they have been talking about having sex. Beni plans to use a condom rather than tell Rosa his HIV status. Can Bea give free and informed consent?</td></tr>
<tr><td>Case study C
Robert is 19 and would like to have sex with his girlfriend, Fatou, who is also 18. They have talked about the fact that neither has had sex before. He decides to read a book that he has about growing up, sex, family planning, and STIs. He asks Fatou what she thinks and offers to lend her the book. She reads the book and they talk about it again. She says she'd rather wait, so Robert agrees. Can Fatou give free and informed consent?</td><td>Case study D
Victoria is 14 and in secondary school. Edo is 18 and works with Victoria's father. Edo came to know Eve when he visited her house. They have started meeting away from her house as well. Sometimes Edo gives Victoria presents and money, if she needs it. Recently he has started telling her how much he loves her and saying that he really wants to have sex with her. Can Victoria give free and informed consent?</td></tr>
</table>
</td></tr>
<tr><td>What you do</td><td>1.Ask the learners what it means to consent to something?

2.Say that we consent to do things for different reasons: sometimes because we want to do it, e.g. to go and play with a friend; or we might consent because it is important to us, e.g. to do homework. Sometimes, however, we do something that we do not want to do just because it is difficult to stand up for ourselves.

3. Say that today we will begin looking at what it means to give truly free and informed consent in a situation involving sex. Ask "what are some reasons that a person might agree to have sex when he or she does not really want to?" Write responses on the board.

4. Ask the learners to think about what "free and informed consent" means and collect ideas.</td></tr>
</table>

5. Display a poster or have students read aloud the guidelines for giving free and informed consent in a sexual situation.

Poster: Guidelines for giving meaningful consent regarding sex

- Believe that you have the right to decide for yourself whether to participate in a particular sexual activity.
- Have a sufficient sense of power and control to be able to communicate with your partner to implement your decision.
- Be in a situation or relationship where your decision will be respected by your partner.
- Know what the activity involves and what your feelings are about it; what the risks are; and how to protect yourself.
- Have a clear mind, not impaired by alcohol or drugs.
- Have accurate information about your partner's current sexual health status.
- Avoid situations where you experience pressure to have unwanted sex for material or financial reasons.

6. Case study exercise: Form 4 small groups and give each group a different case study. Explain:

• You have 10 minutes. Discuss your case study, prepare a short (2 minute) skit, and consider which of the guidelines for consent are met or not met.

• One person will read out the case study to the entire class, two others can act it out, and one or two people will explain which guidelines for consent are met and which are not.

7.Ask a group to present a) its case study; b) its skit; and c) its opinion about whether the person in this case study was able to give free and informed consent. Ask the others whether they agree. Discuss until an agreement is reached about the correct answer. Repeat for all groups.

Correct Answers

Case Study A No, Deenah does not know what the risks are or how to protect herself.	**Case Study B** No, Rosa does not have accurate information about her partner's sexual health status.
Case Study C Yes, Fatou believes that she has the right to decide for herself whether to have sex. She is making the decision with a clear mind; does not have a pressing economic motive; is able to communicate her decision; and knows what the risks are, and how to protect herself. In Sierra Leone she is old enough to consent to sex.	**Case Study D** No, in Sierra Leone, according to the law a 14 year old is too young to consent to sex. Concern for children's rights have led to the establishment of laws defining a minimum age for giving sexual consent and outlawing child marriage.

8. Explain what the law in Sierra Leone says with respect to consent by those aged under 18 and for adults.

	The Sexual Offenses Act of 2012 • This is the law of the land. It is for every person in every community. • It is against the law for an adult (someone 18 or older) to sexually touch a child, which includes kissing, rubbing, or feeling the child's body. • Any child under 18 years old cannot consent or agree to sex or sexual acts. • Anyone who is 18 or older who has sex with a child is committing rape. • A person convicted of these offences is liable to a term of imprisonment of 15 years. • It is also against the law for an adult to sexually touch another adult without the consent of that person. 9. Facilitate a discussion on the importance of always asking for consent before touching, kissing and having sex with someone. Remind boys that a criminal record stays with them for life. 10. Ask learners how gender norms, poverty, power, wealth, economic equality can influence consent. Facilitate a discussion on exploitation, when a person consents to something they would not normally have wanted to do because of power imbalance or poverty. 11. Ask learners to explain in their own words why consent is important and how they will ensure there is consent when they engage in any sex-related activity.

SSS 2: Lesson 1.6: Values and sexuality

<table>
<tr><td>Learning Outcome</td><td>Learners will be able to:
Understand what values are and how they influence the way people behave and make decisions.
Acknowledge that people have different values and attitudes
Recognise the importance of being tolerant and respectful to others' values, beliefs and attitude
Recognise the influence of families and communities on values and attitudes about sexuality.</td></tr>
<tr><td>Key concepts</td><td>Values, tolerance</td></tr>
<tr><td>What you need</td><td>N/a</td></tr>
<tr><td>What you do</td><td>1.Ask learners what they understand by the word "Values" and clarify understanding using information in the box.

Values
According to Collins Dictionary, values are the moral principles and beliefs or accepted standards of a person or social group. Values include things like honesty, respect, kindness, effort, tolerance etc. Values change from one person to another, and can also evolve over time for any person or group of people.

2. Say "We all have ideas about what we think is right and wrong. They show what we think is important. These ideas guide our decisions and behavior. Family, friends, community, institutions and circumstances shape these beliefs. But we can decide for ourselves."

3. Introduce the learners to the value game exercise. Say "I am going to read out something. If you agree, stand up, if you disagree, remain seated."

4. Read out the following statements. After each statement, ask those who agree to stand up and those who disagree to remain seated. Allow two learners who agree to share why they agree and two who disagree to do the same. Ask different learners each time. Emphasise the importance of listening respectfully to other people's viewpoints and understanding why people hold certain beliefs.

Values Statements
i. Women are not as important as men.
ii. Men have a right to insist on sex from their wives whenever they want
iii. Women have a right to have equal share in the family's wealth.
iv. Boys and men should not have to do housework like cooking, washing, or cleaning; it's women's work!
v. Girls and boys have the same right to play outdoor games.
vi. Men should earn more than women
vii. Women have a right to contribute their views in all matters that affect them.</td></tr>
</table>

	viii. Boys need to be toughened up so they act like a real man ix. Only women are responsible for looking after children. x. If there is not too much money in the family, the boy should be educated before the girl. xi. Only men should be president. 5. Facilitate a discussion on how family, tradition, culture, religion, mass media, social and political situations influence personal values. Ask learners to think about which values have changed over time, for examples since the period when slavery was legal. 6. **Exercise**: In small groups, ask learners to spend 10 minutes thinking about values that are important to them when it comes to family life. Ask them to imagine an individual (or a couple) who has uses good values to make an important decision. Learners should prepare a short role-play (2 mins) to demonstrate this. When each group demonstrates their role-play, ask the others to observe. After each role-play facilitate a short discussion, Ask: • What values did you observe? • Why are these values important? • How did the values affect decisions made by the couple? 7. Ask learners what they have learnt about values and their importance.

SSS 2: Lesson 2.1: Reproduction

Learning Outcome	Learners will be able to: • Understand that reproduction is essential for continuity. • Describe the process of human reproduction, (fertilization, pregnancy and delivery).
Key concepts	Reproduction, conception, fertility, pregnancy, delivery
What you need	Poster of menstrual cycle diagram
What you do	1. Ask the learners to recall the definition of reproduction studied in biology lesson. 2. Explain that reproduction is a biological process by which an organism reproduces an offspring that is biologically like the organism. Reproduction enables and ensures the continuity of the human species, generation after generation. It is the main feature of life on earth. 3. Ask the learners to describe how human reproduction happens. 4. Explain that human reproduction is when an egg cell from a woman and a sperm cell from a man unite and develop in the womb to form a baby. This is called conception. A number of organs and structures in both the woman and the man are needed in order for this process to occur. These are called the reproductive organs and genitals. **Conception** Conception is when a sperm and an egg meet. This is the beginning of pregnancy. A girl who has gone through maturity produces an egg once a month. This is called ovulation. Sperm can live up to seven (7) days inside the girl's body. An egg can live in the fallopian tube for up to 24 hours. If a girl and boy have unprotected sex any time from 7 days before or in the 24 hours after she has produced an egg, she can get pregnant. It is important to note that if a girl and boy have sex while the girl has her period, she can still get pregnant. If she ovulates (produces an egg) any time in the 7 days following her period, she can get pregnant. 5.Ask learners what they understand by the terms "fertilization" and "fertility". Explain male and female fertility. **Fertilization** When an egg and sperm meet to make a baby. **Male Fertility** When a boy's body starts producing sperm, he is fertile. This happens during maturity. He will produce sperm all his life. Once a boy is fertile, he can

make a girl pregnant any time he has unprotected vaginal intercourse with her.

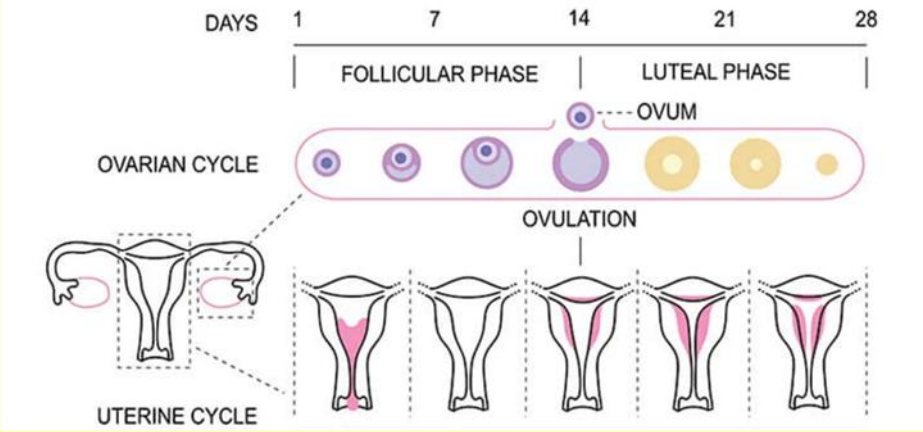
Female Fertility

When a girl's body starts producing eggs, she will be fertile once a month. One of her ovaries will produce an egg at that time. This happens just before her first menstruation. This process will continue until the woman is in her 40s or 50s, when her body will stop producing eggs and she will no longer be able to get pregnant.

6.Say that while reproduction is necessary for the continuation of the human species, and is a natural and wonderful thing, unplanned pregnancy can also have very negative consequences. In future sessions you will be learning more about this and how to prevent ill-timed pregnancy.

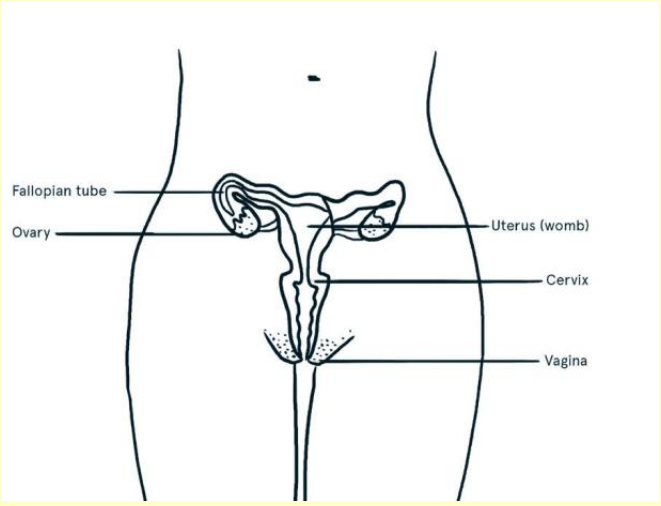
7. Show and explain the menstrual cycle diagram. Use a poster if available. Explain that in the follicular phase, the uterus lining (blood) is shed, and the follicle develops in the ovaries. When ovulation occurs (midway between menses) the egg is released from the ovary and travels down the fallopian tubes. This usually happens on alternate sides each month. If the egg is fertilized by a sperm, it can implant in the lining of the womb and grow to become a baby. If it is not fertilized, the uterus lining will be shed during menstruation.

Menstrual cycle diagram



8. Check learning by asking learners to explain in their own words the terms reproduction, conception, fertility.

Lesson 2.2: Knowing and valuing our sexual organs

Learning Outcome	Learners will be able to: • Acknowledge that there is nothing shameful about knowing, naming and valuing one's sexual organs. • State the body parts involved with sexual health and reproduction. • Understand the importance of taking care of one's sexual organs.
Key concepts	Sexual organs, female and male genitals
What you need	Poster of girls' and boys' reproductive parts Separate facilitator for boys and girls (if required)
What you do	1.Introduce the session by explaining to the learners the importance of knowing and valuing their sexual organs. 2. Ask learners to draw in their note books the female external sexual organ, and name as many parts and their functions as they can. 3. Show a poster (or sketch the female external sexual organ on the board) and take the learners on a discovery journey of the female external genitalia. Explain each of the words on the diagram. 4.Ask learners what they recall on good menstrual hygiene to take care of their genitals. Remind learners that FGM/C harms the genital organs, harms health and has no health benefits. **Girls' reproductive parts**  **Fallopian Tube** The tube connects the ovaries to the uterus. The egg travels through the tube to reach the uterus (egg waka waka). Sperm travels inside the tube to meet the egg and fertilize it **Ovaries** Two sacks that contain thousands of eggs, one on each side of the female body.

Uterus (Womb)

Small, hollow, sack where the developing baby (fetus) grows. It is shaped like an upside down avocado (pear).

Cervix

Opening of the vagina into the uterus (womb). It is like a doorway that prevents objects such as fingers, a penis, or condoms from getting inside the uterus.

Vagina (Bombo)

Passage way from the uterus (womb) to the outside of the body. The penis goes into the vagina and shoots sperm into it. If the sperm meets a mature egg in the fallopian tube, a baby will develop.

Vulva

The external female genital organa which includes the inner and outer lips of the vagina, the clitoris, the openings of the vagina and urethra, and the mons pubis (the rounded area in front of the pubic bones which becomes covered in hair at puberty).

Clitoris

Female genital organ at front of the vulva which contains sensory nerve endings and plays a major role in arousal and pleasure in women.

Caring for genitals

Remember to practice good menstrual hygiene!

• Sanitary towels or napkins must be changed when they're soaked with blood. They cannot be washed and reused.

• Toilet Paper/cotton wool - take care that bits are not left in the vagina, because they can cause infection.

• Cloths (Pisis) – change these frequently, clean them with salt or soap, wash them well and dry them in the sun.

• Tampons must be changed regularly to prevent infection. On the last day of her period, a girl should check she does not leave a tampon inside.

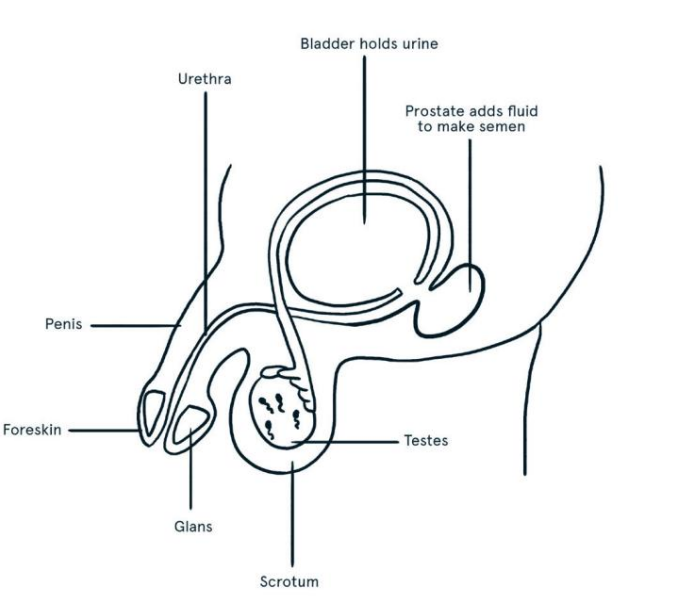
• It is important to wash at least twice a day during periods. Soap should not be put inside the vagina. Wash hands after changing pads etc.

• There is no health benefit of female genital mutilation/cutting. FGM/C increases the risk of getting sexually transmitted infections (STIs) and causes pain and loss of pleasure during sex, and also increases dangers during childbirth.

5. Ask the learners to draw in their note books the male external sexual organ, and name as many parts and their functions as they can.

6. Show a poster (or sketch the male external sexual organ on the board) and take the learners on a discovery journey of the male external genitalia. Explain each of the words on the diagram and explain how to take good care of genitals.

Boys' reproductive parts



Penis (Ton)

Male part that lets semen or urine leave the body. The glans is the sensitive bulbous tip.

Foreskin

Small piece of skin that covers the top of the penis which may or may not be removed (circumcision).

Scrotum

Sack behind the penis that holds the testicles.

Semen

Fluid that leaves a man's penis when he ejaculates. Sperm is in the semen.

Sperm

A male sex cell.

Testicles (Testes)

Male reproductive glands (sacks), which produce sperm

Urethra

Tube that carries urine from the bladder (the place where urine is collected in the body) to the opening at the tip of the penis. In males, the urethra also carries semen when he ejaculates.

Prostate

Male reproductive glad for making and storing semen.

Caring for genitals

It is important for a boy to take care of his testicles. Do not wear tight underwear or sports clothing.

	Clean the genital area (around the penis and testicles) at least once a day. Protect the testicles when playing sports. For any unusual bumps, sores, or tenderness on the genitals, see a health worker. Avoid deliberately harming the genital area 7. Give learners the opportunity to ask questions and provide scientific answers. 8. Conclude by emphasizing the fact that sexual organs are part of the body and it is important to know, value and take good care of them. Check learning by asking learners to name and explain selected parts of the reproductive organs.

SSS 2: Lesson 2.3: Developing healthy relationships

Learning Outcome	Learners will be able to: • Explain the difference between healthy and unhealthy relationships • Demonstrate ways to show trust, respect, understanding, care, joint decision making, communication • Describe how gender and economic inequalities, poverty, age difference, wealth, power affects relationships. • Recognize that intimate partner violence is wrong and that it is possible to leave an abusive relationship.
Key concepts	Conflict, health and unhealthy relationships, intimate partner violence
What you need	Handout with Aunt Sissy's answer
What you do	1. Ask learners to define "relationship" and list the different types of relationships they know (e.g. parent or family relationships, peer relationships, romantic relationships, sexual relationships, school relationships, neighbourhood or community relationships, online relationships) 2. Explain that a relationship is the way in which two or more people, groups talk to, behave toward, and deal with each other. 3. Explain that a healthy relationship is characterized by respect, trust, care, communication, joint decision making, kindness, support. On the opposite, an unhealthy relationship involves a situation where there is behaviour, where one person is mean, disrespectful, controlling, or abusive to one or both members of the relationships. 4. Exercise: Read this letter from a 15 year old teenage girl, Gina, who has written to a magazine Agony Aunt, Sissy. Read "Dear Sissy, My boyfriend Abdul is so jealous. He gets really angry if I even talk to another boy. Sometimes he looks like he is going to hit me. He says if we have sex, he will not be jealous anymore. He says he will know I am his alone, then. I feel say if I say no, he will force me. What should I do?" Gina, 15 years old 5.Ask the group is this a healthy or an unhealthy relationship? What makes it unhealthy? (Look for threatening, violent, controlling, jealous, pressuring) 6.Ask the group to write a response to Gina, in which they first, advise her what to do and second, explain to Gina what to look for in a healthy relationship. Allow 15 minutes. 7. Bring the group together and allow them to discuss the advice they gave. Give the handout with Sissy's response. **Aunt Sissy's answer** "Gina, good question! How do you feel when Abdul gets angry? Do you think you should be able to talk to anyone you want to?

	Are you afraid of Abdul, Gina? Should you be afraid of someone who says he loves you? If you are afraid, Gina, what should you do? What if he hits you? Is it okay for someone to hit you? If you don't want to have sex and he forces you, what do we call that? (RAPE) If Abdul rapes you, does he love you? What will you do if he rapes you? How would having sex change things? What could happen? Gina, you know trust is a very important part of a healthy relationship. If your boyfriend is so jealous, he does not trust you. This does not mean you are doing anything wrong. It means he has a problem. If you are afraid he might hit you, there is another problem. A big, big one. If he forces you to have sex, and you don't want to, THAT IS RAPE. Rape is against the law. It is a crime! Having sex with a child (like you) is against the law. It is a crime. It sounds like you know the right thing to do – stop this relationship." 8.Facilitate a discussion on how cultural and gender norms, poverty, economic inequalities, wealth, education status positively or negatively affect relationships. 9. Discuss actions learners can take when they feel they are in unhealthy relationship. Check understanding by asking learners to list "red flags" or signs of an unhealthy relationship.

Learning Outcome	Learners will be able to: • Explain that all children should be wanted, cared for, and loved. • Recognize that unintended pregnancy at an early age can have negative health and social consequences • Acknowledge that excluding or expelling from school an adolescent girl who becomes pregnant is a violation of her human rights.
Key concepts	Pregnancy, ovulation, unintended pregnancy, unsafe abortion
What you need	N/a
What you do	1. Ask the learners what they know about pregnancy. Ask some questions to recap, e.g. "*What does fertility mean*? *Is fertility the same for girls and boys*? *What is fertilization?"* Explain that fertilization is when a sperm and an egg meet. This is called conception and is the beginning of pregnancy. 2. Describe how pregnancy happens. Use the diagram of female reproductive parts (previous lesson) and use your finger to show the path of the egg moving from the ovary through the fallopian tubes. **How does pregnancy happen?** Pregnancy can happen when a boy and girl have sexual intercourse where the boy's penis is inside the girl's vagina and he ejaculates (comes). When a boy ejaculates, millions of sperm swim up the girl's vagina. The sperm go into her fallopian tubes, looking for an egg. If one sperm finds a ready egg, this is called conception. If the fertilized egg sticks to the lining of the girl's uterus, the girl is now pregnant. The fertilized egg will grow into a baby in nine months. 3. Explain that the process of the release of the egg is called ovulation. **Ovulation and pregnancy** Most girls and women have secretions (fluid from their vagina) almost every day. When girls are fertile, they are more likely to have clear secretions. Ovulation is when an egg is released from the ovary - usually 12-14 days after the start of a menstrual cycle (first day of a period). The egg survives inside the fallopian tube for up to 24 hours. But sperm can live inside a girl for up to 7 days. 4. Ask learners to name any common signs of pregnancy. **Common signs of pregnancy** Period late Nausea or vomiting (morning sickness) Tender / enlarged breasts (this also happens before menstruation) Mood swings Weight gain Rise in body temperature

5. Exercise: Say you will now do a short quiz about fertility and pregnancy. Ask the learners to write down whether they think the following statements are true or false. Read all statements and then go through each one to explain the correct answer.

True or False?

1. "Girls always know when they are releasing an egg."
Answer: NOT TRUE – Some do and some don't. Girls cannot be 100% sure when they are releasing an egg.
2. "If girls have secretions, it means they are dirty."
Answer: NOT TRUE – all girls have secretions; some may not notice, though.
3. "A girl can be fertile before her first period."
Answer: TRUE.
4. "Boys with bigger penises are more fertile."
Answer: NOT TRUE.
5. "Girls must be cut/circumcised to be fertile."
Answer: NOT TRUE – most girls and women around the world are not cut.
6. "If you have sex standing up, conception (pregnancy) cannot happen."
Answer: NOT TRUE
7. "A girl can get pregnant without having sex."
Answer: NOT TRUE
Say 8. "Every time a boy ejaculates, he uses up some of his sperm."
Answer: NOT TRUE – boys will produce sperm all their lives.
9. "When a boy has intercourse with a girl, he only ejaculates one sperm, so it is difficult for a girl to get pregnant."
Answer: NOT TRUE – he ejaculates millions of sperm each time he comes.

6. Explain that pregnancy should occur when a woman's body is physically matured and both partners are ready psychologically and financially to be parents. Discuss why it is unintended pregnancy has negative consequences on the health of young people.

Physical dangers of teenage pregnancy

A teenage girl's body is not ready for a baby because:

- Her womb is small and her muscles may not be ready to deliver a baby. Many teenage girls have difficulty delivering a baby because their bodies are too small
- Sometimes, the teenage mother must have a caesarean delivery – where they cut the abdomen of the girl open to deliver the baby
- Many teenage girls die while trying to give birth. Sometimes, the baby dies too.
- Babies born to teenage mothers often are very small and cannot put on weight
- Many teenagers have complications during childbirth and get a fistula (a fistula is a hole in the vagina)
- When a girl has a fistula, urine and faeces leaks out of her body without her control

- Many girls try to stop the pregnancy (abortions) by going to pehpeh doktas or traditional healers. Sometimes girls die during these unsafe abortions.

7. Ask learners what happens to girls who become pregnant at their school/in their community. Facilitate a discussion on the pros and cons of the Sierra Leone government policy on pregnant girls.

Sierra Leone's policy on pregnant girls

In Sierra Leone, the government has made significant strides in advancing education for pregnant girls through the National Policy on Radical Inclusion in Schools, which was co-developed with civil society and implemented in 2021. This policy explicitly acknowledges the systematic exclusion of pregnant girls and young mothers from education and aims to ensure they can access and remain in school.

Key points include:

The ban on visibly pregnant girls attending school was lifted in 2020, allowing them to return to school and participate in education.

The Basic and Senior Secondary Education Act, 2023 further supports this policy by ensuring that pregnant girls and other marginalized groups are encouraged to stay in school and complete their education.

Despite these advancements, challenges such as stigma, discrimination, and lack of integration persist, highlighting the need for continued support and advocacy for pregnant girls in Sierra Leone.

8. Check learning by asking learners to explain the dangers of teenage pregnancy.

SSS 2: Lesson 3.2: Prevention of pregnancy (Part I)

Learning Outcome	Learners will be able to: • Acknowledge that preventing pregnancy is the responsibility of both girls and boys. • Understand the benefits of condoms for preventing unintended pregnancy and STIs • Know how condoms should be used correctly • Correct myths about condoms
Key concepts	Contraception, condoms
What you need	Outside speakers (if available) - invite a health care worker who is comfortable with young people to present Samples of contraceptives, packets of condoms, banana
What you do	1. Ask the learners to recall how pregnancy happens and who are the people involved, and the people affected. Make sure they include both boys and girls. 2. Ask the learners if they have heard of any ways to prevent pregnancy. Explain that contraception is a method, medicine or thing that prevents pregnancy. It is often called birth control or family planning. 3. Discuss the role of boys and men in preventing pregnancy. Ask why boys and men might want to use contraception. Ask if they have heard of "male methods" of contraception (e.g. male condom). **Male Condoms** Male condoms are made of latex (rubber). Condoms are worn over an erect penis during sexual intercourse. When a boy or man ejaculates (comes), the condom prevents the semen from reaching the egg inside the female's vagina. This prevents pregnancy and also protects against sexually transmitted infections. There is a special way to put on and take off the condom, so no semen escapes. Condoms are the only form of contraception (prevention) that protect against pregnancy and STIs. 4. Go through the steps for using a condom correctly. Optional – you may use a a prop (e.g. banana) to demonstrate, and ask the learners to take turns practising the correct technique. **How to use condoms** 1. Check the condom package to make sure it is not spoiled. Check the date on the package to make sure it is still good (not expired). If the date has already passed, do not use the condom. Make sure the condom does not stick to the packet. If it does, do not use the condom.

2. Carefully open the condom package by pushing the condom to one side. Tear the package on the top or bottom where there are ridges. Do not use your teeth or fingernails to open it. If the condom rips, do not use it.

3. Squeeze the tip of the condom to push out any air.

4. When the penis is hard, place the condom on the tip of the erect penis. While holding onto the tip, unroll the condom all the way down the penis.

5. After sex, remove the penis immediately after ejaculation. Hold the condom at the bottom of the penis and remove the condom while it is still hard.

6. Tie a knot in the condom to avoid spilling. Throw it in a latrine or bury it. Do not put it in a flush toilet.

Remember:

• Only use one condom at a time.

• Using two can make them rub against each other and break.

• Do not use cooking or vegetable oil, baby oil, hand lotion or petroleum jelly to make it glide. These will ruin the condom and can hurt the woman.

• If a condom breaks, do not use it!

• NEVER use a condom more than one time!

5. Ask the learners if they know where they can obtain male condoms in their community.

Where can young people get or buy condoms in your community?

Check to see if young people can get them from:

- Peripheral Health Units (PHUs)
- Youth Friendly Centers
- Community Health Workers
- Hospitals
- Marie Stopes Clinic
- Shops
- Maternal & Child Health Posts
- Planned Parenthood Association of Sierra Leone (PPASL)
- IPAS
- Pharmacies

6. Quiz: Say you will now do a quiz to check everyone understands correct information about condoms. Read out the following statements and ask learners to decide if the statement is true or false. Read out all statements first, then go through the correct answers.

Condoms Quiz

1. "Using two condoms at the same time gives you double protection."
Answer: NOT TRUE – They can rub against each other and cause a tear (rip) and ruin them.
2. "If a girl has a condom, she is probably a prostitute."
Answer: NOT TRUE – Anyone who plans to have sex and does not want a child should plan for protection.

	3. “If you are going to have sex, condoms are the best protection against STIs, including HIV.” Answer: TRUE. 4. “Condoms break easily.” Answer: NOT TRUE - They can be torn by teeth (opening the package), jewellery or sharp fingernails. When used properly they are hard to break. 5. “If my sweetheart asks me to use a condom, he or she doesn’t trust me.” Answer: NOT TRUE – This is not a test of trust. Condoms prevent pregnancy. They are the best protection against Sexually Transmitted Infections (STIs), including HIV. Say 6. “Using condoms hurts.” Answer: NOT TRUE – When a girl is sexually excited, she gets wet inside her vagina, which lets the penis glide in and out. Many condoms have something on them which makes it easier to glide in and out. With or without a condom, sex should not hurt. If it does, stop. The person who is feeling the pain should see a health provider. 7. “Males don’t enjoy sex with a condom.” Answer: NOT TRUE – Sex is usually just as nice with condoms. Some people like it with condoms better, because they are not worried about diseases or pregnancy. Some men like to use condoms because they can last longer before they reach orgasm (release or come). 8. “To make it easier, put Vaseline or hand cream on the condom.” Answer: NOT TRUE - Vaseline, hand cream or oils can ruin the condom. Do not use them with a condom. It is also bad for the girl to have creams and oils in her vagina. 9. “If a girl has an implant, (known as a ‘captain band’), is on the pill, or gets injections, you don’t need to use condoms.” Answer: NOT TRUE - Only condoms protect against Sexually Transmitted Infections (STIs). Sometimes girls forget to take their pills, too. 10. “You have to be at least 18 years old and a boy to get condoms.” Answer: NOT TRUE – While some health facilities may not want to give condoms to girls or to people younger than 18, there is no law against it. Girls and boys can also buy condoms from shops, or get them free from Marie Stopes, Government Health Facilities and PPASL. 7. Ask learners to name reasons why young people do not use condoms. Be sure they name most of the reasons (e.g. it ruins the body to body feeling, too embarrassed to buy them, health facilities won’t give them to adolescents, girl uses some other form of birth control, think it means your sweetheart doesn’t trust you, just one time without one will be fine, don’t care etc.) 8. Split the group into girls and boys and give them about 10 minutes to come up with ways to ask their sweetheart to use condoms and to say, “No condom, no sex!” 9. End the lesson by reminding the group that they have a right to say No to sex or, if they feel ready for sex, to insist that a condom is used to prevent unwanted pregnancy or STI.

SSS 2: Lesson 3.3: Prevention of Pregnancy (Part II)

Learning Outcome	Learners will be able to: • Analyse effective female-controlled methods of preventing unintended pregnancy and their associated efficacy, advantages and disadvantages. • Correct myths about modern contraceptives
Key concepts	Female methods of contraception, female condom, the pill, injection, implants
What you need	Outside speakers (if available) - invite a health care worker who is comfortable with young people to present contraceptives. Find out in advance where contraception is available in your community and how much it costs.
What you do	1. Ask the learners which methods they recall to prevent pregnancy. Remind them that condoms prevent both pregnancy and STIs so they are a great method if someone a teenager has decided to have sex. Say that today you will talk about some other contraceptive methods that girls and women can use. 2. Ask which other methods of contraception learners have heard of. Explain how pills, injections and implants work. **Female Contraceptives** **Female (or internal) condoms** Female condoms (also known as internal condoms) are a barrier-type of contraceptive that is inserted into the vagina or anus before having sex. Internal condoms protect against unintended pregnancy and sexually transmitted infections (STIs). Internal condoms require practice to be inserted properly. **The Pill (or tablet)** Girls take the pill (also called a birth control pill or tablet) to prevent pregnancy. The hormone in the pill stops the release of the egg each month. When there is no egg, the sperm cannot fertilize it. This prevents pregnancy. The pill should be taken at the same time every day. When a girl takes the pill properly, it will prevent pregnancy 99% of the time. The pill does not protect against STIs and HIV. **Injections** The Injection Depo Provera is a contraceptive that contains one hormone and provides protection from pregnancy for three months. It is an injection in the upper arm of the female every three months. It prevents pregnancy 99% of the time. It is safe, easy to use, and reversible (it is not permanent). The injection does not protect against STIs and HIV. Girls can get the injection without anyone knowing. Some girls may not get their periods for many months but the injection does not affect long term fertility. **Implant (the Captain Band)** Implants are tiny tubes with female hormones inside. They are put under the skin of a girl's upper arm through a small cut. The implant prevents the girl's body from releasing a mature egg every month and protect against pregnancy for five years. They are 99% effective.

Implants should be removed and replaced in the last months of the fifth year. They can be removed at any time.

Girls must have an examination before they get an implant. A girl with a sexually transmitted infection (STI, including HIV) cannot get an implant. They do not give protection against STIs and HIV.

With implants, girls have lighter periods. Some girls have irregular periods and some girls' periods stop while they have the implant. Sometimes there are difficulties in removing the implants. Implants should be free at government health facilities.

3. Exercise: Divide the learners into small groups. Ask them to think about the four methods – female condoms, pills, injections and implants – and to list 2 reasons why girls might want to use this method, and 2 reasons why they might not want to use this method. Bring learners together and ask each group to present for one method until you have covered all. Discuss the responses.

Female condoms

Advantages
A barrier method that the woman controls Protects against STIs and pregnancy Quickly reversible
Disadvantages
Needs practice to put on correctly Not as cheap as male condoms

Pills

Advantages
• Safe and works well to prevent pregnancy. • It makes periods lighter, more regular and less painful. • Sometimes it helps stop pimples on the face. • Quickly reversible • It decreases the risk of cancer in the female private parts. • It gives the girl control over her body. • It is not up to the boy if she becomes pregnant. • She can stop taking the pill at any time, without a health worker's help. • It helps keep a girl or woman safe from pregnancy if she is a victim of unwanted sex. • No one else has to know that a girl or woman is using contraception.
Disadvantages
• The pill must be taken every single day for them to work. • For some girls, it is hard to take the pills in privacy. • It can be hard to always have a supply of pills. • The pill does not protect against STIs and HIV. • Trouble getting them from health facilities (should be free at government and NGO clinics but there may be a cost)

Injections

Advantages
• Injections are safe and work well to prevent pregnancy.
• Almost all health workers can give injections.
• For three months, there is nothing more that a girl has to do or remember to prevent pregnancy.
• There is no way for others to know if you have an injection. It is private.
• Light periods and sometimes no periods after a while

Disadvantages
• Periods change and sometimes stop.
• Some people put on weight.
• After stopping the injection, it can take 6-12 months to get pregnant.
• Need to see a health worker every three months.
• Some health workers do not like to provide injections to adolescent girls
• Injections don't protect against HIV and STIs, so you have to use a condom anyway.

Implants

Advantages

• Implants are safe and they work very well to prevent pregnancy.
• Implants last 5 years.
• Once the implants are in, a girl does not have to do anything else to prevent pregnancy.
• Periods are lighter and often stop after a year.
• Girls can get pregnant after removing the implants.
• No one else needs to know she is using an implant.

Disadvantages

• A girl may experience changes in her monthly bleeding, but this is not harmful.
• A trained health worker needs to insert and remove the implant.
• Some young women with implants may get headaches, weight changes, and nausea.
• Implants don't protect against HIV and STIs, so a condom must be used too.

4. Ask "*Where do girls get contraception?*" Answers may include:
• A trained service provider in public and private health facilities
• Peripheral Health Units (PHUs)
• Community Health Workers
• Marie Stopes clinic
• Planned Parenthood Association of Sierra Leone (PPASL)
• Maternal and Child Health Posts
• Hospitals

5. Ask "How much do contraceptives cost?"

6. Ask "Who is responsible for using contraceptives?" Answer: EVERYONE!

SSS 2: Lesson 3.4: Dangers of Unsafe Abortion

Learning Outcome	Learners will be able to: • Explain why unsafe abortion poses a serious health risk to girls and women • Describe ways to prevent unsafe abortion • Analyse the existing national laws regulating abortion • Find help if needed
Key concepts	Unsafe abortion, preventing unwanted pregnancy
What you need	N/a
What you do	1. Ask learners to think about a time when they, or someone close to them, had to make a difficult decision that others may not have agreed with. Allow a few moments. Ask: • *How did it feel? Did you (or the person you are thinking of) have support?* • *If not, how did this affect the decision, and how did you (or they) feel?* 2. Say "*for millions of women and girls, finding themselves with an unintended pregnancy becomes a moment of decision. For some this decision is simple and straightforward, whereas for others it is difficult and complex*." 3. Ask the learners if they have heard about the word abortion before? Explain that abortion means terminating a pregnancy because the pregnancy is unwanted. Remind learners that every child has a right to be wanted. 4. Explain that today we will be discussing abortion and particularly the dangers of unsafe abortion. Unsafe abortion is when an abortion is carried out by an unqualified provider or using non-sterile instruments. Where abortion is illegal, it is more likely to be conducted in unregulated settings and to be unsafe. 5.Say that we will not be discussing abortion as right or wrong, but looking at some facts about abortion, to understand why some choose to have an abortion, and how health risks can be minimised. 6. Present the World Health Organization's definition and facts abortion. Explain the difference between safe and unsafe abortion. **Abortion Key facts** Six out of 10 unintended pregnancies end in induced abortion. Abortion is a common health intervention. It is very safe when carried out using a method recommended by WHO, appropriate to the pregnancy duration and by someone with the necessary skills. However, around 45% of abortions are unsafe. Unsafe abortion is an important preventable cause of maternal deaths and morbidities. It can lead to physical and mental health complications and social and financial burdens for women, communities and health systems. Lack of access to safe, timely, affordable and respectful abortion care is a critical public health and human rights issue.

Source: https://www.who.int/news-room/fact-sheets/detail/abortion

7. Explain the negative consequences of unsafe abortion.

Risks of unsafe abortion

Physical health risks associated with unsafe abortion include:

Immediate risks

• incomplete abortion (failure to remove or expel all pregnancy tissue from the uterus)
• haemorrhage (heavy bleeding)
• infection
• uterine perforation (caused when the uterus is pierced by a sharp object) or damage to the genital tract and internal organs.

Long term risks

• fertility problems in future

8. Ask the learners why women and girls have abortions even when the procedure is illegal and may be unsafe? Prompt for social & economic factors including stigma of pregnancy, lack of knowledge of alternatives etc,

9. Read the following quote:
"We can never judge the lives of others, because each person knows only his or her own pain and renunciation. It's one thing to feel that you are on the right path, but it's another to think that yours is the only path."
— Paulo Coelho
Ask learners what they feel when they hear this quote.

10. Discuss strategies the government can put in place to protect girls and women from unsafe abortion. Probe for: preventing unplanned pregnancy (by providing comprehensive sex education, teaching adolescents to delay sex until they are ready and by improving access to contraception); improving access to safe abortion services.

11. Analyse the pros and cons of the new law on safe motherhood. Explain that the new law seeks to provide universal access to comprehensive maternal health services and make the laws on safe abortion less restrictive.

Safe motherhood law

Sierra Leonean women face a one in 20 lifetime risk of dying during pregnancy or childbirth, compared to a one in 5,000 risk in high-income countries. A study reported that unsafe abortions contribute to approximately 10% of maternal deaths in the country.

The reproductive health rights component of the safe motherhood bill seeks to establish clear legal protections for women's reproductive autonomy. This includes provisions for access to family planning services, comprehensive sexual education and safe abortion services under specific

	circumstances (including rape, incest, foetal abnormality, or when the mother's health is at risk of complication that could result in death). Successfully implementing the safe motherhood bill requires a carefully balanced approach that acknowledges and incorporates religious and cultural perspectives while advancing essential public health objectives. Source: Osborne, A., Sesay, U., Yillah, R.M. et al. Sierra Leone's safe motherhood bill: balancing public health, religious values, and cultural traditions. Reprod Health 22, 125 (2025). https://doi.org/10.1186/s12978-025-02051-9 11. Check learning by asking learners to summarise what new things they have learnt.

SSS 3: Lesson 3.1: What is Gender-Based Violence (GBV)?

Learning Outcome	Learners will be able to: • Define GBV and explain who is affected • Acknowledge that all forms of gender-based violence are a violation of human rights. • Explain how gender norms and gender roles contribute to gender-based violence • Describe ways in which GBV negatively affects the wellbeing of girls and women.
Key concepts	Gender-based violence (GBV) gender inequality
What you need	Specialist from the Ministry of Health or Gender or an NGO working on GBV to co-facilitate the lesson
What you do	1. Ask the learners to recall the definition of gender-based violence (GBV). 2. Explain that GBV is violence perpetrated against someone *because of their sex*, as opposed to **general violence** which may be perpetrated by either sex but is unrelated to the sex of the victim. State that research shows that girls and women are often the victims of GBV, and boys and men are mostly the perpetrators, although there are instances where girls and women inflict violence on boys. **Gender-Based Violence (GBV)** Gender-based violence is violence where a man or boy hurts a girl or woman because he has more physical strength and power. Gender-based violence can be physical, emotional, or sexual. GBV is a violation of human rights and is not legal in Sierra Leone. Girls and women sometimes are perpetrators of violence against men or boys in the home or school. Girls and boys can be victims of bullying, by the same sex or opposite sex. These acts may or may not be considered GBV. 3. Ask the learners what they think are the causes of GBV in Sierra Leone? Probe for answers including power imbalances (physical, economic), dependency, gender norms which allow men to assert control over women, lack of political will to enforce laws on GBV etc.) 4. Explain that gender norms and gender roles contribute to **gender inequality** and this is one of the underlying causes of GBV. For example women may feel pressure to submit to a man's will, they may depend on a man financially, or may face social sanctions (disapproval) if they leave a violent relationship. 5. Say that women or girls who are poor, without parents or family support may be most vulnerable to GBV but it also occurs throughout society in all social classes because of gender inequality. **Gender Inequality**

	Inequality means Not Equal. Inequality is when one group gets treated differently from another. Gender inequality is when men and women are treated differently in a way that gives one group an advantage over the other. Gender inequality often gives men/boys more power, better treatment and often more income than women. 6. Ask the learners what are the consequences of GBV on the health and wellbeing of victims? Probe for answers including physical injury, unwanted pregnancy, STI, fear and anxiety, depression, low self-esteem, inter-generational harm (cycles of violence repeated) 7. **Exercise**: Read aloud the following letter to Sissy who is an Agony Aunt. *"Dear Sissy,* *My name is Anifa and I am 12 years old. I live with my mama and two younger sisters. I don't know my papa.* *My mama has different boyfriends. Sometimes they bring us chop; sometimes they buy us clothes. Sometimes they beat my mama too bad.* *When I ask my mama why they beat her, she says man can beat woman any time he wants. When I ask her why, she says to be quiet or he will beat me, too!* *Sissy, why can these men beat my mama or me when they want?"* Ask: "*Is it right for men to beat women?*" If some people say yes, ask, "Why?" Keep asking why. Ask "*Does it have to be this way? Why or why not?*" Ask "*Who can change this? How*?" 8. Ask "*If the woman (or girl) who is beaten or raped were your mother or sister or daughter – what would you want for her?*" To the boys, ask "*How would you feel if you were beaten and raped for no reason?*" To both groups, ask "*What would be different in this country if women and girls were no longer beaten*?" 9. Say "Some people feel that in Sierra Leone culture it is "right" to beat a woman or girl. But it is against the law. The Child Rights Act of 2007, the Sexual Offenses Act of 2012 and the Domestic Violence Act make beating a woman or girl a criminal offence." 10. Ask "*Why do you think we have these laws*?" 11. Check learning by asking learners to summarise how gender norms contribute to GBV.

SSS 3: Lesson 3.2: Different types of GBV

Learning Outcome	Learners will be able to: • List the different types of gender-based violence (including FGM and early marriage). • Recognize that sex for grades is wrong • Know how to report teachers who demand sex for grades.
Key concepts	GBV, school-based violence, domestic violence, FGM, early marriage, child labour
What you need	You should be familiar with correct reporting channels for violations of teachers' code of conduct
What you do	1. Ask the learners to list different types of gender-based violence. 2. Explain that there are six (6) categories of GBV (physical violence, sexual violence, psychological or emotional, economic violence, cultural violence, and digital violence). Give some examples of sexual GBV. **Sexual Violence** Sexual violence can range from sexual harassment, indecent exposure, to sexual assault ("bad touch") to rape (forced sexual intercourse). Even if a couple are already intimate partners, if a woman does not consent to sex, it is rape. 3. Ask the learners to think about what types of GBV are involved in female genital mutilation. Probe for physical, sexual, and psychological. 4. Explain that teachers asking for sex in return for grades is a form of exploitation based on power difference and a form of GBV which should be reported. Ask learners how they would report a teacher if that happened. 5. Facilitate a discussion on the types of violence that girls and boys face at school. **School-based violence** Teachers have to follow a Code of Conduct they are expected to follow. The Education Act 2023 bans corporal punishment so that children feel safe in school and can learn. Teachers using corporal punishment face 7 years in prison. Alternative positive discipline strategies are more effective and can be used to promote learning. For example, a misbehaving student might be given an essay to write about values. This requires giving up of leisure time (so is a punishment) but also helps the student improve essay writing and understanding of values. 6. Read the following scenario to the group. *Jenni is 17. Jenni's parents have forced her to marry Pa Bedor who is 65. Pa Bedor forces Jenni to have sex with him because she is his wife. Pa Bedor cusses Jenni. Pa Bedor tells her he will lock her in the house with no food or water if she does not behave. One day, Pa Bedor finds Jenni spending time with*

his grandson, Fofanah. Pa Bedor chases Fofanah out of the house. Then Pa Bedor takes a cutlass and tries to cut Jenni. He chases her down the street swinging the cutlass.

Ask the following questions:

- *Should Pa Bedor be allowed to demand sex from his wife? Why or why not?*
- *Pa Bedor found Jenni with his grandson. Does he have a right to beat her? Why or why not?*
- *What are Jenni's rights and how can she claim them?*
- *Which laws protect Jenni?*

7. Explain how the Domestic Violence Act 2007 and The Child Rights Act 2007 protect Jenni.

Domestic Violence and the Law

The Domestic Violence Act of 2007 makes it against the law to harm a family member or someone who lives in your house or your compound. The law says domestic violence means doing or threatening to do any of these:

• Physical or sexual abuse

• Economic abuse (controlling person through limiting access to money, food, needs)

• Emotional, verbal, psychological abuse

• Harassment – bothering someone again and again with sexual talk, touching, pressure

• Harm that:

- Threatens someone's safety and health
- Threatens someone's privacy, integrity, security
- Threatens someone's dignity as a human being

Punishment under the Domestic Violence Act of 2007:

• A fine of up to 5 million Leones or a prison term of no more than two years or both.

Child Rights Act of 2007 (updated 2023)

• This is the law of the land. It is for every person in every community.

• A child is defined as anyone under 18 years old.

• Every child has a right to life, dignity, play, health, education and shelter from their parents.

• The parent must protect the child from neglect, discrimination, violence, and abuse.

• It is illegal for a parent to evict his or her child from the home, including in cases of pregnancy.

• The minimum age for marriage is 18 years old. Child marriage is against the law. It is against this LAW to force a child to marry or to promise a child in marriage.

	• A parent may not force a child to work if it harms the child's health or education. 8. Ask "Where can Jenni go for help?" Say: *All those who think Jenni should go to the Chief, stand here. (Point to one corner of the room); all those who think Jenni should go the Police or Family Support Unit (FSU), stand here (point to a different corner); all those who think Jenni should go to her mosque or church, go here (point to a 3rd corner). All those who think Jenni should go to her family, go here (point to the 4th corner).* 9. Tell the learners in each area to discuss and prepare the reasons why Jenni should go there first. Give them a few minutes. Then ask each group to say why Jenni should go there first. 10. Ask the learners to summarise how GBV affects the rights and wellbeing of girls, and also how boys' rights and wellbeing can also be affected by violence.

SSS 3: Lesson 3.3: Strategies to combat gender-based violence

Learning Outcome	Learners will be able to: • Demonstrate ways to seek help for themselves or someone they know in the case of gender-based violence. • Assess the role of boys and men, and women and girls, in ending GBV. • Outline the role of parents and governments in ending GBV.
Key concepts	GBV prevention, sensitisation, community engagement.
What you need	You should research local sources of help
What you do	1. Ask the learners to think about ways girls can protect themselves against GBV and other forms of violence. 2. Explain that it is important for girls to know their rights and speak up when they are faced with GBV. 3. Ask the learners where woman and girls can go to get help if they are subjected to violence. Ensure all available options in your local area are mentioned. **Where can women and girls get help?** • Board of Governors / School Safety Committees / School Management Committee / Guidance Counsellors • Family Support Unit (FSU) of the Sierra Leone Police • Marie Stopes Clinic • NGOs like Save the Children, Concern, Rainbo Centers, GOAL, Restless Development, BRAC, and others – find out which are active in your area • Chiefs and Mammy Queens • Traditional Birth Attendants (TBAs) • Child Welfare Committee • Local Council, Ward Committee, possibly the Teen Leader/Representative • Primary Health Unit (PHU), Community Health Workers, Hospital **Where can boys get help (domestic and school-based violence)** • Board of Governors / School Safety Committees / School Management Committee / Guidance Counsellors • FSU • Rainbo Centers • Chiefs • Child Welfare Committee • PHU, Community Health Workers, Hospital 4.**Exercise**: Divide the learners into small groups. Each group has to come up with ideas and a plan for how the following groups can do more to prevent GBV: Group 1: Parents Group 2: Men and boys Group 3: Women and girls

Group 4: Schools
Group 5: Government

Allow about 15 minutes, then call learners back together. Give each group 3 minutes to explain what they would do.

5. Facilitate a discussion on the most important measures that need to be taken to combat GBV (e.g. provide comprehensive sexuality education, sensitisation and community mobilisation on rights, enforce existing policies and laws, open more Family Support Units, criminalise FGM etc.). Conclude the session by emphasising the importance of all groups, especially men and boys, in working together to end GBV.

6. Ask learners if they have heard about 16 Days of Activism against GBV. Explain the concept and key messages of what men and boys can do, and direct learners to where they can read more.

16 Days of Activism against GBV

Every year, between International Day for the Elimination of Violence Against Women on 25th November and International Human Rights Day on 10th December, the world marks 16 Days of Activism Against Gender-Based Violence.

The campaign works to call for the elimination of all forms of gender-based violence (GBV), including everything from raising awareness about GBV, to sensitising communities, and supporting global and local efforts, to demonstrating the solidarity of women around the world against this challenge.

But GBV isn't just a "women's problem", and the 16 Days campaign to combat GBV is far from a women-only effort — because of course, without the efforts of men and boys too, we'll never put a stop to GBV.

So what are the best ways that men and boys can get involved? We've put together a run-down of some of the key ways men and boys can be great allies in the effort to stop violence against women and girls.

- ✓ Create a Safe Environment for Children
- ✓ Be Actively Involved in Raising Their Own Children
- ✓ Stop Harmful Ideas of Toxic Masculinity
- ✓ Create a Safe Listening Space for Women
- ✓ Support Women's Organizations and Services Globally and in Your Community
- ✓ Understand & Practice Consent
- ✓ Stand Against Rape Culture
- ✓ Start a Conversation
- ✓ Hold Each Other Accountable
- ✓ Come Along on Our 16 Days Journey of Action

Read more details here:

10 Important Ways Men & Boys Can Help Fight Gender-Based Violence

7. Check learning by asking each learner to state either a place to go for help or an action to combat GBV.

SSS 3: Lesson 3.4: Transactional Sex

<table>
<tr><td>Learning Outcome</td><td>Learners will be able to:
Explain what is meant by transactional sex
Distinguish transactional sex from commercial sex work
Identify the factors that motivate adolescent girls and boys to engage in transactional sex
Understand the health and social consequences of transactional sex</td></tr>
<tr><td>Key concepts</td><td>Transactional sex, economic vulnerability, stigma</td></tr>
<tr><td>What you need</td><td>Triangle of Life picture (optional)</td></tr>
<tr><td>What you do</td><td>1. Ask the learners if they have heard about the term transactional sex before and if yes, how do they define it? What do they think its impacts are?

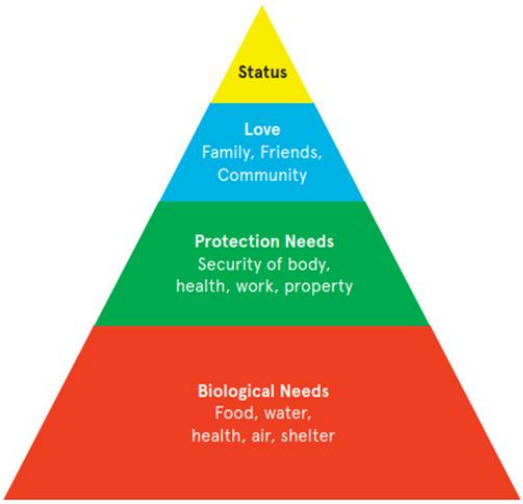
2. Explain the UNAIDS definition of transactional sex and its possible impacts.

Transactional Sex
UNAIDS defines transactional sex as non-marital, non-commercial sexual relationships motivated by an implicit assumption that sex will be exchanged for material support or other benefits.
Transactional sex is practiced by men and women at all ages and in all regions of the world. However, in West Africa, girls and women are particularly at risk. Agreeing to sex in return for grades in the classroom is also a form of transactional sex.

The impacts of transactional sex include:
Loss of self-respect and self-esteem
Exploitation and abuse
Less able to negotiate condom use (vulnerability to unwanted pregnancy and STI)
Loss of trust in merit-based reward system
3. Facilitate a discussion on the factors that motivate adolescent girls and boys to get involved in transactional sex. Explain that poverty, economic inequality, consumerism and peer pressure are the main factors that motivate young people to engage in transactional sex.

4. Explain the difference between a person needing something and wanting something. Draw a triangle on the board (Triangle of Life) like the image shown below and explain the four layers:
The bottom of the triangle (in red) is people’s most important needs. These are things people need to survive. They must be met before people can think about other things.
The next level of needs (green) is also very important. A home, a job, an education, safety. Protection from harm.
The next level up is also a need, (blue) love. People are social. They want to love and be loved. They want to have friends, and sweethearts. They want families and to belong to communities.</td></tr>
</table>

- The top of the triangle (yellow) is status. This level is more about what you want than what you need. This area is about achievement, recognition, material things, reputation and status.



4. Explain to learners that if they jump to the top of the triangle – to get what they want now, (smartphones or fancy shoes), before they take care of their needs, (like food, a home, an education or a job), they will have not have built a foundation for their life. Then the triangle will be upside down and it will be easy for it to fall over.

5.**Exercise**: Read the following letter to an Agony Aunt

"*Dear Sissy,*
Me, I am a 19 year-old girl and my parents died from Ebola. Now I have to take care of my 3 sisters and 2 brothers. I was in secondary school and I want to sit my WASCE, but I don't have the fees. Plus, I need money to take care of my sisters and brothers.
There is an older man who runs the supermarket in town and he wants me to be his girlfriend. He says we will pay for my fees and for our family's needs.
I don't like him at all. But what can I do?"
Very sad Mamei in Moyamba

6. Ask the group what questions they would ask Mamei to help her think through her problem. Ask them to write a reply to Mamei with their questions and advice.

7. Ask one or two learners to read out their replies. Then tell them Sissy's answer:
Read "*Dear Mamei,*
I am so sorry about your parents. Our country has suffered too much with this Ebola. You have been brave to take care of your family after your parents died. And it sounds like you have been a serious student who wants to achieve.
I understand you do not want to sell your body to support your family and pay your exam fees.

That is self-respect! That is responsibility! That is thinking about your health! Good job! What can you do? Are there any relatives you can speak with? Are there any NGOs in your community who could help you come up with a plan? You know your problem. Think of who can help you. You can do this!"

8.Facilitate a discussion on alternatives to transactional sex. Ask learners to recap their key takeaways from the lesson.

SSS 3: Lesson 3:5 Pornography

Learning Outcome	Learners will be able to: • Know the legal age limits on watching portnography • Understand that watching pornography from an early age can become addictive. • Evaluate ways that pornography can contribute to unrealistic expectations about boys and girls sexual behaviour, sexual response and body appearance. • Acknowledge that pornography can reinforce harmful gender stereotypes and can normalize violent or non-consensual behaviour
Key concepts	Pornography, internet
What you need	N/a
What you do	1. Ask learners about what they understand about pornography. **Pornography** Pornography may be defined as the depiction of erotic behaviour (sexual display in pictures, film or writing) that is intended to cause sexual excitement in the viewer. Over the past decade there has been a large increase in the pornographic material available to both adults and children due to a massive expansion of access to the internet. 2. Explain that pornography is not for children – there are legal age limits - and it can be addictive, especially if exposed early. 3. Discuss the negative short and long-term effects of pornography on boys and girls. **Impact of Pornography** Consumption of pornography is associated with many negative emotional, psychological, sociological and physical health outcomes. These include increased rates of depression, anxiety, acting out and violent behaviour, younger age of sexual debut, sexual promiscuity, increased risk of teen pregnancy, child sex abuse, sexual trafficking and a distorted view of relationships between men and women. Pornography can reinforce harmful gender stereotypes and can normalize violent or non-consensual behaviour. 4. Ask the learners to suggest reasons why pornography might contribute to unrealistic expectations about boys' and girls' appearance, sexual behaviour and responses. 5. **Exercise**: Ask the learners to imagine they are parents of young adolescents. In pairs, ask them to role play talking to their "child" about the dangers of pornography. What would they say? What would they like their child to do? How will they establish trust? 6. Remind learners that it is possible to accidentally encounter a pornographic website, even if you did not go looking for it. Remind them about the basic

	principles of keeping safe online, not sharing personal details, and to report concerns to a trusted adult. **Tips for teachers** It is important for parents to be aware of what their children are viewing on line and who they are engaging with. It is a good idea to have a WhatsApp group for parents (or other communication forum) in which you can share tips for helping their children to stay safe online and report any concerns. However always take care to protect privacy of individuals when chatting in a group.

SSS 3: Lesson 3.6: Human and Sex Trafficking

Learning Outcome	Learners will be able to: • Differentiate human and sex trafficking from legitimate activities • Explain risk factors associated with human and sex trafficking • Evaluate the negative impacts of human and sex trafficking • Understand the link between human and sex trafficking, prostitution pornography and gender inequality
Key concepts	Human trafficking, sex trafficking, prostitution
What you need	Printed case study scenario
What you do	1. Ask the learners if they have heard about human and sex trafficking and what they know about it. 2. Explain the link between sex trafficking, prostitution, pornography and gender inequality **Human and Sex Trafficking, Prostitution, and Gender Inequality** Human trafficking is the use of force, fraud, or coercion to compel a person into commercial sex acts or labour against their will. All commercial sex involving a minor is legally considered human trafficking. Commercial sex involving an adult is human trafficking if the person providing commercial sex is doing so against his or her will as a result of force, fraud or coercion. Human trafficking can happen to anyone but some people are more vulnerable than others. Significant risk factors include recent migration or relocation, substance use, mental health concerns, involvement with the child welfare system and being a runaway or homeless youth. Often, traffickers identify and leverage their victims' vulnerabilities in order to create dependency. Women are more likely to be victims of trafficking due to gender inequality, but vulnerable boys and men can also be victims. In many cases, people in trafficking situations do not see themselves as victims while they are being trafficked. They have been so expertly manipulated or "groomed" that they believe they are making their own choice. People in trafficking situations may well also depend on their traffickers for physical needs like money or shelter, or may face threats if they try to leave. Source: PolarisProject.org 3. Discuss the dangers of human trafficking and sex trafficking. Probe for physical, sexual and psychological abuse, loss of control and agency (e.g. confiscation of travel documents), financial dependency, loss of self-esteem etc. 4. Lead a discussion on what government, local communities and individuals can do to prevent trafficking, see box.

Protecting against Human and Sex Trafficking

Local government and communities

- Support groups who work to combat child trafficking
- Provide assistance to children without caregivers to reduce vulnerability
- Ensure that all children are registered at birth
- Ensure that children receive social services such as proper medical attention, counselling, safe housing and necessary legal services

Individuals

- Understand the law on trafficking, child labour and your rights
- Be aware of your surroundings: stay vigilant and aware, especially when walking alone.
- Trust your instincts: If you feel uncomfortable or unsafe, do not engage or go places you don't feel safe in.
- Use social media wisely: be cautious of unsolicited messages or opportunities that seem too good to be true
- Educate yourself: learn about human trafficking and its warning signs to recognise potential exploitation.
- Report suspicious behavior: If you witness any suspicious activity, report it to authorities or trusted individuals.

By following these tips, adolescents can better protect themselves from the risks associated with human trafficking.

5. **Activity:** Give a handout with the following printed case study and questions (or read aloud if you do not have a handout). Divide the learners into small groups and give them 15 minutes to discuss and write down answers to the questions. Then bring the groups together to discuss the answers.

Case Study

A is a 14 year-old boy who has finished schooling and hopes to find a job in a more affluent neighbouring country. A recruiter comes to his village and offers to help him get to the country and find work. His parents are happy because the recruiter gives them a small sum of money in advance. When they arrive in the destination country, the boy is handed over to an employer and made to work underground in a coalmine.

Questions

1. Is 'A' a victim of trafficking? If yes, on what grounds? If no, why not?
2. Is the employer at the coalmine a trafficker? Why or why not?
3. Would it make a difference if the parents were against his departure?
4. Would it make a difference if the recruiter had charged the family a fee for arranging the job for A, instead of paying for his labour?
5. Would it make a difference if boy A were 16 years old?

Case Study Answers

1. Is 'A' a victim of trafficking? If yes, on what grounds? If no, why not?
ANSWER – Yes, child A is a victim of trafficking because he is only 14 years old and work in the coalmine is considered as hazardous work, which is not permissible. It is exploitation and, in combination with the movement, is trafficking.
2. Is the employer at the coalmine a trafficker? Why or why not?
ANSWER - Yes, the employer can be charged as a trafficker. He is a part of the whole system of recruitment/exploitation. However, it may be difficult to prove the employer's involvement as part of an organized process. Even if he cannot be shown to be a trafficker, the fact that he is employing a 14 year-old in hazardous conditions is a crime.
3. Would it make a difference if the parents were against his departure?
ANSWER - If the boy is taken out of the country against the parents' will, there is likely to have been an element of deception or force, which means the child has been trafficked.
4. Would it make a difference if the recruiter had charged the family a fee for arranging the job for A, instead of paying for his labour?
ANSWER - No, it would not make a difference if the recruiter had charged the family a fee for arranging the job for A, instead of paying for his labour. Sometimes victims are trapped in forced labour because of a real debt to the intermediary, but sometimes also they may believe (or be told) that they 'owe' fees for travel or other 'services' even when they do not.
5. Would it make a difference if boy A were 16 years old?
ANSWER - No, it would not make a difference if the boy were 16 years old, because he would still be under the age of 18 and a victim of trafficking if he ends up in hazardous labour in the coalmine.

Source: UNICEF / ILO https://humantraffickingsearch.org/wp-content/uploads/2017/08/CP_Trg_Manual_Facilitator_guide.pdf

6.**Activity:** Divide the learners into small groups and ask them to perform a role-play in which they repel efforts to tempt them into being trafficked, using what they have learned in today's session. Rotate and observe the role-plays to check the learners have understood the messages of the session.

SSS 3: Lesson 2.1: Substance Abuse

<table>
<tr><td>Learning Outcome</td><td>Learners will be able to:
Understand the definition of substance abuse
Describe ways in which drugs, including alcohol, can impact rational decision-making
Describe some causes of substance abuse
Recognize that substance abuse can lead to social, physical, emotional and job-related problems.</td></tr>
<tr><td>Key concepts</td><td>Drugs, substance abuse, dependence, addiction
3. Signs and symptoms of drug abuse.
4. Solutions to solve substance abuse.</td></tr>
<tr><td>What you need</td><td>Optional: Guest speaker who was a past drug user</td></tr>
<tr><td>What you do</td><td>1. Ask the learners what they know about drugs and list the different types of drugs.

Drugs and substance abuse
A drug is any substance that people put in their bodies that affects the way they feel, behave, think, see, hear, smell, or taste. Drugs can also affect the way parts of the body function.

Examples of drugs are marijuana (djamba or weed), heroin (brown-brown), cocaine, alcohol, sniffing glue, cigarettes. Drugs can also be medicines which can be legally bought from a pharmacy.

If you are old enough you can legally buy alcohol. But it is still a drug and when it is misused, it is harmful. Other drugs are illegal, like djamba or cocaine. They are likely to cause harm.

2. If guest speaker available, ask them to give a talk about the consequences of addiction for them, and what they did to stop (steps 3-5).

3.Define and explain the consequences of substance abuse on one’s health and wellbeing.

Effects and consequences of Alcohol and Drugs
Impairs decision-making
Impairs reaction time so dangerous to drive / operate machinery etc
Can cause sickness, vomiting, even death in case of fatal overdose
Long term health damage (heart, blood vessels, lungs)
Can cause dependency / addiction, with serious personal, social and financial consequences
Damage to own and family’s reputation
Risk of criminal sanctions if using illegal drugs
3. Ask what the terms drug dependence and addiction mean.

Dependence and Addiction</td></tr>
</table>

Dependence is a strong feeling that you have to take or use the drug. When you are dependent on a drug, you cannot control your desire to use it. Addiction is when a person cannot stop doing something, even if he or she wants to. Addiction is when your body has become so used to a drug, that when you stop taking it, your body reacts badly. This is called withdrawal.

4. Ask learners if they know what happens to a person's body when they smoke cigarettes. Explain that e-cigarettes (vaping) still include nicotine which is toxic and addictive.

Dangers of Tobacco and Nicotine

Cigarettes are filled with tobacco.

Tobacco contains:

• Tar – Tar is a sticky substance that gets in the lungs of people when tobacco is smoked. It stays in the lungs, like a lining or coating. It is toxic (harmful).

• Nicotine – Nicotine is a powerful drug in tobacco. When people smoke tobacco, nicotine goes into the blood and travels right to the brain. It changes how fast the heart beats. It affects breathing. It is very toxic (poisonous). One drop of pure nicotine on the tongue will kill a person!

5. Ask why people might want to use drugs even though they know they are harmful. Probe for: search for a "high", temporary relief of bad feelings, boredom, negative peer pressure, addiction.

6. **Exercise**: Say you will now do a quiz to separate myths from facts about drugs and alcohol. Read the following statements and ask learners to decide if it is a myth or a fact.

Myths and Facts

1. You cannot become dependent on alcohol. (MYTH)

2. It is okay to smoke djamba if you are with your friends. (MYTH)

3. You cannot become dependent on cigarettes. (MYTH)

4. Drugs help a person deal with problems. (MYTH – drugs cause many more problems and reduce our ability to solve problems in healthier ways)

5. Inhaling things (like glue or paint thinner) cannot hurt you. (MYTH)

6. Girls and boys are less likely to use condoms when they use alcohol or drugs. (FACT)

7. People who use drugs or alcohol are more likely to get STIs and HIV. (FACT)

8. Girls who use drugs or alcohol are more likely to have an unwanted pregnancy. (FACT)

9. Drug users who share needles are more likely to get HIV. (FACT)

10. Smoking djamba makes a man more powerful sexually. (MYTH)

	11. Cocaine is a plant. It is natural and cannot harm you. (MYTH – It comes from a plant, but it can harm you.) 12. Smoking cigarettes can give you cancer. (FACT) 7. Discuss ways to prevent substance abuse in their lives – see box. **Prevention of substance misuse** • Adopt healthy habits which give a natural high such as exercise, team games • Surround yourself with friends who do not abuse drugs • Avoid situations where you can come into contact with drugs • If you are already addicted, see a health provider for help to quit. 8. Ask learners to write down a plan with 5 tips to themselves to follow to help them make good choices about drugs and alcohol in their lives.

SSS 3: Lesson 2.2: Prevention of Sexually Transmitted Infections including HIV/AIDS

Learning Outcome	Learners will be able to: • Define STIs and list types of common STIs • Assess how STIs affect adolescents sexual and reproductive health • Consider and apply risk reduction strategies to STIs, including HIV to prevent transmission of STIs to others • Demonstrate communication, negotiation and refusal skills for countering unwanted sexual pressure • Describe the correct use of condoms
Key concepts	Sexually transmitted infections (STIs), HIV/AIDS
What you need	Male and female guest speakers (health workers) - if available.
What you do	1. Invite a health worker to talk with learners (or deliver this talk yourself) about STIs covering the information below. **Sexually Transmitted Infections (STIs)** Sexually transmitted infections are infections that are passed from person to person through sex. Transmit means to pass something along. **Types of STIs** include Gonorrhea, Syphilis, Chancroid, Chlamydia, Trichomoniasis, Herpes, HIV/AIDS, Genital Warts, Crabs, (agbeagbe or krol krol). STIs are **passed** through different kinds of sex – vaginal, oral and anal. **HIV** is a type of STI when the virus is transmitted sexually. It spreads more easily when other STIs are present. But HIV/AIDS can also be transmitted through blood transfusions, razors, needles and pregnant mother to baby. **Signs and symptoms of STIs** can include: • burning when you urinate • discharge from the penis that is not semen • blisters, sores or swelling on or around the penis or vaginal area • warts around the penis, vagina or anus • unusual vaginal discharge that has bad odour and can be brown or yellow • Need to urinate more often • Itching in the groin • Sex is painful (girls/women) Some STIs do not have signs and symptoms for a long time. When an STI is not treated, the infection can spread and get worse. **Treating STIs** - Go to a health facility, like a PHU, a hospital or private clinic. You will find out if you have an STI. You will find out which kind of infection and then be able to get medicine. Then, you should tell any person you had sex with that you are infected. Tell them they need to get checked. Traditional Healers do not diagnose or treat an STI. **Preventing STIs** - Abstinence (no sex), or correct condom use every time you have sex are the only ways to prevent STIs.

2. Ask learner what they know about HIV/AIDS? Explain what HIV stands for and how it is transmitted.

HIV

H is for Human - because it is an infection that humans can get.

I is for Immuno-Deficiency – which means the body does not have what it needs to fight diseases.

V is for Virus. A virus is a tiny living thing that carries infections. A virus is too small to see.

HIV is a virus that gets inside the body and destroys the body's ability to fight infections. It is passed by blood, semen (cum), rectal fluids (inside the anus), vaginal fluids (inside the vagina), and breast milk.

These HIV-infected fluids must come in contact with a mucous membrane or damaged tissue (open sores outside or inside the body) to pass on HIV. Mucous membranes are inside the rectum, the vagina, the opening of the penis, and the mouth. HIV can also be passed by injections from a needle or syringe or from knives or razor blades with HIV-infected blood on them.

3. Ask learners if they have heard about AIDS? Explain how AIDS develops from HIV infection over many years.

AIDS

A is for Acquired (something you get).

I is for Immune (it means resistant or safe from disease).

D is for Deficiency (you don't have something you need).

S is for Syndrome. A syndrome is when there are many signs and symptoms that happen at the same time

HIV is the virus that causes AIDS. AIDS is the disease condition that happens when the body can no longer fight the virus. HIV attacks the body's immune system. The immune system protects your body from disease. In the blood, we all have special cells that fight disease. They are called CD4 cells. But CD4 cells cannot fight HIV.

HIV takes over the CD4 cells, and uses them to make more HIV. Instead of fighting disease, they make it easier for people to get diseases. So, when people develop AIDS, they begin to get many different diseases, because their immune system has been damaged or destroyed. This can take months or years.

Treatment with antiretrovirals (ARVs) slows down this process dramatically so people with HIV live longer without developing AIDS.

4. Ask learners to name all the places they could go in your local area to seek treatment for a suspected STI. If possible, research these in advance of the lesson so you know which ones provide youth-friendly services.

5. Facilitate a question-and-answer session – see examples below

Frequently Asked Questions on STIs / HIV

Q: Can you get an STI from mouth to mouth kissing?

A: Yes, you can get herpes from kissing on the mouth, if the infection is active and both people have open sores in the mouth. Kissing genital areas (oral sex) can spread other STIs.

Q: Your doctor prescribed medicine for 10 days but the symptoms disappear after 5 days of taking the medicine. Can you stop taking the medicine?

A: No, STI germs are hard to kill. If you don't finish the medicine, the infection may still be there.

Q: Why is it easier for someone with an STI to get an HIV infection?

A: Many STIs cause sores in or around the genitals. These sores make it easier for HIV to enter the body.

Q: Can you get an STI from a toilet seat?

A: No. The only way it could be passed would be if there was fresh blood from an infected person on the seat and that blood is able to enter your body through an open sore. This is highly unlikely.

Q: Do any STIs cause death? If so, which ones?

A: When you don't get treatment, syphilis, gonorrhea and AIDS can lead to death.

Q: How do you know if you are HIV positive?"

A: The only sure way to know is by getting a test. HIV testing is FREE. It is also confidential (it is secret between you and the health provider). You don't need to see a doctor to get tested.

Q: Can a pregnant woman with an STI give the infection to the baby?

A: Yes, when babies are born to mothers with an STI, the baby can get the STI during delivery. HIV can also be passed on to the baby through breast-feeding.

Q: Can you have sex while you are being treated for an STI?

A: No and yes. It is a bad idea, because you can still pass the infection to your partner. It is best to wait until you are done with treatment. If you do not wait, always use a condom.

Q: Can STIs be cured by having sex with a virgin?

A: No! In fact, if you have an STI and have sex with a virgin, you will likely pass on the disease.

Q: Can you only get an STI when you go to sex workers for sex?

A: No, anyone can give you the infection, including your wife, husband or sweetheart. STIs can be spread by any person - male or female - who is infected.

Q: Is HIV a punishment for the sin of adultery?"

A: No. Newborn babies can get HIV. Some people get it through injections, through receiving transfusion of blood, or through rape. HIV is a very difficult disease, but it is not a punishment for sin. It is true that people who have sex

	with many partners are more likely to get HIV, than those who are faithful to one person. Using condoms reduces the risk of contracting HIV and other STIs. 6. **Exercise**: Split the learners into small groups and give them about 10 minutes to come up with ways either to ask their sweetheart to use condoms and to say, "No condom, no sex!" OR to ask their sweetheart to wait to have sex until they feel ready. Bring the learners back together and ask for volunteers to tell how they would ask their partner to use condoms or how they would persuade their sweetheart to wait before having sex.

SSS 3: Lesson 2.3: Ebola, HIV/AIDS, and Risky Behaviour

<table>
<tr><td>Learning Outcome</td><td>Learners will be able to:
Understand differences between Ebola and HIV /AIDS
Know risky behavior for HIV infection</td></tr>
<tr><td>Key concepts</td><td>HIV, Ebola, risk behaviour</td></tr>
<tr><td>What you need</td><td>N/a</td></tr>
<tr><td>What you do</td><td>1. Ask the learners if they know about Ebola. Ask them what they know. Ask in what way Ebola and HIV share some similar characteristics. Now ask in what ways Ebola and HIV are different.

Ebola and HIV
Similarities
• Passed through blood
• Passed through semen (sex)
• Can cause death
• No cure
• Cannot be cured through traditional medicine
• Both diseases used ABC Campaigns
• You do not see symptoms right away

Differences
<table>
<tr><td>Ebola</td><td>HIV</td></tr>
<tr><td>Ebola is passed through spit and sweat</td><td>HIV is not transmitted this way</td></tr>
<tr><td>There are no specific medicines for Ebola</td><td>There are medicines for HIV</td></tr>
<tr><td>You can get Ebola from cups, plates, other things a person with Ebola has touched.</td><td>You cannot get HIV this way</td></tr>
<tr><td>You can get Ebola from touching a person who died from Ebola.</td><td>You cannot get HIV from touching the body of someone who died from AIDS</td></tr>
<tr><td>Ebola can kill you in days.</td><td>People can live with HIV for many years with treatment</td></tr>
<tr><td>Some people get better from Ebola in weeks. Once you have Ebola and get well, you are not likely to get it again</td><td>You cannot be cured of HIV/AIDS, but with treatment the disease can be managed well.</td></tr>
<tr><td>For Ebola, ABC stood for Avoid Body Contact</td><td>For HIV, ABC stands for Abstinence, Be Faithful, Condoms</td></tr>
<tr><td>For Ebola, you see symptoms in 2-21 days</td><td>For HIV, you may not see symptoms for months, even years, when the virus becomes AIDS</td></tr>
</table></td></tr>
</table>

	3. Exercise: Say that you will name some activities. Ask the learners to decide for each activity whether it is high risk, medium risk, low risk or not risk for getting HIV. 1. Sexual intercourse (in the vagina) without a condom (High) 2. Sexual intercourse (in the vagina) with a condom (Low) 3. Kissing (Low) 4. Hugging, touching each other (Low) 5. Oral sex with a boy or man and no condom (High) 6. Oral sex with a boy or man with a condom (Low) 7. Massage (Low risk) 8. Masturbation (No risk) 9. Sharing needles without cleaning them (High) 10. Getting a tattoo (High) 11. Sharing razor blades without cleaning them (High) 12. Eating, drinking from same plates, cups (Low/No risk) 13. Living with someone who is HIV positive (Low/No risk) 14. Anal sex with no condom (High) 15. Anal sex with a condom (Medium) 16. Having sex with many partners, sometimes with condom (High) 17. Having sex with many partners without condoms (High) 18. Having sex with many partners, always with a condom (Low) 19. Having sex with someone who injects drugs (High) 20. Injecting drugs (High) 21. Bathing with someone who is HIV positive (Low/No risk) 22. Using the same toilet or latrine as someone who is HIV positive (Low/No risk) 23. Eating food prepared by someone who is HIV positive (No risk) 24. Going to school with someone who is HIV positive (No risk) 25. Sleeping in the same bed with someone who is HIV positive, no sex (No risk)

SSS 3: Lesson 2.4: Support to People living with HIV/AIDS

Learning Outcome	Learners will be able to: • Recognize that people living with HIV have the right to equal love, respect, care and support as everyone • Acknowledge that exclusion and discrimination of certain groups in society increases their vulnerability to HIV and other STIs
Key concepts	People living with HIV, stigma, exclusion, discrimination, rights
What you need	Guest speaker – person living with HIV (if available)
What you do	1. Ask the learners why some people might not want to get tested for HIV? Discuss whether in your community people might experience stigma (feelings of shame, being rejected by others) if they have HIV. Point out that if people with HIV face rejection, they are less likely to get tested, which means the virus will be transmitted more readily as people will not have information to protect themselves. 2. Ask how many people believe HIV/AIDs exists in Sierra Leone? Remind everyone that over 54,000 people in Sierra Leone are HIV positive. 3. Ask the learners to write down what they understand by the term compassion. Ask for some of their suggestions. Explain that compassion is being able to understand how someone feels – just like it was you feeling that way. Compassion means you understand the other person's feelings and situation very well. 4. Invite someone living openly with HIV to speak with learners about the they face, their need to live a meaningful life and achieve their dreams. 5. Facilitate a questions and answers after the presentation. **Living with HIV/AIDS** People can live healthy, long lives with AIDS. • They must get and take their medication. Medication for AIDS is free in Sierra Leone. • It is very important to eat right: lots of protein (meat, chicken, fish, nuts, eggs, beans), vegetables (onions, cassava or peteteh leaves, okra, tomatoes, peppers), fruits (mango, pineapple, grapefruit, banana, sweet-sour, papaya), fats or oils (ground nuts, palm oil, oil, avocado) • plenty of clean water to drink every day • People living with AIDS should not drink alcohol or limit it. • People living with AIDS should not smoke cigarettes or djamba. • People living with AIDS should get exercise. • People living with AIDS should keep clean – body, home, clothes, plates. • It is very important to avoid infections. • People living with AIDS should continue daily life – work, school, play, time with family and friends.

	6. Explain that Sierra Leone has a policy of free comprehensive health services for HIV, which is important both for safeguarding the rights of people with HIV and also to protect the health of everybody. **HIV Testing and Services** Sierra Leone has a national policy for FREE health services related to HIV, including: • Prevention • Medicines (called ARVs) and HIV-related care • Voluntary Confidential Counseling and Testing (VCCT) • Prevention of Mother to Child Transmission (PMTCT) • Medicine for Tuberculosis (which often comes when HIV develops into AIDS)." 7. Ask the learners to reflect and answer the following questions: *What feelings or impressions did you have during the presentation(s)?* *What parts of the presentation(s) were most meaningful or most surprising to you?* *What did you learn about what it is like to have HIV?* *What is the most important thing you learned or experienced today?*