MODULE: TTINC108 - INCLUSIVE TRAINING

Competence: Provide Inclusive Training

Learning Hours: 40

Purpose statement

This module aims at equipping learner with skills and knowledge required to provide inclusive training in the workplace. It will facilitate the learner to use inclusive training and learning approaches in delivering sessions, contribute to gender mainstreaming, apply the techniques used to prevent Gender Based Violence (GBV). Indeed, this module will enable the learner to contribute to people with disability(ies) (PWD) mainstreaming, prevent HIV/ AIDS and other Sexually Transmitted Infections (STIs). Also, the learner will be able to raise awareness on Human Papilloma Virus (HPV) infection, non- communicable diseases prevention and finally overcome obstacles to effective learning in TVET schools.

At the end of this module, the learner will be able to promote inclusive training in TVET schools.

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LIST OF ABBREVIATIONS &ACRONYMS

- AIDS: Acquired Immunodeficiency Syndrome
- ATOD: Alcohol, Tobacco and Other Drug
- COPD: Chronic Obstructive Pulmonary Disease
- CVDs: Cardiovascula Diseases
- EABC: Education Abstinance Be faithful Condom
- GBV: Gender Based Violence
- HBV: Hepatitis B virus
- HIV: Human immuno-virus
- HPV: Human Papilloma Virus
- MTCT: Mother To Child Transmission
- NCDs: Noncommunicable diseases
- PEP: Post-Exposure Prophylaxis
- PMTCT: Prevention Mother To Child Transmission
- PrEP: Pre-Exposure Prophylaxis
- PWD: People With Disability
- STD's:Sexually transmitted diseases
- STI's: Sexualy Transmitted Infections
- TTINC: TVET Trainer Inclusive Training
- VCT: Voluntary Conselling and Testing
- WHO: World Health Organization
- MINEDUC: Ministry of Education
- WDA: Workforce Development Authority
- TVET: Technical and Vocational Education and Training
- LU: Learning Unit
- LO: Learning Outcome
- MR: Mental Retardation
- APD: Auditory Processing Disorder
- LPD: Language Processing Disorder
- NLD&NVLD: Non-verbal Learning Disorder
- LLL:Long Life Learning
- NPPA: Nation Public Prosecution Authority
- ART: Antiretroviral Therapy
- DNA: Deoxyribonucleic acid

Learning Unit 1: Contribute to People with Disability (PWD) mainstreaming

> After this learning unit, a learner will be able to:
>   1.1 Explain concepts related to PWD
>   1.2 Describe PWD mainstreaming principles in TVET schools
>   1.3 Apply inclusive training approach towards PWD in education

Learning Outcome 1.1: Explain concepts related to PWD

Topic 1: **Definition of concepts related to PWD**

- *Inclusion*
    - ✓ is a process that helps overcome barriers limiting the presence, participation and achievement of learners.
    - ✓ is seen as a process of addressing and responding to the diversity of needs of all learners through increasing participation in learning, cultures and communities, and reducing exclusion within and from education.
    - ✓ means that people with and without disabilities participate in an activity together and interact on an equal basis.
    - ✓ is more than seeing the same thing, hearing the same thing, or doing the same thing.
    - ✓ is about people with and without disabilities experiencing the same thing at the same time, and sharing in that experience.
    - ✓ may involve support or reasonable accommodations so that persons with disabilities are able to participate in an activity or event with people without disabilities.
        - Support can be provided in the form of physical assistance or guidance.
        - Reasonable accommodations may be providing information in formats different from standard print (these are called alternative formats) or rearranging space so persons in wheelchairs may engage in an activity with others.

- ✓ Inclusion does not just happen in the classroom, it happens throughout the facility and hopefully the entire training system and even the community.

- *Inclusive training/education* **is**
  - ✓ Process of strengthening the capacity of the education system to reach out to all learners by using of active learning methods that encourage learners to be actively involved in their own learning.

- *Impairment* means
  - ✓ Any loss or abnormality of psychological, physiological or anatomical structure or function (WHO, 1980).
  - ✓ Permanent physical or mental health problems that may bring restrictions to everyday life.

These can be problems with sight or hearing, dyslexia, physical impairment, heart or lung problems, mental retardation, mental sufferings or other impairments.

- *Disability* is
  - ✓ any restriction or lack of ability to perform an activity in the manner or within the range considered normal for a human being. (World Health Organization, 1980).
  - ✓ is about the body, the brain, the senses being wired and tapped in a unique way.

- *Handicap*
  - ✓ Relates to the disadvantages experienced in society by the individual, as a result of his/her disability.
  - ✓ It is basically society and the physical environment what makes people handicapped.

- *Special needs*
  - ✓ refers to the special educational requirements of those with learning difficulties, emotional or behavioral problems, or physical disabilities.
  - ✓ is about education

- *Learners with special needs*
  - ✓ Learners who experience difficulties in their learning situation and they need extra support in order to perform well like other learners.

- *Special education*

✓ It is a customized instructional program designed to meet the unique needs of an individual learner, necessitate the use of specialized materials, equipment, services, and or teaching strategies.

☞ **Notes**

Disability terminology

✓ People with Disabilities are not defined by their impairments. We should always 'Put People First' and say "person with a disability" rather than "disabled person".

✓ Use neutral instead of negative terms. Phrases such as "suffers from" and "afflicted by" carry negative connotations. In most cases, you could simply say that a person "has" a certain disability.

Here are some examples:

AVOID THESE TERMS	PREFER THESE TERMS
Wheelchair bound	Wheelchair user, User a wheelchair
Handicapped, crippled, spastic	Person with a disability, person with physical disability
Normal(to refer to people without disabilities)	Non-disabled, able-bodied, Person without a disability
Birth defect	Born with disability
Retarded	Has an intellectual disability
Mongoloid	Has Down syndrome
Deaf-mute, deaf and dumb(to refer to someone who is unable to hear)	Deaf has hearing impairment, has hearing loss
Mute, dumb	Has speech impairment, has speech disability
Midget	Little person, dwarf, person of short stature

Topic 2: **Types of impairment**

- **Physical impairment**

✓ Who have difficulties in movement and may interfere with learning to such an extent that special services. Some learners with physical impairment may also have mental retardation.

✓ As a result of problems in movement, they find it difficult to interact, manipulate the environment and participate in community activities.

✓ They have problems in sitting upright, sitting too long, poor body coordination, difficulties in handling learning materials, poor neck/head control, and difficulties in speech.

- **Visual impairment**
  ✓ Visual impairment refers to difficulties in seeing.   ✓ Learners with V.I may have frequent eye blinking,   ✓ Move hands stretching,
  ✓ Move nearer or far away from the chalkboard in order to see what is on it,   ✓ Have difficulties to read when there is no enough light,
  ✓ Holding reading materials at a peculiar angles and position.

There are two main types of visual impairments:

Blindness:

- Refers to visual difficulties which are so severe that one may see nothing at all or differentiate between light and darkness.
- One cannot identify persons or objects and cannot read prints.
- The person will have difficulties moving around without learning the techniques of orientation and mobility and will have to use Braille for reading and writing

Low vision:

- 🞧 Refers to a visual loss that is severe to interfere with the ability to perform everyday tasks or activities.
- 🞧 Conventional aids or contact lenses are not sufficient to correct the vision to normal.

- **Hearing impairment**
  - ✓ Hearing impairment refers to difficulties in hearing.
  - ✓ Learners with H.I may not react when called by name,
  - ✓ Not speak or speak in a way that cannot easily be understood,
  - ✓ Ask the speaker to repeat,
  - ✓ Unable to discriminate special sounds,
  - ✓ Speak too loudly or softly,
  - ✓ Use gestures/signs to communicate,
  - ✓ Unable to participate in conversation,
  - ✓ Unable to follow instructions.

The two main types of hearing impairment are:

Deafness:
- 🞧 Means hearing difficulties which are so severe that one is hindered from learning and understanding spoken language in a natural way and needs to communicate in sign language.

Hard of hearing:
- 🞧 Refers to a hearing difficulty which may only partially hinder the understanding of spoken language.

- **Mental retardation (M.R.)**
  - ✓ A delay or slowness in child's mental development.
  - ✓ Learners with mental retardation are those who experience overall difficulties in learning and performing activities.
  - ✓ They may have to learn even simple tasks over a longtime and step-by-step.
  - ✓ Tasks such as brushing teeth, dressing, eating, toileting, wearing shoes and tying the laces etc, can at times be difficult to learn and these learners may need great support when starting school.
  - ✓ Learners with M.R. are slow at acquiring/learning skills,
  - ✓ Have poor language development,
  - ✓ Poor memory (may not know today what you taught yesterday) difficulties in understanding abstract concepts, written symbols (letters and numbers), drawings.

- **Autism**

- ✓ It is a generic disorder which comes up with developmental problems.
- ✓ Most of children with Autism have difficulties in social interaction and communication and at times unusual forms of interaction (do not want to interact with peers).
- ✓ If they speak, they may use language in a usual way.
- ✓ They may have general learning difficulties including learning skills of independence (washing, dressing, eating).
- ✓ Because of poor communication, it may be difficult to determine what they know and what they don't know.
- ✓ If the child looks at you, you may feel like he/she does not really see you.
- ✓ Does not want answer your question, but repeats your questions and comments.
- ✓ Can cry or scream seemingly without reason.
- ✓ May have aggressive behaviors and become very upset when told what to do.

Learning Outcome 1.2: Describe general learning disabilities

Topic: General learning disabilities
Definitions of learning disability

Learning disability is a disorder in one or more basic psychological processes that may manifest itself as an imperfect ability in certain areas of learning, such as reading, written expression, or mathematics.

Learning disabilities affect the brain's ability to receive, process, store, respond to and communicate information.

Learning disabilities usually fall within four broad categories:

- Spoken language-listening and speaking.
- Written language-reading, writing, and spelling.
- Arithmetic-calculation and concepts.
- Reasoning-organization and integration of ideas and thoughts.

Types of Learning Disabilities

1. *Auditory Processing Disorder (APD)/Central Auditory Processing Disorder*

- This is a condition that adversely affects how sound that travels unimpeded through the ear is processed or interpreted by the brain.

- Individuals with APD do not recognize subtle differences between sounds in words, even when the sounds are loud and clear enough to be heard.

- They can also find it difficult to tell where sounds are coming from, to make sense of the order of sounds, or to block out competing background noises.

2. *Language Processing Disorder (LPD)*

- A specific type of Auditory Processing Disorder (APD) in which there is difficulty attaching meaning to sound groups that form words, sentences and stories.

- While an APD affects the interpretation of all sounds coming into the brain, a Language Processing Disorder (LPD) relates only to the processing of language.

- It can affect expressive language and/or receptive language.

3. *Dysgraphia*

- A specific learning disability that affects a person's handwriting ability and fine motor skills.
- Problems may include illegible handwriting, inconsistent spacing, poor spatial planning on paper, poor spelling, and difficulty composing writing as well as thinking and writing at the same time.

4. *Non-Verbal Learning Disabilities (NLD or NVLD)*

- A disorder which is usually characterized by a significant discrepancy between higher verbal skills and weaker motor, visual-spatial and social skills.
- Typically, an individual with NLD (or NVLD) has trouble interpreting nonverbal cues like facial expressions or body language, and may have poor coordination.

5. *Visual Perceptual/Visual Motor Deficit*

- A disorder that affects the understanding of information that a person sees, or the ability to draw or copy.
- ***Daltonism:*** *Color blindness, especially the inability to distinguish red from green.*

6. *Dyscalculia*

- A specific learning disability that affects a person's ability to understand numbers and learn math facts.
- Individuals with this type of learning disability may also have poor comprehension of math symbols, may struggle with memorizing and organizing numbers, have difficulty telling time, or have trouble with counting.

7. *Dyslexia*

- A specific learning disability that affects reading and related language-based processing skills.
- The severity can differ in each individual but can affect reading fluency; decoding, reading comprehension, recall, writing, spelling, and sometimes speech and can exist along with other related disorders.
- Dyslexia is sometimes referred to as a Language-Based Learning Disability.

8. *Dyspraxia*
- Developmental dyspraxia is an immaturity of the organization of movement.
- The brain does not process information in a way that allows for a full transmission of neural messages.
- A person with dyspraxia finds it hard to plan what to do, and how to do it.

9. *Executive function*

   Executive function is **a set of mental skills that include working memory, flexible thinking, and self-control**.

10. *ADHD (Attention-deficit/hyperactivity disorder)* Attention-deficit/hyperactivity disorder (ADHD) is one of the most common mental disorders affecting children. Symptoms of ADHD include inattention (not being able to keep focus), hyperactivity (excess movement that is not fitting to the setting) and impulsivity (hasty acts that occur in the moment without thought).

Topic 1: Application of inclusive training approach towards to PWD in education process

- **Identification of challenges faced by PWD in schools** *Key challenges include:*
  - ✓ Accessibility of the environment (infrastructures) where the education / training takes place.
  - ✓ Teaching methods and materials not adapted to the needs of students with special needs.
  - ✓ Lack of support tools.
  - ✓ Lack of awareness, knowledge and understanding among trainers and trainees regarding disability issues and how to deal with trainees with disabilities.
  - ✓ Negative perceptions towards PWDs in schools. *(National Council of Persons with Disabilities, 2013)*

- **Application of best practices to overcome PWD challenges in schools**
  - ✓ When you organise mainstream education , training and life long learning schemes , ensure that, where possible from the outset, they are designed in a way that everybody (people with disability and person without disability) can equally participate in and benefit from them.
  - ✓ Special education should only be organised when mainstream education is not suitable.
  - ✓ For persons with disabilities to acquire the necessary skills , or when persons with disabilities or their families decide to opt for it. The possiblility to opt for special education is important for some types of disability. Eg Deaf-blind children they could not follow mainstream education.
  - ✓ Take necessary measures to raise awareness among peers without disabilities about disabilities issues. This will help to create an inclusive environment where PWD and non- persons with disabilities are fully integrated.

✓ Encourage and facilitate the participation of parents, communities , and organisations of persons with disabities in the planning and decision – making process concerning the provision of special education.

✓ Take the necessary measures to make sure that students with disabilities can also participate in the school or instition extracurricular activities and social life.

✓ Consult user organisation active in the disability field in all matters relating to the organisation and delivery of provisions.

✓ Disability equality training should be integreted into college training and the continued development of professionals active in teaching environments.

✓ Teachers working with students with special needs should acquire specific competences in relevent areas.

Other bests practices that can help trainers to overcome PWD challenges in TVET schools

- Patience, optimism, and a willingness to find a way to communicate are your best tools.

- Smile, relax, and keep in mind that people with disabilities are just people.

- Don't make assumptions about what type of disability or disabilities a person has.

- Some disabilities are not visible. Take the time to get to know your learner's needs.

- Be patient. People with some kinds of disabilities may take a little longer to understand and respond.

- If you're not sure what to do, ask your learner, "May I help you?"

- If you can't understand what someone is saying, just politely ask again.

- Ask before you offer to help - don't just jump in. Your learners with disabilities know if they need help and how you can provide it. Find a

- good way to communicate. A good start is to listen carefully.

- Look at your learner, but don't stare. Speak directly to people with disabilities, not to their interpreter or someone who is with them. Use

- plain language and speak in short sentences.

- Ask permission before touching a wheelchair or a piece of equipment.

- **Integration of PWD mainstreaming principles during the curriculum development**

- ✓ It is proven that a system where priority is given to inclusive education at all ages, in which both people with disability and non-persons with disabilities can benefit from the same educational environment, is the most effective means of combating discriminatory attitudes, creating welcoming communities and building an inclusive society.
- ✓ Use of technologies for training
- ✓ Ensure that ICT and places where they are located are designed to enable people with all sorts of special needs use them.

- **Facilitation of trainers to deliver the curriculum and assess PDW in line with their limitation**
  - ✓ Physical settings or where activities take place : make sure that the venues are fully accessible.

  - ✓ Information and education material: ensure that all relevant information and materials are accessible by taking into account the needs ofpeople with different types of disabilities.

  - ✓ Lessons/ courses: provide support , such as interpretation facilities and induction loop systems

  - ✓ Allow students to record lessons and to use technical aids; for the benefit of people with visual impairements, whatever you write on the board, also read it orally and showing pictures , explain what they show , ect.

  - ✓ Exams/tests: Where appropriate, offer persons with disabilities and / or special needs the possibility of having the exam in different formats and give them the opportunity to be tested in different ways.

- **Training trainers in PWD-sensitive pedagogy in TVET**
  - ✓ Facilitating and promoting the inclusion of students, teachers and employees with disabilities.
  - ✓ Promoting awareness-raising activities for students and staff.
  - ✓ Including disability-related issues in training programmes (theoretical and practical) of all relevant professionals that may be dealing with persons with disabilities in the future.
  - ✓ Promoting Long Life Learning (LLL) of persons with disabilities and professionals who care for them.
  - ✓ collaborative programmes to drive their proficiency and promoting the innovation of models, products, and services.
  - ✓ Rendering the infrastructures accessible by all types of disabilities;

✓ Positive promotion for some students with disabilities (optional)

✓ Increasing research, development and innovation focused on disability-related issues as well as providing new knowledge and carrying out studies related to this field.

Activity

The government of Rwanda has put in its priority the promotion of PWD in all domains. Despite increased efforts in recent years, persons with disabilities do not have equal access to education and training opportunities. In a group of 4, discuss on approaches to apply inclusive training towards PWD in education process.

Checklist	Score	
	Yes	No
Application of inclusive training approach towards PWD in education process :		
Identification of challenges faced by PWD in schools		
Application of best practices to overcome PWD challenges' in schools		
Integration of PWD mainstreaming principles during the curriculum development		
Facilitation of trainers to deliver the curriculum and assess PWD in line with their limitation		
Training trainers in PWD-sensitive pedagogy in TVET schools		
Observation		

Learning unit 2: Contribute to gender mainstreaming

After this Learning Unit, a learner will be able to:

2.1. Interpret gender based concepts
2.2. Raise awareness on gender based violence
2.3. Apply gender mainstreaming strategies in TVET schools

Learning Outcome 2.1: Interpret gender based concepts

Topic: **Gender based concepts**

- *Sex* is
  - ✓ a set of biological differences between woman and man which is genetically determined;
  - ✓ biologically determined as female or male according to certain identifiable physical features which are fixed.
- *Gender* refers
  - ✓ to the socially determined differences between woman and man, such as roles, attitudes, behavior, and values.

✓ on how a person's biology is culturally valued and interpreted into locally accepted ideas of what is to be a woman and man.

- *Gender stereotype* is
  ✓ a generalized view or preconception about attributes or characteristics that are ought to be possessed by the roles that should be performed by woman and man.
  ✓ harmful when it limits women and men's capacity to develop their personal abilities and make choices about their lives and life plans.

  Example: In Rwandan culture, most people assume that hard works are for men and women are physically weak. That mentality has influence mindset of learners and parents in choosing TVET trades. For that reason, most girls tend to enroll in accountancy, hairdressing, hospitality sector and tailoring while boys like to choose construction or mechanics sectors.

- *Gender bias* is
  ✓ unfair difference in the treatment of men or women because of their sex.
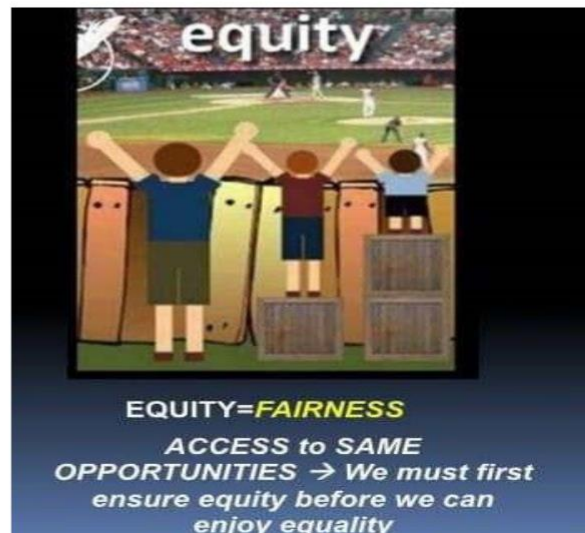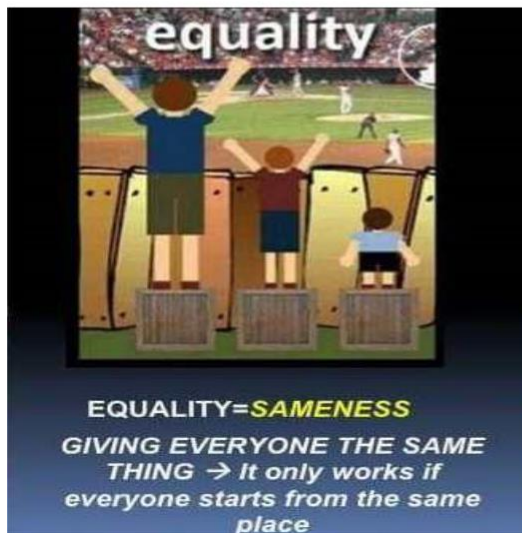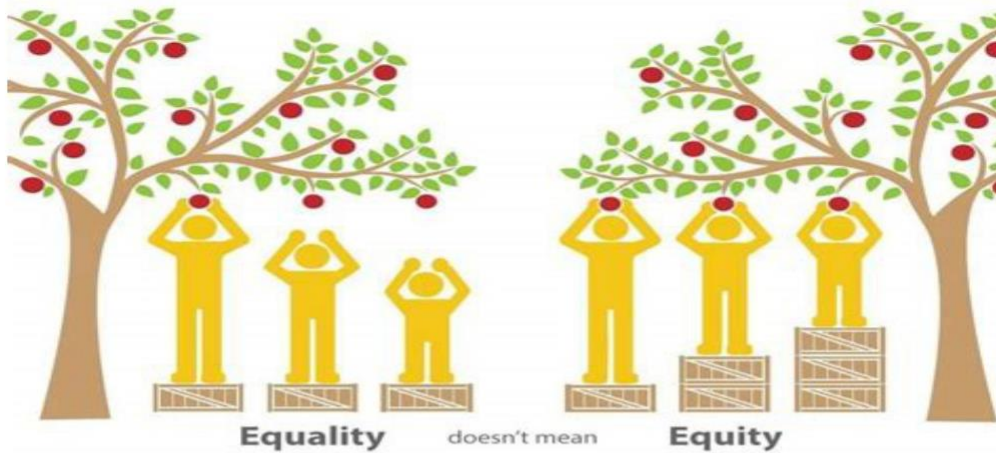 ✓ a discrimination based on gender

- *Gender blind*
  ✓ is someone who adheres to not distinguishing people by gender.
  ✓ advocates neutrality in society such as activities undertaken and services provided without regard to the gender of those who participate.

- *Gender awareness***:** The knowledge and understanding of the differences in roles and relations between woman and man.

- *Gender mainstreaming* is
  ✓ a perspective or process of assessing the implications for women and men of any planned action, including legislation, policies or programs, in all areas and at all levels.
  ✓ a strategy for making women's as well as men's concerns and experiences an integral dimension of the design, implementation, monitoring and evaluation of policies and programs in all political, economic and societal spheres so that women and men benefit equally. The ultimate goal is to achieve gender equality.
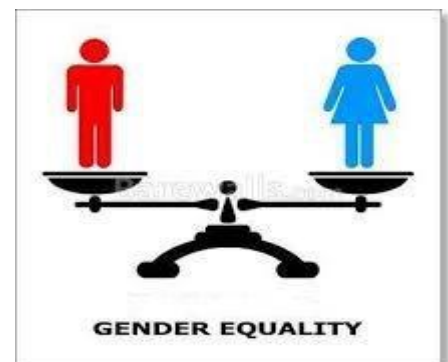
- *Equality Vs equity*

Equality doesn't mean Equity

EQUALITY=SAMENESS
GIVING EVERYONE THE SAME THING → It only works if everyone starts from the same place

EQUITY=FAIRNESS
ACCESS to SAME OPPORTUNITIES → We must first ensure equity before we can enjoy equality

Examples:

Equality: All children have the same right to access TVET Schools.

Equity: Government of Rwanda has encouraged the girls to study in TVET schools, the reason why Nyanza TVET School became TVET girls schools.

- *Gender equality***:**
    - ✓ is the understanding that women and men have equal conditions for realizing their full human rights and for contributing to, and benefiting from, economic, social, cultural and political development.

GENDER EQUALITY

✓ It does not mean that men and women are the same, but rather that their similarities and differences are recognized.

✓ Equality of opportunity and equality of voice and to contribute to the development process**.**

- *Gender equity***:**

  ✓ It is a process of being fair to both women and men.

  ✓ To ensure fairness, measures must often be available to compensate for historical and social disadvantages that prevent women and men from operating on a level playing field.

- *Gender based violence (GBV)*

✓ is any act that results in a bodily, psychological, sexual and economic harm to somebody just because they are female or male. Such act results in the deprivation of freedom and negative consequences.

✓ This violence may be exercised within or outside the household.

ACTIVITY

One day, Kaliza and Kalisa had a hot discussion about the gender mainstreaming. But they did not have the common understanding about the following concepts:

- a) Sex
- b) Gender
- c) gender bias
- d) gender blind

e) gender awareness

f) gender mainstreaming

g) equality

h) equity

i) gender based violence

➢ Provide to them more clarifications about those above terms used in gender mainstreaming.

➢ By own examples related to the TVET sector, explain gender stereotype, gender equity and gender equality.

Checklist	Score	
	Yes	No
Definition of gender based Concepts:		
Sex is a set of biological differences between woman and man which is genetically determined		
Gender refers to the socially determined differences between woman and man, such as roles, attitudes, behavior, and values.		
Gender bias is a generalized view or preconception about attributes or characteristics that are ought to be possessed by the roles that should be performed by woman and man.		
Gender awareness is the knowledge and understanding of the differences in roles and relations between woman and man.		
Gender mainstreaming is a perspective or process of assessing the implications for women and men of any planned action, including legislation, policies or programs, in all areas and at all levels.		
Gender blindness is someone who adheres to not distinguishing people by gender.		
GBV is any act that results in a bodily, psychological, sexual and economic harm to somebody just because they are female or male. Such act results in the deprivation of freedom and negative consequences.		
Example of gender stereotype, gender equity and gender equality		
Observation		

Learning Outcome 2.2: Raise awareness on gender based violence

Topic 1: Categories of GBV and their consequences

Categories of GBV

- **Economic/financial violence:** denial of economic rights to property, succession, financial resources, healthcare, education, employment or other economic benefits and denial of participation in economic decision-making.
- **Physical violence:**
  The intentional use of physical force with the potential to cause harm, injury, disability or death
- **Sexual violence:**
  Act of forcing another individual, through violence, threats, rape, sexual assault and harassment, deception, cultural expectation, weapons or economic circumstances, to engage in sexual behavior against her or his will.
- **Psychological/emotional violence:** Threats of acts or coercive tactics; humiliation, mocking and controlling behaviors and these threats are often related to sexual or physical violence and the result is trauma to the victim caused by those acts.

Consequences of GBV

The consequences of gender-based violence are numerous and far-reaching. In addition to death and suicide, GBV has serious negative health, physical and psychological effects.

Violence may have profound effects – direct and indirect – on a woman's reproductive health, including:

- Unwanted pregnancies and restricted access to family planning information and contraceptives and early marriage under 20 years old.
- Unsafe abortion or injuries sustained during abortion following an unwanted pregnancy
- Sexually transmitted infections, including HIV
- School drop out of victims "learners"
- Low self esteem/self confidence
- Increase in human trafficking for learners

<mark>Topic 2:</mark> **Strategies to prevent GBV**

The Government of Rwanda's commitment to gender and to combating gender-based violence is also manifested through the establishment of the following "Gender machineries": the Ministry of Gender and Family Promotion, the Gender Monitoring Office and the National Women's Council. The commitment of the Government of Rwanda is to have zero tolerance to gender-based violence; the reason why MIGEPROF has drawn the following strategies:

- Parents' Evening Forum "Umugoroba w'Ababyeyi" is one of effective strategy to prevent GBV in the family for the following reasons:
  - ✓ *Umugoroba w'Ababyeyi* is a forum in which men and women from the same village sit together to exchange and share ideas for a better cohabitation (living together) of the family members.
  - ✓ Families (both men and women) come together at the village level to discuss and solve the problems and challenges of their families.
  - ✓ The main objective of this forum is to enable women and men to address the problems and challenges facing in the family in order. to improve

family relationships and living conditions and ultimately increase sustainable development.

✓ In their meetings, participants discuss issues pertaining social- economic development such as:

- income generating activities through tontines, farming and other economic activities;
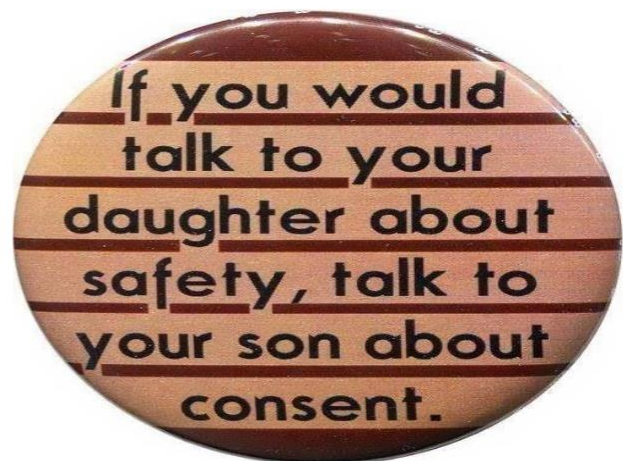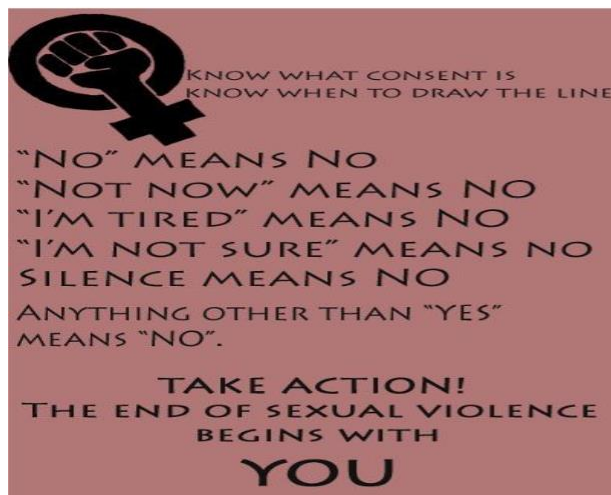- resolving family conflicts and poor practices that hinder the development of the family;
- cultural and social activities promoting social cohesion such as visiting sick people, those who gave birth or lost their family members;
- promoting family planning and adolescents reproductive health awareness promotion,
- fighting and preventing Gender Based Violence;
- protecting and providing good care for their children;
- promoting gender equality through participation of both men and women in economic activities.

- Sensitization the people to report on time the GBV cases to the competent organs, support and visit GBV victims.

- The creation of anti-GBV Clubs and Child Protection Committees at school levels provides an opportunity for awareness raising on gender-based violence.

- Educate people, especially the youth on reproductive health, specifically on sexuality and biological changes.

- Mobilize government and media to ensure awareness of GBV.

- Raise awareness of the GBV Law (and other relevant laws) and this is low Policy amongst the public, service providers and other stakeholders.

- Mobilize Government institutions, CSOs and the Private Sector to own the National Policy against GBV and to support dissemination of the GBV law and other laws that promote gender equality.

- Engage the media in broadening the knowledge of evidence about GBV so that every citizen in Rwanda understands the situation concerning GBV.

- Put in place mechanisms at national, district and local levels to identify groups and individuals at high risk of GBV.

- Community programmes to economically empower poor women and families play an important role in reducing their vulnerability and in preventing GBV.

- Strengthen the capacity of the legal and judicial systems to process cases in a fair, expedient and just manner.

- Using the One-Stop Centers to provide critical support to victims of GBV and can be used as a model for integrated care and support.
    - ✓ The One Stop Centers provide short-term emergency accommodation to victims who fear to return home or who need intensive support and time to come to terms with what has happened to them.

    - ✓ Most of them do return to their family or community without delay and the Center provides continued psycho-social support to them within their communities. This much needed support also offers a chance for victims to access legal aid as part of an integrated package

    - ✓ Medical and psychological assistance is provided to GBV victims by the existing health infrastructure. Medical assistance is free for victims of sexual violence, but this support needs to be expanded to all GBV victims.

    - ✓ This assistance includes HIV testing, counseling, emergency contraceptives, anti tetanus vaccines and the referral system between health center and Police during the consultation to collect evidence which can be used in court.

    - ✓ Service providers in GBV receive training on orientation and care to victims and on collaboration with other key stakeholders such as the Police.

- Focus on women and girls' empowerment and agency

- Efforts to increase women's political participation and influence in contexts of peace, conflicts and other humanitarian crisis

☞ *Notes*

- As educators especially parents should be a "model parents" and it is easier to teach them the following things which are very important in their daily life to fight against GBV:

no\no\n. pl. noes or nos\ʃ nos\ 1: REFUSAL, DENIAL. 2: a negative vote or decision.
3: not at all; null; the opposite of yes. 3: not so. no\no\adv. 1: Used to express the
negative or an alternative. 2: in no respect or degree. 3: not so.

no means no

"Stop" means no
Turning away means no
"I don't want to" means no
Shoving you away means no
"Leave me alone" means no
Passed out means no
"I'm not ready" means no
Pushing you away means no
"I don't feel like it" means no
Drunk or drugged means no
"Get away from me" means no
Screaming means no
"Don't" means no
Crying means no

yes means one thing only:

Freely given consent where both
persons' needs, wants and desires are
an integral part of the interaction.

KNOW WHAT CONSENT IS
KNOW WHEN TO DRAW THE LINE

"NO" MEANS NO
"NOT NOW" MEANS NO
"I'M TIRED" MEANS NO
"I'M NOT SURE" MEANS NO
SILENCE MEANS NO
ANYTHING OTHER THAN "YES"
MEANS "NO".

TAKE ACTION!
THE END OF SEXUAL VIOLENCE
BEGINS WITH
YOU

If you would talk to your daughter about safety, talk to your son about consent.

- **GBV victim Supporting entity**: Ministry of Health, 2012, Ministry of Gender and Family Promotion, May 2021.

☞ *As stipulated in the report by the* **Ministry of gender and family promotion (May 2021),** *Care and support for victims of GBV include the following:*

✓ Immediate medical care

✓ legal advice

✓ security by Rwanda National Police:

🔹 free hotline for reporting GBV cases to the police: 3512

✓ psychological counselling

✓ one- stop- center

✓ Nation Public Prosecution Authority (NPPA):

🔹 in some case of sexual violence like rape, DNA tests can be made to identify the perpetrator.

🔹 Hotline for legal assistance in case of GBV: 3677

✓ Civil society

✓ Local community health agents and specialized GBV UMUDUGUDU Committees.

- The following are the emergence Toll Free Number

Emergence Toll free Numbers

Emergency call/ Sharing crime related informations — Call: 166	Reporting domestic and/or gender based violence — Call: 3512	Reporting dissatisfaction of RIB services — Call: 2040
Isange One Stop Centre — Call: 3029	Reporting child abuse — Call: 116	Media inquiries — Call: (+250)788 311 164

Activity

By observing the pictures below, name and discuss on different categories of GBV and their consequences. What it is missing? Suggest effective strategies used to prevent the consequences of GBV in Rwanda. Who can help in case of GBV?

Checklist	Score	
	Yes	**No**
Categories of GBV		
Economic violence		
Physical violence		
Sexual violence		
Psychological violence		
Consequences of GBV		
Unwanted pregnancies and restricted access to family planning information and contraceptives and early marriage under 20 years old.		
Unsafe abortion or injuries sustained during abortion following an unwanted pregnancy		
Sexually transmitted infections, including HIV		
School drop out of victims "learners"		
Low self esteem/self confidence		
Increase in human trafficking for learners		
Strategies to prevent GBV		
Parents' Evening Forum "Umugoroba w'Ababyeyi		
Sensitization the people to report on time the GBV cases to the competent organs, support and visit GBV victims.		
The creation of anti-GBV Clubs and Child Protection Committees at school levels provides an opportunity for awareness raising on gender-based violence.		
Educate people, especially the youth on reproductive health, specifically on sexuality and biological changes.		

Mobilize government and media to ensure awareness of GBV.		
Raise awareness of the GBV Law (and other relevant laws) and this is low Policy amongst the public, service providers and other stakeholders.		
Mobilize Government institutions, CSOs and the Private Sector to own the National Policy against GBV and to support dissemination of the GBV law and other laws that promote gender equality.		
Engage the media in broadening the knowledge of evidence about GBV so that every citizen in Rwanda understands the situation concerning GBV.		
Put in place mechanisms at national, district and local levels to identify groups and individuals at high risk of GBV.		
Community programmes to economically empower poor women and families play an important role in reducing their vulnerability and in preventing GBV.		
Strengthen the capacity of the legal and judicial systems to process cases in a fair, expedient and just manner.		
Using the One-Stop Centers to provide critical support to victims of GBV and can be used as a model for integrated care and support.		
Focus on women and girls' empowerment and agency		
Efforts to increase women's political participation and influence in contexts of peace, conflicts and other humanitarian crisis		
Efforts to increase sexual and reproductive health and rights education		
GBV victim Supporting entity		
Immediate medical care		
Legal advise		
Rwanda National Police		
psychological counseling		
one- stop- center		
Observation		

Learning Outcome 2.3: Apply gender mainstreaming strategies in TVET schools

Topic 1: Gender mainstreaming challenges and strategies in TVET Schools

a) Gender mainstreaming challenges in TVET Schools

Rwanda has in recent years made progress in promoting gender equality and women's empowerment in order to close the gender gap in gross and net enrolments in education.

Despite the achievements in GBV, there are remaining challenges that need to be addressed:

- It is still a challenge to achieve gender equality and equity in the technical and vocational education and training (TVET) sector, which is characterized by gender inequalities and stereotyping.

- Attitudes held in society about the lack of ability of girls and women when it comes to scientific and technical courses,

- The stereotyped images of scientific and technical careers being incompatible with a role of woman.

- Some employers are reluctant to employ girls/women as mechanics or technicians perhaps because these fields are considered to be 'manly'.

- In the same vain, it was noted that boys are reluctant to enroll in occupations such as hair dressing, tailoring, accountancy and catering because these occupations are considered to be for women.

- The lack of female teachers/trainers, who should also act as role models to female students, as well as the need to make TVET attractive for all teachers, women and men.

- Not all teachers/trainers had been sensitized about gender mainstreaming and there were still some forms of gender discrimination

- Many teachers apply teaching methodologies that do not give girls and boys equal opportunities to participate.

- Teachers/instructors use teaching and learning materials that perpetuate gender stereotypes.

- The absence of counseling and career guidance services in schools further obstruct the informed choices that girls and boys would make about career choice.

b) *Gender mainstreaming strategies in TVET schools*

- Application of gender mainstreaming principles during the curriculum development process in TVET schools.
- Manifest ability to train trainers in gender-sensitive pedagogy in TVET:

✓ Gender sensitive pedagogy refers to teaching and learning processes that pay attention to the specific learning needs of girls and boys

✓ Gender sensitive pedagogy calls for teachers to take an all-encompassing gender approach in the processes of session planning

✓ Within the context of classroom settings, pedagogy is a term that includes what is taught, how teaching takes place and how what is taught is learnt.

Elements to be taken into consideration in gender-sensitive pedagogy:

- Learning materials to use,
- Methodologies,
- Content,
- Learning activities,
- Language use,
- Classroom interaction,
- Classroom set up,
- Assessment of the learning

- Focus on teaching and learning materials used to address gender discrepancies.

    ✓ Review the teaching and learning materials for gender responsiveness

    ✓ Does the material contain gender stereotypes?

    ✓ If so, what techniques can be used to address them

Example:

- Faced with a history textbook that portrays only male heroes draw up a list of female heroines.
- If a chemistry textbook portrays only male scientists as inventors, include a discussion of female scientists.
- Throughout, carefully review the gender responsiveness of the language used in the teaching and learning materials.

- Selection of teaching methodologies and learning activities, Classroom set up, interaction and assessment that will ensure equal participation of both girls and boys

    ✓ **Selection of teaching methodologies**

    - That will ensure equal participation of both girls and boys.
    - Some facilitation methods like group work, group discussions, role play, debates, case studies, explorations and practicals can be very effective in encouraging student participation and will therefore give the girls opportunity to participate more actively.

- In practice, take care that dominant individuals do not sideline less assertive ones.
  - ✓ **Learning activities**
    - The lesson plan should make allowance for all students to participate in the learning activity.
    - When doing a practical activity, ensure that both girls and boys have a chance to use the tools and equipment
    - There should also be equal participation in such activities as making presentations.
    - When assigning projects, ensure that both girls and boys are given leadership positions and roles.
    - Take into account how the learning materials will be distributed equally to both girls and boys, especially in cases of shortages
  - ✓ **Classroom set up, interaction and assessment**
    - The session plan should consider the classroom set up. Consider how to arrange the classroom and interact with the students in a way that will promote equal participation of both girls and boys.
    - Plan in advance to ask substantive questions to both girls and boys.
    - Think about where to stand, sit or move about the classroom during the lesson.
    - Make time for adequate feedback from both girls and boys to ensure that both girls and boys have understood the lesson.

- Management of other gender constraints to learning inside the classroom.
  Allow time to deal with gender specific problems, if any, such as:
  - ✓ Girls who have missed class due to menstruation,
  - ✓ Household chores or family responsibilities.
  - ✓ Watch for indications of bullying,
  - ✓ Sexual harassment,
  - ✓ Adolescent hormonal upheavals,
  - ✓ Impact of HIV/ AIDS,
  - ✓ Peer pressure among others

Activity

1. Put two pieces of flipchart paper in 2 walls of the classroom. These are called 'stations'. At the top of each paper it is already written words from the list

below: **gender mainstreaming challenges in TVET Schools and Gender mainstreaming strategies in TVET schools.**
2. Split the learners into two groups. Each group should stand next to a flipchart paper. Explain that you will give them 5 minutes to write down any statement related to the sentence at the top of their paper. After 5 minutes, each group will move around the room to the next station.

Learning Unit: LU 3: Prevent Sexual Transmitted Diseases (STDs) and non-communicable diseases

After this learning unit, a learner will be able to:

3.1 Explain concepts related to Sexual Transmitted Diseases (STDs) and strategies of preventions
3.2 Appropriate support to HIV/AIDS positive learners
3.3 Raise awareness on non-communicable diseases and their prevention

Learning Outcome 3.1: Proper explanation of concepts related to Sexual Transmitted Diseases (STDs) and strategies of prevention

Topic 1: **Definition of STDs and raise awareness on HIV/AIDS**

- **STDs are**
  - ✓ any of various **diseases** or infections that can be **transmitted** by direct **sexual** contact including some (as syphilis, gonorrhea, chlamydia, and genital herpes) mainly spread by **sexual means** and others (as hepatitis B and HIV/AIDS).
  - ☐ Any disease transmitted by sexual contact; caused by microorganisms that survive on the skin or mucus membranes of the genital area; or transmitted via semen, vaginal secretions, or blood during intercourse.

- *Definition of HIV/AIDS*
  - ✓ HIV stands for human immunodeficiency virus,

✓ It is the virus that causes HIV infection

✓ AIDS stands for acquired immunodeficiency syndrome.

✓ AIDS is the most advanced stage of HIV infection.

✓ HIV attacks the body's immune system, specifically the CD4 cells (T cells), which help the immune system fight off infections.

- *Main modes of transmission of HIV/AIDS*

✓ HIV is spread through contact with the blood, semen, pre-seminal fluid, rectal fluids, vaginal fluids, or breast milk of a person with HIV.

✓ HIV is spread mainly by having anal or vaginal sex or sharing drug injection equipment with a person who has HIV.

✓ The spread of HIV from person to person is called HIV transmission.

✓ The spread of HIV from a woman with HIV to her child during pregnancy, childbirth, or breastfeeding is called mother-to-child transmission of HIV.

- *Symptoms of HIV/AIDS*
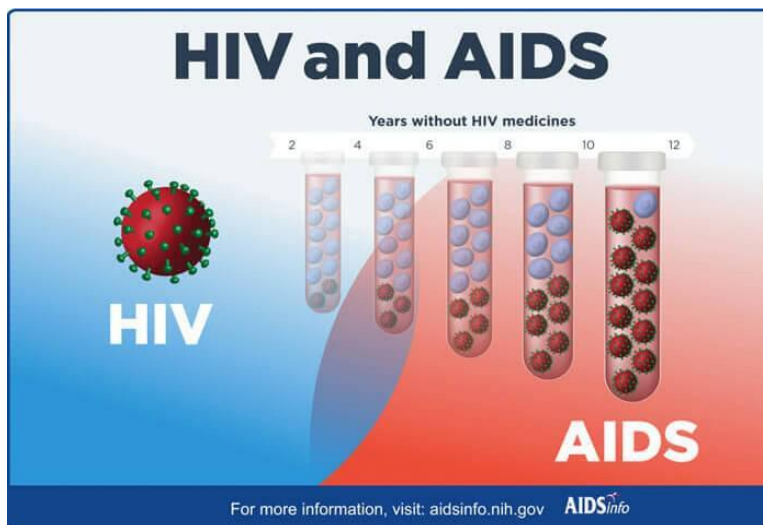
Interpretation

✓ Within 2 to 4 weeks after a person becomes infected with HIV, they may have flu-like symptoms, such as fever, chills, or rash. The symptoms may last for a few weeks after they become infected.

✓ After this earliest stage of HIV infection, HIV continues to multiply but at very low levels.

✓ More severe symptoms of HIV infection, such as signs of opportunistic infections, generally don't appear for many years. (Opportunistic infections are infections and infection-related cancers that occur more frequently or are more severe in people with weakened immune systems than in people with healthy immune systems.)

✓ Without treatment with HIV medicines, HIV infection usually advances to AIDS in 10 years or longer, though it may take less time for some people.

(U.S National Library of Medicine, 2016).

- *Treatment of HIV/AIDS*
    ✓ Antiretroviral therapy (ART) is the use of HIV medicines to treat HIV infection.
    ☐ People on ART take a combination of HIV medicines (called an HIV regimen) every day.
    ✓ ART can't cure HIV infection, but it can help people with HIV live longer, healthier lives.
    ✓ HIV medicines can also reduce the risk of transmission of HIV.

3 Things to know about HIV Treatment

S/N	Icon	Explanation
1		HIV medicines can't cure HIV, but they help people with HIV live longer, healthier lives.
2		People with HIV take a combination of HIV medicines every day. The HIV medicines prevent HIV from advancing to AIDS
3		HIV medicines reduce the risk of HIV transmission. But people with HIV should still use condoms during sex.

- *Prevention of HIV/AIDS*

a) Different aspects to prevent HIV /AIDS
- Never share needles, blades, razors
- Always cover cuts or abrasions

- Do not have sex before marriage and stay faithful with marriage
- If you have sex, use condoms properly and with every sexual act to reduce the risks
- Treat other sexually transmitted diseases as soon as you notice signs of them
- Use only sterile needles and syringes for injections
- Make sure that blood transfusion services are safe
- Take recommended drugs from the doctor when you are pregnant to reduce the risks of passing HIV to your unborn baby
- Ensure doctors wear gloves when touching fresh blood or dealing with cuts and sores

b) Two HIV prevention methods

PrEP Vs PEP		
PeEP and PEP are methods for preventing HIV infection that involve taking HIV medicines. When you take steps to protect yourself against a disease, like HIV, it's called Prophylaxis. PrEP and PEP are for people who don't have HIV, but are at getting it.		
PrEP stands for Pre-exposure prophylaxis	**WHAT'S IT CALLED?**	**PEP** stands for post-exposure prophylaxis
Before HIV exposure PrEP is taken every day, before possible exposure	**WHEN IS IT TAKEN?**	**After HIV exposure** In emergency situation, PEP is taken within 72 hours (3 days) after possible exposure.
PrEP is for people who don't have HIV and: • Have a sex partner with HIV • Have sex with people whose HIV status is unknown • Share injection drug equipment	**WHO'S IT FOR?**	**PEP** is for people who don't have HIV but may have been exposed: • During sex • At work through a nedle stick or other injury • By sharing injection drug equipment • During a sex assault
PrEP can reduce the risk of		**PEP** can prevent HIV

getting HIV from sex by more than 90% and from injection drug use by more than 70%	**HOW EFFECTIVE IS IT?**	infection when taken correctly, but it is not always effective. Start PEP as soon as possible to give it the best chance of working.

Talk to your health care provider about whether a prescription for PrEP or PEP is right for you.
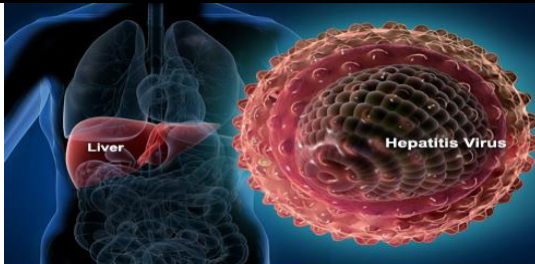
✓ Rwandan HIV/AIDS prevention has adopted the "EABC" approach (Ministry of Health,2012). consisting of:

- E=Education
- A= Abstinence
- B= Being faithful or limiting the number of sexual partners
- C= Condom use

✓ Voluntary Counselling and Testing (VCT)

✓ Treatment of STIs

✓ safe blood products

✓ prevention from Mother to Child Transmission (PMTCT)

✓ Male circumcision

<mark>Topic 2:</mark> Definition and types of Sexually Transmitted Infections (STIs)

- sexually transmitted infections (STIs) involve the transmission of a disease-causing organism from one person to another during sexual activity.
- It is important to realize that sexual contact includes more than just sexual intercourse (vaginal and anal). Sexual contact includes kissing, oral-genital contact, and the use of sexual "toys," such as vibrators
- The following table gives an overview of the most common STIs, their modes of transmission and treatment (WHO,2001):

STIs	Pictures	Mode of transmission
Syphilis (mburugu)		Vaginal and anal sex; genital or oral From mother to child during pregnancy or delivery contact with wounds
Gonorrhea(imitezi)	If not treated gonococcal ophthalmia neonatorum will develop in 28% of infants born to women with gonorrhea.(WHO,2017)	Vaginal and anal sex,genitals to mouth From mother to child during delivery
Chancroid (uburagaza)		Vaginal ,anal and oral sex

Chlamydia infection		Vaginal and anal sex (rarely genitals to mouth) From mother to child during pregnancy or delivery
Genital warts (***Human Papilloma Virus ''HPV''***)	 *Female patient with extensive labial venereal warts. Photo courtesy of Centers for Disease Control/Joe Millar.* *Male patient with venereal warts in the anal region. Photo courtesy of Centers for Disease Control/Dr. Wiesner.*	Vaginal ,anal or oral sex; skin to skin and genital contact(depending on type of virus) From mother to child during delivery Transmission by breast milk
Trichomoniasis Vaginalis infection	 Image Source:	Vaginal ,anal and oral sex From mother to child during delivery Through contact with damp or moist objects such as towels, wet clothing,

	channel4embarrassingillnesses.com Image Source: youritablets.com	or toilet seats
Hepatitis B		Vaginal ,anal and oral sex, contact with blood, from mother to child during delivery and breast feeding

Topic 3: **Symptoms, Consequences and prevention of STIs**

- *Common symptoms of STIs*
  - ✓ Abnormal discharge from the penis, anus or vagina
  - ✓ Burning or pain on passing urine
  - ✓ Pain in the abdominal or groin area with fever
  - ✓ Pain during sex
  - ✓ Blisters, rash or sores on the genital organs.

  ☞ In many cases of male STIs infection, no symptoms will develop at all. Even men who have an STIs but do not have symptoms can pass the infection to a sexual partner.

  ☞ The good news is that many STIs can be easily treated with simple antibiotics, but it's crucial that testing occur to determine what, if any, STIs are present.

  ☞ Early testing will reduce complications as well as transmission to other or future partners.

- **Hepatitis B**
  - ✓ Often referred to as the "Silent Infection", Hepatitis B has clearly no direct signs and symptoms when first infected.

✓ If you have acquired this disease you might not know you have this because it is asymptomatic. And when this happens, you might transmit the infection to others without knowing it.

Among the most common symptoms of this infection are:

✓ Having appetite loss

✓ Having mild nausea and frequent vomiting

✓ High fever

✓ Easily gets tired

✓ Muscle and joint pains

✓ Yellowish color of the eyes and skin

✓ Bloated stomach

- **Consequences of STIs**

✓ Acute and long term complications

✓ Transmission to sexual partner

✓ Neonatal morbidity

✓ Increased infant mortality

✓ Infertility

✓ Transmission of HIV 10x higher with an underlying STI infection

- **Prevention of STIs**

✓ Abstain

✓ Delay the one set of first sexual intercourse ✓ Use condoms

✓ Test for possible STIs and HIV infection ✓ Get treatment for exiting STIs

✓ Encourage sexual partner to get tested ✓ Reduce number of sexual partners

✓ Avoid risky behaviors like alcohol and drugs

✓ Apply EABC (Education -Abstinence- Be faithful - use of Condom) approach

- **Surest way to HPV infection prevention among adolescent girls**

✓ Abstain from sexual intercourse

✓ Vaccine to prevent HPV infection to girls between 11 and 12 year old who have not been exposed to the virus

☞ Complications of HPV infection are Cancer of the cervix, vulva, vagina, penis, anus, mouth or throat.

Learning Outcome 3.2 : Provide support to HIV/AIDS positive learners

Topic 1: HIV/AIDS positive learners support

- HIV/AIDS positive learners are supported in 3 ways: Medical treatment, nutritional management and psychosocial support.
- School is encouraged to capacitate their trainers on how to support HIV/AIDS positive learners in effective ways.
- School is facilitating opportunities for learners to talk about HIV related challenges.
  - ✓ Schools encourage to facilitate opportunities for one-to-one dialogue between teachers and learners to give learners an opportunity to share concerns and help teachers identify and attend learner's needs.
  - ✓ Teachers encourage to show flexibility allowing learner's hospital visits during school hours.
  - ✓ Furthermore, in terms of playing a role in supporting learner's antiretroviral (ARV) adherence, teachers might play a role by referring sick children to health clinics for HIV testing and treatment,
  - ✓ Teachers remind learners to take pills on time, and mobilizing food for learners on ARVs.
- The schools work closely with the parents/guardians of positive learners in order to follow if the learners take well HIV medicine and help them to find the balance diet.
- schools which have the school feeding program and the boarding schools have to plant the fruit trees and vegetable garden in order to prepare a balance diet at school
- Facilitating peer support groups for children affected by HIV:
  - ✓ schools could support groups for HIV-affected children by giving them an opportunity to share life experiences, give each other encouragement, and strengthen friendships.
- All school community encourage the learners to fight against stigma(iheza) and discrimination (akato) at school.
- No drugs, no alcohol and no smoking

- Encourage the learners to protect their colleagues or other partner through abstinence or condom use whenever they have sexual intercourse.

Activity

Case study

Andrew was 13 when he was told he had HIV. Four years earlier he had been asked by his local hospital to come in for an HIV test. But the stigma surrounding the condition meant his family was not given a definitive picture. So his parents decided to contact his headmaster and told him that "my lovely son is living with HIV&AIDS". Please, we need to support him in all possible way. As school leaders, what could you do in order to facilitate Andrew to perform well at school and lead him to have enjoyable life?

Checklist	Score	
	Yes	**No**
Provide the time to take Medical treatment		
Nutritional management		
Psychosocial support		
Avoid stigma and Discrimination		
Observation		

Learning Outcome 3.3 : Raise awareness on non-communicable diseases and their prevention

Topic 1: **Understanding Non-Communicable Diseases (NCDs)**

- *Definition of NCDs*
  - ✓ According to NORENE, A. (2017), Non-communicable diseases (NCDs) are disease processes that are not contagious or transferable from one human to another. Random genetic abnormalities, heredity, lifestyle or environment can cause non-communicable diseases, such as cancer, diabetes, asthma, hypertension.
  - ☐ A non-communicable disease (NCD) is a medical condition or disease that is not caused by infectious agents (non-infectious or non-transmissible).

✓ NCDs can refer to chronic diseases which last for long periods of time and progress slowly.

☐ Sometimes, NCDs result in rapid deaths such as seen in certain diseases such as autoimmune diseases, heart

diseases, stroke, cancers, diabetes, chronic kidney

disease, osteoporosis, Alzheimer's disease, cataracts, and others.

Main categories of non-communicable diseases (WHO, 2018)

- **Cardio vascular diseases**
  - ✓ Cardiovascular diseases include:
    - 🞦 arteriosclerosis, coronary artery disease, heart valve disease, arrhythmia,
    - 🞦 heart failure,
    - 🞦 hypertension, orthostatic hypotension, shock, endocarditis,
    - 🞦 diseases of the aorta and its branches, disorders of the peripheral vascular system,
    - 🞦 congenital heart disease.

- **Cancer**
  - ✓ is a generic term for a large group of diseases characterized by the growth of abnormal cells beyond their usual boundaries that can then invade adjoining parts of the body and/or spread to other organs.
  - ✓ Cancer can affect almost any part of the body and has many anatomic and molecular subtypes that each require specific management strategies.
  - ✓ is the second leading cause of death globally and accounted for 8.8 million death in 2015.
  - ✓ Lung, prostate, colorectal, stomach and liver cancer are the most common types of cancer in men, while breast, colorectal, lung, cervix and stomach cancer are the most common among women.

- **chronic respiratory diseases (COPD)**
  - ✓ They are diseases of the airways and the other structures of the lungs including asthma and respiratory allergies, chronic obstructive pulmonary disease (COPD), occupational lung diseases, sleep apnea syndrome and pulmonary hypertension.

✓ The prevalence of these diseases is increasing everywhere, particularly among children and elderly people.

✓ Currently represents the 4th leading cause of death worldwide.

✓ Preventable chronic respiratory diseases cause premature deaths and disabilities.

✓ Preventable Chronic Respiratory diseases are under recognized, under diagnosed, under-treated and insufficiently prevented.

- **diabetes**

  ✓ is a chronic disease that occurs when the pancreas does not produce enough insulin (a hormone that regulates blood sugar) or alternatively, when the body cannot effectively use the insulin it produces.

  ✓ There are 2 types of diabetes:

  - Type 1 diabetes is characterized by a lack of insulin production. Without daily administration of insulin, type 1 diabetes is rapidly fatal.

  - Type 2 diabetes results from the body's ineffective use of insulin. About 90% of people with diabetes around the world have type 2. It is largely the result of excess body weight and physical inactivity.

Causes of NCDs

- Lack of physical activity, causing health problems related to cardiovascular systems and metabolism, along with the development of certain kinds of cancer.

- Poor, unbalanced diets which fail to supply the proper nourishment and nutrients including insufficient fruit and vegetable, with problems regarding salt, sugar and fat

- Abuse of tobacco and alcohol which leaves people vulnerable to a host of diseases including lung disease, metabolic disorders and cancer.

- **Others Risk factors for Cancers**

  ✓ intake Overweight and obesity

  ✓ Chronic infections from helicobacter pylori, hepatitis B virus (HBV), hepatitis C virus (HCV) and some types of human papilloma virus (HPV).

  ✓ Environmental and occupational risks including ionizing and non-ionizing radiation

- *Prevention and control non communicable diseases*

Reducing the major risk factors for non-communicable diseases (NCDs) such as:
- ✓ tobacco use,
- ✓ physical inactivity,
- ✓ unhealthy diet
- ✓ salt and sugar intake.
- ✓ prevalence of raised blood pressure
- ✓ harmful use of alcohol
- ✓ Halt the rise in diabetes and obesity
- ✓ addressing infection-related risk factors for cancer such as
  - exposure to chemicals or other substances,
  - things people cannot control, like age and family history 'genetics' can increase the risk of developing cancer.

See table below:

Non communicable Diseases 4 Diseases, 4 Modifiable Shared Risk Factors				
	Tobacco Use	Unhealthy diets	Physical Inactivity	Harmful use of Alcohol
Cardio-vascular	✓	✓	✓	✓
Diabetes	✓	✓	✓	✓
Cancer	✓	✓	✓	✓
Chronic Respiratory	✓			

Source: (World Health Organization,2018).

☞
Notes

a) Cardiovascular Diseases (CVDS)

- At least 80% of premature deaths from heart disease and stroke could be avoided through healthy diet, regular physical activity and avoiding tobacco smoke. WHO (2015).
- Use comprehensive and integrated action to prevent and control CVDs:

✓ This requires combining approaches to reduce the risks throughout the entire population and by targeting individuals at high risk or with established disease.

✓ Examples of population-wide interventions that can be implemented include:

- Comprehensive tobacco control policies,
- Taxation to reduce the intake of foods that are high in fat, sugar and salt,
- Building walking and cycle ways to increase physical activity,
- Providing healthy school meals to children. Example: School feeding program, Inkongoro y'umwana,etc.

✓ In addition, effective and inexpensive medication is available to treat nearly all cardiovascular diseases; After a heart attack or stroke, the risk of a recurrence or death can be substantially lowered with a combination of life style changes and drugs – statins to lower cholesterol, drugs to lower blood pressure, and aspirin;

✓ There is a need for increased government investment through national programmes aimed at prevention and control of CVDs and other chronic diseases.

b) Strategy to prevent Diabetes

- To help prevent type 2 diabetes and its complications, people should:
  ✓ Achieve and maintain healthy body weight.
  ✓ Be physically active - at least 30 minutes of regular, moderate-intensity activity on most days.
  ✓ Early diagnosis can be accomplished through relatively inexpensive blood testing.
  ✓ Treatment of diabetes involves lowering blood sugar and the levels of other known risk factors that damage blood vessels.
  ✓ Tobacco cessation is also important to avoid complications.

- Control of diabetes
  ✓ People with type 1 diabetes require insulin;
  ✓ people with type 2 diabetes can be treated with oral medication, but may also require insulin.
  ✓ Blood pressure control
  ✓ Foot care

✓ Other cost saving interventions include:
  + Screening and treatment for retinopathy (which causes
  + blindness); Blood lipid control (to regulate cholesterol levels);
  + Screening for early signs of diabetes-related kidney disease and treatment.

- These measures should be supported by a healthy diet, regular physical activity, maintaining a normal body weight and avoiding tobacco use.

c) How to fight cancer

- Tobacco control
- Promotion of healthy diet and physical activity
- Preventing harmful use of alcohol by means of national alcohol policies aimed at reducing overall level of alcohol consumption;
- Reduce exposure and promote protection against infectious agents associated with cancer, including vaccination against Hepatitis B Virus and Human Papilloma Virus
- Reduce exposure and promote protective actions, to carcinogens in the environment and workplace, including ionizing and non-ionizing radiation.
- Early detection Cancer mortality can be reduced if cases were detected and treated early.
  ✓ There are two components of early detection efforts:
    + Early diagnosis: is the awareness of early signs and symptoms in order to facilitate diagnosis and treatment before the disease becomes advanced.
    + Screening: is the systematic application of a screening test in a presumably asymptomatic population. It aims to identify individuals with an abnormality suggestive of a specific cancer or pre-cancer and refer them promptly for diagnosis and treatment.
- Early diagnosis programmes for common cancer types that provide early signs and symptoms, such as cervical, breast and oral cancers. This strategy is particularly relevant in low resource settings where the majority of patients are diagnosed in very late stages.
- Screening programmes for frequent cancer types that have a screening test that is cost-effective, affordable, acceptable and accessible to the majority of the population at risk.

d) Many chronic respiratory diseases are preventable

Some focus areas include:

- Tobacco Prevention
  - ✓ Avoidance of direct and indirect exposure to tobacco smoke is of primary importance not only for healthier lungs, but also as a preventative measure for all major NCDs.
  - ✓ Tobacco control policies aim to reduce tobacco consumption, exposure to tobacco smoke, and prevent tobacco uptake by the lungs.

- Diet and Nutrition
  - ✓ Obesity has also been associated with an increased risk of asthma and reduced lung function.
  - ✓ It is therefore feasible that dietary strategies compatible with those already existing for the control of coronary heart disease, diabetes and cancer could be developed for the primary and secondary prevention of CRDs as well.

- Indoor and outdoor air quality
  - ✓ There is emerging evidence on the effects of chronic exposure to pollutants on the development and maintenance of lung function and the exacerbation of asthmatic symptoms.
  - ✓ Control of exposure is largely through control of sources of emissions from domestic heating, traffic and industrial sources

- Early life
  - ✓ Evidence shows that a child's health in the first year of life affects the subsequent respiratory health.
  - ✓ children who have lower respiratory tract infections in the first year of life or who have low body weight at one year also have low lung function and a higher risk of developing asthma or COPD in later life.
  - ✓ Maternal smoking during pregnancy adversely affects the lung function of the child at birth.

Activity

a) Observe and interpret on following picture:

b) How to reduce the risk factors for non-communicable diseases?

Checklist	Score	
	Yes	No
Causes of Non-communicable diseases		
Tobacco use		
Unhealthy diets		
Physical inactivity		
Harmful use of alcohol		
Main categories of non-communicable diseases:		
o cardio vascular diseases		
o cancer		
o chronic respiratory diseases		
o diabetes		
Ways to reduce risk factors of non-communicable diseases:		
Reduce harmful use of alcohol.		
Reduce prevalence of physical inactivity.		
Reduce salt and sugar intake.		
Reduce tobacco use.		
Reduce prevalence of raised blood pressure.		
Halt the rise in diabetes and obesity.		
Observation		

Learning unit 4: Overcome obstacles to effective learning in TVET schools

After this learning unit, a learner will be able to:
4.1 Identify the usage of social media for the youth
4.2 Prevent human trafficking
4.3 Prevent early teenagers pregnancies in TVET schools
4.4 Prevent in youth alcohol, tobacco and other drug use

Learning Outcome 4.1: Use of social media for youth

Topic: **Advantages and disadvantages of social media for the youth**

Social media are:

- Forms of electronic communication such as websites for social networking and micro blogging; through which users create online communities to share information, ideas, personal messages, and other content such as videos.

  Examples of common used social media

EXAMPLE	ICON
Facebook	
Twitter	
Whatsapp	

Instagram	
You Tube	
LinkedIn	
Google+	
Pinterest	
Tumblr	

Activity:

☞ In 2 groups, discuss the advantages and disadvantages of social media for the youth.

☞ One group takes 2 flipcharts and put them on one side of the room and the other group on other side.

☞ On the first flipchart is written "Advantages of social media for the youth", and on second flipchart is written "Disadvantages of social media for the youth"

☞ Each group will list down advantages on flipchart during 5 minutes and move to other flipchart.

☞ Learners with facilitator analyze the findings and her/his inputs if it is necessary.

Advantages of social media for the youth

- Keeps connections between friends when they're not always able to see each other
- It's a fun way to interact with peers, other than seeing them in person
- Keeps youth up to date with things that are going on around the world rather than just in their area.
- Gives youth a place to express themselves in a way that a public place wouldn't allow them to.
- Helps to develop social skills, a lot of friendships can stem from a social website.
- Bridges the gap between friends since a person say in Africa can network and interact with his or her friend in the United States.
- Helps in strengthening relationships say amongst classmates in high school or college, who after finishing school, moved to different locations around the world.

- Can even lead to more employment opportunities being created for the unemployed youths.
- Social media platforms make youths' lives enjoyable, efficient and easier and have also become their lifestyle.

Disadvantages of social media for the youth

- The social websites become their first priority, rather than the things that should come first such as school, family and sports.
- Young people can begin to cyberbully another peer; this can lead to many things such as depression and suicidal thoughts.
- Some youth are easily influenced so they may feel the need to change their physical appearance by comparing themselves with their stars or models.
- Social media is a very powerful temptation, so it can also become addicting and begin to start sidetracking the youth.
- It reduces the number of face-to-face interactions amongst the youths because they normally spend most of their time on these online social platforms.
- It leads to social isolation which can cause a number of effects such as physical, emotional, mental and psychological issues in these youths. This can in turn lead to depression, anxiety and many other problems.
- It also leads to misspelling of words and misuse of words and tenses through the use of short forms and abbreviations. This has a high negative impact more so on students because it affects their language capabilities directly and this lead to poor grades in languages.
- It exposes young learners say below eighteen years to online predators who get to encourage them into sexual acts such as lesbianism and other general sexual misconducts.
- It also exposes these learners to pornographic content being spread in some the social groups online.
- This in turn leads to early pregnancies amongst young girls causing them to drop out of school.
- It also leads to the youth to be affected by HIV and other STIs and this can lead to early deaths of our young generation.
- The morals of these learners are also tampered with as they now get access to immoral literature and videos.
- It leads youth to spend long hours chatting in social media sites which decreases productivity amongst the youths.

- This in turn causes the youths not to be self-dependent and instead depend on their parents and families for upkeep.

Tricks to manage effectively social media

- Parents should guide and advise their children on appropriate use of social media and warn them of its negative impacts to them when misused or overused.
- Parents should set rules of using social media at home as follow:

  ✓ On early age, the parents should ask what the child would like to do in using social media (Facebook, Whatsapp, Youtube) and agrees to work with the child to use it in appropriate ways.

  ✓ Child and youth are always on the computer in the presence of parents, or in the next room - no closed doors.

  ✓ No unsupervised internet use

  ✓ Internet use: Filter on computer; no YouTube; no Facebook

  ✓ Parents have severely limited the number of sites available to their kids.

  ✓ Parents should monitor what children do on the computer; and supposed to have their passwords

  ✓ Parents should encourage to their children to do the relevant activities such as households, reading the books, learning the new skills like music, drawing, new language, sports,… in order to occupied them and don't find more time for social media.

- Educators should advise youth that the long hours wasted online on social media can be channeled to productive activities that can enable one earn a living or even acquire an education for instance through online tutorials and make good use of online research materials.

- The education curriculum also should be revised so that it can include social media studies in its disciplines so as to alert students that they need to be careful in their social media usage.

Activity

The most of youth are addicted to use the social media; but they don't know the appropriate usage of social media. As an educator, advise them the effective use of social media. what are the strategies used to monitor the children in proper use of social media?

Checklist	Score	
	Yes	No
Definition of social media		
Positive influence of social media on youth		
Keeps connections between friends when they're not always able to see each other		
keeps people up to date with things that are going on around the world rather than just in the area.		
Gives youth a place to express themselves in a way that a public place wouldn't allow us to.		
Helps to develop social skills, a lot of friendships can stem from a social website.		
It's a fun way to interact with your peers, other than seeing them in person.		
Negative influence of social media on youth		
The social websites become their first priority, rather than the things that should come first such as school, family and sports.		
People portray themselves as someone they're not.		
Young people can begin to cyberbully another peer; this can lead to many things such as depression and suicidal thoughts.		
Some youth are easily influenced so they may feel the need to change their physical appearance by comparing themselves to the next person they see in the media.		
Social media is a very powerful temptation, so it can also become addicting and begin to start sidetracking the youth		
Management of social media at home and school		
Advise the children on appropriate use of social media and warn them of its negative impacts to them when misused or overused.		
set rules of using social media at home or in computer lab		
The education curriculum also should be revised so that it can include social media studies in its disciplines		
Observation		

Topic: **Causes of human trafficking and their prevention**

Human trafficking is

- Trade of humans for the purpose of forced labor, sexual slavery, or commercial sexual exploitation for the trafficker or others.

- Trade in people, especially women and children, and does not necessarily involve the movement of the person from one place to another.

    Human trafficking has 3 elements:
    - Act
    - Means
    - Purpose

The Act + (What is done) done)	The Means + (How it is done)	The Purpose = (Why it is	Trafficking
Recruitment, Transportation, Transfer, Harbouring or receipt of persons	Threat or use of force Coercion, Abduction, Fraud, Deception, Abuse of power or vulnerability, Giving payments or benefits	Exploitation including: Prostitution or others Sexual exploitation, Forced labour, Slavery or similar practices, Removal of organs, Other types of exploitations	

Main causes of human trafficking

- **Leaving a place of poverty to gain wealth**

  - ✓ Many victims want to get out of their situation so they risk everything to leave the place that sees them mired in poverty. This gives the human traffickers bait to lure victims to move to a different country.

  - ✓ Traffickers lie, promising jobs and stability in order to recruit their victims.

  - ✓ Some parents sell their children, not just for money, but in hope that their children may escape poverty and have a better life with more opportunities.

- **Political conditions**
  - ✓ Political instability,
  - ✓ Militarism,
  - ✓ Generalized violence

  - ✓ The destabilization and scattering of populations increase their vulnerability to unfair treatment and abuse via trafficking and forced labor

- **War**

  - ✓ Armed conflicts can lead to massive forced displacements of people.

  - ✓ War creates large numbers of orphans and street children who are especially vulnerable to trafficking. Their families have either passed away or are fighting a war, complicating child-rearing.

- **Social and Cultural practices**

  - ✓ Many societies and cultures devalue abuse and exploit women and girls, creating dangerous living conditions for these women.

  - ✓ With little opportunities of upward mobility and with little value placed on women and girls, they are more vulnerable to human trafficking.

- **Natural disasters** increase the vulnerability of people and are exposed to trafficking and forced labor for escaping destruction and loss of life.

Prevention of human trafficking at schools

- The school should establish comprehensive policies, programmes and measures to prevent and combat human trafficking; such as start anti-human trafficking Club.
- The school shall make an effort to undertake measures such as information and mass media campaigns to raise awareness about anti-human trafficking with including all stakeholders in education.
- Control the way students use and have access to the internet, because traffickers can use social media and other websites to recruit victims or sell trafficked services online.
- Organize event to raise awareness about anti-human trafficking.
- Educators and other trusted adults should be aware of the diverse tactics traffickers can use to exploit children.
- Traffickers can be strangers but they can also be parents, family friends, friends, teachers, significant others, or peers.
- Prevention is not just to protect children from traffickers but also to prevent potential traffickers and abusers from exploiting others in the future.
- Traffickers can spot at-risk children very easily. It is time for trusted adults and relevant professionals to identify these youths and be a positive force in their lives.

Activity

In the report of Rwanda National Police, there were 36 cases of human trafficking of girls in 2009. The most of them are students in secondary schools. The parents and school leaders have a worry about their children/learners because they are not aware of the strategies which they can use to overcome this alarming problem.

a) Prepare the tools ((posters, poem, songs, drama) which are used to raise awareness on anti- human trafficking at school.
b) Advice the learners, parents and school leaders about causes and effective ways used to prevent human trafficking.

Checklist	Score	
	Yes	**No**
Tools to raise awareness about anti-human trafficking (posters, poem, songs, drama)		
Causes of human trafficking:		
Political conditions		
War		
Natural disasters		
Social and Cultural practices		
Prevention of Human trafficking		
Start a club anti-human trafficking		
Organize event to raise awareness about anti-human trafficking		
Control the way students use and have access to the internet		
The school shall make an effort to undertake measures such as information and mass media campaigns to raise awareness about anti-human trafficking with including all stakeholders in education		
Observation		

Learning Outcome 4.3 : Prevent early teenagers pregnancies in TVET schools

Topic: causes, effects and prevention of early teenagers pregnancy

Teenage pregnancy is one of the major social problems in every country. Religious leaders, heads of states, and other prominent persons have tried and still trying to find solutions to it.

- *Causes of early teenagers pregnancies*
  - ✓ **Lack of proper sex education**: Though we claim to be a modern country, talking about sex still remains a taboo. So, yes, schools are now

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providing sex education but they do it just for the sake of doing and not with the aim to counsel properly.

- ✓ **Lack of knowledge or ignorance** – many young girls lack knowledge of pregnancy. The uneducated are the most victims. They just enter into relationship without any caution.

- ✓ **Broken Home** - refers to a family that is either poor or there is lack of control

- ✓ **Poverty** - which means the state of being poor make teenage girls to be trap by their age mates' males or older people.

- ✓ **Single parent** – is when one of the parents is only taking care of the children due to death, or separation, or divorce.

- ✓ **Death** – some teenagers get pregnant due to the death of their parent(s).

- ✓ **Separation of couple** - is when couples are separated due to marital problems or one of them has travelled or work outside the town of the other partner or family.

- ✓ **Child marriages**: Young girls are married off and they get pregnant at a tender age of 15 or 16

- ✓ **Peer pressure**: Learners hear their friends doing it without getting pregnant and they want to try it too otherwise their friends will call them cowards of not having the courage to take risks

- ✓ **Lust** – some teenagers get into sexual relationships because of lust. In adolescent stages both males and females go through some psychological and physical sexual feelings and may put into reality or act on it. This often results in teenage pregnancy.

- ✓ **Rape and sexual abuse** – some teenagers get pregnant as a result of rape or may be sexually abuse by some of their teachers, or an elderly person.

- ✓ **Pornography** – pornography videos and photos available on the internet, magazines, newspapers, books, and other media house lure teenagers into indiscriminate sex and may leads to teenage pregnancy.

- ✓ **Drinking and smoking**: Abuse of drugs make them loose conscious of what's right and wrong

- ✓ **Lack of supportive parents and family**: Nowadays, the most parents are busy with their work and a child deprived of love will look for pleasure and happiness elsewhere.

- ✓ **Exposure to sexual violence**: Sexual abuse at home. Unhealthy environment at home

- ✓ **Stressful lifestyle**: A depressive lifestyle can always lead an individual to look out for something which in which they will find momentary pleasure

- ✓ **Environmental influence**

- *Effect of early teenagers pregnancies in education*
  - ✓ **School dropout** – many teenagers who get pregnant are not able to complete their education.

  - ✓ **Fatherless or bastard children** - many children born by teenage mothers do not know their biological fathers because the guy or man responsible did not accept to be the impregnator.

  - ✓ **Street children** – some children born by teenage mothers may end up being street children.

  - ✓ **Dependency burden** – teenage mothers or parents and babies put their burden on their relatives hence adding to the relatives problems.

  - ✓ **Death** – some teenagers do not return from hospital when they visit maternity ward to give birth. Meaning some die during child delivery.

  - ✓ **Increase in economic hardship** – teenage pregnancy increases the population in a nation and may bring economic hardship. The government has to increase infrastructure development, social amenities etc.

  - ✓ **Spread of diseases** – teenage mothers or parents usually spread sexual transmitted diseases (STIs). When the relationship starts, the guy may have indiscriminate sex likewise the girl hence increase in spread of STIs may occur.

  - ✓ **Abortion** – teenage girls usually makes the attempt to abort their babies.

  - ✓ **Family conflicts** – usually teenage pregnancy results in conflicts between the girl's parents and the guy or boy's parents. This may due to tribal issues, finances, religious beliefs, etc.

- *Effective prevention of teenagers pregnancies in education*
  - ✓ Effective communication between teenager and parents as friends

  - ✓ Sex education – students and teenagers must be taught of sex. When and how to have legal sex, the consequences of indiscriminate and casual sex, and the effects of teenage pregnancy.

  - ✓ All pornography videos, magazines, and books must be banned from schools, colleges, and public libraries, social networks, and TV

  - ✓ Local authorities should sensitize and support people to create income generating projects so as to increase family's social economic status;

  - ✓ Local authorities in collaboration with health centers, hospitals, teachers and other stakeholders to educate teenagers on reproductive health;

✓ Parents and school leaders have to make effective follow up on the education of children at home and school respectively;

✓ Reproductive health clubs should be formed at all schools and guided to educate teenagers;

✓ Introduce monthly guest speaker on "Reproductive Health" in all schools. The speech can be delivered by doctors, nurses, Biology teachers and other qualified people;

✓ Local leaders should make more effort to sensitize parents to avoid family conflicts by reinforcing umugoroba w'ababyeyi program in each village.

Activity

Ministry of health has reported that 17,444 teenagers got unwanted pregnancies countrywide in 2016. Discuss on the causes and effects of early teenagers pregnancies. Propose effective ways to prevent this big issue to the society.

Checklist	Score	
	Yes	No
Causes of early teenagers pregnancies		
Peer Pressure and Sexual Abuse		
Absent or busy Parents		
Lack of knowledge about Sexual and Reproductive Health (SRH)		
Sexual abuse or rape		
Alcoholism and drug abuse		
Low Socio-economic Status		
Media Influence		
Environmental influence		
Lust (desire of having sex)		
Religious beliefs and practices		
Pornography		
Effect of early teenagers pregnancies in education		
Drop out of school		
Lack of financial resources		
Fatherless or bastard children		
Street children		

Dependency burden		
Death		
Increase in economic hardship		
Spread of Sexual Transmitted Diseases		
Abortion		
Family conflicts		
Effective prevention of early teenagers pregnancies in education		
Sex education		
Abstinence		
Contraceptives		
Effective communication between teenager and parents as friends		
All pornography videos, magazines, and books must be banned from schools, colleges, and public libraries, social networks, and TV		
Parents and school leaders have to make effective follow up on the education of children at home and school respectively		
Reproductive health clubs should be formed at all schools and guided to educate teenagers		
Local leaders should make more effort to sensitize parents to avoid family conflicts		
Observation		

Learning Outcome 4.4 : Prevent in youth drug use

Drug abuse/ substance abuse **is**
- Alcohol, tobacco and other drug (ATOD) problems affect individuals from all sections of society regardless of their ethnicity, social, cultural and educational background, religion, gender or age.
- any chemical substance including cigarettes, inhalants, alcohol and others. Drug abuse information shows both legal and illegal drugs can lead to drug abuse.

Identification of existing drugs and their proper terminologies
- **Alcohol** Common street names: grog, piss, booze, sauce
- **Solvents** Common street names: glue, tol, toluene, bute, nitrus, amyls, petrol, aerosol paint— chroming
- **Cannabis** Commons street names: marijuana, grass, pot, shit, gunga, mull, hash, durry,green, dope, cone
- **Benzodiazepine** Common street names: benzos, rowies, moggies, downers, sleepers, temmies, serries, pills
- **Heroin/ opioids** Common streetnames: Hammer, H, shit, smack, horse, harry, white, scag, junk, slow, rock
- **Cocaine** Common streetnames: snow, coke
- **Amphetamines** Common street names: Speed, goey, whiz, uppers,oxblood, point, crystal, crystal meth, ice, shabu
- **Ketamine** Common street name: Special K

Names of Local drugs:
- ✓ Kanyanga
- ✓ Urumogi
- ✓ Muriture
- ✓ Imbutabuta
- ✓ Yewe muntu
- ✓ Umusembeba
- ✓ Kimbazi
- ✓ Kore used by street children
- ✓ etc

<mark>Topic 2:</mark> Causes and effects of taking the drugs

Drug abuse can result into **physical effects** (liver damage, heart attack, high blood pressure, lung infections...), **mental effects** (lowered mental function, depression and anxiety, addiction, hostility,…) and **social effects** such as decreased academic performance, personality changes,…).

Causes of taking the drugs

According to MINEDUC, 2018, the main causes of drug abuse among pupils/students are the following:

- ✓ Children harassment, abusing their rights and abandoning them;
- ✓ Use of drugs by friends/peers and around the school environment;
- ✓ Poor academic achievement,
- ✓ Irresponsible Parents who don't make regular follow up on their children
- ✓ family problems and other life challenges that cause deception;
- ✓ Boredom: When pupils/students are not well managed at school, they can seek excitement through drug use as an activity to pass time;
- ✓ Mental problems such as depression or anxiety.

☞ common root cause to drugs addiction are:

- ✚ an unhealthy environment,
- ✚ lack of parental care,
- ✚ growing up in mono-parental homes and
- ✚ peer influence especially for students

Effects of Drug abuse on Youth **(Palmera.C, 2009)**

Drug abuse at any age can cause serious health effects, but youth who abuse drugs are at particular risk for negative consequences. Youth who abuse

drugs are more likely to struggle with addiction later in life and have permanent and irreversible brain damage.

- Some other common negative effects of teen drug abuse are:
  - ✓ Emotional problems.
    - ⬩ Drug abuse can cause or mask emotional problems such as anxiety, depression, mood swings, suicidal thoughts and schizophrenia. For example, youth that use marijuana weekly double their risk of depression and anxiety.
  - ✓ Behavioral problems.
    - ⬩ Youth who abuse drugs have an increased risk of social problems, depression, suicidal thoughts and violence.
  - ✓ Addiction and dependence.
    - ⬩ Studies prove that the younger a person is when they begin using drugs the more likely they are to develop a substance abuse problem and relapse later in life.
  - ✓ Drug abuse increases the risk of engaging in sexual acts and contracting sexually transmitted diseases, and number of non-communicable diseases affecting the liver, heart, and kidneys.
  - ✓ Learning problems.
    - ⬩ Drug abuse damages short-term and long-term memory and can lead to problems with learning and memory later in life.
  - ✓ Diseases.
    - ⬩ Youth who abuse drugs with needles increase their risk of blood-borne diseases like HIV, AIDS and Hepatitis B and C.
  - ✓ Brain damage:
    - ⬩ serious mental disorders or permanent,
    - ⬩ irreversible damage to the brain or nervous system.
    - ⬩ brain shrinkage; impaired learning abilities;
    - ⬩ amnesia and memory problems;
    - ⬩ impaired reasoning, perception and intuition;
    - ⬩ increased or decreased socialization; and changes in sexual desire.
  - ✓ Car accidents: youth who abuse drugs are more likely to be involved in car accident-related injuries or death.

Signs of youth who taking the drug abuse

There are many symptoms of drug abuse, but some of the most common signs your youth is abusing drugs are:

✓ Problems with the law, such as stealing

✓ Problems at school, such as excessive tardiness, poor performance

✓ Mood swings

✓ Loss of interest in favorite activities

✓ Violent behavior

✓ Depression

✓ Poor hygiene

✓ Missing money

Notes

☐ There are questions you can ask to determine whether or not people have a drug abuse problem. Answering "yes" to any of these questions suggest a problem is developing, and intervention may be necessary. These questions are follows:

  ✚ Have you ever been a passenger in a car driven by someone who had consumed alcohol or drugs? Have you ever driven a car while after using drugs or drinking alcohol?

  ✚ Do you use drugs to chill out, feel good, or to fit in with your friends?

  ✚ Do you use drugs while on your own, with no one else around?

  ✚ Do you blackout or not remember things that you did while drinking or using drugs?

☞ Talk to a medical doctor about your youth's symptoms and determine which type of drug abuse treatment is best for youth.

Topic 3: **Prevention of drug abuse among the youth**
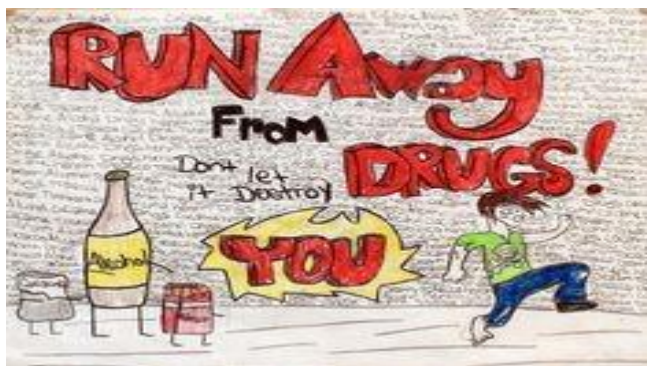
- Local authorities, Head teachers, security organs, parents and other stakeholders should:

- ✓ Sensitize parents on allowing sufficient time to children in their families;
- ✓ Instill critical thinking and personality among students;
- ✓ Sensitize school neighbors on playing a positive role in school management;
- ✓ Organize supplementary courses for poor achievers students;
- ✓ Diversify activities at school level including organization of compulsory sports' activities for students;
- ✓ Organize frequent public speeches on awareness of negative effects of drug abuse among students;
- ✓ Assist all schools to form active Anti drugs Clubs.
- ✓ Provide schools with trained counselors to deal with depression or anxiety of students

<mark>Topic 4:</mark> Rehabilitation and reintegration of youth addicted to drugs in Rwanda

- In 2017, Rwanda counts three rehabilitation centers (which host youths between the ages of 17 and 18 some of whom are drug addicts, street children and petty criminals):
  - ✓ Iwawa Rehabilitation and Vocational Skills Development Centre,
  - ✓ Gitagata hosts children under the age of 17
  - ✓ Nyamagabe centers.
- Apart from being rehabilitated, those in rehab acquire skills in following TVET trades:
  - ✓ masonry, carpentry,
  - ✓ tailoring and motorcycle driving, farming,
  - ✓ computer and entrepreneurship skills
- Certificates offered are recognized by Workforce Development Authority (WDA).
- Rehabilitation centers have previously been hosting only males but government has announced establishing rehab centers for girls and by the end of September 2018 the first phase of the girl's rehabilitation center will be completed at Gitagata.
- There is another rehabilitation center called psychiatric care at Huye Isange.
  - ✓ most of the patients are addicted to heroin and Marijuana and that their drug dependence ends up disrupting their daily productive life.

☞ *Notes*

- Before thinking on rehabilitation centers, the parents should do their parental works.
- If it is happen, educators must work closely with school counselor and Clinical Psychologist who has Psychological skills, Knowledge of Handling Psychological disorders and Social skills.
- school counselors are needed to prevent and to handle these big issue to our community.

Activity 1

Observe and interpret the following posters by focusing on causes and consequences of taking drug abuse for youth. Provide advice to youth, parents and schools leaders on how they can prevent the drug abuse to youth. Discuss on what to do if it is happened to our youth in order to reintegrate them in society.

Activity 2

Prepare the artist tools (drama/awareness poem/song) against drug addiction to the youth.

☞ *Notes***:**

- Learners can choose one activity in 20 min**.**
- For activity 2, learners should focus on causes and consequences of taking drugs abuse; how to prevent them and how to reintegrate the addicted victims of drug abuse.

Checklist	Score	
	Yes	No
Causes of drug abuse:		
Children harassment, abusing their rights and abandoning them		
Use of drugs by friends/peers and around the school environment		
Poor academic achievement		
Irresponsible Parents who don't make regular follow up on their children		
family problems and other life challenges that cause deception;		
Boredom: When pupils/students are not well managed at school, they can seek excitement through drug use as an activity to pass time		
Mental problems such as depression or anxiety		
Consequences of taking the drugs:		
Emotional problems such as anxiety, depression, mood swings, suicidal thoughts and schizophrenia		
Behavioral problems		
Addiction and dependence.		
Risky sex		
Learning problems		
Drug abuse increases the risk of engaging in sexual acts and contracting sexually transmitted diseases, and number of non-communicable diseases affecting the liver, heart, and kidneys		
Brain damage		
Prevention of drug abuse among the youth:		
Sensitize parents on allowing sufficient time to children in their		
families Instill critical thinking and personality among students		
Sensitize school neighbors on playing a positive role in school management		
Organize supplementary courses for poor achievers students		
Diversify activities at school level including organization of compulsory sports' activities for students		
Organize frequent public speeches on awareness of negative effects of drug abuse among students		
Assist all schools to form active **Anti drugs Clubs**		
Provide schools with trained counselors to deal with depression or anxiety of students		

Rehabilitation and reintegration of victims of drug abuse in Rwanda		
Rehabilitation centers such IWAWA, GITAGATA, NYAMAGABE		
Acquistion of skills in different TVET trades: Masonry, carpentry, tailoring ,motorcycle driving, etc		
Observation		

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