



MINISTRY OF LABOUR
AND SOCIAL PROTECTION



ЗАСГИЙН ГАЗРЫН ХЭРЭГЖҮҮЛЭГЧ АГЕНТЛАГ
ГЭР БҮЛ, ХҮҮХЭД, ЗАЛУУЧУУДЫН
ХӨГЖЛИЙН ГАЗАР



International
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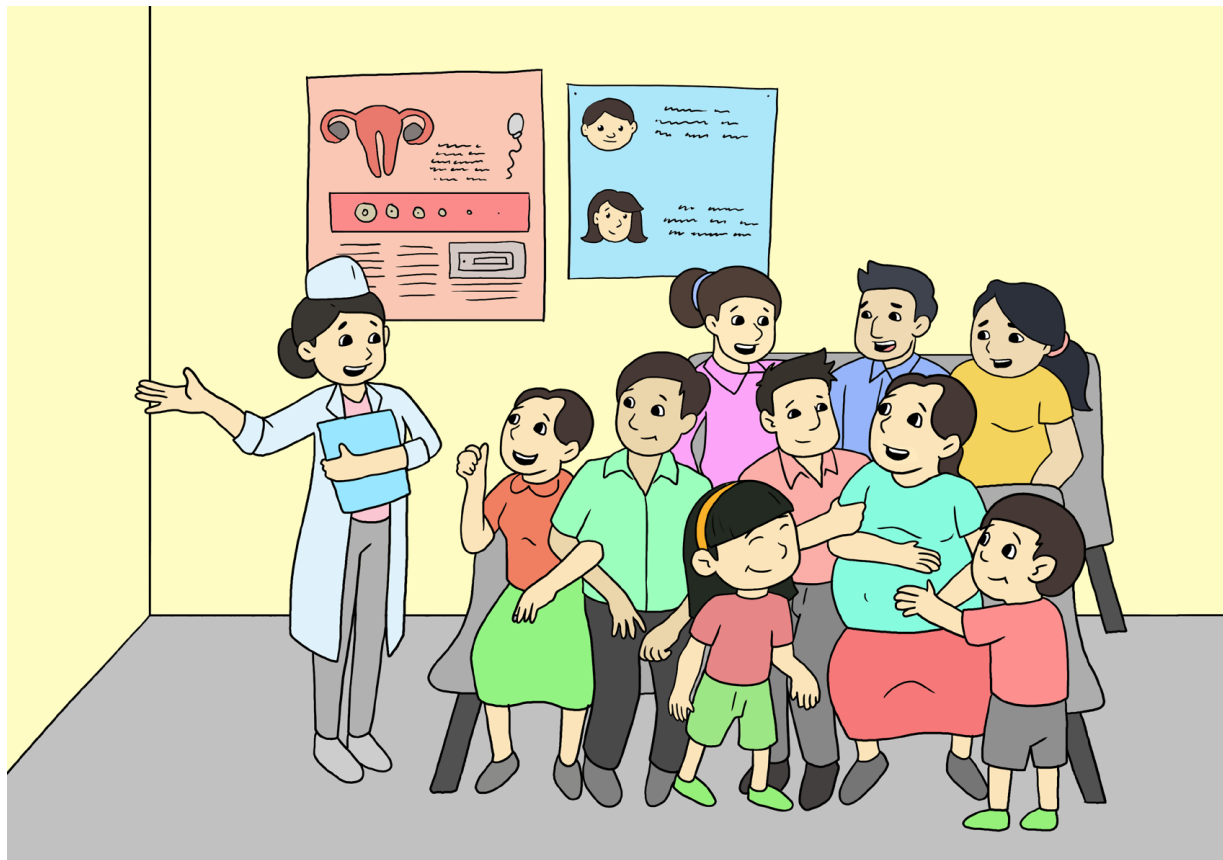
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3-R Trainers' Kit

Rights, Responsibilities and Representation
For Children, Youth and Families

Module 7: Keeping Healthy



Busakorn Suriyasarn, Nelien Haspels and Rosalinda Terhorst

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By

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FOREWORD

Over the last decade, the Government of Mongolia has taken concrete measures towards the implementation of the ILO's Worst Forms of Child Labour Convention, 1999 (No. 182) and Forced Labour Convention, 1930 (No. 29). These efforts are in line with the 2030 Development Agenda which calls for the eradication of forced labour, modern slavery and human trafficking by 2030 and the elimination of child labour in all its forms by 2025.

Yet, to achieve these sustainable developmental results, key stakeholders in Mongolia have identified the need for a better understanding on how child and forced labour develops in today's context. This need is most acute on the side of state agencies and civil society organizations whose mission is to support children, youth and families who are at risk of child and forced labour and other forms of violence.

The Trainers' Kit on Rights, Responsibilities and Representation for Children, Youth and Families (3-R Kit) aimed at strengthening the capacities of both public and private entities in these areas. It was originally developed in 2006 by the ILO, and since then, successfully implemented in a number of countries including Mongolia where the first version of the training kit was used under the ILO/IPEC project in 2007. The 3-Kit has been recognized by the Mongolian Ministry of Labour and Social Protection and the Authority for Family, Child and Youth Development (AFCYD), government implementing agency as the most relevant and appropriate tool to strengthen the capacities of Mongolian public and private actors.

Under the framework of the "ILO/EU project on Sustaining GSP-Plus Status¹", the 3-R Kit has been revisited, adapted to the Mongolian context and validated by national trainers. We hope it will be of use to a large audience and eventually benefit those who most need it. The COVID 19 pandemic, which is unfolding at the moment of writing this note, has cast a new shadow on the wellbeing of vulnerable groups, particularly children. With an expected unfavorable economic environment for the upcoming years, governments, state entities, private sector, trade unions and civil society organizations all around the world are faced with the heightened challenge of eliminating child and forced labour by 2025 and 2030 respectively. The 3-R Kit is a modest contribution to support these efforts.

The ILO and the AFCYD are most grateful to the European Union's generous financial support, which made possible the realization of this Mongolian version of the 2020 3-R Kit. We look forward to our continuous engagement in support of most vulnerable parts of the population, helping to make sure that no one is left behind.

Enkh-Amar Mijidsuren
Chairperson
AFCYD

Claire Courteille-Mulder
Director
ILO Country Office for China and Mongolia

¹ Full title of the project is: "ILO/EU project on Sustaining GSP-Plus Status by Strengthening National Capacities to Improve International Labour Standards Compliance and Reporting-Mongolia Phase 2" (MNG/17/50/EUR)



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- TA 7.1.1 B: Quartet “Planning Your Family” (a set of 32 cards)
- TA 7.2.2 B: Baby Game Board
- TA 7.2.2 C: Four Categories of Small Cards (a set of 60 cards)

ACKNOWLEDGMENTS

The present Mongolian edition of the 3-R Kit is the result of a teamwork and dedicated efforts by the AFCYD and ILO.

We acknowledge the valuable contribution of Ms Busakorn Suriyasarn, international consultant for her technical guidance.

In addition, we thank each member of the 3-R Kit Working Group established by AFCYD, in particular:

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MODULE 7 KEEPING HEALTHY

Module Overview

This module deals with reproductive health issues. The main focus is on basic sexual and reproductive rights, family planning and protection against sexually transmitted infections (STIs), including HIV and AIDS. Basic information on pre- and post-natal care is also given. Exercises are provided to raise awareness on the dangers of unsafe sex. The main aim of the exercises in this module is to emphasize the responsibilities of both men and women in reproductive health and the importance of informed decision making.

The module includes 3 units:

Unit 7.1 Planning a Family

Unit 7.2 How to Have a Healthy Baby

Unit 7.3 What Are STIs and HIV and AIDS?

Unit 7.1 Planning a Family		Objectives	Time
Ex. 7.1.1 Reproductive Health Quartet Game	To become familiar with the basic reproductive health rights	60 mins	
Ex. 7.1.2 I Plan My Family	- To become aware of the advantages of family planning - To learn that every person has a right to family planning - To become aware of different sources of information about family planning	90 mins	
Unit 7.2 How to Have a Healthy Baby		Objectives	Time
Ex. 7.2.1 Healthy Pregnancy	- To learn what is healthy and unhealthy to do during pregnancy - To identify activities and health conditions that put the mother and unborn child at risk and that require medical advice - Identify sources of support services for pregnancy and prenatal care	60 mins	
Ex. 7.2.2 The Baby Game	To share experience and exchange tips on what is happening during pregnancy and birth and taking care of a baby for its healthy development	90 mins	
Unit 7.3 What Are STIs and HIV and AIDS?		Objectives	Time

Ex. 7.3.1 Dear Editor	- To learn to talk about sexually transmitted infections (STIs) - To know what to do to prevent or treat STIs	60 mins
Ex. 7.3.2 Myths and Facts about STIs and HIV	To learn common myths and facts regarding sexually transmitted infections (STIs) and HIV and AIDS	45-60 mins
Ex. 7.3.3 Causes and Treatments of STIs and HIV	To inform participants about different types of sexually transmitted infections (STIs), including HIV, and how to treat these	60 mins
Total time in Module 2: 7 hours 45 minutes – 8 hours		

Unit 7.1 Planning a Family



Content

This unit discusses the main issues related to reproductive health and family planning. Through a game, participants become familiar with the sexual organs, conception, or the process of 'making babies' and the prevention of conception. Various social and cultural issues relating to reproductive rights are also covered, including the rights to receive information and to plan a family. The exercises focus on exchanging information to form an opinion and take an informed decision.



Key Messages

- Reproductive health rights are a basic right of men and women. Each individual is entitled to know about family planning and methods to prevent pregnancies.
- Everyone has the right to: information, access to services, privacy, and confidentiality.
- Many emotional, social, medical and economic considerations play a role when planning a family.
- Each individual has the right to determine the number and spacing of children.
- Each woman has the right to choose to bear children or not, on her own free will.
- All human beings are equal and have the right to be treated equally in all aspects of life.
- Sex-selective abortion will create a shortage of women with many negative consequences for society.



Exercises

- 7.1.1 Reproductive Health Quartet Game
- 7.1.2 I Plan My Family



Related Units

- 6.1 Changes and Sexuality
- 6.3 Safe Sex
- 6.4 Teenage Pregnancy
- 7.2 How to Have a Healthy Baby
- 11.1 Responsibilities
- 11.2 Rights at Work
- 11.3 Health at Work

Exercise 7.1.1 Reproductive Health Quartet Game



Objectives

To become familiar with the basic reproductive health rights



Target Group

Youth and adults



Duration

60 minutes



Seating Arrangements

Group seating for groups of 4-5 persons, either on chairs or on the floor



Materials

1 complete set of the Quartet Game “Planning Your Family” cards (Training Aid 7.1.1 B) for each group



Training Aid

7.1.1 A: Reproductive Health Quartet Game Rules

7.1.1 B: Quartet “Planning Your Family”

Briefing Note: Reproductive Health



Session Plan Steps

1. Introduction to reproductive health – 10 minutes
2. Play the Reproductive Health Quartet Game in small groups – 20 minutes
3. Discussion – 25 minutes
4. Conclusion – 5 minutes

Preparation

Read the quartet game rules (Training Aid 7.1.1 A) and Briefing Note: Reproductive Health. Make sure you understand the rules and basic reproductive health rights. Prepare enough sets of cards (Training Aid 7.1.1 B) for small groups (of 4-5 people). A full set contains 32 cards, or eight quartets (8 x 4 = 32). You may need to photocopy the cards, depending on the number of participants. Make sure that you do not mix up the sets.

Step 1 Introduction to reproductive health – 10 minutes

Ask participants what they think when they hear the term reproductive health. After a couple of answers, briefly explain what reproductive health means, without going into great details, for example: Reproductive health is about caring for your body, knowing how your sexual organs work, preventing pregnancies if you are not ready for it and deciding in freedom how you want to plan your family such as how many children you want and when.

Explain that they will learn about reproductive rights through playing a quartet game.

Step 2 Play the Reproductive Health Quartet Game in small groups – 20 minutes

Divide participants into small groups of 4-5 persons. Explain the Reproductive Health Quartet Game Rules (Training Aid 7.1.1 A). Hand out a full set of the cards to each group and ask them to play the game for maximum 3 rounds or about 20 minutes.

Step 3 Discussion – 25 minutes

Ask whether they enjoyed the game and invite a few volunteers to share their feelings and experiences with the game. Ask for a volunteer to present each set of cards (make sure to get both female and male volunteers). Go through all sets one by one in the order below. The questions and explanations for each card set are provided as a guide. Choose to use them as appropriate according to the students' level.

1) *Reproductive organs*

- Ask what these organs and their functions are: (*Outside and inside reproductive organs of women and men; their functions are reproduction or making children*)

2) *Safe sex*

- Ask what the advantages of using condoms are: (Prevent sexually transmitted infections and prevent pregnancy)
- Ask if it's true that only men can use condoms: (No. There are also female condoms.)
- Ask for examples of other birth control methods.

3) *Becoming pregnant*

- Ask what it is called when the sperm meet the egg: (*Fertilization or conception*)
- Ask a volunteer to explain the process of making a baby.

4) *Right to receive information*

- Ask what the people on this set of cards are doing.
- Ask if students know about reproductive health issues, such as sexually transmitted diseases, how to prevent pregnancy, or where to get this kind of information.
- Explain that every person – young or old, married or unmarried – has the right to receive information about reproductive health issues.

5) *Right to family planning*

- Ask what the issues are on this set of cards.
- Explain that everybody – man or woman, married or not – has the right to family planning: to use contraception, to choose whether or not to have children, and to choose how many children to have and the spacing between them.

6) *How to get information*

- Ask where the participants get information about family planning and whether they are satisfied with the services provided.
- Ask whether they would like things changed regarding getting information about family planning.
- Give them tips on where they can go if they want or need more information or services.

7) *Right to have a private life*

- Ask what it means by the four situations drawn on these cards.
- Ask whether they feel different pressures sometimes and what do they feel about these pressures.
- Explain that everyone has the right to act according to his or her wishes, not according to the wishes of others, even parents. In other words, everyone is entitled to make choices on how to lead their own life (without harming others).

8) *Problems related to work*

- Ask if they are familiar with the problems mentioned in the set and whether they can think of other problems.
- Discuss discrimination of women at work because of reproductive health issues. Ask whether these situations are common in their country/workplace/community.
- Explain that labour laws in many countries prohibit discrimination of women because of their reproductive functions, such as not hiring women because they can become pregnant or are already mothers, or firing a woman employee when she becomes pregnant. However, such discriminatory practices are rather common in situations where women workers are not protected by the law or the law is not enforced.



Tip for Trainers

Make sure that you discuss the sets on the right level with the participants. Stay close to their interests. With younger people you should go into more detail about prevention and the right to make their own choices. With people already married you can pay more attention to sharing information about reproductive health issues between the partners. For instance, wives have the right not to have more children than they want because they are the ones who become pregnant; fathers also have the right to know what happens with their wives when she is pregnant; and giving birth and family planning is a matter of both partners. For more information see Unit 7.2 How to Have a Healthy Baby.

Step 4 Conclusion – 5 minutes

Conclude with the following points:

- Reproductive rights are a basic right of all people, young or old.
- Each person is entitled to know family planning and the methods to prevent pregnancies, whether they are male or female, married or unmarried.
- Each person has the right to marry or not.
- Each person has the right to determine the number and spacing of children.
- Each woman has the right to choose to bear children or not, on her own free will.



Tip for Trainers

For working youth and adults conclude with listing the main reproductive health rights and discuss common problems related to these rights at work.



Training Aid 7.1.1 A: Reproductive Health Quartet Game Rules

Aim

The aim of the game is to collect as many sets of 4 cards (quartet) as possible. The player with the most sets wins the game.

The game

The game has 8 sets of 4 cards, so the total number of cards is 32. Each set can be recognized by its title. In each quartet (set of 4) you will find 4 drawings of 4 subjects on 4 cards. Under each card, the subjects of the 4 cards are described with the subject of that specific card in **bold**.

How to collect sets

You collect cards by asking a person: “Do you have, of the set ‘Becoming Pregnant’, the ‘**Embryo**’ for me?” If the person has the card, s/he should give it to you. When the person does not have the card it is his or her turn to ask other cards from the players until somebody does not have the card which is asked for, and so on. The whole game is about remembering who asks what and who collects what. When a complete set is collected the player should keep it, put it on the table and show the full set to the other players.

Important rules

- You are not allowed to lie: when you have the card a person asks for, you have to give it.
- You can only ask for cards from a set of which you already have one card.
- When a player is out of cards s/he is out of the game and has to wait until the others are also ready.

Starting the game

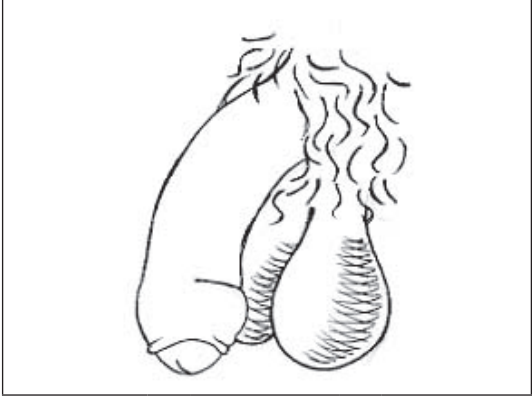
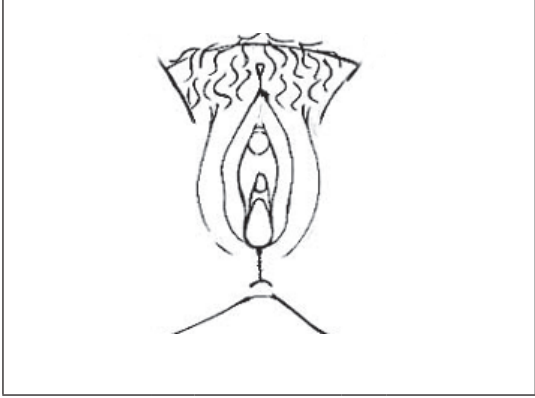
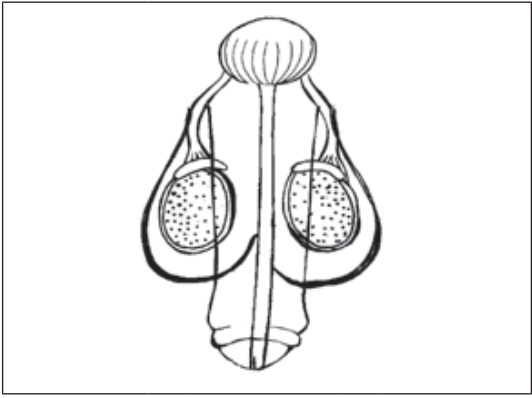
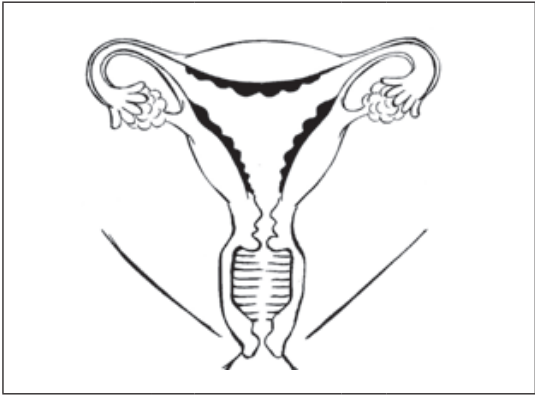
One player shuffles the cards well and divides them under the players. In the case you play with 4 persons, each person gets 8 cards. When you play with 5 persons, three persons get 6 cards and two persons 7 cards. The person sitting left to the person who shuffled starts asking. When the person who is asked for a certain card does not have the card, the turn goes to that person, and so on.



Training Aid 7.1.1 B: Quartet "Planning Your Family"

Guidelines: Provide a pack of 32 cards for each group. In each pack there are 8 small sets of 4 cards (8x4 = 32). Make sure to prepare sufficient sets of cards for players. Keep the sets separate for each group. Photocopy the pages and cut into separate cards, as needed.



Reproductive Organs – (1) Get 2 Get 3 Get 4  1. Outside visible men: penis 2. Outside visible women: vagina & clitoris 3. Inside reproductive organs men 4. Inside reproductive organs women	Reproductive Organs – (2) Get 1 Get 3 Get 4  1. Outside visible men: penis 2. Outside visible women: vagina & clitoris 3. Inside reproductive organs men 4. Inside reproductive organs women
Reproductive Organs – (3) Get 1 Get 2 Get 4  1. Outside visible men: penis 2. Outside visible women: vagina & clitoris 3. Inside reproductive organs men 4. Inside reproductive organs women	Reproductive Organs– (4) Get 1 Get 2 Get 3  1. Outside visible men: penis 2. Outside visible women: vagina & clitoris 3. Inside reproductive organs men 4. Inside reproductive organs women

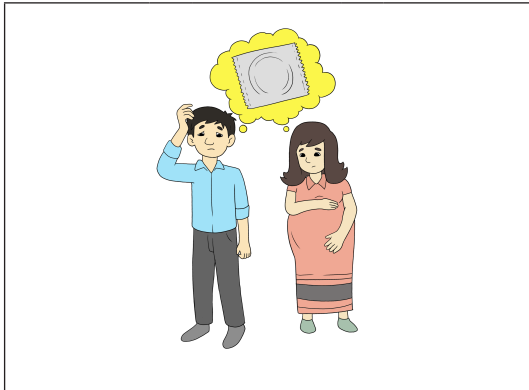


Safe Sex – (1)

Get 2

Get 3

Get 4



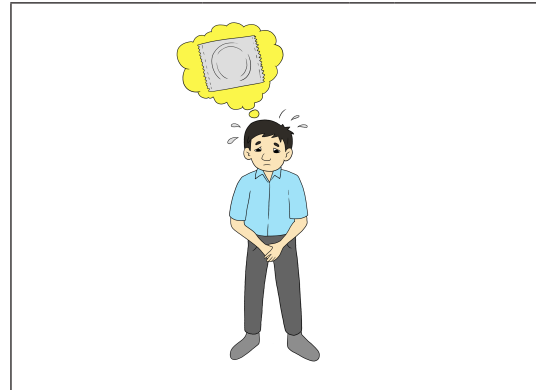
1. No condom used = pregnancy
2. No condom used = STI, HIV and AIDS
3. Using condom = happy young man
4. Using condom = happy young woman

Safe Sex – (2)

Get 1

Get 3

Get 4



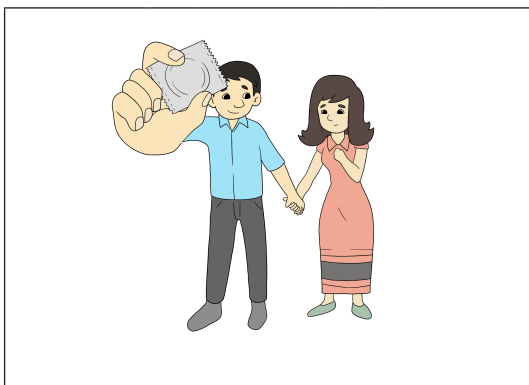
1. No condom used = pregnancy
- 2. No condom used = STI, HIV and AIDS**
3. Using condom = happy young man
4. Using condom = happy young woman

Safe Sex – (3)

Get 1

Get 2

Get 4



1. No condom used = pregnancy
2. No condom used = STI, HIV and AIDS
- 3. Using condom = happy young man**
4. Using condom = happy young woman

Safe Sex – (4)

Get 1

Get 2

Get 3



1. No condom used = pregnancy
2. No condom used = STI, HIV and AIDS
3. Using condom = happy young man
- 4. Using condom = happy young woman**

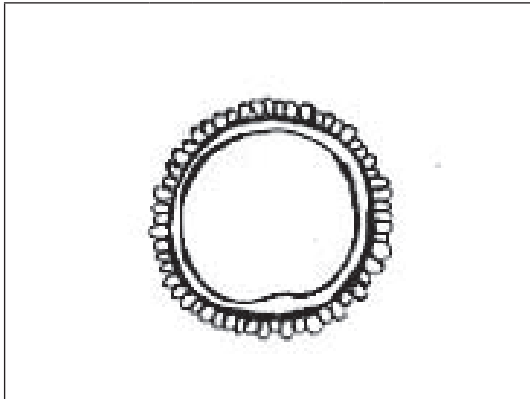


Becoming Pregnant - (1)

Get 2

Get 3

Get 4



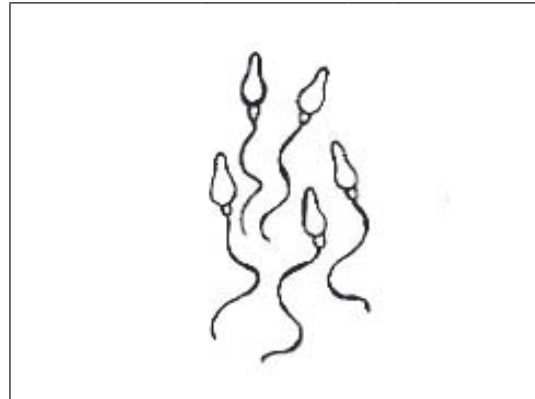
1. Egg
2. Sperm
3. Egg meets Sperm
4. Embryo

Becoming Pregnant - (2)

Get 1

Get 3

Get 4



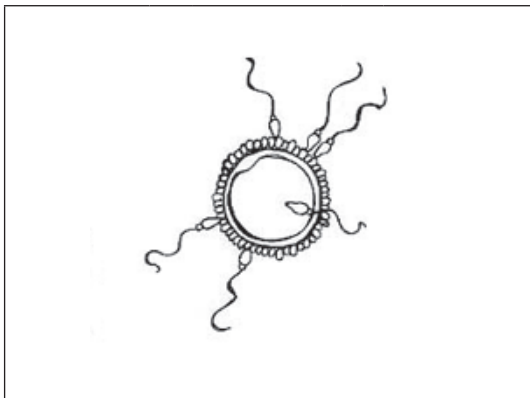
1. Egg
2. Sperm
3. Egg meets Sperm
4. Embryo

Becoming Pregnant - (3)

Get 1

Get 2

Get 4



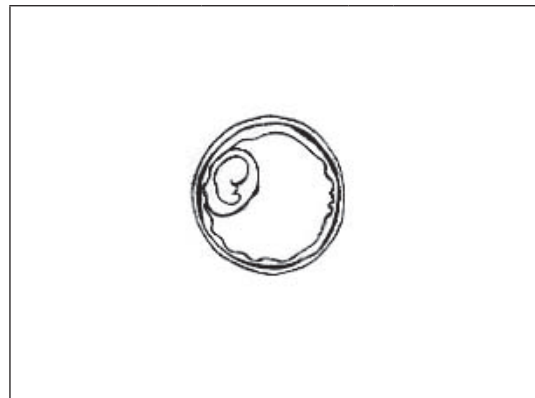
1. Egg
2. Sperm
3. Egg meets Sperm
4. Embryo

Becoming Pregnant - (4)

Get 1

Get 2

Get 3



1. Egg
2. Sperm
3. Egg meets Sperm
4. Embryo



Right to Receive Information - (1)

Get 2

Get 3

Get 4



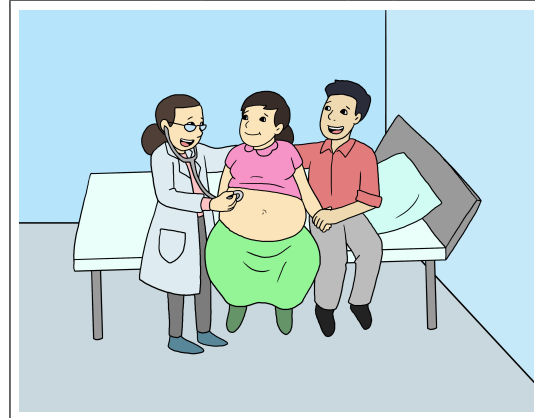
1. **Young woman and man asking for birth control information**
2. Couple together on pregnancy control
3. Single man asks for information about STIs
4. Health workers giving information to a mixed group of people

Right to Receive Information - (2)

Get 1

Get 3

Get 4



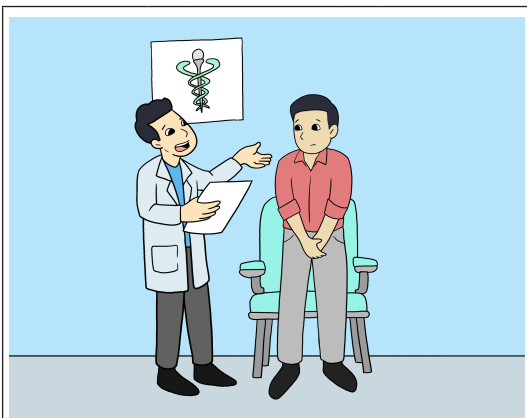
1. Young woman and man asking for birth control information
2. **Couple together on pregnancy control**
3. Single man asks for information about STIs
4. Health workers giving information to a mixed group of people

Right to Receive Information - (3)

Get 1

Get 2

Get 4



1. Young woman and man asking for birth control information
2. Couple together on pregnancy control
3. **Single man asks for information about STIs**
4. Health workers giving information to a mixed group of people

Right to Receive Information - (4)

Get 1

Get 2

Get 3



1. Young woman and man asking for birth control information
2. Couple together on pregnancy control
3. Single man asks for information about STIs
4. **Health workers giving information to a mixed group of people**

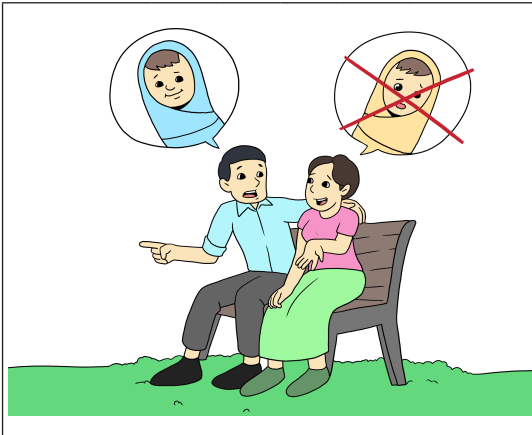


Right to Family Planning – (1)

Get 2

Get 3

Get 4



1. Discussion about having children
2. Using birth control methods
3. Number of children
4. Spacing of children

Right to Family Planning – (2)

Get 1

Get 3

Get 4



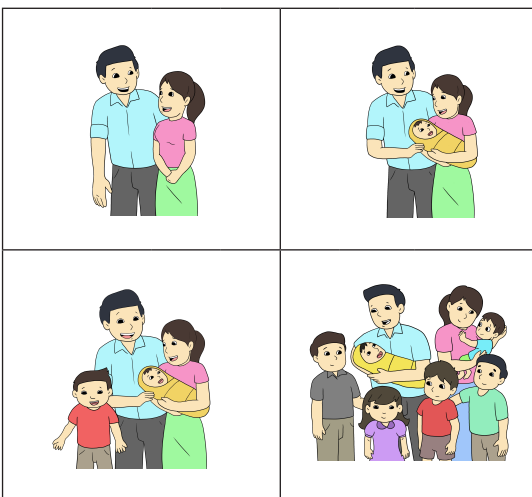
1. Discussion about having children
2. Using birth control methods
3. Number of children
4. Spacing of children

Right to Family Planning – (3)

Get 1

Get 2

Get 4



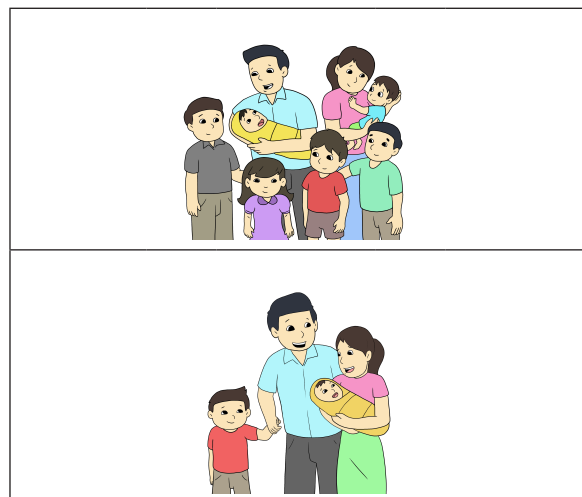
1. Discussion about having children
2. Using birth control methods
3. Number of children
4. Spacing of children

Right to Family Planning – (4)

Get 1

Get 2

Get 3



1. Discussion about having children
2. Using birth control methods
3. Number of children
4. Spacing of children

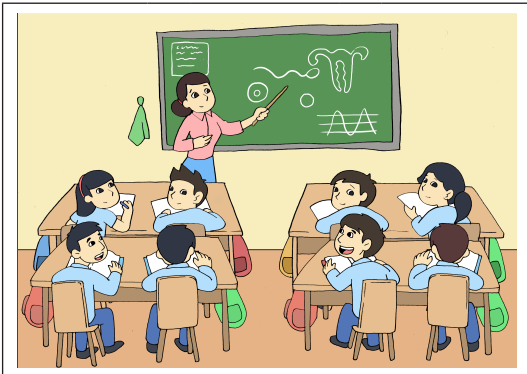


How to Get Information – (1)

Get 2

Get 3

Get 4



1. **School**
2. Health centre
3. Asking parents or friends
4. Doctor

How to Get Information - (2)

Get 1

Get 3

Get 4



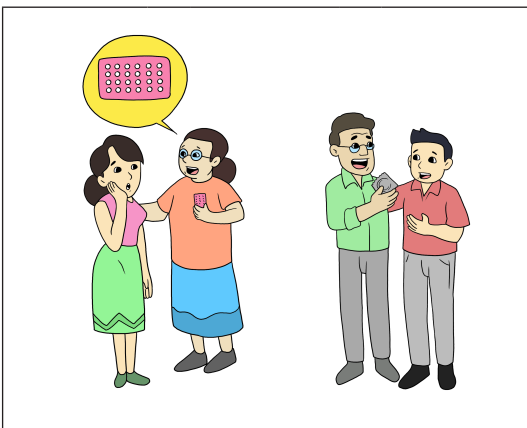
1. School
2. **Health centre**
3. Asking parents or friends
4. Doctor

How to get Information – (3)

Get 1

Get 2

Get 4



1. School
2. Health centre
3. **Asking parents or friends**
4. Doctor

How to get Information – (4)

Get 1

Get 2

Get 3



1. School
2. Health centre
3. Asking parents or friends
4. **Doctor**

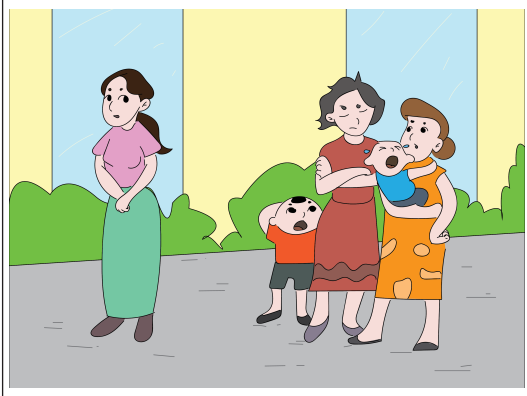


The Right to Have a Private Life – (1)

Get 2

Get 3

Get 4



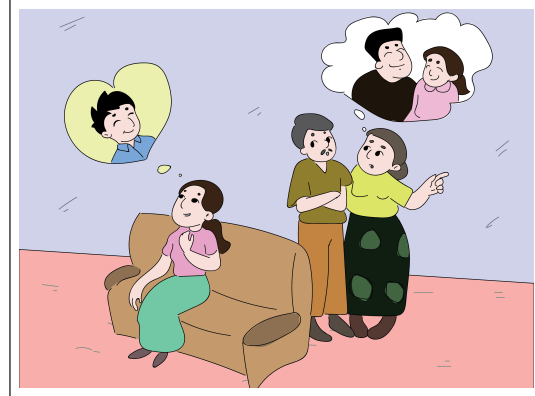
1. **Decide to stay single**
2. Free choice of partner
3. Being a single parent
4. Choose to stay childless

The Right to Have a Private Life – (2)

Get 1

Get 3

Get 4



1. Decide to stay single
2. **Free choice of partner**
3. Being a single parent
4. Choose to stay childless

The Right to Have a Private Life – (3)

Get 1

Get 2

Get 4



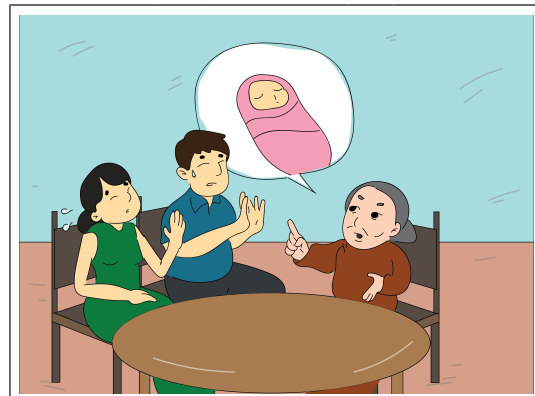
1. Decide to stay single
2. Free choice of partner
3. **Being a single parent**
4. Choose to stay childless

The Right to Have a Private Life – (4)

Get 1

Get 2

Get 3



1. Decide to stay single
2. Free choice of partner
3. Being a single parent
4. **Choose to stay childless**



Reproductive Rights at Work – (1)

Get 2

Get 3

Get 4



1. **Fired when pregnant**
2. Men only hired
3. Working with chemicals while pregnant
4. Appropriate work during last months of pregnancy

Reproductive Rights at Work – (2)

Get 1

Get 3

Get 4



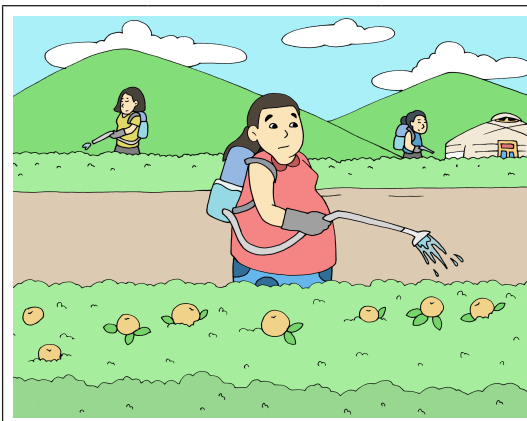
1. **Fired when pregnant**
2. **Men only hired**
3. Working with chemicals while pregnant
4. Appropriate work during last months of pregnancy

Reproductive Rights at Work – (3)

Get 1

Get 2

Get 4



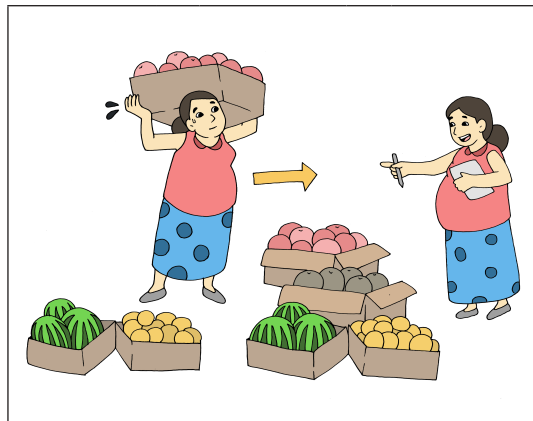
1. **Fired when pregnant**
2. Men only hired
3. **Working with chemicals while pregnant**
4. Appropriate work during last months of pregnancy

Reproductive Rights at Work – (4)

Get 1

Get 2

Get 3



1. **Fired when pregnant**
2. Men only hired
3. Working with chemicals while pregnant
4. **Appropriate work during last months of pregnancy**



Briefing Note: Reproductive Health

"**Reproductive health** is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so.

Implicit in this last condition are the rights of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant."¹

Reproductive health rights are human rights:

- Each individual has the right to determine the number and spacing for bearing children.
- Each individual is entitled to know the methods and information related to family planning.
- Each woman has the right to choose to bear children or not, on her own free will.

The most important reproductive health rights are:

- **Right to maintain freedom and body safety:** each individual is entitled to control his or her sex life and reproduction, which includes the right to give consent for medical intervention only when being clearly informed.
- **Right to have the highest possible health standard:** the right to receive medical treatment of the highest possible quality, which includes the right to be protected from dangerous practices, and the right to receive unbiased information leading to decision making after being fully informed.
- **Right to have family planning:** each individual is entitled to decide freely and responsibly about the number and spacing for bearing children.
- **Right to get married and to build a family:** each individual is entitled to decide freely if s/he wants to marry and with whom s/he wants to marry.
- **Right to have a private life:** each individual has the right to choose freely and confidentially whether to have children or not and when.
- **Right to receive information:** everybody, including teenagers and single persons, are entitled to receive information about family planning and related issues. This includes information about birth control methods but also information for (young) men about women-specific reproductive health issues, especially when their girlfriend or wife is pregnant or giving birth soon. These issues are not women-only issues. Often the father is not well informed while it is of equal importance for both.

¹ Definition given in FWCW Platform for Action adopted at the Fourth World Conference on Women, 1995 in Beijing, paragraph 94.

Reproductive health in Mongolia²

- **The fertility rate of Mongolian women has been increasing in recent years**, from 3.1 (an average number of babies born to a mother) in 2013 to 3.5 in 2018.
- **Contraceptive use among Mongolian women aged 15-49 has been steadily decreasing** since 2010, from an already low level. In 2010, only 50% of Mongolian women aged 15-49 used any modern contraceptive method. The rate went down to 48% in 2013 and 45% in 2018.
- **More women have unmet needs for contraception**, meaning they do not have access to birth control to prevent pregnancy. As much as 22% of currently married or in union women do not have access to family planning for limiting the number of children or for birth spacing.
- **Only 75 of 100 pregnancies end in live births**, 11 end in induced abortion, 7 in missed abortion, 6 in miscarriage, and 1 in still birth.
- **Adolescent birth rate has been increasing**: more girls aged 15 to 19 are having babies. Currently, there are 43 babies (of 1,000 births) born of teenage mothers, up from 38 in 2010. The rate in the rural area is double that in the urban area (70 babies vs. 35 babies).
- **Male Mongolian youth (aged 15-24) are more sexually active than female youth**. In 2018, 4.9% of Mongolian boys have sex before the age of 15, compared to 0.7% of girls. Three in four (73.6%) of male youth have sex with non-partners, compared to 35.7% of female youth. And of those who have had sex with non-partners, 73.1% of male youth reported using condom, compared to 41.8% of female youth.
- **There is a higher level of awareness of HIV/AIDS and HIV testing among women than men**: 85% of women have heard of HIV/AIDS, compared to 83% of men, but the current level of awareness is lower compared to 2010 (93% of women and 88% of men). More women have also been tested for HIV than men (27% vs. 19%).
- **The most popular choice of contraception among Mongolian women is IUD (26.6%)**, followed by pill (6.7%), male condom (4.4%), female sterilization (2.8%), periodic abstinence (2.6%), implants (2.1%), injectables (2%). More than half (51.9%) surveyed in 2018 did not use contraception at all.

Common problems related to reproductive health and work are:

- Heavy workload for women: the 'double burden'. Besides their job women are often responsible for all household activities as well. It is important to educate boys and men to share household activities so that there is a fair distribution of workload between all members in a family.
- Some enterprises refuse to recruit or keep married women, pregnant women or women with children.
- Some enterprises fire women who marry or become pregnant.
- Some enterprises do not provide facilities to pregnant women.
- For pregnant women appropriate work should be found in the last months of pregnancy, but this is often not done.
- Occupational safety and health issues are especially important for pregnant women to decrease the chance of miscarriage or premature birth.

² NSO, Mongolia Social Indicator Sample Survey 2018; UNFPA factsheet, https://mongolia.unfpa.org/sites/default/files/pub-pdf/UNFPA_Factsheet_0516.pdf

- Many countries have laws on maternity protection. Find out what the rules for maternity protection are and whether they apply to your workplace. If they do, make sure that they are applied.
- The rules of maternity protection are often violated, like threatening that a woman worker will lose her job if she does not start working soon after delivery.
- If there are such problems at your workplace, discuss these with your co-workers, get help from a trade union or NGO, if available, and try to organize with other workers to prevent abuses. For more information, see Exercise 11.3.1 Maternity Protection.

Exercise 7.1.2 I Plan My Family



Objectives

- To become aware of the advantages of family planning
- To learn that every person has a right to family planning
- To become aware of different sources of information about family planning



Target Group

Youth and adults



Duration

90 minutes



Seating Arrangements

A large circle of chairs and space to move around during group work



Materials

Photocopy of the Family Planning Role Assignments (Training Aid 7.1.2 A)



Training Aids

7.1.2 A: Family Planning Role Assignments

7.1.2 B: Discussion Guide on Family Planning

Briefing Note: Reproductive Health (in Exercise 7.1.1)



Session Plan Steps

1. Family planning role play assignment – 20 minutes
2. Perform the role plays – 30 minutes
3. Discussion – 30 minutes
4. Sum up – 10 minutes

Step 1 Family planning role play assignment – 20 minutes

Start the session by explaining it is about “Family Planning” without giving any explanation or details. Ask for 12 volunteers to play the following roles in two role plays:

Role play 1: Family Planning before Marriage

- Unmarried couple: 2 persons
- Parents of the unmarried couple: 2 groups of 2 persons

Role play 2: Family Planning during Marriage

- Married couple: 2 persons
- Parents of the married couple: 2 groups of 2 persons

Give the 6 members of each group a copy of their role assignment as given in Training Aid 7.1.2 A. Explain that the questions concern different aspects of family planning. They will discuss the questions with other people who are in the same group and prepare a short role play. Give the pairs 10 minutes to prepare themselves.

Explain to the remaining participants that they will be observers. When the role plays are shown they have to pay attention to the arguments that are used regarding family planning. Ask them to write down the arguments and who expressed them.

Step 2 Perform the role plays – 30 minutes

Invite the volunteers to start each role play and act out the following scenes:

Role play 1: Family Planning before Marriage

- Scene 1 Unmarried couple discussing family planning (3-5 minutes)
- Scene 2 Unmarried couple visiting parents of the woman (3-5 minutes)
- Scene 3 Unmarried couple visiting parents of the man (3-5 minutes)

Role play 2: Family Planning during Marriage

- Scene 1 Married couple discussing family planning (3-5 minutes)
- Scene 2 Parents of the husband visiting the married couple (3-5 minutes)
- Scene 3 Parents of the wife visiting the married couple (3-5 minutes)

Step 3 Discussion – 30 minutes

Discuss the following questions using Training Aid 7.1.2 B as a discussion guide:

- What do you think of the plans for family planning of the couple that is going to be married?
- Which of their arguments are often used in real life? Do you agree with these arguments? If yes, why? If no, why not?
- What do you think of the plans of the married couple?
- Which of their arguments are often used in real life? Do you agree with these arguments? If yes, why? If no, why not?

- What do you think of the role of the parents? Do parents play a role in family planning issues? If yes, how? If no, why not?
- What are important considerations in family planning?
- What are the advantages of family planning?
- What kind of difficulties can you face when you are planning your family?
- What are important organizations or persons that can play a role in family planning?
- Do you know your rights concerning family planning?
- Do you know where to go if you want to know more about family planning?

Step 4 Sum up – 10 minutes

Give a summary of the discussion and emphasize that:

- There are many economic, emotional, social, and medical considerations that play a role when planning a family.
- While most couples in committed relationship want children, economic security, age, health, and timing are important considerations. Some may want to delay having children, or even not having children at all.
- Everyone, whether married or unmarried, has the right to: information, access to services, privacy and confidentiality.
- Each woman has the right to choose to bear children or not, on her own free will.
- Each individual has the right to determine the number and spacing for bearing children.
- A planned family is the best environment for bringing a child into the world and for s/he to develop and grow.



Training Aid 7.1.2 A: Family Planning Role Assignments

Guidelines: Photocopy the 3 pages of this training aid and cut along the dotted lines to have 6 separate role play assignments, 3 scenes each for Role Plays 1 and 2. For each role play, give scene 1 to the couple in each role play, scene 2 to the parents of the man and scene 3 to the parents of the woman. Let each couple prepare separately, they should not read the role play assignments of the other couples. Change the names in the stories to suit the target group.

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Role Play 1: Family Planning before Marriage – Scene 1

Role of unmarried couple (2 persons)

You are Bilegee (man), 22 years old; and Boloroo (woman), 19 years old. Bilegee is working as a mechanic and Boloroo just finished her vocational training and is looking for a job. The two of you met 6 months ago and fell in love immediately. You love each other so much that you want to be together and plan to get married. So you talk about marriage and a wedding day with your parents. You still don't know if they agree or disagree with your marriage.

Think about how you will discuss about your parents to get married:

- How to convince your parents to agree with your marriage?
- What arguments can you use to convince the other?
- Family planning: when do you want to get married, and why?
- Where can you find about a family planning information ?

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Role Play 1: Family Planning Unmarried Couple – Scene 2

Roles of parents of Bilegee (2 persons)

You are the parents of Bilegee, a 22-year-old mechanic. He has fallen in love with Boloroo, a 19-year-old woman. He already brought her home a few times. You know that sometimes Boloroo stays with your son. He talks about her but you didn't care much. Now they want to get married. You like Boloroo, a nice girl, who seems responsible, however you don't really know much about her. You know Boloroo's parents are rich and hard to approach. So now you are worried that Boloroo's parents may not approve of your son.

Think of things to say to your son and Boloroo:

- You want to know about their plans for the future and what do you want to tell about their plan?
- Talk about the following: their future plan for family; is there any knowledge about safe sex?, Are they planning to have children? If yes, when, how many children. And if no, why?
- Is there any advice to give them ?

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Role Play 1: Family Planning before Marriage – Scene 3

Roles of parents of Boloroo (2 persons)

You are the parents of Boloroo, a 19-year-old girl. She just completed her vocational training and is still looking for a job. Your daughter has a boyfriend, Bilegee who is a 22-year-old mechanic. They want to get married and are asking for your approval. But you have another plan for her, a marriage with a 29-year-old office worker who comes from a well-to-do family. You want your daughter to get married as soon as possible. But she doesn't know about the planned marriage yet.

Think of things to say to Boloroo and her boyfriend:

- Do you agree their marriage ? Why ?
- What do you think is important for Boloroo's future ?

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Role Play 2: Family Planning of Newly Married Couple – Scene 1

Roles of married couple (2 persons)

You are Jawkhaa, (male) 26 years old and Zaya, (female) 24 years old. You have been married for about 3 years. Both of you are working, Jawkhaa as a bus driver and Zaya as a teacher. You are very happy with your life together. Sometimes you talk about the future, about starting a family but you have not made up your mind about that. You want to wait with having children. Earn money first and find a good house before having children. The only problem is that people start gossiping: already three years married and still no children, what can be wrong? The mother of Jawkhaa is also putting pressure on you by making remarks that she is still waiting for grandchildren.

Think about your future together. Make sure the following things are included in your plans:

- What kind of birth control method do you use at the moment and why?
- Do you want children in the future? If yes, when and why? If no, why not?
- What do you say to people that are gossiping about you having no children?
- What do you say to the mother of Jawkhaa?

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-----✂-----

Role Play 2: Family Planning during Marriage – Scene 2

Roles of the parents of Jawkhaa (2 persons)

You are the parents of Jawkhaa, who is 26 years old and has been married to Zaya for 3 years. The couple are happy together and both are hard working. People are gossiping about them: already married for three years and no children, there must be something wrong. As mother-in-law you already asked Zaya many times when the grandchildren are coming but they do not react or avoid the subject. Next weekend you are going to visit them and you want to talk to them about this matter.

Think of things to say to your son and Zaya when you visit them.

- What kind of future do you as Jawkhaa's parents have in mind for them? Why do you want that specific future?
- You know little about family planning and think that it is better to have as many children as possible.

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Role Play 2: Family Planning during Marriage – Scene 3

Roles of the parents of Zaya (2 persons)

You are the parents of Zaya, who is 24 years old and has been married to Jawkhaa for 3 years. The couple are happy together and both are hard working. People are gossiping about them: already married for three years and no children, there must be something wrong. Zaya also complains sometimes about her mother-in-law who makes remarks like: when are my grandchildren coming. Zaya feels a lot of pressure because of these remarks.

Think of things to say to your daughter and Jawkhaa when you visit them.

- What kind of future do you have in mind for them?
- What do you want to know from them about their plans?
- What kind of advice can you give them about the reaction of the mother of Jawkhaa and the people that are gossiping?

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Training Aid 7.1.2 B: Discussion Guide on Family Planning

Everyone has the right and responsibility to plan their family. **Important considerations** are:

- Personal feelings: What does each partner want? Do you agree as a couple?
- Economic considerations: Can you give the child a good life?
- Health
- Family pressure
- Social control
- Traditional and modern values.

Difficulties you can face regarding family planning:

- Social and cultural values: traditional roles of men and women, difficult for men and women of different generations to discuss the issue.
- No access to services due to lack of availability, high costs, no knowledge about where to go.
- Problems at work: fired when pregnant, not hired because you are a woman/mother.

There are many reasons for promoting family planning³:

- **Adolescent pregnancy is a high-risk pregnancy**
 - Pregnancies to very young mothers carry increased health risks for both mother and baby.
 - Pregnant young women are prohibited from continuing their education in many instances.
 - Young mothers (and fathers if they take the responsibility) need income to look after the baby and often will need to start working.
 - Adolescent girls are more likely to undergo unsafe abortions.
- **Unplanned pregnancy can be a danger to the mother's and baby's survival**
 - A woman should see a doctor as soon as she finds out that she is pregnant.
- **Healthy mothers = healthy children**
 - A mother's health affects the health of her children.
 - The death of a mother is devastating for her family.
- **Birth spacing improves a child's survival**
 - The timing of births has a powerful impact on a child's chances of survival.
 - Close spacing of births can harm the health of mother and baby during pregnancy and forces other children to compete for nourishment and maternal care.
- **Saving children's lives**
 - Healthier patterns of childbearing (having children only when mature and ready) could save the lives of several million children each year.

³ Adapted from: Population Action International, <http://pai.org/our-work/>.

- **Saving mothers' lives**

- Family planning can prevent at least one-quarter of maternal deaths by reducing the incidence of high-risk pregnancies.
- Family planning can prevent many, if not most deaths, from unsafe abortion.
- Family planning helps prevent the growing epidemic of HIV and AIDS and other sexually transmitted infections (STIs) among women and men.

- **A better future**

- A planned family is the best environment for a child's overall development.

Individuals and organizations that provide **information and services in family planning**:

- **Healthcare worker** for information about contraceptive methods
- **Physician** for information, advice, pills or other medical products
- **Family planning information centre** for information, advice, pills or other contraceptive methods
- **Hospital** for treatment, consultation during pregnancy, delivery, contraceptive methods, or abortion
- **Midwife** for consultation during pregnancy, delivery or contraceptive methods
- **Drugstore** for condoms and other contraceptive products
- **Parents, other family members and friends** who can give social and emotional support but may also put pressure. For instance, parents may have a strong desire for grandchildren for different reasons.

Unit 7.2 How to Have a Healthy Baby



Content

What do you do when you are pregnant? This unit deals with the health of both mother and child. Participants learn that they already have to take care of a baby before it is born. They will become aware of things that are healthy and unhealthy to do during pregnancy.

The exercises are not only for people who are already parents or becoming parents soon, but also for young men and women in general so that they realize what responsibilities come with having children. The information on pregnancy and mother and child health is important and necessary for both sexes because having a baby is the responsibility of both parents. The exercises are also useful for (child) domestic workers who will frequently look after pregnant women or young babies and their mothers. Victims of trafficking, labour or sexual exploitation, women migrants and many single young women workers can also end up pregnant and become single mothers.



Key Messages

- To have a healthy baby, pregnant women need continuous attention and pre-natal care.
- There are certain things that are dangerous during pregnancy such as smoking, drinking alcohol and using medicines and drugs.
- Pregnant women with medical conditions such as infection with Hepatitis B, syphilis, HIV and AIDS or a high blood pressure need extra medical attention.
- It is important for pregnant women to eat healthy: many green vegetables, nuts, some meat and dairy products.
- Pregnant women should exercise, have enough rest and relax.



Exercises

7.2.1 Healthy Pregnancy

7.2.2 The Baby Game



Related Units

6.4 Teenage Pregnancy

7.1 Planning a Family

11.1 Responsibilities

11.3 Health at Work

Exercise 7.2.1 Healthy Pregnancy



Objectives

- To learn what is healthy and unhealthy to do during pregnancy
- To identify activities and health conditions that put the mother and unborn child at risk and that require medical advice
- Identify sources of support services for pregnancy and prenatal care



Target Group

Youth and adults



Duration

60 minutes



Seating Arrangements

Group seating for 5 small groups



Materials

30-35 pieces of balloons

- 1 safety pin
- a roll of masking tape
- 5-10 markers
- Black board or empty wall space or surface
- 4 icons of healthy and unhealthy behaviour and practices (Training Aid 7.2.1 B)



Training Aids

7.2.1 A: Matching Balloons and Icons

7.2.1 B: Icons for Healthy and Unhealthy Conditions and Activities

Briefing Note: Taking Care of the Pregnancy



Session Plan Steps

1. Introduction – 5 minutes
2. Group work: Match the balloons with the icons – 20 minutes
3. Pierce the balloons and discuss 'healthy' or 'unhealthy' – 30 minutes
4. Summary – 5 minutes

Preparation

Prepare 4 icons in large size (A-4 or A-3) for use in the discussion. Read Training Aid 7.2.1 A and Briefing Note to familiarize yourself with the subject. If this topic is important for the target group, contact a local health clinic or hospital to inform yourself on important issues that need to be covered. Where possible, invite a nurse, doctor or health expert as a resource person to provide information in the training.

Step 1 Introduction – 5 minutes

Tell participants that this session will be about learning what pregnant women and future fathers need to do to reduce the risk for damages to the unborn baby. The health conditions of the expecting mother and many activities that she does may affect the health of her unborn baby. Participants will learn what health conditions and activities are safe for the baby and what may be dangerous, pose some concerns or should be avoided.

Introduce the 4 icons from Training Aid 7.2.1 B:

			
Dangerous	Needs doctor's advice	Avoid or pay attention	Healthy and no problem

Tape each of the 4 icons on separate sections on the wall, board or flipchart stands.

Step 2 Group work: Match the balloons with the icons – 25 minutes

Divide the participants into 5 groups and give each group the following set of materials:

- 5 balloons (to be inflated)
- 1 set of 5 different health conditions and activities on 5 separate pieces of paper
- 1-2 markers.

Explain that each group is given 5 balloons (to be inflated). The inflated balloons represent the womb of a pregnant woman. Each group is also given 5 health conditions and activities on 5 separate pieces of paper (cut up from the table below – *do not* show the full table to participants in this form, but give each group only the 5 statements as listed in the table below).

	Health conditions and activities				
	(1)	(2)	(3)	(4)	(5)
Group 1	Smokes	Hepatitis B	Eats raw meat	Eats packaged noodles/food	Works in shop
Group 2	Uses drugs	High blood pressure	Eats liver	Drinks unboiled water	Has sex
Group 3	Drinks alcohol	Syphilis	Uses medicines	Quarrels with everybody	Eats fruits
Group 4	Husband smokes	HIV-positive	Rides a bike without breaks	Worries the whole time	Eats fish
Group 5	Works with chemicals	Negative blood type	Uses skin whitening cream	Paints her nails	Eats green vegetables

The group work assignments are as follows:

- 1) Inflate the 5 balloons.
- 2) Write one health condition/activity on each of the 5 balloons clearly.
- 3) Discuss which health condition/activity may put the health of the unborn baby at risk. Consider the health condition/activity one by one and **decide as a group if which one is dangerous, needs doctor's advice, should be avoided, or no problem** (as explained earlier with the icons).
- 4) They have 15 minutes.

After all groups have finished their group work, ask them to tape the balloons with the masking tape under the corresponding icons on the board, wall or surface where everyone can easily see them.

Step 3 Pierce the balloons and discuss 'healthy' or 'unhealthy' – 30 minutes

Ask everyone to walk around and have a quick look at the 4 groups of balloons under the four icons. Consider if they agree with the matching of the balloons and the icons and why or why not.

After about 5 minutes, ask everyone to resume their seat. Start a discussion with the following questions:

- Do you agree with how the balloons were grouped? *(Ask a few reasons why.)*
- Was it easy to decide in small groups which health condition or activity on the balloons matched with which icon?
- Did you have any disagreements in the group discussion? *(Ask for some examples.)*

Now, ask if any group had a balloon that they decided to put under the 'dangerous' icon (Each group should have one). Ask each group to:

- Send one group member to identify their 'dangerous' balloon.
- Explain why the health condition or activity on the balloon is dangerous.



Tip for Trainers

Use Training Aid 7.2.1 A and Briefing Note: Taking Care of the Unborn Child as guides. Make sure to give correct information to participants. If they choose an incorrect balloon, ask the class for opinions and guide them toward the correct 'dangerous' balloon.

Once the first 'dangerous' balloon has been explained, hand a safety pin to the group member and tell the class s/he will pierce the balloon as this is a health condition or activity that is dangerous for the health of the unborn baby. Ask the person to pierce the balloon. Repeat this process with the remaining 4 groups.

Thanks all 5 group members for their explanations and continue the discussion in plenary, going through the remaining health conditions and activities and the small group's reason for their decision on the level of health risk to the baby. Invite opinions from the class. Use some of the following questions to stimulate the discussion.

- Did you think other balloons also need to be pierced? If yes, which ones and why?
- Do you know what is dangerous but can be low risk under a doctor's supervision?
- What is also unhealthy but not so dangerous?
- What is healthy and safe for the baby?
- Can you think of other healthy and unhealthy things to do during pregnancy?



Tip for Trainers

While it is good to have active discussion, also be mindful of the time. There are about 25 minutes to discuss 25 health conditions and activities. If this is an important topic for the target group the trainers may extend the time for discussion to elicit some beliefs or myths that are not supported by medical science and need to be debunked. Where possible, invite a local nurse, doctor or health expert to provide information.

Step 3 Summary – 5 minutes

Summarize the session with the following messages:

- When you find out that you are pregnant you should contact a doctor. S/he will ask you some questions about your health and give you advice. Most probably you are asked to come for regular check-up.
- To have a healthy baby, pregnant women need continuous attention and pre-natal care.
- There are certain things that are dangerous during pregnancy such as smoking, drinking alcohol, using medicine and drugs, and exposure to toxic chemicals such as lead and pesticides.
- Pregnant women with medical conditions such as infection with Hepatitis B, syphilis, HIV and AIDS or a high blood pressure need extra medical attention and management.
- It is important for pregnant women to eat healthy: many green vegetables, nuts, some meat or fish and dairy products, and in many cases also take vitamin supplements such as folic acid and iron which can help prevent birth defects and complications.
- There are certain things that are not outright dangerous but should be avoided such as raw or uncooked meat, raw or unboiled water, toxic ingredients in cosmetics such as nail polish and whitening products.
- Pregnant women should exercise, avoid stress, have enough rest and relax.



Training Aid 7.2.1 A: Matching Balloons and Icons

Guidelines: These are the correct matching health conditions/activities and icons for the discussion in plenary in Step 3. See detailed information in Briefing Note: Taking Care of the Pregnancy.

	Balloon 1  Dangerous	Balloon 2  Needs doctor's advice	Balloon 3  Avoid or pay attention	Balloon 4  Avoid or pay attention	Balloon 5  Healthy and no problem
Group 1	Smokes	Hepatitis B	Eats raw meat	Eats packaged noodles/food	Works in shop
Group 2	Uses drugs	High blood pressure	Eats liver	Drinks unboiled water	Has sex
Group 3	Drinks alcohol	Syphilis	Uses medicines	Quarrels with everybody	Eats fruits
Group 4	Husband smokes	HIV-positive	Rides a bike without breaks	Worries the whole time	Eats fish
Group 5	Works with chemicals	Negative blood type	Uses skin whitening cream	Paints her nails	Eats green vegetables



Training Aid 7.2.1 B: Icons for Healthy and Unhealthy Behaviour and Practices

Guidelines: Use the following Icons to identify the four main categories of the balloons in Step 3. Photocopy the icons in A-4 or A-3 size for use, or draw them on the board or flipchart.



1. Dangerous



2. Needs Doctor's Advice



3. Avoid or Pay Attention



4. Healthy and No Problem



Briefing Note: Taking Care of the Pregnancy

What a pregnant woman does, her health conditions and her environment can affect the health of her unborn baby.

Activities by the mother or parents and the health of the unborn baby

Dangerous (balloons 1)

- **Smoking by both parents.** Smoking has a high risk for the unborn baby. Cigarettes contain many harmful chemicals. When the mother smokes or regularly inhales smoke there is less blood flowing to the womb. This means that the fetus cannot get enough oxygen and does not grow optimally, and are likely to be born underweight or prematurely. **Advice to both parents:** *Stop smoking and avoid smoky environments during pregnancy and also after the baby is born.*

- **Alcohol.** Alcohol is also dangerous for the unborn baby. There is a high risk of miscarriage and birth defects. Children born from a mother who used alcohol during her pregnancy can have a lower intelligence and are often smaller.

Advice: *Do not drink at all during pregnancy and the breastfeeding period.*

- **Drugs.** Drug use is very dangerous. Drugs such as heroine and amphetamines can make the baby an addict even before it is born. After birth the baby will need special care and the risk of dying within a year is high.

Advice: *Do not use any type of drugs and if you do, inform your doctor to see what kind of solutions can be found.*

- **Dangerous and heavy work.** Normal work during pregnancy is generally not dangerous. But pregnant women should avoid heavy work such as carrying, pushing or pulling heavy loads and working with chemicals (hairdresser, agriculture, photo lab) or radiation.

Advice: *When you are involved in this type of activities, ask your employer for other work during pregnancy and the first months after the delivery.*

Needs Doctor's Advice (balloons 2)

- **Pregnancy.** It is wise to see a healthcare professional as soon as you find out that you are pregnant. S/he will ask you questions about your health and often take a blood sample to check a few things, such as your blood pressure.
- **Some diseases.** If a pregnant woman has Hepatitis B or syphilis or is HIV-positive, she will need extra medical care during pregnancy or after birth.
- **Certain blood values.** A high blood pressure or a negative blood type is also a reason to get extra medical attention because it can result in some serious health complications during pregnancy and for the baby. The condition can be monitored by a doctor.

It is very important to be honest and open with your doctor about health or life conditions or are infected with one of the diseases mentioned above. The right action can be taken to make the risk for the unborn baby as small as possible.

Avoid or Pay Attention (balloons 3 and 4)

There are a number of things that can be risky during pregnancy but are easy to avoid:

- **Taking a lot of vitamin A.** This is not a smart thing to do. Too much vitamin A can damage the unborn child. Avoid eating a lot of liver or food made of liver because they contain a lot of vitamin A. Vitamin A is also an ingredient of some body creams, so if you use such creams check the contents to make sure it is not included.
- **Eating raw meat and unwashed vegetables and fruits.** These foods can have parasites that cause toxoplasmosis infection, which can lead to damage to the unborn baby.
- **Eating unhealthy.** It is especially important during pregnancy to eat varied healthy food. Avoid eating instant or ready-made food. Choose fresh and homemade food if you can.
- **Drinking raw and unclean water.** Boil water before drinking because un-boiled water can contain bacteria that can damage the development of the unborn baby.
- **Taking medications.** Be very careful with the use of medicines during pregnancy. For example, aspirins are dangerous. Tells the doctor or pharmacist if you are pregnant.
- **Stress.** Being worried or quarrels can lead to stress, which increases your blood pressure. So it is wise to avoid stressful situations because a high blood pressure is dangerous.
- **Toxic chemicals.** Some chemicals can be harmful to the development of the fetus, such as chemicals in the nail polish, whitening cream or cosmetics. Pesticides should be avoided. High level of exposure to lead during pregnancy can result in miscarriage, premature birth, low birth weight, and developmental delay for infants.

Healthy and No Problem (balloons 5)

There are many healthy things you can do.

- **Taking iron, calcium, proteins, and folic acid.** During your pregnancy your body needs to make a lot of extra blood so you will need a lot of iron. By eating green vegetables, beans, fish or meat in combination with vitamin C, your body will be well prepared for this task. Calcium is important for your and the baby's bones and the baby will need a lot of proteins to develop healthily. So eat a lot of milk products, eggs, chicken and fish. Make sure that everything is well washed and cooked.
- **Light work** is not a problem as long as it does not involve standing for a long time.
- **Exercising.** It is very healthy to keep on moving during pregnancy, walking, swimming, even dancing or sports as long as you do not overdo it.
- **Having sex.** Having sex is not dangerous for the baby, but if you do not want it you should say this to your partner. This is nothing to be ashamed of because many women have changed feelings about sexuality during pregnancy.

Exercise 7.2.2 The Baby Game



Objectives

To share experience and exchange tips on what is happening during pregnancy and birth, and taking care of a baby for its healthy development



Target Group

Youth and adults (at least one literate person in each group)



Duration

90 minutes



Seating Arrangements

Group seating on the floor or with tables for groups of 5 players maximum with enough space to play a board game



Materials

- One Baby Game Board for each group (Training Aid 7.2.2 B)
- One complete set of small cards (60) for each group (Training Aid 7.2.2 C)
- One dice and 5 play fiches (packaged sweets, beads, or buttons in different colours) for each group



Training Aids

7.2.2 A: Baby Game Rules

7.2.2 B: Baby Game Board

7.2.2 C: Four Categories of Small Cards



Session Plan Steps

1. Play the Baby Game in small groups – 70 minutes
2. Discussion – 15 minutes
3. Round up – 5 minutes

Preparation

Prepare a game board with a set of small cards as instructed in Training Aids 7.2.2 B and C for each group.

Step 1 Play the Baby Game in small groups – 70 minutes

Explain that a game will be played to share experiences and exchange tips on what happens during pregnancy and birth, and how to take care of a baby during the first year.

Divide the participants into small groups of no more than 5 players. Each group should have at least one participant who can read or assign a co-trainer to do this in each group. Give each group a game board, a complete set of small cards with questions and answers, one dice and enough play fiches, one for each participant. Explain the rules of the game and give them 1 hour to play.

Step 2 Discussion – 15 minutes

After the game, start a discussion in plenary about pregnancy, child birth, baby care and child development, using the following questions:

- Did you enjoy the game?
- Did you learn new things? If yes, what did you learn?
- Are there issues on which you need to seek more information? If yes, which issues?

Step 3 Round up – 5 minutes

Summarize the discussion as follows:

- When you think you are pregnant, visit a doctor, or a midwife if doctors are not accesible in your community.
- S/he will ask some questions about your health and can give advice on the pregnancy, the birth and after giving birth.
- Prepare yourself for the delivery and ask for information from your midwife or doctor.
- Get information about the normal stages of child development to know what to expect, give the best possible care to your baby and seek medical attention when needed.
- For all situations, when in doubt: be smart, ask and do not hesitate!



Training Aid 7.2.2 A: Baby Game Rules

Aim:

To reach the end of the game by answering questions and exchanging tips about:

- Pregnancy
- The birth
- Taking care of the newborn
- Child development.

Materials:

Each group gets a game board and 4 sets of cards with questions and answers in 4 categories: pregnancy, birth, care and development. Each category is easy to recognize by the picture on the back. Put the cards on 4 separate piles next to the game board with the texts faced down and the pictures faced up.

How to play:

- Everyone puts his or her play fiche at the START. The youngest player in the group will start the game.
- Throw the dice to see how many squares you need to move during your turn.
 - When you arrive at an empty square, stay there, allow the next players to play and wait for your next turn.
 - When you come to a square with a picture you have to answer a question. Take the card on top of the pile with the corresponding picture, read the question to the group and try to answer it. Discuss your answer and the answer on the card with the group. Does everybody agree? Are there more tips to share?
- When everyone is satisfied with the answer the card should be put back under the pile and the next person throws the dice, etc.
- When someone arrives at the last square (END) the game is over.



Training Aid 7.2.2 B: Baby Game Board

Guidelines: This game board can be played in a group of maximum 5 players.



7.2.2 B





Training Aid 7.2.2 C: Four Categories of Small Cards⁴

<The cards – front Q&A, back cartoon – should be printed as card pack (60), provided separately>

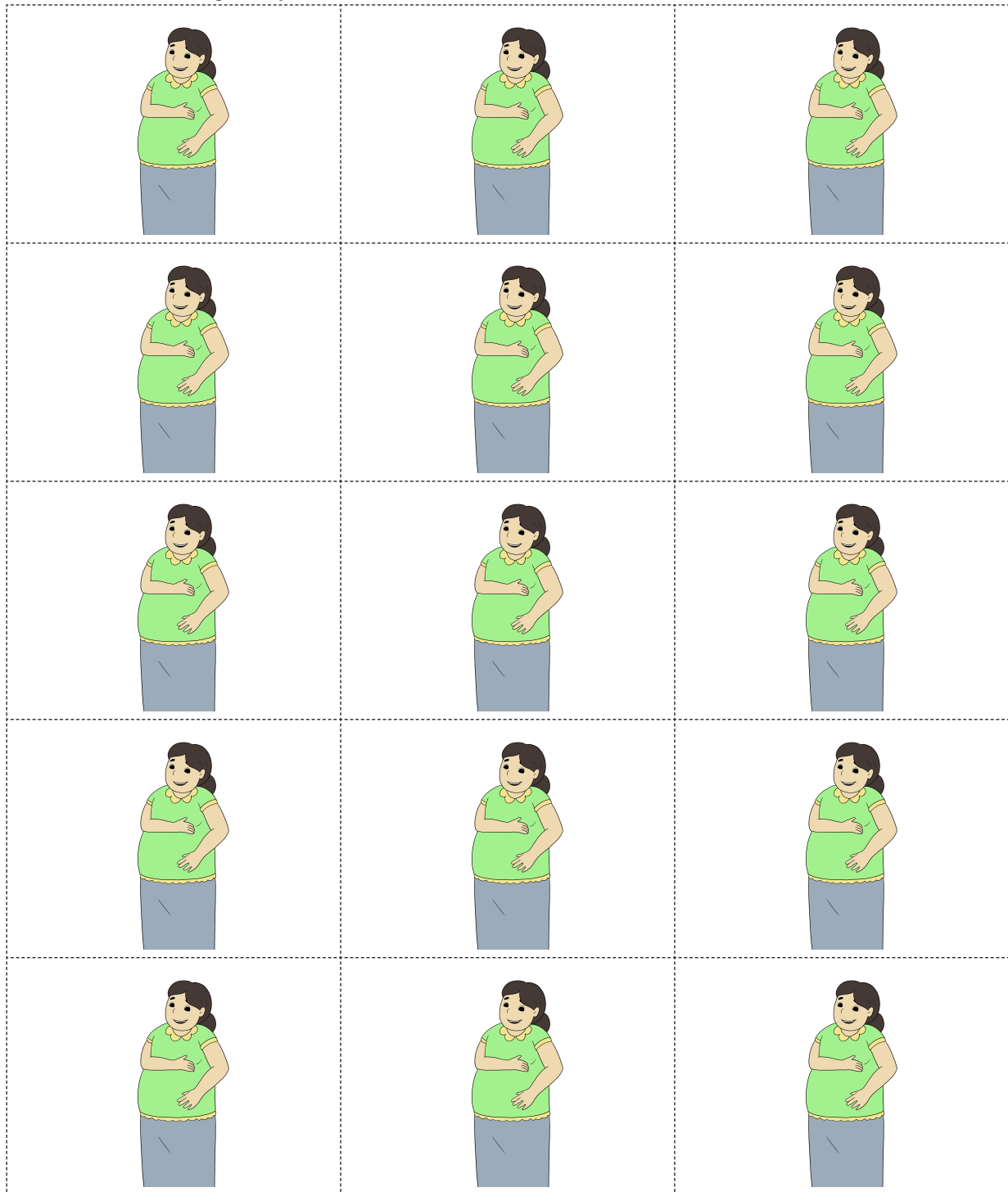
Guidelines: Each complete set has a total 60 cards, with 15 cards in each category – pregnancy, birth, care, development (one side is a picture, writing on the other). Photocopy double sided the FRONT SIDE and BACK SIDE of the small cards. The FRONT SIDE of each card has the Question (Q) and the Answer (A), and the BACK SIDE has the icon. Cut along the dotted lines and give each group one complete set. In total each group gets 4 complete sets on: pregnancy, birth, care and development.

✂ FRONT SIDE 'Pregnancy'

Q: You are 7 months pregnant and it hurts a lot when you do heavy work in the house, what to do? A: Watch out, this can be dangerous. Ask someone (husband, family member) to lift heavy things and do the physically demanding work for you.	Q: You are very worried about your baby. You are wondering if it is developing ok. What can you do? A: Each pregnant woman worries about her baby. Talk about your worries with your husband, family or friends. If you still have doubts and worries, ask your doctor, nurse or midwife.	Q: Is losing blood during pregnancy always a miscarriage and what to do? A: During the first weeks you can lose little spots of blood. This does not have to be a miscarriage. When it looks like a menstruation it can be a miscarriage. When you lose blood, always contact a doctor or nurse.
Q: You don't feel your baby moving anymore so you are very worried. What to do? A: Go to a doctor for a check-up.	Q: Your breasts are growing and hurt a bit. Is this normal? A: Yes, it is one of the first signs that you are pregnant and it can hurt a little. They will produce milk to feed the baby once it is born.	Q: You are not even 2 months pregnant but you feel so tired. Is this normal? A: Yes, especially during the first months of your pregnancy. Take enough rest. Explain to others why you need more rest than usual.
Q: Since you are pregnant you have to cry often, even for the smallest thing. Your husband often becomes angry. Is this fair and why do you cry so easily? A: Your emotions are influenced by hormones. This is normal during pregnancy. Your husband needs to understand this.	Q: You like to make love but your husband thinks that it is dangerous to the baby. Is this true? A: Having sex is not dangerous to the unborn child. However, many women do not feel like making love when they are pregnant, especially during the last months.	Q: You have to vomit every morning, the rest of the day you feel ok. What can this be? A: 'Morning sickness' is very normal during the first months of pregnancy. It can also happen at other times of the day. To prevent it, eat small amounts of food often.
Q: You are pregnant and the neighbour asks you to take care of her daughter who has measles. Can you? A: No. During pregnancy you should stay away from children with measles. It can affect the health of your unborn child.	Q: Your feet are so swollen. Is this normal during pregnancy? A: Yes, swollen feet are common, especially during the last months. It happens more often to women who do not eat healthy. So eat nutritious food and put your feet higher up than your body when you sleep.	Q: You have many headaches and feel dizzy. You also have trouble seeing and your hands become a little swollen. What do you do? A: Contact a doctor for check-up. This means your organs are not properly functioning and this is dangerous for you and your baby.
Q: Mention three important things you should do when you are pregnant. A: Eat healthy, drink a lot of water (boiled), contact a doctor or midwife, take enough rest, take good care of yourself.	Q: Mention two things you should avoid during pregnancy. A: Smoking, alcohol, medicines (unless the doctor says so), contact with children that have measles, using drugs.	Q: Mention three first signs of pregnancy. A: Missing your period (monthly bleeding), feeling tired, morning sickness, urinating often, swollen and tender breasts, belly gets bigger, getting pregnancy masks: dark areas on the face, breasts and belly.

⁴ Information from various websites and the book: *Where There Is No Doctor, A Village Health Care Handbook* by David Werner (adapted for India by the Voluntary Health Association of India under the supervision of S. Sathyamala: New Delhi, 1980).

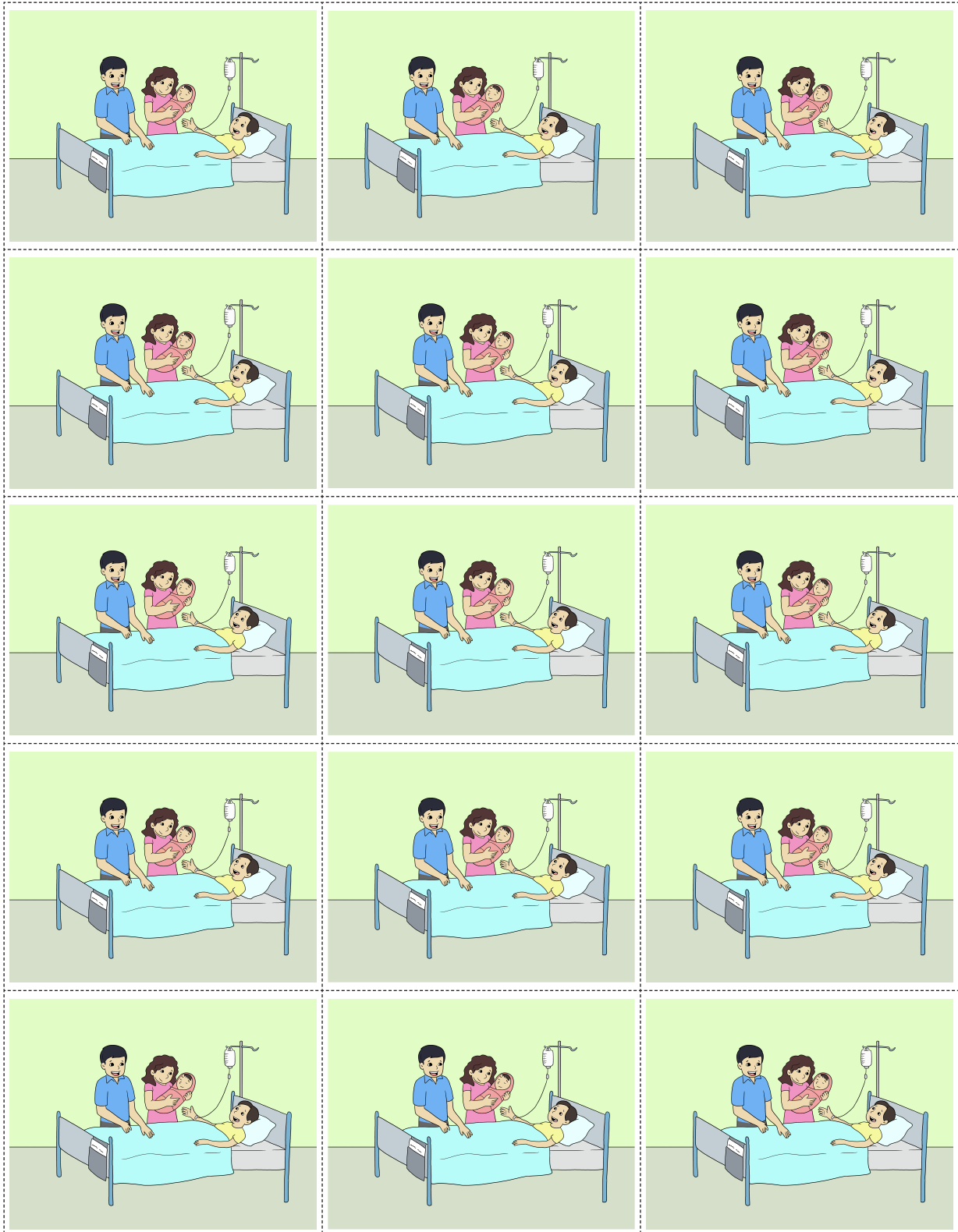
✂ **BACK SIDE 'Pregnancy'**



✂ **FRONT SIDE 'Birth'**

Q: Can you just ask your neighbour to assist during delivery? A: No. Many things can go wrong during delivery so a skilled person should assist you during delivery.	Q: Screaming during delivery is very stupid, is this true? A: No, it is even the other way around, it can be very functional. It helps you to give the extra power needed during labour.	Q: Is there something wrong with the baby if it does not start screaming right after birth? A: When the baby does not scream automatically its nose and mouth need to be cleaned and it will start screaming. In this way the lungs can start functioning.
Q: What can you do to reduce the labour pains? A: Try to relax, breath calmly. A massage can help and keeping warm with a warm water bottle.	Q: How do you know delivery really starts? A: You have regular labour pains.	Q: What is labour pain? A: A contraction of the womb. It comes regularly and has a clear start and end. It is like a wave: it starts slowly, reaches a peak and goes away again. After some time the same thing happens again. The contractions become heavier and more painfu when the baby starts to come out.
Q: Can you check the baby's position in your womb? A: No, it is difficult for a pregnant woman to do so, but a midwife or doctor can feel the position of your baby.	Q: Is it OK to deliver a baby at home? A: Yes, but the baby has to be in a good position for a safe delivery: head down. If the baby is in a different position it is better to go to a hospital.	Q: What is a normal and good position of the baby in the womb? A: Head down.
Q: What should a mother have ready before giving birth? A: Many very clean cloths, soap, sterile gauze, alcohol, clean cottons, clothes for the baby.	Q: Who needs to be there during delivery? A: Depends on you and your husband. A midwife or a doctor need to be there and the father. He can support by holding your hands or giving mental support. You can also ask someone else. Do not ask too many people.	Q: What normally comes out first during delivery? A: The head.
Q: The baby is completely covered with a kind of white waxy substance right after birth. Is this normal? A: Yes, this is called vernix. Do not remove it. It is antiseptic and protects your baby. It will go away after 2 or 3 days. Gently clean away any blood or fluid with a warm, soft, damp cloth.	Q: During giving birth there is always a lot of blood. Is this true? A: No, often there will be some blood but this is not much.	Q: The mother has to deliver something else after the baby is born. Do you know what that is? A: The placenta (afterbirth). Usually the placenta comes out within 5 minutes to one hour after the baby. The mother will have some more contractions. The midwife or doctor needs to check if it has come out completely.

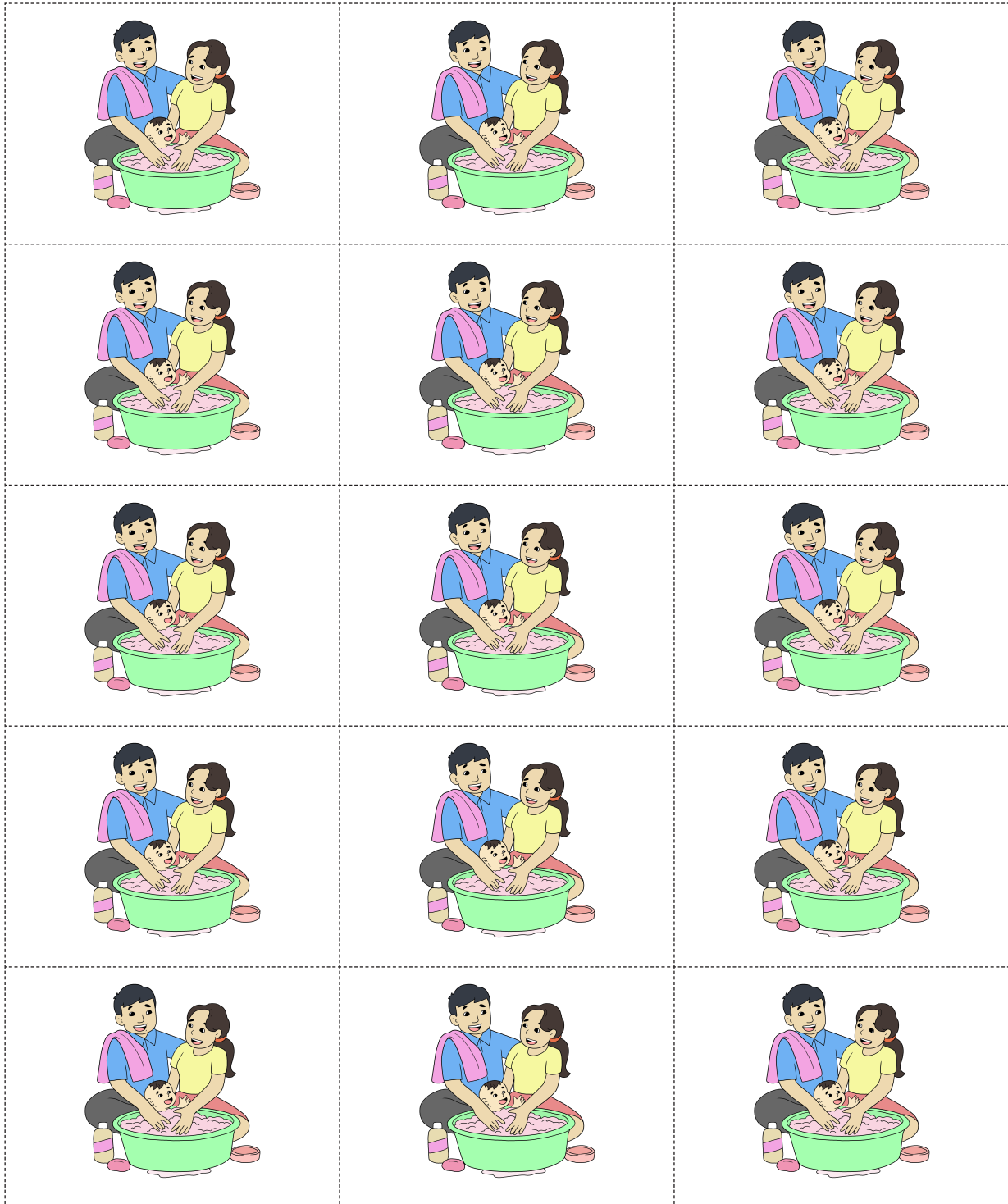
✂ **BACK SIDE 'Birth'**



 FRONT SIDE 'Care'

Q: Do you have to be very silent when your baby is sleeping? A: No, the baby should get used to the sounds of the new place in which s/he will grow up. Unless the sounds are unusually loud, continue with your activities as normal.	Q: When my baby burps a little milk comes out. Do I need to be worried? A: No. Always let your baby burp after feeding and when a little milk comes up do not worry. This is normal. If a baby vomits when you lay it down after feeding, keep the baby upright for a while after each feeding.	Q: Your baby has diarrhoea, what do you do? A: Contact a doctor or visit a health clinic and in the meanwhile make sure the baby drinks enough. Give ORS (salted water) to avoid dehydration; you can buy this in the pharmacy. Make sure you use boiled water to prepare it.
Q: How can you check if your baby is not too cold or too warm? A: After about 10 days your baby should be able to control its temperature. The best place to feel is in its neck. If that has the same temperature as your hand it is ok. Cold feet or hands do not say anything about its body temperature.	Q: Your baby does not gain weight, but loses weight in the first week. Do you need to worry? A: Most babies lose some weight during the first days but after a week the baby should be growing. Go to see a doctor if the baby does not grow after a week.	Q: When can you start to give something else other than milk alone? A: After 4 to 6 months you can start with other food. Give mashed and well cooked food like mashed bananas or other ripe fruits or well cooked green leafy vegetables.
Q: Every time the baby has had its milk it starts crying and pulls up its legs. What is wrong? A: Most probably the baby has stomach problems. There is not much you can do about it. Keep the baby right up for a burp. Make small circles over its stomach or 'cycle' with its legs for a while.	Q: When does your baby get its first vaccination? A: At birth.	Q: What do you have to do to make sure your baby gets the necessary vaccinations? A: Get registered in the national immunization programme. Ask your midwife or doctor about it.
Q: Immediately after delivery you have to wash the baby. Is this true? A: No. It is better not to wash the baby the first days. Clean the baby with a soft, warm damp cloth but leave the white waxy substance. It is antiseptic. After a few days you can put the baby in hand warm water without soap.	Q: What is the best food you can give a newborn baby? A: Breastfeeding. Breast-fed babies are healthier than bottle-fed babies.	Q: When can you start with breastfeeding? A: As soon as the baby is born the mother should try.
Q: How long can you breastfeed? A: As long as you wish. If you have enough milk it is wise to do it at least 6 months. Thereafter you can continue but the baby will also need other foods.	Q: How can a mother produce more milk? A: Drink plenty of liquids, eat well (beans, green leave vegetables and fruits), get enough sleep and nurse the baby more often to stimulate milk production.	Q: Your baby is vomiting a lot, more than twice a day. What do you do? A: Contact a doctor. A baby that vomits a lot can become dehydrated and die.

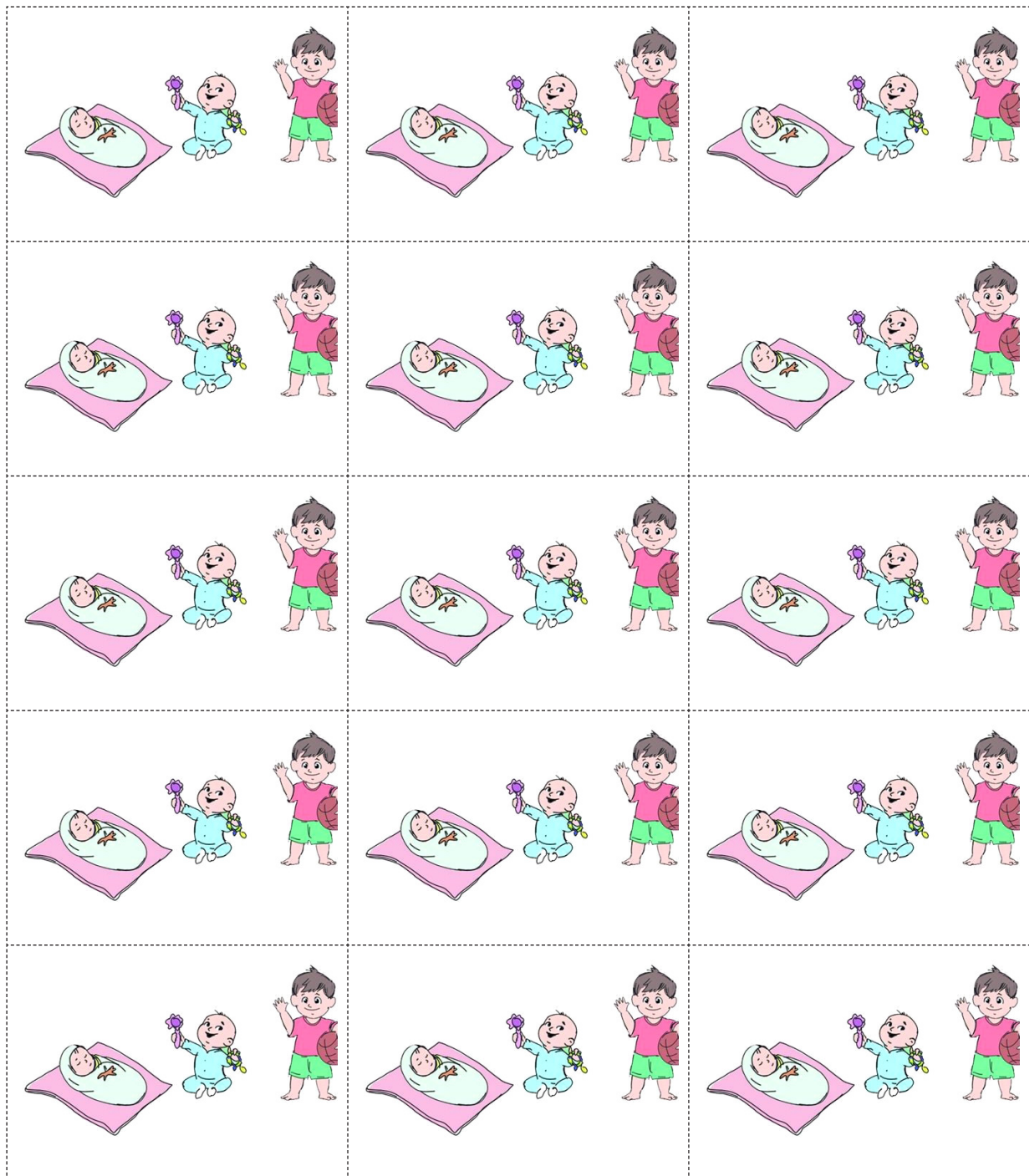
✂ **BACK SIDE 'Care'**



✂ **FRONT SIDE 'Development'**

Q: Your child is almost 8 months but cannot walk on its own. Do you need to worry? A: No, on average children start walking when they are around 12 months old. Even when your child is later you do not have to worry immediately because some are fast and some are slow.	Q: Your 3 months old baby is very quiet and never makes a noise. Is this normal? A: No, babies of this age normally cry when they want something. They also start practicing their voice. Contact a doctor to be sure nothing is wrong.	Q: Around what age will a baby start to smile to people? A: Around 6 to 8 weeks the first real smile will be there.
Q: When do babies start to talk a little, like mum or dad? A: Between 9 and 12 months.	Q: Do you know when the first teeth appear? A: Around the 6th month.	Q: At what age will your baby be able to really hold something in its hands? A: It varies a lot, usually between 3 and 6 months.
Q: When can you tell that a small child really has a fever? A: Feel its neck. If it is hot you can be sure that the child has fever. Normally children with fever are restless. Give the child plenty to drink. Contact a doctor if the fever does not go away.	Q: Give three common child diseases. A: Flu, cold, chicken-pox, diarrhoea.	Q: Your child has red spots on his/her body. What can that be and what to do? A: Always contact a doctor. It can be an allergy, measles or chicken-pox.
Q: Your child has a fever, what can you do? A: Take his/her clothes off to cool down, soak with cool water, give lots of liquids and give aspirin in the right dosage. If the fever stays, go and see a doctor.	Q: Mention two things you can do to prevent worms and other parasites. A: Clean and hygienic living circumstances, use latrines, never go barefoot, never eat raw or partly raw meat, drink boiled or pure water.	Q: What things can only be learned to a child by setting a good example? A: Things like sharing, kindness and responsibility can only be learned by imitating other people, so the parents have to give the good example.
Q: Why is a little child always exploring, even doing dangerous things? A: A child learns through adventure. A child sees no dangers so you have to protect the little ones from dangers.	Q: Around what age does a baby start to turn from back to belly? A: Between 6 and 9 months.	Q: What is the best position for your baby to sleep? A: On the back. When you put a baby in bed on their belly the risk of suffocation is high.

✂ **BACK SIDE 'Development'**



Unit 7.3 What Are STIs and HIV and AIDS



Content

This unit gives an introduction to sexually transmitted infections (STIs) and HIV and AIDS. It provides basic and more detailed information about the different types of STIs and possible treatments. It demystifies stories and beliefs that people often have about STIs and HIV and AIDS by providing the facts.



Key Messages

- Most sexually transmitted infections are passed on by unprotected sex.
- Using a condom is the only effective way to prevent the spread of STIs.
- Have a regular check-up for STIs if you have multiple sex partners.
- As soon as you have a symptom or suspect you have a sexually transmitted infection, go to a doctor or health clinic immediately for consultation and treatment.
- Always complete the treatment even when the symptoms have gone. Unfinished treatments make you resistant to certain drugs in the future and allow the disease to return.
- Try to prevent STIs: Some of the sexually transmitted infections cannot be cured.
- If you have an STI, it is your responsibility to inform your sexual partner(s) so that everybody can be treated.
- It is a good idea for to-be-married couples to have blood tests before marriage to protect each other against STIs.



Exercises

- 7.3.1 Dear Editor
- 7.3.2 Myths and Facts about STIs and HIV
- 7.3.3 Causes and Treatments of STIs and HIV



Related Units

- 6.1 Changes and Sexuality
- 6.2 Love and Marriage
- 6.3 Safe Sex
- 6.4 Teenage Pregnancy
- 7.2 How to Have a Healthy Baby
- 11.2 Rights at Work
- 11.3 Health at Work



Tip for Trainers

The key exercise in this unit is Exercise 7.3.2 Myths and Facts about STIs and HIV. Exercise 7.3.1 Dear Editor is an introductory exercise especially suitable for youth who may be too shy to discuss their own experiences with STIs. Exercise 7.3.3 Causes and Treatments of STIs and HIV gives precise information on each STI and is suitable for audiences that are high risk groups such as workers in the entertainment industry. If Exercise 7.3.3 is selected, the trainer can do it after Exercise 7.3.2, building up the knowledge on STIs gradually, or do 7.3.3 first and then 7.3.2, using the Exercise as a test to check whether participants know the key messages about STIs, their prevention and cure.

Exercise 7.3.1 Dear Editor



Objectives

- To learn to talk about sexually transmitted infections (STIs)
- To know what to do to prevent or treat STIs



Target Group

Youth and adults



Duration

60 minutes



Seating Arrangements

Group seating for small groups of maximum 4 persons



Materials

Two photocopies of the 4 letters to the Editor (Training Aid 7.3.1 A)



Training Aids

7.3.1 A: Letters to the Editor

7.3.1 B: Discussion and Answer Guide for the Editor



Session Plan Steps⁵

1. Discuss letters to the editor in small groups – 15 minutes
2. Present answers to the letters and discuss – 40 minutes
3. Conclusion – 5 minutes

Step 1 Discuss letters to the editor in small groups – 15 minutes

Explain that the aim of this session is to learn to talk about STIs and to know what to do to prevent or treat STIs. Divide the group in 8 small groups. Tell them that they are working for a popular youth online magazine. This week a number of letters came in about STIs. Give each group one of the four letters to the editor. This means that two groups get letter No. 1, two groups letter No. 2, etc. Ask them to write answers to the letter (or prepare a story to answer the letter for less literate participants. The answers should be brief, to the point and complete.

⁵ Adapted from: *Voorlichten dat het een lust is...*, ideeënboek voor seksuele voorlichting by Rutgers Stichting (Den Haag, 1995), Exercise: Lieve Hannie, pp. 67-68.



Tip for Trainers

During answering the letters the participants will discuss the subject in small groups. Because they have to answer letters that are from anonymous persons nothing gets personal. They can talk about it without hesitation because they have to try to find solutions for others. During the group work, talking about the problems in the letters is the main aim. This exercise is an introductory exercise, especially suitable for youth who may be too shy to discuss their own experiences with STIs. Therefore, this exercise cannot be a stand-alone and has to be followed by Exercise 7.3.2 True or False? or Exercise 7.2.3 Causes, Troubles and Treatments.

Step 2 Present answers to the letters and discuss – 40 minutes

The letters and answers will be presented in plenary. Ask one volunteer from each group to read the letter and their answer to the letter. Discuss the letters and answers using the following questions:

- What kind of problem does the writer of the letter have?
- Is the answer you wrote realistic?
- Are there alternatives?

Correct the answers and add things that are missing using Training Aid 7.3.1 B: Discussion and Answer Guide for the Editor.

Step 3 Conclusion – 5 minutes

End the session with the following concluding remarks:

- Most sexually transmitted infections are passed on by unprotected sex.
- Using a condom is the only effective way to prevent the spread of STIs.
- Have a regular check-up for STIs if you have multiple sex partners.
- As soon as you have a symptom or suspect you have a sexually transmitted infection, go to a doctor or a health clinic immediately for consultation and treatment.
- If you have an STI, it is your responsibility to inform your sexual partner(s) so that everybody can be treated.
- It is a good idea for to-be-married couples to have blood tests before marriage to protect each other against STIs.



Training Aid 7.3.1 A: Letters to the Editor

Guidelines: Photocopy the following two pages twice and cut them into 8 separate letters. Write common names as sender under the letters. Give each group one letter.

-----✂-----

Letter No. 1

Dear editor,

Last week I walked home from the market. A boy from the neighborhood that I know offered to give me a ride home on his motorbike. I went with him because it was getting dark. However, on the way he sexually assaulted me. I could not fight because he was bigger. I didn't tell anyone in the family because I am scared of being blamed for what happened.

However, in the last couple of days it hurts when I have to pee. I heard somewhere that it can be something about STIs, is that true? Is it possible after only one time? I was a virgin. I feel so ashamed. Who can I talk to?

Worried,

..... (Girl's name)

-----✂-----

Letter No. 2

Dear editor,

Yesterday my husband told me that he is infected with a sexually transmitted disease and that I may be infected as well because we made love the day before yesterday. I do not understand it because we are very faithful to each other. We got married more than a year ago. Dear editor, do you have any idea? And is it true that I can have it as well? I do not have any symptoms at all and I use the birth-control pill.

Thank you.

..... (Woman's name)

-----✂-----



Letter No. 3

Dear editor,

I slept with a girl a couple of months ago but that relationship is finished already. About a month after the end of that relationship I became sick: I had small red spots on my body and felt not very well. It went away after a couple of days so I did not pay any attention to it. A few days back I was reading an article in your magazine about STIs and I realized that the symptoms I had were the same as described in that article.

Do you think I can have an STI? What do I have to do? I am now in love again with a really nice girl. What should I do with my new girlfriend?

Please help.

..... (Boy's name)



Letter No. 4

Dear editor,

My parents are farmers, my mother has been sick for a long time. I came to the city to earn money to pay for the hospital and medicine bills. I worked in a factory but since two months I sing in a bar, because the work in the factory stopped. Sometimes I go out with customers because I earn a lot of money this way. But I heard that I can get sick, if I do this often. Is this so? What can I do? I need the money for my mother.

Please advise.

..... (Girl's name)





Training Aid 7.3.1 B: Discussion and Answer Guide for the Editor

Guidelines: When the letters are discussed in plenary the answers are discussed in more detail. The task of the trainer is to see if the answers given in the answering letters are correct. When any points are missing, add them and discuss briefly. The following points should be included in the answers to the letters:

Letter No. 1:

It is true that the writer can have a sexually transmitted infection, if the boy was already infected and raped her without using a condom. It is possible to get infected after only one sexual intercourse, especially when it is nonconsensual. The writer should not feel ashamed for what happened because it was not her fault. It is very important that she tells her family about what happened and to report the crime to the police so that the boy can be punished for his action. However, if she does not feel she can tell her family or the police about the rape by herself, get help from a local women's group that supports girls and women who are victims of sexual violence. They can help her to get necessary medical treatment and give her advice on what to do next. *(Provide specific information about local women's groups.)*

Letter No. 2:

If the writer has not slept with anyone else other than her husband, she should realize that her husband has been unfaithful to her and got infected by another infected person through sex without a condom. If she made love with her husband the day before yesterday without using a condom the risk that she is infected is very high. She should go to a doctor even if she does not have any symptoms because it may take some time to show any symptoms. It is best that she takes her husband with her to the doctor so that he can explain his symptoms, if any. She uses the birth-control pill but that protects her only against pregnancy, not against STIs.

Letter No. 3:

The writer suspects that he has a sexually transmitted infection so he should see a doctor to check it out. If he is infected he should tell his old girlfriend because she can be infected as well. Maybe she was the one who infected him. In any case, she should get treatment too. While he has not yet obtained medical treatment for the infection, he should *not* have sex with anyone until he is completely cured. But if he has already slept with his new girlfriend, especially without using a condom, he should tell her that he has a STI and get her medical treatment too because he may have passed it on to her.

Letter No. 4:

The girl who wrote this letter does not know anything about STIs and how she can get them. She belongs to a high-risk group because she has multiple sex partners. She should get the advice to go to a health clinic, NGO or other organization where they give information about STIs, the ways to prevent them and the risks that she takes.

The main messages to be included in all letters are:

- If you think you have an STI you should see a doctor immediately.
- You should tell every person you had sex with in the recent past without using a condom because they can be infected as well and they can pass it on to others. Never keep quiet because you feel ashamed.
- Always use a condom when you have sex because it protects yourself against STIs. Even a condom is not 100% effective because it can break or slip off but it is the best way to have safe sex. The birth control pill only protects against pregnancies but not against STIs.
- If you have multiple sex partners, have a regular check-up for STIs.

Exercise 7.3.2 Myths and Facts about STIs and HIV



Objectives

To learn common myths and facts regarding sexually transmitted infections (STIs) and HIV and AIDS



Target Group

Youth and adults



Duration

45 - 60 minutes



Seating Arrangements

No fixed seating. Clear the room to have enough space to move around freely



Materials

- A sign for 'True': ☺, and a sign for 'False': ☹ on two separate sheets of flipchart paper
- Masking tape



Training Aids

7.3.2 A: List of Statements and Answers



Session Plan Steps

1. Play true or false – 40-50 minutes
2. Summary – 5-10 minutes

Step 1 Play true or false – 40-50 minutes

Start by telling students that they will learn about myths and facts about sexually transmitted infections (STIs) and HIV. They will examine what is true or false about STIs and HIV.

- Place the sign for 'TRUE': ☺ at one side of the room and 'FALSE': ☹ at the other.
- Explain the meaning of the signs: TRUE means it is supported by fact; FALSE is not.
- Ask all participants to stand up. Tell them that you are going to read many statements, some will be facts and others will be myths (not supported by facts). For each statement they have to decide whether it is TRUE or FALSE. Once the statement is read, they have to go as fast as they can to the sign of their choice.
- Urge the participants to make their decision fast without looking at what others are doing.

- Give the correct answer when everyone has chosen a position. (Some who can't decide may stand in the middle.)
- Ask if the explanation is clear. You read the next statement and they make up their mind again. This continues until all statements are discussed.

Step 2 Summary – 5-10 minutes

Summarize this session by mentioning the following points:

- Inform yourself about sexually transmitted infections (STIs) and HIV and AIDS.
- Most STIs are passed on by unprotected sex.
- Using a condom is the only effective way to prevent the spread of STIs.
- As soon as you have a symptom or suspect you have a sexually transmitted infection, go to a doctor immediately for consultation and treatment.
- Always complete the treatment even when the symptoms have gone. Unfinished treatments make you resistant to certain drugs in the future and allow the infection to return.
- Some of the sexually transmitted infections cannot be cured.
- If you have an STI, it is your responsibility to inform your sexual partner(s), so that everybody can be treated.



Training Aid 7.3.2 A: List of Statements and Answers

Guidelines: Use the following statements during the exercise. Add new statements and answers as suitable for your target group.

Statements	Answers
1. You will recognize a person who has an STI.	False – You cannot see from the appearance of a person if s/he has an STI or not.
2. You can have an STI now and know it.	True – Most people with STIs show symptoms but some people show no signs at all.
3. If you know your partner well, you will not get an STI.	False – Knowing someone well doesn't mean that you will know everything about that person, who may or may not tell you that s/he has an STI.
4. You can get a sexually transmitted infection from having sex only once without using a condom.	True – When the person you have sex with is infected you can get it, even if you had sex only once.
5. You will find out after 2 to 5 days after you had sex if you have an STI.	False – Often people do not show any symptoms or only after a period from months or years after they got infected. For instance, a person infected with HIV may live for many years before showing any symptoms.
6. The best way to know for sure if you have an STI is to get tested with a health professional.	True – Some people with STIs show no signs at all. Anyone who feels at risk of STIs, such as people who have had unprotected sex or have many sexual partners should get tested for STIs and get treatments as needed.
7. Having sex with a virgin can cure STIs.	False – This is nonsense. Virgins cannot cure any diseases. What will happen is that the virgin will get infected with STIs instead.
8. You can cure all STIs except HIV and AIDS.	False – STIs caused by a virus cannot be cured. Warts and Herpes, for example, can be treated but not fully cured. However, there are now HIV vaccines and treatments for HIV and AIDS have advanced and people who have contracted HIV can live a long life with appropriate health care.
9. The germs that cause STIs can enter the body only through the vagina or penis.	False – Bacteria and viruses that cause STIs may enter the body through the vagina, penis, anus, mouth and in some cases through the eyes. HIV and AIDS and Hepatitis B may enter the body through sharing needles or razor blades.
10. Oral sex is one way of having safer sex if you do not want to be infected with STIs.	False – Oral sex is about touching the sexual organs with your mouth. A person may get infected with STIs such as gonorrhea, syphilis and herpes through oral sex.
11. When you have an STI and you take medicines you can have sex.	False – You can still infect others during treatment. Therefore, it is important not to have sex until you are completely cured.
12. Once you have had an STI and have been cured, you can't get it again.	False – Bacterial STIs can be cured, but you can still contract such STIs if you continue to have unprotected sex or engage in risky sexual activities.

13. Women who take the birth-control pill cannot get infected with STIs.	False – Birth control pills protect only against pregnancy and not against STIs.
14. A pregnant woman with an STI can pass the infection to her baby.	True – Children born to infected mothers can become infected during delivery. HIV and Aids can also be passed on by breastfeeding.
15. You can get HIV from kissing.	False – You cannot get infected with HIV and AIDS from kissing because HIV does NOT spread through saliva, although there may be risks only if both partners have sores or cuts in the mouth or bleeding gums or blood from the HIV-positive partner gets into the HIV-negative partner. However, Hepatitis B can be spread by kissing. Oral sex (touching sexual organs with your mouth) can be dangerous as you can get STIs as well as HIV.
16. HIV and AIDS is dangerous for everyone, not only for homosexuals or drug addicts.	True – Everyone can get infected through unprotected sex with an infected person, including from husband or wife, through infected blood (sharing needles or blood transfusion), or from mother to child during birth or breastfeeding.
17. STIs that are not treated early can cause infertility.	True – Untreated STIs may lead to reproductive health complications, including infertility.
18. Youth can be tested for STIs or HIV without permission from an adult.	True – Every clinic should provide this service to youth. Some clinics or personnel may refuse due to their own opinions. Go somewhere else.
19. Condoms are the best way to prevent an STI.	True – However, keep in mind that a condom is not always 100% safe. There is a chance that it will break or slip off during intercourse.
20. To get even better protection against STIs and HIV, wear double condoms when having sex.	False – Condoms will help to prevent the spread of STIs and HIV, but they must be used correctly. Using more than one at the same time is not a correct way of using them. The risk will actually be higher because they can rip or break due to friction between the condoms.
Add other statements...	...

Exercise 7.3.3 Causes and Treatments of STIs and HIV



Objectives

To inform participants about different types of sexually transmitted infections (STIs), including HIV, and how to treat them



Target Group

Youth and adults



Duration

60 minutes



Seating Arrangements

Group seating for small groups of maximum 5 persons



Materials

5-6 rolls of masking tape

- One piece of blank A-4 paper for each group
- For each small group: one set of 28 cards of Causes, Symptoms and Treatments of STIs (Training Aid 7.3.3 A)



Training Aids

7.3.3 A: HIV Transmission

7.3.3 B: STI Causes, Symptoms and Treatments

7.3.3 C: HIV Transmission Explained



Session Plan Steps

1. Dispel HIV myths – 15 minutes
2. Group work: Getting to know important STIs – 15 minutes
3. Sharing and discussion – 20-25 minutes
4. Summary – 5-10 minutes

Preparation

- Make enough copies of Training Aids 7.3.3 A and C for all participants.
- Prepare a copy of Training Aid 7.3.3 B for each small group. Cut up the table according to the dotted lines and keep all 28 pieces in separate sets for group work in Step 2.

- Consult with health experts on STIs and HIV for additional information. If possible, invite one as a resource person for the training.

Step 1 Dispel HIV myths – 15 minutes

Explain to participants that in this session they will learn more about the different types of sexually transmitted infections (STIs) and how to treat them. Let's start with the most well-known one: HIV.

- Distribute a copy of Training Aid 7.3.3 A to each participant.
- Ask participants to check ☒ in the box on the right of any picture they believe can cause HIV transmission. They can consult with classmates. Give them about 5 minutes to do the task.
- After 5 minutes ask which pictures participants check ☒ for HIV transmission. Discuss, give correct answers according to the table below. Correct any misconceptions. (Use Training Aid 7.3.3 C: HIV Transmission as reference.)

Yes ☒	No ☐	Not sure (?)
		Clarify any activities that participants are not sure about and give them the correct answers.

Step 2 Group work: Getting to know important STIs – 15 minutes

Tell participants they will now learn about other STIs. This time they will work in small groups.

- Divide the class in small mixed groups of maximum 5 persons.
- Give each group a set of 28 cards from Training Aid 7.3.3 B, a piece of A-4 paper and some tape or glue. Ask them to divide the A-4 paper in 3 columns and name each column as follows:

1) Name of STI	2) Causes	3) Symptoms	4) Treatment
....			

- Each group need to arrange the cards about STIs and tape them in the right column. They have up to 15 minutes to finish the task.



Tip

The main sexually transmitted infections (STIs) are mentioned on the cards. By making sets of the cards, participants become familiar with the names, possible ways of passing on an STI to others, and the possible treatments. It is no problem when they do not have any information on the STIs beforehand. Let them puzzle and even if they make all wrong combinations it does not matter, as this will be sorted out during the next step. If possible, invite a resource person, such as a doctor, nurse, medical staff, or health volunteer, knowledgeable about STIs and HIV to the class. If such a resource person has been invited, ask them to join in the next step.

Step 3 Sharing and discussion – 20-25 minutes

Ask all groups to tape their paper on the wall and give everyone 5 minutes to review the results of the other groups. Then have a discussion in plenary.

- Ask the first group to present one STI. Correct it as necessary. (Invite the resource person to help provide or clarify the information.)
- Ask the second group to present another STI and continue with different groups until all STIs are discussed and correctly displayed.

After all presentations, use the following questions in the discussion with the entire class:

- Which of the STIs presented have you already heard about?
- Were you surprised by any of the information you just learned? If so, what information?
- Can all STIs be cured?
- Would you go to a doctor if you think you might have an STI? Why or why not?
- Would you inform the persons you had sex with in the recent past? Why or why not?

Step 4 Summary – 5-10 minutes

Conclude the session with a summary of the following key messages:

- **Most STIs, including HIV, are passed on by unprotected sex with an infected person.**
- Some STIs can be transmitted by other means, for example, HIV and Hepatitis B can be transmitted by sharing a needle (blood), and HIV from mother to baby through breast milk.
- **There is always a risk of getting infected when having sex.**
- **Using condoms is the only effective way of reducing the risks. All other anti-conception methods prevent only against pregnancy and not against STIs.**
- Try to prevent STIs: Some STIs can be cured, other not. STIs caused by virus such as HIV and herpes cannot be completely cured but can be controlled with medication.
- **Consult a doctor when you think you are infected. Do not wait until you get the symptoms.**
- **Always complete the treatment for an STI, even when the symptoms have gone.** Unfinished treatments cause the infection to return.
- **Do not have sex during the period of treatment, as you are still infectious.**
- **It is very important to inform all persons you had unprotected sex with.** They should also see a doctor. By not telling them that you are infected, you put them in at a health risk and that is irresponsible.



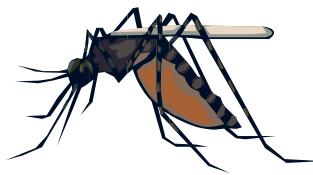
Training Aid 7.3.3 A: HIV Transmission

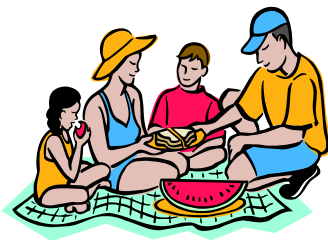
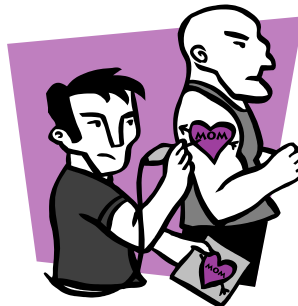
Guidelines: Check ☒ in the box on the right of each picture you believe HIV can be transmitted. If you do not know, put a ? in the box.


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Training Aid 7.3.3 B: STI Causes, Symptoms and Treatments⁶

Guidelines: Photocopy this page for each group and cut into 28 separate cards. Provide each group with one complete set.



Syphilis	Bacteria Passed on by sex with infected person without using a condom.	1 st phase: ulcers in vagina, penis or anus. 2 nd phase: (after 1-6 months) eruption of the skin. 3 rd phase: (after years) whole body infected.	Medicines
Hepatitis B	Virus (in blood, spermatozoa, urine) Passed on by used needles, kissing or sex without using a condom.	Between 1-6 months after infection symptoms like: tired, yellow eyes, pain at right upper side of belly (liver) dark urine, fever.	No treatment Preventive vaccine
HIV and AIDS	Virus (in blood, spermatozoa) Passed on by used needles or sex without using a condom.	No symptoms (HIV-positive) Destruction of body's defence system. All kind of infections.	Medicines No permanent cure Can be deadly if untreated
Gonorrhoea	Bacteria Passed on by sex with infected person without using a condom.	Male: secretion from penis, hurts while peeing. Female: secretion from vagina, hurts when peeing, itchy. Sometimes no symptoms.	Medicines
Herpes	Virus Passed on by sex with infected person without using a condom.	Burning and itchy ulcers around penis, vagina and mouth. Disappears after a couple of days/ weeks.	Medicines No effective cure Comes back regularly
Genital Warts	Virus Passed on by sex with infected person without using a condom.	Warts around vagina, penis and anus. Sometimes itchy.	Surgery (often not effective)
Crab lice and Scabies	Parasites Passed on by sex with person who has them or dirty sheets, clothes.	Itchy, especially in folds of the skin. Red bloodstains in your underwear.	Wash every-thing: yourself, clothes, sheets, etc. Apply cream to entire body.

⁶ Adapted from: *Voorlichten dat het een lust is...*, ideeënboek voor seksuele voorlichting by Rutgers Stichting (Den Haag, 1995), Exercise: SOA Kwartet, pp. 64-65.



Training Aid 7.3.3 C: HIV Transmission Explained⁷

HIV is transmitted from person to person through the exchange of infected bodily fluids. These fluids include: semen, vaginal secretions, blood, and breast milk. The means of transmission are the following:

Unprotected Sex

- The most common route of transmission is unprotected sex with an infected partner. It accounts for nearly 80-90 per cent of the world's HIV infections
- HIV is present in semen and in cervical and vaginal fluids. The vagina and penis provide entry points to the virus inside the body
- HIV has been described as a sexually transmitted infection (STI). Transmission is made easier in the presence of other STIs, particularly genital ulcer diseases such as chancroids and syphilis.
- In the presence of an STI, particularly where a sore is present, the risk of contracting HIV during unprotected sex with an infected person is very high.

Infected mother to new-born child

- HIV can be transmitted by a woman with HIV to her child before or during and after birth. Before birth, it may be transmitted across the placenta to the foetus and during birth it may be transmitted through the mother's blood.
- HIV can also be transmitted through breastfeeding, although this can now be prevented.
- Most of the children with HIV do not survive for longer than 2-5 years, if they do not receive treatment for HIV.

Blood

- As a virus, which lives in the blood, HIV may be transmitted by the transfusion of blood from an infected donor. That is why it has been made mandatory for every blood collection centre to conduct HIV test before collecting blood from a donor.
- HIV can also be transmitted through the use of needles, syringes, blades, knives, surgical instruments and other piercing instruments that have been used on an infected person, without proper sterilisation. This can also be transmitted through instruments used for circumcision, tattooing, acupuncture, ear piercing and traditional healing practices.
- Sharing of needles and syringes among injecting drug users is common. Such behaviour is risky for HIV infection as infected needles can easily transmit the virus through blood.

⁷ Source: UNFPA-Lao PDR, *Comprehensive Sexuality Education (CSE) for Technical and Vocational Education Training (TVET)*, 2019.

How HIV is NOT transmitted

It is very important to know and remember that HIV is not transmitted by:

- Shaking hands
- Kissing and hugging
- Sharing cups, plates and other eating utensils
- Sharing toilet and bathroom facilities
- Through coughing or sneezing or through the air we breathe
- Sitting in the same classroom or canteen
- Sharing work instruments or machinery
- Swimming together or playing together
- Donating blood to the Blood Bank (with sterilized needles)
- Bites by insects, e.g. mosquitoes, bed bugs, etc.

Sources for Further Reading

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Doef, Sanderijn van der, *Ben jij ook op mij?*, Ploegsma: Amsterdam, 2001.

Harris, Robbie H., *Let's talk about Sex*, London, 1994.

National Statistics Office (NSO), *Mongolia Social Indicator Sample Survey 2018*.

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United Nations, Department of Public Information, *The Beijing Declaration and the Platform for Action, Fourth World Conference on Women (FWCW)*, Beijing, China, 4-15 September 1995, New York, 1996.

UNFPA, *Comprehensive Sexuality Education (CSE) for Technical and Vocational Education Training (TVET)*, Lao PDR, 2019.

Werner, David, *Where There Is No Doctor, A Village Health Care Handbook*, adapted for India by the Voluntary Health Association of India under the supervision of S. Sathyamala: New Delhi, 1980.

Useful Websites

Engenderhealth: Improving Women's Health Worldwide,

URL: <http://www.engenderhealth.org>

NCT: 1st 1,000 Days New Parent Support, URL: <https://www.nct.org.uk/pregnancy>

Population Action International: Topics of Interest, URL: <http://pai.org/our-work/>

UNFPA-Mongolia: Factsheet,

URL: https://mongolia.unfpa.org/sites/default/files/pub-pdf/UNFPA_Factsheet_0516.pdf

World Health Organization (WHO), Sexual and Reproductive Health,

URL: <http://www.who.int/reproductive-health>

List of Games (provided separately)

TA 7.1.1 B: Quartet “Planning Your Family” (a set of 32 cards each)

TA 7.2.2 B: Baby Game Board

TA 7.2.2 C: Four Categories of Small Cards (a set of 60 cards each)

3-R Trainers' Kit

**Rights, Responsibilities and Representation
For Children, Youth and Families**

Module 7: Keeping Healthy

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