

LIFE SKILLS

**Information Booklet on Sexual
Reproductive Health that complements
URUKUNDO Life Skills BOARD GAME**



URUKUNDO LIFE SKILLS BOARD GAME

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INFORMATION BOOKLET

**ON SEXUAL REPRODUCTIVE HEALTH THAT COMPLEMENTS
URUKUNDO LIFE SKILLS BOARD GAME**

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PREFACE

I have read this book and I found it very important!

It teaches adolescents about changes and physiology of their sexual reproductive organs!

It also sensitizes teenagers about the prevention of all Sexually Transmitted Infections (STIs) as well as teenage unwanted pregnancies prevention.

The uniqueness of this book that I came across, is that it is tailored in a fun and game way that can engage parents and their children to talk about their problems freely and straightly. Hence, parents can get the views and opinions of their children from which they can advise their children. Moreover, children become more open to the parents which improve their mutual trust and adherence to the given advices.

This book should reach every single family for them to play this fantastic and particularly educative game.

Dr GASASIRA Jean Baptiste

Dr. GASASIRA Jean Baptiste was born in 1952 in South Province of Rwanda. He graduated as Doctor in Human Medicine in 1979 in Medical Section of National University of Rwanda – Butare. From 1979 to 1989, He was employed as General Practitioner in Different Public Hospitals in Huye, Kibuye, Kabgayi and University Teaching Hospital of Kigali (CHUK). From 1990, Dr. GASASIRA founded his own health facility known as Polyclinic Le Bon Samaritain with different specialities especially Paediatrics and Gynaecology. He is now retired from 2019 after 40 years of Medical Service.

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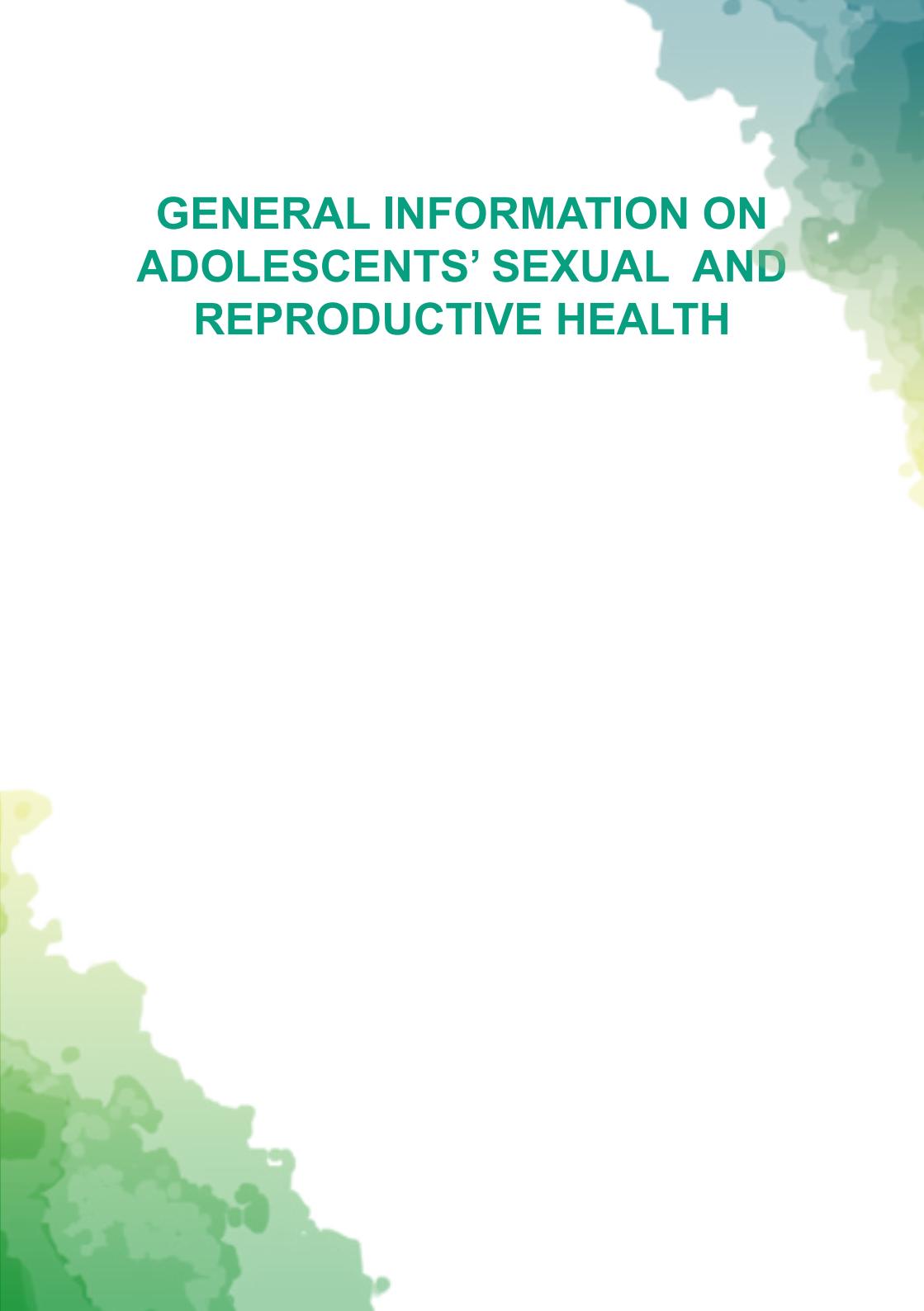
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GENERAL INFORMATION ON ADOLESCENTS' SEXUAL AND REPRODUCTIVE HEALTH

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PERSONAL, FAMILY AND COMMUNITY VALUES

NGABO

Ngabo is one of the bright students in senior 3 at his secondary school. He is praised by his colleagues and teachers that he is an exemplary adolescent of manners and values. One of his personal values is honesty and he has committed himself to never cheat during any exam at school.

Recently, it was announced that they will sit for Mathematics examination and Ngabo was not prepared. Due to peer pressure, Ngabo cheated in exam and got punished for that. Today, Ngabo is not only regretting for the punishment but he is mostly regretting the fact that he couldn't keep his personal values as he had promised to himself. In his other values, he promised himself not to engage in sexual intercourse before marriage and is striving to keep the promise to prevent regret.

In this Chapter we will look on personal, family and community values that should guide behaviors.

1. PERSONAL, FAMILY AND COMMUNITY VALUES

The term values have got several meanings. It may refer to the actual worth of an object or an item or a more personal measure of worth, such as how important certain beliefs, principles or ideas are to someone.

Values are those qualities, beliefs, principles and ideas that we feel strongly about. People have different values because they were exposed to different sources of values. Normally, we get our values from family, culture, religious teachings, media and friends. For instance, a teenager from one of many families that value education, there is a high chance that he/she will pick that value and study hard to get good grades and pass examinations.

People who make decisions according to what they value, they later feel happy about their decisions. However, those who make decisions which are in conflict with their values, get unhappy and usually regret it. Thus, it is important to make decisions and live our lives according to our personal values.

In addition, always our values guide our behaviors. We behave according to our values. Our core values are maintained throughout our lives and define the kind of person we are. Attitudes are positive or negative evaluation we have toward other people, objects, activities and many other phenomena.

People who have a positive attitude about certain behaviors end up engaging in those behaviors while they are less likely to engage in a behavior that they have a negative attitude to. For instance, the attitude can be: "I like the idea of abstinence so that I don't need to worry about pregnancies."

For a person with this attitude, there is a high chance that they will strive for a positive quality of abstinence. Another attitude can be “I like condoms because they not only prevent teenage pregnancies but also prevent against Sexually Transmitted Infections (STIs)”. The holder of this attitude will strive for protecting themselves against STIs and teenage pregnancy through effective usage of condoms.

Thus, our attitudes and values influence our behaviors. Attitudes resulting from thoughtful critical examination of new arguments tend to be strong, resist change and greatly influence behavior. Before deciding to have a positive or negative attitude toward an activity, it is always better to do research and get evidence whether the activity is right or wrong, risky or safe.

Did you know

People who make decisions according to what they value, they later feel happy about their decisions. However, those who make decisions which are in conflict with their values, get unhappy and usually regret it.



THE SOCIAL CONSTRUCTION OF GENDER

MAJYAMBERE

Majyambere will turn 14 next year. Since his childhood, he has decided to stand for the equal rights of male and female and to challenge how the society perceives gender.

He knows and performs domestic tasks perfectly including cooking, washing clothes and many activities whom his friends consider as female's work. He has always been against anyone that thinks one gender (mostly females) should be left behind at school, in any activity or any idea that there are school courses or professions reserved only for boys or girls.

In this chapter, we will look at Society myths on gender, and how urgent they should be changed for sustainable development.

2. THE SOCIAL CONSTRUCTION OF GENDER

2.1. GENDER AND GENDER ROLES

Gender is determined socially. The society teaches about gender roles and have different expectations for people of different genders. However, Sex refers to biological differences between men and women. They're usually permanent and can't be changed.

Gender refers to differences between men and women created by the society based on sex. This includes, unequal treatment, different roles taught to boys and girls, unequal power between men and women.

Stereotypes; means a belief that people of the same age, gender and tribe should act alike. A belief against individuality. Stereotypes about male include; they are aggressive, should protect and provide for the family, never cry, like sports, take good decisions and are leaders. On the other hand, stereotypes about women include that they are obedient, give birth and breastfeed children, are emotional, gentle, can't inherit property and are talkative.

People who believe in stereotypes, believe that there is what they can't do because of their gender and gender end up limiting their goals and what they expect from themselves. The most damaging stereotypes are related to gender and arise from different beliefs.

Despite being illogical, boys may believe that to be masculine they should be in control and never show emotions, exert force to their sexual partners, start sex early in life and have many partners, take risks to prove their manhood, always take works in careers that are mechanical or analytical, solve conflicts by violence, assume responsibility as head of the family and avoid traditional female's work at home or at workplace.

In contrast, female may illogically believe that to be feminine they should be emotionally sensitive and vulnerable, be submissive to the wishes and demands of a sexual partner, have many children despite their wishes, satisfy needs of others before their own, be physically attractive to standards of someone else, be tolerant to sexually harassing behavior without complaints, assume responsibility in case of violence, rape and assaults and avoid careers in mathematics and sciences subjects.

In short, stereotypes about male and women are influenced by religion, culture, economic status, education level and the media. However, the traditional roles of men and women can change and none should be stopped from doing this or that because of their gender. Attaching specific roles to men or women limit the opportunities for both.

2.2. GENDER BIAS AND DISCRIMINATION

The term “bias” refers to favoritism or preference while “discrimination” refers to separation or victimization based on one’s belief or preferences. There are different bias and discrimination related to gender, where for instance in many societies men and boys are highly valued compared to women.

More examples of gender bias and discrimination includes:

- In some societies, women and girls are not given the opportunity to go to school
- Girls stay home doing roles preparing them to be wives and mothers
- Girls are not allowed outside the home alone or at all
- Girls get married and become mothers at early age in

- Girls who get pregnant are chased out of school while boys who fathers the children usually continue studies
- Girls usually don't have right to inherit properties from parents
- Girls are more at risk of violence usually sexual violence.
- Women are usually not allowed to work some kind of jobs and if allowed, they sometimes receive low pay compared to men doing the same job.
- Women are usually underrepresented in decision making bodies.

Men and boys can as well be discriminated in different occasions including:

- They are expected to be strong and never express their emotions
- Expected to work and deliver for the family at any means which limit the time they spend with children.
- Expected to fight for the family and participate in civil wars and national wars
- Boys are hindered from playing games attributed to girls and are discouraged from spending time with their mothers and sisters.

Some families would like to give birth to boys as they continue the family name, help family and parents at their old age while girls will just do home tasks and get married. However, all these are just assumptions and stereotypes leading to bias and discrimination. Either male or female can put on any clothing, do household tasks, do sports and choose whatever career and equally benefit the family and society.

2.3. DYNAMICS OF GENDER-BASED VIOLENCE

Gender based violence (GBV) is a complex, long standing and global problem which is a public health priority on which the society remains calm about. GBV has roots in the way we were raised and socialized to think that men have the right to expect certain things from women and the right to use verbal or physical forces whenever those expectations are not fulfilled.

GBV is as well linked to the power and privilege that men enjoy in society. Everyone needs safety and protection from violence but unfortunately violence is common in society. Men and boys are usually victims of violence out of home while women are violated in private spaces like home and by who they know, usually their partners.

GBV is also termed domestic violence because it usually happens at home.

Violence is defined as the use of force or threat of force of one individual to harm another. It has got many forms including:

- Physical (beating, kicking, stabbing),
- Emotional (deliberately ignoring, insulting, humiliating, manipulation, isolation),
- Economical (restricting access to money/property, depriving someone of money, paying less than due)
- Sexual (rape, sexual harassment and coerced sex)
- Harmful traditional practices (female genital mutilation, forced marriage or divorce).

Violence can result in physical injury, mental trauma, loss of self-esteem and even death thus elimination of GBV is the first step towards achieving gender equality.

We all have power and responsibility to eliminate GBV.

As individuals we can commit ourselves to never committing violence. As parents/teachers can establish a violence free home, teach girls that they're as smart and valuable as boys, go beyond abstinence and talk about sexuality at home, encourage girls and boys to respect each other's rights and communicate openly. We need to emphasize that having sex is a joint decision that require active consent from both people. Negative feelings like anger should not build up to cause danger. Communicate to a partner how you feel after being hurt instead of keeping the anger.

Whenever violence occurs, regardless of what was or was not said or done to prevent it, it is never the victim's fault. If you have experienced any form of violence, get help immediately and do not feel guilty.

People own and have control over their bodies. Right to privacy or one's body and right to tell others not to touch one's body when they don't want to be touched. Whenever someone fails to recognize that you are the owner of your own body and act accordingly, they're sexually abusing you. It is always wrong to abuse another person's body and it is never the fault of the victim (abused person).

Sexual violence includes forced sex (use of physical efforts to engage someone in sex), coerced sex (being pressured into having sex—emotionally, socially, or economically) and sexual harassment (unwelcome and repeated sexual advances, requests for sexual favors, and verbal comments of a sexual nature).

In the event of sexual violence, the victim should:

- Leave the scene immediately, and go to a safe place.
- Report to a trusted adult/ organization immediately

- Visit a doctor as soon as possible before he/she remove your clothes or clean your body especially after forced intercourse. This is important for collecting evidence against a rapist and to get drugs for pregnancy or HIV prevention.
- Report the abuse to the police or Isange One Stop Center preferably taking along a supportive adult.

Sexual violence risk can be reduced by knowing one's rights, saying no to strangers giving lifts or gifts, avoid being alone in unsafe places, avoiding drugs and alcohol when out because they reduce inhibition and judgement making people able to take advantage on you.

Did you know

Violence can result in physical injury, mental trauma, loss of self-esteem and even death thus elimination of GBV is the first step towards achieving gender equality.



ADOLESCENCE

MUGISHA

Mugisha is a 14 years old adolescent girl. When she was standing up to play, her colleagues laughed at her upon seeing spots of blood on her school uniform. Mugisha was worried and when she reached home, she decided to share what happened with her parents. She was relieved when her mother told her that it is her first periods (menarche) and that it normally happens to girls of her age.

In this chapter we will learn about secondary sexual characteristics of adolescents in puberty including menarche.

3. ADOLESCENCE

FOR BOYS AND GIRLS

When human beings are growing, they pass through different growth stages. The important stages are:

- Childhood
- Adolescence
- Young adulthood
- Adulthood
- Elderly

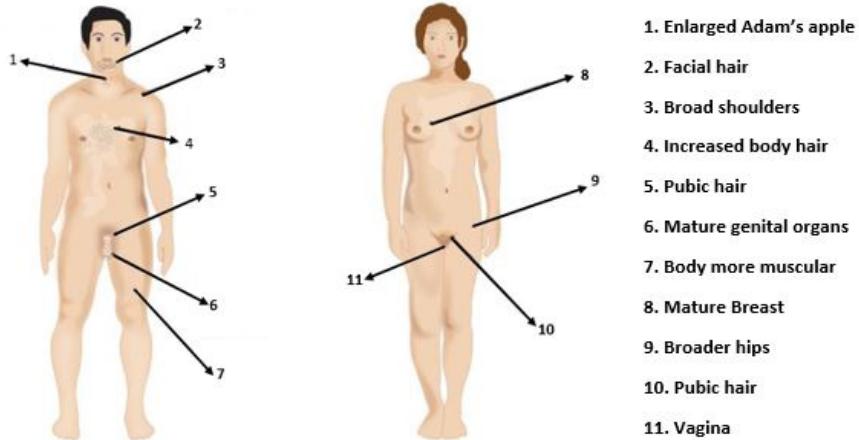
In this chapter, we will focus on adolescence as a critical period for sexual reproductive health and as a focus of this booklet. Adolescence is a period of time between childhood and adulthood. This period is characterized by various changes in the structure and functioning of the reproductive body parts, the way of thinking and behaviors.

According to World Health Organization (WHO), an adolescent is any person between ages 10 and 19. Puberty is a process of physical changes by which adolescents become capable of reproduction. According to Medicine Net, puberty starts at the age of 10-15 in girls while for boys, it usually starts at the age of 12-16.

3.1. PRIMARY SEXUAL CHARACTERISTICS

The structure and functioning of reproductive body parts of an adolescent is different from the body of a child. The primary sexual characteristics are those which are present at birth and include penis or vagina, testicles or ovaries. At puberty, secondary sexual characteristics emerge.

3.2. SECONDARY SEXUAL CHARACTERISTICS OF AN ADOLESCENT BOY



According to Wikipedia, the following are secondary sexual characteristics of an adolescent boy:

- Increase in physical strength
- Changes in the body figure
- Wet dreams
- Deep voice
- Growth of hair at the levels of the armpit, the chest, face and around the penis (pubic hair).
- Increase in height
- Acne
- Growth in size of the reproductive parts like penis and testicles

Some reproductive system changes such as wet dreams signify that the adolescent boy can get someone of the opposite gender pregnant anytime they have unprotected sexual intercourse. This does not necessarily mean that he is ready for it, he needs physical and emotional growth as well as preparation in order to become a good parent in the future.

3.3. SECONDARY SEXUAL CHARACTERISTICS OF AN ADOLESCENT GIRL

The following are secondary sexual characteristics of an adolescent girl:

- Growth at the level of the hip and increase in height
- First periods
- Enlargement of breasts
- Growth of pubic hair around her genitals and hair at the level of the armpit
- Increase in size of genitals
- Acne

Some reproductive system changes like first periods means that the adolescent girl can get pregnant, but her body is not fully developed to carry a baby and for safe delivery. That is why most of impregnated adolescent girls undergo caesarian section for delivery and are fatal for the mother or the baby. The adolescent girl is also not emotionally prepared to bear a child and needs emotional growth and preparation to become a good parent in the future.

These changes for boys or girls do not occur at the same time for everyone. These changes might take long to come or come early. In case there is a delay, it is normal and it depends on the functioning of your hormones.

It is important to discuss with parents or educators about any worry about these changes. Moreover, it is also important to avoid unprotected sexual intercourse to protect yourself from teenage pregnancies and sexually transmitted infections (STIs) including HIV/AIDS.

REPRODUCTIVE ORGANS

CYUSA

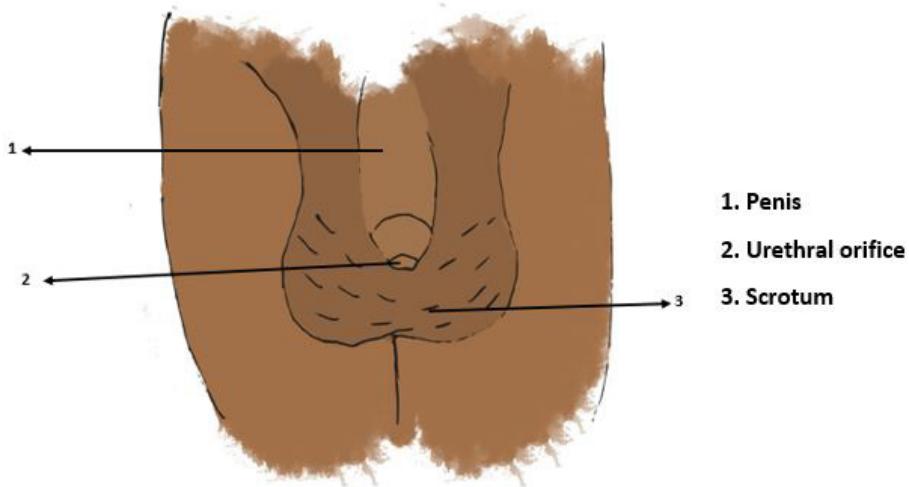
Cyusa is a 10 years old student in primary 4. During the course of Science and elementary technology, his teacher said that during childbirth, the baby pass through vagina. Cyusa was surprised because he had heard from his colleagues that the baby pass through the navel (belly button). Since then, he is interested to learn about functions of reproductive organs.

This chapter details different reproductive organs of adolescent boys and girls as well as their functions.

4. REPRODUCTIVE ORGANS

4.1. REPRODUCTIVE ORGANS OF ADOLESCENT BOY

4.1.1. EXTERNAL REPRODUCTIVE ORGANS

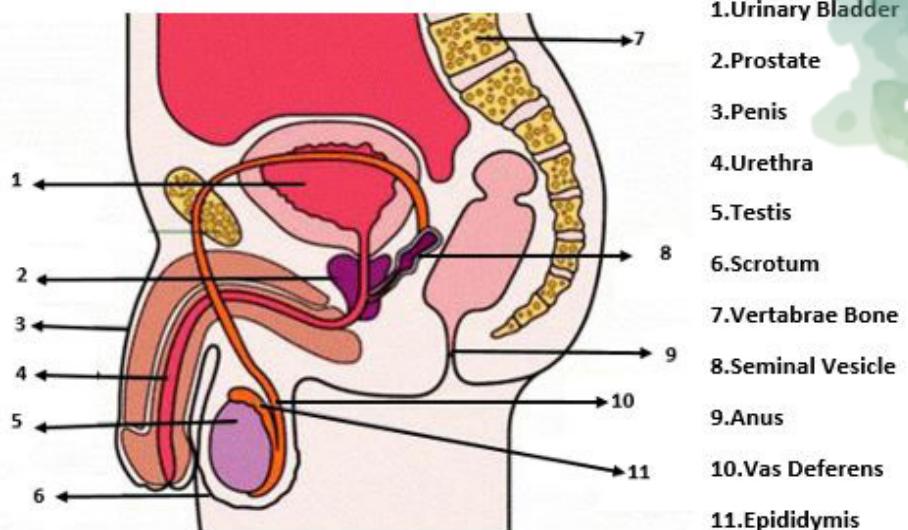


The external reproductive parts of an adolescent boy are:

- Penis
- Scrotum

The penis is involved in sexual intercourse and urination while scrotum shelters, covers and protect testes.

4.1.2. INTERNAL REPRODUCTIVE ORGANS



Internal reproductive organs of the adolescent boy are made of six parts:

Testes: They are housed in the scrotum just behind the penis. The testicles (testes) are the male gonads — the primary male reproductive organs. They produce gametes or sperm, and secrete many hormones, primarily testosterone.

Epididymis: It is a long, coiled tube that rests on the backside of each testicle. It transports and stores sperm cells that are produced in the testes.

Vas deferens: It transports sperm from the epididymis to the ejaculatory ducts for the production of ejaculation.

Seminal vesicle: They are two small glands that store and produce the majority of the fluid that makes up semen.

Prostate gland: It is a male reproductive organ whose main function is to secrete prostate fluid, one of the components of semen.

Urethra: It is the tube that carries urine from the bladder to outside of the body. It also has the additional function of ejaculating semen when the man reaches orgasm.

DID YOU KNOW

When a boy has not yet reached puberty, his reproductive organs seem asleep

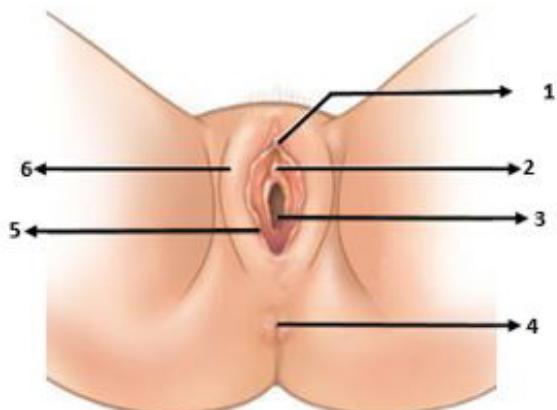


When the boy reaches puberty, his reproductive organs become active; his testicles grow bigger and start producing sperms from puberty until death.

4.2. REPRODUCTIVE ORGANS OF ADOLESCENT GIRL

4.2.1. EXTERNAL REPRODUCTIVE ORGANS

External reproductive parts of an adolescent girl are:



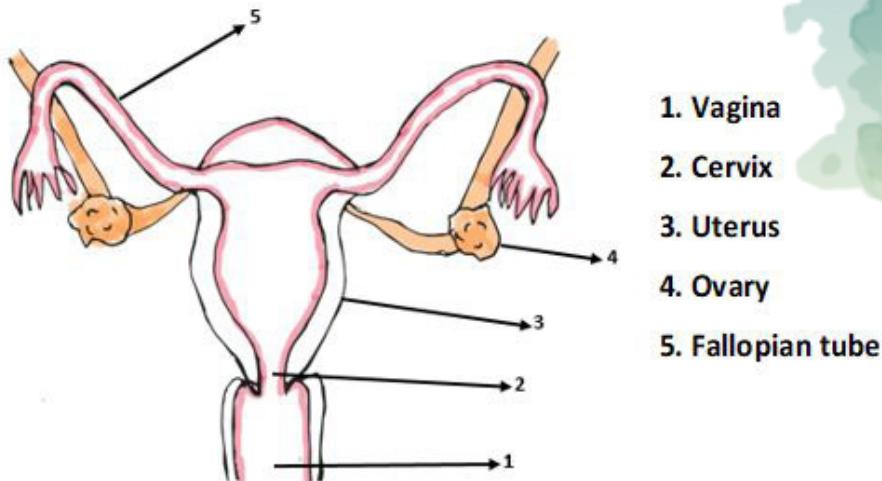
1. Clitoris
2. Urethral orifice
3. Vagina
4. Anus
5. Labia minora
6. Labia Majora

DID YOU KNOW

During childbirth, the baby passes through vagina, not in the umbilicus (belly button).



4.2.2. INTERNAL REPRODUCTIVE ORGANS



Internal reproductive parts of adolescent girls are:

Ovaries: They produce eggs (ova) for fertilization and they produce the reproductive hormones; estrogen and progesterone.

Fallopian tube: They transport the ova from the ovary to the uterus each month.

Uterus: It nurtures the fertilized ovum that develops into the fetus and shelters it until the baby is mature enough for birth.

Cervix: It allows flow of menstrual blood from the uterus into the vagina, and direct the sperms into the uterus during intercourse.

Vagina: It receives the penis during sexual intercourse and also serves as a conduit for menstrual flow from the uterus. During childbirth, the baby passes through the vagina (birth canal).

DID YOU KNOW

Uterus expand 500 times the size during pregnancy from the size of orange or fist before pregnancy to the size of a watermelon by the third trimester.



MENSTRUATION

UWERA

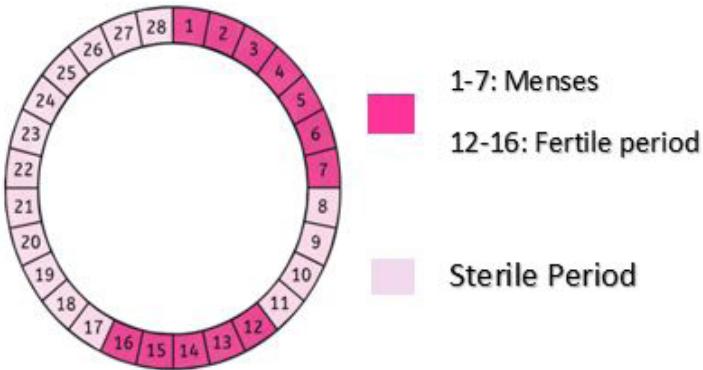
Uwera is an 18 years old adolescent girl. During her periods, she experiences severe painful periods and lower belly pain. Her intimate friend advised her to have sexual intercourse to prevent anymore menstrual cramps. Is this advice worthy to accept?

In this chapter we are going to learn menstrual cycle, periods and what adolescents like Uwera can do to manage menstrual cramps.

5. MENSTRUATION CYCLE OF A WOMAN

5.1. WHAT IS MENSTRUAL CYCLE ?

Wikipedia defines menstrual cycle as the regular natural changes that occurs in the female reproductive system (specifically the uterus and ovaries) that makes pregnancy possible. The cycle is required for production of oocytes (eggs), and for the preparation of the uterus for pregnancy. Menstrual cycle of a woman is dependent on the time the ovaries release one egg per month. When it does not meet the sperm to form a fetus, the egg dies and uterine linings shed through vagina as periods.



5.1.1. CHARACTERISTICS OF MENSTRUAL CYCLE

- The menstrual cycle lasts between 21 and 36 days, even though many women's menstrual cycle lasts 28 days.
- A woman can have regular or irregular cycle. Stress, illness, nutrition status or hormones of her body might cause the changes in her cycle.
- In the middle of the cycle, the egg is produced from one of the ovaries.

5.1.2. WHAT DOES IT MEAN TO BE IN PERIODS

A period is when a woman's body releases tissue it no longer needs. Every month or so, the uterus lining gets thicker to prepare for a fertilized egg if the woman becomes pregnant. If the egg does not get fertilized, that lining is released from the body as blood through the vagina.

5.1.3. WHAT CHARACTERIZES THE TIME OF PERIODS

Most girls get their first period when they are between 12 and 14 years old, while others get their periods at the age of 9, 10 and sometimes 16 years old due to hormonal changes

5.2. KNOW HOW TO COUNT YOUR MENSTRUAL CYCLE

The formula we are going to give as example can be used to show well the menstrual cycle of a woman. Knowing how to count your menstrual cycle is awesome because it helps you to predict when you can be pregnant and when you can't upon having unprotected sex. It also helps you to predict the date of your next periods and to prepare accordingly.

However, your menstrual cycle can undergo some changes due to travelling, weather changes, stress, anxiety or too much emotional pressure. These changes in addition to mistakes in calculations can bring errors in your predictions. Thus it is advised that in case you think there is errors in your calculations, you should avoid unprotected sex to avoid unplanned or teenage pregnancy.

Moreover, mastering your menstrual cycle will enable you to predict when you can't be pregnant by doing unprotected sex but you will still be at risk of Sexually Transmitted Infections (STIs) including HIV and AIDS thus you should consider it before taking any decision.

For you to master well the formula to calculate your menstrual cycle, you need to spend at least six months counting the days that make up your menstrual cycle without jumping any day in-between for you to know whether your menstrual cycle is regular or irregular. If those days of the menstrual cycle are always repeating, always note how many they are, know which days are many or which are few. Always noting them on the paper or notebook.

After knowing for how long your menstrual cycle lasts, for example, knowing that your days are not always the same, you can use the following formula:

- You take the days of your shortest cycle and subtract 18. Then take the days of your longest cycle and subtract 11. For example, if your shortest cycle is made of 26 days and your longest cycle made of 30 days, you take $26-18=8$ and then $30-11=19$.
- This means that your fertile period starts from day 8 and ends at day 19. Remember that the first day is the day marking your first menses.

For a woman who has a regular cycle:

If a woman has a regular menstrual cycle that never changes, i.e. a cycle made up of 30 days, we use a different formula from the above one. For this case, you take the days making up her cycle and subtract 14, the fertile period will be between the first 3 days before the date she got and the last 3 days after the date she got. Remember to add one day of assurance. This means you take $30-14=16$, and the fertile period starts from $16-4=12$, and ends on $16+4=20$. This means that the fertile period of this woman starts from day 12 to day 20, in consideration of her first day of menses.

Example:

**Josiane has a regular menstrual cycle of 32 days.
The first date of her last menses is 26th /09/2019.
Find her fertile period.**

- The date she will have her next menses = $26\text{th}/09 + \text{days } 32$
= $58\text{th}/09$ (subtract 30 days making up the month of September)
= 28th October 2019 (28th/10/2019).
- The date of the release of the egg = $28\text{th}/10 - \text{days } 14 =$
14th October 2019
- The fertile period of Josiane = $14\text{th}/10 - \text{days } 4 \text{ till } 14\text{th}/10 + \text{days } 4 =$
from the 10th to the 18th October 2019 (10-18th/10/2019).

Example:

Gisele has an irregular menstrual cycle.
She kept track of her cycle and found that her shortest cycle has 25 days and the longest cycle has 28 days.
If she got her last menses on the 26th/09/2019.
What is her fertile period?

- The days making her shortest cycle – 18 = days 25 – 18 = day 7 (when you check the calendar it is on the 2nd October 2019 counting from the date of her last menses)
- The days making her longest cycle– 11 = days 28 – 11 = day 17 from the date of her last menses. That means it is on the 12thOctober 2019.
- That means that the fertile period of Gisele is from the 2nd/10/2019 to the 12th/10/2019.

N.B:

This formula is not used by women who got checked up at the hospital for family planning, because even if you use it and you stop it, you need to first count and master the days making up your new cycle, and spend about a year counting. This is because after stopping your medications, your cycle might have changed and not be similar to the one you used to have

Did you know

You can miss your periods even when you are not pregnant.



Someone can miss her periods not necessarily because she is pregnant, but due to a given illness or some hormonal changes. Every adolescent girl is encouraged to visit the hospital in case she misses her periods.

5.3. MENSTRUAL CRAMPS

According to Pubmed Journal, 84.1% of women report that they had painful periods (menstrual cramps). Among them, 43.1% report that pain comes in every period while 41% say that pain comes in some periods, but not in others. Some researchers say that only 5% of women have severe to extremely painful periods.

5.3.1. CAUSES OF MENSTRUAL CRAMPS

Painful periods are caused by the release of chemicals called Prostaglandins by the body alone causing contractions, which can be painful even in healthy girls. However, we have 2 types of painful periods or menstrual cramps:

- Primary dysmenorrhea** (Painful menses without any other disease): This constitutes 90% of all cramps and is common in adolescents. It can be due to the structure of your pelvis, narrow cervix, abnormal uterus, ovaries or vagina structure. It can also be due to factors that you inherit from your parents' much Prostaglandins hormone. If your mother had cramps, there is a 40% risk that you will have cramps too. This pain is not continuous; it comes and goes many times during menses. It is usually followed by nausea, headache or vomiting.

- Secondary dysmenorrhea** (Painful menses due to an underlying disease). It usually affects women older than 20 years and the pain increase with age. It can be associated with painful sexual intercourse (dyspareunia), many bleeding episodes during cycle (polymenorrhea, metrorrhagia) or even infertility.

We can have many diseases such as:

- ◊**Endometriosis:** It is the most common and it is when the tissue that should only grow in the uterus grows outside of the uterus such as in ovaries, which is painful.

- ◊**Uterine fibroids or tumors**, which can bleed or increase pelvic pressure hence painful.

- ◊**Intra-uterine devices** used in contraception sometimes can cause pain especially during sexual intercourse.

- ◊**Chronic pelvic pain** due to sexually transmitted infections, uterine/bladder abnormalities, ovarian tumors, sexual or mental abuse and many others can cause pain even when the girl is not in periods.

- ◊**Obstruction of blood vessels** supplying uterus (ischemia).

If you are treated against the underlying disease, the menstruation cramp in the category of secondary dysmenorrhea will fade away!

5.3.2. WHAT CAN I DO TO MANAGE PAINFUL PERIODS?

If the pain is intolerable and is interfering with normal daily activities, you can do any of the following to feel better:

- Consult a healthcare professional to identify the cause and to request prescription of pain killers.
- In case prescribed, take pain killers called Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) such as Ibuprofen or Naproxen because they prevent prostaglandins secretion thus stop all symptoms of painful periods.
- Visit a health facility and talk to a health professional about use of any hormonal birth control medications (pills, patch, vaginal ring, injection or intra-uterine device) because they prevent painful ovulation and reduce painful menstrual flows.
- Apply a hot water bottle or heating pad (40 degrees Celsius) on your pelvis (lower part of the belly) gently as often as needed. You can combine this method with pain killers mentioned above.
- Do physical exercises on a regular basis, get enough rest and sleep.
- Avoid tobacco because it can cause blood vessels obstruction, which can aggravate the pain.
- Wash your body using warm water.
- Consume vegetables, chicken, liver, eggs and other nutrients containing iron and Vitamin B9 to replace lost blood, which could aggravate symptoms.
- If all these measures fail, go to the hospital since your pain may be due to an underlying disease (secondary dysmenorrhea). The doctor will examine your vagina, cervix and uterus and ovaries physically or by imaging and will test for infections until the underlying disease is found and treated.

FERTILISATION AND PREGNANCY

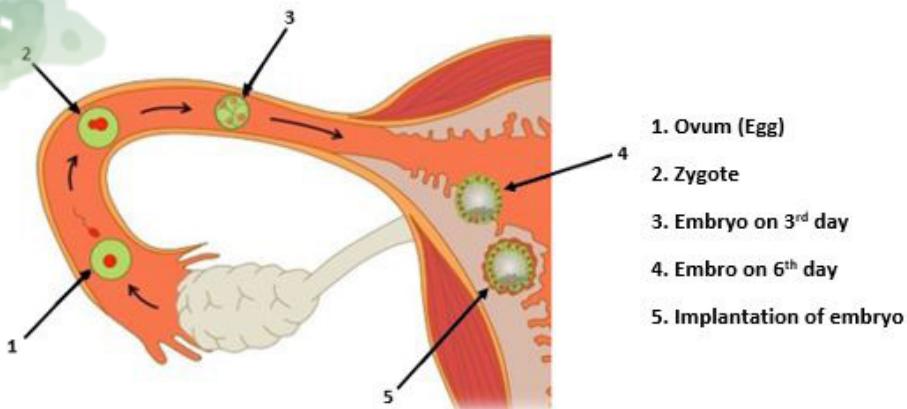
GASARO

On Valentine's day, Gasaro went to visit her boyfriend with the same age of 17. They chose to go out to Lake Kivu for fun. As they were swimming, the boyfriend started touching her and asked to have sex as he ensured her that she won't get pregnant as long as they have sex in water. After a few months, Gasaro missed her periods and after medical examination, she was found pregnant.

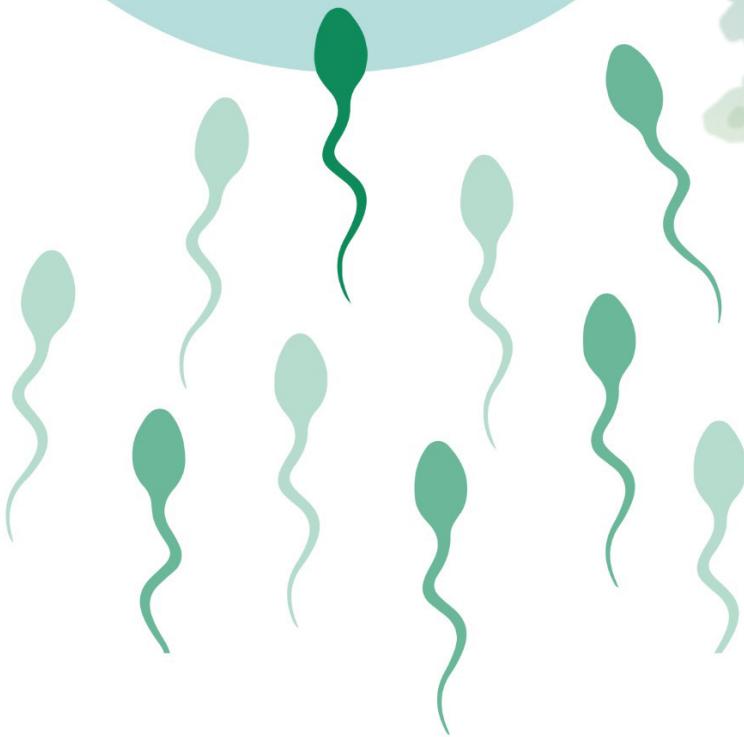
This chapter illustrates how fertilization and pregnancy happen after unprotected sexual intercourse.

6. FERTILISATION AND PREGNANCY

4.1. THE DEFINITION



- Fertilization is the fusion of male gamete or sperm and female gamete or ovum to form a zygote.
- Fertilization usually occurs in the fallopian tube, one of the parts of female internal genital tract.
- During sexual intercourse, thousands of sperm cells are deposited in the vagina and move towards the uterus. They travel until they reach the fallopian tube where only one single sperm penetrates the female gamete (ovum). This process is highly competitive. The fusion of male and female gamete is what we call fertilization. After fertilization the wall of the ovum or female egg becomes hard to prevent further entry of other sperms. The zygote (embryo) moves toward the uterus to be implanted there, hence pregnancy.
- Irrespective of where sexual intercourse took place whether in water or in a car and irrespective of position in which sexual intercourse was conducted being in bed or standing, sperms will reach fallopian tube and will result in pregnant as long as there is a ready female gamete (ovum).
- Pregnancy is the state of carrying a developing embryo or fetus within the female body.
 - While pregnant, a female is no longer having menses, but the confirmation is made after medical consultation.



Did you know

One of the side effects of early pregnancy
is that you might have obstetric fistula.



Obstetric fistula is a medical condition in which a hole develops in the birth canal as a result of childbirth. This can be between the vagina and rectum, ureter, or bladder. It can result in incontinence of urine or feces. Complications may include depression, infertility, and social isolation.

HUMAN SEXUALITY

MUCYO

Mucyo is a 15 years old student in senior 3. Sometimes he wakes up in the morning with sexual desire reflected in his body changes. At school he has started developing feelings for his female classmate and they have become close friends. His friends always persuade him to conduct sexual intercourse to get rid of his morning sexual desire. Sometimes Mucyo is tempted to follow poor advice from his peers but he remembers that that would be against his personal values.

In this chapter, we will clearly discover that it is normal to have sexual desire but such desires don't have to stimulate one to engage in sexual intercourse.

7. HUMAN SEXUALITY

7. 1. INTRODUCTION

Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviors, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality has a broader meaning beyond sexual activity.

Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, legal, historical, religious and spiritual factors. It is an important part of who a person is and what she or he will become. It includes all the feelings, thoughts and behaviors of being a girl or a boy a female or male, being attractive and being in love, as well as being in relationships that include sexual intimacy and physical sexual activity.

1. Culture is a combination of learned beliefs, traditions, principles and guides for behavior that are commonly shared among members of a particular society.
2. There are several cultural components that influence our sexuality and behavior. We may include: Language, Communication Style, Health beliefs, Family relationships, Religion and Gender roles.
3. The current mass media include films, music, TV series, radio, newspapers, social media and more. In those media, sexual messages are becoming more explicit in dialogue, lyrics and behavior. Almost always, these messages contain unrealistic, inaccurate, and misleading information that unfortunately young people accept as fact.
4. Media and advertisement are increasingly portraying sexual content and can contribute to youth engagement in risky sexual behaviors and early debut of sexual behaviors.

Did you know

Media and advertisement are increasingly portraying sexual content and can contribute to youth engagement in risky sexual behaviors and early debut of sexual behaviors. It is thus very important for young people to be taught how to be selective on what they assimilate from the media and stick to their values, principles and guides for behavior.



7 . 2. SEXUAL DESIRES

People's level of sexual desire may change over a short time or over the course of their lives. They may experience sexual desire until the end of their lives, although their physical response may change with age. There is no one "normal" way to experience sexual desire.

The social environment can also influence the expression of desire. For example:

- A lack of privacy or feelings of nervousness and shyness can make it harder to express desire;
- Gender norms make some boys feel that they are supposed to want sex even when they do not. In contrast, females, young people, people with disabilities may be taught that expressing their sexual desire is somehow wrong.

Sexual desire is not the same as sexual activity. A person experiencing sexual desire may choose to act on it or not. Sexual activity may or may not spring from desire. Engaging in sexual activity may or may not increase desire. For many people, fantasy may create or increase desire. Thinking about a sexual act is normal, not shameful. Fantasizing about an act does not necessarily mean wanting to engage in that act. It does not mean the person having the fantasy is going to act upon it.

7 . 3. SENSUALITY

Sensuality is awareness and feeling about your own body and other people's bodies, especially the body of a sexual partner. Sensuality enables us to feel good about how our bodies look and feel and what they can do.

Sensuality also allows us to enjoy the pleasure our bodies can give us and others. This part of our sexuality affects our behavior in several ways:

- It shows the need to understand anatomy and physiology;
- It reflects our body image-whether we feel attractive and proud of our own body;

- It helps us to experience pleasure and release from sexual tension;
- It satisfies our need for physical closeness -- to be touched and held by others in loving and caring ways;
- It helps us to feel physical attraction for another person-- the center of sensuality is not in the genitals, but in the brain;
- It helps us to have fantasies about sexual behaviors and experiences

7.4. SEXUAL INTIMACY

Sexual intimacy is the ability and need to be emotionally close to another human being and have that closeness returned. Sharing intimacy is what makes personal relationships rich. While sensuality is about physical closeness, intimacy focuses on emotional closeness. Aspects of intimacy include liking or loving another person. To have true intimacy with others, a person must open up and share feelings and personal information. As sexual beings we can have intimacy with or without having sexual intercourse.

7.5. SEXUAL IDENTITY

Sexual identity is a person's understanding of who she or he is sexually, including the sense of being male or female. Sexual identity can be thought of as three interlocking pieces, that together, affect how each person see himself or herself. These 'pieces' are: Gender identity -- knowing whether you are male or female; Gender role is knowing what it means to be male or female or what a man or woman can or cannot do because of their gender; Sexual orientation -- whether a person's primary attraction is to people of the same gender (homosexuality), the other gender (heterosexuality) or both genders (bisexuality). In Africa, a person's primary attraction is predominantly to the other gender (heterosexuality).

7.6. REPRODUCTION AND SEXUAL HEALTH

Reproduction and sexual health are the capacity to reproduce and the behaviors and attitudes that make sexual relationships healthy, physically and emotionally. Specific aspects of sexual behavior that are:

- Factual information about reproduction;
- Feelings and attitudes;
- Sexual intercourse;
- Information on the prevention and control of STIs;
- Responsible sexual practices and contraceptive information.

7.7. SEXUALIZATION

Sexualization is using sex or sexuality to influence, manipulate or control other people. Behaviors include flirting, seduction, withholding sex from a partner to 'punish' the partner or to get something you want, offering money for sex, selling products with sexual messages, sexual harassment, sexual abuse and rape.

Did you know



- Human sexuality is more than just sex or intercourse.
- Having sexual feelings never mean that you should conduct sexual intercourse. You always have a chance for making safe choices.

RELATIONSHIPS

Gihozo

Gihozo is an adolescent girl in Senior 3 at the local ordinary level secondary school. She met Kiza at school and became usual friends as they used to spend a lot of time studying together. Their collaboration was productive as they both improved their performance in class and during the national examinations. Later, Kiza proposed her to be his girlfriend and Gihozo couldn't accept him as she found it valuable to assess her readiness in relationship and whether Kiza would be the right partner in such relationship. Meanwhile, Gihozo proposed him to keep being usual friends until she is ready.

In this chapter, we will emphasize on qualities of a good relationship and what adolescents could look for in productive relationships.

8. RELATIONSHIPS

8.1. INTRODUCTION

Relationship is defined as the way in which two or more people or things are connected, or the state of being connected.

Relationships can be classified as following:

- o Relationship with parents
- o Relationship with brothers/sisters
- o Relationship with aunts/uncles, cousins, grandparents
- o Relationship with friends of the same gender
- o Relationships with friends of the opposite gender

8.2. QUALITIES OF A GOOD FRIEND

A friendship can be a particularly fulfilling relationship involving intimacy, trust and honesty. In early adolescence, friendships are often established between boys and girls based on trust, shared feelings and thoughts. Sometimes there is a deep attraction that is not necessarily sexual, but just a preference for that friend over everyone else. The relationship provides love, closeness, affection, tenderness, and care.

Love is a complex emotion, and every person may define love differently based on his or her own experience with loving relationships. Generally, love refers to a deep feeling of fondness, attraction, respect, caring and understanding for another person, despite their weaknesses or faults. It is important to remember that sexual intercourse is not the only way of showing love to someone. Also, having sex does not mean that two people will fall in love.

Remember, love is about respect and caring for each other. Love is never a good reason to do anything that puts your health and future at risk.

Becoming a couple means that a person will start on a new, undiscovered path of experience and will live through many profound changes.

Falling in love means loving in a new way and learning to care for our health and our life's goals.

If we have the proper skills, we can establish a healthy relationship that promotes our well-being and the proper care of our physical, emotional, and sexual health. During this stage in their development, young people can practice having healthy, loving, and constructive relationships, in which both members can learn to become better individuals, a better couple, and better members of society.

During adolescence, relationships with friends become extremely important and being a good friend is equally important as having a good friend.

Qualities of a good friend are listed below:

- Being a good listener (without interrupting) and being willing to forgive
- Staying loyal,
- Protecting your friends' secrets,
- Being helpful,
- Letting your friends know that you care about and like them,
- Being honest, showing respect,
- Being able to 'give and take'
- Being acceptable but also helping your friend be a better person who is comfortable being himself or herself.

Then point out that your friendship might be in trouble when someone you consider a friend might:

- Gossip about you or share your secrets with someone else
- Cheat or lie to you
- Put you down or bully you (or others), or gang up against someone
- Ignore you except when he/she needs something from you
- Be greedy or selfish, and not able to give-and-take
- Pressure you to do something that you know is not a good idea or that you don't want to do.

8 . 3. DECISION MAKING

Serious decisions can affect your health and your whole life. But when it comes to serious matters, it is helpful to have a process for making the best decision. **Decision-making** is an essential skill. The factors that influence decision making the following:

Social norms: profoundly influence the decisions a person makes. These norms may also determine when, how, and even whether a person makes a decision or the decision is made for them.

Family: parents and adults have great influence and control over young people. For example, they may influence children's decisions about a career, when and whom to marry, or what religious learners to belong to. Sometimes decisions are forced on the children. Some families still engage in traditional rites such as female genital mutilation, inscription of tribal marks etc. These practices continue because societies enforce them and not necessarily because parents want their children to go through such rites.

Religion: religious teachings often reinforce or challenge social norms. A person's religion also influences one's decisions; from the way one dresses to more significant decisions like the choice of a spouse or career.

Media: The media, especially the electronic media, can influence people's decisions. For instance, the way a product is advertised or an issue addressed by the media may influence people's decisions either positively or negatively. It is common to find females with 'beautiful bodies' in most media advertisements. The message is that if we buy these products, we too will look beautiful.

Peer group: young people often seek the advice of peers and friends before making decisions, especially decisions that have to do with relationships. Even if we don't ask for advice directly, we sometimes observe the body language of our peers to see if they approve or disapprove. We may feel that we do not 'belong', if we choose not to drink alcohol when everyone else in the learners is drinking.

3 . 4. SEXUAL DECISION-MAKING WEIGHING OPTIONS'

Sex is a deliberate decision. When a person has sex, it is not nature overcoming or overwhelming him/her. It is the person's choice. Also point out that everyone has sexual feeling, but you don't need to have sex when you have sexual feelings. Sexual intercourse is only one way that people express their sexual feelings.

Sex is thought as one of the biggest reasons so many teenagers have unplanned pregnancies and/or become infected with sexually transmitted diseases, including HIV/AIDS. Young people have a right to understand how the body responds when sexually aroused, that feelings of sexual arousal are natural, and that just because one feels aroused, it is not necessary to act upon those feelings. If a person does decide to act upon their feelings, they must be aware of the consequences of their decision and actions.

Inappropriate reasons why some teenagers engage in sexual intercourse

- To stop pressure from friends/partner
- To communicate loving feelings in a relationship
- To avoid loneliness
- To get affection
- To get/receive presents/gifts
- To receive and give pleasure
- To show independence from parents and other adults
- To hold onto a partner
- To prove one is an adult
- To become a parent
- To satisfy curiosity

Reasons for waiting to have intercourse as a young single girl:

- To follow religious beliefs or personal or family values
- To be ready for intercourse
- To keep a romantic relationship from changing
- To avoid pregnancy
- To avoid STI/HIV/AIDS
- To avoid hurting parents
- To avoid hurting reputation

- To avoid feeling guilty
- To reach future goals
- To find the right partner
- To wait for marriage

3 . 5. THINGS PARTNERS (BOYS OR GIRL) SEEK INTO A RELATIONSHIP

Love, care, trust and respect: Adolescents girls and boys get worried if their partners do not respect them. They like friends who take time to listen to them and take them seriously.

Company: Adolescents find their partners' company as fun and exciting. They like partners who can support them when in trouble and with whom they can share fun and jokes and laughter.

Freedom: Adolescents want to be given a chance to think for themselves. They want partners who realize that learners have brains and like to use them.

Confident partners: Relationship partners look for partners who are confident and who are not afraid of people of opposite sex.

Genuine boys: Girls like boys who are themselves-boys who aren't always putting on a show, pretending to be somebody that they are not.

Genuine girls: Boys like girls who are not trying to put on a show of being overly mature and sophisticated

Did you know

Its best to wait and enter in relationship with a purpose and when you are ready



COMMUNICATION SKILLS

RUGAMBA

Rugamba was playing football at school with his Senior 1 colleagues when he accidentally hit the ball to the glass of their class's window. Later, their teacher called Rugamba's father reporting to him what happened. Arriving home, Rugamba was trying to explain to his father what happened. However, without listening the father immediately accused him on how stubborn he is.

In this Chapter, we are shinning a light on qualities of a good communicator and how they can be used to solve conflicts and respond to pressure from peers which when left unattended could led to engagement in risky sexual behaviors

9. COMMUNICATION SKILLS

9.1. INTRODUCTION

Communication is defined as the giving and receiving of a message, information or idea in such a way that it is understood by both parties. It is the act of sending information from a source (sender) which brings about a response from the receiver.

Why do we communicate?

- To send messages to other people. We may send unintended messages to others without realizing that we have done so.
- To pass on and get information, to get things done, reach decisions, achieve common understanding and develop relationships.
- To make our feelings known to others.

Why is communication important?

- It helps us to treat each other with mutual respect.
- When we understand each other we feel safe to express ourselves.
- It helps to resolve conflicts respectfully and without violence.
- It helps us to develop satisfying relationships that are based on understanding
- It makes us feel good about ourselves and our relationships with others

Think about how much time you spend communicating information, ideas, feelings, and questions. Knowing how to express yourself so that you are understood and being able to understand what other people are trying to say are important skills.

9 . 2. TYPES OF COMMUNICATION

Verbal Communication: This is the most common way of communicating. This communication involves the exchange of ideas, thoughts or feelings through spoken or written words, face to face. Mass media including the internet, TV, radio, newspapers, magazines use verbal communication. Social media including Facebook, Twitter, and mobile technology use verbal communication.

Non-verbal communication: This involves expressions or gestures without using the spoken or written word but rather through pictures or in the form of body language/ actions such as gestures and facial expressions.

Types of gestures include:

- Nodding to indicate approval,
- Shaking the head sideways to show disapproval,
- Dropping one's arms to show discouragement or boredom,
- Leaning forward (to show interest), and turning away.
- Facial expressions include winking, maintaining eye contact, staring, frowning and grinning.

9 . 3. COMMUNICATION SKILLS

- Establish Eye Contact with the Other Person
- Don't Interrupt
- Focus On Listening, Not on Your Own Thoughts
- Use Positive Body Language
- Empathize (put yourself in the other person's shoes)
- Paraphrase

9 . 4. BEHAVIORS TO HAVE AS A GOOD COMMUNICATOR

Specific behaviors that can improve the way they communicate when they speak to other people. These include the following:

Use the 'I' Statement – State your own feelings. Start sentences with ‘I’ rather than with ‘You’ or ‘We’. (For example, ‘I feel uncomfortable about that.’ or ‘I am hoping you will allow me to go out with my friends.’)

Be Bold And Direct – Some people tend to communicate indirectly, or to be very shy. When you are not direct, your message may not be clear to the listener. Communicating directly and firmly is not the same as being aggressive. You can communicate clearly and directly while still respecting the feelings and thoughts of others.

Get Your Facts – Be sure your information is accurate. Be honest if you are not sure of certain facts. The point of communication is not just to persuade the other person. It is to arrive at a mutual understanding.

Show Respect – Express feelings honestly and clearly without putting the other person down.

Use Positive Body Language – Remember that the message you send by your facial expression, body language, and tone of voice may leave a greater impression than your words. Smile to communicate positive feelings. If you know the person you’re talking to well, you may also want to touch them or hug them. Remember, though, that different people feel differently about being touched! When it’s appropriate, a hug or a hand on the shoulder can mean more than a thousand words.

9 . 5. BARRIERS DURING COMMUNICATION

Barriers from the sender:

The use of wrong words, a negative or wrong tone, poor manner of speech or distortion, wrong timing, the speed at which the person is speaking, the complexity of the message, the person’s temper.

Barriers from the listener:

Poor listening skills, impatience, inattentiveness, interruption of speech, inappropriate expression, change of topic, poor manner of speech such as yelling, talking loudly.

Barriers from the sender:

The use of wrong words, a negative or wrong tone, poor manner of speech or distortion, wrong timing, the speed at which the person is speaking, the complexity of the message, the person's temper.

Barriers from the listener:

Poor listening skills, impatience, inattentiveness, interruption of speech, inappropriate expression, change of topic, poor manner of speech such as yelling, talking loudly.

9 . 6. BEING ASSERTIVE

Assertiveness involves firmness or clear and straightforward presentation of views without oppressing or hurting others. Assertiveness is positive and affirming. Assertiveness invites the other person to have a dialogue. The importance of being assertive is that it enables someone to resolve conflict, solve problems and have greater self-confidence and self-esteem. Point out that communicating assertively, especially for women, is not considered appropriate in some cultures. However, there are certain situations in which assertive behavior will often yield positive results.

An assertive response means being able to stand up for what you want or believe in. It means asking for what you want or saying how you feel in an honest and respectful way that does not infringe on another person's rights or put the individual down. An assertive response is almost always in your best interest, since it is your best choice of getting what you want without offending the other person(s). In other words, to be assertive means to express your beliefs, feelings and needs in a straightforward way, without infringing on or violating the rights of other people. It means how to stand up clearly for yourself and your rights without putting the other person down.

Aggressiveness means standing up for one's rights at the expense of the rights of others. It is negative and demanding. Some aggressive tactics are blaming, criticizing, starting an argument, or resorting to violence. It's no surprise that aggressive communication is not good for relationships. Passiveness is failing to express one's needs and feelings at all, or expressing them so weakly or indirectly that you will be either misunderstood or ignored.

Being assertive:

- Can help you to meet your goals.
- Enables you to clearly communicate a request to a friend or family member.
- Can also help you to resist pressure to do something you do not want to do.
- Enables you to resist negative peer pressure.
- Can also help you to avoid or resist pressure from someone who tries to force you to have sex.
- Helps you to know what to say and do if you experience sexual harassment and actually taking concrete actions.
- Helps you to refuse to go along with teasing or making fun of someone who is different.

9 . 7. PROBLEM SOLVING AND NEGOTIATING SKILLS

Most of us have had times when our differences became grounds for real conflict. Sometimes, conflict can't be avoided – but with negotiation, we can resolve our differences. Note that when we have a problem, our body often shows physical and emotional signs of stress and prepares itself for a response.

Negotiation is an interactive process between two or more people. It involves solving problems creatively to prevent or settle a disagreement without giving up on your original position or ideas. This is as long as your position does not violate another person's basic rights. Negotiation involves being able to appreciate it when the other person lets go of some part of his or her position. Ideally, you can reach a 'win-win' in which both parties are satisfied with the result. In a win-win, everyone accepts a solution that is at least acceptable to all.

The STAR Model for problem or conflict solving:

S Stop and Recognize
T Think and Communicate
A Action
R Reflect and Review

Here are six steps you should follow in negotiating with someone:

1. 'I want ____': State your position using 'I' statements. Try to be very specific about what you want or need.
2. 'You want ____': Ask the other person to use 'I' statements to say what he or she wants. If the person does not use 'I' statements, ask him or her to do so.
3. Listen Carefully! : Don't think that you already know everything that the other person is thinking or feeling. There are two reasons to listen as carefully as you can. First, this is your chance to try to find something you can agree with and offer to compromise on. And second, we all want to feel 'heard'. It helps just to let the other person know that you care about their feelings and ideas.
4. Debate: Re-state each other's positions to be sure they are well understood. You must know how to control the emotions that may cloud the discussion. You must identify the emotions and try to keep them aside. Say 'No' effectively to unsafe behavior using appropriate assertive and communication skills.
5. Bargaining: Ideally, both parties gain something at the end of the bargaining. So it's important to state what point is the most important to you, and which point you might let go. Look for a compromise that both persons can feel comfortable with. You can be creative.
6. Agreement: Agree on a solution. Try it out and if it does not work, start the process all over or both parties should go their separate ways.

PREVENTION OF TEENAGE PREGNANCY

KALIZA

Kaliza was used to visit a neighboring gentleman called Kalisa. Due to several and precious gifts he was giving to her, Kaliza didn't hesitate when Kalisa asked to have sex with her. Today Kaliza is 19 with a baby of 2 years of age and she dropped out of school because her colleagues used to stigmatize her. Her family, neighbors and Kalisa abandoned her thus she is living a sad life of poverty. Kaliza says that if she knew methods of prevention of teenage pregnancy, she would be preparing to join university as her colleagues.

In this chapter we will have a look on different methods of preventing teenage pregnancy.

10. PREVENTION OF TEENAGE PREGNANCY

According to World Health Organization (WHO), approximately 12 million adolescent girls aged 15-19 years give birth each year in developing countries. Rwanda Demographic and Health Survey (DHS) 2015 indicated that at age 19, 1 in 5 girls became teen mothers or begun childbearing. Sadly, complications during pregnancy and childbirth are the leading cause of death for 15-19 years old teenagers globally

10.1. HOW CAN WE PREVENT TEENAGE PREGNANCIES?

There are different methods, which can be used by an adolescent in her growing stage to prevent teenage pregnancy.

Did you know

The safest and 100 % effective method of preventing unplanned teenage pregnancy is
ABSTINENCE



When abstinence fails, there are different methods of preventing unplanned teenage pregnancy an adolescent might consider which include:

- Short-term contraceptive methods
- Long-term contraceptive methods

A healthcare professional should be consulted to help an adolescent to choose their best method.

10.2. SHORT-TERM CONTRACEPTIVE METHODS

The good thing about these methods is that a person can start and stop using them anytime.

These methods are also found in every health care establishment in Rwanda.

1. CONDOMS



There is a male and a female condom. When this method is used well, it can prevent pregnancy and also sexually transmitted infections including HIV/AIDS.

2. INJECTIONS



A person who gets injections once in a month or in six months prevents pregnancy in that time. Nevertheless, this method cannot protect you from getting sexually transmitted diseases including HIV/AIDS.

3. PILLS



These are pills that someone takes every day for pregnancy prevention. The common problem with this method is that many people forget to take them regularly.

4 . BREASTFEEDING



This method is used by mothers who breastfeed their babies for a period of six months without feeding something else to the child. This prohibits the release of the egg. This method stops working when she starts having her periods again.

5 . CYCLE BEADS



Cycle beads have different colors which represent the days that make the cycle of a woman. It shows the fertile period which needs to make the woman cautious of unprotected sexual intercourse. This method is used by women whose cycle lasts from 26 to 30 days.

10.3. LONG-TERM CONTRACEPTIVE METHODS

This method is safe and can be used to prevent pregnancy for a long time.

1. IMPLANTS



The doctor puts a device containing medication under the skin. This prevents pregnancy for a period between 3 to 5 years.

2. INTRA-UTERINE DEVICE(IUD)



This device is inserted in the uterus to prevent sperms from entering fallopian tubes, thus preventing pregnancy. This method requires hygienic measures to prevent diseases caused by poor hygiene.

For some adolescent girls, their bodies can cope with various methods of preventing unplanned pregnancies. If the method you use causes some health problems, it is advisable to visit the nearest health care center or hospital to get another method which works better with your body.

10.4. WHAT IS THE IMPORTANCE OF PREVENTING TEENAGE PREGNANCY ?

- Prevention of teenage pregnancy allow young adolescent girls to continue their studies, hence preparing a bright future;
- This prevents adolescents from bearing costs that they shouldn't have. For instances costs for the living expenses of the new mother and her new born baby;
- Teenagers do not have jobs, most of them are still in school thus not ready to care for another human being;
- This prevents adolescents from harmful health effects of teenage pregnancy including difficulties or death during delivery;
- This increases hope of life to the adolescent girls;
- It prevents adolescent boys from bearing the costs that they shouldn't have at their age for example caring for their children;
- Prevention of teenage pregnancy is very important for the country development since its adolescents continue education to develop their country.

DIALOGUE

KAMALI

Kamali is 50 years old and he is a father to 4. His eldest daughter got pregnant when she was 18 which has led her to drop out from school. This brought sadness to Kamali because he thinks that nothing left undone in raising her child especially in paying her school fees and buying her school materials. However, his children complain that he never spare time for them to talk and discuss about their curiosity on meaning of their body changes.

In this chapter, we are going to evaluate the importance of dialogue on adolescents' sexual reproductive health between parents and adolescents.

1.1. DIALOGUE ON ADOLESCENTS' SEXUAL AND REPRODUCTIVE HEALTH BETWEEN PARENTS AND ADOLESCENTS

In Rwanda, parents have the responsibility to discuss and interact with their children on sexual and reproductive health for their protection. It is very important to grab this opportunity and talk with your parents on evidence based and trustful information on Sexual and Reproductive Health.

Even though it is the parents' responsibility to initiate a talk with their children about sexual and reproductive health, adolescents are also advised to approach parents to interact and discuss more on their curiosity, knowledge and concerns related to Sexual and Reproductive Health (SRH). The discussion needs to be open for both the parents and their children to be comfortable. Every problem that a teenager has needs to be known principally by his/her parents.

Home is the preliminary place for parents-adolescents' communication about SRH issues, and it is the first social environment to exploit. The Pan African Medical journal illustrates that even though open discussion between parents and adolescents can be uncomfortable to both parties at the beginning, it is the best way for adolescents to improve their knowledge on SRH and to embrace healthy sexual practices as well as to prevent risky sexual practices.

The pan African medical journal reported that only 30.4% of adolescents which participated in the study had discussed on two or more SRH topics with their parents. Similarly, in Rwanda, the parents-adolescents' communication on SRH is inadequate thus adolescents are advised to join efforts with their parents and initiate a discussion on SRH. Adolescents should address any concern related to SRH to their parents or guardian first before taking decision.

SEXUALITY EDUCATION

RUKUNDO

Rukundo was curious about how joining a secondary school could be upon hearing that he passed the national primary leaving examination. After joining a faith based school, one day they were taught about a topic related to comprehensive sexuality education in the course of biology and health sciences.

Rukundo was surprised because he was told by his parents that topics related to sexuality are reserved for adults preparing for marriage.

In the current chapter, we will discuss on important topics covered in school based comprehensive sexuality education.

12. COMPREHENSIVE SEXUALITY EDUCATION



Comprehensive sexuality education (CSE) is a rights-based and gender-focused approach to sexuality education, whether in school or out of school. The current available curriculum is school based. Adolescents are advised to make better use of this chance to learn more about SRH in schools.

Comprehensive sexuality education goes beyond giving SRH information. It helps young people to explore and nurture positive values, regarding their sexual and reproductive health.

In 2015, United Nations Population Fund (UNFPA) established a comprehensive sexuality education program to be taught in schools as a cross cutting component in different subjects like General studies and Biology and Health Sciences. CSE covers topics like puberty, sexual intercourse, menstruation cycle among others.

As a topic covered in CSE, sexual intercourse is a normal part of life and is important for reproduction, pleasure between married couples and general wellbeing of the body. However, sexual intercourse can cause consequences when done at an early age, in case of rape, defilement, sexual violence, prostitution or unfaithfulness.

In Comprehensive sexuality education courses, teenagers are encouraged to abstain themselves from sexual intercourse, because it builds strong relationships, it prevents teenagers from unwanted pregnancies and sexually transmitted Infections including HIV/AIDS and it helps people in relationships to plan marriage at their convenient time.

HIV / AIDS

IHO GOZA

The couple of Ihogoza and Mico was the most popular in my school. Mico was 18 and used to gossip with his colleagues that even though he had slept with many girls, none was as beautiful as Ihogoza because she was still young at the age of 16. Over the weekends, Ihogoza used to go to visit Mico secretly because he was studying on a non-boarding basis and living alone. Most of the time, they used to drink and to have unprotected sexual intercourse. After 2 years Ihogoza felt sick and spent a long period at the hospital. Even though it took her parents to sell their little house for her medicines, there was no luck since a few months later, Ihogoza died of AIDS. Ihogoza was never aware that despite the fit body of Mico, he was born with HIV/AIDS.

In this chapter we will focus on several information regarding HIV/AIDS and its preventive measures.

13. HIV AND AIDS

13.1. INTRODUCTION



HIV is a type of virus that affects humans and spreads through certain body fluids and that attack the body's immune system, specifically white blood cells that normally protect the body against diseases causing microorganisms.

These attacked white blood cells are often called CD4+ cells or T cells. Over time, HIV can destroy so many of these cells to the extent that the body cannot fight off infections and diseases. These special cells help the immune system fight off infections.

AIDS is a set of symptoms (or syndrome as opposed to a virus) caused by HIV. A person is said to have AIDS when their immune system is too weak to fight off infections, and they develop certain defining symptoms and illnesses

13.2. HOW IS HIV/AIDS TRANSMITTED



A person can get HIV through the following ways:

- Unprotected vaginal or anal sexual intercourse with an infected person.
- Blood contact with an infected person through blood transfusion or use of sharp materials used by an infected person.

- HIV positive mother can transmit HIV/AIDS to her baby during pregnancy, delivery or breastfeeding.

According to the Center for Disease Control and Prevention (CDC), HIV is not transmitted through tears, sweat and saliva since the virus is not present in those fluids. Moreover, you cannot get HIV/AIDS through the following ways:

- Greeting or hugging with HIV positive person;
- Closed mouth (social) kissing with infected person;
- Playing with infected person;
- Sharing meals, water or air or using the same toilet;
- Visiting HIV positive person;
- Mosquito bites;
- Sharing kitchen utensils such as a cup, plate or spoon with HIV positive person.

As we saw in above explained points, you cannot get HIV/ AIDS by taking care of an HIV positive person thus adolescents are advised to avoid any form of stigma to anyone known or presumed to be HIV positive.

Did you know

According to UpToDate Medicine, within 2 to 4 weeks after HIV infection, 50-90% of people experience flu-like symptoms such as fatigue, fever, sore throat, swollen lymph nodes, headache, and loss of appetite or skin rash. This is called acute or primary HIV infection



HIV infection is highly contagious at this early stage called primary infection because there are large amounts of the virus in the blood and other bodily fluids. Recognizing symptoms early, being tested for HIV, and starting HIV treatment as soon as possible can help to decrease the risk of transmitting HIV to another person.

13.3. WHAT HAPPENS WHEN HIV ENTERS THE BODY ?

Once HIV enters your body, it grows and distributes through body fluids. As it grows, it launches a direct attack on your immune system. HIV targets the type of cells that would normally protect the body against pathogens. Those cells are called white blood cells. As the virus replicates, it damages or destroys the infected white blood cells and produces more viruses to infect even more cells. As white blood cells which could protect the body are damaged, a person becomes susceptible to various opportunistic infections because the immune or defense system becomes weak.

13.4 . CAN AIDS BE CURED ?

To date HIV/AIDs neither have medicine nor a vaccine. There is no cure for HIV although antiretroviral treatment can control the virus, meaning that people with HIV can live longer and healthier. Antiretroviral therapy inhibits the growth and multiplication of the virus. The medicine should be taken regularly as prescribed by health care providers. Poor adherence to medication can be fatal and you should immediately inform your doctor in case it happens.

13.5. HOW TO PREVENT HIV/AIDS INFECTIONS ?

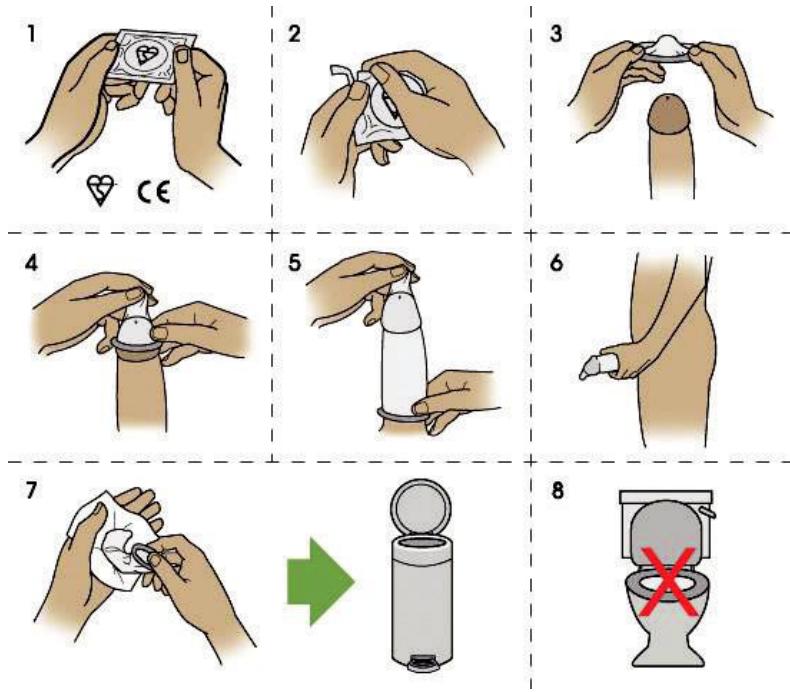
There are various ways to prevent HIV/AIDS some of them are listed below:

- Abstinence: Sexual abstinence is the practice of refraining from some or all aspects of sexual activity for medical, moral, or religious reasons. This is the safest way to prevent all outcomes of sexual intercourse including HIV/AIDS and other sexually transmitted diseases, as well as unwanted pregnancy.
- Teaching: This refers to teaching about prevention of HIV/AIDS by parents or educators, through providing counsel on abstinence and decision making. It is better for teenagers to keep their virginity until they get married.
- Faithfulness: It is the concept of unfailingly remaining loyal to someone and putting that loyalty into consistent practice regardless of extenuating circumstances. In this context, for a married couple, it simply means being committed to each other and avoiding sexual relationships with other people.
- Condoms: Effective condom use is important in prevention of HIV/AIDS. Condoms are thin pouches that keep sperms from getting into the vagina. It contains lubricants that make it easier to use as well as to prevent any mechanical injury during sexual intercourse. When someone is unable or has failed to abstain, he/she should use condoms as they are affordable, available and easy to use.

There are two forms of condoms; one reserved for male and another for female. If a condom is used during sexual intercourse, when a man ejaculates, the semen containing sperms remains within the condom instead of going in the vagina, thus preventing fertilization of the egg. It prevents the transmission of HIV/AIDS and other sexually transmitted diseases among sexual partners.

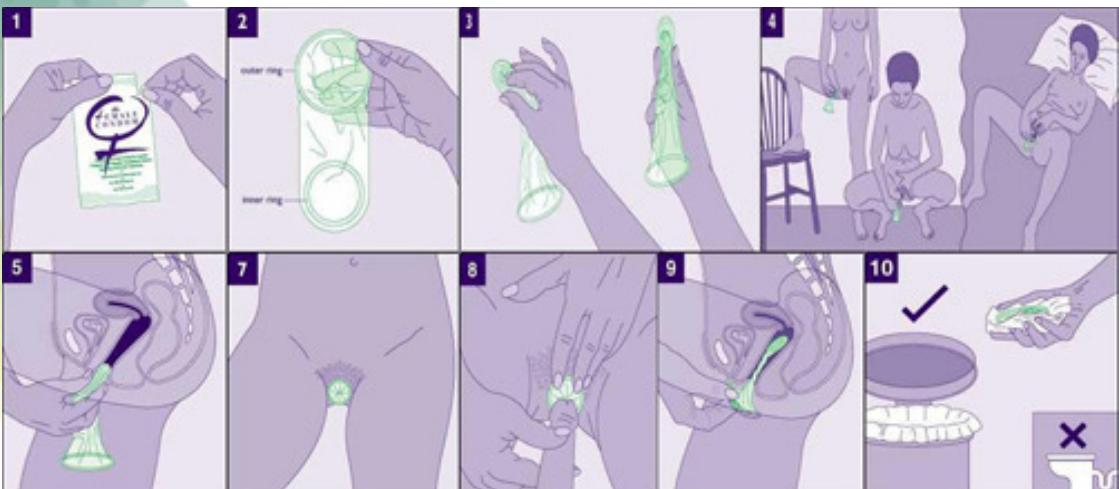
A condom is worn around the male penis or inserted in female vagina and it must be used once. Most teenagers say that when they use condoms, they do not get sexual satisfaction, others think that using condoms between lovers symbolizes lack of trust. Others say that condoms might remain in the vagina, but all of these assumptions are not true. After abstinence, condoms come as the second safest way to prevent HIV/AIDS transmission thus teenagers should effectively use condoms when having sex with their partners

13.6. HOW TO USE A MALE CONDOM ?



1. You need to verify the expiry date.
2. Only hands should be used to open the condom.
3. Verify whether it is not inverted by pressing at the tip.
4. Wrap it around the erected penis.
5. Wrap it until the end of the penis.
6. After ejaculation, hold the condom at the root of the penis and withdraw/detach yourself from your spouse or your partner.
7. Throw the condom in the appropriate dustbin because it is only used once.

13.7. HOW TO USE A FEMALE CONDOM ?



1. You need to verify the expiry date (it must not be expired) then open it using your hands starting from the right side.
2. Press at the tip of it.
3. Choose a comfortable position for you to wear a condom: standing with one leg on the chair, sitting or lying on the bed.
4. Press the tip of the condom in the vagina in a way that it does not coil around itself.
5. Using the index finger push the condom inside.
6. The ring of the condom must remain outside the vagina.
7. Direct well the penis into the vagina.
8. After ejaculation, hold the ring of the condom and pull it out slowly.
9. The female condom is only used once. Wrap it in a tissue then throw it in an appropriate dustbin.

It is good that teenagers themselves need to get tested for HIV/AIDS to be aware of their status and get advice from the doctors. If found negative, you are encouraged to continue adopting strategies, you use to prevent yourself. If you are found Positive, you are advised to take anti-retroviral drugs (ARVs) and taught how to live with the virus. Taking Anti-retroviral drugs consistently and correctly prevents you from opportunistic diseases thus a better and prolonged life.

To prevent transmission of HIV/AIDS from a mother to a child, a mother has to be tested for HIV/AIDS several times during pregnancy, taking anti-retroviral drugs if she has been living with HIV/AIDs. A child born on a positive HIV/ AIDS mother is given anti-retroviral drugs and tested after 6 weeks, 9 months and 12 months.

13.8. CIRCUMCISION

Circumcision is the removal of the foreskin from the human penis. In the most common procedure, the foreskin is opened, adhesions are removed, and the foreskin is separated from the glans. It is only done by a doctor in a safe and sterile place. It can either be done after birth (early) or adult who have not done it yet but willing to do it.

Being circumcised can prevent one from HIV/AIDS and other sexually transmitted infections, but not 100% that is why abstinence or effective usage of condom is better. Circumcision can prevent one from cancer of glans of penis or urethra. Women that engage in sexual intercourse with circumcised men reduces their risks of having cervical cancer. Lastly, circumcision improves the cleanliness of the male genitals.

SEXUALLY TRANSMITTED INFECTIONS

SHAMI

Shami is 21. After joining college, he met 3 gentlemen who ended up being his friends since they were pursuing the same faculty of journalism. Those gents changed Shami's routines. Every Friday, they used to go to night clubs and consume alcohol excessively. One day, Shami met a girl in the night club whom they went home together and had unprotected sexual intercourse. After a few days, Shami developed itches around his genitals associated with painful urination. As the sickness progress, he visited a health facility which confirmed that he had gonorrhea. HIV/AIDS is not the only disease which is transmitted sexually.

This chapter illustrates other sexually transmitted infections.

1.4. SEXUALLY TRANSMITTED INFECTIONS

GONORRHEA

CHLAMYDIA

CONDYLOMA

HEPATITIS B

HERPES

STDs

HIV/AIDS

SYPHILIS

SHIGELLA

CANDIDIASIS

TRICHOMONIASIS

There are many sexual transmitted diseases (infections). However, the most common are the following:

- Chlamydia
- Gonorrhea
- Genital Herpes
- Syphilis
- Candidiasis
- Condyloma
- Hepatitis B
- Trichomoniasis
- HIV/AIDS

14.1. SYMPTOMS OF COMMON STIs

Disease	Symptoms	
	For Men	For women
CONDYLOMAS		
GONORRHEA	Pelvic Pain 	Pus discharge from eyes 
SYPHILIS	Mouth ulcers 	Discharge from penis/ vagina  Primary Primary Secondary Secondary
TRICHOMONIASIS	Pain/itch in the vagina 	Yellowish and whitish discharge from vagina 

There are additional symptoms that can be manifested by a man, woman or a child suspected to have STIs. The following table illustrates the most common of those symptoms.

Signs/Symptoms on man	Signs/Symptoms on woman	Signs on newborn
<ul style="list-style-type: none">• Pus discharge from penis• Swelling and tenderness around the hip• Swelling of testicles• Enlarged lymph nodes around penis• Painful urination• Itching during urination• Ulcers around the penis• Penile itching• Fever• Pain during sexual intercourse	<ul style="list-style-type: none">• Pus discharge from vagina• Swelling and tenderness around the hip• Itching in the vagina• Pain in the pelvis (lower belly);• Painful urination• Vaginal ulcers• Fever• Pain during sexual intercourse	<ul style="list-style-type: none">• Discharge of pus from eyes of a baby less than one month

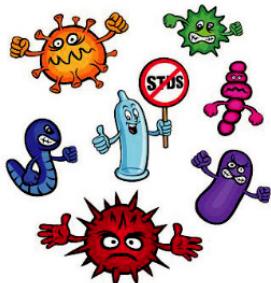


Before engaging in sexual intercourse with anyone, think carefully on diseases you might get including HIV/AIDS, unplanned pregnancies and STIs.

14.2. WHAT CAN I DO TO PREVENT SEXUALLY TRANSMITTED INFECTIONS (STIs)?

abstinence

1. Abstinence is among the most effective ways to prevent sexually transmitted Infections (STIs)



2. Use condoms effectively in every sexual intercourse



3. Visit the health facility for checkups in case you manifest some of STIs symptoms



4. Think carefully on every decision you are about to take including but not limited to sexual intercourse.



5. Get tested on time in case you notice some alarming signs and symptoms of Sexually Transmitted Infections (STIs).

PLANNING FOR THE FUTURE

BWIZA

Bwiza is a 13-year-old student in Level 2 of ordinary level secondary school. Since childhood, she had ambitions of being a medical doctor. At school she has a friend with the same goal whom they always study together and practice team work. Bwiza says that one of the criteria that helps her achieve her goals is having friends with the same ambitions, and avoiding anything that can divert them from their goal.

In this chapter, we will dive deep on how to plan for the future and to set clear goals.

15. PLANNING FOR THE FUTURE

15.1. SETTING SHORT- AND LONG-TERM GOALS

A goal is what a person can accomplish in a short period of time, such as a day, a week or two or even a month (short-term goal). Goals to be accomplished over a longer period of time, say six months or several years are long term goals. Both short- and long-term goals do all of the following:

- give direction and purpose to life;
- make life more interesting and challenging;
- guide decisions in life;
- must be clear to know exactly what is required to achieve them;
- there are time limits on goals;
- some goals are made with teamwork;

In life, people do not achieve goals all at once, but step-by-step. Goals should:

- be positive and constructive;
- be realistic and possible;
- not put you at risk.

15.2. VALUES AND VOCATIONS

Personal values play an important role in decision making, including decisions about employment. For example, of how values affect vocational choice. For example, if 'working with people' is a very important value, being a teacher or a social worker would be more desirable than being a clerk or a computer programmer. Problems or obstacles that people might face either achieving their goals or getting a job of their choice are:

- lack of employment opportunities;
- lack of skills;
- lack of finances and other resources to attend training courses;

Did you know

It is very important to give direction and purpose to life, as this highly influences someone's decision making.



PARENTING

CYUZUZO

Cyuzuzo is 14. His father Kamana could not find time to have conversation with his children because of his busy work schedules and a big family to care for. However, he tried to give good education to his children and he thought it is enough. One day in the holidays Cyuzuzo paid a visit to his friend and they had unprotected sex, and she later got pregnant. Kamana didn't recognize until he found his daughter couldn't go to school as she was in last trimesters of pregnancy.

Kamana felt guilty as he believes all happened because he couldn't give enough time to talk about sexual and reproductive health with his children and enable them to make informed choices.

In this chapter we will discuss responsibilities and qualities of a good parent and risks of becoming a parent while someone is still an adolescent.

16. PARENTING

16.1. VALUES AND ATTITUDES ABOUT PARENTHOOD.

Parenting can be a wonderful and fulfilling experience, if and when people are prepared to be parents. Parenting is a job that demands a lot of ability and responsibility. Whether and when to become parents is a decision that deserves careful thought and consideration.

Some of the most important life decisions they will make are

- Whether or not to become a parent,
- Who to become parents with and?
- When to have a child or children.

16.2. CHALLENGES OF PARENTING

Parenting is a choice we make and that there are many challenges in being a parent. Young people often fail to recognize the reality of parenthood. They may become parents without ever thinking about the eventuality of parenting by engaging in unprotected sex. They may have limited experience with child care and unrealistic ideas about the costs associated with being a parent.

The following points regards teen parenthood.

- Most teens are not psychologically prepared for pregnancy or parenthood.
- Most teens' diets are not the best diets for unborn children. This may contribute to malformation, retarded development, or anemia in a fetus.
- Teen deliveries tend to be prolonged, resulting in a higher than usual percentage of complications during delivery.
- Teen parents, particularly females, are less likely to complete their education.
- Statistically, the younger the parents, the lower the family income is likely to be.
- Teen fathers are required to pay child support until the child is at least 18 years old. They may also have to pay the mother's and baby's medical bills.

- Teen parents may resign themselves to repeated pregnancies.
- Teen marriages are generally not stable and frequently end in divorce.
- School-age children of adolescents have more behavioral problems and score lower on academic tests than school-age children of parents 20 years and older.
- The extended family is burdened by untimely pregnancies.
- Teenage women have a high probability of raising children alone- they often do not marry at all.

16.3. PARENT-CHILD COMMUNICATION

The most difficult jobs or tasks parents have is communicating information about sexuality to their children. In the past the role of grandparents, aunts and uncles was to inform and educate young people when they were growing up on matters related to sex. However today, parents find it very difficult to talk to their children about sex.

Inappropriate factors that hinder parents from communicating with adolescent children about sexuality.

- Parents feel it is a taboo in many communities and cultures for them or other adults to talk to their children about sex.
- Parents don't have the correct information.
- Parents may feel their children are better educated than they are since the children have gone to school.
- Parents feel embarrassed and shy to talk about personal matters and often lack the skills to initiate such talk.
- Inappropriate factors that hinder adolescent children from communicating with parents about sexuality.
- Young people feel they can't talk to their parents about sex since they are not supposed to be sexually active.
- Young people feel their parents would never understand them.
- Young people prefer to get information on sexuality and reproductive health from their peers.
- Young people feel they have access to media and other sources of information other than their parents.
- Young people feel embarrassed to talk to their parents and other adults since they will be judgmental about the learners' behavior.

- Parenting involves a lifelong commitment and responsibility
- Teen parents, particularly females, are less likely to complete their education.



16.4. SIGNIFICANCE OF PARENT TO CHILD COMMUNICATION.

From birth, children live in a sexual world, and the ways they are touched and treated send messages about their worth and about being loved. Voice and body language convey feelings about intimacy and relationship. Words and actions impart values about sexuality, sexual orientation, responsibility, and gender roles.

Parents, television and films, religious leaders, musicians and actors, politicians, peers, and advertisers send messages about sexuality. We want our children to have healthy, rewarding lives, to like themselves, and to develop loving, mutually supportive relationships. We want them to act responsibly and to make choices that arise from the values they hold.

Unfortunately, in many homes, across many cultures, adults are embarrassed about sexuality and fail to let their children know that sexual expression is integral to loving, committed, mutually supportive, intimate relationships.

Research shows that when parents approach their role as sex educators in positive, affirming ways, young people are better able to make sexually healthy decisions and to build loving relationships. Parents who respond honestly to questions, provide resources, express their feelings and values significantly contribute to better sexual and reproductive health of adolescents.

Adolescents have rights to balanced, accurate, and realistic sex education, confidential and affordable sexual health services, and a secure stake in the future. People deserve respect and to be included in shaping programs and policies that affect their well-being.

Society has the responsibility to provide young people with the tools they need to safeguard their sexual health and young people have the responsibility to protect themselves from too early childbearing and sexually transmitted infections, including HIV.

Rights, respect, and responsibility is based on lessons learned for raising sexually healthy learners through positive attitudes and actions.

During parenting, the following are important to take into consideration:

- 1) Recognizing that all people are sexual beings from birth to death;
- 2) Using language that builds self-esteem and acknowledges the normalcy of sexuality;
- 3) Acting in accord with expressed values, such as honesty, responsibility, and respect for others;
- 4) Praising children, recognizing their talents and accomplishments, rather than dwelling on their mistakes and failures;
- 5) Teaching learners to make independent decisions; and
- 6) Initiating conversations about sexuality, intimacy, and relationships. Rights, respect and responsibility can guide parent-child communication around sexuality. It can also be a campaign through which parents and other caregivers give voice to a new vision of adolescent sexual health. We must advocate and believe that young people have the right to accurate information and to confidential health services and that they can and will behave responsibly when they have the information and services, they need to make responsible decisions about sex.

Our society has narrowed its focus from the broad nature of human sexuality to a fixation on sexual intercourse. We need to hold a broad definition of sexuality, encompassing the feelings, thoughts, and behaviors related to being female or male, being attracted and attractive to others, and being in love as well as to having sexual intimacy and engaging in physical sexual activity.

Affirmation: Children and adolescents need adults to recognize and validate their particular stage of (sexual) development.

Information: Children and adolescents need factual knowledge and concepts (about sexuality), presented in ongoing and age-appropriate ways.

Values Clarification: Children and adolescents need adults to share their values (about sexuality) and to clarify and interpret competing values and values systems (about sexuality) in the surrounding culture.

Limit Setting: Children and adolescents need adults to create a healthy and safe (sexual) environment by stating and reinforcing age-appropriate (sexual) rules and limits.

Anticipatory Guidance: Children and adolescents need adults to help them learn how to avoid or handle potentially harmful (sexual) situations, and to prepare them for times when they will need to rely on themselves to make responsible and healthy (sexual) choices.

This Five Needs Paradigm makes it clear that sexuality is simply another aspect of life and human development, not a “special” topic that needs to be “kept from the kids” until they’re older. It also makes the case that if children have five fundamental needs, then parents have five fundamental roles: affirmer, information giver, values clarifier, limit setter, and guide.

Parents have to stop talking in code. Adolescents need accurate definitions, facts, and guidance. If we don’t teach our children, someone else may teach them what we don’t want them to learn. We need to define and set adequate limits.

Sex is much more than intercourse. Most people think “sexual intercourse” when they hear the word “sex,” but sex is about intimacy and emotional closeness. Many young people do not understand this.

All sexual behaviors are somewhere on an intimacy continuum. At one end of a continuum of physical closeness is touching parts of the body that are public, such as face and hands; at the other end, touching private parts of the body, such as breasts or genitals. There is a parallel continuum of emotional closeness. That is, there is information that one shares readily with others, such as name or favorite hobbies.

As one reveals oneself and trust develops, more can be safely shared. Teens should make decisions by asking: “How close do I want this person to be to me?” and not “How far do I want to go?”

Our children need to know from us what needs to be in place in a relationship before they become sexually involved with another person. It is important that we communicate what would make it safe—emotionally, socially, and physically—to be involved in a sexual relationship.

When our child refuses to talk with us, it's worthwhile to say, "It's my job and important to me that I share this information. We don't have to discuss it now, but you do need to listen."

Young people get too little sex education and guidance too late and they get harmful misinformation. They hear myths and misconceptions about sexuality. . We have to speak up about the double standard for learners and do a better job of recognizing that boys are vulnerable, too, and have the same need for intimacy and closeness as learners.

We are our children's cultural interpreters. One way to begin a conversation about sexuality and values is to look together at a magazine advertisement, newspaper story, TV show or play SRHR game and discuss it.

Current reality obligates parents to have frank and knowledgeable discussions about such issues as where babies come from, erections, wet dreams, menstruation, correct language for intimate body parts, the size of penis and breasts, and masturbation (it's normal and private, not bad).

Young people need direct advice from their parents, such as, "If someone says to you, 'If you really love me, you'll have sex with me,' that is always a line to trick you and use you. If they loved you, they wouldn't try to manipulate you that way."

What Every Parent Needs to Know

1. Parents are the main sex educators of their own children.
2. Parents, if they want to be "ask-able," must be prepared for any question or incident that involves their children's sexuality. The best first response: "That's a good question."

3. Parents must convey to their children that nothing that ever happens to the child will be made worse by talking about it to the parent. The best first response: “I’m so glad that you are able to talk to me about this.”
4. Children are not perfect, just as parents are not perfect. Young people make mistakes and it’s up to parents to turn adolescents’ mistakes into opportunities for learning and growth.
5. Failure is an event—it is never a person. Children who are loved grow into adults who like themselves and others. They don’t exploit others and are unlikely to let themselves be exploited.

Did you know

- Adolescents have rights to balanced, accurate, and realistic sex education, confidential and affordable sexual health services, and a secure stake in the future.
- Parents are the main sex educators of the adolescents.



RIGHTS AND LAWS

MUTONI

Mutoni is a 17 years old adolescent girl studying in ordinary level of secondary school. In her long holidays, there was a 24 years old gentleman called Mugabo who rent a commercial building which was located near Mutoni's home. Mutoni's parents used to send her to Mugabo for buying food products. A month later, Mugabo told Mutoni that he loves her and that he prepared a special birthday gift for her. Mutoni paid a visit to Mugabo to grab her gift and they ended up having unprotected sexual intercourse which resulted to Mutoni getting pregnant. The parents of Mutoni found what happened and were planning to sue Mugabo in the court of law until he gave them money for their silence. Mutoni was asked by her parents to keep quiet about what happened and that she must give birth to the baby. Mutoni was confused and worried about dropping out of school at the age of 17 and the fact that her health was at stake.

Did Mutoni experience violence? We are going to discuss on some of articles of different laws related to adolescents' sexual reproductive health rights.

17. RIGHTS AND LAWS RELATING TO ADOLESCENTS' SEXUAL REPRODUCTIVE HEALTH (ASRH)

The reproductive health refers to a state of physical, mental and social wellbeing in all matters relating to the reproductive system, its functions and processes.

Components of reproductive health include the following:

- Care of a pregnant woman, safe motherhood services and safe delivery for the mother and the new-born assisted by a trained attendant (physician or midwife);
- Comprehensive infant and new-born care;
- Voluntary, informed and affordable family planning service;
- Prevention and treatment of sexually transmitted infections, including HIV/AIDS and cervical cancer;
- Prevention and treatment of infertility;
- Prevention of gender-based violence and care for victims thereof;
- Safe and accessible post-abortion care.
- Sexual Health information, education, and counselling to enhance personal relationships and quality of life.
- Prevention of harmful practices like female genital mutilation
- Adolescents' health
- Child and forced marriage

17.1. RIGHTS TO ALWAYS CONSIDER

1. All persons have equal rights in relation to human reproductive health.
2. A teenager who is pregnant or who has given birth has the right to be cared for with her newborn so as to ensure their wellbeing.
3. Every person having attained the majority age has the right to make decisions for him or herself in relation to the human reproductive health issues.
4. Every teenager has the right to be informed and educated about human reproductive health.
5. Every teenager has the right not to be subjected to any act that is harmful to his or her reproductive health. This means that every child should be protected from child defilement.
6. Every teenager has the right to voluntarily undergo HIV/AIDS testing and have his or her results in secret. Before testing HIV for a mentally disabled teenager, a healthcare professional has to ask his or her parent or guardian for consent.
7. A teenager living with HIV/AIDS has the right to access services and necessary medical care available.
8. Every teenager has the right to protect himself or herself and others against sexually transmitted diseases.
9. According to Republic of Rwanda Official Gazette No 23 of 06/06/2016 Law relating to Human Reproductive Health No 21/2016 of 20/05/2016 article 14, every biological parent or guardian has the duty to discuss with their children about human reproductive health.
10. In schools, teenagers have the right to learn comprehensive sexuality education and human reproductive health in general.

Did you know

In Rwanda, the majority age is 18 and if you are under 18; you are considered as a minor. Minors do not give consent for engaging in sexual intercourse with them. Anyone who engage in sexual intercourse with a minor commits a crime of child defilement.



17.2. CHILD DEFILEMENT

According to Official Gazette No special of 27/09/2018 Law No 68/2018 of 30/08/2018 determining offences and penalties in general article 133, child defilement is a crime of committing any sex related acts on a child (any person under 18). This consists of insertion of a sexual organ into the sexual organ, mouth or anus of a child, insertion of any organ of the human body into the sexual organ or anus of the child and performing any other act on the body of a child for the purpose of bodily pleasure.

A person who is above 18 years old and convicted of child defilement, he or she is punished with a sentence of 20 to 25 years in jail. Remember that there is no consent between a person under 18 and a person over 18. Whether, they had sex willingly or forcefully, the crime is child defilement. The same law states that child defilement done on a child under 14 years or if it resulted into an incurable illness, the penalty is life imprisonment. Moreover, if two children aged 14 to 18 have sex without violence or threats, no penalty is pronounced. However, if someone aged 14-18 commit child defilement on a child under 14, he or she is punished according to laws of punishing children.

17.3. ABORTION

Generally, abortion is a crime in Rwanda. However, according to Official Gazette No special of 27/09/2018 Law No 68/2018 of 30/08/2018 determining offences and penalties in general article 125, there are 5 circumstances where it is one's right to abort. These are: If the pregnant woman is a child, in case of rape, forced marriage, incest, or in case the pregnancy poses health risks to the mother or unborn child. When an adolescent is pregnant unwillingly and the law allows, she should consult a medical doctor for safe abortion and appropriate care after abortion. Adolescents should avoid unsafe abortion because it is associated with severe health risks.

Approximately 150 million adolescents under the age of 18 are estimated to have experienced some form of sexual violence. Up to 50% of sexual assaults are committed against girls under age 16 – Amnesty International

17.4. GENDER BASED VIOLENCE

Adolescents have the right to safety thus should be protected from any form of violence. An adolescent who is pregnant has the right to continue education. Adolescents should be protected from sexual harassment and any form of violence, including gender based violence.

TOLL FREE NUMBERS TO CALL IN CASE OF AN EMERGENCY



ISANGE ONE STOP CENTER MODEL

Rwanda National Police (RNP)

116: Reporting Child abuse

3512: Reporting domestic and/or gender based violence

3029: Seeking assistance of ISANGE One Stop Center

 Kasha

The logo consists of a stylized pink and teal 'k' shape followed by the word 'Kasha' in a teal sans-serif font.

Dial *911# for women's health, personal care and condoms



Striving for a healthy society

Toll-Free Hotline
3530

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DISCLAIMER:

The stories used in this booklet are a work of fiction. All names, characters, institutions and places are used fictitiously. Hence any resemblance to living persons or current events is coincidental.



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