

OUT OF  
SCHOOL  
YOUTH

# MODULE 6

MY SEXUAL AND REPRODUCTIVE  
HEALTH

Facilitator Manual



SAMOA

## **Out-of-school Family Life Education (FLE) resource package**

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 = CORE ACTIVITY

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 = CORE ACTIVITY



# MODULE 6 INTRODUCTION

## Before getting started

The out-of-school (OOS) Family Life Education (FLE) package is an important part of delivering comprehensive sexuality education to young people in out-of-school settings throughout the Pacific. The package has been divided into seven modules to cover topics suggested in the International Technical Guidance on Sexuality Education (ITGSE).<sup>(1)</sup>

Each module is designed as a training tool for youth workers, peer educators and other relevant staff from government and non-government organisations within their community. Prior to facilitating this module, it is important that facilitators have completed the Facilitator Guidance. The Facilitator Guidance provides essential information and guidance to facilitators to support them when designing and facilitating sessions in the community. The Guidance will aid facilitators to build sessions to suit time schedules and tailor sessions to specific groups of young people.

It is important for facilitators to plan their sessions according to the needs of their audience. Suitability of activities might vary based on where and to whom the facilitators are facilitating the sessions. Literacy supports, access to technology or age ranges should all be considered when adapting sessions.

## Who is this module for?


This module is intended for use with all young people in Samoa. The definition of a 'young person' varies from country-to-country. The World Health Organization (WHO) defines 'young people' as anyone between the age ranges of 10-24 years. The OOS sub-committee in Samoa have defined 'young people' as between 16-35. Whether your audience are adolescents, young parents, families or caregivers, the OOS FLE package will provide them with the knowledge and skills to achieve healthier lives and empower them to advocate for sexual and reproductive health (SRH) rights across their communities.

## Module 6: My sexual and reproductive health

is the sixth module of the OOS package and includes topics that explore safer sex, contraception and healthy pregnancy. It is important that young people have a strong understanding of their reproductive rights and ways to stay safe when having sexual relationships.

## How to use the module

The modules present information in a format which is designed to be reinforced and explored through activities. Each module is designed to deliver information on set topics as reflected in the learning objectives. Module 6 is divided into four topics and each topic is divided into several activities.

Each topic of this module contains **'core activities'**  which cover foundational knowledge and essential learning. It is recommended that when planning sessions in a program, core activities are always included and can be used as building blocks from which facilitators can create the rest of the session plan in a program. More detailed information on how to create a program using the core activities from different modules can be found in Facilitator Guidance.



## Module 6 Introduction cont...

Each activity lists a set of **learning objectives**.

The facilitator should outline the objectives at the start of the activity. The objectives should be written up and placed for all to see throughout the activity. At the end of the activity the group should be able to refer back to the objectives to determine whether they have been met.

Each activity has a suggested **time** in which participants are asked to complete a group discussion, role play, charade, individual work etc. By staying within the times suggested the module will be completed within a suitable timeframe.

Activity feedback is an important part of the learning process. The facilitator should support and encourage the participants in this process through active listening and positive feedback. The participatory nature of the activities reflects the different styles of adult learning techniques and offer the participants the opportunity to link new knowledge learnt from this module with their own experience.

The activities provide speech prompts for facilitators to help them guide their delivery. All text written in italics can be spoken directly by the facilitator. All discussion questions are underlined and example answers for each question are provided to support the facilitator to prompt discussion.

At the end of each activity, the participants are asked to share something they have learnt and the facilitator will also share some of the key messages.

### Using a trauma-informed approach

This module includes topics and activities that discuss sensitive content areas which might trigger any past or current trauma for the participants. What is considered 'triggering' can be specific to each individual, location and group. Facilitators are encouraged to decide when and what to mention when practicing trauma-informed approaches at the beginning of these activities. Each activity under this topic lists areas that may be considered 'sensitive' and these can be used as a guide to help facilitators create a trigger warning at the beginning.

Example of how to start a topic which contains sensitive areas: *In this session, we will be doing a few different activities which include sensitive contents like... As we do these activities, it is important that we practice self-care. During these activities, you might feel uncomfortable or not okay. If you do not feel okay, please feel free to sit and watch without participating, or excuse yourself from the room. One of the facilitators will come and talk to you.*

## Topic overview

According to the World Health Organization (WHO),

**Sexual health** is “a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.”<sup>(2)</sup>

**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 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.”<sup>(3)</sup>

All of the content so far has covered sexual and reproductive health (SRH) in different and holistic ways. Module 1 explored how SRH is a human right and informed by our values and sexuality. Module 2 explored how our relationships directly impact our SRH and the importance of good communication to advocate for our SRH. Module 3 navigated the impact of gender norms and GBV on SRH. Module 4 was about keeping ourselves and others safe, accessing quality SRH information and using the internet in helpful, safe and respectful ways. Module 5 explored the aspects of SRH that deal with our bodies and puberty. Finally, in Module 6, participants are encouraged to apply what they have learned so far to safer sex, contraception and healthy pregnancy.

This topic begins by navigating the holistic definition of SRH. Young people are encouraged to reflect on what they have already learned and apply their learnings to this module.

## Topic learning objectives


Facilitator version	Participant version
Define sexual health	Define sexual health
Define reproductive health	Define reproductive health
State who benefits from good sexual and reproductive health	State who benefits from good sexual and reproductive health
List at least three barriers that could prevent someone from achieving good sexual and reproductive health	List three things that could stop someone from having good sexual and reproductive health
List at least three barriers that could prevent a young person from achieving good sexual and reproductive health	List at least three things that could stop young people from having good sexual and reproductive health

## 1

## TOPIC 1 – What is sexual and reproductive health? cont...

Facilitator version	Participant version
State why consent is an important component of sexual and reproductive health	State why consent is important for good sexual and reproductive health
List five benefits that could be a result of increased focus and investment in sexual and reproductive health	List five good results that could occur from supporting SRH for everyone

### Activities

Activity	Time	Page	Handout
1A: 60 second share 	60 minutes	4	No
1B: Barriers and benefits	60 minutes	9	Yes

### 1A

#### Activity: 60 second share



#### Activity overview

Reflecting on what they have learned in previous modules, this activity invites participants to share their thoughts about the definition of sexual health and reproductive health and compare their ideas to the WHO definition. Participants will work in pairs to brainstorm all their thoughts, think about who benefits from good SRH and what the barriers to achieving good SRH might be. This activity involves participants moving from one spot to another along a line, so ensure there is enough room for this.

**Age:** All ages

**Time:** 60 minutes

#### Learning objectives:

- Define sexual health
- Define reproductive health
- State who benefits from good sexual and reproductive health
- List at least three barriers that could prevent someone from achieving good sexual and reproductive health
- List at least three barriers that could prevent a young person from achieving good sexual and reproductive health
- State why consent is an important component of sexual and reproductive health



**Sensitive areas:**

- GBV
- Sexual violence
- Unplanned pregnancy

**Resources:**

- A4 paper
- Pens or pencils

**Preparation:** If available, set up two rows of desks facing each other so that participants can sit in pairs in two long lines.

**Group composition:** Work in pairs

**Prior learning:** None

**Literacy support:** Required – involves writing. If the group is lower literacy, the 60 second share can be run as an entirely verbal activity, rather than writing down any thoughts.

**Technology:** None

## Activity 1A: 60 second share

**Instructions:**

1. Introduce the activity by **saying something like:** *At this point, we have explored lots of different topics that fall under SRH. However, it's important to recap and make sure we have a good understanding of what SRH includes. We can split this into two separate parts: sexual health and reproductive health.*
2. Set up the room so that there is a line of desks that go down the centre of the room. Participants should be able to sit on either side of the desks so they sit opposite someone. If desks or tables are not available, participants can sit on the floor or stand facing the other group.
3. Ask participants to split into two even lines that face each other so that each person is across from a partner. These are called 'Line A' and 'Line B'. This will either be at desks, tables, sitting on the floor or standing. See the image above for how this should look.
4. Hand each person a piece of paper and something to write with like a pen or pencil.
5. Tell participants that the first topic they are going to focus on is 'sexual health'. Tell each participant to write 'sexual health' on their sheet of paper.



6. Explain to the participants that they are going to play a game called '60 second share.'
7. Tell the participants that in their pair, they have 60 seconds to write down or discuss what they think a good definition of 'sexual health' is. They can use that time to share their thoughts and learn from the person they are paired with.
8. Start the first 60 second round.
9. At the end of the round, yell 'CHANGE.'
10. Participants in Line A will stay seated while all the people in Line B will move to the seat on their right. The person at the end (far right) of the line will get up and move to the start of the line on the left.
11. Participants will have another 60 seconds with their new partner to share something new, share what them and their previous partner discussed or come up with new ideas for the definition of 'sexual health'. The idea is that participants keep adding to their definition, change it up and consider definitions they may not have thought of.
12. Repeat the 60 second changes until the participants are back to the first person they are paired with.
13. Ask participants to share some of the definitions of sexual health that they came up with.
14. Share the WHO definition of sexual health. You might need to warn participants that it is a very long definition but has some very important points.

**“Sexual health”** is “a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.”<sup>(2)</sup>

15. Ask participants the following questions:

Does anyone’s definition have similarities to the WHO definition? If so, what parts?

Are there any parts of the definition that you are confused or unsure about?

Are there any parts of the definition that you didn’t include but think it’s good to add?

What does the definition mean when it says that sexual health ‘is not merely the absence of disease, dysfunction or infirmity’?

**Example answer:** This means that sexual health is about so much more than the “risky stuff”.

Sexual health is about more than preventing STIs and unplanned pregnancy. It is about celebrating our sexuality, having healthy relationships, feeling good, advocating for our rights and making informed decisions.

16. Ask participants to mix themselves up, they are going to do another round of speed dating.
17. Tell participants that the new term they are going to try and define is 'reproductive health.'
18. Start the 60 second rounds of speed dating until participants are back to the start again.
19. Ask participants to share some of their definitions of 'reproductive health.'

20. Share the WHO definition of '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 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.”<sup>(3)</sup>

21. Ask participants the following questions

Does anyone’s definition have similarities to the WHO definition? If so, what parts?

Are there any parts of the definition that you are confused or unsure about?

Are there any parts of the definition that you didn’t include but think it’s good to add?

Who do you think benefits from good sexual and reproductive health?

**Example answer:** Everyone! Good SRH individuals and their partners. It is good for families, children and young people. Investing in SRH also saves a lot of money, people’s lives and helps combat issues like GBV, STI rates, and adolescent fertility. Therefore, it also benefits governments.

What are some barriers that might prevent a person from achieving good sexual and reproductive health?

**Example answers:**

- Stigma in the community: Stigma prevents people from talking about really important issues and can prevent people from accessing things like STI testing or contraception because they worry about what people might say. They might be worried about being judged or having people know their business. Things like menstruation, masturbation and condoms could be stigmatised and make people feel embarrassed, even though they don’t need to be.
- Accessibility issues: Clinics or health services might not be accessible to people who have disabilities. Material could be in complicated language, buildings might have stairs and not ramps. These can all impact an individual’s ability to access services and information.
- Gender: Women may have their access to contraception controlled by their partners or other men in their family. Men may also feel like they cannot access mental health support. People with diverse sexual orientation, gender identity or expression (SOGIE) might also want to access services but can’t due to the discrimination they may feel in their community.
- Financial barriers: Contraception or healthcare services may be expensive and hard for people to afford.
- Legal barriers: Legal barriers may prevent things like healthcare for people with diverse SOGIE, safe abortion, protection for survivors of GBV etc.
- Age barriers: Young people may be excluded from SRH services or education.
- Misinformation: There is a lot of misinformation about SRH so this can be a large barrier for people who are trying to get correct and up-to-date information.

Which of these barriers might apply to young people?

**Example answer:** All of them! Young people approach adulthood and are often faced with a lot of barriers to achieving good SRH. Stigma, gender norms, cultural taboos and misinformation can make SRH confusing for young people. Silence from adults and feelings of embarrassment can make this even harder.

It is important that young people are encouraged to overcome these barriers and advocate for themselves and others. SRH is important for everyone, including young people.

Why is consent an important part of SRH?

**Example answer:** Because consent is an important part of all aspects of SRH. If you want to have sex, both people need to agree to have sex. Women need to make their own choices about contraception and should agree to the kind of contraception they are given. Learning about consent helps avoid issues like sexual violence, child, early and forced marriage, reproductive coercion etc. If we all know more about consent, we can all have healthier and more equitable relationships with others.

22. To close the activity and encourage reflection **say to participants:** *To reflect on today's activities, let's all share one thing we learnt that was new or helpful for us.*

Facilitators can encourage participants to share, going round in a circle, or "popcorn style" with whoever wants to speak next. Remind participants they have the right to pass also.

23. Conclude the activity by reading out the key messages:

- Sexual and reproductive health are holistic and are about more than just avoiding STIs and unplanned pregnancy
- Sexual and reproductive health (SRH) is important for everyone
- Accessibility issues, cultural taboos, stigma, financial issues and gender are examples of barriers that can impact someone's ability to achieve good SRH
- Consent is always an important part of SRH; it respects people's autonomy and can help everyone have more equitable relationships

24. Invite participants to ask any questions: Does anyone have any questions about anything we learnt today? You can also come ask after the session in private too.



## 1B

## Activity: Barriers and benefits

**Activity overview:**

Investing in SRH can have a lot of positive outcomes for individuals, families and communities. This activity uses case studies to encourage participants to think about how SRH programs and services can have a lot of short- and long-term benefits.

**Age:** All ages

**Time:** 60 minutes

**Learning objectives:**

- List five benefits that could be a result of increased focus and investment in sexual and reproductive health

**Sensitive areas:** None.

**Resources:**

- Butchers paper
- Markers
- Handout 1B

**Preparation:** Print one copy of handout 1B and cut out each case study.

**Group composition:** Four groups

**Prior learning:** Activity 1A: 60 second share

**Literacy support:** Required. Basic reading is involved in this activity, but facilitators can read out the case study to each group if literacy levels are lower in this group.

**Technology:** None



## Activity 1B: Barriers and benefits

### Instructions

1. Introduce the activity by **saying something like:** *By investing in good sexual and reproductive health programs, individuals and communities can experience a lot of benefits. For example, when young people learn about how to use a condom, this could result in increased condom use, less STIs and less unplanned pregnancies.*
2. Place the four case studies around the room so there is one case study in each corner.
3. Ask participants to split into four groups and go to one of the case studies in the corners of the room.
4. Instruct participants to spend 5 minutes in their group discussing their case study and answering the question under their case study.
5. After 5 minutes, tell participants to leave their case study where they are and move in a clockwise position so that they move to the next case study.
6. Repeat until each group has visited each corner of the room.
7. Ask all the groups to come back together.
8. Ask participants the following questions:

What kinds of barriers did these couples face?

**Example answers:** Some of the characters faced barriers because of gender like Mary. Mary didn't feel like she could make decisions about contraception because her husband was controlling what she could do. Eli also faced gender as a barrier. Strict gender roles meant he couldn't express how he felt in healthy ways or ask for help.

Lia and Falani lived far away from health facilities and this made accessing contraception really difficult.

CJ and Ula also didn't have access to good bathroom facilities which made it difficult for girls to manage their periods.

Many of the couples also faced the challenges that come with social stigma and taboos about things like contraception and menstruation

What opportunities helped the couples overcome these barriers?

**Example answers:**

- Community education programs about contraception and gender roles
- Men and boys' groups that learn about things like menstruation, gender equality and mental health
- Health service outreach that go to remote locations
- Government investment into better facilities

If communities and governments start investing more money and time into SRH, what benefits could it have? (Participants can use the case studies as examples of think of other potential benefits)

**Example answers:**

- More equitable relationships
  - Lowering rates of STIs and unplanned pregnancy
  - Better facilities and access to products for menstruation
  - Increased school attendance
  - Lowering rates of GBV including sexual assault
  - Safer use of social media and online platforms
  - Healthier relationships with friends, family and partners
  - Better maternal health
9. To close the activity and encourage reflection **say to participants:** *To reflect on today's activities, let's all share one thing we learnt that was new or helpful for us.*

Facilitators can encourage participants to share, going round in a circle, or "popcorn style" with whoever wants to speak next. Remind participants they have the right to pass also.

10. Conclude the activity by reading out the key messages:
- Accessibility issues, cultural taboos, stigma, financial issues and gender are examples of barriers that can impact someone's ability to achieve good SRH
  - Investing in good SRH can have many benefits for individuals and communities
11. Invite participants to ask any questions: Does anyone have any questions about anything we learnt today? You can also come ask after the session in private too.



## Handout 1B

### Case study 1: Mary and Masi

Masi is married to Mary. Masi and Mary already have two children and Mary doesn't want any more, but she is worried that Masi will not let her access any contraception. In Mary and Masi's community, there is a lot of stigma and judgment when married women want to access contraception.

There is a community workshop coming up that is run by the local church that discusses gender equality and reproductive rights.

What SRH benefits could this workshop have?

### Case study 2: Lia and Falani

Lia and Falani want to start having sex but they know they need condoms to protect themselves from STIs and unplanned pregnancy. They also live far away from a health clinic that sells condoms. One day, a health clinic in Apia does outreach and offers free condoms and discussions on consent to all young people on their island.

What SRH benefits could this outreach have?

### Case study 3: CJ and Ula

CJ and Ula go to the same school. The school has poor bathroom facilities for the female students. A lot of the girls miss a lot of school when they are menstruating because their bathrooms do not have proper rubbish bins or places to wash their hands. They also feel embarrassed to talk about menstruation or advocate for better bathroom facilities.

One day, the school receives a government grant to improve the bathroom facilities. The money also helps run a boy's advocacy program for male students to support their female peers.

What SRH benefits could this grant provide?

### Case study 4: Eli and Emanuel

Eli and Emanuel are brothers. Eli has had a lot of anger issues and doesn't talk about how he feels because he thinks that's 'not what real men do'. Emanuel is worried that his brother could become violent at home. Emanuel attends a men's group every Thursday night that discusses topics like men's mental health, consent and gender equality. Emmanuel invites his brother to attend.

What SRH benefits could this men's group have?



## Topic 1: What is sexual and reproductive health?

### Key messages of this topic

- Sexual health is a holistic concept that is about more than just avoiding risks like STIs and unplanned pregnancy
- Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence
- Reproductive health is also a holistic concept in all matters relating to the reproductive system and its functions and processes
- Reproductive health 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
- Everyone benefits from investment in good SRH
- Financial barriers, gender, cultural taboos, social stigma, accessibility issues, legal barriers and misinformation are some examples of things that prevent people from achieving good SRH





# MODULE 6

## TOPIC 2

### SAFER SEX

## Topic overview

Safer sex is all about protecting the health of young people, especially against sexually transmitted infections (STIs). Sometimes the term ‘sexually transmitted disease’ (STD) is used but there has been a big shift to try and use the term ‘infection’ instead. The word ‘disease’ is very stigmatised and often, most STIs can be treated easily with medication and are not life-long.

This topic tries to avoid clinical discussion about STIs and focus on the ability for young people to prevent, test and get treatment for STIs with ease. Identifying symptoms can be tricky as many STIs do not show any. Condoms are also the only method of contraception that help prevent unplanned pregnancy and STIs. Therefore, this topic encourages young people to use condoms, seek regular testing and overcome many of the barriers that may prevent young people from this health-seeking behavior.



International guidance on comprehensive sexuality education recognises that abstinence is not a permanent strategy in the lives of many young people and there are many diverse ways young people manage their sexual and reproductive needs at various ages. Abstinence can mean different things to different people and can be an important method for preventing pregnancy and transmitting STIs. However, programs that advocate solely on abstinence are ineffective and potentially harmful to young people’s sexual and reproductive health and rights (SRHR).<sup>(1)</sup>

## Topic learning objectives

Facilitator version	Participant version
Define the terms safer sex, sexually transmitted infections (STIs), HIV (Human Immunodeficiency Virus) and unprotected sex	Define safer sex, STIs, HIV and unprotected sex
List common STIs among young people (chlamydia, gonorrhoea, etc.)	List common STIs for young people (chlamydia, gonorrhoea)
Describe the common modes of transmission of STIs, including HIV; and how STIs and HIV cannot be transmitted through casual contact	Describe how STIs are passed from one person to another. Understand that STIs and HIV cannot be passed on through casual contact (such as shaking hands)
Explain specific ways to reduce the risk of acquiring or transmitting STIs, including HIV	Explain how you can reduce your risk of getting an STI or passing it on
Where available, describe where the vaccine for human papilloma virus (HPV) can be accessed	State where the HPV vaccine is given to young people
Demonstrate the steps for correct external (male) condom use, and where available, internal (female) condoms	Show how to use an external (male) condom

Facilitator version	Participant version
State that everyone has the right to voluntary, informed, and confidential STI/HIV testing	State that everyone has the right to get tested for an STI and that testing is private and confidential
Explain how STIs, including HIV can be prevented, and treated or managed	Explain how STIs are prevented, treated and managed
Identify services available locally where a young person can get testing, treatment and counselling for STIs, including HIV	Identify local places where young people can get tested, treated or get counseling for STIs and HIV
Describe characteristics of good sources of help and support (including maintaining confidentiality and protecting privacy)	State the importance of privacy for support services
Construct and practice a personal plan for health and wellbeing, including ways to access condoms and critique potential barriers and influences that could prevent this plan being carried out	Create a personal health plan that includes ways to get condoms and find barriers that may stop this plan to be successful
Critically analyse the roles that stigma and power can play in increasing vulnerability to STIs and HIV, and influence the decision to practice safer sex	Analyse how stigma and power can make people more vulnerable to STIs and influence the decision to use condoms
Understand that relationships involving transactions of money or goods can limit the power to negotiate safer sex	Understand that using sex for money can limit the ability to demand safer sex
Apply effective communication, negotiation and refusal skills that can be used to counter unwanted sexual pressure, employ safer sex strategies and achieve respectful sex and pleasure	Use good communication for safer sex and refusal skills for fighting against sexual pressure and achieving respectful sex and pleasure

## Activities

Activity	Time	Page	Handout
2A: Introduction to safer sex 	25 minutes	16	No
2B: The STI house	60 minutes	20	Yes
2C: Prevention and protection	60 minutes	33	Yes
2D: Condom demonstration 	75 minutes	39	Yes
2E: STI posters: You can do it!	60 minutes	47	Yes
2F: Making a health and wellbeing plan	45 minutes	51	Yes
2G: Safer sex communication	45 minutes	59	Yes

## 2A

## Activity: Introduction to safer sex

**Activity overview:**

This quick opening activity introduces participants to the ideas of safer sex, STIs, HIV and unprotected sex, including defining what these terms mean. This activity provides some essential background information. This is a core activity, however the suggested age is 12+ as it might be unsuitable for younger children due to content about STIs and sex.

**Age:** All ages

**Time:** 25 minutes

**Learning objectives:**

- Define the terms safer sex, sexually transmitted infections (STIs), HIV (Human Immunodeficiency Virus) and unprotected sex

**Sensitive areas:**

- Sex
- STIs

**Resources:**

- Butchers paper
- Markers

**Preparation:** None

**Group composition:** Entire group having a discussion

**Prior learning:**

- Module 2, Activity 3A: Understanding intimacy and respect
- Module 5, Activity 1A: Name that part – Anatomy and physiology
- Module 5, Activity 2B: Understanding puberty

**Literacy support:** Not required

**Technology:** None



## Activity 2A: Introduction to safer sex

### Instructions:

1. Introduce this topic by **saying something like:** *In this activity, we will be talking about safer sex, STIs and HIV. Does anyone know what "safer sex" means?*

2. Write ideas down on a piece of butchers paper at the front of the room.

3. After brainstorming for 5 minutes, introduce the definition of **"safer sex":**

**"Safer sex"** means protecting the health of you and your partner. This means preventing STIs and unplanned pregnancy. Sex always needs consent and should be safe, fun and feel good.

Safer sex includes:

- Practicing consent - consent means that we agree to something that we want to do

#### Facilitator note

Consent was discussed in more detail in Modules 3 and 4. You can refer back to the FRIES model or any of the videos you may have watched on consent.

- Using a condom consistently and correctly to protect against STIs and unplanned pregnancies
- Discussing condom use with your partner
- Using contraception if there is a risk of unplanned pregnancy

4. Ask participants: Does anyone know what "STI" stands for?

#### **Explain:**

**S:** Sexually

**T:** Transmitted ("Transmitted" means something that can be passed on from one person to another)

**I:** Infection

STIs are infections that people can pass from one person to another through having skin-to-skin contact of their genitals and/or the sharing of bodily fluids during sex.

5. Ask participants: Do you know the names of any STIs?

#### Facilitator note

You can ask participants if they know any local terms or slang for these STIs, but make sure to note and correct any derogatory or harmful language.

**Example answers:**

- Chlamydia
- Gonorrhoea
- Syphilis
- Genital herpes (caused by the herpes simplex virus (HSV))
- Genital warts (caused by the human papilloma virus (HPV))
- Human Immunodeficiency Virus (HIV)
- Hepatitis B
- Pubic lice
- Trichomoniasis

**6.** Ask participants. Does anyone know anything about HIV?

**Example answer:** HIV is a type of STI. HIV is a virus that affects the immune system. It gradually destroys CD4 cells that help the body stay healthy by fighting off disease. HIV exists in the blood, semen, vaginal fluid and breast milk of infected people. It can be passed on through unprotected anal (bum) or vaginal sex, sharing needles, tattooing, from mother to baby during pregnancy and breastfeeding, and through unsafe blood transfusions. It can be passed on through oral sex but this is rare.<sup>(4)</sup>

HIV **is not** passed on through kissing, saliva, sweat, handshakes, hugging, sharing cutlery, dishes or drinking glasses, mosquitoes, or toilet seats.

There are modern medicines that treat HIV, these are called anti-retroviral therapy (ART). Many people with HIV who consistently use these effective treatments will have a near-average life expectancy.

If HIV is not treated, most people will develop severe immune deficiency within 2 – 20 years and become more vulnerable to some types of infection and cancer. This late stage of HIV infection is called acquired immunodeficiency syndrome (AIDS).<sup>(5)</sup>

**7.** Tell participants that they will be doing lots of activities to learn about STIs. **Say something like:**

*It doesn't matter who you are, anyone can get an STI. All it takes is having unprotected sex once. It is important to know about STIs, even before you become sexually active. We want to make sure that we can all protect ourselves and our partners to reduce our chances of getting an STI.*

**8.** Lead a short discussion with the following questions. Allow 15 minutes for the discussion.**Discussion questions:**

What do we mean by “unprotected sex”?

**Answer:** “Unprotected sex” means any sex without a condom or contraception. The sex can be vaginal, anal (bum) or oral (penis/vagina in mouth).<sup>(6)</sup>

Do you think talking about STIs is an important part of being in a healthy intimate relationship? Why/why not?

**Example answer:** Yes, it is important to discuss sexual health in an intimate relationship. Talking with your partner about sexual health (including STIs) may seem hard, but it is an important part of having a healthy intimate relationship. Having conversations about sexual health is a positive step that shows young people are looking after themselves and each other. You should also talk about getting an STI test before being sexually active.

What can we do to make conversations about STIs feel more comfortable?

**Example answer:** Often people may feel uncomfortable talking about STIs openly and worry that others will judge them negatively for bringing it up. We can help make these conversations easier by recognising that discussing STIs is a positive step that can protect young people's (and their partners') SRH. Many STIs are easy to treat if caught early. Having a conversation about STIs and getting tested is one way for young people to be empowered about their sexual health!

If you ask your partner to get an STI check does that mean you don't trust them?

**Example answer:** No! Getting an STI check and making sure your partner does as well is an important part of staying in control of your sexual health. It doesn't mean you don't trust your partner, or that you are hiding anything. In healthy relationships, partners care about each other's sexual health and respect each other's decisions.

9. To close the activity and encourage reflection **say to participants:** *To reflect on today's activities, let's all share one thing we learnt that was new or helpful for us.*

Facilitators can encourage participants to share, going round in a circle, or "popcorn style" which means going to whoever wants to speak next. Remind participants they have the right to pass also.

10. Conclude the activity by reading out the key messages:
- **"Safer sex"** means protecting the health of you and your partner. This means preventing STIs and unplanned pregnancy by using condoms
  - Talking with your partner about sexual health, including STIs, may seem hard, but it is an important part of having a healthy intimate relationship
  - In healthy intimate relationships, partners care about each other's sexual health pleasure and respect each other's decisions
11. Invite participants to ask any questions: Does anyone have any questions about anything we learnt today? You can also come ask after the session in private too.
12. Tell participants that Activity 2B is a role play about STIs to learn more about specific STIs.



## 2B

## Activity: The STI house



### Activity overview:

This activity will explore different types of STIs, STIs that are common in young people in Samoa and the importance of doing regular STI checks. The goal of this activity is not to provide participants with an in-depth or clinical insight into each STI. The goal is to simply for participants to know the names of some STIs, understand how they can be transmitted and ways to protect themselves and others from transmission.

The clinical information on STIs in this activity is guided by:

- World Health Organization Guidelines for the Management of Symptomatic Sexually Transmitted Infections<sup>(7)</sup>
- Australian STI Management Guidelines for use in primary care<sup>(8)</sup>
- Victorian Sexual Health Network STI factsheets<sup>(9)</sup>
- World Health Organization factsheets on sexually transmitted infections<sup>(10)</sup>

**Age:** All ages

**Time:** 60 minutes

### Learning objectives:

- List common STIs among young people in their community (chlamydia, gonorrhoea, etc.)
- Describe the common modes of transmission of STIs, including HIV; and how STIs and HIV cannot be transmitted through casual contact
- Explain specific ways to reduce the risk of acquiring or transmitting STIs, including HIV

### Sensitive areas:

- Sex
- STIs

### Resources:

- Handout 2B
- Three large pieces of string/rope or hula-hoops (to create circles on the ground)
- Pen/marker





**Preparation:** Before beginning, make sure all the STI cards have been photocopied, printed and cut out from handout 2B. Handout 2B includes eight STI fact sheets (Chlamydia, Gonorrhoea, Syphilis, Genital Herpes, Genital Warts, HIV, Pubic Lice and Trichomoniasis). Also ensure that your room or space has internet access and the ability to play videos. Make three large labels out of paper (Bacteria, Virus and Parasite).

Review the video and ensure you are comfortable with the content. Note down any terms or concepts that may apply in Samoa.

**Group composition:** Individual work

**Prior learning:** Module 6, Activity 2A: Introduction to safer sex

**Literacy support:** Required – involves reading

**Technology:** Required

ABC TV & iview video called 'Luke Warm Sex: The STI House' (2 minutes 26 seconds)

<https://www.youtube.com/watch?v=oRYnN33nlal>



## Activity 2B: The STI house

### Instructions:

1. Introduce the activity by **saying something like:** *In this activity, we will be learning more about different types of sexually transmitted infections (STIs), discussing the most common STIs in Samoa, how they are passed on, and when to get tested.*
2. If possible, play the video called '[Luke Warm Sex: the STI house](https://www.youtube.com/watch?v=oRYnN33nlal)' by ABC TV (2 minutes 26 seconds). If it is not possible to play the video, go to step 4.
3. After you have played the video, tell participants that the video showed types of STIs you can get if you are having unprotected sex.
4. Ask participants who watched the video: Can you remember the names of any STIs?
5. Ask participants who did not watch the video: What are the names of some STIs that you have heard of?

### Example answers:

- Chlamydia
- Gonorrhoea
- HPV
- HIV
- Syphilis
- Herpes

6. Ask for eight volunteers who are going to play STIs in this activity called 'The STI house'.
7. Assign one volunteer to be 'Chlamydia' and tell them to stand at the front of the group.
8. Read out the information on the 'Chlamydia fact sheet' in handout 2B to the whole group and then hand the Chlamydia part of the fact sheet to the volunteer who was assigned the 'Chlamydia' card.
9. Repeat that process for the rest of the volunteers and assign them the rest of the STIs.
10. Place three large circles on the floor using rope, string or hula-hoops and label.
11. Label each circle using the three categories of STIs (**bacterial, viral and parasitic**). You can just write 'bacteria', 'virus' and 'parasite' on three pieces of paper and place one in each circle.
12. **Say something like:** *All STIs fit in to one of these categories.*
  - **Bacterial STIs** are caused by bacteria and can generally be cured with medicine. These medicines are called antibiotics.
  - **Viral STIs** are caused by viruses and there are treatments available. The medicines to treat some of these conditions are called antivirals and antiretrovirals. Some viral STIs will eventually clear by themselves but some will stay in the body for life.
  - **Parasitic infections** are caused by little parasites (or tiny bugs) and these can be cured with special creams or lotions.<sup>(11)</sup>
13. Tell volunteers they have 20 seconds to run to the circle that matches the type of STI they have been assigned.

**Answers:**

Bacterial	Viral	Parasitic
Chlamydia	Genital herpes	Pubic Lice
Gonorrhoea	Genital warts	Trichomoniasis
Syphilis	HIV	

14. Have an extra volunteer from the group watching to go around and check that all the volunteers are standing in the right circle. They can look at the volunteers' STI cards to check.
15. Thank the volunteers for showing the different types of STIs there are.
16. Ask all volunteers with character cards to stand in a line out the front, facing the other participants.
17. Ask participants who are not volunteers: *As a group, you must now try and guess which of these STIs is the most common for young people in Samoa. Once the group has decided, the volunteer who is playing this STI must step forward.*

**Answer:** Most common STIs for young people in Samoa:<sup>(12)</sup>

**Number 1:** Chlamydia

**Number 2:** Gonorrhoea

18. Share some statistics about STIs among young people in Samoa.<sup>(12)</sup>
- Nearly half (46.9%) of all positive chlamydia cases in Samoa in 2018 were among youth aged 15-24
  - In 2018, 32.1% of young people aged 15-24 who were tested had chlamydia
  - In 2018, 6.7% of all young people aged 15-24 who were tested had gonorrhoea
19. Thank the volunteers for participating and ask them to sit down.
20. Ask all participants to think about the information you read out for each of the STI cards.
21. Ask: Based on what I read out before, can you remember what are the main ways that STIs can be passed on?

**Example answers:**

- Unprotected vaginal sex
  - Unprotected anal sex
  - Unprotected oral sex
  - Sharing sex toys
  - Pregnancy/childbirth
  - Direct skin-to-skin contact
  - Unclean tattooing equipment or sharing needles<sup>(10)</sup>
22. Ask: How might you know you have an STI?

**Example answers:**

STIs often have no symptoms so you may not know if you or your partner has an STI!  
Sometimes, symptoms include:

- Feeling itchy
- Seeing redness
- Feeling sore
- Feeling pain when having sex or peeing
- Lower pain in your stomach
- Unusual discharge (fluid) from the vagina, penis or anus
- Eye inflammation
- Sores in or around the mouth
- Small lumps or warts near the genitals, throat or mouth

Most STIs do not usually have any symptoms so it's likely you won't know you have an STI until you get tested. For this reason, you should do regular STI check-ups if you have a new sex partner or many sex partners, or if you feel like anything isn't right.<sup>(5)</sup>

23. Ask the following questions:

Can STIs get passed from casual contact such as shaking hands, sitting on a toilet seat, talking to someone, holding someone's hand or hugging someone?

**Answer:** No

What are some methods used to treat or cure STIs?

**Example answers:**

- Antibiotics (oral medication or injections)
- Creams and lotions

24. To close the activity and encourage reflection **say to participants:** *To reflect on today's activities, let's all share one thing we learnt that was new or helpful for us.*

Facilitators can encourage participants to share, going round in a circle, or "popcorn style" with whoever feels to speak next. Remind participants they have the right to pass also.


25. Conclude the activity by reading out the key messages:

- Chlamydia is the most common STI among young people in Samoa
- STIs are passed through skin-to-skin contact and sharing bodily fluids, for example, by not using a condom during sex
- STIs cannot be passed on through casual contact (e.g. handshake, sharing cups, hugging)
- Many STIs do not have any symptoms so regular testing is important
- You should get tested for STIs including HIV if you notice any symptoms OR if you have a new sexual partner
- Some STIs can also be transmitted through sharing needles, through breastfeeding and pregnancy
- STIs cannot be treated by drinking Kava (ava niu kini)

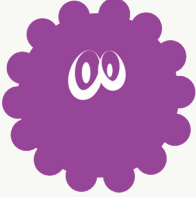
26. Invite participants to ask any questions: Does anyone have any questions about anything we learnt today? You can also come ask after the session in private too.

## Handout 2B: STI fact sheet <sup>(8-10,13)</sup>


### Chlamydia

<b>Type of infection</b>	Bacterial
<b>Where does it infect?</b>	The cervix, urethra (tube that males and females pee through), anus and sometimes throat and eyes
<b>How is it passed on?</b>	Unprotected vaginal, anal or oral sex Sharing sex toys
<b>What are the symptoms?</b>	Usually no symptoms, but may include: <ul style="list-style-type: none"> <li>• Unusual discharge (fluid) from the penis, vagina or anus</li> <li>• Pain during sex</li> <li>• Pain when peeing</li> <li>• Males may have pain in their testicles</li> <li>• Females may notice bleeding after sex or in between periods or after sex</li> <li>• Pain in stomach</li> </ul> 
<b>How is it tested?</b>	Urine test (pee in a cup) or a swab test from the vagina, anus or throat
<b>How is it treated?</b>	Antibiotics
<b>What can be the long-term complications?</b>	Pelvic inflammatory disease (PID), infertility, chronic pain


## Gonorrhoea

<b>Type of infection</b>	Bacterial
<b>Where does it infect?</b>	The urethra, (tube you pee through) and cervix and sometimes mouth, throat, eyes and anus
<b>How is it passed on?</b>	Unprotected vaginal, anal or oral sex Sharing sex toys
<b>What are the symptoms?</b>	Usually no symptoms, but may include: <ul style="list-style-type: none"> <li>• Unusual discharge (watery or creamy fluid) from the penis, vagina or anus</li> <li>• Pain during sex</li> <li>• Pain when peeing</li> <li>• Sore dry throat</li> <li>• Conjunctivitis (eye inflammation)</li> <li>• Girls may notice bleeding after sex in between periods</li> <li>• Pain in stomach</li> </ul> 
<b>How is it tested?</b>	Urine test (pee in a cup) or a swab test from the vagina, penis, anus or throat
<b>How is it treated?</b>	Injection and oral antibiotics (medicine)
<b>What can be the long-term complications?</b>	Pelvic inflammatory disease (PID), infertility, chronic pain

## Syphilis


<b>Type of infection</b>	Bacterial
<b>Where does it infect?</b>	Penis, vagina, throat and anus It travels in the blood stream and can cause serious health problems that effect the heart and brain if not treated
<b>How is it passed on?</b>	<ul style="list-style-type: none"> <li>• Unprotected vaginal, anal or oral sex</li> <li>• Direct skin-to-skin contact</li> <li>• Pregnancy/childbirth – infected mother to baby</li> <li>• Sharing sex toys</li> </ul> 
<b>What are the symptoms?</b>	Symptoms depend on the stage of the disease and can range from: <ul style="list-style-type: none"> <li>• Sores in or around the mouth/penis/vagina/anus</li> <li>• Flu-like symptoms such as feeling tired, headaches and fever</li> <li>• Rash all over the skin</li> <li>• Problems with the nerves effecting the face, eyes and brain</li> <li>• Problems with heart functioning</li> </ul>
<b>How is it tested?</b>	Blood test, swab of ulcer
<b>How is it treated?</b>	Antibiotics, injection

## Genital herpes


<b>Type of infection</b>	Virus: Caused by the Herpes Simplex Virus (HSV) Type 1 HSV usually causes cold sores around the mouth Type 2 HSV usually causes genital infection
<b>Where does it infect?</b>	The genitals or sometimes the buttocks
<b>How is it passed on?</b>	Direct skin-to-skin contact through vaginal, anal or oral sex
<b>What are the symptoms?</b>	Often no symptoms but may include: <ul style="list-style-type: none"> <li>• Stinging or tingling in the affected area</li> <li>• Painful blisters or ulcers</li> <li>• Itching with redness of the skin</li> <li>• Pain when peeing</li> <li>• Flu-like symptoms (tiredness, muscle aches)</li> </ul> 
<b>How is it tested?</b>	Swab test from blister or sore
<b>How is it treated?</b>	<ul style="list-style-type: none"> <li>• Antiviral tablets can help</li> <li>• Cream to soothe irritation</li> </ul>




## Genital warts (HPV)

<b>Type of infection</b>	Virus: Caused by the Human Papilloma Virus (HPV)
<b>Where does it infect?</b>	Genitals
<b>How is it passed on?</b>	<p>Direct skin-to-skin contact of genital area and contact through vaginal, anal or oral sex</p> 
<b>What are the symptoms?</b>	Often no symptoms but may include warty lumps on genitals
<b>How is it tested?</b>	The health care professional will look at the warts
<b>How is it treated?</b>	<p>Warts may disappear without any treatment or can be treated by freezing or with a special cream</p> <p>There is also a vaccine that can protect people against genital warts caused by HPV that many people can receive when they are younger, before they start having sexual intercourse.<sup>(14)</sup> Whilst there is no national vaccination program in Samoa, there are programs that are trying to vaccinate young women and girls to prevent HPV.</p>


## HIV (Human Immunodeficiency Virus)

<b>Type of infection</b>	Virus: This virus damages the body's immune system. This makes it hard to fight off infections. Over time, HIV can develop into AIDS (Acquired Immune Deficiency Syndrome)
<b>Where does it infect?</b>	Blood, semen, vaginal fluid and breast milk
<b>How is it passed on?</b>	<ul style="list-style-type: none"> <li>• Unprotected anal or vaginal sex</li> <li>• Sharing sex toys</li> <li>• Sharing needles</li> <li>• Unclean tattooing equipment</li> <li>• HIV infected mother to baby during pregnancy, childbirth or breastfeeding</li> </ul> 
<b>What are the symptoms?</b>	<p>Many people don't show symptoms for many years but they can include:</p> <ul style="list-style-type: none"> <li>• Flu-like symptoms such as fever, body aches, swollen lymph nodes (the part of our immune system that help fight infections)</li> <li>• Upset stomach and diarrhoea</li> </ul>
<b>How is it tested?</b>	Blood test
<b>How is it treated?</b>	<p>Treatment can slow infection and prevent AIDS</p> <p>People who consistently take antiretroviral therapy (ART) and have an undetectable viral load have a near normal life expectancy</p>

## Trichomoniasis

<b>Type of infection</b>	Parasite (caused by trichomonas)
<b>Where does it infect?</b>	In the vagina or urethra (tube you pee through)
<b>How is it passed on?</b>	<ul style="list-style-type: none"> <li>• Unprotected vaginal sex</li> <li>• Sharing sex toys</li> </ul>
<b>What are the symptoms?</b>	<ul style="list-style-type: none"> <li>• Often no symptoms but may include:</li> <li>• Yellow-green frothy discharge from the vagina</li> <li>• Unpleasant smell</li> <li>• Irritation/itch around the vulva</li> <li>• Males sometimes have discharge from the penis or a burning pain when peeing</li> </ul> 
<b>How is it tested?</b>	Urine test or swab from vagina or penis
<b>How is it treated?</b>	Antibiotics

## Pubic lice

<b>Type of infection</b>	Parasite
<b>Where does it infect?</b>	Pubic lice are like tiny little crabs that cling to pubic hair
<b>How is it passed on?</b>	<ul style="list-style-type: none"> <li>• Close body contact</li> <li>• Sharing clothing, towels or sleeping in the same bed as an infected person</li> </ul>
<b>What are the symptoms?</b>	<ul style="list-style-type: none"> <li>• Lots of itching</li> <li>• Rash on the genital area</li> <li>• Visible eggs or lice on the hairs</li> </ul> 
<b>How is it tested?</b>	Health care professional will need to have a close look at the hair around the genitals
<b>How is it treated?</b>	Special medical lotions

## 2C

Activity: Prevention and protection<sup>(15)</sup>

### Activity overview:

STIs will usually not show any symptoms so it is important that participants know how to prevent and protect themselves against STIs. This activity breaks down some myths that might exist about how they can and cannot prevent transmitting STIs. It also provides young people with examples of how they can be intimate with a partner and still be safe.

**Age:** All ages

**Time:** 60 minutes

### Learning objectives:

- Describe the common modes of transmission of STIs, including HIV, and how STIs and HIV cannot be transmitted through casual contact
- Explain specific ways to reduce the risk of acquiring or transmitting STIs, including HIV
- Where available, describe where the vaccine for human papilloma virus (HPV) can be accessed
- State that everyone has the right to voluntary, informed, and confidential STI/HIV testing
- Identify services available locally where a young person can get testing and treatment for STIs, including HIV

### Sensitive areas:

- Sex
- STIs

### Resources:

- Handout 2C
- Butchers paper/board
- Tape
- Markers
- Scissors
- Sticky notes or small pieces of paper with tape



**Preparation:** Before beginning the activity, print handout 2C and cut out each card. Keep a copy of the intact handout 2C available because each card is under the correct heading. Make sure participants do not see the handout before cutting the cards out.

**Group composition:** Individual work

**Prior learning:**

- Module 6, Activity 2A: Introduction to safer sex
- Module 6, Activity 2B: The STI house

**Literacy support:** Not required

**Technology:** None

## Activity 2C: Prevention and protection

**Instructions:**

1. Introduce the activity by **saying something like:** *There are many things we can do to protect ourselves from getting an STI. STIs are very common so we should never be ashamed if we have an STI (and STIs are mostly treatable). We want to make sure we take steps as early as possible to stop STIs being passed on and keep ourselves healthy.*
2. Ask young people if they have ever heard of the term “**abstinence**” and to define what it means.  
**Example answer: “Abstinence”** can mean different things to different people. For some people, abstinence means not having penetrative (penis-in-vagina) sex with anyone. Sometimes, people use abstinence to prevent pregnancy during days that they are fertile, but might have sex at other times. Abstinence might mean that people still have other types of sex such as oral or anal sex. For other people, abstinence means not doing any kind of sexual stuff. You can also choose to be abstinent whenever you want, even if you have had sex before.
3. **Explain:** *Abstinence and how you use it it up to you, the person you are with and your own values. Even if a person plans to use abstinence, it is very important that we all learn about other ways to prevent transmitting STIs. This can ensure you are prepared if your plans change or you choose not to practice abstinence, which is okay!*
4. Distribute a different card from handout 2C to each participant (so that each participant has at least one). The handout places them under the correct heading, so make sure you have your own copy as the facilitator to check answers.
5. **Say something like:** *Some of these cards are methods that can help prevent STI transmission, but some of them do not protect people from getting an STI.*
6. On one side of the board/butchers paper, write ‘Helps protect from STIs’ and on the other side write ‘Does not protect from STIs’.
7. One-by-one, ask participants to stick their card to the side of the paper/board they think applies to their method.

8. After all the methods have been stuck to the board, correct any if they have been placed under the wrong heading.
9. Provide some additional information about some of these methods.

### **Vaccinations**

Vaccinations work to help prevent STIs such as human papillomavirus (HPV)/genital warts. In many countries, young women and sometimes young men will have a vaccination at school to help avoid HPV later in life. HPV is the biggest cause of cervical cancer among women and can cause penile cancers in men and anal and throat cancers in men and women.<sup>(10)</sup>

Whilst Samoa does not have a national screening program and universal access to treatment for cervical cancer, Samoa's HPV vaccination program is part of a regional project by the United Nations Children's Fund (UNICEF) and the Government of Samoa. Supported by the Asian Development Bank (ADB), the project is supporting health ministries to immunise 84,200 adolescent girls against HPV.<sup>(13)</sup>

#### **i Facilitator note**

Facilitators should provide local information about where young people can access HPV vaccinations and cervical screening checks.

### **PrEP**

PrEP stands for pre-exposure prophylaxis which means that it is a drug that people without HIV can take to avoid getting HIV. It is used around the world for men and women who live in areas with higher rates of HIV including men who have sex with men.<sup>(5)</sup>

### **PEP**

PEP stands for post-exposure prophylaxis. This is a drug that must be taken within 72 hours of exposure to prevent you from acquiring HIV. This is usually offered as a last resort. Safe sex and safe injecting practices are still the most effective at preventing HIV.

### **Getting regular STI checks**

Everyone has the right to voluntary, informed and confidential STI and HIV testing. Young people should always feel supported and safe when accessing STI testing and should never be turned away. STI testing is often free or cheap, very quick and painless.

#### **i Facilitator note**

Facilitators should have information about where young people can go in their local area to access STI testing that is youth-friendly.

### **Myths about STIs**

You cannot get an STI by sitting on toilet seats or by shaking someone's hand. Herbal drinks such as Kava (ava niu kini) also do not prevent or cure STIs.

10. Instruct participants that they will now be using their knowledge to play a game.
11. If you can bring the group out into an open area for this game, it would be better. Otherwise, work with the amount of space you have in the room.

12. Ask for one person to volunteer as the 'STI'.
13. Make a list of all the other participants' names and secretly assign one of the following methods to each person and keep a note. Don't tell participants what they have been assigned! The methods are:
  - a. Engage in low or no risk sexual activity: **mostly safe**
  - b. Use a condom correctly every time for sexual intercourse: **mostly safe**

**i** Facilitator note

Using a condom may protect against STIs such as chlamydia but may not protect fully against genital warts. Condoms don't always cover the entire infected area.

- c. Have unprotected oral sex: **not safe**
  - d. Have unprotected anal sex: **not safe**
  - e. Have protected anal sex: **mostly safe**
  - f. Holding hands: **safe**
  - g. Sitting on a public toilet seat: **safe**
  - h. Get regular STI checks before sex with every partner: **mostly safe**
  - i. Don't have sex: **safe**
14. Form a large circle and ask the 'STI volunteer' to come into the centre of the circle. Explain that their role is to try and tag people who run past. They have to be very fierce and try to catch people as they try to cross to the other side of the circle.
  15. Ask all the other participants to try and run to the other side of the circle at once. It may take several turns for the 'STI volunteer' to tag everyone.
  16. When the 'STI volunteer' catches a person, you tell the person what their method they have been assigned from the list above. The person caught has to say whether they think they are safe or not, explaining why. The person sits down at the edge of the circle if they are not safe.
  17. After a while, stop the game and ask all the people sitting down what method they had which led them to catching an STI.
  18. Ask the people still standing what they did to prevent an STI.
  19. To close the activity and encourage reflection **say to participants:** *To reflect on today's activities, let's all share one thing we learnt that was new or helpful for us.*

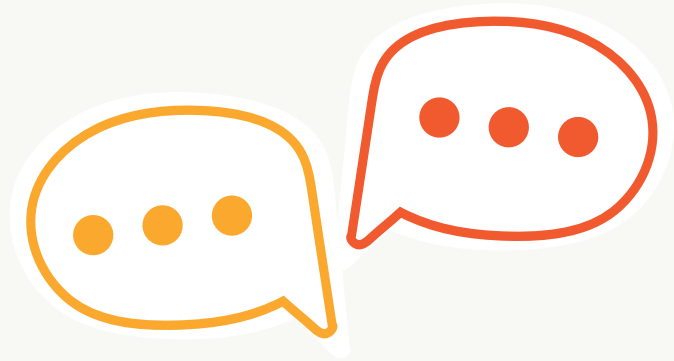
Facilitators can encourage participants to share, going round in a circle, or "popcorn style" with whoever feels to speak next. Remind participants they have the right to pass also.



20. Conclude the activity by reading out the key messages:

- STIs are very common, so we should never feel ashamed if we have an STI (and STIs are mostly treatable)
- Using custom medicine or herbs does not protect against STIs
- In most cases, the earlier an STI is found, the easier it is to treat
- You can protect yourself against STIs by having open and honest communication with your partner, having regular STI checks, using a condom and reducing the number of sexual partners. You cannot pass on an STI through casual contact or sitting on public toilets.

21. Invite participants to ask any questions: Does anyone have any questions about anything we learnt today? You can also come ask after the session in private too.



## Handout 2C: Protect and prevent STIs and HIV

### Facilitator instructions:

These cards are placed under the correct heading. Use a copy of this as a guide and with the other copy, cut out the cards and hand them randomly to the participants.

Helps protect from STIs	Does not protect from STIs
Using a condom	Only having sex with the opposite gender
Masturbating	Only having oral sex
Not having sex at all (abstinence)	Only having anal sex
Reducing the number of people you have sex with	Drinking Kava (ava niu kini: natural herbal drink)
Regularly cleaning sex toys	
Taking PrEP	
Getting an HPV vaccination	
Getting regular STI checks	
Having an honest conversation with your partner about STIs	

## 2D

## Activity: Condom demonstration



## Activity overview:

From the earlier activities, participants learnt that using a condom is a way to practice safer sex. This activity helps participants practice the physical skill of using a condom correctly. Condoms are the only contraceptive method that protects from STIs, so it is important that young people feel comfortable using them. This activity may make participants feel uncomfortable or awkward, which can cause lots of laughing or silly behaviour. Some laughing is okay but you may need to remind participants of the group agreement.

**Age:** All ages

**Time:** 75 minutes

## Learning objectives:

- Explain specific ways to reduce the risk of acquiring or transmitting STIs, including HIV
- Demonstrate the steps for correct external/male condom use, and where available, female/internal condoms
- Critically analyse the roles that stigma and power can play in increasing vulnerability to STIs and HIV, and influence the decision to practice safer sex
- Understand that relationships involving transactions of money or goods can limit the power to negotiate safer sex
- Apply effective communication, negotiation and refusal skills that can be used to counter unwanted sexual pressure, employ safer-sex strategies and achieve respectful sex and pleasure

## Sensitive areas:

- Sex
- STIs

## Resources:

- External (male) condoms
- Plastic banana/penis model
- Disposal bin
- Tissues
- Lubricant (either in a bottle or small packaging)
- Handout 2D: condom demonstration



**Preparation:** Try to source a wood or plastic model to show how to put on an external condom. If you do not have a plastic or wood penis model to practice on, you can use a piece of fruit with a similar shape.

**Group composition:** Pairs

**Prior learning:** Module 6, Activity 2C: Prevention and protection

**Literacy support:** Not required

**Technology:** Optional

Trojan video called 'How to use a condom narration' (3 minutes)

<https://www.youtube.com/watch?v=gFSQtDj1o14>



## Activity 2D: Condom demonstration

### Instructions:

1. Introduce the activity by **saying something like:** *In this activity, we will be learning how to use an external condom, sometimes called a male condom or just a condom, and an internal condom (sometimes called a female condom). When used correctly and consistently, condoms offer the most effective methods of protection against STIs, including HIV. Therefore, it is important that every person has the knowledge, skills and confidence to use them every time they have sexual intercourse.*
2. Introduce the video by explaining: *We are now going to watch a video that demonstrates how to use an external condom.*
3. If possible, show the online video '[Trojan- how to use a condom](https://www.youtube.com/watch?v=gFSQtDj1o14)' (3 minutes). If not possible, go to step 4.
4. After the video, use handout 2D: to help explain the process of putting on an external condom. The steps for using an external condom are also described in step 7.
5. **Say something like:** *A condom is the only way to prevent both unplanned pregnancies and STIs, so it is important that you use them every time you have sex and know how to use them correctly. Condoms are most effective at preventing pregnancy when used alongside another effective method of contraception.*
6. On a clear open space, such as a table or on the floor, show how to use an external condom on a banana/penis model.

7. Explain the steps as you go:<sup>(16)</sup>

- Always make sure both you and your partner want to have sex and you've both consented first
- Check the expiry date on your condom
- Carefully open the condom packaging with your fingers; don't use teeth or sharp object like scissors to tear the packet
- Make sure the condom is facing the right way so that it rolls easily down the base of the penis
- Grab the base of the penis with one hand and pinch the top of the condom with the other hand, guiding it on to the tip of the penis
- Using one or both hands, glide the condom down the shaft of the penis, all the way to the bottom
- Use lubrication (like a water-based lube) to help make sex more enjoyable and to help prevent the condom from tearing
- After having sex, use your hands to hold on to the condom as you exit your partner
- Take the condom off by keeping the liquid inside and tie a knot
- Use a tissue to put the used condom in the rubbish, not the toilet
- Clean up afterwards!

8. Ask participants to practice having a turn putting the condom on the penis model. Ensure tissues and a bin are available for rubbish at the end of the activity – allow 20 minutes to ensure everyone has had a go.

9. Now explain the steps for using female (internal condoms):<sup>(5,17,18)</sup>

- Always make sure both you and your partner want to have sex and you've both consented first
- Check the expiration date on the package, and then open it carefully
- The internal condom comes already lubricated, but you can add more lube if you want
- If you're putting the condom in your anus, remove the inner ring; if you're putting the condom in your vagina, leave the ring in
- Relax and get into a comfortable position; standing with one foot on a chair, lying down, or squatting are common options
- If it's going in your vagina, squeeze together the sides of the inner ring at the closed end of the condom and slide it in like a tampon. Push the inner ring into your vagina as far as it can go, up to your cervix
- If it's going in your anus, just push the condom in with your finger

- Make sure the condom isn't twisted; pull out your finger and let the outer ring hang about an inch outside the vagina or anus; you're good to go!
  - Hold the condom open as the penis or sex toy is going into the condom to make sure it doesn't slip to the side between the condom and your vagina or anus
  - Once you've finished sex, if there's semen (cum) in the condom, twist the outer ring (the part that's hanging out) to keep the semen inside the pouch
  - Gently pull it out of your vagina or anus, being careful not to spill the semen if there is any
  - Throw it away in the bin (never flush any kind of condom, because it can clog your toilet)
  - Internal condoms are not reusable – use a new one every time you have sex
10. Ask participants to get into pairs. **Say something like:** *Effective communication, negotiation and refusal skills are very important to make sure we practice safer sex. Sometimes, people will use excuses to avoid using condoms and it is important we know how we can better communicate to make sure condoms are used or refuse to have sex all together.*
11. Tell everyone that in their pair, they need to come up with an excuse young people might use to avoid using a condom. For example, someone might say: 'We don't need a condom, I'm on the pill'. If participants are struggling to think of excuses, you can give them one of these examples:
- 'I'm on the pill'
  - 'I'll pull out with plenty of time'
  - 'They don't make condoms big enough for me'
  - 'We only have sex with each other, we don't need them'
  - 'I don't have a condom'
  - 'I'm allergic to latex (the material condoms are made from)'
  - 'Don't you trust me?'
  - 'They don't feel good'
  - 'It feels better without a condom'
  - 'Condoms make noise during sexual intercourse'

12. Instruct participants by **saying something like:** *Person 1 in the pair will offer an excuse not to use condoms, and Person 2 will practice at least two different responses to that excuse. These responses can include communicating and negotiating to use a condom or refusing to have sex at all. They can use their worksheets if they can't think of any excuses themselves. Afterwards, Person 1 and Person 2 can swap roles.*

For example:

Communicate and negotiate	Refusal
<p><b>Person 1:</b> 'I'm on the pill'</p> <p><b>Person 2:</b> 'That's great, but that won't protect against STIs'</p>	<p><b>Person 1:</b> 'I'm on the pill'</p> <p><b>Person 2:</b> 'If you don't want to use condoms, then I don't want to have sex'</p>

13. After 5 -10 minutes, ask each pair to act out their excuse and responses to the rest of the group. They can also use their worksheets if they want to write their responses down.
14. Have a 10-minute discussion using the following questions.

**Discussion questions:**

Why it is important to use condoms?

**Example answer:** They are the only method of contraception that prevents unplanned pregnancies and STIs. Using a condom shows that you respect yours and your partner's health.

Is there still a risk that you can get an STI even if you use a condom?

**Example answer:** Condoms are very effective at preventing some STIs like chlamydia, gonorrhoea and HIV if you use them correctly and all the time. However, condoms don't always protect as well against genital warts and herpes as they don't cover all of the genital skin.

Why is lubrication important?

**Example answer:** It helps makes things more enjoyable and pleasurable by stopping friction and helps prevent sex from being painful. It also prevents the condom from tearing.

Can you use oil-based lubricants?

**Example answer:** No. You should only use lube that is water-based because oil based products can break the condoms.

What might be some barriers that prevent people from using condoms?

Example answers:

- **Relationships where one person has more power than the other:** For example, if someone is in an abusive relationship, forced into having sex, or having sex for money or other goods, they might not feel confident to insist the other person uses a condom. They might be afraid of the other person or they may feel they cannot speak up to insist on condoms, because they need the money/goods. Feeling powerless or vulnerable can really limit someone's ability to speak up for themselves and demand condom use.
- **Stigma:** Young people may want to access condoms but feel afraid that people (especially adults) will judge or criticise them for having sex. Feeling judged or ashamed makes it much less likely that young people will try and access condoms. This is not fair and every young person should feel safe and supported to access condoms. It is a misconception that girls using contraception are highly sexual or are 'sleeping around'. Contraception is an important tool that young people can use to look after their health and plan for their future. Healthcare workers should be supportive of young people accessing condoms as it is a positive, healthy choice.
- **Poor communication:** Communication is a very important part of having sex. If young people feel too awkward, unsure or embarrassed to talk to their partner about using a condom, they might need to reconsider whether they are ready to have sex. Good communication is key to ensure sex is respectful and pleasurable for everyone involved.
- **Lack of access:** Young people might have physical disabilities or live in areas where condoms are hard to find or expensive.

Can you use two condoms together for extra protection?

**Example answer:** No! Two condoms are more likely to break than one because they rub together and will cause a break or tear. Never use two condoms together. Condoms should be stored in a cool, dry place out of the sun.

Where can young people access condoms?

Example answer:

**i Facilitator note**

Facilitators should have information about local places a young person can go to for condoms that are youth-friendly.



Why is it important to pinch the tip of the condom?

Example answers:

- To remove the air and make space for any semen
- Prevents breaking during ejaculation
- The average speed of ejaculation is 45kms/hour
- Air in the tip of the condom can increase the chance of it breaking

15. To close the activity and encourage reflection **say to participants:** *To reflect on today's activities, let's all share one thing we learnt that was new or helpful for us.*

Facilitators can encourage participants to share, going round in a circle, or "popcorn style" with whoever feels to speak next. Remind participants they have the right to pass also.

16. Conclude the activity by reading out the key messages:

- Getting consent to have sex is the first step to using a condom
- Communication is very important when using condoms; young people may need to use their negotiation and refusal skills to make sure condoms are used
- Some barriers to condom use include relationships where one person has more power than the other, stigma, poor communication, or lack of access
- Condoms are the only contraceptive that also protects against STIs including HIV
- Lube (lubricant) can help a lot to avoid tears and increase pleasure
- Make sure condoms are not past their expiry date
- Make sure condoms are stored away from heat and the sun

17. Invite participants to ask any questions: Does anyone have any questions about anything we learnt today? You can also come ask after the session in private too.

## Handout 2D: Condom demonstration

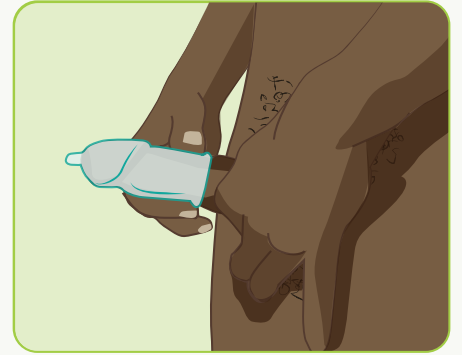
Always make sure both you and your partner want to have sex and you've both consented first



1. Check the expiry date of your condom
2. Carefully open the condom packaging with your fingers. Don't use teeth or sharp object like scissors to tear the packet



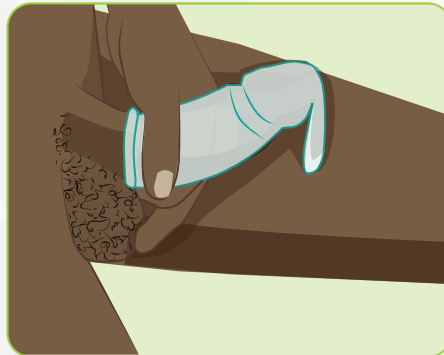
3. Make sure the condom is facing the right way so that it rolls easily down to the base of the penis
4. Grab the base of the penis with one hand and pinch the top of the condom with the other hand, guiding it on to the tip of the penis



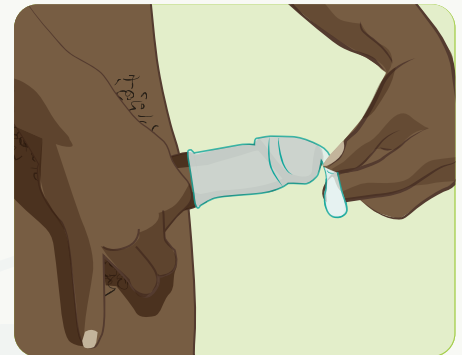
5. Using one or both hands, glide the condom down the shaft of the penis, all the way to the bottom



6. Use lubrication (like a water-based lube) to help make sex more enjoyable and to help prevent the condom from tearing



7. After having sex, use your hands to hold on to the condom as you exit your partner



8. Take the condom off by keeping the liquid inside and tie a knot

Use a tissue to put the used condom in the rubbish, not the toilet

## 2E

## Activity: STI posters: You can do it!



### Activity overview:

This activity will reinforce the importance of regular STI testing, by getting participants involved in a creative poster activity. It will also introduce ideas about how participants can become advocates for sexual health, including STI testing, in their community.

**Age:** All ages

**Time:** 60 minutes

### Learning objectives:

- Explain specific ways to reduce the risk of acquiring or transmitting STIs, including HIV
- State that everyone has the right to voluntary, informed, and confidential STI/HIV testing
- Explain how STIs, including HIV can be prevented, and treated or managed
- Identify services available locally where a young person can get testing and treatment for STIs, including HIV

**Sensitive areas:** STIs

### Resources:

- Handout 2B from activity 2B
- Large pieces of paper or butchers paper
- Markers
- Craft material – if available (examples: glitter, coloured pencils, paint, coloured paper, scissors, glue, etc.)



**Preparation:** In activity 2B, some volunteers were assigned an STI. They will form the groups for this poster activity. Each volunteer will have others assigned to their group. If you are completing this activity with a different group, assign new groups. This activity uses videos, so it is important to check to see if you have internet access and something to play videos. If you are planning to use the videos in the session, watch them beforehand and make note of anything that might be different in Samoa, such as local terms or common STIs in your area. You should also photocopy and print out the handout 2B from activity 2B of this module.

**Group composition:** Small groups

**Prior learning:**

- Module 6, Activity 2A: Introduction to safer sex
- Module 6, Activity 2B: The STI house
- Module 6, Activity 2C: Prevention and protection
- Module 6, Activity 2D: Condom demonstration

**Literacy support:** Not required

**Technology:** Optional

- YoungDeadlyFree video called 'All about STIs: educational animation for young Aboriginal and Torres Strait Islanders.' (2 minutes 15 seconds) – this video was created for Australia's young Indigenous population

<https://www.youtube.com/watch?v=WmpbDecy8I0>

- STIEF (Sexually Transmitted Infections Education Foundation) video called 'Visiting a sexual health clinic' (2 minutes 1 second)

<https://www.youtube.com/watch?v=8ikd8KoMcLo>



## Activity 2E: STI posters: You can do it!

### Instructions:

1. Introduce the activity by **saying something like:** *We have learnt about what STIs are there and how to prevent them. But sometimes, we can still get an STI. We need to learn how we can treat and manage STIs. This will be different depending on the STI and how far along the infection is. Most STIs show no symptoms, so we could have them for a long time before we notice! But getting treatment as soon as possible is very important, because STIs could have very serious long-term effects on our health if we don't treat them. That's why getting tested is so important!*
2. If possible, play video #1: 'All about STIs: educational animation for young Aboriginal and Torres Strait Islanders'. If not possible, go to step 3.
3. Ask participants the following questions:

What can STIs do to your body if you don't get treatment for a long time?

#### Example answers:

- Some STIs can cause infertility (unable to have a baby)
- Some STIs can impact on the health of your baby if you are pregnant
- Some STIs can make you sick in many different ways such as pelvic inflammatory disease (PID), chronic pain, headaches, hair loss, nerve and heart damage, some cancers<sup>(15)</sup>

Where should young people go to get tested for STIs?

**Example answer:** Young people should go to a healthcare centre, nurse or a doctor to get tested for STIs. They can test for STIs and give you medicine if you have an STI.

What are some of the benefits of getting tested for STIs?

#### Example answers:

- Many STIs are easy to treat with simple medicine
- Private – STI testing is confidential
- Easy – STI testing usually involves a simple urine (pee), blood test or a swab
- Knowing your STI status makes you feel more relaxed
- You can make healthy decisions about your body and sex
- If you have an STI, you can protect your partner

4. Tell participants: *Knowing all these benefits, in this activity we will be creating posters to encourage young people to get tested for STIs.*
5. **Say something like:** *There are many barriers that stop young people from getting help for STIs. They may be embarrassed, not know they have an STI, or not know where to go for help. They might also think that getting tested takes a long time, is painful or is hard. But we know this shouldn't be the case! Testing is easy, private and confidential.*

*We are going to create posters that tell young people about testing, treatment and looking after STIs. We want our posters to encourage young people to get tested and realise how easy testing can be. Remember, STIs usually don't show any symptoms so the only way to know is to get a test! Even if you don't have any symptoms, STIs can still hurt your body if not treated.*

6. Ask if the volunteers from Activity 2B (The STI house) remember the STI they were assigned? They will be the poster leaders.
7. Divide the rest of the group to work with the poster leaders.
8. Each group will be given the STI fact sheet that was used as handout 2B for Activity 2B.
9. Give each group 30 minutes to create their poster.
10. When posters have been created, each group can spend 2 minutes presenting their poster to the rest of the group.
11. To close the activity and encourage reflection **say to participants:** *To reflect on today's activities, let's all share one thing we learnt that was new or helpful for us.*

Facilitators can encourage participants to share, going round in a circle, or "popcorn style" with whoever feels to speak next. Remind participants they have the right to pass also.

12. Conclude the activity by reading out the key messages:
  - If you have an STI but do not get treatment, you can get very sick
  - Many STIs do not have any symptoms
  - If you have any symptoms, you should get tested
  - You should get tested if you have a new sexual partner
  - Testing and treatment for all STIs is private and confidential
  - Many STIs can be treated with simple medicine
  - Some STIs cannot be 'cured', but they are easily controlled and treated
13. Invite participants to ask any questions: Does anyone have any questions about anything we learnt today? You can also come ask after the session in private too.

## 2F

## Activity: Making a health and wellbeing plan



### Activity overview:

This activity is about creating sexual health and wellbeing plans. Participants may not want to create a health and wellbeing plan that is about them as an individual, as they may worry about people judging them or assuming they are having sexual relationships. That is fine. This activity will use role play and acting so that participants can play a different character and apply the learning to their own lives. The plan they come up with can be acted out, written down or brainstormed.

**Age:** All ages

**Time:** 45 minutes

### Learning objectives:

- Describe characteristics of good sources of help and support (including maintaining confidentiality and protecting privacy)
- Construct and practice a personal plan for health and wellbeing, including ways to access condoms in an individual's community and critique potential barriers and influences that could prevent this plan being carried out
- Critically analyse the roles that stigma and power can play in increasing vulnerability to STIs and HIV, and influence the decision to practice safer sex

**Sensitive areas:** STIs

### Resources:

- Handout 2F
- Butchers paper or board
- Markers or chalk
- Scissors

**Preparation:** The case studies needed for making a sexual health plan is available in the participant workbook. If this is not available, facilitators can photocopy handout 2F and cut out each case study.

**Group composition:** Four groups



**Prior learning:**

- Module 6, Activity 2A: Introduction to safer sex
- Module 6, Activity 2C: Prevention and protection
- Module 6, Activity 2E: STI posters: You can do it!

**Literacy support:** Required – involves reading

**Technology:** None

## Activity 2F: Making a health and wellbeing plan

**Instructions:**

1. Introduce the activity by **saying something like:** *In activity 2E, we learnt about how important it is to get tested. Now, we are going to put this in practice and create a plan for practicing safer sex. This includes getting condoms and getting tested. It is important that we know how to access sources of help and support for safer sex. We want the places and people we go to for support to be reliable, confidential and private. We will be looking at four case studies to help the characters come up with a plan for their health and wellbeing.*
2. Break everyone into four groups.
3. Assign each group one of the case studies from handout 2F.
  - Kisa and Sua
  - Noa and Epe
  - Ori and Loka
  - loata
4. Distribute each group the cut-out copies of handout 2F. Participants can either read their own case study or facilitators can read it for them.
5. Tell each group to imagine their characters live in the local area.

Write these questions on a large sheet of butchers paper at the front of the room. Only write the questions, not the example answers.

What do they want?

**Example answers:**

- Condoms
- STI test
- More information
- Financial security



What is important to them?

Example answers:

- Confidentiality
- Privacy
- Quick testing
- Daughter's fees paid

What are the barriers?

Example answers:

- Lack of information
- Cost
- Misinformation
- Stigma
- Facilities or support that does not cater to disabilities
- Transport
- One person has more power than the other

What are their strengths?

Example answers:

- Good relationship
- Clear communication
- Good support groups
- Family or friends they trust
- Knowing their rights

6. Instruct participants that they need to think about the questions on the butchers paper and come up with a plan for the individuals in the scenario. They will have 15 minutes to plan their plan. **Say something like:** *Using the questions on the board to guide you, come up with a plan for the young people in your scenario. Where can they go locally for support based on their needs? You can act out your plan, brainstorm it or write it down.*

7. After 15 minutes of planning, participants will have 5 minutes to present their plan to the rest of the groups.

**i Facilitator note**

Provide information to participants about local services that meet these needs.

8. Ask the following discussion questions:

What are some features of good sources of help and support?

**Example answers:**

- Private
- Confidential
- Accepting
- Friendly to young people
- Non-judgemental
- Easy to access
- Free or cheap
- Quick
- Short waiting times

What are some barriers that exist for young people trying to get support?

**Example answers:**

- Wrong information about condoms or services
- Stigma and judgement in the local community
- Small communities where ‘everyone knows everything’
- Physical barriers
- Cost
- Transport issues

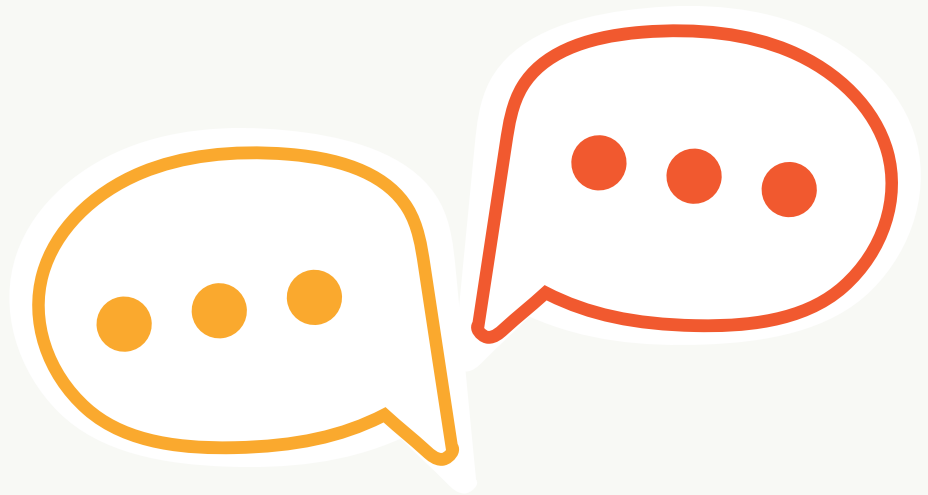
9. To close the activity and encourage reflection **say to participants:** *To reflect on today’s activities let’s all share one thing we learnt that was new or helpful for us.*

Facilitators can encourage participants to share, going round in a circle, or “popcorn style” with whoever feels to speak next. Remind participants they have the right to pass also.

10. Conclude the activity by reading out the key messages:

- Privacy, confidentiality and accessibility are very important for good sexual health services
- STI testing should be quick, easy and pain-free
- It is important to think about a personal plan for yourself when it comes to your sexual health and wellbeing
- It is important to know where you can go for help and support for condoms and STIs in your local community
- Power differences can make it hard for someone to follow their health plan
- Using negotiation and refusal skills can help overcome this barrier

11. Invite participants to ask any questions: Does anyone have any questions about anything we learnt today? You can also come ask after the session in private too.



## Handout 2F: Making sexual health plans

**Instructions:** Cut-out each story and give one to each group.

### Kisa and Sua

Kisa wants to have sex with her partner Sua. They have both spoken about having sex and they both feel ready. They have a good relationship with lots of open communication and trust. They have a lot of questions about STIs but they don't know where to go. They are both worried that going somewhere for an STI test will take a long time and that it is expensive and painful.



### Noa and Epe

Noa and Epe are in their 30s and know each other from the village, but they are not in an official relationship. Epe is a single parent and she relies on Noa to pay her daughter's transport and school fees.

Epe sometimes has sex with Noa in exchange for him paying the fees. Epe wants to use condoms but Noa says, "they don't feel good". Epe is scared of becoming pregnant or getting an STI, but she doesn't want to make Noa angry. Epe tells her sister Ailini, who supports her decision to use condoms. Ailini tells Epe to talk to Noa and be firm with him.



## Ori and Loka

Ori and Loka are ready to be intimate. They both have autism and are in the same support and social group that meet every Friday. Autism is a developmental disability that causes social, communication and behaviour challenges. This group is very supportive but people in the community keep telling them they shouldn't be interested in having sex. They want to get more information about safer sex but they are worried they will be turned away from a clinic or that people will find out they are having sex. They both know their rights and that they are entitled to have good sex lives.



## loata

loata has lived in a wheelchair his entire life and relies on his carer to take him to places. His carer is pretty open and understanding and will drive him wherever he wants to go. loata's carer has already gotten him condoms in the past but he wants to go to the clinic himself for proper advice. However, he isn't sure if there is a local clinic that doesn't have stairs.





## Handout 2F: Making sexual health plans

**Instructions:** Consider the following questions about the young people in your case study. The case study of Kisa and Sua has been provided as an example.

What do they want?

- Kisa and Sua want information about STIs

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What is important to them?

- Quick STI testing that is not painful or expensive

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What are some barriers they may face?

- Lack of knowledge or information about STI testing

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What are their strengths?

- Kisa and Sua are in a positive and supportive relationship and they are curious to find out more about sexual health and be empowered

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## 2G

Activity: Safer sex communication<sup>(19)</sup>

### Activity overview:

Communication skills are covered a lot in Module 2: Healthy relationships, but it is important to cover these skills in the context of safer sex. This activity uses role-playing and discussion to help participants develop verbal and non-verbal skills for communicating about sexual behaviour, decisions and health issues.

**Age:** 14+

**Time:** 45 minutes

### Learning objectives:

- Apply effective communication, negotiation and refusal skills that can be used to counter unwanted sexual pressure, employ safer-sex strategies and achieve respectful sex and pleasure

### Sensitive areas:

- Sex
- STIs and HIV

### Resources:

- Handout 2G

**Preparation:** Make one copy of handout 2G for each pair

**Group composition:** Pairs

### Prior learning:

- Module 6 Activity 2A: Introduction to safer sex
- Module 6 Activity 2B: The STI house
- Module 6 Activity 2C: Prevention and protection
- Module 6 Activity 2D: Condom demonstration

**Literacy support:** Required. This activity involves some reading.

**Technology:** None



## Activity 2G: Safer sex communication

### Instructions:

1. Introduce the activity by **saying something like:** *In order to ensure we are all having safer sex in the future, we need to be good communicators.*
2. Ask participants the following questions to get them thinking about communication and safer sex. There are no right or wrong answers to these questions, they are just there to hear participants' thoughts.

Young people may talk about sex to their friends and they might hear about sex sometimes in the media (through movies, TV shows or on social media). But is it easy or difficult for most young people to talk about sex with their own partner?

Is it easy or difficult to respond to a person who is making sexual advances?

What are some of the reasons that it is important to be able to communicate with your partner about sexual behaviour and sexual health issues?

### Example answers:

- To make it clear whether or not you want to have sexual contact
  - To understand whether or not your partner wants to have sexual contact
  - To make it clear what kind of sexual contact you are comfortable with (if any)
  - To find out what the other person is comfortable with (if any)
  - To protect against STIs and HIV
  - To protect against unplanned pregnancy
  - To ask for and give (or not give) consent
3. Tell participants to break into pairs.
  4. Pass around handout 2G and assign each pair to a different roleplay scenario. Someone in the pair will go first and practice speaking assertively to the other person. Then they will swap.
  5. Remind participants to practice assertive communication. Assertive communication is when you are honest and direct when speaking about your feelings and needs.
  6. Give participants 15 minutes to practice using their communication skills with their partner



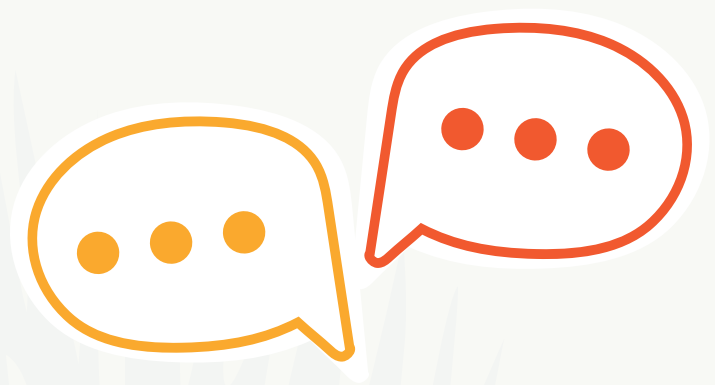
7. After pairs have taken turns practicing their roleplay, ask the following questions:

How did you feel communicating to your partner in that scenario?

Why is it important to practice communication skills?

**Example answers:**

- To build confidence
  - To become more comfortable with being assertive
  - So that tricky situations become easier to respond to
  - It helps us remember our rights and realise that our desires and feelings are important
8. To close the activity and encourage reflection **say to participants:** *To reflect on today's activities, let's all share one thing we learnt that was new or helpful for us.*
- Facilitators can encourage participants to share, going round in a circle, or "popcorn style" with whoever feels to speak next. Remind participants they have the right to pass also.
9. Conclude the activity by reading out the key messages:
- Assertive communication is an essential part of safer sex
  - Good communication helps us navigate condom use, ask for and give consent, delay sex, advocate for our rights and express how we feel
10. Invite participants to ask any questions: Does anyone have any questions about anything we learnt today? You can also come ask after the session in private too.



## Handout 2G: Safer sex communication


<b>Roleplay 1</b>	Tell your partner that you are going to get an intrauterine device (IUD) as a form of contraception, but it means you still need to use a condom
<b>Roleplay 2</b>	Tell your partner that you want to get tested for STIs and HIV
<b>Roleplay 3</b>	Ask your partner to get tested for STIs and HIV
<b>Roleplay 4</b>	You have decided to break up with your partner
<b>Roleplay 5</b>	You want to wait until marriage to have sex
<b>Roleplay 6</b>	You want to tell your partner that you aren't ready to have sex
<b>Roleplay 7</b>	You are asking your partner if they want to have sex
<b>Roleplay 8</b>	You are telling your partner that you do not want to drink alcohol
<b>Roleplay 9</b>	You have decided to tell your partner that you are not experiencing pleasure during sex, and you want to suggest you try something different
<b>Roleplay 10</b>	You are telling your partner that you will not have sex if you don't always use a condom
<b>Roleplay 11</b>	You are asking a health worker if you can buy or get some condoms for free
<b>Roleplay 12</b>	You are telling a parent or guardian that you are not ready to get married

## Topic 2: Safer sex

### Key messages of this topic:

- Chlamydia and gonorrhoea are the two most common STIs for young people in Samoa
- STIs are usually passed on through direct skin-to-skin contact including oral, anal and vaginal sex
- You cannot transmit an STI through casual contact (like shaking hands)
- You can reduce your risk of getting an STI by not having sex, having less sexual partners, getting regular testing and always using condoms
- STIs that are not treated can cause serious complications include PID in women which can cause infertility and ongoing pain
- Samoa has joined the international call to fully vaccinate 90% of girls against HPV by the age of 15
- Abstinence can mean different things for different people
- Everyone has the right to voluntary, informed, and confidential STI/HIV testing
- Good sources of help and support are confidential and protect privacy
- Stigma and power can play a major role in increasing vulnerability to STIs and HIV, and influence the decision to practice safer sex
- Relationships involving transactions of money or goods can limit the power to negotiate safer sex
- Effective communication, negotiation and refusal skills can be used to counter unwanted sexual pressure and employ safer-sex strategies and achieve respectful sex and pleasure





# MODULE 6

## TOPIC 3

### CONTRACEPTION

## Topic overview

Contraception means the purposeful and deliberate prevention of pregnancy. Access to contraception is a main component of the Sustainable Development Goals as it directly lowers rates of unsafe abortions, unplanned pregnancies and helps ensure that girls and women continue their education and manage the number and spacing of their children.

However, in Samoa less than 30% of women aged 15-49 (who are currently married or in union) have their need for family planning satisfied with modern contraceptive methods.<sup>(20)</sup> This topic aims to help young people explore contraceptive options, correct any myths that may exist about contraception and identify people and places that can support them when accessing these services or products.



International guidance on comprehensive sexuality education recognises that abstinence is not a permanent strategy in the lives of many young people.<sup>(1)</sup> Abstinence can mean different things to different people and can be an important strategy for preventing pregnancy and transmitting STIs. However, programs that advocate solely on abstinence are ineffective and potentially harmful to young people’s sexual and reproductive health and rights (SRHR).<sup>(1)</sup> There are many diverse ways young people manage their sexual and reproductive needs at various ages.

## Topic learning objectives

Facilitator version	Participant version
Define modern methods of contraception and identify different contraception options available for young people	Define contraception and identify different types of contraception for young people
State that correct and consistent use of condoms and additional modern methods of contraception can prevent unplanned pregnancy among the sexually active	State that correct use of condoms and additional contraception can prevent unplanned pregnancy
Explain that emergency contraception used after unprotected intercourse (where legal and available) can prevent unplanned pregnancy, including pregnancy caused by lack of contraception, contraceptive misuse or failure, or sexual assault	Explain that emergency contraception used after unprotected intercourse can prevent unplanned pregnancy
Identify at least two different contraception options available in an individual’s community	Identify two kinds of contraception a young person can get in their community

Facilitator version	Participant version
Analyse effective methods of preventing unplanned pregnancy and their associated efficacy (modern, natural, sterilisation)	Think about how good different methods of contraception are to prevent pregnancy
Assess personal benefits, possible side effects and/or risks among other factors that will help determine the most appropriate method(s) for a sexually active young person	Assess which contraceptive method is the most suitable option for a sexually active young person
Correct myths about modern methods of contraception and condoms	Correct myths about condoms and other types of contraception
Acknowledge that deciding to use contraception, and where relevant, preventing pregnancy, are the responsibility of both sex partners	Acknowledge that both people are responsible for using contraception in an intimate relationship
Critically analyse gender norms regarding responsibility for contraception use and where relevant, pregnancy prevention	Understand how gender roles can limit a man's or woman's ability to prevent pregnancy
Analyse where condoms and contraceptives can typically be accessed locally and identify barriers that prevent or limit a young people's ability to obtain them	State where a young person can get condoms and any barriers that stop young people from getting them
Develop a plan for accessing preferred methods of contraception when young people may need it	Create a plan for getting the type of contraception a person wants
Recognise that no sexually active young people should be refused access to contraceptives or condoms on the basis of their marital status, disability, sexual identity, sex or gender; and understand the legal requirements of informed consent locally	Recognise that getting condoms and contraceptives is your right, regardless of your marital status, disability, sexual identity, sex or gender

## Activities

Activity		Time	Page	Handout
3A: Introduction to contraception		15 minutes	66	No
3B: Contraception advertising		90 minutes	69	Yes
3C: Contraception true or false		30 minutes	84	No
3D: Gender and condoms		30 minutes	88	Yes
3E: Starting a conversation about sex and safety		60 minutes	95	Yes
3F: What's best for me? A roadmap		60 minutes	101	Yes

### 3A

#### Activity: Introduction to contraception



#### Activity overview:

This activity provides an introduction to contraception, including its definition, different types and information on contraception use in Samoa.

**Age:** All ages

**Time:** 15 minutes

#### Learning objectives:

- Define contraception and identify different types of contraception for young people

#### Sensitive areas:

- Sex
- Abortion

**Resources:** None

**Preparation:** None

**Group composition:** Individual work

**Prior learning:** None

**Literacy support:** Not required

**Technology:** None



## Activity 3A: Introduction to contraception

### Instructions:

1. Introduce this topic by **saying something like:** *In this topic we will be talking about contraception. We discussed healthy pregnancy and conception, which is how pregnancy occurs, in Module 5.*

2. Ask: Does anyone know what “contraception” means?

**Example answers: “Contraception”** means using something to stop a person from becoming pregnancy. This can include things like using condoms, the pill, an injection, or an implant.<sup>(21)</sup>

You might also hear these contraception methods be called **“modern methods of contraception”**. This means the same thing.

3. Ask: Does anyone know what are the main types of contraception?

4. **Explain:** There are different categories of contraception.

**Long-acting, reversible contraception (LARC) implants and intrauterine devices (IUDs):** These can be both hormonal (chemical messengers that travel from the brain to different parts of the body) and non-hormonal (without the chemical messengers).

– **Example:** Jadelle implant

**Pills:** Prevent the body from ovulating, this is when the egg leaves the ovaries and go into the fallopian tubes. This makes it harder for sperm and egg to embed in the uterus, and helps stop sperm from getting through to the uterus.

– **Examples:** combined and progestin-only pills

**Barriers:** Act as a barrier to prevent (or stop) semen which contains sperm from coming in contact with bodily fluid.

– As some STIS are in bodily fluid, this may stop the infections being passed from one person to another

– Some bodily fluid may also contain the egg that was released from the ovaries so using a barrier can protect the egg contacting the semen that contains the sperm, stopping pregnancy

– **Examples:** condoms and diaphragms

**Emergency:** Works by stopping or delaying the release of an egg from the ovaries.

– **Example:** emergency contraceptive pills (ECPs)

**Sterilisation:** A permanent form of birth control that either prevents a woman from getting pregnant or prevents a man from releasing sperm. A health care provider must perform the sterilisation procedure, which usually involves surgery.

5. Ask participants: Why is knowing about contraception important for young people?

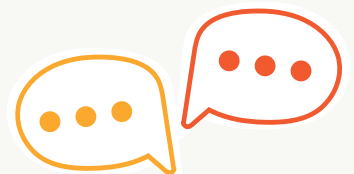
**Example answers:** Even if you’re not ready to have sex, thinking about contraception is important. Understanding contraception can help us plan our lives and focus on other important things without worrying about pregnancy.

Contraception helps us control how many children we might want, when we want them and when we might want to stop having children or not have children at all. Contraception is part of our human rights! Using contraception that works for you is your right regardless if you are married, unmarried, have a disability, or have diverse SOGIE.

Using contraception also reduces unplanned pregnancies. Sometimes when people have unplanned pregnancies they have the pregnancy removed in way that is not safe (unsafe abortions) and can cause mothers to be very sick or die, contraception can stop this from happening.

6. Provide some information on contraceptive use in Samoa by reading out the following:
  - According to the Samoa Demographic and Health Survey- Multiple Indicator Cluster Survey (DHS – MICS) 2019 – 2020, 29.4% of women in Samoa aged 15-49 who are currently married or in union have their need for family planning satisfied with modern contraceptive methods.<sup>(20)</sup>
  - According to the 2014 DHS survey, of women aged 15-49:<sup>(22)</sup>
    - 15.1% are using any modern method of contraception
    - 6.4% use an injectable
    - 4.5% use sterilisation (however, this is mostly used by women aged 35+)
    - 3.6% use a pill
    - 0.2% use an IUD
    - 0.1% use implants
    - 0.1% use male condoms
7. To close the activity and encourage reflection **say to participants:** *To reflect on today's activities, let's all share one thing we learnt that was new or helpful for us.*

Facilitators can encourage participants to share, going round in a circle, or "popcorn style" with whoever feels to speak next. Remind participants they have the right to pass also.
8. Conclude the activity by reading out the key messages:
  - **"Using contraception"** means using something to prevent pregnancy
  - Common types of contraception in Samoa include injectables, sterilisation or a pill. There are also other types
  - These types of contraception are sometimes called "modern methods of contraception"
  - Female sterilisation (which is a permanent method) is a method mostly used by women in Samoa over the age of 35
9. Invite participants to ask any questions: Does anyone have any questions about anything we learnt today? You can also come ask after the session in private too.





## 3B

## Activity: Contraception advertising



### Activity overview:

By the end of this activity, participants should be able to list methods of contraception available for young people in Samoa. Small groups will be assigned a type of modern method of contraception and will be tasked with creating an advertisement for that method.

The activity mentions emergency contraceptive pill (ECP) as an option. Before the activity, facilitators should check if ECP is available in your setting.

All information is based on the 2018 World Health Organization Family Planning Handbook for providers<sup>(11)</sup> and the Therapeutic Guidelines.<sup>(23)</sup>

**Age:** All ages

**Time:** 90 minutes

### Learning objectives:

- State that correct and consistent use of condoms and modern methods of contraception can prevent unintended pregnancy among the sexually active
- Explain that emergency contraception (where legal and available) can prevent unintended pregnancy, including pregnancy caused by lack of contraception, contraceptive misuse or failure, or sexual assault
- Identify at least two different contraception options available in an individual's community
- Analyse effective methods of preventing unintended pregnancy and their associated efficacy (modern, natural, sterilisation)
- Assess personal benefits, possible side effects and/or risks among other factors that will help determine the most appropriate method(s) for a sexually active young person
- Recognise that no sexually active young people should be refused access to contraceptives or condoms on the basis of their marital status, disability, sexual identity, sex or gender; and understand the legal requirements of informed consent locally

**Sensitive areas:**

- STIs
- Unplanned pregnancy

**Resources:**

- 11 envelopes
- Handout 3Ba
- Butchers paper
- Markers
- Worksheet 3Bb



**Preparation:** Make 11 copies of handout 3Ba 'Contraceptive chart' and place each copy into an envelope. On each envelope, write a method of contraception on the front (male condoms, female condoms, combined pill, progestin-only pill, emergency contraceptive pill, fertility awareness method, copper IUD, implant, injection, vasectomy, tubal ligation). You will also need individual copies of worksheet 3Bb, enough for each participant. One of the methods mentioned in the emergency contraceptive pill (ECP). Facilitators should check if the ECP is available in your setting. If not, please remove this from the options.

**Group composition:** Small groups

**Prior learning:** Module 6, Activity 3A: Introduction to contraception

**Literacy support:** Required – involves reading and writing

**Technology:** None

## Activity 3B: Contraception advertising<sup>(5)</sup>

### Instructions:

1. Introduce the lesson by **saying something like:** *You will be learning about contraceptive methods that can help us make decisions in life. Whether you are sexually active now or will be at some point in the future, it's important to know how to reduce the risk of unplanned pregnancy and STIs. Contraception enables people to choose if, when, and how many children to have. It's important to know about contraception so that you can prevent pregnancy and plan for your future.*

2. Ask participants: What is abstinence and how can it prevent pregnancy?

**Example answer:** Abstinence can mean different things to different people. For some people, abstinence means not having penetrative (penis-in-vagina) sex with anyone. Sometimes, people use abstinence to prevent pregnancy during days that they are fertile, but might have sex at other times. Abstinence might mean that people still have other types of sex such as oral or anal. For other people, abstinence means not doing any kind of sexual stuff. You can also choose to be abstinent whenever you want, even if you have had sex before. These are just some of the many ways that people can define and use abstinence.

#### **i** Facilitator note

It is important that comprehensive sexuality education does not focus entirely on abstinence as a method to prevent pregnancy. Abstinence is not a permanent strategy in the lives of young people and programs that focus entirely on abstinence are ineffective. It is important that conversations about contraception and abstinence are accepting and never judgmental.

3. Ask participants to say what methods of contraception they have heard about. As they volunteer ideas write these on butchers paper at the front of the room.

4. Once their list is complete, make sure it includes the following methods – condoms, combined pill, progestin-only pill, intrauterine devices (IUDs), implant, injectables, sterilisation, emergency contraceptive pill and fertility awareness method. If they have not offered these methods, add them to the list.

5. Using this list, circle the most common forms of contraception in Samoa

#### **Current use of contraception by all women and currently married women aged 15-49 (2014)<sup>(22)</sup>**

- An injectable (6.4%)
- Sterilisation (4.5%) however, this is mostly used by women aged 35+
- Pill (3.6%)
- IUD (0.2%)
- Implant (0.1%)
- Male condoms (0.1%)

#### **For young women in Samoa aged 15-29**

- An injectable (16.2%)
- Pill (7.7%)

6. Ask participants to count off in order to form 11 groups.
7. Assign each small group a method of birth control by handing them an envelope. Explain to participants: *You should study the method of contraception using the handout in the envelope, and then create a three-minute advert with your group to be presented later. The advert should respond to the four questions on the board/butchers paper and provide accurate information. You should be ready to perform your advert for the group later in this activity.*
8. Explain that the advert can be for television or radio. Give them 15 minutes to study the handout 3Ba and create and rehearse their advert.

#### Facilitator note

While participants are preparing, visit the groups to see if they need help understanding their method and answer questions as needed.

9. Explain that during each presentation, participants who are not presenting should look for information in the advert to complete a worksheet.
10. Distribute a copy of worksheet 3Bb to each participant. Explain by saying **something like:** *We are now going to be performing our adverts in groups. When you watch each advert, pay close attention. You'll need to write down two important points about the contraception being covered. You might write something like, "Very effective" or "Prevents pregnancy for 5 years" depending on the method of contraception. If you're not sure, ask the group presenting after they have completed their advert: what are two key facts about this method of contraception?*
11. Ask for a group to volunteer to share their advert first and bring them to the front of the room. Make sure other participants are filling out worksheet 3Bb.
12. After they have completed their performance, correct any misinformation you may have heard and thank the group members for their work.
13. Emphasise key points about the contraception method by using any of the following questions to guide discussion after each group has performed:
  - What facts did you learn about that method from the advert?
  - What questions do you still have about that method after the advert?
  - Does this seem like a method young people would use? Why or why not?
14. Continue using this process until all groups have taken their turns.
15. After all adverts have been shared, lead a discussion by asking the following question:
  - What was the most effective method?

**Example answer:** Implants are the most effective method of contraception. However, the most effective way to prevent both pregnancy and STIs are using a condom and another method of effective contraception.

**16. Say something like:** *When you look at the effectiveness rates for each type of contraception, there can sometimes be two different numbers that are given. For example, male condoms have an effectiveness rate of 98% for correct and consistent use, but only 87% for common use.*

**17.** Ask the following questions.

What is the difference between 'correct and consistent use' and 'common use'?

**Example answer:** Correct and consistent use is when the contraception is used perfectly and exactly according to the instructions every time. However, because people can make mistakes when they use contraception or forget to use it properly, this can lower the how well it works. So 'common use' reflects how well contraception works in real life.

Who can access contraception?

**Example answer:** Contraception should be available to anyone who needs it, no matter their gender, age, marital status, SOGIE or disability. Being able to access contraception, including information about contraception, is part of your human rights. This allows young people to be empowered over their SRH. It is important to remember that all people have sexuality, and no-one should be excluded from accessing contraception because of their disability or any other factors.

What is the biggest difference between condoms and other methods of birth control?

**Example answer:** Condoms provide protection not only from pregnancy but also from most STIs, including HIV.

What are two methods of contraception available in Samoa for young people?

**Example answer:** Injections and pills are the two most used methods in Samoa for young women. Sterilisation is irreversible (meaning: you can't undo it) so is more relevant for older people who don't want any more children.

In a relationship, who is responsible for ensuring contraception is being used?

**Example answer:** Both people. Whilst there are myths that men control condoms and women are responsible for contraception, this is not true. Both people are responsible for preventing STIs and pregnancy for themselves and their partner.

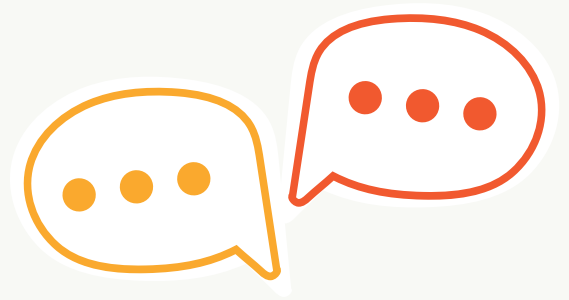
**18.** To close the activity and encourage reflection **say to participants:** *To reflect on today's activities, let's all share one thing we learnt that was new or helpful for us.*

Facilitators can encourage participants to share, going round in a circle, or "popcorn style" with whoever feels to speak next. Remind participants they have the right to pass also.

19. Conclude the activity by reading out the key messages:

- Modern methods like IUDs and implants are the most effective at preventing pregnancy other than sterilisation
- Condoms are the only method that also prevent STIs
- Emergency contraceptive pills (where available) can prevent unplanned pregnancy, including pregnancy caused by lack of contraception, contraceptive misuse or failure, or sexual assault
- It is important that we weigh up the advantages and disadvantages for all methods when choosing the one that might be best for us after talking to a healthcare worker

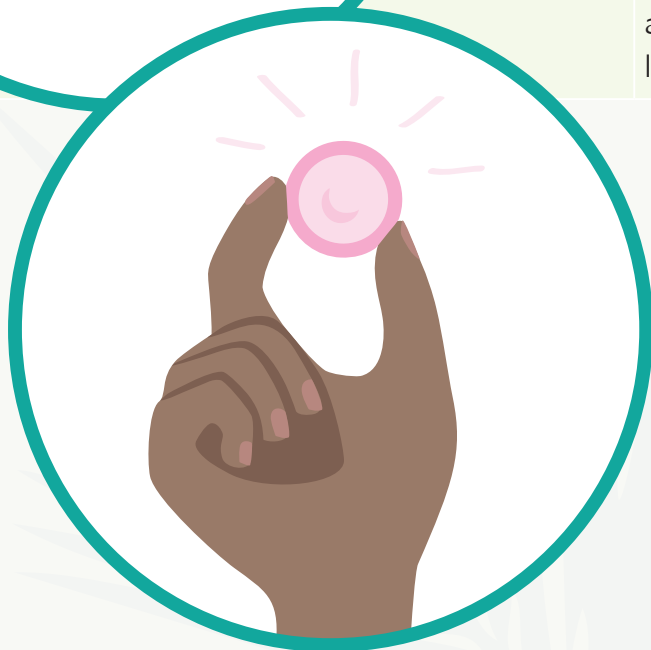
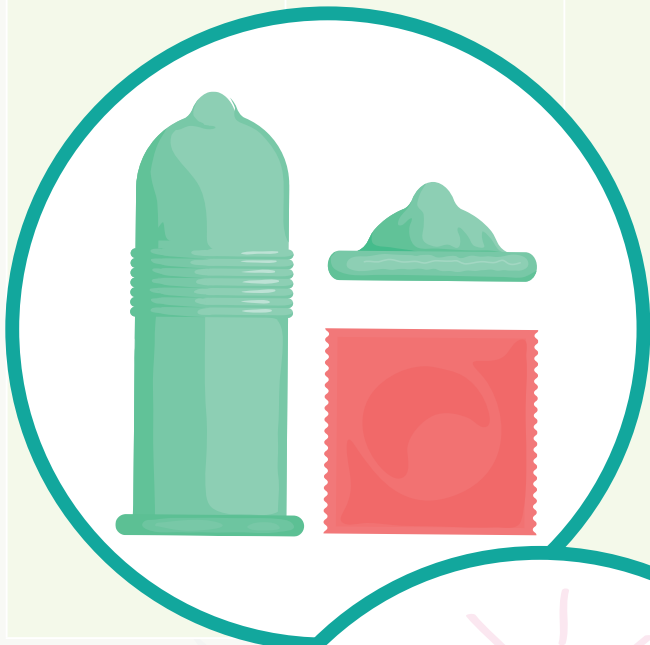
20. Invite participants to ask any questions: Does anyone have any questions about anything we learnt today? You can also come ask after the session in private too.



## Handout 3Ba

**Male condoms (external):** A thin latex rubber or plastic covering which is rolled onto an erect penis (external) or placed inside a vagina or anus (internal).

When is it needed?	Effectiveness	How it works	Advantages	Disadvantages
During each sexual act including vaginal, oral and anal sex	Consistent and correct use 98%  Common use >87%	By forming a barrier that keeps sperm out of the vagina, anus or mouth	Condoms are the only form of contraception which offers protection from STIs and HIV  Easy to use  Easy to carry  Used only when needed  Freely or cheaply available in many locations	If used incorrectly, condoms can break, slip off or become contaminated  Some people are allergic to latex  A new one must be used for each sex act  Not as effective at preventing pregnancy as many other modern methods



## 3

## TOPIC 3 – Contraception cont...

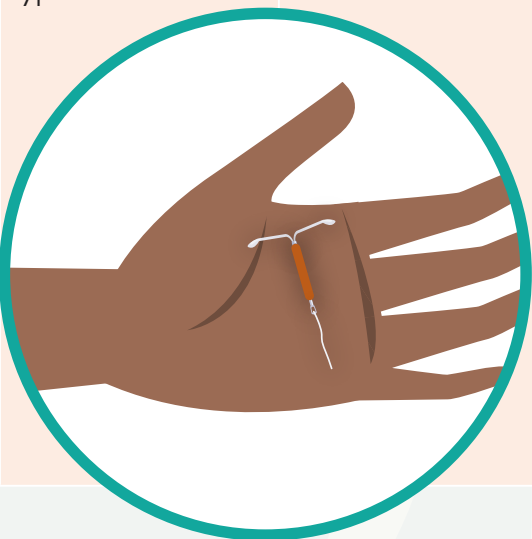
**Female condoms (internal):** A thin latex, rubber or plastic covering which is placed inside a vagina or anus.

When is it needed?	Effectiveness	How it works	Advantages	Disadvantages
During each sexual act including vaginal, oral and anal sex	Consistent and correct use 95% Common use >79%	Works by forming a barrier that keeps sperm out of the vagina or anus	Condoms are the only form of contraception which offers protection from STIs Easy to use Easy to carry Used only when needed	Requires practice to insert correctly The penis can slip into the vagina between the condom and the vaginal wall




**Copper intra-uterine device (IUD):** A small 'T' shaped plastic device that is placed inside the uterus.

When is it needed?	Effectiveness	How it works	Advantages	Disadvantages
Once inserted, IUDs last 5-10 years depending on the type	>99%	Causes a chemical change that prevents sperm and egg from meeting	Very effective No hormones Does not interfere with sexual intercourse Doesn't rely on memory Fertility returns once taken out Safe to use while breastfeeding Others cannot detect it	Must be inserted and removed by a trained healthcare provider May have side effects including heavier menstrual bleeding and cramps Does not protect against STIs or HIV Small risk of complications when inserted






**Injection:** A long-acting hormone which is injected every 12 weeks into bum or upper arm.

When is it needed?	Effectiveness	How it works	Advantages	Disadvantages
Injected every 1-3 months depending on the hormone used 	Consistent and correct use 99% Common use 96%	Prevents the release of eggs from the ovaries (ovulation)	Does not interfere with sexual intercourse Usually no menstrual bleeding Other people cannot detect it	Does not protect against STIs and HIV It cannot be immediately reversed There can be a delay in the return to fertility for up to 18 months Causes non harmful changes to bleeding pattern Can be associated with hormonal side effects

**Contraceptive implant:** Plastic rod(s) which are inserted under the skin on the inside of your upper arm. There are a few different types of implants available but Jadelle is the most common in the Pacific, including in Samoa so it is used in the table below.

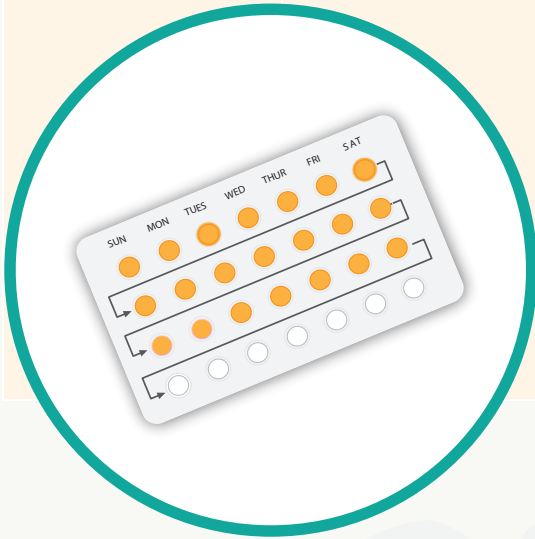
When is it needed?	Effectiveness	How it works	Advantages	Disadvantages
Once inserted, the implant lasts up to 5 years 	>99%	Cost-effective Doesn't rely on memory No regular supply required Immediate return of fertility once removed Do not interfere with sex	Does not protect against STIs and HIV Minor procedure to insert and remove Causes non-harmful changes to bleeding pattern Can be associated with hormonal side effects	Does not protect against STIs and HIV Minor procedure to insert and remove Causes non-harmful changes to bleeding pattern Can be associated with hormonal side effects

## 3

## TOPIC 3 – Contraception cont...

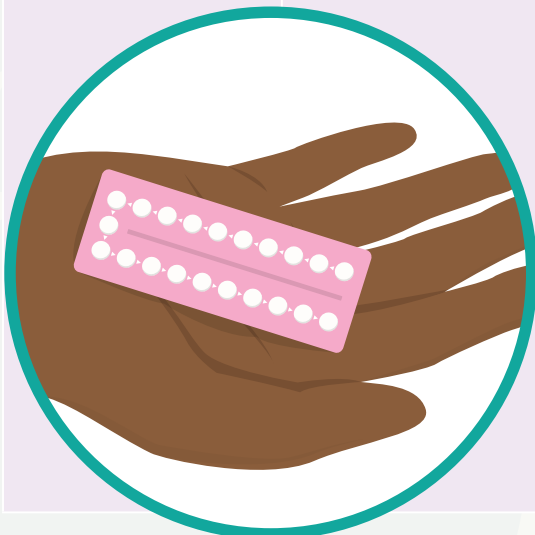
**Combined pill:** A pill taken once a day that contains two hormones – estrogen and progestin.

When is it needed?	Effectiveness	How it works	Advantages	Disadvantages
Must be taken daily to ensure protection	Consistent and correct use 99% Common use 93%	Prevents the release of eggs from the ovaries (ovulation)	Can be stopped at any time Does not interfere with sex Is readily accessible to most Easy to use Can be helpful to manage acne and menstrual problems	Does not protect against STIs or HIV May cause non-harmful changes to bleeding pattern Can be associated with hormonal side effects Requires routine and remembering when to take it

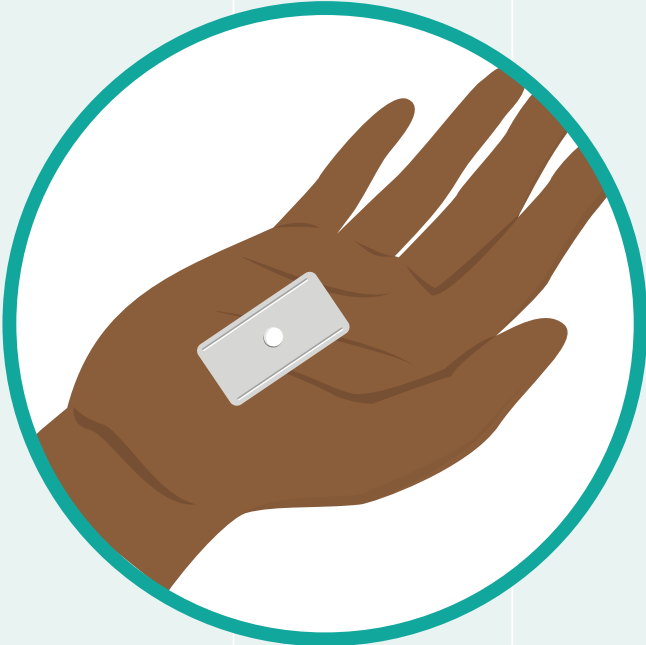


**Progestin-only pill:** A pill that contains a low dose of only one hormone progestogen.

When is it needed?	Effectiveness	How it works	Advantages	Disadvantages
Must be taken every day	Consistent and correct use >99% Common use 93%	Causes a chemical change that prevents sperm and egg from meeting	Can be stopped at any time Easy to use Is useful for women who can't use the combined pill Can be used by women who are breastfeeding Does not affect fertility	Do not protect against STIs and HIV Can be less effective than some other methods of contraception – people must remember to take it at exactly the same time every day May cause non-harmful changes to bleeding patterns Can be associated with hormonal side-effects

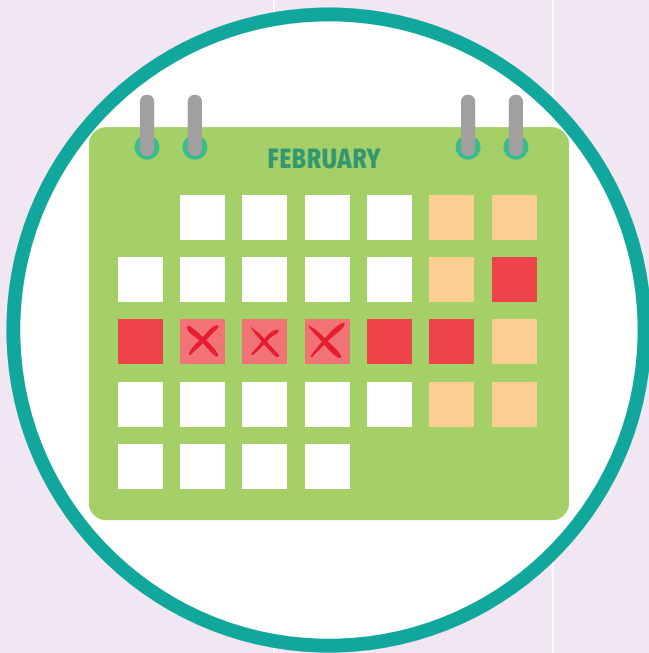


**Emergency contraceptive pill (ECP):** A small pill that is taken after unprotected sex to prevent an unplanned pregnancy.

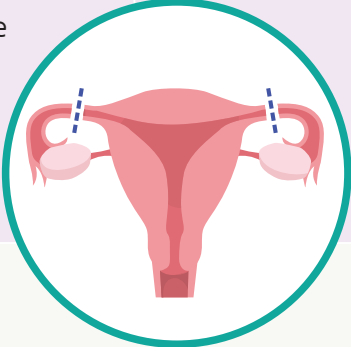
When is it needed?	Effectiveness	How it works	Advantages	Disadvantages
<p>Taken after unprotected sex. Effective up to 4-5 days after unprotected depending on the type</p> 	<p>98% – 99%</p> <p>The sooner ECPs are taken after unprotected sex, the better they can prevent pregnancy</p>	<p>Prevents or delays the release of eggs from the ovaries (ovulation)</p>	<p>Safe and can be used more than once a month if necessary</p> <p>Can be used by women of any age</p> <p>Do not cause abortion</p> <p>Controlled by the woman</p>	<p>Safe and can be used more than once a month if necessary</p> <p>Can be used by women of any age</p> <p>Do not cause abortion</p> <p>Controlled by the woman Does not protect against STIs or HIV</p> <p>May cause side-effects including nausea, vomiting and headaches</p> <p>Menstruation may start earlier or later than expected (have a pregnancy test if it is late, light or unusual)</p> <p>Can cause slight irregular bleeding for 1-2 days</p>

**Fertility awareness-based methods (FABM):** Using calendars to work out which times of the month a woman is most fertile and avoid sex during this time.

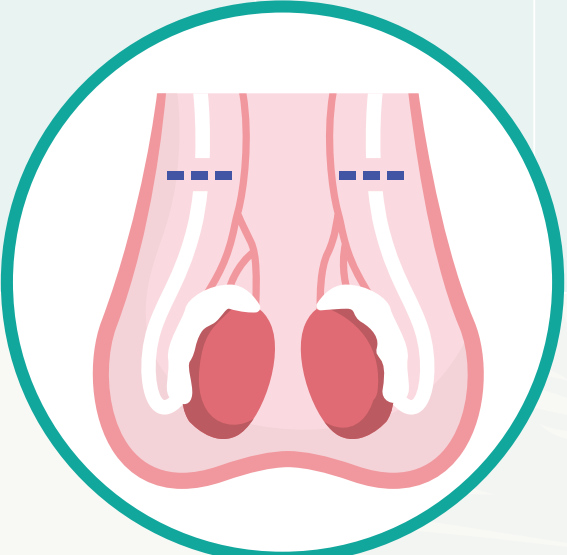
When is it needed?	Effectiveness	How it works	Advantages	Disadvantages
<p>Must be used regularly</p> <p>Require partners' cooperation with avoiding unprotected sex and being committed to abstaining on fertile days</p>	<p>85%</p> <p>But this method is not studied in the same way as other methods</p>	<p>"Fertility awareness" means that a woman knows how to tell the fertile time in her cycle and when condoms/abstinence need to be used</p>	<p>No hormone or device use and does not interfere with the menstrual cycle</p> <p>Cost-effective</p> <p>Acceptable in most religions</p> <p>Helps people to understand how their body works</p>	<p>Does not protect against STIs or HIV</p> <p>Expert instruction needed to learn method</p> <p>No sexual intercourse during fertile time</p> <p>Must chart temperature and cervical fluid daily</p> <p>Body signs can be difficult to recognise</p> <p>Requires high motivation, self-control and commitment</p> <p>Not recommended for adolescent women as their menstrual cycle may not be regular- therefore harder to track</p>



**Female tubal ligation (permanent method):** A type of surgery performed on a woman's fallopian tubes to permanently prevent pregnancy.

When is it needed?	Effectiveness	How it works	Advantages	Disadvantages
This method is permanent and irreversible 	99%	Fallopian tubes are blocked or cut to prevent eggs released by the ovaries moving into the fallopian tubes	Permanent method Very low chance of pregnancy	Does not protect from STIs and HIV Not easily reversible Requires surgery Short-term discomfort

**Male vasectomy (permanent method):** Surgery performed on men to block sperm from getting into the ejaculate (cum). This is a permanent method.

When is it needed?	Effectiveness	How it works	Advantages	Disadvantages
This method is permanent and irreversible 	99% (if sex occurs after a 3-month semen evaluation)  97-98% (if there is no semen evaluation)	Closes off each vas deferens to keep sperm out of semen	Permanent method Very low chance of pregnancy	Does not protect against STIs and HIV Not easily reversible Requires surgery Short-term discomfort May take up to 3 months to be effective so additional contraception is recommended during this time

## Worksheet 3Bb: Advert watchers

Male condom	Female condom
Important points: 1. 2.	Important points: 1. 2.
Copper IUD	Injectable
Important points: 1. 2.	Important points: 1. 2.
Implant	Combined oral contraceptive pill
Important points: 1. 2.	Important points: 1. 2.

Progestin-only pill	Emergency contraceptive pill
<p>Important points:</p> <ol style="list-style-type: none"><li>1.</li><li>2.</li></ol>	<p>Important points:</p> <ol style="list-style-type: none"><li>1.</li><li>2.</li></ol>
Fertility awareness method	Tubal ligation
<p>Important points:</p> <ol style="list-style-type: none"><li>1.</li><li>2.</li></ol>	<p>Important points:</p> <ol style="list-style-type: none"><li>1.</li><li>2.</li></ol>
Vasectomy	
<p>Important points:</p> <ol style="list-style-type: none"><li>1.</li><li>2.</li></ol>	

## 3C

## Activity: Contraception true or false



### Activity overview:

This activity will help correct any myths or misinformation that participants might have about contraception. You might not have all the answers to questions that participants have, so it is important to encourage they go to a clinic and speak to a healthcare worker to get more information and decide which method might be best for them.

**Age:** All ages

**Time:** 30 minutes

### Learning objectives:

- Correct myths about modern methods of contraception and condoms
- Acknowledge that deciding to use contraception, and where relevant, preventing pregnancy, are the responsibility of both sex partners
- Recognise that no sexually active young people should be refused access to contraceptives or condoms on the basis of their marital status, disability, sexual identity, sex or gender; and understand the legal requirements of informed consent locally

### Sensitive areas:

- Sex
- STIs

**Resources:** None

**Preparation:** It would also be useful to have pamphlets, info sheets or details about local clinics available for participants to take home with them after this activity.

**Group composition:** Individual work

### Prior learning:

- Module 6, Activity 3A: Introduction to contraception
- Module 6, Activity 3B: Contraception advertising

**Literacy support:** Not required

**Technology:** None





## Activity 3C: Contraception true or false

### Instructions:

1. Introduce the activity by **saying something like:** *Sometimes, young people might have false ideas about condoms or other forms of contraception that may have come from friends, movies or pornography. It is important that we correct these myths so that we can make the best decisions for our own sexual and reproductive health. If you have any questions or want more information about contraception, you should always go and speak to a health professional.*
2. Explain the meaning of the key term **“Reproductive coercion”**.  
**“Reproductive coercion”** means controlling someone’s pregnancy-related behaviours.<sup>(24)</sup> This could include forcing someone to get pregnant against their will (for example, by not letting get contraception), or forcing someone to use contraception when they want to get pregnant (this can include people with a disability).
3. Instruct participants that you will read out some statements one-by-one. Participants will need to decide if the statement is true or false. If they think it is true, they will stand up. If they think it is false, they will sit down.
4. Read out the following statements one-by-one. After each participant has made a decision, give the correct answer and share any additional information provided.
5. **Statements:**

If your partner withdraws before ejaculation during vaginal sex, you won’t get pregnant.

**False.** The ‘withdrawal method’ is not an effective method of contraception. This is because it is possible for sperm to be at the tip of the penis before ejaculation, which can result in pregnancy.

You can get pregnant the first time you have sex.

**True.** If the egg meets sperm, then it is possible to become pregnant. It does not matter whether or not it is the first time you have sex.

The emergency contraception pill (ECP) causes an abortion.

**False.** The ECP is not an abortion pill. It stops a pregnancy from happening, but it cannot end one that already existed.<sup>(11)</sup>

It is up to a man to decide whether his wife or girlfriend uses contraception.

**False.** Everyone has the right to decide for themselves if they want to use contraception. Trying to control someone else’s contraception use is a form of reproductive coercion and is a sign of an unhealthy relationship.

Condoms can cut off circulation to the penis (a condom can be ‘too small’).

**False.** A condom can stretch to be very large and won’t cut off circulation. You can even stretch a condom to fit over a person’s head or arm- that’s how stretchy they are. Condoms also come in larger sizes.

Asking your partner to use a condom is a sign of respect.

**True.** Asking someone to use a condom shows you care for yourself and others.

The guy should always come up with (provide) the condom

**False.** Condoms are the responsibility of both people!

You need to be using condoms to have oral sex.

**True.** You should use a condom for oral sex. STIs such as gonorrhoea, chlamydia and genital herpes can be transmitted this way.

It's a good idea to keep a condom in your wallet so you're always prepared.

**True AND false.** This is a good idea for short periods of time and for unplanned moments. However, keeping condoms in wallets for a long time can weaken the condom. Condoms need to be stored away from heat and sunlight.

Contraception goes against our culture.

**False.** Contraception is a useful tool that can prevent unplanned pregnancies and STIs. Many people in Samoa and around the Pacific are empowered by using contraception to protect their health and support child spacing in their families.

Condoms 'ruin the mood'.

**False.** Nothing ruins the mood like catching and STIs or having an unintended pregnancy. Using condoms can be part of fun, enjoyable sex. Condoms have lubrication (wetness) on them to help increase pleasure. Extra lubrication is also a great way to increase enjoyment and reduce anything feeling uncomfortable, dry and reduce friction.

An IUD is not for young women.

**False.** The IUD is a reliable option for a majority of women of all ages.

Only married people can get contraception.

**False.** Contraception should be available at a health clinic for anyone who wants it, no matter if they are married or what their age is.

People with disabilities have the right to choose their method of contraception.

**True.** People with disabilities have the right to choose their contraception, and the number and spacing of their own children. People with disabilities have exactly the same rights as other people, including SRHR.

People with serious disabilities should be made to use contraception to stop them from having babies.

**False.** Preventing someone from having babies is a form of reproductive coercion and a violation of human rights.

Healthcare workers can deny people access to contraception based on their marital status, disability, sexual identity, sex or gender.

**False.** Everyone is entitled access to contraception, regardless of these facts.

Injectable contraceptives can cause young women or women with children to become sterile.

**False.** It may take some time for fertility to return after stopping injections, but women will not become sterile.

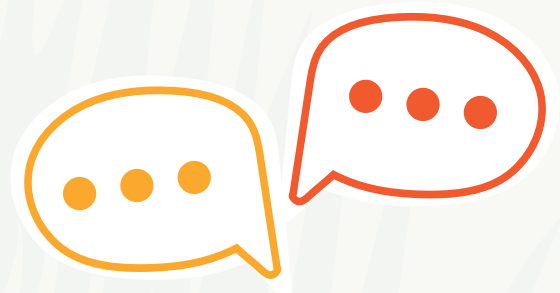
Girls using contraception are highly sexual or are the ones 'sleeping around'.

**False.** Using contraception shows that you care about you and your partner's SRH and are planning for your future. Apart from abstinence, contraception is the only way to prevent the transmission of STIs and unplanned pregnancy. Some people also use contraception to help with their menstruation or acne. Misconceptions like this are harmful towards women and reinforce negative gender roles.

6. Tell participants that is the end of the true or false statements and they can sit back down.
7. To close the activity and encourage reflection **say to participants:** *To reflect on today's activities, let's all share one thing we learnt that was new or helpful for us.*

Facilitators can encourage participants to share, going round in a circle, or "popcorn style" with whoever feels to speak next. Remind participants they have the right to pass also.

8. Conclude the activity by reading out the key messages:
  - Using a condom is a sign of respect to both yourself and your partner
  - There is no excuse for not using a condom
  - People with disabilities have the right to choose their own method of contraception if they want to use it
  - Reproductive coercion is against human rights
  - You should always speak to a healthcare worker or visit a clinic to decide which method is best for you
  - Using contraception assists people to plan for their future
  - Perceptions that girls and women who use contraception are 'sleeping around', 'unfaithful' or 'highly sexual' are untrue and reinforce harmful gender stereotypes
9. Invite participants to ask any questions: Does anyone have any questions about anything we learnt today? You can also come ask after the session in private too.



## 3D

Activity: Gender and condoms<sup>(19)</sup>

### Activity overview:

This activity talks participants through some of the most common barriers people need to overcome to ensure they are using condoms during any kind of sex. They will consider ways to overcome these barriers.

**Age:** All ages

**Time:** 30 minutes

### Learning objectives:

- Acknowledge that deciding to use contraception, and where relevant, preventing pregnancy, are the responsibility of both sex partners
- Critically analyse gender norms regarding responsibility for contraception use and where relevant, pregnancy prevention
- Analyse where condoms and contraceptives can typically be accessed locally, identify barriers that prevent or limit young people's ability to obtain them
- Recognise that no sexually active young people should be refused access to contraceptives or condoms on the basis of their marital status, disability, sexual identity, sex or gender; and understand the legal requirements of informed consent locally

### Sensitive areas:

- Sexual assault/rape
- Gang violence
- HIV

### Resources:

- Worksheet 3D
- Handout 3D (Facilitator copy)

**Preparation:** Print enough copies of worksheet 3D for each pair

**Group composition:** Pairs

### Prior learning:

- Module 6, Activity 2C: Prevention and protection
- Module 6, Activity 2D: Condom demonstration
- Module 6, Activity 3A: Introduction to contraception

**Literacy support:** Required – involves reading

**Technology:** None



## Activity 3D: Gender and condoms

### Instructions:

1. Introduce the activity by **saying something like:** *Today we will be thinking about the different barriers that might stop people from using condoms when they have sex. It does not matter if the sex is vaginal, anal, or oral, condoms should always be used. Remember, condoms are the only contraceptive method that provides protection from STIs/HIV and pregnancy.*
2. Ask participants: Who is responsible to make sure they carry and use a condom?  
**Example answer:** Both people! When two people are about to have sex, they are both responsible for making sure a condom is used. It doesn't matter what gender they are.
3. Place all participants in pairs.
4. Explain that there are many reasons why people do not use condoms, or do not use them correctly.
5. Hand each pair a copy of worksheet 3D. **Say something like:** *In this activity, we will be matching challenging situations with solutions. Your worksheet describes the experience of nine real couples. It also gives suggestions about what might have helped these couples. One-by-one, I will read out the case study and, with your partner, you will decide which solution or solutions fit their situation. Try and think: what might help them use condoms correctly next time?*

The solutions you can choose from are:

**Solution 1:** Information about correct condom use

**Solution 2:** Greater equality and shared power between the girl and the boy

**Solution 3:** Better communication skills

**Solution 4:** Information about where to obtain condoms

**Solution 5:** A more realistic idea of the risk of HIV and pregnancy

**Solution 6:** A safe place to discuss concerns about sex (better confidence)

6. Read out case study 1.
7. Tell participants to decide which solution best fits this couple.
8. Give all the pairs 2 minutes to decide their answer and circle it on their worksheet.
9. After they have circled their answer, give the correct answer and talk about why.
10. Repeat for each case study.
11. Lead the group in a discussion based on the following questions.

Is it legal for health workers to deny young people access to contraception in Samoa?

**Example answer:** No. In Samoa, all young people have the right to access contraception. It is illegal to deny contraception to someone because of their age, gender, sexuality, disability, or marital status (whether married or not married).

What are some barriers that could make it harder for young people to access contraception or other condoms?

**Example answers:**

- Cost
- Lack of available options locally
- Health workers denying young people contraception (for example due to discriminatory attitudes)
- Young people feeling embarrassed to access contraception
- Lack of accurate information about contraception
- Gender roles where men are seen as decision-makers in sexual situations
- Young people with disability may face multiples barriers, including access, transport, cost or health workers incorrectly believing they do not need contraception

How can communication issues stop people accessing contraception?

**Example answer:** If people feel unable to discuss contraception, they might not make a plan to access it. They may feel too shy or embarrassed to ask a healthcare worker about it. They may feel that bringing up contraception will offend or upset their partner. It is a myth that using contraception is a sign that someone does not trust their partner. In reality, using contraception is a sign of respect for both partners and sends a positive message that they are protecting their sexual health.

Do you think both people in a sexual relationship usually have equal say in using condoms or other contraception? Why or why not?

### **i** Facilitator note

If participants suggest that people usually have equal say in using condoms, challenge this belief by asking: When we think of traditional gender roles, who is usually seen as the “taking the lead” or making decisions, especially when it comes to sex? (Wait for participants to answer, and then explain):

**Example answer:** In traditional gender roles, the man is often seen as the “decision maker” and the woman is seen as more passive – this applies to many areas of life including sexuality. This can make it harder for women to insist on a condom being used. A woman may want to use contraception, but the man may not agree or listen to her. This is also a communication issue. People who are in abusive relationships may also find it very hard to insist on condom use because they are afraid for their safety. People who are raped or sexually abused did not consent to having sex in the first place, so it is highly unlikely they are able to insist on condom use. Consent is essential before any sexual activity.

We have discussed a number of barriers young people face accessing condoms and contraception. Do you have any ideas of how to overcome some of these barriers?

**Example answers:**

- Providing youth-friendly health services that empower people to make decisions about their SRH
- Open communication about sexual health including contraception
- Providing young people with accurate information about contraception
- Gender equality – supporting men and women to have equal decision making in a relationship
- Supporting people with disability to access contraception of their choice
- Providing contraception that is locally available to young people at an affordable cost (or free)

12. To close the activity and encourage reflection **say to participants:** *To reflect on today's activities, let's all share one thing we learnt that was new or helpful for us.*

Facilitators can encourage participants to share, going round in a circle, or "popcorn style" with whoever feels to speak next. Remind participants they have the right to pass also.

13. Conclude the activity by reading out the key messages:

- Some of the things that prevent young people using condoms and other contraception include:
  - Not enough or incorrect information about condoms and contraception
  - Discriminatory attitudes towards people with disability
  - Gender inequality where men usually make decisions about sex
  - Poor communication including not talking about contraception
  - Poor access to contraception, due to distance, transport cost and other reasons
  - Health workers that are judgmental and shame young people
  - Poor self-esteem or self-confidence

14. Invite participants to ask any questions: Does anyone have any questions about anything we learnt today? You can also come ask after the session in private too.



## Worksheet 3D: Condom case studies

**Solution 1:** Information about correct condom use

**Solution 2:** Greater equality and shared power between the girl and the boy

**Solution 3:** Better communication skills

**Solution 4:** Information about where to obtain condoms

**Solution 5:** A more realistic idea of the risk of HIV and pregnancy

**Solution 6:** A safe place to discuss concerns about sexual performance

**Couple A:** These two young people have sex, using condoms. After the boy ejaculates, he lies still for five minutes. His penis becomes soft and smaller, and when he moves a little, he is shocked to realise that a little bit of his semen is dripping out of the condom at the opening of his girlfriend's vagina.

**Couple A needs:** (circle a number)

1                    2                    3                    4                    5                    6

**Couple B:** These two young people have decided to have sex and to use condoms. One of them has a disability. One partner searches the local market but doesn't find condoms for sale. The other thinks that condoms might be available at school, but the nurse says no. Each of them hopes that the other found condoms. That weekend, they begin to have sex. They are both embarrassed to say what happened, so they ignore the subject and just go ahead and have sex without using a condom.

**Couple B needs:** (circle a number)

1                    2                    3                    4                    5                    6

**Couple C:** These two young people want to have sex. The girl tells her boyfriend that she brought condoms, but he says, "No way... those feel lousy!" She tries to insist but he becomes angry, tells her she is acting like a baby, and asks if she really loves him or not. Finally, she gives up arguing and they have sex without the condom.

**Couple C needs:** (circle a number)

1                    2                    3                    4                    5                    6

**Couple D:** These two people want to have sex and have agreed to use condoms. But when the moment comes to use them, the boy starts fumbling with the condom package and loses his erection. This time, they skip intercourse. But the next time they are together, he becomes anxious about losing his erection again. He tells his girlfriend that condoms ruin the atmosphere and so they agree to go ahead and have sex without a condom.

**Couple D needs:** (circle a number)

1                    2                    3                    4                    5                    6



**Couple E:** These two young men have decided to have sex. Both of them think it is a good idea to use condoms, but they are afraid that their partner will think they are “dirty” if they suggest using condoms. In the end, neither one knows how to bring it up, so they have sex without a condom.

**Couple E needs:** (circle a number)

1                    2                    3                    4                    5                    6

**Couple F:** This boy and girl are 17. They are not married but they are in a relationship and want to have sex. The girl tried to get condoms at a health clinic but they ask her if she is married and she says no. She feels confused about what to do. She wants to finish school and she does not feel ready to be a mother. But she also wants to take the next step and have sex with her boyfriend. They have sex without a condom.

**Couple F needs:** (circle a number)

1                    2                    3                    4                    5                    6

**Couple G:** These two people decide to have sex. The girl asks if they should use protection, but the boy says that condoms don't feel good and he doesn't want to use them. The girl shrugs and doesn't say anything in response. They have sex without a condom.

**Couple G needs:** (circle a number)

1                    2                    3                    4                    5                    6

**Couple H:** These two people decide to have sex. They discuss whether to use condoms to protect against HIV but agree that they would know if they were sick. So they go ahead and have sex without using condom.

**Couple H needs:** (circle a number)

1                    2                    3                    4                    5                    6

**Couple I:** A 17-year-old girl is having sex with a 25-year-old man who gives her gifts and sometimes gives her money to help with her expenses. Sometimes he uses condoms, but this time he doesn't have a condom with him. She thinks that they should wait and have sex another time, but he promises it will be okay without a condom. She already took money from him this week, so she feels she cannot refuse. They have sex without the condom.

**Couple I needs:** (circle a number)

1                    2                    3                    4                    5                    6

## Handout 3D: Condom case studies (Facilitator copy)

### Note to facilitator:

The following list identifies the main “solutions” for the couple in each story. For any story, participants may suggest additional solutions. Be flexible in responding, but at a minimum, be sure that the solutions listed below are included in the final answers.

<b>Couple A</b>	Solution 1 (information about accurate condom use)
<b>Couple B</b>	Solution 4 (information about where to obtain condoms), also; Solution 3 (better communication skills)
<b>Couple C</b>	Solution 2 (greater equality and shared power between the girl and the boy), also; Solution 3 (better communication skills)
<b>Couple D</b>	Solution 6 (a safe place for the boy to discuss performance anxiety)
<b>Couple E</b>	Solution 3 (better communication skills), also; Solution 5 (a more realistic idea of the risk of HIV and pregnancy)
<b>Couple F</b>	Solution 4 (information about where to obtain condoms), also; Solution 3 (better communication skills)
<b>Couple G</b>	Solution 2 (greater equality and shared power between the girl and the boy)
<b>Couple H</b>	Solution 5 (a more realistic idea of the risk of HIV)
<b>Couple I</b>	Solution 2 (greater equality and shared power between the girl and the boy)

## 3E

## Activity: Starting a conversation about sex and safety



### Activity overview:

This activity will allow participants to practice having tricky conversations about sex and safety. Good communication and feeling confident can help participants to improve contraception use and make sure their partners are respecting their sexual health decisions.

**Age:** All ages

**Time:** 60 minutes

### Learning objectives:

- Acknowledge that deciding to use contraception, and where relevant, preventing pregnancy, are the responsibility of both sex partners
- Recognise that no sexually active young people should be refused access to contraceptives or condoms on the basis of their marital status, disability, sexual identity, sex or gender; and understand the legal requirements of informed consent locally

### Sensitive areas:

- STIs
- Unplanned pregnancy

### Resources:

- Handout 3E
- Butchers paper or board
- Markers

**Preparation:** Print copies of handout 3E for every pair.

**Group composition:** Pairs

### Prior learning:

- Module 6, Activity 3C: Contraception true/false
- Module 6, Activity 3C: Gender and condoms

**Literacy support:** Required. Participants can use handout 3E to read the case studies or these can be read out by the facilitator.

**Technology:** None



## Activity 3E: Starting a conversation about sex and safety

### Instructions:

1. Introduce the activity by **saying something like:** *In this activity, we are going to practice having conversations about sexual safety. We all want to feel confident to speak to our partners about having sex and to make sure our sexual rights are being upheld and respected. Even if you might not be ready to have sex now or soon, it is important to practice having conversations that may happen in the future.*
2. Ask participants to form pairs (mixed gender or same sex).
3. Write the following topics on the board or butchers paper at the front of the room:
  - Whether or not to have sex
  - Previous sexual experience
  - STIs
  - Using condoms
  - Preventing pregnancy
4. **Explain:** *In your pairs, you will practice starting conversations about difficult but important subjects. For each of the topics on the board, discuss how to start a conversation (what they could say) with a potential sex partner. Think about at least one specific way to open the conversation. It's also important to decide when these conversations should take place – when you first meet? After a first kiss? When you are already in a sexual situation?*
5. Give pairs 10 minutes to come up with ways to start a conversation on each topic on the board/butchers paper.

### Facilitator note

Facilitators should go around the room and check conversations. It is important to make sure that practice conversations are respectful, open and avoid any judgement. It is important that conversations are productive and positive.

6. For each topic, ask one group to share their ideas and write their responses on the board.

### Example answers:

- I'd like to hear your thoughts about us having sex. Do you think you are ready to talk about this?
- I'm interested in talking about where our relationship is going. What are your thoughts about having sex?
- Before we have sex, I think it's important that we talk about keeping ourselves safe and protection from STIs
- I think it's important we talk about contraception before we have sex. How do you feel about using condoms?
- Before we have sex, we should talk about how we can prevent pregnancy. Are you comfortable having this conversation together?

7. After participants have given examples of what they might say to start a conversation about these topics, ask:

Does anyone want to share a different suggestion? (add these to the list)

Which ideas do you think might work and why?

Are there any suggestions that you think may not be a good approach?

**Example answers:**

- Speaking to your partner in an aggressive or angry way
- Making assumptions about your partner
- Starting a conversation as an argument
- Starting a conversation that sounds judgemental (judgemental meaning “unnecessarily critical”)

8. After reviewing all five topics, ask:

What can make it easier to have these types of conversations?

**Example answers:**

- Being kind and accepting
- Not being judgemental
- Speaking in private
- Choosing an appropriate moment to start the conversation
- Have the conversation while you go for a walk or do an activity together so that it doesn't feel so awkward or intense
- Making sure you listen to your partner
- Getting all the correct information first
- Going to a health clinic together
- Looking at reliable online sources together

9. **Say something like:** *Now we will practice thinking about how these conversations might go in real life. This part will be done in your pairs.*
10. **Explain:** *The first person will start the conversation. However, the role of the second person is to make the conversation difficult. The second person may show awkwardness, might disagree, or might try to avoid the conversation or change the subject. The job of the first person is to try to keep the conversation moving forward, at least a little bit.*
11. Ask for two volunteers to act out a conversation about the first topic (whether to have sex).
12. Ask the volunteers to try acting out the scenario. Showing how Lomu wants to talk about it, but Kiki is being difficult. The role play instructions are on handout 3E.

13. After they have finished, facilitate a brief discussion with everyone, using the following questions:

What went well?

**Probe with:** Did someone try to begin a difficult conversation? What did they say that worked well?

What might have been handled differently?

**Probe with:** Was there positive communication from both people? Was there anything you noticed that did not work well?

Was the conversation realistic?

**Probe with:** Why/why not was it realistic? Do you think this is what happens when young people talk about sex?

Do you have any advice for Lomu or Kiki?

14. Repeat Steps 11 – 13 for as many of the following scenarios as time allows.

15. Wrap up with the following questions, writing key responses on the board.

Before you have a conversation like this, what do you need to think about yourself?

**Probe for:** How you feel, what you want, what you want to say.

What are some tips for successful communication?

**Probe for:** Active listening, not taking things personally, empathising with the other person, understanding where they are coming from, being honest, talking about how your feelings, doing it in a private environment.

What are some tips for saying “no” respectfully?

**Probe for:** Being honest about how you feel, use facts and information that shows the importance of using contraception, not making them feel stupid.

What rights does each person have?

**Probe for:** The right to express your opinion, the right to say no, the right to protect your own health.

Who is responsible for starting such conversations in a relationship? Why?

**Probe for:** It is the responsibility of both people to start conversations in a relationship.

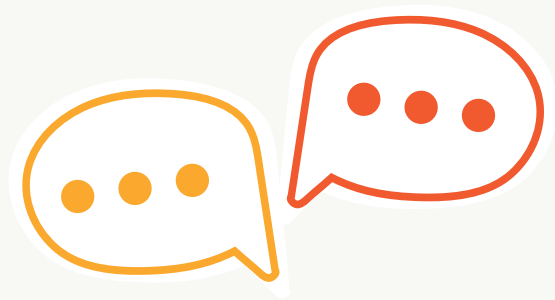
16. To close the activity and encourage reflection **say to participants:** *To reflect on today’s activities, let’s all share one thing we learnt that was new or helpful for us.*

Facilitators can encourage participants to share, going round in a circle, or “popcorn style” with whoever feels to speak next. Remind participants they have the right to pass also.

17. Conclude the activity by reading out the key messages:

- It is important to learn how to have tricky conversations about sex even if you feel embarrassed
- Having these conversations can help you feel empowered and take control of your sexual health
- Confidence and self-esteem can help improve contraception use
- Good communication and conversations can improve contraception use

18. Invite participants to ask any questions: Does anyone have any questions about anything we learnt today? You can also come ask after the session in private too.



## Handout 3E: Starting a conversation role plays

**Instructions:** Copy enough copies of this handout for each pair.

**Lomu or Kiki** have been dating for a while now and have begun to feel close physically. They have not had sex. Lomu believes that they could become more sexually involved and is really worried about STIs. Right now they are taking a walk.

**Instructions:** *Lomu will start the conversation, however, Kiki should make the conversation difficult. Kiki should show awkwardness, she might disagree, or might try to avoid the conversation. The job of Lomu is to try to keep the conversation moving forward, at least a little bit.*

**Anjali and Mo.** Anjali starts a conversation with Mo about STIs. Anjali thinks they should both get tested for STIs. Mo thinks they don't need to.

**Falani and Alofi** have talked and they think they want to have sex. Falani starts a conversation with Alofi about using condoms.

*[Instruct "Falani" privately that he does not want to have sex without a condom and instruct "Alofi" privately that she does not think they need to use condoms.]*

**Elia and Sieni** have four children and Sieni doesn't want any more. She wants to go to a health clinic and speak to a nurse about her contraceptive options. She doesn't know how to bring it up with Elia.



## 3F

## Activity: What's best for me? A roadmap



## Activity overview:

Every person is different, so deciding what form of contraception works best for each person is very important. This activity uses case studies to help participants make decisions about what type of contraception might be best. It is important that young people can develop a plan for accessing preferred methods of contraception when they need it but applying this to their own personal life within a group setting might not be appropriate. That's why case studies are used instead, to make things less personal.

**Age:** All ages

**Time:** 60 minutes

## Learning objectives:

- Analyse where condoms and contraceptives can typically be accessed locally, identify barriers that prevent or limit young people's ability to obtain them
- Develop a plan for accessing preferred method of contraception when young people may need it
- Recognise that no sexually active young people should be refused access to contraceptives or condoms on the basis of their marital status, disability, sexual identity, sex or gender; and understand the legal requirements of informed consent locally

## Sensitive areas:

- STIs
- Unplanned pregnancy

## Resources:

- Butchers paper
- Markers
- Handout 3F
- Spare paper
- Pencils

**Preparation:** Create four copies of handout 3F

**Group composition:** Four groups



**Prior learning:**

- Module 6, Activity 3B: Contraception advertising
- Module 6, Activity 3C: Contraception true or false
- Module 6, Activity 3D: Gender and condoms

**Literacy support:** Required. Participants can use handout 3F to read the case studies. Alternatively, these can be read out by the facilitator.

**Technology:** None

## Activity 3F: What's best for me? A roadmap

**Instructions:**

1. Introduce the activity by **saying something like:** *Every person is different, so deciding what form of contraception works best for each person is important. Some young people may choose not to have sex, and that is okay but abstinence may not be a reliable, long-term option. Therefore, it can be a good idea that every person makes an individual plan to help them decide what options might be best for them, and where they can get these options. We need to think to ourselves, what works for me? Why might that be a better option? Where can I get the option that works best for me? When do I want to start using that option? Who can I speak to about my decision? Speaking to a healthcare worker is an important part of choosing a contraception option that suits you.*
2. Split participants into four groups.
3. Write the following questions on a sheet of butchers paper at the front of the room:
  - What type(s) of contraception might be best?
  - Why?
  - Where can these young people access this option?
4. As a whole group, go through the first example of the handout (Mema and Tavita) to demonstrate an example.
5. Read out loud the first case study and answer the questions together as a group: *Mema and Tavita always use condoms when they have sex but Tavita said it would be good for them to be extra careful. Mema has an intellectual disability which makes it easy for her to forget things.*

What type(s) of contraception might be best?

**Example answer:** Suitable contraception options for Mema and Tavita could include an IUD or an implant. Remember, pairing contraception with condoms is important to prevent the transmission of STIs.

Why?

**Example answer:** Because Mema forgets things easily, options such as the contraceptive pill might not be suitable for her and Tavita. With an IUD or an implant she does not need to think about it. All she has to do is visit a healthcare clinic.

Where can these young people access this option?

**Example answer:** Mema and Tavita will need to discuss these options with a healthcare worker at a clinic.

6. Give each group handout 3F and assign each group to discuss a different case study, either:
  - Nemaia and KJ
  - Soti and Mele
  - Samu and Lia
  - Sina
7. Explain to the participants that they will have 10 minutes to discuss their case study. They can use the questions on the butchers paper to guide their discussion.
8. After 10 minutes, have groups present their case study and ideas to the other groups. Ask if anyone has any questions about the case studies.
9. Bring all the groups together to have a discussion about the following questions:

Even if someone wasn't thinking about having sex soon, is it a good idea for them to think about contraception? Why/why not?

**Example answer:** Yes, it's a good idea to be prepared in advance. Whether you are sexually active now or will be in the future, it's important to know how to reduce the risk of unplanned pregnancy and STIs. Contraception helps people to choose if, when, and how many children to have. It's important to know about contraception so that you can prevent STIs and plan for your future.

What things can young people think about now to help prepare them for the future?

**Example answers:**

- What contraceptive options are available near them
- What contraceptive options they can afford
- What options they do not want to use and why
- Which option is the easiest for them
- The age they would think about having kids, their career goals etc.
- Who they can talk with to decide which option is best for them

10. On a large sheet of butchers paper, draw a winding road that starts at the bottom of the page and goes all the way to the top that bends all over the page. At the bottom of the page write 'now' and then at the top, by the end of the road, write 'later'.
11. Ask participants to use this as a guide to think about their own personal plans for accessing contraception.
12. Give each young person a piece of paper.
13. Tell participants to draw their own road to starting a family. They will have 20 minutes to do this.  
**Say something like:** *Imagine that you are catching the bus, and this road is your journey to having a family if you want one. If you don't, it can just be your road into becoming an adult and eventually having sex, if that is something you want to do. It can be a long journey, it can have lots of barriers and lots of places to stop off at on the way like university, careers, sporting achievements etc. Think of this as a plan for everything you might need to do between now and having sex, or even later when you start having a family. You will have 20 minutes to complete this activity. This activity can be completely confidential, you don't need to share your roadmap with anyone else if you don't want to. If you would prefer, you can use one of the case studies from earlier and create a roadmap for one of the characters.*
14. Instruct participants to draw their plan and they can incorporate some of the following symbols – or they can make up their own! (you can write these on a piece of butchers paper at the front of the room).

**Road blocks or bumps in the road** = any barriers that young people might face when accessing contraception like disapproval or judgement from family

**Flowers by the road** = their strengths to help them get their preferred method of contraception

**People on the same bus** = support people that can help them or people they trust

**Buildings** = other things they need to consider like university, school, religion etc.

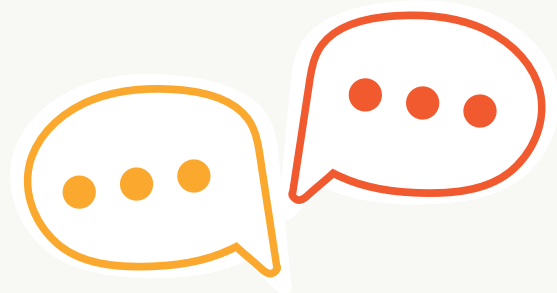
15. After everyone has created their roadmap, ask if anyone has questions.
16. To close the activity and encourage reflection **say to participants:** *To reflect on today's activities, let's all share one thing we learnt that was new or helpful for us.*

Facilitators can encourage participants to share, going round in a circle, or "popcorn style" with whoever feels to speak next. Remind participants they have the right to pass also.

17. Conclude the activity by reading out the key messages:

- Having a contraception plan helps protect your sexual health and the health of others
- Whether you are sexually active now or will be later, it's important to know how to reduce the risk of unplanned pregnancy and STIs
- Contraception helps people to choose if, when, and how many children to have. It's important to know about contraception so that you can prevent STIs and plan for your future
- Pairing condoms with other types of contraception is important to prevent the transmission of STIs
- It's important that older family or community members do not judge or stigmatise people for planning their contraception options
- No young person should be refused contraception or condoms because they are not married, or because of their disability, age, sexual identity, gender or sex

18. Invite participants to ask any questions: Does anyone have any questions about anything we learnt today? You can also come ask after the session in private too.



## Handout 3F: What's best for me? A roadmap

**Instructions:** Make four copies of this handout.

### **Mema and Tavita**

Mema and Tavita always use condoms when they have sex but Tavita said it would be good for them to be extra careful. Mema has an intellectual disability which makes it easy for her to forget things.

### **Nemaia and KJ**

Nemaia and KJ don't use any method of contraception when they have sex. They recently went to a sexual health workshop that talked about STIs. They have decided they want to protect themselves from STIs but don't know what to use.

### **Soti and Mele**

Soti and Mele respect each other a lot and they have a good relationship. Mele is finishing school and Soti got a great job. They want to become closer but they are both not ready to have a family. They are open to lots of different ideas about intimacy.

### **Samu and Lia**

Samu and Lia have already had three children and they don't want any more.

### **Sina**

Sina is a sex worker and she always makes sure condoms are used. However, sometimes, men break the rules and try to have sex with her without a condom. She wants to be absolutely sure there is no risk to her getting pregnant.

## Topic 3: Contraception

### Key messages of this topic:

- Abstinence can mean different things to different people but can be used to prevent pregnancy
- Abstinence may not be reliable or realistic for many young people and having knowledge about contraceptive options is important
- If you choose to have sex, using condoms and modern methods of contraception can prevent unplanned pregnancy
- Pairing condom-use with other forms of contraception are important to prevent pregnancy and reduce the risk of transmitting STIs
- It is very important to use contraception correctly, every time you have sex
- Emergency contraceptive pills (where available) can prevent pregnancy after unprotected sex, or in cases of sexual assault
- Deciding to use contraception and preventing pregnancy are the responsibility of both sex partners
- Gender roles can impact contraception use and pregnancy prevention
- There are barriers that can stop young people getting contraception. These include negative attitudes or stigma towards sex and contraception, incorrect information, if contraception is too expensive, or if it's hard to access
- Making a contraception plan can help young people overcome these barriers
- Contraception should be available to all young people. It does not matter if you are married or not, your age, disability, sexual identity, sex or gender





# MODULE 6

## TOPIC 4

### HEALTHY PREGNANCY

#### Topic overview

Maternal health refers to the health of women during pregnancy, childbirth and after giving birth. The choice to become a parent is a right for all people regardless of their gender, sexual orientation, gender identity or disability. Having up-to-date and correct information about conception, fertilisation, pregnancy, contraception and unsafe abortion can help young people make informed decisions about their bodies, avoid unplanned pregnancies and develop plans for healthy pregnancies.

Poor health outcomes for women or babies during or after pregnancy are mostly preventable. Therefore it is important that young people can identify the inequalities that might affect health outcomes, understand how pregnancy can occur and how to look after themselves in the case of planned or unplanned pregnancies.



#### Topic learning objectives

Facilitator version	Participant version
Assert that everyone should be able to decide whether or not and when to become a parent, regardless of gender, sexual orientation, gender identity, or disability	Understand that everyone has the right to decide when to become a parent, including people with disabilities or who have diverse SOGIE
Explain the process of fertilisation and conception (where pregnancy begins when the egg and sperm unite and implant in the uterus)	Explain how fertilisation happens
List the common signs of pregnancy and tests available to confirm a pregnancy	List the signs of pregnancy and tests that show pregnancy
Describe the benefits of child-spacing and delaying marriage and pregnancies and explain associated health risks	Describe the advantages of getting married and having children later in life and the spacing of pregnancies
Express preferences about if and when to become pregnant	Have an idea about if and when to become pregnant
Examine the relevant human rights, laws, and policies that protect the rights of adolescent mothers to continue and complete their education and have access to reproductive health services without discrimination	Examine rights, laws or policies that allow young mothers to continue their education
Identify a range of health and support services available to a pregnant woman in the case of unplanned or planned pregnancy	Identify where a woman can get support for pregnancy
List some of the serious health risks associated with unsafe abortion	Know the health risks that could happen due to an unsafe abortion



Facilitator version	Participant version
Assess prenatal practices that either contribute to or threaten a healthy pregnancy	Assess different practices that happen during pregnancy that can either be positive or negative for a pregnancy
Develop a plan for supporting a healthy pregnancy, including identifying a parent/guardian or trusted adult to talk to if experiencing signs of pregnancy	Develop a plan outlining where to get support during pregnancy
Demonstrate how to access prenatal services	Develop a pregnancy plan
Examine the role of men in supporting women to ensure a healthy pregnancy	Examine the role of men in supporting women during pregnancy
Acknowledge that adoption is an important option for people who are not ready or able to become parents	Acknowledge that adoption is an important option for people who might not be ready to have a baby

## Activities

Activity		Time	Page	Handout
4A: Conception and “next steps”		60 minutes	110	Yes
4B: Pregnancy: Who, what and how		60 minutes	116	Yes
4C: It’s our right		45 minutes	122	No
4D: What’s next?		60 minutes	125	Yes
4E: Walking in her shoes		60 minutes	133	Yes
4F: Family planning and empowerment		45 minutes	142	Yes
4G: Our stories		60 minutes	149	Yes
4H: #PacificPossible		60 minutes	155	No

## 4A

Activity: Conception and “next steps”<sup>(25)</sup>**Activity overview:**

This activity is to help participants understand how pregnancy can happen (conception). The activity also looks at the things that can impact the decisions we make about pregnancy and contraception. This information is for all people. Every person with a uterus has the right to start their own family, if that’s what they want, and this includes women with disabilities, transgender men or people who have diverse sexual orientation, gender identity and expression. Emphasise the right of everyone to make their own decisions about reproduction. Use the group agreement to remind participants that this is a safe space and respect is important.

**Age:** All ages

**Time:** 60 minutes

**Learning objectives:**

- Assert that everyone should be able to decide whether or not and when to become a parent, regardless of gender, sexual orientation, gender identity, or disability
- Explain the process of fertilisation and conception (where pregnancy begins when the egg and sperm unite and implant in the uterus)

**Sensitive areas:**

- Unplanned pregnancy
- Sexual assault

**Resources:**

- Markers
- Handout 4A

**Preparation:** Have information available for participants about where local health clinics are and where they can access types of contraception. Print Handout 4A.

**Group composition:** Three groups

**Prior learning:**

- Module 1, Activity 2C: Disability and social inclusion
- Module 5, Activity 2D: So that’s how babies are made
- Module 6, Activity 3B: Contraception advertising

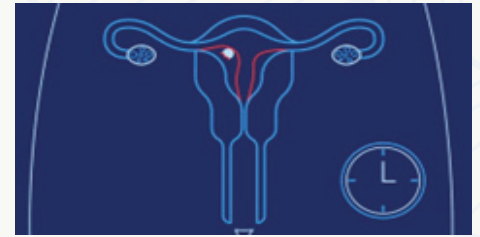


**Literacy support:** Required – involves a small amount of reading and writing

**Technology:** Optional

Planned Parenthood video called 'How do you get pregnant?'  
(1 minute 58 seconds)

<https://www.youtube.com/watch?v=n04NptZI4QQ>



## Activity 4A: Conception and “next steps”

### Instructions:

1. Introduce the activity by **saying something like:** *In this activity we will do a quick refresher on how conception, or making a baby, happens. Then we will talk about decisions that need to be carefully considered when a person is pregnant.*
2. Remind participants about the group agreement and acknowledge that people in the group might have different ideas based on their values, culture or religion.
3. Ask the group: What do we mean by “conception”?
4. Explain: **“Conception”** *is the process of conceiving (or making) a baby.*
5. Divide the participants into two groups. Each group will work with one topic each:
  - a. Group 1 Conception
  - b. Group 2 Next steps
6. Group 1 working on conception. Give Group 1 the following sentences in a random order. Working together, they must put them in the correct order from what happens first to what happens last.
  - The ejaculated sperm travels from the vagina through the cervix to the uterus
  - The mature egg leaves the ovary and enters the fallopian tube
  - The ovary releases an egg (ovulation)
  - There is ejaculated sperm in the vagina
  - The egg is fertilised by a sperm
  - The fertilised egg attaches itself to the uterine wall (implantation)
  - The sperm meets the egg in the fallopian tube

7. Group 2 will answer the following question: If conception happens and someone gets pregnant, what are the factors to think about when deciding whether to go ahead with the pregnancy?
8. Each group will have 15 minutes to complete their task.
9. Group 1 must present first. The correct order is:
  - The ovary releases an egg (ovulation)
  - The mature egg leaves the ovary and enters the fallopian tube
  - There is ejaculated sperm in the vagina
  - The ejaculated sperm travels from the vagina through the cervix to the uterus
  - The sperm meets the egg in the fallopian tube
  - The egg is fertilised by a sperm
  - The fertilised egg attaches itself to the uterine wall (implantation)
10. Explain the process of conception: **Say something like:**
  - *Every month, the ovaries produce eggs and some eggs become mature*
  - *Around the same time, hormones released by the ovaries help prepare the lining of the uterus so the body is ready for pregnancy*
  - *The mature egg leaves the ovary and travels through the fallopian tube*
  - *A mature egg stays in the fallopian tube for around 24 hours*
  - *If sperm enters the vagina through ejaculation during sexual intercourse, the sperm can swim from the vagina through the cervix and into the uterus and fallopian tubes, where they can stay for up to six days waiting for an egg*
  - *If a sperm meets an egg and joins together, it is called fertilisation*
  - *The fertilised egg travels towards the uterus over a period of around 5 days*
  - *In the uterus, it might be able to attach itself to the uterine wall. This process is called implantation. Pregnancy starts with implantation*

*The sperm, which is a part of the semen produced by the testicles, may enter the vagina in different ways. The most common way is through the penis during unprotected sex.*
11. Optional: play the following video from Planned Parenthood to explain this process.  
<https://www.youtube.com/watch?v=n04NPtZI4QQ>

12. Group 2 will present to explain their discussions around if conception happens and someone gets pregnant, what are the factors to think about when deciding whether to go ahead with the pregnancy?

**Example answers:**

- Did this person choose to be pregnant? (Or did the contraceptive method fail, or was there sexual assault?)
  - Does this person want a child? (Are they ready to have a child? Do they feel old enough to have a child? Do they have other things they want to focus on?)
  - Do they have support? (Does their partner or family support them? Do they have friends that can support them? Is counselling or mental health support available? Are clinics accepting and friendly?)
  - Do they have enough financial support? (Do they have an income? Do they have any savings? Can they afford a child? Who can help support them financially?)
  - Will the pregnancy cause an impact on health? (How old is the pregnant person? Do they have any health issues?)
13. After Group 2 has shared their thoughts, **say something like:** *While these factors are important to consider, many other parts of a person's life can also impact a person's decision. After thinking about all these things, the person may decide to go ahead with the pregnancy, adoption or have an abortion. These options will be discussed in later activities.*
14. Work through the discussion questions as a group:

**Discussion questions:**

How do social, cultural and religious ideas impact information and attitudes around pregnancy?

**Example answers:**

- Disapproval of pregnancy in women with disabilities. People may wrongly believe that women with disabilities are not sexual, cannot become pregnant or cannot be parents. However, every person has sexuality and every person has the right to be a parent if they wish to.
- Negative attitudes about pregnancy outside marriage. Religious or community disapproval may prevent of young people who have children outside marriage may prevent young people from accessing important pre and post-natal pregnancy health checks.
- Lack of support for pregnancy in non-heterosexual couples. Some young people of diverse SOGIE may be denied support from health services, community or family if they are raising a child in a same-sex relationship.

Does every person want to have children?

**Example answer:** Pregnancy is a personal choice. All people, whether or not they are married, their sexual orientation, gender identity or expression and disability, have a right to decide if they want children, when they want children and how many. Forcing someone to have children if they do not want to (for example, by denying someone contraception) is a form of reproductive coercion. Denying someone the ability to have children (for example, forced sterilisation) is another form of reproductive coercion. Women with disability are especially at risk of forced sterilisation. Both forms of reproductive coercion are a violation of human rights.

Is pregnancy only a matter for women to be concerned about?

**Example answer:** No! The burden of pregnancy often falls upon women. However, this does not mean that contraception is only the responsibility of women. Both partners are responsible for contraception. Partners can offer great support for women during pregnancy, including partners of pregnant women with disability. Partners can also support women to access and use contraception.

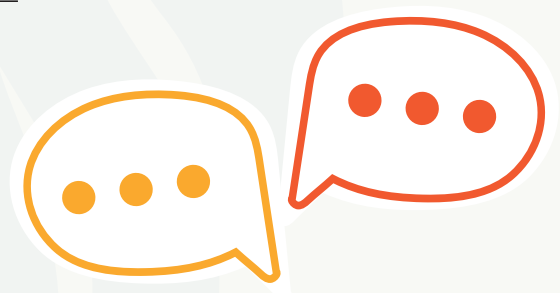
15. To close the activity and encourage reflection **say to participants:** *To reflect on today's activities, let's all share one thing we learnt that was new or helpful for us.*

Facilitators can encourage participants to share, going round in a circle, or "popcorn style" with whoever feels to speak next. Remind participants they have the right to pass also.

16. Conclude the activity by reading out the key messages:

- Pregnancy is a personal choice; all people, whether or not they are married, have a disability or are sexually or gender diverse have a right to decide if they want children, when they want children and how many
- Women with disabilities have a right to have a child, just as much as women without a disability
- The burden of pregnancy often falls upon women; however, this does not mean that contraception is only the responsibility of women
- Both partners are responsible for contraception
- Partners of people with disabilities can play important roles in supporting their partner access and use contraception

17. Invite participants to ask any questions: Does anyone have any questions about anything we learnt today? You can also come ask after the session in private too.



## Handout 4A

### Instructions:

Group 1: Correctly number the order of these stages of conception from first to last.

	The ejaculated sperm travels from the vagina through the cervix to the uterus
	The mature egg leaves the ovary and enters the fallopian tube
	The ovary releases an egg (ovulation)
	There is ejaculated sperm in the vagina
	The egg is fertilised by the sperm
	The fertilised egg attaches itself to the uterine wall (implantation)
	The sperm meets the egg in the fallopian tube

## 4B

Activity: Pregnancy: Who, what and how<sup>(26)</sup>

## Activity overview:

This activity is about helping participants understand who is involved in healthy pregnancies, what needs to happen and how this can be done. The first part of the activity involves a short charade. Volunteers will act out different pregnancy symptoms. It is a good idea to start the activity without giving any background to what the activity might be about. The second part is a quiz to test knowledge. The third part is a role play to demonstrate new knowledge.

**Age:** All ages

**Time:** 75 minutes

## Learning objectives:

- List the common signs of pregnancy and tests available to confirm a pregnancy
- Identify a range of health and support services available to a pregnant woman in the case of unintended or intended pregnancy
- Assess prenatal practices that either contribute to or threaten a healthy pregnancy
- Demonstrate how to access prenatal services

**Sensitive areas:** STIs

## Resources:

- Butchers paper
- Markers
- Handout 4Ba (Facilitator copy)
- Handout 4Bb
- Scissors
- Two baskets (or anything to pull cards out of)



**Preparation:** Facilitators should have information available for participants about local prenatal services. Handout 4Ba is for facilitators only so does not need to be printed. Facilitators should print handout 4Bb and cut out the two categories into individual cards. Place 'who' cards in one basket and 'what' cards in another.

**Group composition:** Groups of three people

**Prior learning:** Module 6, Activity 4A: Conception and "next steps"

**Literacy support:** Not required

**Technology:** None



## Activity 4B: Pregnancy: Who, what and how

### Instructions:

1. Introduce the activity by **saying something like:** *This activity involves a quick game of charades and a quiz. "Charades" is a game where someone acts out a word without speaking or making any sounds. You will have to guess what it is about as you do the activity.*

#### Facilitator note

Do not tell participants that this activity it is about pregnancy, as guessing this is part of the game.

2. Ask for five volunteers. Tell each volunteer (privately so that no one else in the group can hear) that they will each be role playing a different sign of pregnancy. They have to act out their sign in front of the rest of the group without talking. The role plays might be a little silly so expect some laughing or giggling! Explain that each of the people in the game is playing a "female" role (even if the volunteer is another gender).
3. Assign each volunteer one of the following pregnancy signs:
  - Late or missed menstrual period
  - Tender, bigger breasts
  - Feeling very tired
  - Feeling sick and/or vomiting
  - Having to pee more often
4. Don't give the audience any information about what the volunteers are doing. **Say something like:** *Something is happening to each of these participants! As the audience, it is your job to work out what they are doing, and then work out what they all have in common. The actors are not allowed to talk during the role play, you have to pay attention to what they are doing.*
5. Get all volunteers to act out their symptoms at the same time. They will have 20 seconds.
6. Ask all participants: What do all of these volunteers might have in common?

**Answer:** They are all showing signs of pregnancy.

7. **Say something like:** *Not all pregnant people experience the same signs of pregnancy. Some people can be pregnant without having any of these signs. If two people have had vaginal sex without using contraception, and the person with a uterus is noticing any of these signs, they should take a pregnancy test and an STI test. If they have an STI, they could pass this to their baby if they get pregnant. They might need treatment to prevent them from passing the STI to the baby. Some common early signs of pregnancy include:*

- Missing a menstrual period – however, this should not be the only way to prove pregnancy; adolescent girls and young women might have irregular periods even if they are not pregnant
- Late menstrual period
- Tender, bigger breasts
- Feeling very tired
- Feeling sick to their stomach and/or vomiting
- Having to pee more often

8. Ask: If someone is experiencing these signs, how can they know for sure if they are pregnant?

**Example answers:**

- Visit a health clinic and tell them about the signs they have been experiencing
- They can use a home testing kit which checks for a certain hormone in a woman's urine that is usually present 10-14 days after unprotected vaginal sex but if they are done too early they can give a false result and it is best to wait until around 3 weeks or after a missed period
- Discuss ultrasound and blood test options with the doctor or nurse

9. Ask: Where are some local health services available to pregnant women in this area?

**i Facilitator note**

Facilitators should have information about where young people can go for pre-natal services in their local area.

10. Explain: *Pregnant women should test for STIs three times during their pregnancy (one time per trimester, meaning once at the beginning, once in the middle, and once during the later stages of pregnancy).*

11. **Ask participants:** What can others do to support women to have a healthy pregnancy?

**Example answer:** Having a healthy pregnancy is not just a women's responsibility. Partners and other family members should support pregnant women to attend all their antenatal checks (for example, by going with them on providing money for transport), provide emotional support and encouragement, make a plan to support the delivery of the baby (such as how to get to the hospital or clinic), and so on.

12. Explain to participants that they will now be using their knowledge to play a short game called 'two truths and one lie'.

13. Break the group into smaller groups of three people.

14. Explain the game **by saying:** *I will read three statements out loud to the groups. One of these statements is not true and two of them are true. Each team will decide which of the three statements they think is a lie, meaning it's not true. Their team captain will then raise one finger if they think the first statement is a lie, two fingers if they think the second statement is a lie, or three fingers if they think the third statement is a lie. I will then read the answer aloud.*
15. Using handout 4Ea, read out the 'Pregnancy signs' statements including the number at the beginning.
16. Give teams 15 seconds to discuss their answer and hold up either one, two or three fingers (depending on which one they think is the lie).
17. Give the correct answer and repeat for the other statements in handout 4Ea.
18. Explain: Now you are going to use your knowledge to do a role play called: 'Who, what and how'.
19. In their groups of three, tell each group that there are two baskets and they should take one card from each (without reading the cards).
20. Ask the first group to come up and draw their cards.
21. Tell each group they now have 15 minutes to plan acting out a scenario using their three cards.  
**Say something like:** *The cards you have drawn from the hats will give you two/three characters and a scenario. Your job is to show a positive example of how those two/three people handle their scenario. For example, let's say you draw a card that says 'Youth leader and a teenage couple who discover they are pregnant', as well as a card that says 'confirming a pregnancy'. Your role play needs to show a youth leader supporting and providing the young couple with information about how they can confirm their pregnancy. Remember, your role plays need to be positive, helpful and non-judgemental.*
22. Tell groups to start practicing. Walk around to the different groups and ask if they have any questions about the role plays or cards.
23. After 15 minutes, tell each group they will have 1-2 minutes to perform their role play.
24. Thank each group for participating.
25. To close the activity and encourage reflection **say to participants:** *To reflect on today's activities, let's all share one thing we learnt that was new or helpful for us.*  
Facilitators can encourage participants to share, going round in a circle, or "popcorn style" with whoever feels to speak next. Remind participants they have the right to pass also.
26. Conclude the activity by reading out the key messages:
  - Signs of pregnancy can include missing a menstrual period, having a late menstrual period, feeling sick in the tummy, vomiting, needing to pee often, tiredness and sore breasts
  - To test for a pregnancy, you can do a pregnancy test at home but you should confirm the pregnancy at a health clinic using a urine or a blood test
  - There are many different ways women can access prenatal services
27. Invite participants to ask any questions: Does anyone have any questions about anything we learnt today? You can also come ask after the session in private too.



## Handout 4Ba: Two truths and a lie answer key (Facilitator copy)

**Instructions:** Each answer is marked as either “true” or “lie”.

### A) Pregnancy symptoms

1. A late period is always a sign of pregnancy. (Lie. Especially in adolescent girls, menstruation can be irregular and late periods might be common.)
2. Common pregnancy symptoms include breast tenderness, nausea, and food cravings. (True)
3. Many pregnancy symptoms are caused by a change in the female’s hormones. (True)

### B) Pregnancy testing

1. A person can get a pregnancy test at a pharmacy. (True)
2. Pregnancy tests using urine can show results as early as one hour after conception. (Lie! Urine tests are usually only accurate from 10-14 days after sexual intercourse but to be sure you may need to wait about 3 weeks or until the time of missed period. The sooner a woman knows she is pregnant the better.)
3. The way a pregnancy tests works is by checking for a certain hormone in a woman’s urine. (True)

### C) Conception

1. The ovum and sperm meet in a female’s fallopian tubes. (True)
2. The pregnancy does not begin until the fertilised egg implants in the uterus. (True)
3. It takes a million sperm to create a pregnancy. (Lie! Hundreds of millions of sperm are ejaculated from a man’s penis but just one can fertilise an egg.)

### D) Prenatal care

1. You should not exercise when you are pregnant (Lie! There are many kinds of exercise that are safe and helpful to do during pregnancy. It’s best to speak to a nurse or healthcare worker about what exercise you can do.)
2. Taking supplements for folic acid and iron can be important before and during pregnancy. (True)
3. You should avoid smoking and drinking alcohol while pregnant. (True)

## Handout 4Bb: Pregnancy: Who, what and how

**Instructions:** Have two baskets ready. Cut out all the cards and place the 'who' cards into one basket and the 'what' cards in another.

'Who' cards	'What cards'
Health care worker and a couple thinking about having children	Confirming a pregnancy
Teenage couple who thinks they are pregnant and a youth worker	Wanting more information about healthy eating during pregnancy
Single women who is pregnant and a healthcare worker	Wanting more information about prenatal practices that can harm a healthy pregnancy
Doctor and a man who has a pregnant girlfriend	Wanting to know what local services are available locally to support a pregnancy
Husband and wife	Support to quit smoking during pregnancy
A young couple who aren't sure if they want to have a child yet	Support to stop drinking alcohol during pregnancy
A woman and her pregnant teenage daughter	Wanting to know what the signs of pregnancy are

## 4C

## Activity: It's our right!



### Activity overview:

All women and girls, even if they are pregnant or have given birth, are entitled to continue or complete their education. They also have the right to access reproductive health services without discrimination. This activity will assist young people to conduct their own research and create an ad campaign to improve rates of adolescent mothers staying at school. The ad campaign created by participant should us international human rights, laws in Samoa or other types of policies or guidelines to back up their advertisement.

**Age:** All ages

**Time:** 45 minutes

### Learning objectives:

- Examine the relevant human rights, laws, and policies that protect the rights of adolescent mothers to continue and complete their education and have access to reproductive health services without discrimination

### Sensitive areas:

- Discrimination
- Unplanned pregnancy

### Resources:

- Butchers paper
- Markers
- Pens
- Handout 4C



**Preparation:** This activity requires participants to make posters promoting education as a right for women and girls. Handout 4C can be used to provide information for the posters.

**Group composition:** Small groups of three to four

### Prior learning:

- Module 1, Activity 2C: Disability and social inclusion
- Module 6, Activity 3A: Introduction to safer sex
- Module 6, Activity 4A: Conception and “next steps”

**Literacy support:** Required – involves reading and poster-making

**Technology:** None

## Activity 4C: It's our right!

### Instructions:

1. Introduce the activity to participants by **saying something like:** *All women and girls, even if they are pregnant or have babies, have the right to continue or complete their education. They also have the right to access reproductive health services without discrimination. In this activity, we are going to make posters supporting education for young mothers. The aim of the poster is to show people across Samoa that young women and girls have the right to continue and complete their education and to access reproductive health services without any judgement, even if they are pregnant or have had a baby.*
2. Explain: *These are some legal policies that protect the rights of women and girls to access education and sexual and reproductive health care in Samoa.*
3. Write these policies on a piece of butchers paper for everyone to see:
  - The Convention on the Rights of the Child (CRC)
  - The Convention on the Elimination of all forms of Discrimination Against Women (CEDAW)
  - International Covenant on Civil and Political Rights (ICCPR)
  - International Covenant on Economic, Social and Cultural Rights (ICESCR)
4. Tell participants to get into small groups of three to four people and give each group a copy of handout 4C.
5. Tell participants there are some ideas of what they can include in their posters promoting the right to education for young mothers in handout 4C.
6. Tell the groups they will have 20 minutes to design their posters.
7. After 20 minutes, ask participants to share their posters with the group and what messages they have included.
8. After each group has shared their work, ask the other participants if they have any questions.
9. To close the activity and encourage reflection **say to participants:** *To reflect on today's activities, let's all share one thing we learnt that was new or helpful for us.*

Facilitators can encourage participants to share, going round in a circle, or "popcorn style" with whoever feels to speak next. Remind participants they have the right to pass also.
10. Conclude the activity by reading out the key messages:
  - Everyone has the right to an education, whether they have children or not
  - There are human rights, laws, and policies that protect the rights of adolescent mothers to continue and complete their education without discrimination
  - Adolescent mothers also have the right to access reproductive health services without discrimination
11. Invite participants to ask any questions: Does anyone have any questions about anything we learnt today? You can also come ask after the session in private too.



## Handout 4C: It's our right!

### Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)

- Samoa was the first Pacific Island country to adopt CEDAW

#### Article 10

- Equality between men and women in education
- Reducing female drop-out rates
- Same access to programs of continuing education
- Same opportunity to participate in sports

#### Article 11

- Women cannot be dismissed from work due to pregnancy

### Convention on the Rights of the Child (CRC)

#### Article 28

1. Right of the child to education, and with a view to achieving this right progressively and on the basis of equal opportunity

### International Covenant on Economic, Social and Cultural Rights (ICESCR)

#### Article 13

1. Right of everyone to education



## 4D

Activity: What's next...?<sup>(26)</sup>**Activity overview:**

If a person decides to continue with a pregnancy, in order to raise a baby or to have the baby adopted, it is important that they learn about how to have a healthy pregnancy and practice prenatal care. Even if they are not pregnant but is thinking about having a baby, being healthy and preparing for prenatal care is important to make sure a baby has the best chance of healthy development.

**Age:** All ages

**Time:** 60 minutes

**Learning objectives:**

- Express preferences about if and when to become pregnant
- Examine the relevant human rights, laws, and policies that protect the rights of adolescent mothers to continue and complete their education and have access to reproductive health services without discrimination
- Identify a range of health and support services available to a pregnant woman in the case of unintended or intended pregnancy
- Assess prenatal practices that either contribute to or threaten a healthy pregnancy
- Examine the role of men in supporting women to ensure a healthy pregnancy
- Acknowledge that adoption is an important option for people who are not ready or able to become parents

**Sensitive areas:**

- Unplanned pregnancy
- Abortion
- Sexual assault

**Resources:**

- Butchers paper
- Markers
- Handout 4D

**Preparation:** Print handout 4D. Facilitators should also have information prepared that identify a range of health and support services available locally for pregnant women to go to if they become pregnant. If you are planning to share the video, review and download it before the session.



**Group composition:** Small groups

**Prior learning:**

- Module 6 Activity 4A: Conception and “next steps”
- Module 6, Activity 4A: It’s our right

**Literacy support:** Required. Groups read out a short case study and may write or discuss answers aloud.

**Technology:** Optional

UNICEF Pacific video called ‘Give your child the best start in life – Antenatal care’ (30 seconds)

<https://www.youtube.com/watch?v=jDGbFSYa-4c>



## Activity 4D: What’s next....?

**Instructions:**

1. Introduce the activity by **saying something like:** *Around the world, these are the three main choices that women might have when they find out that they are pregnant. Groups will have 10 minutes to brainstorm and write down all the reasons why a woman might choose this decision as well as the reasons why they might NOT choose this decision – you can draw a line down the middle of your paper (or use the table in your workbooks) and put the answers on different sides. Whilst abortion may be illegal in some parts of the world, some abortions still happen in an unsafe way. In Samoa, abortion is an offence under the Crimes Act 2013. However, abortion is not considered an offence if:*
  - the pregnancy is under 20 weeks
  - the person doing the abortion is a registered medical practitioner and believed the pregnancy would result in serious danger to the life or mental health of the woman.

*In this activity, we will talk about what happens after someone finds out they are pregnant. We will consider what options a woman has with her pregnancy, what are some ways to stay healthy during pregnancy, and consider case studies of some fictional women who are pregnant, including what might affect their decision making.*

### **i** Facilitator note

Before the session, facilitators should research whether there are any laws or policies that protect women and girls’ rights to continue their education if they are pregnant.

2. Break the participants into three groups and assign each group one of the following topics. Ask groups to consider: what is one reason why someone would choose each of the following options?
  - Continuing pregnancy (keeping and having the baby)
  - Adoption (giving the baby away for someone else to care for)
  - Abortion (a procedure or medicine that ends a pregnancy)

3. After 10 minutes, ask each group to share their answers with the rest of the participants. After each group presents, ask everyone else if there is something that should be added.

	Continuing pregnancy	Adoption	Abortion
<b>Reasons why a pregnant person might choose it?</b>	<p>Wants to start a family</p> <p>Wants to have another child</p> <p>Partner/family support</p> <p>Financially stable</p> <p>Personal values for continuing pregnancy</p> <p>Personal safety</p> <p>Abortion is illegal unless mother's life is in danger</p> <p>Reproductive coercion</p>	<p>Not ready for a baby</p> <p>Personal values</p> <p>Too young to be a parent</p> <p>Lack of partner/family support</p> <p>Not financially stable</p> <p>Lack of personal safety</p> <p>Fetus conceived through rape or sexual assault</p> <p>Abortion is illegal unless mother's life is in danger</p>	<p>Not ready for a baby</p> <p>Personal values accepting abortion</p> <p>Lack of partner/family support</p> <p>Not financially stable</p> <p>Lack of personal safety/ in an abusive relationship</p> <p>Pregnancy through rape or sexual assault</p> <p>Reproductive coercion</p>

4. **Say something like:** *Each of these options has reasons why someone would want to do it, and reasons why someone would not want to do it. In the end, however, it is every pregnant person's right to choose what they do about their pregnancy. As noted, abortion is illegal in Samoa unless the mother's life or mental health is in danger. What each option has in common, however, is the need to decide as early in the pregnancy as possible. That's because if a person chooses to become a parent or place the baby for adoption, they need to start what's called prenatal care as soon as possible.*
5. On a piece of butchers paper, write the following terms:
- "Prenatal care"**
- "Maternal death"**
6. Ask participants to brainstorm what the terms mean. After 5 minutes, provide the definitions and write them on the butchers paper. You can **say something like:** *'Pre' means 'before' and 'natal' means birth. So 'prenatal care' is about all the things we need to do before a woman gives birth to make sure her and her baby are healthy. Prenatal care is an important step to avoid maternal death. Maternal death is when a woman dies during pregnancy or within 42 days after her pregnancy.*

7. Ask: What are the main reasons pregnant women might die? Write these answers down on the board/butchers paper at the front of the room.

**Answer:**

- a. Very heavy bleeding
  - b. Infections
  - c. High blood pressure
  - d. Complications from birth
  - e. Unsafe abortions
8. **Say something like:** *Some of the best ways to improve healthy pregnancies in the Pacific are about addressing lifestyle issues such as obesity, poor diet and inactivity, reducing GBV and improving gender equality. With the right support from health clinics, nurses and skilled birth attendants, women can be supported to make healthier decisions and have healthier pregnancies.*
9. If possible, play the video by UNICEF Pacific 'give your child the best start in life'  
<https://www.youtube.com/watch?v=jDGbFSYa-4c>.
10. **Say something like:** *This video highlights how important it is to have a healthy pregnancy in order to give a child the best start in life.*
11. Ask participants: What would be some examples of prenatal care? Remember, these are things that women can do before and during pregnancy to have a healthy pregnancy and baby.

**Example answers:**

- Go to the doctor or clinic to confirm they are pregnant, and go for their regular check-ups
  - Take recommended vitamins such as folic acid
  - Get a lot of sleep
  - Eat lots of fruits and vegetables
  - Exercise
12. Ask: What are some things a person who is pregnant should not do to keep healthy?

**Example answers:**

- Smoking
- Drinking alcohol or kava
- Eating lots of unhealthy foods (chips, sweets, takeaway food etc.)

13. Ask: Does everyone understand what a “miscarriage” is?

**Example answer:** A “**miscarriage**” happens when a pregnancy stops growing. Eventually, the pregnancy tissue will pass out of the body. It is very common in the first few weeks of pregnancy. A miscarriage can happen for different reasons, many of these reasons are beyond someone’s control. If someone is concerned about miscarriage, they should get support from a health clinic as soon as possible.<sup>(24)</sup>

14. Read the case studies from handout 4D of Salote and Epe to the entire group.
15. Split the participants into two groups and assign them to either Salote and Simi’s story or Epe and Alo’s story. Give each group handout 4D and instruct them that they will have 10 minutes to answer the questions on the handout. The questions can also be read out by the facilitator:
- How might Salote or Epe be feeling right now?
  - Did Salote/Epe make the decision to get pregnant?
  - Are there any risks to their pregnancy?
  - What support do they have?
  - What do you think they should do next?
  - Are there any laws or policies in Samoa that protect the rights of these women to continue their education?
16. After 10 minutes of group work, bring all the participants back to share their answers.

**Example answers to help with discussion:**

**Salote:**

- a. How might Salote be feeling right now?

Salote might be feeling unsure about what to do to become pregnant. She might feel a little lost but also very excited. She might also be worried about how having a baby might interrupt her studies or her career.

- b. Did Salote make a decision to get pregnant?

Yes. It sounds like Salote wants to become pregnant and she had made the decision to delay her pregnancy until she was later into her studies and in her late 20s.

- c. Are there any risks to their pregnancy?

Based on the case study, we know that Salote drinks a lot of alcohol, is sometimes encouraged to smoke by her partner, doesn’t exercise much and has a poor diet. However, she is also in her late 20s so this makes pregnancy safer than if she was a young adolescent.

d. What support do they have?

Salote's partner Simi is supportive. However, Simi could also support her to improve her health and improve his own health as well. Men have a big role to play in supporting pregnancy and so it is his responsibility to encourage healthy behaviour, including his own. He is also responsible for providing emotional support, physical support and going with Salote to any pregnancy appointments if Salote wants him to come.

e. What do you think they should do next?

Go to a health clinic and get advice from a nurse or doctor about becoming pregnant. This way, Salote can get all the information she needs about prenatal care and having a healthy pregnancy. Salote should stop drinking alcohol and smoking as she begins trying to get pregnant. She should also change her diet to include more healthy fruits and vegetables and eat less chips and noodles.

f. Are there any laws or policies in Samoa that protect the rights of Salote to continue their education?

**i** Facilitator note

Facilitators should research whether there are any laws or policies that protect women and girls' rights to continue their education if they are pregnant.

## Epe

a. How might Epe be feeling right now?

Epe might be feeling upset, angry, scared and confused. She might also be excited to have a baby but feel like she has been betrayed and abused by her boyfriend, abandoned by her school and alone.

b. Did Epe make the decision to get pregnant?

No. She was assaulted by her boyfriend. Epe had her rights taken away from her.

c. Are there any risks to their pregnancy?

Yes. Adolescent mothers are at higher risk of complications and health issues when pregnant. Fear of discrimination and stigma can also prevent Epe from seeking proper healthcare.

d. What support do they have?

Epe's friends and family can play an important role to make sure she is healthy and attends all her clinic appointments. It is also important that Epe accesses any mental health or legal support that she might need. She might need support for STIs, prenatal care and help staying socially connected and help to guide her when making decisions about what to do next.

e. What do you think they should do next?

Visit a health clinic that is youth-friendly. She should try to connect with services that can support her mental health, social groups, legal support and support to continue her education. Epe has the right to continue studying and have an education or career, even if she is pregnant and has a baby. Epe may want to consider adoption. In Samoa, abortion is not an option unless the mother's life is in danger.

- f. Are there any laws or policies in Samoa that protect the rights of Epe to continue their education?

**i Facilitator note**

Research whether there are any laws or policies that protect women and girls' rights to continue their education if they are pregnant.

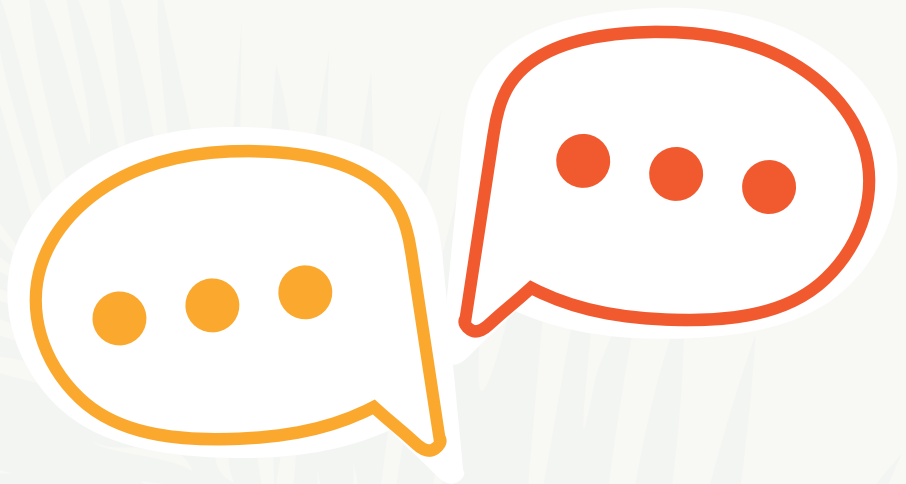
17. To close the activity and encourage reflection **say to participants:** *To reflect on today's activities, let's all share one thing we learnt that was new or helpful for us.*

Facilitators can encourage participants to share, going round in a circle, or "popcorn style" with whoever feels to speak next. Remind participants they have the right to pass also.

18. Conclude the activity by reading out the key messages:

- There are lots of important things for a woman to consider if she finds out she is pregnant, including: does she want a baby (or another baby)? Does she have partner/family support? Is she feeling safe? Is she financially stable?
- Three options include continuing the pregnancy and keeping the baby, putting the baby up for adoption, and abortion. In Samoa, abortion is not an option unless the mother's life is in danger.
- Women and girls have the right to continue education and their careers after they are pregnant or give birth
- Healthy eating, exercise, and taking important recommended vitamins can help women and their partners to have a healthy pregnancy
- Smoking, drinking alcohol, or taking other drugs can contribute to an unhealthy pregnancy and can harm an unborn baby

19. Invite participants to ask any questions: Does anyone have any questions about anything we learnt today? You can also come ask after the session in private too



## Handout 4D: Salote and Epe

### Case study – Salote and Simi

Salote is 26. Salote and her partner Simi have thought about starting a family. Salote has been spending the last few years focusing on her university studies so she has not thought about pregnancy until now. Salote and Simi always use condoms and she also receives contraceptive injections to stop her from getting pregnant.

Salote studies a lot and eats a lot of chips and sweets. It's just too hard to cook when she spends so much time on assignments. Salote also loves to go out on the weekend with her friends and drink a lot of alcohol. She doesn't smoke very much but Simi does and he always offers her cigarettes.

### Case study – Epe and Alo

Epe is 16 and has a boyfriend Alo. Epe loves school and wants to be a marine biologist when she's older. One night at a party, Epe's drink is spiked and she passes out. Her boyfriend takes her home but sexually assaulted her while she was sleeping. Eight weeks later, Epe is feeling unwell and keeps vomiting. She hasn't had her period in a while and she always feels tired. When she finds out she is pregnant, the principal at school tells her she is no longer welcome and her parents tell her she is not allowed to leave the house.

#### Questions:

- a. How might Salote or Epe be feeling right now?
- b. Did Salote/Epe make the decision to get pregnant?
- c. Are there any risks to their pregnancy?
- d. What support do they have?
- e. What do you think they should do next?



## 4E

Activity: Walking in her shoes<sup>(19)</sup>

### Activity overview:

In this activity, participants will read case studies and discuss the reasons why women might want an abortion. In Samoa, the law only allows for abortion if the pregnancy would result in serious danger to the life, physical or mental health of the pregnant person. The activity will not be discussing whether abortion is right or wrong. Instead, it is about considering the woman's experience, decision-making and the risks of unsafe abortion.

Abortions can still happen even if they are made illegal. However, it means that they might happen in unsafe, unclean and dangerous ways. It is important that everyone knows about the risks of unsafe abortions as well as the reasons why women still choose to have them.

**Age:** All ages

**Time:** 60 minutes

### Learning objectives:

- Express preferences about if and when to become pregnant
- List some of the serious health risks associated with unsafe abortion
- Examine the role of men in supporting women to ensure a healthy pregnancy

### Sensitive areas:

- Unplanned pregnancy
- Abortion
- Sexual assault
- Incest

### Resources:

- Butchers paper or a board
- Markers or chalk
- Four copies of Handout 4Ea (Participant copy)
- Handout 4Eb (Facilitator copy)

**Preparation:** Keep up-to-date with any changes in the law regarding abortion in Samoa. Print four copies of handout 4Ea (Participant copy). There is also handout 4Eb (Facilitator copy) that provides guidance to facilitators for answering the case study questions.



**Group composition:** Four groups

**Prior learning:** Module 6, Activity 4A: Conception and “next steps”

**Literacy support:** Required – involves reading

**Technology:** None

## Activity 4E: Walking in her shoes

### Instructions:

1. Introduce the activity by **saying something like:** *In this activity, we will be considering some case studies about young people who have an abortion. It is important to note that abortion is illegal in Samoa unless the mother’s life, physical or mental health is in danger. However, this activity can help us think critically about why some people might choose to have an abortion even though it may be unsafe or illegal.*
2. Tell participants that they will begin the activity by answering a few questions as a large group.  
**Say something like:** *In this activity, we will discuss some complicated decisions that we make in life. Think about a time when you – or someone close to you – had to make a difficult decision that others may not agree with.*

#### **i** Facilitator note

Allow for participants to think for a while about this.

How did it feel? Did you (or the person you are thinking of) have support?

If not, how did this affect the decision and how you felt?

3. **Say something like:** *For millions of women and girls, finding themselves with an unplanned pregnancy becomes a moment of decision. For some, this decision is simple and straightforward, but for others it is difficult and complex. Today we will be discussing the decision to have an abortion. We will not be discussing abortion as right or wrong. Instead, we will consider what goes into making that decision to try to understand why some choose to have an abortion.*
4. Ask participants: What choices does a girl or woman have when she becomes pregnant?  
**Probe for:** having the baby and rearing the child; giving the baby up for adoption; or terminating the pregnancy (abortion).

5. Ask participants the following questions- allow 5 minutes to answer all three.

What is an “abortion”?

**Example answer: “Abortion”** is when someone ends a pregnancy. Abortions can be done either in a safe or unsafe way.

What is the difference between a safe and unsafe abortion?

**Example answers: A “safe abortion”:**

- Is when a pregnancy is ended using a method that is recommended by the WHO either with the right tablets (medical abortion) or simple surgery (surgical abortion)
- Can be appropriate to use depending on local laws, and how long a woman has been pregnant
- Is done by a skilled professional

An **“unsafe abortion”:**

- Is when a pregnancy is ended by a person who isn't a skilled professional
- Is when a pregnancy is ended in a place that does not meet the minimum medical standards (unclean environment)
- Can cause serious health risks, and even maternal death if not performed safely
- Include risks such as an incomplete abortion, heavy bleeding or haemorrhage, infection, and damage to internal organs<sup>(28)</sup>

6. Distribute handout 4Ea and divide participants into four groups. Assign each group a case study and ask them to read it and discuss the following questions for the next 15 minutes.

**i Facilitator note**

Write them on butchers paper or the board at the front of the room as well.

Why did this person have an abortion?

What role did other people play in her decision?

7. While the groups work, write ‘reasons girls and women may choose an abortion’ on the board or butchers paper at the front of the room.
8. After 15 minutes, bring the groups back together.

9. Ask the first group to read its case study and allow five to seven minutes to discuss the following questions:

Why did this girl choose to have an abortion? (add answers to the butchers paper/board at the front of the room)

Does everyone agree that these were her reasons? Were there any other reasons? [using questions, probe for other reasons that are relevant to the case]

What role did other people (a partner, family, friends or others) play in her decision, either directly or in her mind?

Does anyone else want to comment?

10. Repeat this procedure for each case. Allow five to seven minutes for each case.

11. Reserve 10-15 minutes to review these questions as a large group.

We have discussed some reasons young people might have an abortion. What other reasons can you think of that may lead to a woman having an abortion? [Add these to the list on the board.]

- Lack of partner/family support
- Not financially stable
- Lack of personal safety/in an abusive relationship
- Pregnancy as a result of rape or sexual assault
- Need to work outside the home to support family
- Not ready for a baby
- Already have children

Worldwide, the majority of women who have abortions are married. Can you think of some situations in which a married woman might choose to have an abortion?

**Example answer:** Many of the reasons that young, unmarried women might choose to have an abortion also apply to married women.

Why do women and girls have abortions even when the procedure is illegal and may be unsafe?

**Example answer:** Even though they risk their physical health and breaking the law, some women and girls still choose to have an abortion. Women and girls may have an unsafe abortion because they don't want a baby, cannot manage to support a baby, because they don't have support from their partner or family, because they need to work outside the home, or because they are in an abusive relationship and don't want to raise a child in that environment.

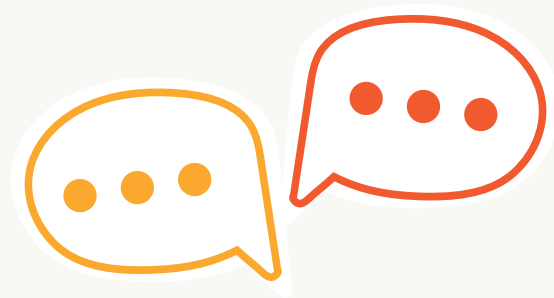
12. To close the activity and encourage reflection **say to participants:** *To reflect on today's activities, let's all share one thing we learnt that was new or helpful for us.*

Facilitators can encourage participants to share, going round in a circle, or "popcorn style" with whoever feels to speak next. Remind participants they have the right to pass also.

13. Conclude the activity by reading out the key messages:

- In some countries abortion is legal for many reasons
- In other countries, abortion is legally restricted (or is allowed for only a few reasons)
- In Samoa, abortion is only legal if continuing the pregnancy could result in serious danger to the life, or to the physical or mental health of the woman or girl
- People want abortions for many different reasons
- Unsafe abortion is when a pregnancy is ended by someone who is not a skilled professional and/or done in an environment that does not meet minimal medical standards
- Unsafe abortion can be very risky due to untrained people using dangerous methods, old or unfit equipment, risk of infection and other reasons

14. Invite participants to ask any questions: Does anyone have any questions about anything we learnt today? You can also come ask after the session in private too.



## Handout 4Ea: Case studies (Participant copy)

**Instructions:** Make four copies of this handout.

### Kiki and Lu

My name is Kiki. My boyfriend Lu and I are both 22 and have been dating for two years. I use birth-control pills, although I forgot to take the pill a couple of times last month. Then I found out that I was pregnant. I had never really thought about having a child before. However, soon I began feeling very unwell. I went to a family planning clinic and did some tests. A nurse told me that due to a rare medical condition, I should not continue with the pregnancy. She told me that my life was at risk if I continued the pregnancy. They sent me to a hospital in the city where I had a procedure to end the pregnancy. Lu understood that the abortion was important to save my life and went with me to the hospital.

### Fifi

My name is Fifi. I am 20 and was the first person from my village ever to be accepted at the university in the capital city. My family, friends, and neighbours have high hopes that my success will bring real changes to the community. Shortly after starting classes, I began dating another student and after a few months, we began having sex. We used condoms most of the time, but once in a while we did not. When I discovered I was pregnant, I turned to my boyfriend to talk over what we should do, but he suddenly became distant and unavailable. I heard from a common friend that he thought I was trying to trap him into marriage. I don't even want to get married, but I also don't want to be a single parent at my age. I want to finish my studies and achieve my dreams. I would have liked to turn to my family for support, but I was afraid they would be disappointed in me and I did not want to let them down. So I decided not to tell anyone and used my living allowance to pay for an abortion.

**Nani**

My name is Nani. I am a 17-year-old boy. When I found out that my girlfriend was pregnant, I thought “What? Wow! Oh no!” My feelings were a mix of shock, fear, worry, and amazement. A small part of me even felt a little bit proud. But eventually, I had to deal with the question, “Now what — parenting, adoption, abortion?” My girlfriend and I are both in school, and we know we are too young to be good parents. We decided that the best decision for us was an abortion. A friend recommended a clinic and we went together. The clinic person explained exactly what was going to happen. Before we left, she also told us about contraception and gave us a box of condoms. I had to face a lot of my own emotions, but I’m proud that I helped my girlfriend through this difficult decision.

**Loka**

My name is Loka. I am 15 and live with my large extended family. Every year, my grandfather, aunt, uncle and cousin, visit us. One day, when everyone else was out, my grandfather asked me if he could touch me and wanted me to do the same to him. This felt weird and I didn’t really like it, but he is an elder and I did not want to upset him. When he started undressing me and got on top of me I was scared and tried to push him away, but he was too strong and he raped me. When I found out I was pregnant, I was so scared. I wanted to ask my mother for help but was too ashamed to explain what had happened. Finally I found the courage and told my mother. She immediately took me to get an abortion and refused to discuss what happened at all. I was relieved to not be pregnant anymore, but I wish I could have talked with somebody about this difficult experience.

## Handout 4Eb: Case studies (Facilitator copy)

### Kiki and Lu

#### Why did Kiki have an abortion?

- She had a life-threatening medical condition and she could not continue her pregnancy

#### What role did other people play in her decision?

- The nurse provided her with important health advice that saved her life
- Lu supported her in going to the hospital

### Fifi

#### Why did Fifi have an abortion?

- She was not ready for a baby
- Her boyfriend was not supportive and she didn't want to be a single mum
- She wants to focus on her career and studies
- She is worried about her family and community judging her or being disappointed
- She might not be financially able to raise a baby

#### What role did other people play in her decision?

- Her boyfriend not being supportive and blocking her
- What she thought her family and community would say



## Nani

Why did this Nani's girlfriend have an abortion?

- Nani and his girlfriend thought they were too young to have a baby
- They might not have been financially able to raise a baby
- They are both still in school

What role did other people play in her decision?

- Nani, her partner, was supportive and helped her consider all options
- The nurse also helped come up with options and gave information for contraception

## Loka

Why did Loka have an abortion?

- She was sexually assaulted by her grandfather (this is called 'incest')
- She was too young to consent to sex
- She is too young to have a baby
- She was supported by her mother to have an abortion
- She might not be financially able to raise a baby

What role did other people play in her decision?

- Her mother helped her get an abortion
- Her mother refused to discuss her emotional pain and could have been more supportive



### Activity overview:

This activity is all about identifying the positive impact that family planning can have on a woman's education, income and employment, health and future children. This activity also uses a case study so that participants can see examples of these positive effects.

**Age:** All ages

**Time:** 45 minutes

### Learning objectives:

- Assert that everyone should be able to decide whether or not and when to become a parent, regardless of gender, sexual orientation, gender identity, or disability
- Describe the benefits of child-spacing and delaying marriage and pregnancies and explain associated health risks
- Express preferences about if and when to become pregnant

### Sensitive areas:

- Unplanned pregnancy
- Still birth
- Depression
- Suicide

### Resources:

- Butchers paper
- Markers
- Handout 4F

**Preparation:** Check to see if you will have access to the internet and laptop, projector to play a video in this session.



**Group composition:** Four groups

**Prior learning:**

- Module 2: Healthy relationships
- Module 6, Activity 4A: Conception and “next steps”
- Module 6, Activity 4C: Its our right
- Module 6, Activity 4E: Walking in her shoes

**Literacy support:** Required. The case study requires reading but this can be done by the facilitator if participants have lower literacy levels.

**Technology:** Required

FP2030Global video called ‘The history of family planning’  
(4 minutes 29 seconds)

<https://www.youtube.com/watch?v=HpsM69aHLMA>



## Activity 4F: Family planning and empowerment

### Instructions:

1. Introduce the activity by asking participants: What does “family planning” mean?  
**Answer:** “Family planning” means controlling the number of children you have and the timing or spacing between each child.
2. **Say something like:** *Everything we have learnt about contraception is all about family planning! Family planning has existed throughout history because women and girls, and men and boys, have always wanted to plan if they would have children, when they have children and how many they have.*
3. Play the video from FP2030Global ‘The history of family planning’ (4 minutes 29 seconds)  
<https://www.youtube.com/watch?v=HpsM69aHLMA>
4. After the video, ask participants: What is “autonomy”? (Remind participants that we spoke about bodily autonomy in Module 4, Topic 1: Consent.)

**Answer:** “Autonomy” means the right to make decisions about what is best for you and what you want for yourself.

5. **Ask:** Who makes decisions about family planning or impacts the ability for women to access family planning?

### Example answers:

- The woman themselves
  - Partners
  - Family members
  - Medical staff
  - Suppliers
  - Governments
  - Donors
  - Community health workers
  - Men and boys
  - Religion
  - Political decisions
  - Humanitarian crises
6. Break the participants into four groups.

7. On four pieces of butchers paper, write the following topics (one topic on each sheet).
  - a. A woman's education
  - b. A woman's income and employment
  - c. A woman's children
  - d. A woman's health
8. Read the following case study to all participants and tell them to think about the impact that good family planning could have for Pepe's education, income, health and future children. Facilitators can also give participants a copy of handout 4F to help.

### Case study:

Pepe is 18 and she just got married to Feblyn. Pepe was really good at school and did well in her final exams. She has just started university and has a good job with the local council.

Pepe and Feblyn have just started having sex and she wants to get an implant to stop her from getting pregnant. Feblyn won't let her go to the health clinic and get contraception. When she asks why, he said that it's his decision and he thinks she will go and have sex with other people if she has the implant.

Pepe's body is still developing and when she has her first baby 9 months later, she becomes very sick and her baby is underweight. She has to quit her job and drop out of university to care for the baby. Feblyn still doesn't let Pepe go on contraception so she falls pregnant with her second baby soon after. Pepe is still very sick and she is struggling to pay for basic needs like diapers and baby clothes.



9. Assign each group to one of the topics and give them 15 minutes to brainstorm the impact that family planning has on their topic. They can use the case study to help them think of the impact that family planning could have had on Pepe's life to answer their questions.

What are the benefits of family planning for a woman's education?

### Example answers:

- Women feel encouraged to stay in school
- Women can focus on their studies
- Women can travel for their studies
- Women will earn higher qualifications
- Better education means more job options and higher income
- More education means women will learn more about their rights and bodies

## 4

## TOPIC 4 – Healthy pregnancy cont...

- Women will be better educated to make decisions about their future
- Women can make more informed choices about voting

What are the benefits of family planning for a woman's income?

Example answers:

- Women can stay at work and continue earning money
- Women are not relying on their partners/family members for income
- Women can rise up the ranks at their job and earn more money over time
- Women have more experience
- Staying employed increases a woman's social circles

What are the benefits of family planning for a woman's children?

Example answers:

- Delaying pregnancy and childbirth increases the chance of having a healthy pregnancy and birth
- Lowers the risk of low birth-weight babies
- More money and time can be invested into each child
- More focus on the child's education
- Children can enjoy childhood longer than needing to start caregiving for their siblings or other family members

What are the benefits of family planning for a woman's health?<sup>(29)</sup>

Example answers:

- Lower risk of maternal death (meaning death during or soon after pregnancy)
- Women can focus on their own health
- More time for exercise and healthy eating
- Better mental health outcomes. Adolescent mothers are more likely to experience depression, stress and suicide, alcohol and drug misuse
- Adolescent girls who do not have family support are more likely to risk having unsafe abortions
- Due to stigma and a lack of information, adolescent mothers may not attend prenatal care (meaning clinic appointments to support a healthy pregnancy)
- Lower risk of premature births and stillbirths

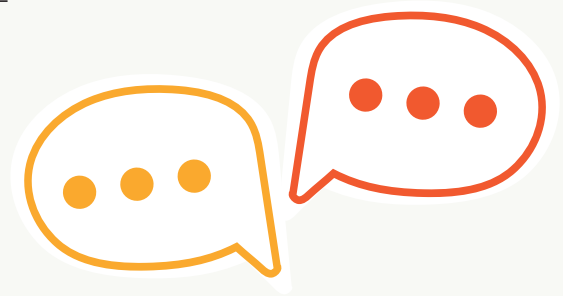
10. To close the activity and encourage reflection **say to participants:** *To reflect on today's activities, let's all share one thing we learnt that was new or helpful for us.*

Facilitators can encourage participants to share, going round in a circle, or "popcorn style" with whoever feels to speak next. Remind participants they have the right to pass also.

11. Conclude the activity by reading out the key messages:

- Lots of people make decisions about family planning
- Family planning can provide great benefits for a woman's health, education, income and the health of her children
- Every woman has the right to family planning

12. Invite participants to ask any questions: Does anyone have any questions about anything we learnt today? You can also come ask after the session in private too.



## Handout 4F: Family planning and empowerment

### Instructions:

Read the case study about Pepe and Feblyn. Answer the question given to your group by the facilitator.

### Pepe and Feblyn case study

Pepe is 18 and she just got married to Feblyn. Pepe was really good at school and did well in her final exams. She has just started university and has a good job with the local council.

Pepe and Feblyn have just started having sex and she wants to get an implant to stop her from getting pregnant. Feblyn won't let her go to the health clinic and get contraception. When she asks why, he said that it's his decision and he thinks she will go and have sex with other people if she has the implant.

Pepe's body is still developing and when she has her first baby 9 months later, she becomes very sick and her baby is underweight. She has to quit her job and drop out of university to care for the baby. Feblyn still doesn't let Pepe go on contraception so she falls pregnant with her second baby soon after. Pepe is still very sick and she is struggling to pay for basic needs like diapers and baby clothes.

### Questions:

- What are the benefits of family planning for a woman's education?
- What are the benefits of family planning for a woman's income?
- What are the benefits of family planning for a woman's children?
- What are the benefits of family planning for a woman's health?





## 4G

Activity: Our stories<sup>(29)</sup>

### Activity overview:

This activity is based on some true stories of adolescent pregnancies in the Pacific. One is a true story of a girl named Yoshiko from the Marshall Islands. The story was shared by the United Nations Population Fund (UNFPA) to highlight how adolescent pregnancy should never prevent a young woman from achieving her goals. The second story is a newscast by SBS news.

**Age:** All ages

**Time:** 60 minutes

### Learning objectives:

- Assert that everyone should be able to decide whether or not and when to become a parent, regardless of gender, sexual orientation, gender identity, or disability
- Examine the relevant human rights, laws, and policies that protect the rights of adolescent mothers to continue and complete their education and have access to reproductive health services without discrimination
- Identify a range of health and support services available to a pregnant woman in the case of unintended or intended pregnancy
- Assess prenatal practices that either contribute to or threaten a healthy pregnancy
- Develop a plan for supporting a healthy pregnancy, including identifying a parent/guardian or trusted adult to talk to if experiencing signs of pregnancy
- Examine the role of men in supporting women to ensure a healthy pregnancy

### Sensitive areas:

- Unplanned pregnancy
- Violence
- Abortion

### Resources:

- Butchers paper
- Markers
- Handout 4G: Our stories



## 4

## TOPIC 4 – Healthy pregnancy cont...

**Preparation:** Print out copies of handout 4G: Our stories. Check for internet access in order to play the video by SBS News. Facilitators should also have a list of local services, clinics and organisations that can support young women and adolescent girls through their pregnancy.

**Group composition:** Individual or pair work

**Prior learning:**

- Module 6, Activity 4C: It's our right
- Module 6, Activity 4D: What's next...?
- Module 6, Activity 4F: Family planning and empowerment

**Literacy support:** Required – involves reading

**Technology:** Optional

SBS News video called 'Teenage mothers in Samoa are being shunned by their communities'  
(3 minutes 15 seconds)

<https://www.sbs.com.au/news/teenage-mothers-in-the-solomon-islands-are-being-shunned-by-their-communities>



## Activity 4G: Our stories

### Instructions:

1. Start this activity by telling participants that you will be sharing some real-life stories of adolescent mothers in the Pacific Islands. The first story is of a girl named Yoshiko from the Marshall Islands.
2. Read out the story of Yoshiko:

Yoshiko Yamaguchi, from the Marshall Islands, found her life had changed drastically at 17. She was pregnant and she was worried her community would disregard her and she would face stigma, discrimination and would never be able to achieve her dreams.

However, with the support of her parents and her partner, Yoshiko went on to graduate with a Bachelor's degree through a scholarship from the University of Hawaii. She is now the National Coordinator of United Nations Development Programme's (UNDP) Global Environment Facility (GEF) Small Grants Programme. She is also a national and regional advocate for young people and for SRHR.

Yoshiko, now a mother of two children, says she will continue to motivate young girls to plan their lives and to encourage young girls who are pregnant and teenage mothers to stay strong.
3. Distribute handout 4G: Our stories.
4. Tell participants to imagine that Yoshiko lives in their community. Their job is to come up with a plan to support Yoshiko continue with a healthy pregnancy. You need to include everything that Yoshiko might need from when she has sex, to a year after she gives birth. Some questions you will need to consider when developing your plan:
  - Who could support Yoshiko?
  - How can she confirm that she is pregnant?
  - What clinic can she go to in your area?
  - How can the men in her life support her?
  - What prenatal practices can help her stay healthy during pregnancy?
  - What practices might she need to stop when she is pregnant?
  - What kind of services might be able to support Yoshiko?
5. Tell participants that they will have 20 minutes, working individually or in pairs, to come up with a plan for Yoshiko. Participants can write down their plan or draw it.
6. After 20 minutes, go through the questions as a group and encourage participants to share their answers.
7. After everyone has shared their ideas, play the video by SBS News (if possible – if not possible, go to step 8). <https://www.sbs.com.au/news/teenage-mothers-in-the-solomon-islands-are-being-shunned-by-their-communities>

8. After the video, ask participants to think about the video as well as the story of Yoshiko to answer the following questions.

**Discussion questions:**

Should young mothers in the Pacific be encouraged to continue their education?

**Example answer:** Yes. Under the Convention on the Rights of the Child and other international treaties, young parents and their children have the right to access education, the highest standard of health and help with raising a child. All women and girls should be encouraged and supported to stay in school during and after their pregnancy. This might mean that women need extra support to make sure they can achieve these goals. They might be able to learn online, study part-time, be given extensions for assignments or receive additional financial support or help caring for their baby.

Do you think young mothers face additional barriers if they have a disability?

**Example answer:** Most likely, yes. Women with disabilities may face extra stigma for having sex or becoming pregnant at a young age. They may also require additional assistance during their pregnancy and after they give birth as well. Women with disabilities are more likely to experience violation of their rights and negative treatment such as forced sterilisation and forced abortion.

What are some examples of barriers that young women face when becoming pregnant?

**Example answers:**

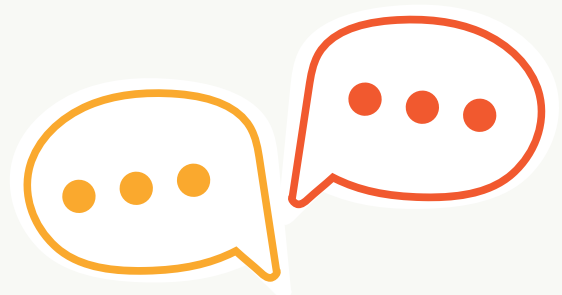
- Domestic violence
- Discrimination from the community and being made to feel ashamed
- Lack of women in politics to advocate for policies that support pregnant women like childcare or breastfeeding
- Sexual violence
- Lack of support for continuing education

What are some examples of how young women have succeeded and showed strength in both stories?

**Example answers:**

- Yoshiko getting a scholarship
- Yoshiko getting a good job and becoming an advocate for other adolescent parents
- Yoshiko being supported by her parents and partner
- Kiki in Samoa wanting to go back to school to eventually become a nurse
- Naomi in Samoa is a full-time disability rights advocate
- Naomi is also a part-time para-Olympian; she won bronze medals in table tennis and discus
- Youth leaders in Samoa advocating for change in their communities, families and in their nation

9. Tell participants that all women have the right to continue and complete their education during or after pregnancy without discrimination. Tell participants that this right is enshrined in international human rights law including the:
- Convention on the Rights of the Child (CRC)
  - Convention on the Elimination of all forms of Discrimination Against Women (CEDAW)
  - International Covenant on Civil and Political Rights (ICCPR)
  - International Covenant on Economic, Social and Cultural Rights (ICESCR)
10. To close the activity and encourage reflection **say to participants:** *To reflect on today's activities, let's all share one thing we learnt that was new or helpful for us.*
- Facilitators can encourage participants to share, going round in a circle, or "popcorn style" with whoever feels to speak next. Remind participants they have the right to pass also.
11. Conclude the activity by reading out the key messages:
- Young parents and their children have the right to accessible education, the highest standard of health and assistance with raising a child
  - Continuing education, employment and support from family and friends should always be available to adolescent parents
12. Invite participants to ask any questions: Does anyone have any questions about anything we learnt today? You can also come ask after the session in private too.



## Handout 4G: Our Stories

### Instructions:

Read Yoshiko's story and come up with a plan to support her continue with a healthy pregnancy. You need to include everything that Yoshiko might need from when she has sex, to a year after she gives birth. You can write or draw your plan in the space below.

### Yoshiko's story

Yoshiko Yamaguchi, from the Marshall Islands, found her life had changed drastically at 17. She was pregnant and she was worried her community would disregard her and she would face stigma, discrimination and would never be able to achieve her dreams.

However, with the support of her parents and her partner, Yoshiko went on to graduate with a Bachelor's degree through a scholarship from the University of Hawaii. She is now the National Coordinator of United Nations Development Programme's (UNDP) Global Environment Facility (GEF) Small Grants Programme. She is also a national and regional advocate for young people and for SRHR.

Yoshiko, now a mother of two children, says she will continue to motivate young girls to plan their lives and to encourage young girls who are pregnant and teenage mothers.

## 4H

## Activity: #PacificPossible



### Activity overview:

#PacificPossible is part of a series by The World Bank that looks at transformative opportunities for Pacific Island countries up until 2040. It identifies some long-term economic challenges and opportunities facing the Pacific.

This activity uses the #PacificPossible campaign as inspiration to help young people create a similar campaign for healthy pregnancy. As participants have learnt previously, investing in family planning and prenatal care can have major economic and health benefits for Samoa. In this activity, participants will be asked to watch a short video as inspiration to create their own healthy pregnancy campaign. Their campaigns will be directed at women, men and the government to stress the importance of prenatal services.

**Age:** All ages

**Time:** 60 minutes

### Learning objectives:

- Demonstrate how to access prenatal services
- Examine the role of men in supporting women to ensure a healthy pregnancy

**Sensitive areas:** None

### Resources:

- Butchers paper or a board
- Markers or chalk

**Preparation:** Check to see if your venue or room can access the internet a play a video

**Group composition:** Three groups

**Prior learning:** None

**Literacy support:** Not required

**Technology:** Optional

- World Bank video called 'In Samoa... What's possible?' (2 minutes 14 seconds). [https://www.youtube.com/watch?v=LRLm\\_rMTarw](https://www.youtube.com/watch?v=LRLm_rMTarw)
- Filming devices (This is ideal, such as a smart phone, video recorder etc. But the activity can still be done without filming devices).



## Activity 4H: #PacificPossible

### Instructions:

1. Introduce the activity by telling participants that they will be watching a short video by the World Bank which is all about the #PacificPossible campaign. Tell them that #PacificPossible was all about showing the economic challenges and opportunities for the Pacific region in the next few decades.
2. Tell young people they will be watching a video from Solomon Islands. However, they should think about how to apply the same ideas to Samoa.
3. If possible, play the video by World Bank 'In Samoa... what's possible?' (2 minutes 14 seconds).
4. After you have played the video, ask young people if they can remember what some of the things people in Samoa (in the video) think are possible for the future of Samoa? (If the video isn't available, just ask young people what they think is possible for the future of Samoa?)
5. Write example answers on butchers paper or a board at the front of the room.

### Example answers:

- Individuals getting jobs like journalists, town planners or to work with young people
  - A future where everyone has equal opportunities
  - To change Samoa into a developed country
  - To strengthen religion and spirituality
  - A strong economy, stability and good jobs
  - Have a greater sense of identity and national pride
  - Good public infrastructure like roads and hospitals
  - Good healthcare
  - A good future for our children
6. Ask volunteers to come up one-by-one and circle any answers that were written down that might relate to healthy pregnancies.

### **i** Facilitator note

Almost everything can be circled. Investing in women, maternal health and family planning can have major economic benefits in the Pacific.

7. Tell participants that they are now going to use the video they watched as inspiration for creating their own campaign videos. If the video was not played, participants can use their own ideas about what Samoa could be like. If filming devices are not available, participants can just act out their campaign.



8. **Say something like:** *As we know, investing in women and their health, including pregnancy, can have major educational, financial and health benefits for individuals and the country. I am going to break everyone into three groups and you are going to create a #PacificPossible campaign to educate different groups of people on the importance of investing in pregnancy and prenatal care.*
9. Break everyone up into three groups and name them Groups A, B and C.
10. Tell the groups that the theme of their videos is: "In the Pacific, anything is possible if we invest in prenatal services".
11. Tell each group that they will be directing their campaign to different people.  
 Group A will aim their campaign at women  
 Group B will aim their campaign to men  
 Group C will aim their campaign to the government
12. Tell groups that they now have 40 minutes to plan and practice their video campaign. Facilitators can walk around and support the groups. They can also provide ideas by giving each group some promoting questions to help brainstorm their video ideas.  
 Prompting ideas and questions for each group:

Group A: Women	Group B: Men	Group C: Government
<p>Since this group should be focusing on women, their campaign can be about providing women in Samoa information about prenatal care.</p> <p>Some areas this group could focus on are:</p> <ul style="list-style-type: none"> <li>• How can women in the Samoa access prenatal care?</li> <li>• What prenatal practices help support a healthy pregnancy?</li> <li>• Where are some local examples of where women can go for prenatal support?</li> <li>• What becomes possible for women if we invest in prenatal services?</li> </ul> <p>Videos/campaigns can also empower women to advocate for their rights and demand better prenatal care in their communities.</p>	<p>Men play a crucial role in supporting women to have a healthy pregnancy. This group can focus on things like:</p> <ul style="list-style-type: none"> <li>• What can men do to support a healthy pregnancy?</li> <li>• Where are places in Samoa that men can go to for support during pregnancy? (Men's groups, parenting groups etc.)</li> <li>• What barriers might men make for women trying to access prenatal care and how can they be overcome?</li> <li>• Why is it important for men to be invested in better prenatal care?</li> </ul>	<p>Governments play a major role in providing infrastructure and the money to support healthy pregnancies.</p> <p>This group can focus on things like:</p> <ul style="list-style-type: none"> <li>• What services are important for governments to provide women during and after pregnancy?</li> <li>• Why is investing in pregnancy a good idea?</li> <li>• What can be improved?</li> <li>• How can better maternal care and investing in women help Samoa develop as a nation?</li> </ul>

13. After 40 minutes, you can help groups film their videos or they can present them in front of the group like a performance.
14. After each group performance or video, ask the participants from the other groups to summarise what some of the key messages from the performance were.
15. Repeat for all groups.
16. To close the activity and encourage reflection **say to participants:** *To reflect on today's activities, let's all share one thing we learnt that was new or helpful for us.*

Facilitators can encourage participants to share, going round in a circle, or "popcorn style" with whoever feels to speak next. Remind participants they have the right to pass also.

17. Conclude the activity by reading out the key messages:
  - It is important that men and women know how to access local prenatal services
  - Investing in women and their pregnancies can have major positive impacts for the development of Samoa
  - Men play an important role in supporting healthy pregnancies
  - Prenatal care and services are essential for healthy pregnancies
18. Invite participants to ask any questions: Does anyone have any questions about anything we learnt today? You can also come ask after the session in private too.



## Topic 4: Healthy pregnancy

### Key messages of this topic:

- Everyone should be able to decide whether or not and when to become a parent, regardless of gender, sexual orientation, gender identity, or disability
- Pregnancy begins when the egg and sperm unite and implant in the uterus
- If you think you might be pregnant, visit a healthcare clinic for a check-up
- Common signs of pregnancy include vomiting, feeling nauseous, missing a period, feeling tired, sore breasts, urinating (peeing) a lot
- Using family planning to space out children, and delaying marriage and pregnancies, have better health outcomes for women
- Women and girls should be able to decide if and when to become pregnant
- There are human rights, laws, and policies that protect the rights of adolescent mothers to continue their education and access reproductive health services without discrimination
- Unsafe abortion can have serious health risks
- Pre-conception care such as going to regular check-ups at a clinic, exercise, eating healthily, taking recommended supplements, relaxing, and getting good sleep can help you have a healthy pregnancy
- Drinking alcohol and smoking can cause health risks for a pregnancy
- It is important for young people to have a trusted adult to talk to if they think they might be pregnant
- It is important to know how to access a local health clinic if you are pregnant
- Men play an important role in supporting women to ensure a healthy pregnancy
- Adoption is an important option for people who are not ready or able to become parents





## SERVICES AND REFERRALS

### Upolu

Location	Contact
Lufilufi Health Centre	40327
Lalomanu Dist. Hospital	47120
Poutasi Dist. Hospital	41618
Faleolo Health Centre	42940
Leulumoega Dist. Hospital	42210
Tupua Tamasese Meaole Hospital Motootua	21212
Samoa Family Health Association	26929
Matagialalua   Youth Friendly Service Clinic	212121/7676031

## Savaii

Location	Contact
Safotu Dist. Hospital	53511
Sataua Dist. Hospital	53511/58086
Foailalo Health Centre	53511/56165
Satupaitea Health Centre	53511
Malietoa Tanumafilii II – Tuasivi Hospital	53511/53512
Samoa Family Health Association	26929



## GLOSSARY

**Abortion:** When a pregnancy is ended. Abortions can either be safe or unsafe.

**Abstinence:** Abstinence can mean different things to different people. For some, abstinence means not having sex at all. Abstinence prevents pregnancy by keeping semen away from the vagina, so the sperm cells in semen can't get to an egg and cause pregnancy.<sup>(30)</sup>

**Autonomy:** The right to make decisions about what is best for you and what you want for yourself.

**Charades:** A game where someone acts out a word without speaking or making any sounds.

**Combined pill:** A pill taken once a day that contains two hormones- oestrogen and progesterin.

**Conception:** The process of conceiving (or making) a baby.

**Contraception:** Stopping unplanned pregnancies. Contraception means using something to prevent pregnancy. This can include things like using condoms, the pill, an injection, or an implant.

**Contraceptive implant:** A small plastic rod which is inserted under the skin on the inside of your upper arm.

**Contraceptive injection:** A long-acting hormone which is injected every 12 weeks into bum or upper arm.

**Emergency contraceptive pill:** A small pill that is taken after unprotected sex to prevent an unplanned pregnancy.

**External condoms:** A thin latex rubber covering which is rolled onto an erect penis.

**Female tubal ligation (permanent method):** A type of surgery performed on a woman's fallopian tubes to permanently prevent pregnancy.

**Fertility awareness-based methods (FABM):** Using calendars to work out which times of the month a woman is most fertile and avoid sex during this time.

**Intra-uterine device (IUD):** A small 'T' shaped plastic device that is placed inside the uterus.

**Copper IUD:** A small, flexible plastic frame with copper sleeves or wire around it. A specifically trained health care provider inserts it into a woman's uterus through her vagina and cervix.

**Hormonal IUD:** A T-shaped plastic device that steadily releases a small amount of levonorgestrel each day. A specifically trained health care provider inserts it into a woman's uterus through her vagina and cervix.

**Miscarriage:** The loss of pregnancy before 20 weeks.

**Male vasectomy (permanent method):** Surgery performed on men to block sperm from getting into the ejaculate (cum). This is a permanent method.

**Maternal death:** When a woman dies during pregnancy or within 42 days after her pregnancy.

**Prenatal care:** 'Pre' means 'before' and 'natal' means birth. So 'prenatal care' is about all the things we need to do before a woman gives birth to make sure her and her baby are healthy. Prenatal care is an important step to avoid maternal death.

**PrEP:** PrEP stands for Pre-exposure prophylaxis which basically means that it is a drug that people without HIV can take to avoid getting HIV. It is used around the world mostly for men who have sex with men or people who live in areas with higher rates of HIV.

**Progestin-only pill:** A pill that contains only one hormone – progestogen.

**Reproductive coercion:** Controlling someone's pregnancy-related behaviours. This could include forcing someone to get pregnant against their will (for example, by not letting get contraception), OR forcing someone to use contraception when they want to get pregnant (this can include people with a disability).

**Safe abortion:**

- When a pregnancy is ended using a method that is recommended by the World Health organisation – either with the right tablets (medical abortion) or simple surgery (surgical abortion)
- Is appropriate to use according to how long a woman has been pregnant
- Is done by a skilled professional

**Safer sex:** Means protecting the health of you and your partner. This means preventing STIs and unplanned pregnancy.

**STI:** Sexually transmitted infection.

**Unprotected sex:** Any sex without a condom. The sex can be vaginal, anal (bum) or oral (penis/vagina in mouth).

**Unsafe abortion:** When a pregnancy is ended either:

- By a person who isn't a skilled professional; and/or
- In a place that does not meet minimum medical standards (unclean environment)



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