

Community-based Extended and Continuous Education and Learning (EXCEL)

Participant Booklet – Phase (3)

Term A and B - Each Term 12 hours			
Phase			
III			
A2	Communication Skills	Time	Page
	A-2-1 What kind of person should be?	60'	4
	A-2-3 Control your tongue	60'	8
	A-2-4 "No, I am sorry is not enough"		
A3	Mental health (be mindful, think before you do)		
	A-3-1 Be at peace	60'	9
	A-3-2 Counselling	60'	10
A4	Communicable diseases (Malaria, Pulmonary TB)-120'		
	A-4-1 Malaria	60'	13
	A-4-2 Pulmonary TB	60'	14
A5	Disaster Preparedness -120'		
	A-5-1 Natural Disaster	60	18
	A-5-2 Think before to reduce risk and hazards	60	29
	A-5-3 Let's prepared for disaster	60	32
A	Summary Key Messages		
B1	Decision Making and problem solving (Questionable world)		
	B-1-1 Making Difficult decision	120'	33
B2	Drugs and alcohol, (What next when addicted,		

	How to help, Not a Robot)	60	34
	B-2-1 Alternative options if possible 1	60	36
	B-2-2 Alternative options if possible 2		
B3	HIV/AIDS (Never enough, Live meaning fully)		
	B-3-1 Who has HIV/STI?	60'	38
	B-3-3 Live meaningfully	30'	43
B4	HIV/AIDS (Open your heart)		
	B-4-2 Reproductive system	60'	44
	B-4-3 Contraception	60'	51
	B-4-4 Needs, Rights and Responsibility	60'	57

Communication Skills

Part (3) A-2-1

Time: (60) minutes

What is he saying?

(Communication, Critical Thinking)

***Passive***

- Accept what others say
- Worried about upsetting others and can't look at the other person directly
- Lack self-confidence and fail to explain clearly so that the other person understands

***Aggressive***

- Forceful and rude
- Act without respect to others
- Too insecure to express needs without being domineering
- Pressure, intimidation, or force used to get what is wanted.
- Causes confrontation that may escalate into violence

***Assertive***

- Communicates clearly and directly
- Respectful of others wishes
- Make own wishes known with sensitivity
- Take responsibility for feelings and actions
- Stand up for one's self

Behavior	Words and expressions	Voice	Gesture	Eyes
<i>Passive</i>	Say nothing negative.(Yes, OK, It's alright)	Low voice, Less tone	Keep the body pulled in; not in an up position. Lack of self-confidence; Timid	Down –cast eyes; Don't look at the other person up or directly.
<i>Aggressive</i>	Why? You can't break in like this! You really want a blow?	Loud, sharp voice; Screech;	Stand with arms akimbo; Move toward the other person	Stare at the other person keeping eyes wide
<i>Assertive</i>	You'd better take place at the back of the queue. We have queued since morning.	Calm voice, Normal tone	Keep the body straight. Looking self confident	Look at the eyes directly.

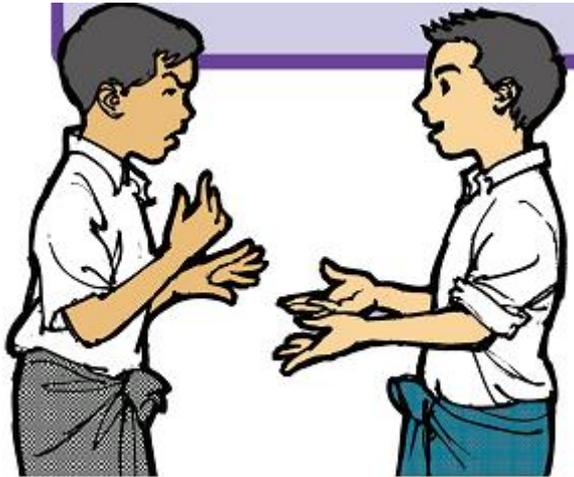


Part (3) A-2-3**Time: (60) minutes****Control your tongue**
(Communication)

When you express your opinion or disagreement, the steps in assertive communication are:

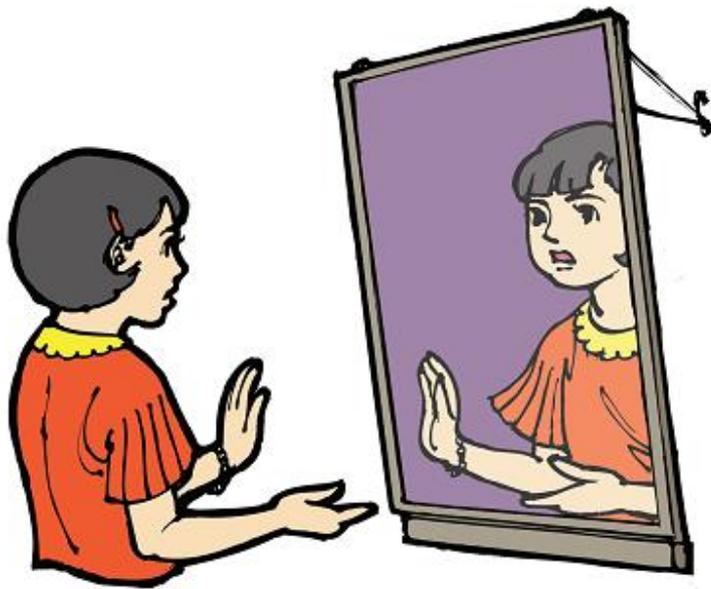
1. Remain relaxed and breathe deeply.
2. Look at the person (as appropriate).
3. Use a neutral, calm voice to clearly state your opinion or disagreement. Avoid emotional terms. (use I statements)
4. Listen to the other person.
5. Acknowledge other viewpoints and opinions. Thank the person for listening.

(From step 2 to 5, the interaction should be included.)



“Examples of “I statement”

- It wouldn't be comfortable for me if you do so.
- It frustrates me when you don't listen to me.
 - I can agree only up to this point.
 - I don't agree with that.
- It makes me feel unwanted when you ignore me.
 - I don't like it when you do that
- I wish you wouldn't laugh at me when I ask questions.
 - I wish you would consider what I'm saying.



Phase 3 A-2-4**Time: (35) minutes****No, I am sorry is not enough**
(Communication)**Steps for refusing assertively**

<u>Steps</u>	<u>Using "I" statement to refuse</u>
1. Express your feelings and attitudes openly	I don't like it. I can't agree with you. I don't want it.
2. Get an excuse. (with reasons)	I can't do it. I have to do work that my mother asked me to do. Excuse me. I have no time. I'm sorry. I'm not feeling well. Please don't. I'm afraid that my mother will scold me. I can't accompany you. I have to go somewhere.
3. Ask the other person's opinion on your excuse	How do you think of it? Are you annoyed with it?
4. Thank the other person for accepting your excuse.	Thank you. Thanks for not being annoyed with my excuse.
If the other person continues to persuade	
1. Refuse assertively. Or	I have considered. The answer is no. Don't disturb me. Don't tell me this again.
2. Delay or	Not now. Let's consider it later.
3. Negotiate	Let me consider about it. Let's go and eat snacks instead.

Mental Health**Phase 3 A-3-1****Time: (45) minutes**

Be at peace
(Empathy)



Phase 3 A-3-2

Time: (60) minutes

Counseling

(Communication, Empathy)

Event 1

The role of A

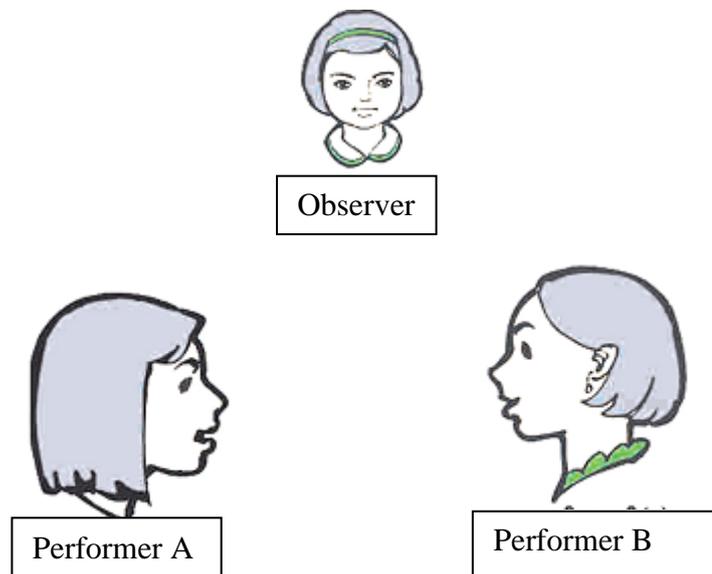
Bote Sone had to give all her earnings to her parents. When she could not work and could not give regular money, she was scolded and even beaten by her parents. Therefore, whenever she found it difficult to earn enough money, she borrowed money from her friends so that she could give it to her parents. In this way, she was slowly deep in debt and felt very frustrated. Bote Sone confided about this to her friend.

The role of B

You were Bote Sone's friend. How would you help Bote Son?

The role of C

You have to observe the roles of A and B and assess whether it is doing well according to the counseling facts.



Event 2

The role of A

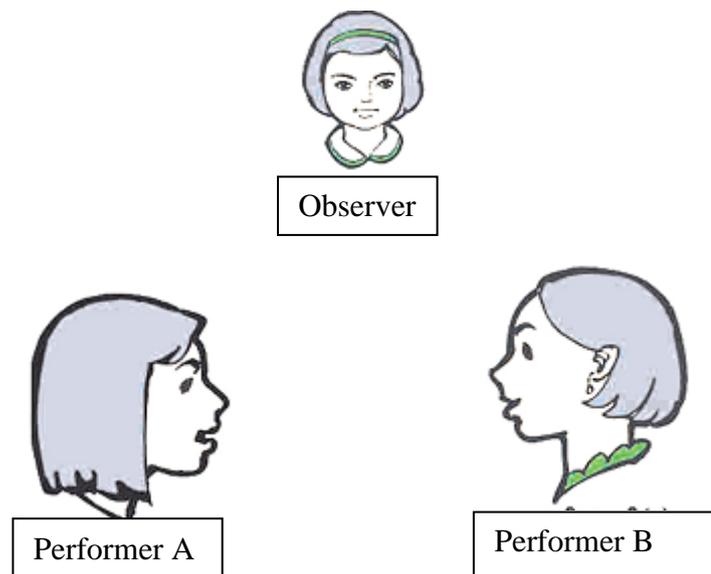
U Pho Tin, the father of Tun Tun, becomes addicted to drinking alcohol. He asks his wife for money every evening. When he doesn't get money, he scolds and beats his wife and children. When he gets money, he buys alcohol and drinks all of it. He cannot take care of his family's business. He sometimes asks Tun Tun to give his money that he earns from his work. Therefore Tun Tun is unhappy as he cannot save money. He tells about this to his friend.

The role of B

You were Tun Tun's friend. How would you help Tun Tun?

The role of C

You have to observe the roles of A and B and assess whether it is doing well according to the counseling facts.



Event 3**The role of A**

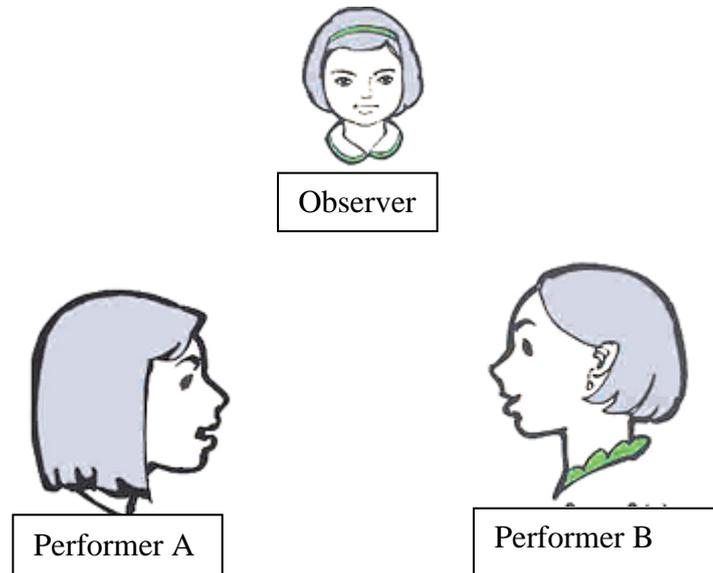
Mu Mu lived with her aunt after her parents' death. Her aunt raised her as her own daughter. However, her aunt's husband was not so. Although he pretended like a father in front of her aunt, at the back of her aunt he tried to flirt her. He intentionally touched her spoke to her in an inappropriate behavior. Mu Mu felt unhappy and confided this to her friend.

The role of B

You were Mu Mu's friend. How would you help Mu Mu?

The role of C

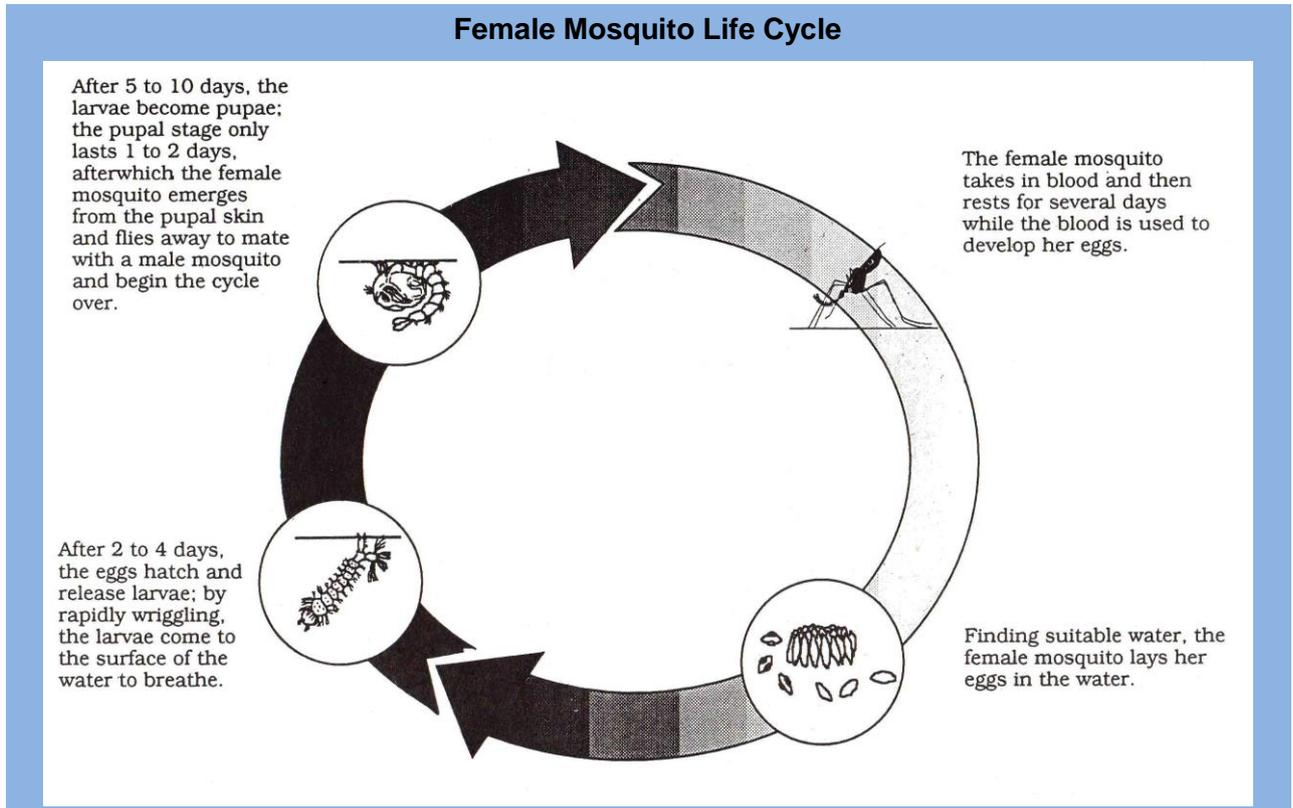
You have to observe the roles of A and B and assess whether it is doing well according to the counseling facts.



Phase 3 A-4-1

Time: (60) minutes

Malaria
(Critical Thinking)



Malaria Prevention Checklist – Self and Family Risk

Item	Yes	No
1. Full sleeve clothes and longyi are worn when in cool and shaded areas.	<input type="checkbox"/>	<input type="checkbox"/>
2. Repellents are used to protect from mosquito bites.	<input type="checkbox"/>	<input type="checkbox"/>
3. Mosquito coils are burned to repel mosquitoes. (Citrus fruit peels may also be used).	<input type="checkbox"/>	<input type="checkbox"/>
4. Insecticide-treated mosquito nets are used to protect family members from mosquito bites while sleeping at home or while travelling.	<input type="checkbox"/>	<input type="checkbox"/>
5. Family members who are sick are protected from mosquito bites.	<input type="checkbox"/>	<input type="checkbox"/>

Risk <input type="checkbox"/>	No risk <input type="checkbox"/>
---	--

Phase 3 A-4-2

Time: (60) minutes

Pulmonary TB

EVENT 1

Nyi Nyi commutes daily in the crowded bus to go to work. Someone coughs up straight to his face for several times. Nyi Nyi does not cover his nose and mouth nor turn his face.

EVENT 2

Little girl Hla Hla sits on the floor and always plays nearby her uncle. Her uncle coughs frequently when they are talking. The room is dark and does not have proper ventilation.

EVENT 3

Thida works in a busy shop. A person in front of Thida sneezes on the door handle without covering his mouth. Thida then opens the door by holding door handle. Then she enters the room and eats the biscuit with her hand. She rarely washes her hand before eating.



Cough several times straight to the face- High risk.

Exit: TB bacilli exit a person infected with Lung TB when coughs through droplets of sputum/mucus in the air. (Yes)

Survive: TB bacilli can survive in sputum droplet in the air. (Yes)

Sufficient: The amount of TB bacilli in the sputum droplets is sufficient.. (Yes)

Entry: Entry is possible as Nyi Nyi inhales droplets when he breathes in. (Yes)

Cough nearby and talking- High risk

Exit: TB bacilli exit a person infected with Lung TB when cough through droplets of sputum/mucus in the air. (Yes)

Survive: TB bacilli can survive in sputum droplet in the air and in darkness. (Yes)

Sufficient: The amount of TB bacilli in the sputum droplets is sufficient.. (Yes)

Entry: Entry is possible as Hla Hal inhales droplets when she breathe in as her uncle cough frequently. She plays and touches droplets on the floor and may touch nose/mouth.(Yes)

Holding dirty door handle and eat without washing hand – Medium risk

Exit: TB bacilli exit a person infected with Lung TB when sneezes through droplets of mucus in the air. (Yes)

Survive: TB bacilli may survive in mucus droplets in the air and on the door handle for sometime if the room is dark. (Yes)

Sufficient: The amount of TB bacilli in the mucus droplets that Thida touch may be sufficient. (Yes)

Entry: Entry may be possible as Thida eats biscuits without washing hands.

Behaviours that can transmit TB and get TB infection



- (1) A middle-aged person who has TB is coughing without covering and then spits sputum into a nearby spittoon (bowl). The windows are closed and room is dark.



- (2) Little girl is sitting nearby and studying. She quickly picks up and holds the bowl by the rim. Cough droplets are on the rim of the bowl



- (3) Then, the girl places the bowl on the floor and continues reading the story. She is thinking and touching her nose with her hand.



(4) Later, she washes her hand without using soap and the family have the meal together.



(5) A woman gave the man some tablets (medicine) and a cup of water but the man was refusing as he had already taken a lot of medicine and thus he did not want to take any more.

(a) Let the youths to copy the following table in their note book.

<i>Behaviour in the picture</i>	<i>Alternative Behaviour (reduce the transmission)</i>	<i>Advantages</i>	<i>Disadvantages</i>	<i>Realistic Solution(s), Why?</i>
Behaviour 1				
Behaviour 2				
Behaviour 3				

Disaster Preparedness

Natural Disaster

NATURAL HAZARDS IN MYANMAR

Phase (3) A-5-1



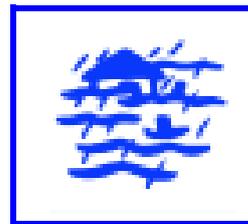
Earthquakes, earth tremors: The sudden motion or trembling in the Earth due to movements of rock deep in the underground.



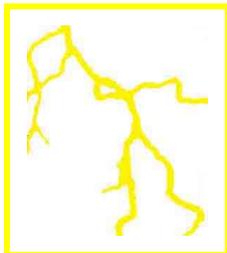
Tornadoes: Destructive whirling, funnel-shaped winds that forms between a cloud and the ground surface.



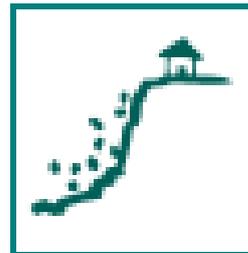
Tsunamis: A gigantic wave or series of waves that smash into the shore, caused by an earthquake, volcanic eruptions or landslides under the sea.



Floods: The building up of large quantities of water, generally caused by heavy rains that the soil is unable to absorb.



Thunderstorms: Storms created by electrically charged rain and hail within the clouds, resulting in lightening and thunder.



Landslides, mudslides: Soil, rocks and debris that move suddenly or slowly down a slope. They mainly caused by heavy rain by earthquakes.



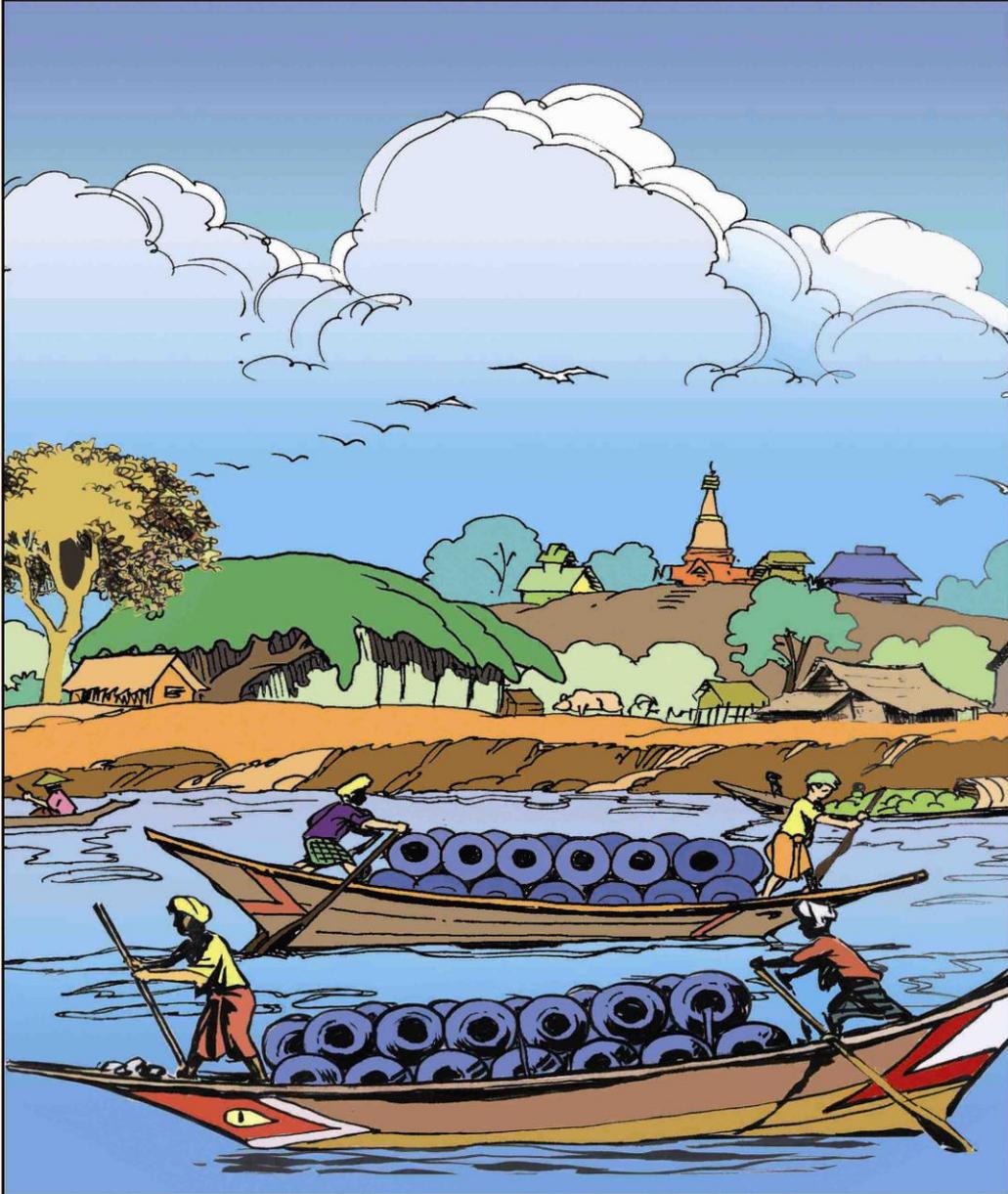
Cyclones: Strong winds that start over the sea, rotating in big whirling circles, and bring rain with them.



Wildfires: Destructive fires in forests and other areas covered by vegetation. These fires can get out of control and easily spread over vast areas of land

Let's Prepare Story

Wai Wai's family lives in a village by the river bank.



1

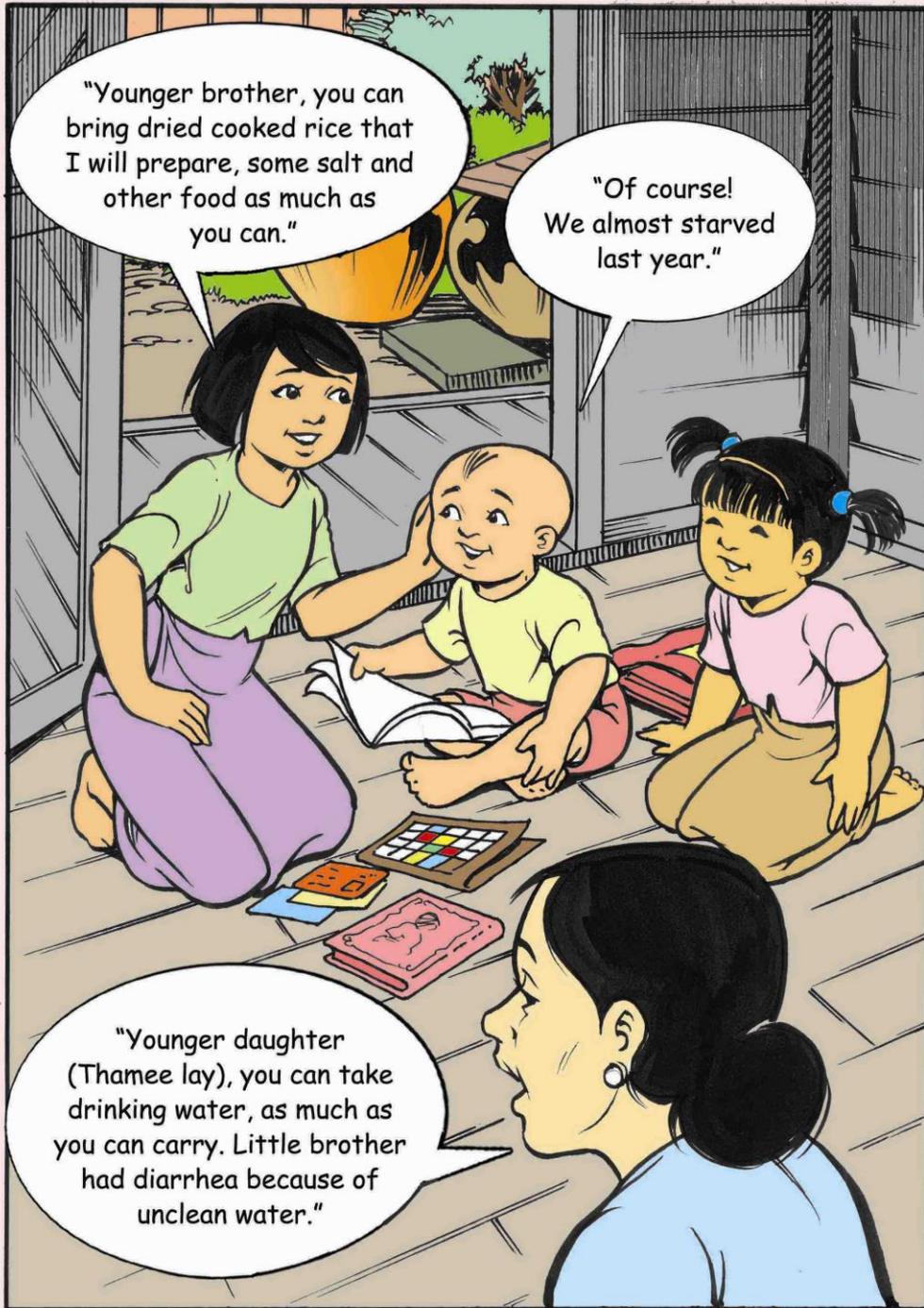
Last year when the river overflowed and the village was flooded many villagers were in trouble. Wai Wai's father died while trying to save his cattle.



2







"Younger brother, you can bring dried cooked rice that I will prepare, some salt and other food as much as you can."

"Of course! We almost starved last year."

"Younger daughter (Thamee lay), you can take drinking water, as much as you can carry. Little brother had diarrhea because of unclean water."



Then Wai Wai prepares pieces of paper for each of them with their name and address on it and the name and address of a relative in a nearby village and puts them in waterproof plastic

"Always carry these with you in case we get separated so others can help you."

"Oh, I should also take a bottle of 'water guard'."



One day.... Suddenly, Wai Wai's village is flooded and the whole village is in a panic...



8

Wai Wai's family is united safely at the monastery on the higher ground because of their plan.



9

Questions about the story

- (1) Where did Wai Wai and family plan to go if the village is flooded again?
- (2) What things did they plan to take with them? What is the difference between your list of things to take and Wai Wai's list of things to take?
- (3) Among your choice of things, which are not necessary for emergency survival?

Before a Flood

1. Listen to the TV or radio for warnings about flooding in your area.
2. Store three-day supply of water and non-perishable food.
3. Store medicine for diarrhoea and for fever, home medicine, spirit, cotton wool, gauze, batteries and soap.
4. Choose two places where the family member will meet and inform this place to each family member.
5. Put the important documents such as identity cards, registered list of family members, and birth certificates.

During a Flood

1. If you come upon floodwaters, climb to higher ground.
2. Then, go the other way opposite the way of flood.
3. Never try to walk, swim, or play in floodwater.
4. Stay away from creek and stream banks in flooded and recently flood areas. It is very easy to be swept away by fast-moving water.
5. Never stay in a vehicle (car, truck, motorcycle) and become surrounded by water.
6. Watch out for snakes and poisonous insects in areas that are flooded or climb up the tree in this area.

After a Flood

1. Stay out of buildings where floodwaters remain.
2. Continue to listen to radio or television reports.
3. Help those who need special assistance –infants, elderly people, and those with disabilities
4. Never wear wet clothes.
5. Water for drinking should be boiled before use.

(Keep in mind that a person's curiosity can make him lose his life.)

Phase (3) A-5-2**Time: (40) minutes****Think before to reduce risk and hazards**

(a) Explain the family communication

Family Communications Plan

My Name: _____

My Address: _____

My Telephone Number: _____

1. My Parent's

Father's work address _____

Father's work phone number _____

Mother's work address _____

Mother's work phone number _____

2. Who to Contact in Case of Emergency or Separation(trusted family friend or relative)

Name _____

Address _____

Telephone number _____

3. Who to Contact in Case of Emergency or Separation(trusted family friend or relative out of town)

Name _____

Address _____

Telephone number _____

4. Other Emergency Contacts:

Local police station: _____

Local fire department: _____

Doctor: _____

5. Name of prescription medication (if any) _____

The disaster supplies kit

During a disaster, you may have to evacuate quickly. You might not have time to gather all the supplies you need so it is recommended to make a disaster supplies kit. This kit contains enough food, water and supplies to last for three days for each person in your family. The supplies are usually placed in a duffel bag that can easily be carried to the evacuation site (place of safety). Here are some suggestions for the kit:

WATER	MEDICINES	CLOTHING & BEDDING
<ul style="list-style-type: none"> <input type="checkbox"/> Store water in plastic containers. <input type="checkbox"/> Store 4 litres of water per person per day (2 litres for drinking, 2 litres for food preparation/sanitation) <input type="checkbox"/> Keep at least a three-day supply per person. 	<ul style="list-style-type: none"> <input type="checkbox"/> First-AID Kit <input type="checkbox"/> Paracetamol <input type="checkbox"/> Any essential prescription medicines 	<ul style="list-style-type: none"> <input type="checkbox"/> One complete change of clothing <input type="checkbox"/> Sturdy shoes <input type="checkbox"/> Blankets <input type="checkbox"/> Mosquito netting <input type="checkbox"/> Rain gear

IMPORTANT DOCUMENTS	FOOD	SANITATION
<ul style="list-style-type: none"> <input type="checkbox"/> Keep documents in a waterproof, plastic container <input type="checkbox"/> Safety map (map of local area showing evacuation sites) <input type="checkbox"/> Copy of personal identification <input type="checkbox"/> Immunization records <input type="checkbox"/> Family Communications Plan <input type="checkbox"/> Family records (birth, marriage, death) 	<ul style="list-style-type: none"> <input type="checkbox"/> Three-day supply of non-perishable food. Select foods that do not have to be kept cold, need little preparation or cooking, and little or no water <input type="checkbox"/> Ready-to-eat canned or dried meats, fruits and vegetable, instant noodles <input type="checkbox"/> Canned or boxed juices, powdered milk <input type="checkbox"/> High-energy foods such as dried fruit, nuts, and biscuits 	<ul style="list-style-type: none"> <input type="checkbox"/> Soap, antibacterial liquid <input type="checkbox"/> Feminine supplies <input type="checkbox"/> Large plastic bags & ties for personal sanitation. <input type="checkbox"/> Plastic bucket <input type="checkbox"/> Chlorine bleach <input type="checkbox"/> Toilet paper

TOOLS & EMERGENCY SUPPLIES

- Battery operated radio & extra batteries
- Candles, torch & extra batteries
- Can opener, utility knife
- Matches in waterproof container
- Paper, pencil
- Needle, thread
- Whistle
- Medicine dropper
- Insect repellent
- Charcoal (for outside use only)

Remember, the disaster supplies kit at least once a year!



Phase (3) A-5-3**Time: (40) minutes****Let's prepare for disaster**
(Critical thinking, Creative thinking)**Before an Earthquake**

- In each room, find a safe place under a sturdy table, desk or bench. Your safe place can also be against an inside wall or corner, away from things that could fall on you.
- Ask your parents to bolt or strap large items against the wall. Bolt to the walls mirrors, pictures and tall bookcases. Keep heavy objects on the lower shelves so they do not fall on people.

During an Earthquake

- Drop, cover and hold on.
- Take cover under a sturdy desk, table or bench. Cover your face and head with your arms. Hold on.
- If there is no table or desk near you, take cover along an inside wall or corner of the building. Cover your face and head with your arms. Hold on.
- Stay away from glass, windows, outside doors and walls. Stay away from things that could fall.
- Stay inside until the shaking stops. Stay inside till it is safe to go outside.
- If you are outside, stay away from tall buildings, trees, streetlights, and power poles

After an Earthquake

- Be prepared for aftershocks.
- Open cabinets slowly. Beware of objects that can fall off shelves.
- Stay away from damaged places. They could collapse with minor tremors that follow!

Making Difficult Decision and Problem Solving

Phase (3) B-1-1

Time: (120) minutes

Making Difficult Decision (Decision making, Problem Solving)

Event 1: Maung Zaw promised to support the money his girlfriend needed. Today is the promised date. However, he has no money in his hand. He is worried because his girlfriend can misunderstand him for not keeping his promise. He has no idea for solving this problem. At last, he sold the bicycle he borrowed from his friend and gives the money she needs.

Event 2: Su Su likes a free life style. She doesn't like to live with her parents who control her. As she feels stressed to live with her parents, she has left her house to live together with her friend who always helps her.

Step 1: Define the decision you have to make.

Step 2: Consider all the choices/alternatives. *Collect information about them.*

Step 3: Consider all the alternatives. *List the advantages (pros) and disadvantages (cons) for each possible choice.*

Step 4: Consider your values.

Step 5: Consider the impact on other people.

Step 6: Choose one alternative. *Make a decision after considering the pros and cons of each possible choice.*

Step 7: Implement the decision. *Make a list of the things that you will have to do to carry out your decision.*

Step 8: Assess you decision



Drugs and alcohol

Phase (3) B-2-1

Time: (120) minutes

Alternative options if possible 1

The following table summarizes what is known about the effects of common substances

Substance	Short-term effects	Long-term effects
Alcohol (Beer, wine, liquor)	Short-term effects include doing things that normally one would stop oneself from doing, possible loss of physical co-ordination, unclear vision, slurred speech, making poor decisions and memory impairment. Excessive drinking over a short period of time can cause headache, nausea, vomiting, deep unconsciousness and death.	Drinking large amounts of alcohol regularly over a lengthy period of time can cause loss of appetite, vitamin deficiency, skin problems, depression, loss of sexual drive and memory, and liver and brain damage. Alcohol consumption during pregnancy can lead to Foetal Alcohol Syndrome. Tolerance and dependence also develop.
Opioids (Heroin, Opium)	These produce detached and dreamy sensations, sleepiness, and constriction of the pupil of the eye, nausea, vomiting and constipation. Overdose leads to unconsciousness, failure to breath and death.	Tolerance and physical and mental dependence can develop quickly. Stopping use results in the withdrawal syndrome.
Volatile inhalants (Glue/ Thinner)	The individual feels uninhibited at first and drowsy later. With continued inhalation, hallucinations may occur. Other effects include feelings of happiness, relaxation, sleepiness, poor muscle coordination, slurred speech, irritability and anxiety. The most immediate danger to the individual is "sudden sniffing death".	Although little is known about volatile substances, regular long-term use may lead to nose bleeds, skin rashes around the mouth and nose, loss of appetite and lack of motivation. Some of the solvents are toxic to the liver, kidney or heart; and some may cause brain damage. Little is known about the long term effects of regular inhalant use.
Cannabis (Marijuana, hashish)	Cannabis may make the individual feel euphoric at first and then relaxed and calm. Feelings of wellbeing and relaxation, loss of inhibitions, muscle co-ordination and concentration. There may be increased heart rate, redness of the eyes and increased appetite. Large quantities can cause panic, hallucinations, restlessness and confusion. Large doses can also change physical perceptions, similarly to hallucinogens.	Regular use over a long period of time increases chances of dependence causes impairment of cognitive functions and may worsen existing mental problems.
Amphetamines (Ya Ma, Ya Ba)	Short-term effects include enhanced or increased central nervous system activity; experiencing brief intense feeling of intoxication and exaggerated feelings of	Long-term effects include inability to sleep, irritability, mental health problems, and becoming suspicious

Substance	Short-term effects	Long-term effects
	confidence. Soon the mood quickly changes to a low feeling, and may prompt the person to repeat the dose. Overdose is more common with crack than with other forms of cocaine.	and distrustful of others (paranoia).
Nicotine (Tobacco cigarettes)	Some short-term effects are: a feeling of alertness just after using tobacco and then relaxation afterwards; increase in heart rate and a temporary rise in blood pressure. Dizziness, nausea and reduced appetite also occur.	Long-term nicotine use can cause heart and lung disease, blockage of arteries (peripheral vascular disease), hypertension, bronchitis, cancer of the lung, cancers of the mouth (with pipe smoking and tobacco chewing).
Depressants (Sleeping pills)	Effects are similar to alcohol. They slow down a person's thinking and movements and decrease the ability to concentrate. They cause effects such as slurred speech, sleepiness, problems with coordination; and they cause "hangovers". Low doses reduce feelings of anxiety, while higher doses cause sleepiness. Consumption of alcohol (at the same time) increases their effect, and repeated doses cause toxicity because the substance cannot be broken down (metabolized) quickly. Accidents and suicide are common.	Substances in this category can lead to dependence, inability to learn and problems with coordination. Convulsions can occur when the substance is withdrawn.

Phase (3) B-2-2

Time: (60) minutes

Alternative options if possible 2

Event 1

A:
A found that his friend B could work harder without taking rest or stopping. He noticed the changes in his behavior and tried to ask him.

B:
B told A that he was taking some tablets so that he could work harder and earn more money.

C:
C has to observe A and B talking to each other.

Event 2

A:
A got strong smell from his friend B. He noticed B's lips became blue and asked him the reason.

B:
B told A that he smoked so that he would be stylish but now he smokes everyday.

C:
C has to observe A and B talking to each other.

Event 3

A:
A found that his friend B went to a bar instead of going back home after work. He asked him about that.

B:
B told A that he drank alcohol with others so that he could be relaxed and less tired after hard work. But now, he could not stay without going to that bar.

C:
C has to observe A and B talking to each other.

Causing you lose your consciousness

The tablets are lying beautifully
All mixed with different kinds of Ya-ma and
Ya-ba wonderfully.

Don't try it my friend,
You'll surely get twice bad effects in the end.

As the effect is rising, you'll feel like flying.
When you like it more and more, you can't stop it
at all.

Over confidence seems good but not.

To be able to live happily,
You must refuse it assertively.



Phase (3) B-3-1**Who has HIV**
(Critical Thinking)**Present Situation**

- (1) Thazin(15 yrs. old)
What we know: This adolescent is from a rural area and migrated to town to attend secondary school. She lives with distant relatives and helps in their shop after school.
- (2) Maung Myo Htike(16 yrs. old)
What we know: This adolescent is from a nearby town and attends secondary school. He lives in a rented room with a friend near the school.
- (3) Hla Hla (17 yrs. Old)
Basic Characteristics: This adolescent works in a karaoke bar. She lives in town with her family.
- (4) Ma Hla May (27 yrs. old)
What we know: Daw Hla May packages dried fruit at home. She lives with her current partner.
- (5) U Sein Tin (48 yrs.old)
What we know: U Sein Tin is well off financially. He has his own business with many employees. U Sein Tin is married and lives with his wife.
- (6) Ko Naing Win (22 yrs.old)
What we know: Ko Naing Win works for a shipping company. He likes to go out at night with friends and meet people
- (7) U Lin Maung (32 yrs.old)
What we know: U Lin Maung runs an orchard on the edge of town. He lives with his current partner.

Intimate Behaviours and Risk

- (1) Thazin(15 yrs. old)
Intimate Behaviour: This adolescent has never had sex but she has a boyfriend.
- (2) Maung Myo Htike(16 yrs. old)
Intimate Behaviour: Maung Myo Htike has a girlfriend but has sex with other partners, male and female. He does not use condoms with his male partners because they are not sex workers. They are usually older than he is it is difficult for him to ask them to use condoms.
- (3) Hla Hla (17 yrs. Old)
Intimate Behaviour: Hla Hla is sexually active but she uses condoms with all partners, including her boyfriend.
- (4) Ma Hla May (27 yrs. old)
Intimate Behaviour: She is the partner of the 32-year old male. She previously had sex with a former partner and did not use condoms because they were in a relationship. She doesn't think it is necessary to use condoms with her current partner because they are both monogamous and are planning to get married.
- (5) U Sein Tin (48 yrs.old)
Intimate Behaviour: Likes to regularly go out to drink alcohol. Has previously visited sex workers but used condoms. When he has sex with a woman who is

not a sex worker he does not use a condom. Also, he does not use condoms with sex workers that he visits regularly and likes.

(6) Ko Naing Win (22 yrs.old)

Intimate Behaviour: Ko Naing Win occasionally shares contaminated needles and other equipment to inject drugs like heroin. He only uses condoms with people he thinks are at risk of HIV infection.

(7) U Lin Maung (32 yrs.old)

Intimate Behaviour: He is the partner of the 27-year old female. U Lin Maung has sex with both female and male partners but only uses condoms with female sex workers. He previously had symptoms of a STI but the symptoms went away on their own.

Sexual Network and the Transmission of HIV & STI

Red Line – Suppose the 22 year-old male, Ko Naing Win, has sex or uses drugs together with U Lin Maung. He does not use a condom because he does not think he is a risk because U Lin Maung is not a sex worker. U Lin Maung is infected with HIV and/or other sexually transmitted infections from Ko Naing Win.

U Lin Maung goes home, he later has sex with his partner, Daw Hla May, and does not use a condom. She also becomes infected with HIV (and/or other sexually transmitted infections). Daw Hla May does not use any form of protection against pregnancy.

- **What may be the consequences for U Lin Maung and for Ko Naing Win?**

Ko Naing Win already is infected with HIV but may not know it. Without condoms, U Lin Maung could become infected with HIV as well. Previously, U Lin Maung had symptoms of a STI but did not treat it properly. It is still possible for him to infect Ko Naing Win with the bacteria or virus that are still in his body but not causing symptoms at that time.

- **If Daw Hla May becomes pregnant, what may be the consequences?**

Daw Hla May could become infected with HIV from U Lin Maung. The baby could also become infected if Daw Hla May does not know her HIV status or seek the proper care during her pregnancy. Daw Hla May may also become infected with STI from U Lin Maung. Sexually transmitted infections during pregnancy may cause still birth,

- **Even if the child does not become infected with HIV, what other problems will it face if both its mother and father become infected?**

If both the mother and father have HIV, it is possible that the baby will be orphaned in its childhood or before the child reaches adolescence

Blue Line – Suppose Daw Hla May has an affair with U Sein Tin before she met her current partner, U Lin Maung and did not use condoms because they were in a relationship. At that time, Daw Hla May did not know that U Sein Tin was already married.

- **What might have been the consequences for either Daw Hla May or U Sein Tin?**

Daw Hla May's could have been infected with another STI from her relationship with U Sein Tin since he unprotected sex with other women. She may not show any visible symptoms of the STI. Although Daw Hla May's last known HIV status is negative there still is a chance that she is still infected with HIV if she was tested in the window period. [The window period

will be discussed in another lesson].

While we do not know about Daw Ha May's sexual history before she met U Sein Tin, it is possible that he could be infected with additional STI from her.

- **What might happen if U Sein Tin then has sex with his wife and does not use a condom?**

If U Sein Tin has sex with his wife without a condom, it is possible that she will also be infected with HIV and any other STI that he may have.

- **How easy do you think it would be to ask a partner in a relationship (girlfriend/boyfriend, wife/husband) to use a condom, especially if one has not been used before?**

Most people in relationships find it difficult to use condoms with their partner because they feel the need to demonstrate "trust" for the partner. It is especially difficult if condoms have not been used before or have not been used for a long time. A request to use condoms is then seen that one partner has lost "trust" in the other.

Green Line – Suppose after a night of drinking Ko Naing Win has sex with Hla Hla who works in the Karaoke Bar and uses condoms.

- **What risk would either Hla Hla or Ko Naing Win have for getting infected with HIV or any other sexually transmitted infections?**

If a condom is use correctly, there is little risk of infection with HIV or other STI. However, if alcohol was consumed, vulnerability will increase because the alcohol may prevent condoms from being used correctly – or used at all.

Purple Line – Suppose Maung Myo Htike is Thazin's boyfriend. They have not had sex yet but he hopes that she will be willing to have sex soon.

- **If they do have sex, do you think they will use a condom? Why or why not?**

Because it is the first relationship for Thazin and Maung Myo Htike (even though Maung Myo Htike is already sexually experienced) they may decide not to use a condom as a sign of trust and commitment in the relationship.

While he is waiting for Thazin to be willing to have sex, Maung Myo Htike has sex with Hla Hla and use a condom the first time. As they see each other more often, their relationship becomes closer.

- **Do you think they will use condoms consistently over time, especially if they have never been tested for HIV?**

As the relationship becomes closer Maung Myo Htike and Hla Hla will be less likely to use condoms.

- **What might be the consequences for Hla Hla?**

Maung Myo Htike is already HIV positive. Therefore it is possible that Hla Hla will also become infected. Maung Myo Htike may also have other STI which he could pass on to Hla Hla.

Suppose Thazin and Maung Myo Htike end their relationship. Thazin soon has a new boyfriend. She thinks the best way to keep him is to have sex with him. Because they are in a relationship, they do not

use condoms.

- **What do you think might be the consequences for Thazin, her new boyfriend, or any of her future partners?**

Thazin could be infected with HIV or other STI depending on the past sexual history or her new boyfriend. If the relationship does not last, she could transmit HIV or STI to any future partners. She could also be infected from those partners as well if a condom is not used.

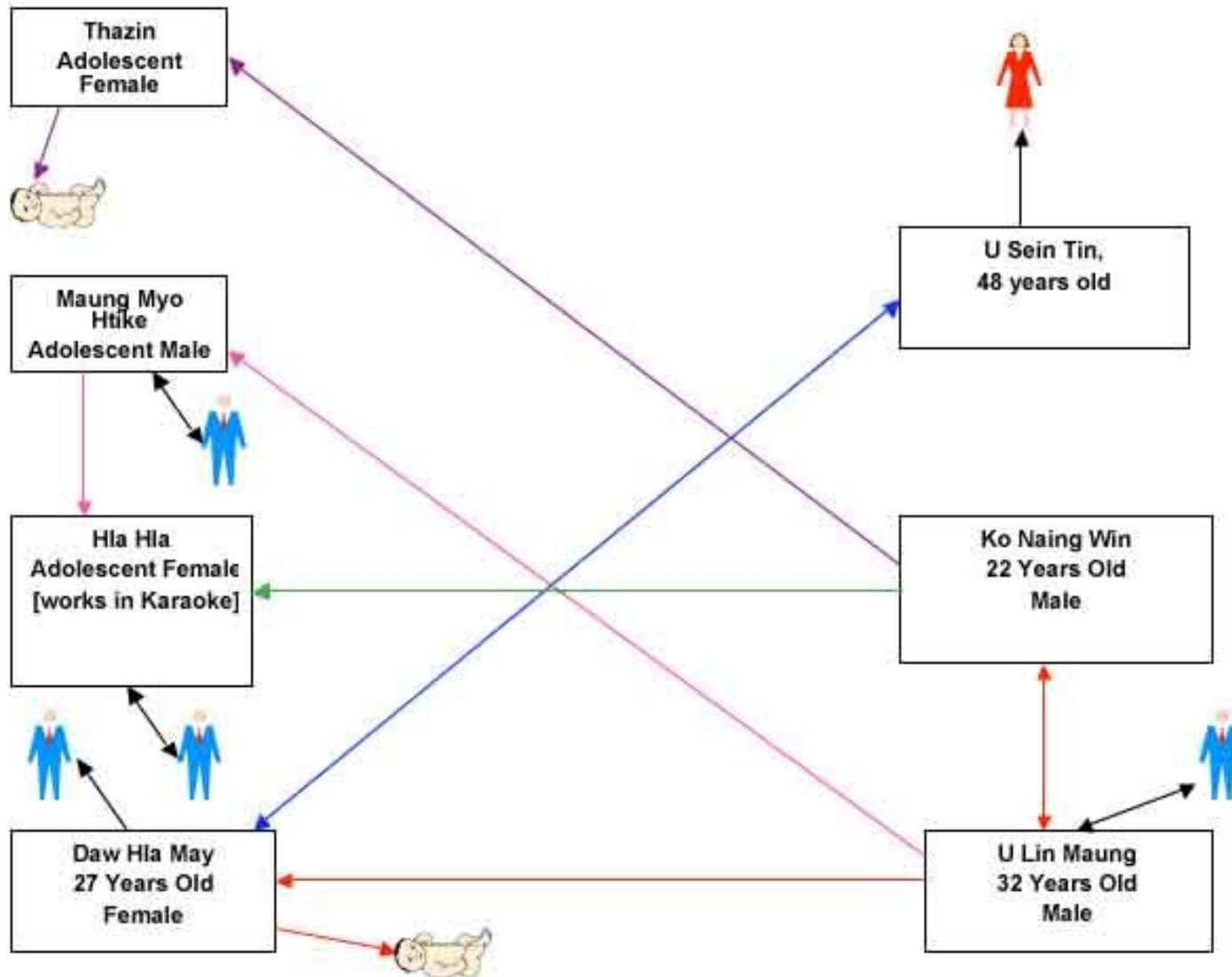
Pink Line – Suppose U Lin Maung has sex with Maung Myo Htike and does not use a condom. Later, Maung Myo Htike has sex with his girlfriend, Hla Hla, and does not use a condom.

- **What might be the consequences for either U Lin Maung or Maung Myo Htike?**

U Lin Maung had symptoms of and STI but did not see proper treatment. This may make it easier to be infected with HIV from Maung Myo Htike. And, even though, U Lin Maung's symptoms have cleared up, he can pass the STI on to Maung Myo Htike.

- **What might be the consequences for Hla Hla?**

Hla Hla can become infected with both HIV and STI.



Sexual Network and the Transmission of HIV & STI

Phase (3) B-3-2**Time: 30 minutes****Live meaningfully**

My name is Hla Moe. I used to get addicted to drugs. I injected drug into the vein with my friends. When I was hospitalized by my family to give up drugs, I knew I had HIV virus, I wondered why it happened only to me but not to others. And I also thought other people looked at me strangely. I wondered if they knew about me. They seemed to avoid me, I felt very angry.

I want to inject my blood into their bodies. Alright! I had better die early. I don't care whatever happens to me. I'll try to get other people infected with my HIV virus. I will use drug again. If I have companions, I will drink and have sex. What a fun! I have to waste time. I will try to live my life happily before I die.

My name is Mg Cho. I only know that I have HIV when I donate blood. The doctor said that I cannot donate blood because I have HIV virus. I felt surprised to know about it at that moment. When I thought that I was going to die, I was shocked, I wanted to do nothing, I just wanted to lie on bed, I was getting thinner as I couldn't sleep and eat for two weeks. Therefore I went and met a doctor whom I was acquainted once. He was participating in social activities in our community. I told him about myself. After talking with him, I knew about AIDS and realized what to do.

I am getting careful in my behaviors. I take care of myself not to be sick. I go to a clinic when I am ill. Taking care of my health!

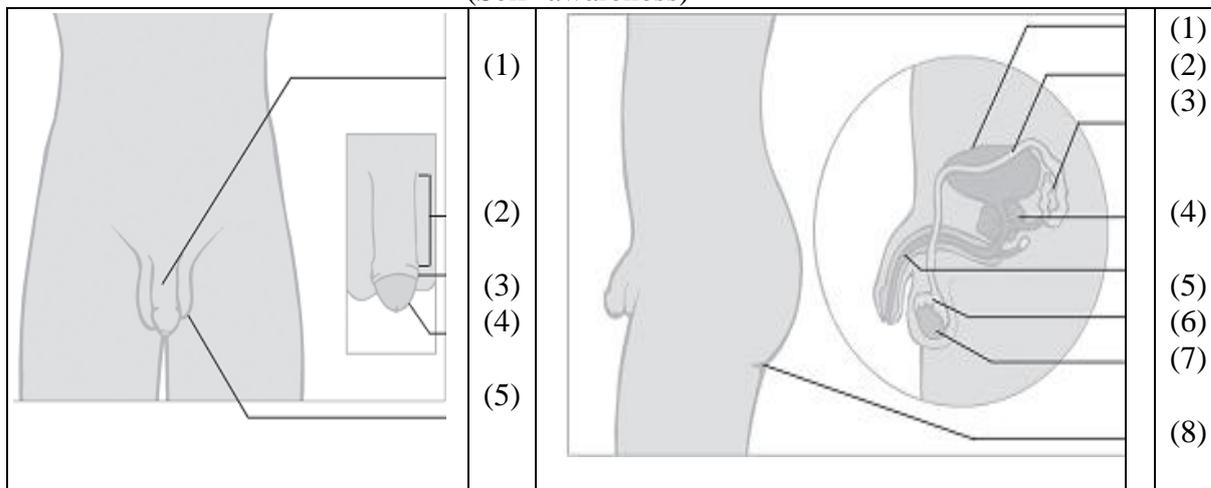
Then I try to live in peace of mind. I am always occupied with a work so that I have no time to be disappointed. I try to concentrate in doing what I can do. What is important is to know that I have to do to myself for my longevity.

Reproductive Health

Phase (3) B-4-2

Time: (60) minutes

Reproductive System (Self-awareness)



External organs of male reproductive organs and their functions

Genitals	Function
1.Penis	It is an outside male sex organ and used to get rid of urine.
2.Shaft	It is the body stem of penis and round and long.
3.Foreskin	A fold of skin that covers the head round part of penis.
4.Glans	The sensitive tip or the “head” of the penis
5.Scrotum	The bag that holds the testicles between the penis and anus. Keeps the temperature of the testicles at 37 degrees.
6.Anus	A small opening behind the vulva, through which faeces passes out

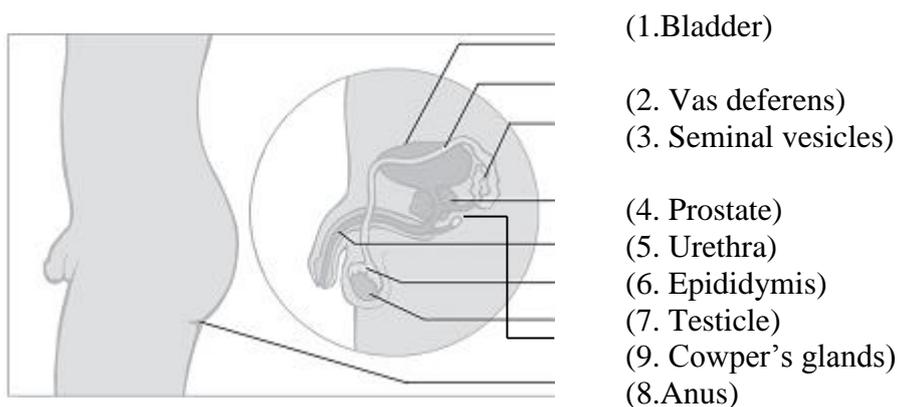
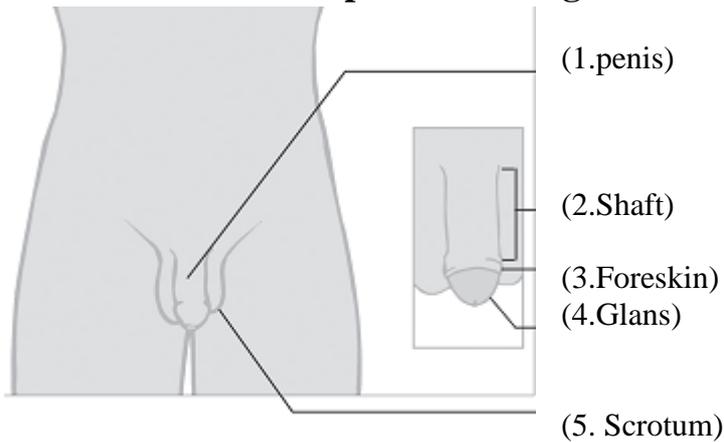
The penis and testicles (testes) are the sexual organs outside a boy’s body. A boy’s penis hangs down between his legs at the front of his body. The main part of the penis is called the shaft. The end of the penis is called the glans. The foreskin is a skin that covers the glans. Usually it can be pulled back quite easily. If it is tight it can be stretched by gently pulling it over the glans. All boys are born with a foreskin, but some have it removed whilst they are a baby for cultural or religious reasons, or because some believe its removal may reduce disease. The scrotum is a loose wrinkly pouch of skin that hangs down behind a boy’s penis. It contains the testicles (testes) and controls the temperature of the testes. As a boy goes through puberty his testicles move lower down his scrotum. One of the testicles usually lower than the other.

Internal organs of male reproductive organs and their functions

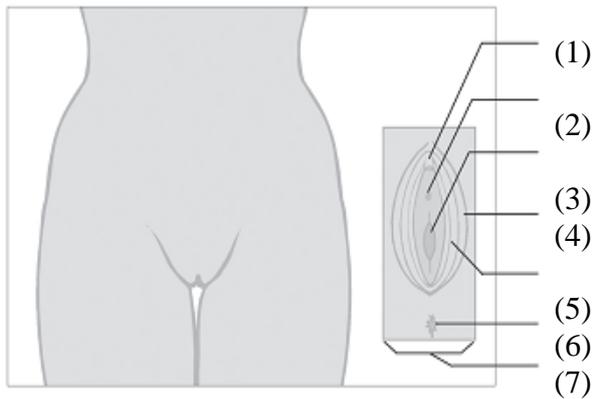
Internal organs	Function
1. Bladder	A pouch that collects urine excreted by the kidneys before disposal by urination. The bladder is not part of the reproductive system.
2. Vas deferens	The tubes that connect the testicles to the Seminal vesicles and to the urethra.
3. Seminal vesicles	Tube-like glands found behind the bladder. They make most of the content of semen.
4. Prostate	At the base of the bladder it adds part of the fluid to semen, and stops

	males from urinating while sexually aroused.
5. Urethra	A tube that connects the bladder to the outside of the body, though which urine passes out of the body and though which semen is ejaculated.
6. Epididymis	A tightly-coiled tube that hold the testicles in place and which store newly formed sperm for 2 or 3 months until they mature.
7. Testicle	Oval-shaped glands that produce sperm to fertilize eggs in females and male hormones.
9. Cowper's glands	Glands which secrete fluids that clean the urethra of acids that remains from urination.

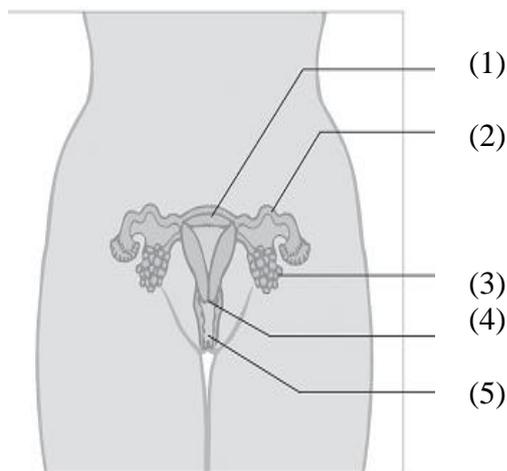
The names of the male reproductive organs



Female External Reproductive Organs



Female Internal Reproductive Organs



1. External organs of female reproductive organs and their functions

External organs	Function
1. Clitoris	An organ filled with nerve endings
2. Urethral opening	The opening of a tube that connects the bladder to the outside of the body, through which urine passes out of the body
3. Vaginal opening.	The pathway in and out of the internal female reproductive system.
4. Labia majora.	The outer padded flaps of skin that protect to the internal genital organs.
5. Labia minora.	The softer flaps of skin inside the labia majora that function as a covering for the actual vagina
6. Anus	A small opening behind the vagina through which faeces passes out

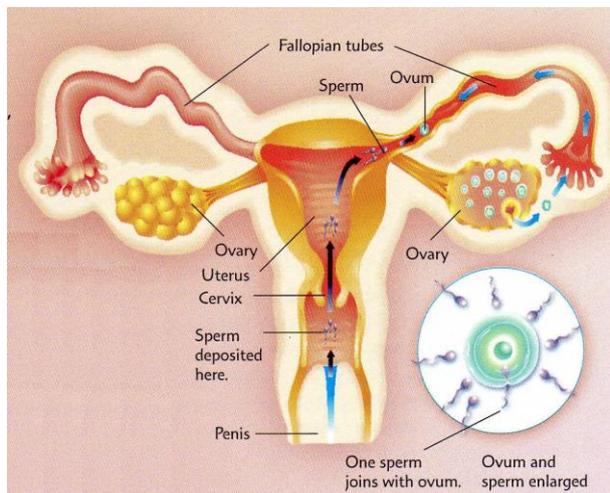
The opening to the vagina is one of three holes that a girl has between her legs. At the front is the urethral opening which a girl urinates through. The anus is the opening at the back where she defecates from. From the vaginal opening in the middle there is a passageway or tube called the vagina which leads to a girl's internal sexual organs. Another important sex organ is the clitoris. This is about the size of a pea and is at the front of a girl's outside sex organs. The folds of skin

(labia), protecting the female sex organs, the clitoris and the vaginal opening, are together known as the vulva.

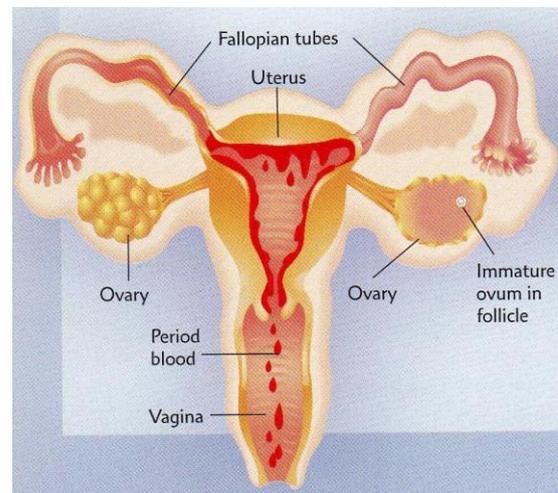
Two of the main sex organs in a girl's body are the vagina and ovaries

Internal organs of female reproductive organs and their functions

Internal organs	Function
1. Uterus (womb)	Where a fertilized egg develops into a foetus which grows into a baby.
2. Fallopian tube	Two tubes through which the egg travels from the ovaries to the uterus.
3. Ovary	There are two ovaries that produce female hormones and contain the eggs.
4. Cervix	The opening of the uterus into the vagina.
5 Vagina	The canal that leads from the cervix to the outside of the body (the vulva) and through which menstrual fluid passes; When a baby is born, it also passes through the vagina

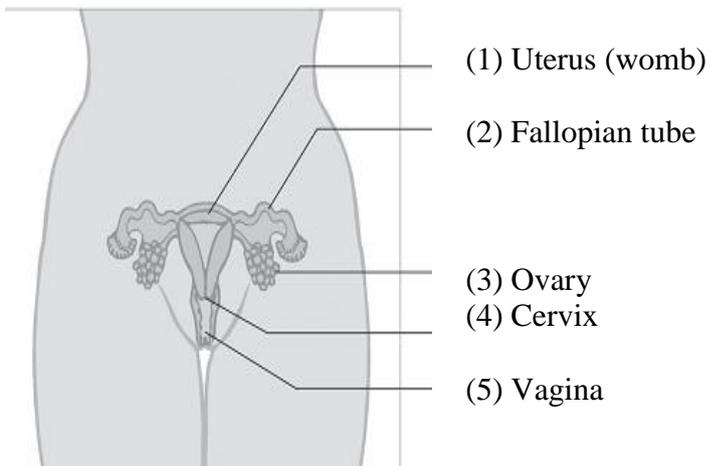
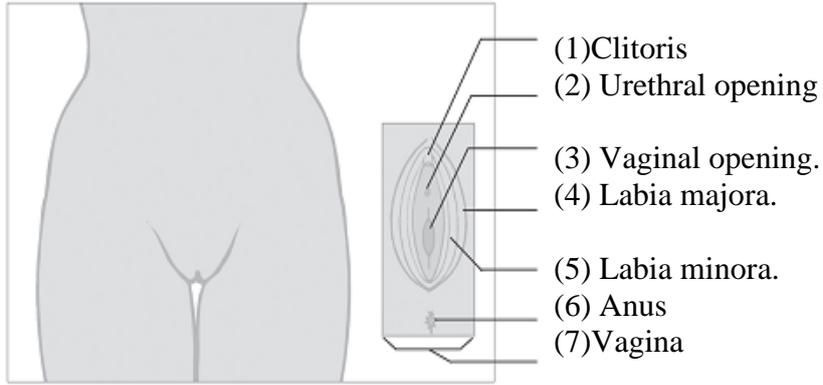


Ovulation and Fertilization



Menstruation

Ovulation is when a ripe ovum (“egg” cell) comes out of the ovary. If it meets sperm and they join together, then there is fertilization. If the ovum does not meet sperm, it will disintegrate. The lining of the uterus and some blood will come out of the vagina. This is called menstruation.



Male and female reproductive organs

1. Penis-----M----	10. Urethra—M/F-----
2. Scrotum---M---	11. Seminal Vesicle---M-----
3. Cervix----F-----	12. Epididymis---M-----
4. Bladder---M/F---	13. Ovary-----F----
5. Vagina----F-----	14. Prostate Gland----M-----
6. Testicle----M-----	15. Uterus----F-----
7. Fallopian Tube--F-	16. Anus---M/F-----
8. Cowper's Gland--M	17. Vas Deferens---M---
9. Labia----F-----	18. Clitoris----M/F-----

Words and their meaning

(a) circumcision	1. An operation to remove the foreskin from the penis
(b) Conception	2. The process of fertilization and implantation
(c) Ejaculation	3. Semen coming out of the penis.
(d) Fertilization	4. The meeting of sperm and ovum
(e) Genitals	5. The outside part of the male's or female's reproductive system
(f) Implantation	6. The nesting of a fertilized egg in the wall of the uterus
(g) Menstruation	7. The lining of the uterus coming out through the vagina (sometimes called "having a period")
(h) Ovulation	8. A ripe ovum coming out of the ovary.
(i) Ovum	9. A cell from a woman's body that can start a pregnancy (sometimes called an "egg" cell)
(j) Puberty	10. The body beginning to change from a child's into an adults.
(k) Semen	11. The liquid that carries sperm.
(l) Sperm	12. A cell from a man's body that can start a pregnancy.

Talking about the Reproductive System

A) The Menstrual Cycle

- ◆ It is incredible how the female body knows how to prepare for pregnancy!
- ◆ An ovum starts to develop. While the ovum is developing, the lining of the uterus is getting thick and soft.
- ◆ The ovary releases the ovum. It travels through the fallopian tube.
- ◆ If the egg doesn't meet a sperm, it dissolves. About two weeks later, since the lining of the uterus is not needed for a pregnancy, it comes out through the vagina.

- ◆ Another ovum starts to develop in one of the ovaries and the process begins again.

B) The Life of a Sperm Cell

- ◆ Without me, an egg cell couldn't begin the amazing process of reproduction.
- ◆ I am produced in the testicles. I develop for two or three months in the epididymis.
- ◆ When the penis becomes erect, I leave the epididymis and travel up into the body through the vas deferens.
- ◆ I go from the vas deferens to the urethra. As I pass the prostate gland, the seminal vesicles, and the Cowper's glands, fluids are added so that I can live longer and swim more easily.
- ◆ The urethra carries me (along with about 200 million other sperm) out of the penis in a process called ejaculation. I go through the cervix and the uterus and into the fallopian tubes, in search of an egg cell.
- ◆ If I can find the ovum before the other sperm do, I will be the winner: part of a fertilized egg!

Phase (3) B-4-3**Time: (60) minutes****The best at this age is....**

(Critical thinking)

Contraceptive Methods**1. Temporary Contraception****(a) Abstinence** (no sexual intercourse of any kind)

How abstinence works: Prevents sexual contact and exchange of body fluids between partners.

How abstinence is used: Mutual agreement or an independent decision by either partner.

How effective is abstinence: Almost 100 percent. Semen and vaginal fluids may still be exchanged manually.

Myths about abstinence: Myth that testes in males will become damaged or will not work if sperm is not used; myth that a female who abstains is sexually repressed; myth that abstinent teens will be unpopular; myth that “nobody” practices abstinence when, in fact, most school-aged young people may be abstinent.

Additional information: Abstinence is readily available to both males and females for no cost, no medical side effects, no risks, no worry and no conflict with parents.

A person who has had sexual intercourse in the past may decide to abstain at any time, in any relationship.

Abstinence protects health and reproductive capacity by reducing or eliminating the risk of HIV and other sexually transmitted infections and pelvic inflammatory disease.

Abstinence almost completely eliminates the chance of unplanned pregnancy.

(b) Withdrawal Method

How withdrawal works: Prevents the ejaculation of semen into the partner’s body (vagina, anus, mouth).

How withdrawal is used: Requires the penis to be removed before ejaculation

How effective is withdrawal: Withdrawal can be about 80% effective if actually used.

Additional information: Even though the penis is withdrawn before ejaculation, pre-seminal fluid may contain sperm cells that can cause pregnancy and also may contain organisms that cause sexually transmitted infections, including HIV.

Using this method requires control and motivation. Some people find this method of pregnancy prevention to be both physically and emotionally unsatisfying because behaviours and emotions must be stopped “in the heat of the moment.”

(c) Rhythm Method

How the rhythm method works: Prevents the release of semen into the vagina during ovulation, when an egg can be fertilized.

How the rhythm method is used: The time of ovulation is determined by changes in the woman’s body temperature or cervical mucus; then intercourse is avoided for a specific number of days before and after ovulation.

How effective is the rhythm method: 90 percent if monitored and followed correctly.

Additional information: This method does not prevent the spread of sexually transmitted infections or HIV. It is also difficult for some couples to use as it requires training from a qualified professional. It is often unreliable, particularly in women younger than 20, whose cycles may be irregular. Couples must refrain from intercourse for many days during each cycle.

(d) Male Condom

How the male condom works: Prevents semen from entering the partner's body.

How the male condom is used: Before sexual intercourse begins, a condom is placed over the erect penis; space must be left at the end to collect sperm. After ejaculation, the condom should be held in place when removing the penis so semen does not spill into the partner's body. Condoms must be thrown away after one use; they should never be re-used.

How effective is the male condom: The condom is about 90% effective if used correctly.

Additional information: Only water-based lubricant should be used with a condom. Other lubricants will weaken the condom and may cause the condom to break. Condoms deteriorate so check the expiration date on the side of the box or foil wrapper before use. The latex condom is a relatively inexpensive method and prevents the spread of most sexually transmitted infections, including HIV.

(e) Female Condom

How the female condom works: Prevents semen from entering the woman's body and protects male partner from contact with vaginal fluids.

How the female condom is used: Before sexual intercourse begins, the female condom is inserted into the vagina. The female condom is like a polyurethane bag with two flexible rings at either end. One of the rings is used to insert the condom into the vagina and hold it in place. The other ring stays outside the vagina.

The female condom must be removed immediately after intercourse.

How effective is the female condom: The female condom is about 90% effective if used properly.

Additional information: The female condom helps to prevent the spread of most sexually transmitted infections, including HIV. It provides women with a way to protect themselves if they are with a partner who refuses to use a male condom.

The female condom may not be widely available.

(f) Contraceptive Foam

How contraceptive foam works: Temporarily blocks the opening of the uterus and coats much of the vagina with a spermicidal substance (a chemical that kills sperm)

How contraceptive foam is used: One or two applications of foam are placed into the vagina before intercourse.

How effective is contraceptive foam: Foam is 99 percent effective if used together with condoms. It is much less effective on its own.

Additional information: The quality of foams vary. Foam must be available and used each time intercourse occurs. Foam may cause minor irritation in some women and men.

2. Temporary Contraception Needing Medical Supervision

(a) Diaphragm

How the diaphragm works: Prevents semen from passing into the uterus

How the diaphragm is used: The diaphragm should be inserted within two hours before intercourse. A spermicidal cream is spread in the cap and around the rim. It is inserted in the vagina completely covering the cervix. The diaphragm should be left in for six to eight hours after intercourse. After each use, the diaphragm should be washed with soap and water, dried and stored in its case.

How effective is the diaphragm: The diaphragm is only about 82 percent effective in preventing pregnancy.

Additional information: While the spermicide may provide some protection against sexually transmitted infections, including HIV, the diaphragm should be used with a condom. The diaphragm must be kept readily available and used each time intercourse occurs. If the diaphragm is inserted incorrectly, it may not protect against contraception.

(b) Oral Contraceptives (The Pill)

How the oral contraceptive works: Prevents the release of an egg from the ovary (ovulation) and implantation of the fertilized egg in the uterus (if ovulation should occur).

How the oral contraceptive is used: The contraceptive pill should be taken daily. Each pill contains a small amount of a female hormone, progestin. If a woman skips taking a pill, she should take it as soon as possible, and take her next pill at the regular time.

How effective is the oral contraceptive: Oral contraception is 95-98 percent effective

Additional information: The pill does nothing to protect a woman from sexually transmitted infections, including HIV. It should be used with a condom.

Possible side effects of taking the pill include reduced menstrual flow, swollen or tender breasts, headaches, slight weight gain and nausea.

(c) Contraceptive Implant (Norplant)

How the contraceptive implant works: Prevents the release of an egg from the ovary (ovulation) and thickens cervical mucus, blocking sperm that are released into the vagina during intercourse.

How the contraceptive implant is used: Using a minor surgical procedure, six flexible capsules are implanted just under the skin on the underside of a woman's upper arm. Each capsule contains a small amount of a female hormone, progestin, which is also used in oral contraceptives. The hormone is absorbed into the woman's bloodstream very slowly for as long as the capsules remain in place (up to five years).

How effective is the contraceptive implant: The implant is 91 to 99 percent effective in preventing pregnancy. Effectiveness rate is affected by body weight.

Additional information: The method is effective for up to five years and requires no additional action by the user once it is in place. Once the implant is removed, fertility is restored by the next menstrual cycle. This method may be used to prevent pregnancy by women who find it difficult to use other contraceptive methods, but it should always be used in conjunction with latex condoms to prevent sexually transmitted infections and HIV>.

(d) Contraceptive Injection (Depo-Provera)

How the contraceptive injection works: An injection of the hormone progestin stops eggs from being released by the ovaries for three months and thickens cervical mucus, blocking sperm from entering the uterus.

How the contraceptive injection is used: The hormone is injected into the muscle of the arm or buttocks. The first injection is usually given during the first five days of a woman's menstrual cycle to ensure she is not pregnant. Injections must be repeated every 12 weeks.

How effective is the contraceptive injection: This method is 95 to 98 percent effective within 24 hours of the first injection, which is effective for 12 weeks.

Additional information: The injection provides very effective pregnancy prevention for 12 weeks with minimal side effects. Any side effects, however, will continue for some time after effectiveness has ended, lingering until the last traces of the chemicals have disappeared. This method does not provide an protection against sexually transmitted infections or HIV and therefore should always be used with a latex condom.

(e) Intrauterine Device (IDU)

How the IUD works: The IUD prevents the fertilized egg from implanting in the uterus.

How the IUD is used: A trained medical person inserts the IUD into the uterus with an attached string left hanging into the vagina. The string should be checked by the woman after each menstrual period to make sure the IUD is still in place. IUDs can remain in the uterus for about 5 years.

How effective is the IUD: The IUD is 98-99 percent effective in preventing pregnancy.

Additional information: The IUD is one of the easiest contraceptive methods to use. It is not recommended for women who have never had a child.

Possible side effects include cramps, heavier menstrual flow, irregular bleeding and infection.

3. Permanent Contraception

(a) Male Sterilization (Vasectomy)

Before leaving the body, sperm produced in the testes move through a series of small tubules, including the vas deferens. A vasectomy is a surgical procedure in which the vas deferens are cut.

How sterilization works: Vasectomy is a procedure that blocks the passage of sperm through the vas deferens. Small incisions on either side of the scrotum allow a surgeon to isolate each vas and to cut it.

How sterilization is used: A male should have a physical examination and complete a

health history before the surgery. Because he may not be sterile immediately after the surgery, other methods of birth control should be used for the next 20 ejaculations. Strenuous exercise should be avoided for a week after the procedure.

How effective is sterilization: Vasectomy is an extremely effective method of birth control.

Additional information: Vasectomy is a simple procedure that is effective, safe, and inexpensive. Some pain may be experienced for a short time after the surgery at the site of the incision. About two percent of males may experience minor complications including bleeding, fever, abdominal pain, or infection.

(b) Female Sterilization (Tubal Ligation)

How female sterilization works: Tubal ligation is a procedure that prevents a sperm and ovum from uniting. Because fertilization takes place in a Fallopian tube, tubal ligation is designed to block the tubes so that there is no way for a mature ovum to move through a tube to the uterus.

How sterilization is used: Before deciding on a surgical procedure, a female should be fully informed. A general physical exam, including a Pap smear and pelvic exam, is essential. After the procedure, she will be advised to rest for 24 to 48 hours and to resume her normal activity in a few days. Heavy lifting, strenuous exercise, and penile-vaginal intercourse should be avoided for a week.

How effective is sterilization: Tubal ligation is theoretically 100 percent effective. The procedure is immediately effective, although for absolute effectiveness, a backup contraceptive method should be used until the first menstrual cycle. Failure may occur if the tubes rejoin or there is surgical error.

Additional information: Sterilization is a highly effective, permanent, and one-time expense.

Some pain may be experienced for a short time after the surgery at the site of the incision. About two percent of females may experience minor complications including bleeding, fever, abdominal pain, or infection.

4. Emergency Contraception

(a) Emergency Contraception (The Morning After Pill)

How emergency contraception works: The emergency contraception pill works by giving the female body a short, high, burst of synthetic hormones. This disrupts hormone patterns needed for pregnancy. The pill affects the ovaries and the development of the uterine lining,

making pregnancy less likely. Depending upon where the woman is in her menstrual cycle, the hormones prevent pregnancy in different ways. It prevents ovulation (the egg leaving the ovary and moving into the fallopian tube). It blocks the hormones needed for the egg to be able to be fertilized. It may affect the lining of the uterus and alters sperm transport, which prevents sperm from meeting the egg and fertilizing it.

How emergency contraception is used: The emergency contraception pill is taken by the female partner after unprotected sexual intercourse or after sexual intercourse with contraception has failed, for example, the condom has broken during intercourse.

How effective is emergency contraception: The emergency contraception pill may be effective up to **120 hours (5 days)** after intercourse. **But, it is most effective within the first 24 hours.** Emergency Contraception reduces the risk of pregnancy by 75 - 89%.

Additional information: The emergency contraception pill does not protect against sexually transmitted infections not HIV.

The emergency contraception pill cannot prevent an ectopic pregnancy, which is when a fertilized egg attaches and grows outside the uterus. This can be very dangerous and requires immediate medical attention.

Emergency contraception is much less effective than methods of birth control you use before sex such as condoms or birth control pills. But if a woman has had sex without protection, emergency contraception significantly lowers her chances of getting pregnant

(b)Abortion

The term "abortion" actually refers to any premature expulsion of a human fetus, whether naturally spontaneous, as in a miscarriage, or artificially induced, as in a surgical or chemical abortion. Today, the most common usage of the term "abortion" applies to artificially induced abortion.

How abortion works: Abortion ends a pregnancy by destroying and removing the developing child.

How abortion is used: The vast majority of all abortions performed today are done for social, not medical reasons -- because a woman doesn't feel ready for a baby at the time, or because her partner wants her to have an abortion, etc.

How effective is abortion: Abortion is 100 percent in terminating pregnancy

Additional information: Abortion can lead to physical problems in the woman that range from hemorrhage and infection to sterility and even death. Psychological effects of abortion range from depression and mental trauma.

Phase (3) B-4-4

Time: (60) minutes

Needs, Rights and Responsibility

(Critical Thinking, Interpersonal Relationship, Empathy)

Situation 1

You have been saving for new clothes but there are a lot of things that your baby needs.

Situation 2

Your friend invites you to go out because you haven't seen each other in a long time but you don't have a baby sitter.

Situation3

You are supposed to play football with your friends but your baby is ill.

- (1) Who are involved in the situation?
- (2) What are the needs, rights and responsibilities of the people involved in the situation?
- (3) Are they assigned these responsibilities according to gender?
- (4) Whose rights are affected?

- (1) How are the responsibilities divided up in your family when you were a child? Who seems to have the greatest responsibilities? Why do you think that is so?
- (2) Have you ever been in a situation in which you have had to decide between your needs and your responsibilities (unrelated to parenting)? What was the situation? What did you do?
- (3) What do you think is more important your needs, your rights, or your responsibilities? Why?
- (4) Do you think it is possible to have a balance between needs, rights, and responsibilities? Why or why not?
- (5) Why should the need/rights of children always take priority over our own needs and rights? Why?