



Health Education and Life Skills Program for Children and Youth

Mpango wa Elimu ya Afya na Stadi za Maisha kwa Watoto na Vijana

Compiled by Rachel Mason
Imetayarishwa na Rachel Mason





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**= this lesson requires extra preparation*

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**=somo hili linahitaji muda mkubwa kuandaa*

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PART ONE: INTRODUCTION

1. What Is This Book?
2. How to Use This Book
3. Peer Education
4. Preparation



SEHEMU YA KWANZA: UTANGULIZI

1. Kitabu Hiki ni Nini?
2. Namna ya Kutumia Kitabu Hiki
3. Elimu Rika
4. Kutayarisha



1. INTRODUCTION: WHAT IS THIS BOOK?

This book was designed for use at Mkombozi Centre for Street Children. It was intended to be used to teach health education and life skills to street children living at the centre during after school hours or non-formal education. It consists of lessons designed for young children and lessons more suitable for older children, which can be modified and taught in any order or manner the instructor sees appropriate. It is designed for use by both English and Kiswahili speakers—with English on the left and the same page in Kiswahili on the right.

The first step in designing this book was to conduct an extensive needs assessment program at Mkombozi Centre in order to determine the children's existing knowledge and interest in various health-related issues. After the results of this assessment were compiled, a program was designed based on the needs identified. Much of the material in this book comes from other sources, specifically: Life Skills Manual from the Peace Corps, and Advocates for Youth web site (see Further Information and Resources). However, most of the lessons taken from those sources have been adapted to specifically suit the needs of the population at Mkombozi Centre.

1. UTANGULIZI: KITABU HIKI NI NINI?

Kitabu hiki kimetengenezwa kwa ajili ya matumizi ya Kituo cha Watoto wa Mitaani cha Mkombozi. Kimekusudiwa kutumika katika kufundishia elimu ya afya na stadi za maisha kwa watoto wa mitaani wanaoishi kituoni baada ya muda wa masomo ya kawaida au elimu isiyo rasmi. Kimejumuisha masomo yaliyoandaliwa kwa ajili ya watoto wadogo na mazuri pia kwa watoto wakubwa, amabayo yanaweza kubadilishwa na kufundishwa kwa kutumia mfumo wowote au njia yoyote kwa mkufunzi atakayoona inafaa. Kimesanifiwa kutumika kwa waongeaji wa lugha zote mbili za Kiswahili na Kiingereza: Kiingereza kikiwa upande wa kushoto na Kiswahili upande wa kulia wa ukurasa.

Hatua ya kwanza ya kusanifu kitabu hiki ilikuwa ni kufanya mpango wa tathmini kwenye kituo cha Mkombozi kubaini kiwango cha uelewa wa watoto na moyo wa kupenda mambo tofauti tofauti yanayo husiana na afya. Baada ya matokeo ya tathmini kuwekwa pamoja, na mpango ulisanifiwa kwa kutumia matokeo yaliyobainishwa. Nyenzo nyingi katika kitabu hiki zinatoka katika vyenzo nyingine, hususani: Kitini cha Stadi za Maisha cha Peace Corps, na Tovuti ya Advocates for Youth (Angalia ukurasa wa Maelezo Zaidi na Vifaa). Hata hivyo, masomo yaliyo mengi yamechukuliwa kutoka kutoka vyenzo nyingine na kotoholewa ili yalingane na mahitaji ya wanajumuiya wa Kituo cha Mkombozi.

2. HOW TO USE THIS BOOK

The lessons in this book are meant to serve as a guideline to someone developing a health education program. These lessons can be adapted in any way (by shortening them, extending them, using parts of them, adding in examples relevant to the children's lives, etc.), or taught just as they are if appropriate. I would recommend that before developing a curriculum, something is done to assess the needs of the students. This could involve a formal needs assessment, an informal discussion with the children, or advice from a staff member who knows the children well.

The lessons in this book are mostly designed to start off with conveying information in a creative way, and then to move to a game or activity which involves the children and encourages them to use their new knowledge. At the beginning of each chapter is a section on suggestions for how to teach the lessons and problems that I faced in teaching them. This is meant to provide the person using the book with some helpful guidelines about what works well and what is challenging. However, these suggestions apply primarily to working with street children, and therefore may not be applicable should the book be used for other populations.

In addition, it may often be useful to start lessons with a game, to set a fun atmosphere from the start. There are many games in the Life Skills Peace Corps Manual and other books of games for children at Mkombozi Centre. See the chapter on "Further Information and Resources."

2. NAMNA YA KUTUMIA KITABU HIKI

Masomo katika kitabu hiki yamekusudiwa kuwa kama muongozo kwa mtu anayetengeneza mpango wa elimu ya afya. Masomo yanaweza kutoholewa kwa njia yoyote ile (kwa kuyafupisha, kuyaongeza, kutumia sehemu yake, au kwa kuongezea katika mifano inayoendana na maisha ya watoto, nk.), au kufundishwa kamajinsi yalivyo. Ningependekeza kabla ya kusanifu mpango wa masomo, kufanyike tathmini kwa wanafunzi. Hii inaweza kuwa tathmini rasmi au maongezi yasiyo rasmi na watoto, au kupata ushauri kutoka kwa wafanyakazi wanaowafahamu watoto vizuri.

Masomo katika kitabu hiki yamesanifiwa ili kuweza kuanza kutoa taarifa katika njia ya kiubunifu zaidi, na baada kwenda katika mchezo au shughuli nyingine zinazo husisha watoto na kutia moyo kutumia maarifa mapya. Kila mwanzo wa kila sura kuna sehemu ya maoni ya namna ya kufundisha somo na matatizo niliyoyapata wakati wa kuyafundisha. Hii ni kwa ajili ya kumsaidia mtumiaji wa kitabu hiki mwongozo wa mambo yanayofanyika vizuri na changamoto zilizopo. Hata hivyo, mapendekezo haya kimsingi ni ya namna ya kushughulikia watoto wa mitaani, na pale ambapo hakuna uhusiano kitabu chaweza kutumika kwa wanajumuia wengine.

Kwa kuongezea, mara nyingi itakuwa ni vizuri kuanza somo kwa mchezo, ili kujenga mazingira ya kufurahisha toka mwanzoni. Kuna michezo mingi katika Kitini cha Stadi za Maisha cha Peace Corps na katika vitabu vingine vya michezo ya watoto kituoni Mkombozi. Angalia sura wa “Maelezo Zaidi na Vifaa.”

3. PREPARATION

Many of the lessons in this book require preparation. The preparations are usually not complicated but they will take some time. Therefore it is *strongly* recommended that the health education facilitator choose the lessons he/she will teach in advance and read them early enough to know what preparation needs to be done. The following lessons require significant preparation, and they will be marked throughout the book with a star next to the title of the lesson.

Eating Well

Exercise

Fun games and experiments concerning health

How the Body Works (with experiments)

Reproductive System

HIV Transmission Game

HIV/AIDS and the Immune System

HIV Prevention and Condom Use

3. MATAYARISHO

Masomo mengi katika kitabu hiki yanahitaji maandalio. Maandalio hayo kwa kawaida siyo magumu lakini huhitaji muda. Hivyo inashauriwa *sana* mwongozaji wa elimu ya afya achague masomo ambayo atafundisha mapema na ayasome mapema vya kutosha kujua matayarisho gani yanahitajika kufanyika. Masomo yafuatayo yanahitaji matayarisho zaidi na yatatiwa alama ya nyota baada ya kichwa cha habari cha somo husika.

Kula Vizuri

Mazoezi

Michezo ya Kufurahisha na Mazoezi Yahusuyo Afya

Namna Mwili Unavyofanya Kazi (kwa majaribio)

Mfumo wa Uzazi

Mchezo wa Maambukizi ya Virusi vya UKIMWI

UKIMWI/Virusi vya UKIMWI na mfumo wa Kinga wa Mwili

Uzuiaji wa Virusi vya UKIMWI na Utumiaji wa Kondomu

4. PEER EDUCATION

The last chapter of this book consists of some lessons which can be used to teach youth to be peer educators. I originally hoped that youth at Mkombozi could be trained as peer educators and then could teach the lessons in this book to the younger children and to children at other centers or living on the streets, but unfortunately time and circumstances did not permit this. However, most of the lessons in this book are relatively simple and could be taught by a group of committed youth—provided they have the ongoing support and supervision of adults and that they have received some training in peer education. Thus this book could be the basis of a peer education program focusing on health and life skills.

4. ELIMU RIKA

Ukurasa wa mwisho wa kitabu hiki una masomo yanayoweza kutumika kufundisha vijana kuwa waelimisha rika. Mwanzoni nilitegemea kuwa vijana wa Kituo cha Mkombozi wangeloweza kufundishwa kuwa waelimisha rika na baadae kufundisha masomo haya kwa watoto wadogo zaidi na watoto katika vituo vingine au wanaishi katika mitaa, kwa bahati mbaya muda na hali nyingine havikurusu hilo. Hata hivyo, masomo yaliyo mengi katika kitabu hiki ni marahisi na yanaweza kufundishwa na vijana wawajibikaji- ili mradi wana msaada unaoendelea na usimamizi wa watu wazima na wamepata mafunzo ya elimu rika. Hivyo kitabu hiki kinaweza kuwa msingi wa programu ya elimu rika unaokazia afya na stadi za maisha.

PART TWO: LESSONS FOR YOUNG CHILDREN

1. Suggestions For Working With Young Children
2. Understanding Health
3. Cleanliness
4. Eating Well
5. Being Sick and Going to the Doctor
6. Exercise
7. Taking Care of Your Feelings
8. Fun Games and Experiments Concerning Health
9. How the Body Works (with experiments)
10. Reproductive System
11. Myths and Facts about HIV/AIDS
12. Modes of HIV Transmission
13. HIV Transmission Game
14. HIV/AIDS and the Immune System
15. HIV Prevention and Condom Use
16. STDs
17. Pregnancy and Family Planning
18. What is a Good Relationship?
19. Delaying Sex
20. Drugs and Alcohol
21. Communication, Part One
22. Communication, Part Two
23. Peer Pressure
24. Decision Making
25. Setting Personal Goals

SEHEMU YA PILI: MASOMO KWA WATOTO WADOGO

1. Mapendekezo ya Namna ya Kushughulikia Watoto Wadogo
2. Kuifahamu Afya
3. Usafi
4. Kula Vizuri
5. Kuumwa na Kumuona Daktari
6. Mazoezi
7. Kuzitunza Hisia Zako
8. Majaribio ya Kufurahisha na Yahasuyo Afya
9. Namna Mwili Unavyofanya Kazi (kwa majaribio)
10. Mfumo wa Uzazi
11. Ukweli na Uongo Kuhusiana na Virusi vya UKIMWI/UKIMWI
12. Njia za Maambukizi ya Virusi vya UKIMWI
13. Mchezo wa Maambukizi ya Virusi vya UKIMWI
14. UKIMWI/Virusi vya UKIMWI na mfumo wa Kinga wa Mwili
15. Uzuiaji wa Virusi vya UKIMWI na Utumiaji wa Kondomu
16. Magonjwa ya Ngono na Mahusiano Yake na Virusi Vya UKIMWI
17. Mimba na Mpango wa Uzazi
18. Mahusiano Mazuri ni Nini?
19. Kubadilisha Tabia na Kukawia Kufanya Mapenzi
20. Madawa ya Kulevya na Pombe
21. Stadi za Mawasiliano, Sehemu ya kwanza
22. Stadi za Mawasiliano, Sehemu ya Pili
23. Shinikizo Rika
24. Kufanya Maamuzi
25. Kujiwekea Malengo

1. SUGGESTIONS FOR WORKING WITH YOUNG CHILDREN

Teaching young children is a lot of fun. They are generally excited to learn about health and they have a lot of energy and enthusiasm.

CHALLENGES

One of the biggest challenges faced when working with young children is their short attention span. In order to overcome this challenge, the lessons must be kept short and fun. Many of the lessons in this chapter are quite long, especially towards the end. I would recommend that some of these lessons be split into two, or even three, lessons and interspersed with fun games if necessary.

Some of the things that did not work exactly as planned were the experiments and activities involving food and prizes. Although the children liked experiments, some of them did not work as well as described in the book, therefore it is important to practice them first. During lessons which involve distributing food or prizes, I found that the children were so excited by the presence of food or prizes that it was difficult for them to concentrate on the lesson. However, if done well, the experiments, food, and prizes can be an extremely fun part of the program.

SUCESSES

Some of the things that worked well were drawing and games where the children could move around, such as role plays. They also really enjoyed visitors. When visitors came they were very respectful and asked many more questions than usual.

THINGS TO BE AWARE OF

An important thing to keep in mind is location. I was teaching many of these lessons as an after-school "club," however I was teaching them in the rooms where the non-formal education classes are held, and therefore the children associated the "club" with school and did not want to go. It was very difficult to convince them that the lessons would involve fun activities. If possible, it may be best to conduct health education in a room that is not associated with

school. In addition, it is important to be aware of distractions in the area you are teaching. Things like rain, children getting their meals, or animals often caused distractions while I was teaching.

1. MAPENDEKEZO YA NAMNA YA KUSHUGHULIKIA WATOTO WADOGO

Kufundisha watoto wadogo kuna burudani sana. Wanavutiwa kwa ujumla kujifunza kuhusu afya na wana nguvu na shauku.

CHANGAMOTO

Changamoto kubwa niliyokumbana nayo wakati wa kushughulikia watoto ni muda wao mfupi wa usikivu. Kuondokana na tatizo hili, masomo ni vyema yakawa mafupi na ya kuburudisha. Masomo yaliyo mengi katika ukurasa huu ni marefu hususani karibia na mwisho. Ningependekeza baadhi ya masomo yagawanywe mara mbili au hata mara tatu, yakiwa yamechanganywa na michezo ya kuburudisha kama kunauwezekano.

Mambo ambayo hayakufanyika vizuri na sawa na jinsi ilivyopangwa ilikuwa ni majaribio na kazi zilizohusisha chakula na zawadi. Ingawaje watoto walipenda majaribio, mengine hayakufanikiwa vizuri kama ilivyoelezwa katika kitabu, hivyo ni muhimu kufanyia mazoezi kwanza. Wakati wa mazoezi yanayo husisha ugawaji wa chakula na zawadi, niligundua watoto walivutiwa na uwepo wa chakula au zawadi na kufanya wasiwe makini na somo. Hata hivyo, ikifanyika vyema, majaribio, chakula na zawadi vinawenza kuwa sehemu ya viburudisho katika mpango.

MAFANIKIO

Mambo ambayo yalifanyika vizuri ni pamoja na kuchora na michezo ambopo watoto walizunguka, kama vile maigizo dhima. Walifurahia sana wageni. Wageni walipotembelea walikuwa na adabu sana na waliuliza maswali mengi sana tofauti na kawaida yao.

VITU VYA KUFAHAMU MAPEMA

Kitu muhimu cha kufamu kabla ni eneo. Nilikuwa nafundisha haya masomo kama "Klabu" baada ya shule, hivyo, nilikuwa nafundishia kwenye chumba ambacho elimu isiyo rasmi inafanyikiwa, hivyo watoto waliohusisha Klabu na shule hawakupenda kuhudhuria. Ilikuwa vigumu kuwashawishi kwamba masomo yatohusisha shughuli zenye burudani. Kama ikiwezekana ni vyema kufanyia elimu ya afya kwenye chumba ambacho hakihusiani na shule. Kwa nyongeza, kuwa makini na eneo ambalo litavuta mawazo wakati wa kufundisha. Vitu kama mvua, watoto wengine wakati wanapata chakula au wanyama wanaopitapita ni vitu vilivyosababisha kuvuta mawazo wakati ninafundisha.

2. UNDERSTANDING HEALTH

A. What does it mean to be healthy?

Discussion: Have children list qualities of good health and bad health

Good health	Bad health
Strength	Weakness
Energy	Tiredness
Happiness	Depression
Cleanliness	Dirtiness
No pain in body	Pain
Good appetite	Loss of appetite

B. Acting:

Act out qualities of good health and bad health

Everyone is assigned one quality and has to act it out while others guess which it is.

C. What are simple ways I can control my health?

Discuss these four ways a child can control his health:

Nutrition

Cleanliness

Avoiding germs

Seeking medical help

D. Picturing good health

Drawing: Everyone draws a picture of himself feeling healthy and the things he does to stay healthy.

2. KUIFAHAMU AFYA

A. Kuna maana gani kuwa na afya?

Jadili: Orodisha ubora wa afya nzuri na afya mbaya.

Afya Njema	Afya Mbaya
Nguvu	Udhaifu
Nguvu	Hoi / Uchovu
Furaha	Huzuni
Usafi	Uchafu
Hamna maumivu kimwilini	Kuna maumivu kimwilini
Hamu nzuri	Hamu inapotea

B. Maigizo

Wote wanaigiza sifa moja ya afya nzuri au mbaya.

C. Njia ipi rahisi kutunza afya yangu?

Jadiliana njia nne mtoto anaweza kutunza afya yake.

Lishe Bora

Usafi

Kuzuia mbegu / wadudu

Kuomba msaada unaposikia vibaya

D. Kuonekana mwenye afya

Wote wanachora picha binafsi unapokuwa na afya nzuri na vitu binavyokufanya kuwa na afya.

3. CLEANLINESS

A. Fun game to warm up: Following the leader

Everyone stands in a circle. The leader stands on the inside of the circle and starts running around the circle saying "I run, I run." Everyone in the circle runs. Then the leader switches to another activity—such as dancing, singing, jumping, spinning—and everyone in the outside circle follows doing that activity until everyone is tired.

B. Introduction to Germs

Explain the following points about germs:

1. Why can being clean help you to stay healthy? Being clean is important, not because dirt is dangerous, but because germs are dangerous for your health.
2. What are Germs? Germs are tiny organisms that carry diseases. When they get into your body they try to hurt it.
3. What does your body do with germs? When your germs come into your body your immune system tries to fight them off. Often it is successful and you don't get sick, but sometimes the immune system is not strong enough and the germs make you sick.
4. *The best thing you can do to stay healthy is avoid germs from coming into your body*

3. USAFI

A. Mchezo wa Mfuate Kiongozi

Wote wasimame katika duara. Kiongozi asimame ndani ya duara na aanze kukimbia ndani ya duara. Aseme "Ninakimbia, ninakimbia!" Wote wanakimbia. Kiongozi ataanza kufanya vitendo vingine kama kucheza, kuimba, kuruka, kuzunguka. Kundi litaitikia huku wakiigiza jambo analofanya kiongozi. Mchezo unaendela hadi wote watakapochoka.

B. Tambulisho Wadudu

Eleza wadudu:

1. Kwa nini kuwa msafi ni muhimu sana kwa afya yenu? Kuwa msafi siyo muhimu kwa sababu uchafu ni hatari. Kuwa msafi ni muhimu kwa sababu uchafu una wadudu, na wadudu ni hatari kwa afya yenu.
2. Wadudu ni nini? Wadudu ni viumbehai vidogo sana ambavyo wanabeba magonjwa. Wadudu wanopoingia mwili wako wanajaribu kukuumiza.
3. Wadudu wanopoingia mwili wako, unafanya nini? Wadudu wanopoingia mwili wako, mfumo wa kinga ya mwili wako unapambana na wadudu. Mara kwa mara, mfumo wa kinga ya mwili unashinda, lakini mara nyingine hauwezi na wadudu wanakufanya mgonjwa.
4. Kitu bora unaweza kufanya kutunza afya yako ni kuwa msafi ili wadudu hawawezi kuingia mwilini mwako.

C. Germs vs. the Immune System: Role Play

One of the facilitators plays the body. A few children stand in a circle or a wall around the facilitator acting as the immune system (i.e. Protecting the body). The facilitator shows how happy he/she is with no germs attacking the body. Then one or two children play the role of germs and try to get inside the protecting circle/wall. They can't make it because there are too many protectors. This shows the success of the immune system. But, if there are too many germs present they will be more likely to get in. Several children now act as germs and they all try to break down the defense. They will succeed and be able to hurt the body. The facilitator acts sick and explains that because he didn't stay away from germs by being clean, his immune system was not able to protect his body.

D. How to Avoid Germs

Explain the following ways to avoid germs:

Diseases germs can cause...	How to avoid these germs...
1. Disease transmitted from feces to mouth: diarrhea , amoebae, cholera, worms, hepatitis, typhoid.	Wash your hands: In the morning, after using the toilet, and before eating.
2. Skin infections: rashes, itches, pimples	Bathe every day
3. Hookworm, jiggers	Wear shoes all the time
4. Tooth decay	Brush teeth every morning and night

E. Setting Personal Goals:

Give each child a personal goal chart, have them set a goal for how many times a day they will do each activity and explain that they should check off that activity when it's done. Let them color in the chart.

C. Wadudu vs. Mfumo wa Kinga wa Mwili: Igizo Dhima

Mmoja wa muelimishaji acheze kama mwili. Watoto wachache wasimame kwenye mduara au kuzunguka ukuta muelimishaji. Wacheze kama mfumo wa kinga wa mwili (mfano: kukinga mwili). Muelimishaji aonyeshe jinsi alivyona furaha bila ya wadudu kushambulia mwili. Halafu mtoto mmoja au wawili acheze kama mdudu na kujaribu kuingia ndani ya mkingo wa mzunguko wa ukuta. Hawezi kufanya hivyo kwa sababu kuna wakingaji wengi. Hii inaonyesha kushinda kwa mfumo wa kinga wa mwili. Lakini, kama kuna wadudu wengi wametokea itakuwa kama wanaingia ndani. Baadhi ya watoto sasa wafanye kama wadudu na wote wajaribu kuuangusha chini ukingo. Wanafanikiwa na kuweza kuumiza mwili. Muelimishaji ajifanye mgonjwa na aeleze kwamba akuweza kukaa mbali na wadudu kwa kuwa msafi, mfumo wake wa kinga wa mwili haukuweza kuukinga mwili wake.

D. Jinsi ya Kuzuia Wadudu

Eleza nija ya kuzuia wadudu:

Ugonjwa unaosababisha na wadudu...	Jinsi ya kuzuia wadudu hawa...
Ugonjwa ambayo unapeleka mavi kwa mdomo: Kuhara, amiba, kipindupindu, minyoo, homa ya manjano, homa ya matumbo.	Nawa mikono: Unapoamka, baada ya kutumia choo, na kabla ya kula.
Maambukizo ya ngozi: Vipele, mwasho na chunusi.	Oga kila siku
Tegu na chawa	Vaa viatu siku nzima
Meno yataoza	Piga mswaki kila asubihi na kila jioni

E. Kupanga malengo ya binafsi:

Gawanya chati kwa kila mtoto. Waandike malengo yao kwa mara ngapi kila siku watafanya vitendo vya usafi. Baadaye ya kufanya kila kitendo cha usafi, waandike "check" kwenye boxi. Wanaweza kuchora mapambo kwenye chati.

MY CLEANLINESS GOALS

GOALS	I will do it this many times a day:	Friday	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday
Washing my hands before eating and after using the toilet.								
Bathing every day								
Always wearing shoes								
Brush my teeth twice a day								

MALENGO YANGU YA USAFI

MALENGO	Nitafanya mara ngapi kwa siku...	Ijumaa	Jumamosi	Jumapili	Jumatatu	Jumanne	Jumatano	Alhamisi
Kunawa mikono kaabla ya kula na baada ya kutumia choo								
Kuoga kila siku								
Kuvaa viatu sikuzote								
Kupiga mswaki mara mbili kwa siku								

4. *EATING WELL*

A. What does eating well mean:

1. Eating food with a variety of nutrients and vitamins
2. Eating food and drinking water that is clean

B. Why is eating well important

Eating well is good for your body because:

1. It helps you to grow
2. It helps your body to be strong so it can fight off diseases
3. It gives you energy
4. It helps you to avoid diseases caused by lack of nutrients and vitamins, such as:
 - ⇒ Malnutrition
 - ⇒ Rickets
 - ⇒ Anemia
5. From dirty or rotten food you can get lots of dangerous diseases. You should always avoid rotten or unwashed food!
6. From un-boiled water you can get very sick. You should always drink boiled water!
7. *Not eating well can make you very sick!*

C. How can I eat well?

- a. boil water
- b. wash food or eat food that has been cleaned
- c. don't eat rotten food

4. *KULA VIZURI*

A. Kula vizuri maana yake ni nini?

1. Kula chakula ambacho kina virutubisho vingi na vitamini kwa wingi.
2. Kula chakula kilicho safi/bora na maji yaliyo safi.

B. Kwa nini kula vizuri ni muhimu kwa afya zetu?

Kwa sababu gani kula vizuri ni jambo zuri kwa mwili wako?

1. Chakula bora kinakusaidia kukua.
2. Chakula bora kinausaidi mwili wako kuwa wa nguvu, ili uweze kupambana na magonjwa.
3. Chakula bora kinakupa nguvu.
4. Chakula bora kinazuia ugonjwa unayosababishwa na ukosefu wa virutubisho na vitamini, kwa mfano:
 - ⇒ Kwashakoo
 - ⇒ Matege
 - ⇒ Anemia
5. Ukila chakula kichafu au kilichochacha, unaweza kupata magonjwa ya hatari. Epuka chakula kichafu au kilichochacha.
6. Ukinywa maji machafu, unaweza kuumwa sana. Kunywa maji yaliochemshwa sikuzote.
7. *Ukila vibaya unaweza kuumwa sana.*

C. Nitakulaje vizuri?

- a. chemsha maji
- b. safisha chakula au kula chakula ambacho kimeshasafishwa.
- c. Usile chakula kilichoharibika/kilichochacha

d. eat food from the four food groups:

1. Carbohydrates

For example: ugali, rice, porridge, potatoes

These foods give you energy that can last all day. It's good to eat a lot of these foods.

2. Fruits and Vegetables: Tomatoes, cabbage, oranges, papaya.

These foods give you vitamins and minerals which protect your body from sickness.

3. Protein: Eggs, beans, milk, meat

These foods help to build your strength.

4. Fats and Oils: oil, sugar, honey

These foods give you energy that comes in a quick burst and they help you store fat for later, but you should not eat too much of them.

D. How many bites game:

A variety of foods are brought out hidden in cups or bowls. Each participant takes one food and has to say how many bites they will finish the food in before seeing it. When they see it, they must say what food group it's in and why it's important for their health. Then they have to try to eat it in the amount of bites they said.

Some suggested foods and fruits:

- Oranges
- Rice
- Ugali
- Beans
- Meat
- Sugarcane
- Honey
- Bananas
- Carrots

d. Kula chakula kutoka makundi yote manne ya vyakula:

1. Carbohydrates

Kwa mfano: ugali, wali, uji, viazi

Vyakula hivi vinakupa nguvu inayoendelea siku nzima. Ni vizuri kula kwa wingi vyakula hivi.

2. Mboga na matunda: nyanya, kabichi, machungwa, papai.

Vyakula hivi vinakupa virutubishi na vitamini zinazolinda mwili kutokana na magonjwa.

3. Protini: Mayai, maharage, maziwa, nyama

Vyakula hivi vinakusaidi kuupa mwili nguvu.

4. Mafuta: mafuta, sukari, asali

Vyakula hivi vinakupa nguvu haraka sana na vinakusaidia kuweka mafuta kwa baadaye. Lakini, siyo vizuri kula kwa wingi vyakula hivi.

D. Kiasi gani ya vitafunio mchezo:

Vyakula tofauti tofauti vimefichwa ndani ya vikombe. Kila mtu anapatiwa kikombe kimoja. Halafu, aseme atakula chakula hicho kwa vitafunio kiasi gani, kabla ya kuona chakula ndani ya kikombe. Anapona chakula, aseme ni kundi lipi la chakula na awaambie wengine kwa nini chakula hiki ni muhimu kwa afya yake. Halafu, anajaribu kula chakula hicho na namba ya vitafunio alivyosema.

Vyakula vinavyopendekezwa na matunda:

- Machungwa
- Wali
- Ugali
- Maharage
- Nyama
- Muwa
- Asali
- Ndizi
- Karoti

5. WHAT TO DO IF YOU GET SICK?

A. What does getting sick mean?

How do you know if you are sick?

You may feel tired, achy, maybe you have a cough

You may notice a strange rash on your skin or an area of your body which is painful

Something different happens in your body

Usually your body know when it is sick and you will feel different

What should you do if you get sick?

You should go tell an adult, for example (give examples of adults at their centre who can help them if they get sick). They will know how to help you.

B. Going to a Doctor

Why is going to a doctor important?

There are many diseases which can get very bad if they are not treated early.

If you do not go to see a doctor and get medicine, you could take a long time to recover or even die. But most diseases are very easy to cure if you go to see a doctor and get medicine right away. Then you will recover very easily.

How can doctors help you?

Doctors can usually tell what is wrong with you and they will know what medicine to give you to help you body get better. They will try their best to help you so you don't need to be afraid of them.

What should you do when you see the doctor?

Ask the doctor to explain what is wrong with you and why you got sick. This will help you know how to avoid having the same problem in the future, and it will help you to better understand your body.

5. KUUMWA NA KUMUONA DAKTARI

A. Kuumwa maanake ni nini?

Unajuaaje ukiumwa?

Labda unasikia kuchoka, misuli yako inauma, unakohoa

Labda unaona upele ugeni katika ngozi yako au kuna sehemu ya mwili wako inayouma.

Kuna kitu tofauti kimetokea katika mwili wako

Kwa kawaidi mwili wako unajua unapoumwa na unasikia tofauti.

Ufanye nini ukiumwa?

Umwambie mtu mzima, kwa mfano (wape watoto mifano ya watu wazima kwenye kituo chao anaoweza kuwasiadia wakiumwa). Watajua jinsi ya kusaidia.

B. Kwenda Kwa Daktari

Kwa nini kwenda kwa daktari ni muhimu?

Kuna magonjwa mengi yanayoongezeka kama hayatibiwi mapema. Kama huendi kwa daktari kwa kupata dawa, ingeweza kuchukua muda mrefu kupona na hata unaweza kufa. Lakini, magonjwa mengi ni rahisi sana kupona ukienda kwa daktari kwa kupata dawa haraka. Halafu utapona kwa urahisi.

Daktari wanaweza kukusaidiaje?

Kwa kawaida, daktari wanajua kwa nini unaumwa na wanajua dawa gani itakuponyesha mwili wako. Wanajaribu kwa njia zote kukuponyesha hivyo tusiwaogope.

Ufanye nini unapokwenda kwa daktari?

Mwulize daktari una ugonjwa gani na ukuambie kwa nini unaumwa. Hii itakusaidia kujua jinsi ya kuepuka shida kama hivyo baadaye, na itakusaidia kuuelewa mwili wako.

C. Role plays

Divide children into groups of 3-4. They decide who is going to be the sick person in the group. They come up with a role play of what happens when that person gets sick. At least one group should create a scenario in which the sick person tells someone and goes to the doctor to get treatment. At least one group should create a scenario in which the sick person is afraid to tell anyone and does not go to the doctor until he is very very sick.

E. Drawing

Those who want to stay can draw pictures of people going to the doctor when they are sick.

C. Michezo wa Igizo

Watoto wanatengeneza kikundi cha watoto watatu au wanne. Waamue nani ataigiza mtu ambaye anaumwa. Wanatengeneza hadithi kuhusu mtu ambaye anaumwa. Kikundi kimoja waigize hali ambayo anaenda daktari kupewa dawa na anapona haraka. Kikundi kingine waigize hali ambayo mtu anaogopa kwenda kwa daktari na anaumwa sana.

D. Kuchora

Wale wanaotaka, wanaweza kukaa na kuchora picha za watu wanaoenda kwa daktari wanapoumwa.

6. *EXERCISE*

A. Introduction to Exercise and Review:

So far we have talked a lot about trying to keep your body healthy. What are some of the things you can do to keep your body healthy? (make sure they mention the following:)

- Eat nutritious meals
- Stay clean
- Go to a doctor when you are sick
- Exercise

Today we are going to talk about exercise. Exercise is very important for your body. Why?

- It helps your muscles to get strong
- It helps your bones to get strong
- It helps your lungs and your heart to stay healthy and work well
- It gives you energy
- It prevents you from getting too fat
- It makes your body stronger so it can fight diseases faster

B. Acting Out Exercise

Ask children: "There are many different types of exercise. If you can think of a kind of exercise come up here and act it out, but don't tell everyone what it is. Let them guess. When they guess it I will write it on the board."

Suggestions:

- Playing football
- Running
- Swimming
- Dancing
- Acrobatics

6. *MAZOEZI*

A. Utambulisho kwa Zoezi na Kurudia Wiki Zilizopita:

Mpaka sasa hivi tumejadiliana kuhusu afya ya mwili. Unaweza kufanya nini kuulinda mwili wako?

- Kula vizuri
- Kuwa msafi
- Kwenda kwa daktari unapoumwa
- Kufanya mazoezi

Leo tutajadiliana kuhusu mazoezi. Mazoezi ni muhimu kwa afya yako. Kwa nini?

- Yanaisaidia misuli kupata nguvu
- Yanaisaidia mifupa kupata nguvu
- Yanasaidia mapafu na moyo kuwa na afya nzuri na kufanya kazi vizuri
- Yanakupa nguvu
- Yanazuia kuwa mnene
- Yanasaidia mwili wako kupambana na magonjwa haraka.

B. Maigizo ya Mazoezi:

Uliza watoto: "Kuna aina ya mazoezi nyengi. Ukiweza kufikiri aina ya mazoezi moja, njoo hapa na igiza zoezi hilo, lakini usiwaambie wengine ni zoezi gani. Watakisia. Wanapokisia nitaandika katika ubao."

Kwa mfano:

- Kucheza mpira
- Kukimbia
- Kuogelea
- Kucheza dansi
- Sarakasi

C. Exercise in Action

Invite a guest visitor to teach the children a new form of exercise. For example, I invited a friend who practices Tai Chi, and he explained briefly what Tai Chi is and then taught the children some Tai Chi basics. You could also invite an acrobat, a dancer, someone who plays a sport they don't know, or anyone else who can teach them about a different kind of exercise.

C. Mazoezi Katika Vitendo

Karibisha mgeni kufundisha watoto mbinu mpya ya mazoezi. Kwa mfano, nilimkaribisha rafiki yangu ambaye anacheza Tai Chi na alieleza kwa ufasaha Tai Chi ni nini, na kuwafundisha watoto msingi wa Tai Chi. Vilevile mnaweza kumkaribisha mwana sarakasi, mcheza, au mtu anayecheza mchezo wasoiujua, au ye yote yule ambaye anaweza kuwafundisha aina tofauti za michezo.

7. TAKING CARE OF YOUR FEELINGS

A. Introduction to Taking Care of Feelings and Review:

So far we have talked a lot about ways that you can keep your body healthy. What are some of the ways to keep your body healthy? (Briefly review lessons from previous weeks.)

These are all very important for health, but health is not just about the body. Good health also involves a healthy mind. Like our bodies, our minds can also feel good and bad, depending on our feelings. Can you give me some examples of feelings?

- ♥ Worrying/ anxiety
- ♥ Sadness/ depression
- ♥ Anger
- ♥ Fear/ phobia
- ♥ Guilt

It is normal and OK to feel angry or sad or is worried sometimes. Sometimes we even feel several feelings at once—for example feeling sad that a parent has died but relieved that the parent's suffering is over and also guilty for having those feelings. None of those feelings are bad—feelings are all OK, it's what we do about them that matters. If your feelings lead you to make bad choices and have bad behavior, you need to work on a better way to deal with your feelings.

When you have feelings that make you unhappy, if you keep them to yourself and don't find a good way to deal with them, you will feel worse. If a person feels bad a lot he or she will not be able to concentrate on other things and will probably not feel very healthy. So you need to take care of your minds just like you take care of your bodies. You can do this by paying attention to your feelings. When you feel bad you should not just ignore or hide that feeling but try to do something about it.

7. KUZITUNZA HISIA ZAKO

A. Utangulizi wa Kuzitunza Hisia Zako na Marudio:

Mpaka sasa tumejadiliana njia nyingi za kujitunza mwili. Je, njia hizi ni zipi? (Rudia kwa haraka masomo kutoka wiki zilizopita.)

Njia hizi zote ni muhimu sana kwa afya yako, lakini afya siyo kuhusu mwili tu. Vilevile afya nzuri inahusiana na akili nzuri. Kama miili yetu, akili zetu pia zinaweza kusikia vizuri na vibaya. Inatengemea hisia zetu. Mnaweza kuniambia mifano ya hisia?

- ♥ Wasiwasi
- ♥ Huzuni
- ♥ Hasira
- ♥ Hofu
- ♥ Hatia ya hofu kwa kosa

Ni kwa kawaida na sawa kukasirika au kusikitika au kuwa na wasiwasi mara nyingi. Mara nyingine tunakuwa na hisia zaidi ya moja katika muda mmoja—kwa mfano mtu anaweza kusikitika kwa sababu mzazi amekufa, lakini anasikia auheni kwa sababu taabu ya mzazi imeisha na vilevile anasikia hatia kuwa na hisia hizi. Hisia haziwezi kuwa mbaya—hisia zote ni sawa, lakini mnafanya nini na hisia hizi ni muhimu sana. Kama hisia zinaelekeza maamuzi mabaya na tabia mbaya, unahitaji kutafuta njia bora kujibu hisia zako.

Wakati Fulani unapokuwa na hisia ambazo zinakufanya uwe mtu usinye na furaha kama utaenda kuzitunza hisia ndani yako mwenyewe na hutafuti njia nzuri ya kuzifanyia kazi, utajisikia vibaya sana. Kama mtu atakuwa na hisia mbaya kwa kiasi kikubwa atashindwa kutulia na kutafakari juu ya mambo/shughuli nyingine na nahisi hutajisikii kama mtu mwenye afya njema. Mnahitaji kujitunza akili na hisia zenu kama mnajitunza miili yenu. Mnaweza kufanya hivyo kwa kuangalia hisia zenu. Unaposikia vibaya usipuuze na usifiche hisia hizo. Jaribu kufanya kitu ambacho kinaweza kukusaidia kutunza hisia zenu.

C. Ways to deal with feelings:

If you are feeling angry, sad, worried, or afraid, what are some things you can do about it?

- Talk to a friend
- Talk to your guardian or teacher or any other adult at the centre
- Pray
- Draw a picture or write about your feelings
- Do something fun to cheer yourself up
- Distract yourself from the situation that is making you feel bad by doing something else or going somewhere else
- Exercise (sometimes this helps to relieve bad feelings)

D. Role plays

Divide the children into 4 small teams: anger, sadness, worry and fear. Have each team role play a situation in which one of them feels one of these emotions and does something to make himself feel better. Explain that if they are playing the role of helping the person who feels bad, they should be a good listener and try to say positive things to the person who feels bad instead of making fun of them. They can be a good listener by asking questions, not interrupting and paying close attention. Listening and making positive suggestions will help the person to feel better.

Anger: You just made a toy car out of some materials you found. A friend came along and was jealous of your car and stole it from you. While you were trying to get it back from him it broke. You feel very angry at your friend for ruining your toy. What can you do?

Sadness: You have just found out that someone in your family has died. You feel very sad about this and feel like nothing is going to help you be happy again. What can you do?

C. Njia za Kushughulikia na Hisia:

Ukisikia hasira, huzuni, wasiwasi, hatia au hofu, mnaweza kufanya nini kujitunza hisia hizi?

- Kuzungumza na rafiki
- Kumweleza mlezi wako au mwalimu wako au mtu mzima katika kituoni.
- Kusali
- Kuchora picha au kuandika kuhusu hisia zako.
- Kufanya kitu cha kujifurahisha.
- Badili mwelekeo wa mawazo yako kwa kufanya jambo tofauti na unachokifanya na kukuletea hisia hizo.
- Kufanya mazoezi.

D. Mchezo wa Maigizo:

Gawanya watoto kwenye timu nne ambao utawapa majina hasira, huzuni, wasiwasi na hofu. Kila timu ifanye mchezo kuendea na hisia za jina walilochukuwa na wafanye kitu ili kuonyesha ni kwa namna gani unaweza kuondokana na hali hiyo na kuwa na hali nzuri. Eleza watoto kama wanacheza mchezo wa kuonyesha namna ya kumsaidia mtu ambaye ana hisia mbaya. Lazima wawe wasikilizaji wazuri na wajaribu kusema mambo mazuri juu yake badala ya kumfanyia dhihaki kwa mtu huyo. Wanaweza kuwa wasikilizaji wazuri kwa kuuliza maswali na si kuingilia katikati ya mazungumzo na kujifanya wako makini katika usikilizaji. Sikiliza na toa maoni mazuri ambayo yatamsaidia mtu huyo kuwa na hisia nzuri.

Hasira: Ulitengeneza gari la kitoto kwa kutumia maligafi uliyoyapata. Rafiki alikuja na akawa na wivu juu ya gari hilo na kuliiba kutoka kwako. Wakati unajaribu kulichukuwa kutoka kwake mara linavunjika. Unapata na hasira juu ya rafiki yako kwa kuharibu gari lako. Utafanya nini?

Huzuni: Umegundua kwamba ndugu mmoja kutoka familia yako amefariki. Unajisikia huzuni sana kuhusu swala hili. Pia unajisikia kama kwamba hakuna chochote kitakacho badili hali hii na kuwa mwenye furaha tena. Utafanya nini?

Worry: You are taking your exams for standard 7 and you are worried that you will not pass them. If you don't pass them everyone will be disappointed in you and you will not get to go to secondary school. You feel worried about your future. What can you do?

Fear: When you are lying in your bed at night and it is dark you start to feel afraid of lots of things. You worry someone will come take you and hurt you or the centre will burn down. You feel very afraid but you are embarrassed to tell your friends. What can you do?

E. Drawing Mental Health

If the children want to stay and draw, let them draw pictures of themselves and their feelings. Explain that sometimes an activity like drawing their feelings can make them feel better because it gets their feelings out in the open—they don't have to keep them hidden inside.

Wasiwasi: Unafanya mtihani wa darasa la saba na unakuwa na wasiwasi kwamba hutafaulu. Kama hutafaulu mtihani huo kila mmoja atakuwa amevunjwa moyo nawe na hutapata nafasi kwa kwenda sekondari. Unakuwa na wasiwasi juu maisha yako ya baadaye. Utafanya nini?

Hofu: Wakati umelala kitandani mwako wakati wa usiku na kuna giza unaanza kuhisi hofu juu ya mambo mengi. Una wasiwasi mtu atakuja na kukuchukua na kukuumiza au kitu kinaweza kuchomwa moto. Unahisi uonga lakini unasikia aibu kumwelza rafiki yako. Utafanya nini?

E. Kuchora Akli Nzuri

Kama watoto wanataka kubaki na kuchora wabaki na kuchora picha zinazo wahuu wenyewe na hisia zao. Eleza kwamba wakati mwingine kitendo cha kuchora hisia zako mwenyewe kinaweza kumfanya mtu kuwa na hisia mzuri kwa sababu hutoa hisia zao nje ya akili—hawana haja ya kuziacha na kuzificha ndani yao wenyewe.

8. *FUN HEALTH EXPERIMENTS*

A. Games

1. Wheelbarrow Race

One child holds another child's legs while that child has his hands on the ground. They have to walk as a team with the standing child holding on to other child's legs and that child walking with his hands until they reach the finish line.

2. Connected Legs Race

Children in a group of about four link their legs together and try to hop along to the finish line without unhooking their legs.

B. Experiments

The following experiments are taken from the book "How the Body Works." They are described on the attached pages.

PUPIL ENLARGING

Background:

Pupils (the dark part in the centre of your eye) gets bigger when it is dark, so that more light can be let in, and smaller when it is light. The pupils always widen or narrow together, even if only one eye is exposed to the light.

Materials:

Double sided tape or glue, rectangular poster-board sheet, small plastic-edged mirror, cardboard tube, scissors, craft knife, pencil.

Experiment:

Hold the edge of the tube near a short edge of the poster board, and draw around it with the pencil. With the knife, carefully cut out the circle that you have drawn, so that the tube fits snugly into the hole. Tape the mirror onto the poster board. It's near edge should be 3.5 centimetres from the tube hole. Push the tube into the hole, and hold it up to one eye, so that you can see your other eye in the mirror. With both eye open, look at bright window, then a dark corner. See how your pupil narrows in the light and widens in the dark. What happens if you put your hand over the end of the tube and look toward the window? Because your pupils always widen or narrow together, the pupil that is not covered widens at the same time as the covered one, even though it is looking towards the light.

8. *MAJARIBIO YA KUFURAHISHA NA YAHUSUYO AFYA*

A. Michezo

1. Mashindano ya Toroli

Mtoto mmoja anashika miguu ya mtoto mwingine, mtoto huyo mikono yake imeshika chini kwenye ardhi. Wanapaswa kutembea kama timu na yule mtoto aliyesimama akishikilia miguu ya mtoto mwingine na huyo mtoto akitembea kwa mikono yake mpaka wafike kwenye mstari wa kumaliza mashindano.

2. Mashindano ya Miguu Iliyunganishwa

Watoto katika kundi la watu watatu/wanne wanaunganisha miguu yao pamoja na jaribu kuruka kwa kutumia mguu mmoja pekee mpaka wafike kwenye mstari wa kumaliza mashindano bila ya kuachanisha miguu iliyungana.

B. Majaribio

Majaribio yafuatayo yamechukuliwa kwenye kitabu "How the Body Works."

MBONI KUTANUKA

Mwongozo:

Mboni (Ile sehemu nyeusi iliyo katikati ya jicho lako) inakuwa kubwa wakati kuna giza ili mwanga zaidi uweze kuingia ndani na inakuwa ndogo wakati kuna mwanga. Mboni huwa zinatanuka au kusinyaa pamoja, hata kama ni jicho moja tu limepata mwanga.

Vifaa:

Karatasi yenye gundi pande zote mbili, ubao wa mstatili, kioo kidogo chenye vizingiti vya plastiki, bamba la karatasi ngumu, mkasi, kisu, penseli.

Jaribio:

Shikilia kizingiti cha lile bomba karibia na kizingiti kifupi cha ule ubao, chora kwa penseli kuzunguka lile bomba. Kwa kutumia kisu, kata kwa uangalifu ule mduara uliouchora, kiasi kwamba lile bomba litakaa vizuri kwenye hilo tundu. Gundisha kile kioo kwenye huo ubao. Kizingiti chake cha karibu kiwe sentimita 3.5 kutoka kwenye lile tundu la bomba. Sukumiza lile bomba kwenye tundu na lisimamishe juu kwenye jicho lako moja, kiasi kwamba unaweza kuliona jicho lako lingine kwenye kioo. Kwa kufungua macho yako yote mawili, tizama dirisha linalong'aa, halafu tizama kona yenye giza. Angalia namna mboni yako inavyotanuka kwenye giza na kusinyaa kwenye mwanga. Je, nini kitatokea kama ukiweka kiganja chako juu ya kizingiti cha hilo bomba na kasha ukatazama lile dirisha? Kwa sababu mboni yako hutanuka na kusinyaa ppamoja kila mara, ile mboni ambayo haikufunikwa hutanuka wakati uleule kama ile iliyofunikwa, hata kama ilikuwa inatazama kuulekea mwanga.

LEMON FLAVORED POTATO

Background:

In the food we eat, there are many clues to tell us what the food is. But you can confuse the brain by combining the flavor of one food with the texture of another.

Materials:

Small cube of cooked potato, lemon juice, toothpick

Experiment:

Soak the potato in lemon juice for 10 minutes. Put it on a toothpick, and give it to a friend to eat. Make sure your friend's eyes are closed, so that he or she cannot see the food. Does your friend identify the food as potato or lemon? The brain receives conflicting information from different sensors, making it difficult to identify the food.

OPTICAL ILLUSION

Background:

The eye's rod and cone cells respond to light by sending nerve signals to the brain. The nerve signals are caused by a chemical reaction set off by the energy in light. Each rod or cone cell needs a recovery period to re-form its chemicals before it can make another signal. This recovery takes no more than a few thousandths of a second. Even so, the scene that you see can change in a much shorter time. As you look at something, some cells are responding while others are recovering. So fast-changing images seem to blur together into a continuous sequence.

Materials:

Compass (or circle to trace), pencil, white poster board, string or thread, scissors, colored pens or markers.

Experiment:

Use the compass to draw a circle about 3 in (8 cm) in diameter on the poster board. Cut out the circle to make a disk. Draw a butterfly on one side and a flower, in a different color, on the other. Make two holes, at opposite edges of the disk. Feed equal lengths of string through each hole, and tie the ends of each length to form a loop. Hold the loops in your hands, and whirl the disk to twist the strings. Now pull on both strings. As they untwist, the disk spins so fast that the two sides blur into one image. See how the butterfly seems to sit on the flower.

KIAZI CHENYE LADHA YA LIMAO

Mwongozo:

Kwenye chakula tunachokula, kuna ishara nyingi zinazotueleza ni chakula gani. Lakini unaweza kuuchanganya ubongo kwa kuunganisha ladha ya chakula kimoja na msokotano wa kingine.

Vifaa:

Mchemraba mdogo wa kiazzi kilichopikwa, maji ya limao, kimbaka.

Jaribio:

Lowanisha kiazzi kwenye maji ya malimao kwa dakika 10. Ingiza kimbaka, halafu mpe rafiki yako akile. Hakikisha kwamba macho ya rafiki yako yamefumbwa ili asiweze kouna hicho chakula. Je, anakitambua hicho chakula kama kiazzi au limao? Ubongo unapokea habari zenye kupingana kutoka kwenye vihisi tofauti, hivyo kufanya iwe vigumu kutambua chakula.

MAZINGAOMBWE

Mwongozo:

Seli za rodi na koni kwenye macho hujibu mwanga kwa kutuma ishara za neva kwenye ubongo. Ishara hizi za neva husababishwa na mabadiliko ya kikemekali ambayo hasababishwa na nishati iliyoko kwenye mwanga. Kila seli ya rodi au koni huhitaji muda wa kuunda upya kemikali zake kabla ya kutoa ishara nyingine. Muda huu hauchukui zaidi ya moja ya elfu moja ya sekunde. Hata hivyo, mandari unayoyaona yanaweza kubadilika ndani ya muda mfupi zaidi. Unapoangalia kitu, baadhi ya seli zinajibu wakati zingine zinafanika upya. Hivyo, taswira zinazobadilika haraka huonekana kutia waa pamoja kwenye mfuatano mwendelevu.

Vifaa:

Bikari (au duara la kutafuta), penseli, ubao mweupe, kamba au uzi, mkasi, kalamu za rangi.

Jaribio:

Tumia bikari kuchora duara lenye kipenyo cha 3in (88sm) kwenye ubao. Kata ule mduara ili kutengeneza diski. Chora kipepeo kwenye upande mmoja na ua kwa rangi tofauti. Kwenye upande mwingine toboa matundu mawili katika vizingiti mkabala kwenye ile diski. Ingiza uzi wenye urefu sawa kwenye kila tundu na funga mwisho wa kila uzi ili kutengeneza kitanzi. Shikilia vitanzi hivyo kwenye mikono na zungusha ile diski ili kusokota zile nyuzi. Zinapojisokota ile diski inazunguka haraka kiasi kwamba zile pande mbili zinatia waa kwenye taswira moja. Angalia jinsi ambavyo kile kipepeo kinavyoonekana kukaa kwenye kile ua.

SPOON ECHO

Background:

The medium (substance) through which sounds pass can have startling effects on what they sound like to you. Sounds travel at 1,125 ft (343 in) per second through the air, but they travel over 4 times faster through water, and almost 15 times faster through steel! Although sounds travel fast through liquids and solids, many liquids and solids do not convey the full range of a sound's high and low notes, compared to air. This is why sounds coming through water or solids sometimes seem muffled. In this experiment you can investigate how sound waves carried by different materials are different from one another.

Materials:

About 1 m of string, modelling clay, 2 metal spoons

Experiment:

Tie one spoon handle to the string, halfway along the string's length. Press a blob of clay onto the string on the spoon to secure it. Wind one end of the string around one of your forefingers, then the other end around the other forefinger. Make sure the two lengths of string are equal. Now lean forward, so that string and spoon hang freely. Place your forefingers lightly on the entrance to each ear. Ask a friend to tap one spoon gently with the other. What kind of sound do you hear? What happens when You Use yarn, wire, or rubber bands instead of string?



MWANGWI WA KIJIKO

Mwongozo:

Dutu ambayo sauti hupitia inaweza kuwa na athari za kushtusha kwa jinsi inavyosikika kwako. Sauti inasafiri katika 1,125ft(342in) kwa dakika kwenye hewa lakini husafiri mara nne zaidi kwenye maji na mara 15 zaidi kwenye chuma cha pua. Japokuwa sauti husafiri haraka zaidi kwenye vimiminika na yabisi, vimiminika na yabisi nyingi havipitishi sehemu kubwa ya sauti ya juu na ya chini ikilinganishwa na hewa. Hii ndiyo sababu sauti ijayo kupitia vimiminika na yabisi mara nyingine huwa kimya. Katika jaribio hili, utatafuta ni vipi sauti iliyobebwa na vyombo mbalimbali ilivyo tofauti na vingine.

Vifaa:

Mita moja ya kamba, vijiko viwili vya chuma na udongo mfinyanzi.

Jaribio:

Funga mkono mmoja wa kijiko kwenye nusu ya urefu wa kamba. Bonyeza tonge la udongo mfinyanzi kwenye ile kamba kwenye kijiko ili kuifunga vizuri. Sokotea mwisho mmoja wa hiyo kamba kuzunguka moja ya vidole vyako, na mwisho mwingine kuzunguka kidole kingine. Hakikisha kuwa urefu wa pande mbili za kamba unalingana. Sasa inamia mbele kiasi, kwamba ile kamba pamoja na kijiko vinaning'inia huru. Weka vidole vyako vya mbele kwa wepesi kwenye njia ya kuingilia ya kila sikio. Muombe rafiki yako agonge kwa utaratibu kijiko kimoja na kingine. Je, wasikia sauti ya aina gani? Nini kinatokea unapotumia waya au rababendi badala ya kamba?



9. *HOW THE BODY WORKS*

This lesson consisted of explaining a poster on one system in the body, answering questions on that system, then showing an experiment related to that bodily system. The experiments were taken from the book "How the Body Works" and are attached on the following pages. The posters were made to explain the body simply in Kiswahili.

A. Nervous System

Reflex Experiments

B. Respiratory System

Model Lung

C. Circulatory System

How Fast the Heart Beats

D. Digestive System

Length of Digestive Tract

Digesting Oil

Digesting Carbohydrates



9. *NAMNA MWILI UNAVYOFANYA KAZI (KWA MAJARIBIO)*

Somo hili linaelezea picha ya mfumo mmoja katika mwili, jibu maswali juu ya mfumo huu, halafu onyesha vitendo vinavyohusiana na huo mfumo wa mwili. Majaribio haya yamechukuliwa kutoka kwenye kitabu "How the Body Works" na zimeambatanishwa kwenye kurasa zifuatazo. Picha/mchoro imetengenzwa na vijana wa Mkombozi kueleza mwili kwa urahisi kwa kutumia lugha ya Kiswahili.

A. Mfumo wa Fahamu

Majaribio ya matendohisia

B. Mfumo wa Upimaji

Pafu la Kifani

C. Mfumo wa Damu

Moyo unapiga Haraka Kiasi Gani

D. Mfumo wa Umeng'enyaji Chakula

Urefu wa Njia ya Mmeng'enyo

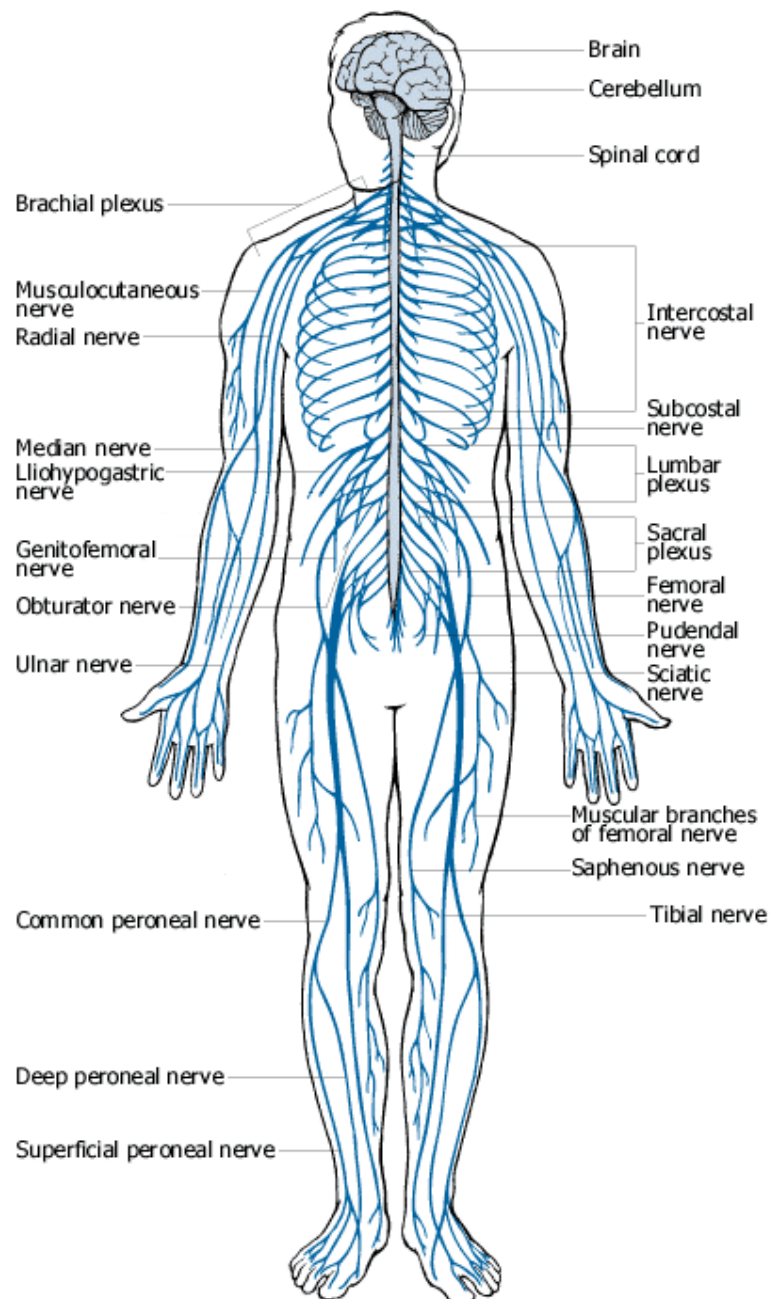
Kumeng'anya Mafuta

Kumeng'anya Kabohaidreti



NERVOUS SYSTEM

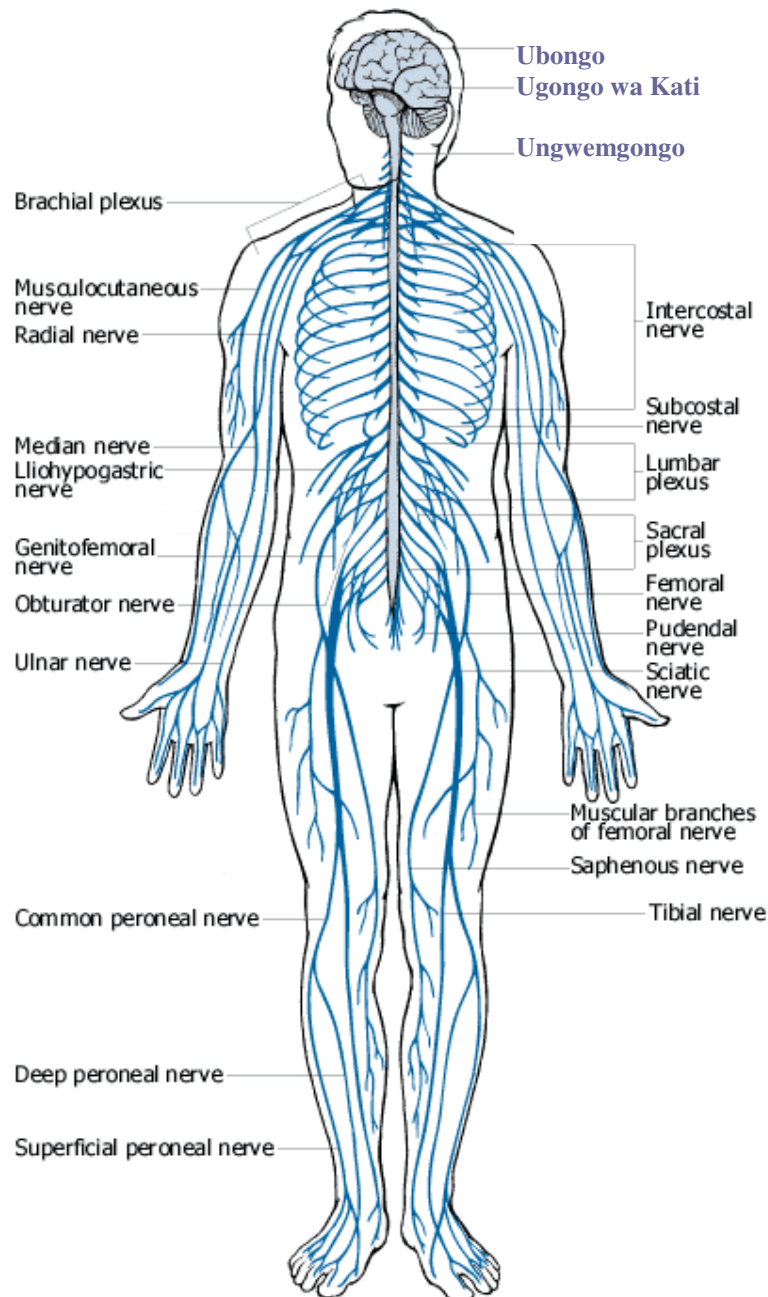
The brain and spinal cord comprise your central nervous system. The network of nerves that connect at different levels of the spinal cord control both conscious and unconscious activities. It is through the spinal cord that information flows from these nerves to the brain and back again.



Source: AMA's *Current Procedural Terminology*, Revised 1998 Edition. CPT is a trademark of the American Medical Association.

MFUMO WA FAHAMU

Ubongo na ugwemgongo vinajumuisha mfumo wako wa fahamu wa kati. Mtandao wa neva uliunganika kwenye viwango tofauti vya ugwemgongo huongoza matendo ya hiari na yasiyo ya hiari. Ni kupitia kwenye ugwemgongo ambapo habari husafirishwa kutoka kwenye neva hizi kuelekea kwenye ubongo na kurudi tena. ("Nerve" kwa Kiswahili ni neva)



REFLEXES: HAND CLAP

Background:

Have you ever been startled by a loud noise that made you jump before you could stop yourself? This is an example of a reflex—an automatic reaction that happens incredibly fast, before you even have time to think about it. A reflex occurs by itself, even if your attention is elsewhere. This is because a reflex is programmed and predictable—you do not have to use your brain to decide what action to take. In a reflex, nerve signals are produced by a sense organ, such as the eye or ear, that detects the stimulus (something that provokes action) - They go to the spinal cord or the brain, then to the muscles around the body that move in response. Most reflexes are quick responses to possible danger or harm to the body, such as jerking your finger away if it touches something hot.

Procedure:

Clap your hands loudly (15 cm) in front of a friend's face. See how your friend blinks immediately. Can your friend override this reflex with practice?

REFLEXES: KNEE JERK

Background:

Testing the body's reflexes can give a physician useful information about how nerves and muscles work. One simple test is the knee-jerk reflex. When your knee is tapped, nerve signals travel from stretch sensors in the knee to the spinal cord and then back to the leg muscles. Meanwhile, other signals travel up the spinal cord to the touch centres of the brain. As a result, you become aware of your leg's response, but usually too late to stop it from happening.

Procedure:

Sit in a chair. Cross your legs so the lower knee fits snugly into the hollow at the rear of the upper knee. Ask a friend to tap your upper knee firmly—on the soft part just below the kneecap—with the edge of his or her open hand. What happens? Does your lower leg twitch? You may need to practice to find the right site. Can you use willpower to stop your knee from jerking?

MATENDOHISIA: PIGA MAKOFI

Mwongozo:

Je, umekwishawahi kushtushwa kwa kelele kubwa ambazo zilikufanya uruke kabla hujaweza kujizuia? Huu ni mfano wa tendohisia-tendo lisilo la hiari ambalo hutokea haraka sana kabla hata hujapata muda wa kulifikiria. Tendohisia hutokea lenyewe hata kama mawazo yako yapo sehemu nyingine. Hii ni kwa sababu tendohisia linapangwa na linatabirika—huhitaji kutumi ubongo wako kuamua tendo la kufanya. Kwenye tendohisia, ishara za neva hutengenezwa hutengenezwa na mlango wa fahamu kama vile jicho au sikio ambavyo hugundua kichangamsho (kitu ambacho husababisha tendo)—hivi huenda kwenye ugwemgongo au ubongo halafu kwenye misuli iliyozunguka mwili ambayo huitika kw akusogea. Matendohisia yaliyo mengi ni miitiko ya haraka kwa hatari zinazoweza kama au kuathiri mwili, kama vile kuondoa vidole vyako pale unaposhika kitu cha moto.

Njia:

Piga makofi kwa nguvu (15 sm) mbele ya uso wa rafiki yako. Angalia jinsi rafiki yako atakavyo fumba na kufumbua macho haraka. Je, rafiki yako anaweza kupuuza tendohisia hili kwa mazoezi?

MATENDOHISIA: MNYANYUO WA GOTI

Mwongozo:

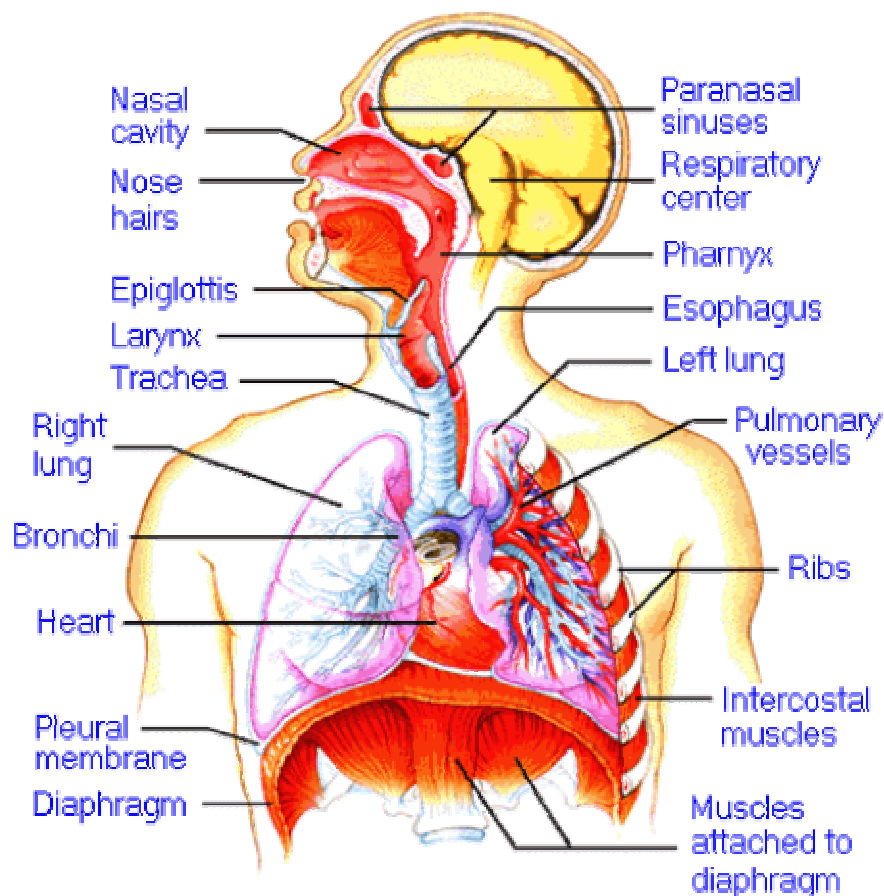
Kujaribu matendohisia ya mwili kunaweza kumpa daktari maelezo muhimu kuhusu jinsi neva na misuli inavyofanya kazi. Jaribio moja rahisi ni tendohisia la mnyanyuo wa goti. Wakati goti lako likipigwa ishara za neva husafiri kutoka kwenye vihisi vilivyonyooka vilivyoko kwenye goti kwenda kwenye ugwemgongo halafu hurudi kwenye misuli ya mguu. Wakati huo huo ishara nyingine husafiri kwenye ugwemgongo kuelekea juu mpaka kwenye kituo cha miuguso cha ubongo. Kutokana na hili, unapokuwa na fahamu juu ya mwitiko wa mguu wako, lakini kwa kawaida unakuwa unaendelea kijizuia zuia hili lisitokee.

Njia:

Kaa kwenye kiti. Kunja miguu yako kiasi kwamba goti lako la chini litakaa kwenye nafasi iliyoko nyuma ya goti lako la juu. Mwombe rafiki yako agonge goti lako la juu kwa nguvu kiasi- kwenye sehemu laini chini kidogo ya goti kwa kutumia kizingiti cha kiganja chake ambacho kimenyooka. Nini kimetokea? Je, mguu wako wa chini umeshtuka? Unahitaji kufanya mazoezi ili kutafuta sehemu inayotakiwa. Je unaweza kutumia utashi kuzuia goti lako lisinyanyuke?

RESPIRATORY SYSTEM

Your respiratory system provides the energy needed by cells of the body. Air is breathed in through the nasal cavity and/or mouth and down through the throat (the pharynx). The throat has three parts - the nasopharynx, the oropharynx, and the laryngopharynx. The air passes down the trachea (the windpipe), through the left and right bronchi, and into the lungs. Oxygen in the blood is delivered to body cells, where the oxygen and glucose in the cells undergo a series of reactions to provide energy to cells, and the waste product of this process is carried out of the lungs. The larynx is your voice box; the epiglottis, a flap of cartilage that prevents food from entering the trachea; and the esophagus, the tube through which food passes to the stomach.

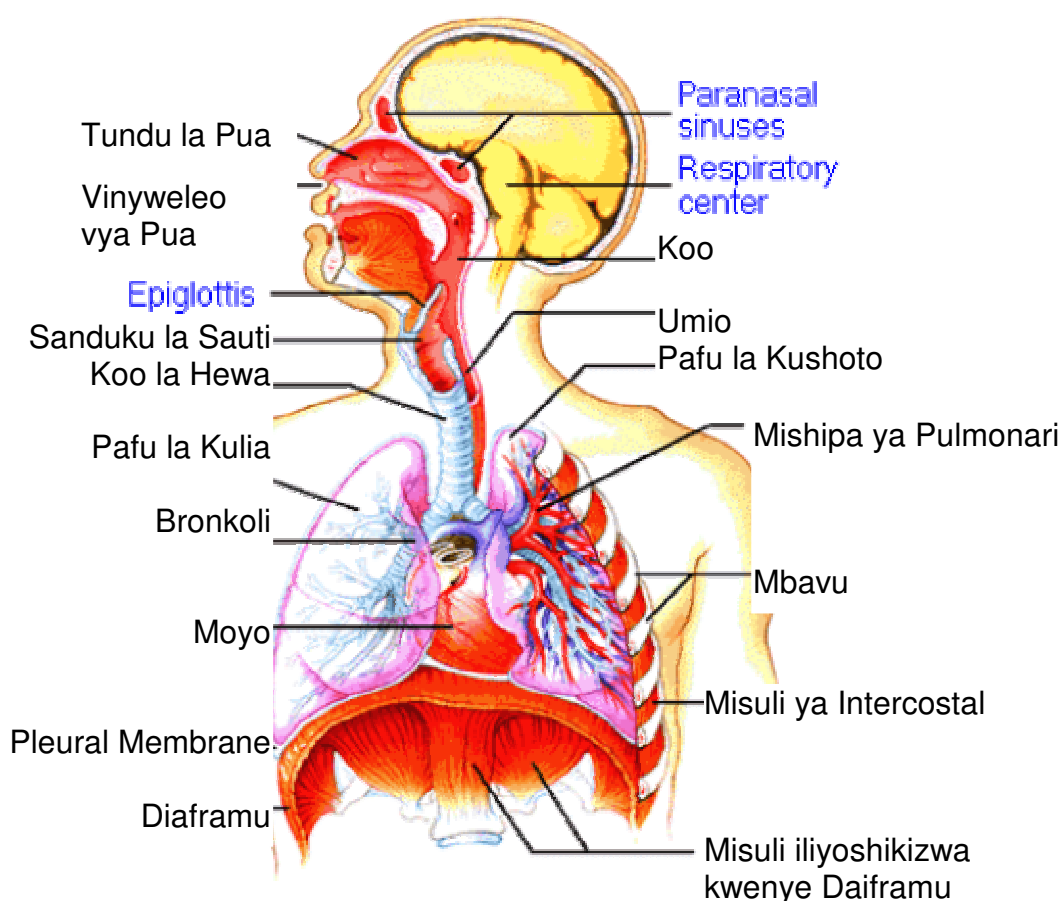


MFUMO WA UPUMUAJI

Mfumo wako wa upumuaji unatoa nishati inayohitajika na seli za mwili. Hewa huvutwa ndani kupitia matundu ya pua na/au mdomo na kushuka chini kwa kupitia kwenye koo (koo la hewa). Koo lina sehemu tatu- nasopharynx, oropharynx na laryngopharynx.

Hewa huelekea chini kupitia kwenye koo (mrija wa hewa), bronkoli ya kushoto na ya kulia na hatimaye kwenye mapafu. Oksijeni ndani ya damu hufikishwa kwenye seli za mwili ambapo oksijeni hiyo na glukosi ndani ya seli hupitia mabadiliko mbalimbali ili kutoa nishati kwenye seli na takamwili za haya mabadiliko hutolewa nje ya mapafu.

Zoloto ndio sanduku lako la sauti. Epiglottis ni pigapiga la ggedu ambalo huzuia chakula kiingie kwenye koo la hewa na umio ni mrija ambao chakula hupitia kwenda kwenye tumbo.



MODEL LUNG

Background:

When you inhale, muscles cause the chest to expand, making the lungs do the same. When this happens, air is sucked into the lungs. The lungs become bigger as they draw in air. When you exhale, the lungs spring back to their smaller size.

Materials:

A large clear-plastic bottle, three-way hose connector, modelling clay, 2 rubber bands, plastic tube, 3 small balloons, scissors

Procedure:

1. Push the plastic tube into one opening of the hose connector. Use modelling clay, if necessary, to make an airtight seat. Fix the balloons tightly onto the other openings with rubber bands, making sure that the joins between the connector and the balloons are airtight.
2. Carefully cut off the bottom from the bottle, using the scissors. Make sure the cut edge of the bottle is smooth. Place the balloons and connector inside. Seal the plastic tube into the neck of the bottle with the modeling clay to make an airtight fit.
3. Tie a knot in the neck of the third balloon. Then carefully cut it in half, crossways. Gently stretch the knotted part of the balloon over the lower end of the bottle, and pull it around the sides. Make the balloon as taut as you can-like a drum skin. Now hold it by its knot.
4. The lower balloon represents the diaphragm, the main breathing muscle. Pull it down, as though you were inhaling. This lowers the air pressure in the bottle. Air from outside rushes in and makes the two balloons expand, just like the real lungs in your chest.



PAFU LA KIFANI

Mwongozo:

Unapovuta hewa, misuli hufanya kifua kupanuka na hivyo hivyo mapafu kupanuka pia. Inapotokea hivi, hewa huvutwa hadi kwenye mapafu. Mapafu huzidi kuwa makubwa yanavyoingiza hewa. Utoapo hewa, mapafu hurudi katika ukubwa wake wa kawaida.

Vifaa:

Chupa kubwa na safi ya plastiki, mpira wenye miisho mitatu, raba bendi mbili, bomba la plastiki, maputo matatu madogo, mkasi.

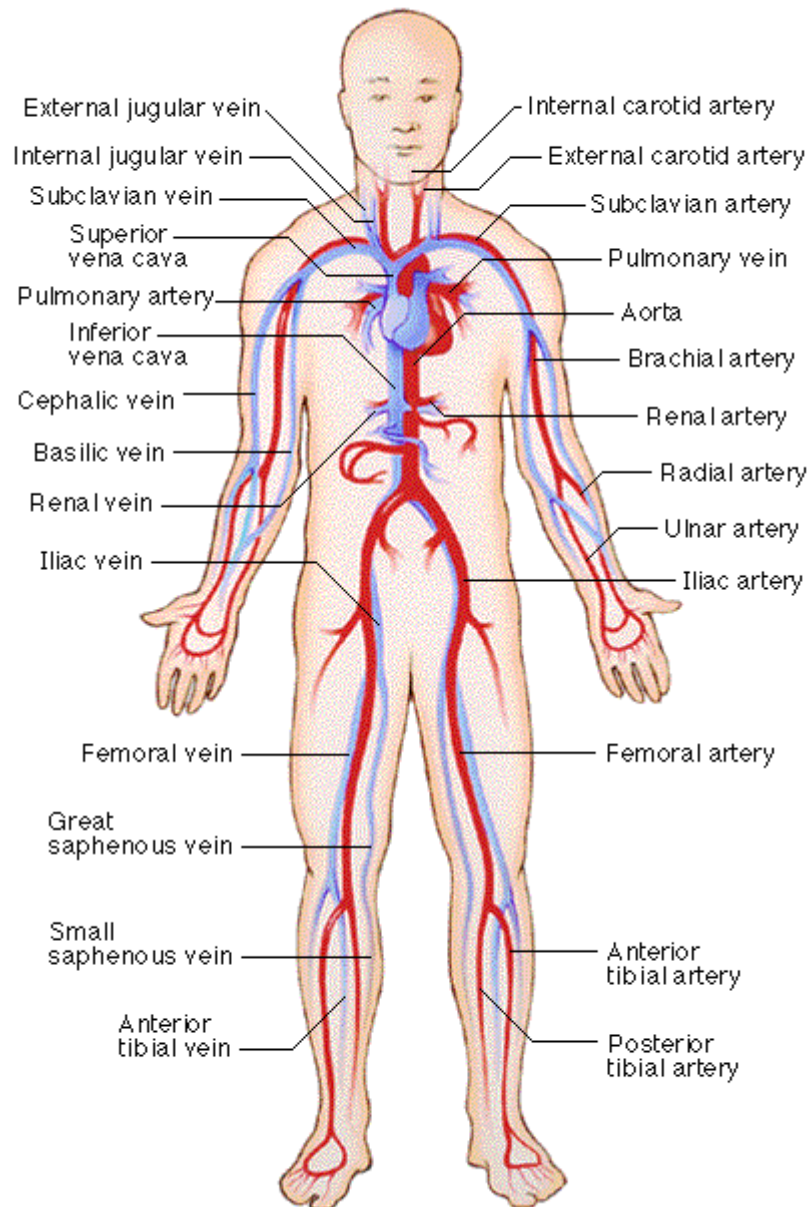
Utaratibu:

1. Sukumiza lile bomba la plastiki kwenye mdomo mmoja wa ule mpira. Kama kuna umuhimu, tumia udongo mfinyanzi kutengeneza nafasi isiyoruhusu hewa kuingia au kutoka. Funga na kaza yale maputo kwenye ile mdomo mwingine kwa kutumia raba bendi, ukihakikisha kwamba ile miunganiko kati ya maputo na kiunganishi hairuhusu hewa kuingia au kutoka nje.
2. Kata kitako cha ile chupa kwa uangalifu, ukitumia mkasi. Hakikisha kuwa vile vizingiti vilivyokatwa umevisawazisha. Ingiza yale maputo na kiunganishi ndani. Fungia lile bomba la plastiki kwenye shingo ya hiyo chupa kwa udongo mfinyanzi ili kutoruhusu hewa kuingia au kutoka.
3. Funga fundo kwenye puto la tatu. Kisha likate nusu yake kwa uangalifu, kinapana. Kwa utaratibu, tamua ule upande wa puto wenye fundo juu ya ile sehemu ya chini ya ile chupa, na vuta kuzunguka pande zote. Kaza hilo puto kadri uwezavyo kama ngozi ya ngoma.
4. Puto la chini linawakilisha daiframu, ile misuli mikuu ya kupumulia. Livute chini, kama vile ulikuwa hewa. Hii inashusha mgandamizo wa hewa ndani ya hiyo chupa. Hewa kutoka nje hukimbilia ndani na kufanya yale maputo mawili kutanuka, kama vile mapafu ya kweli kwenye kifua chako.



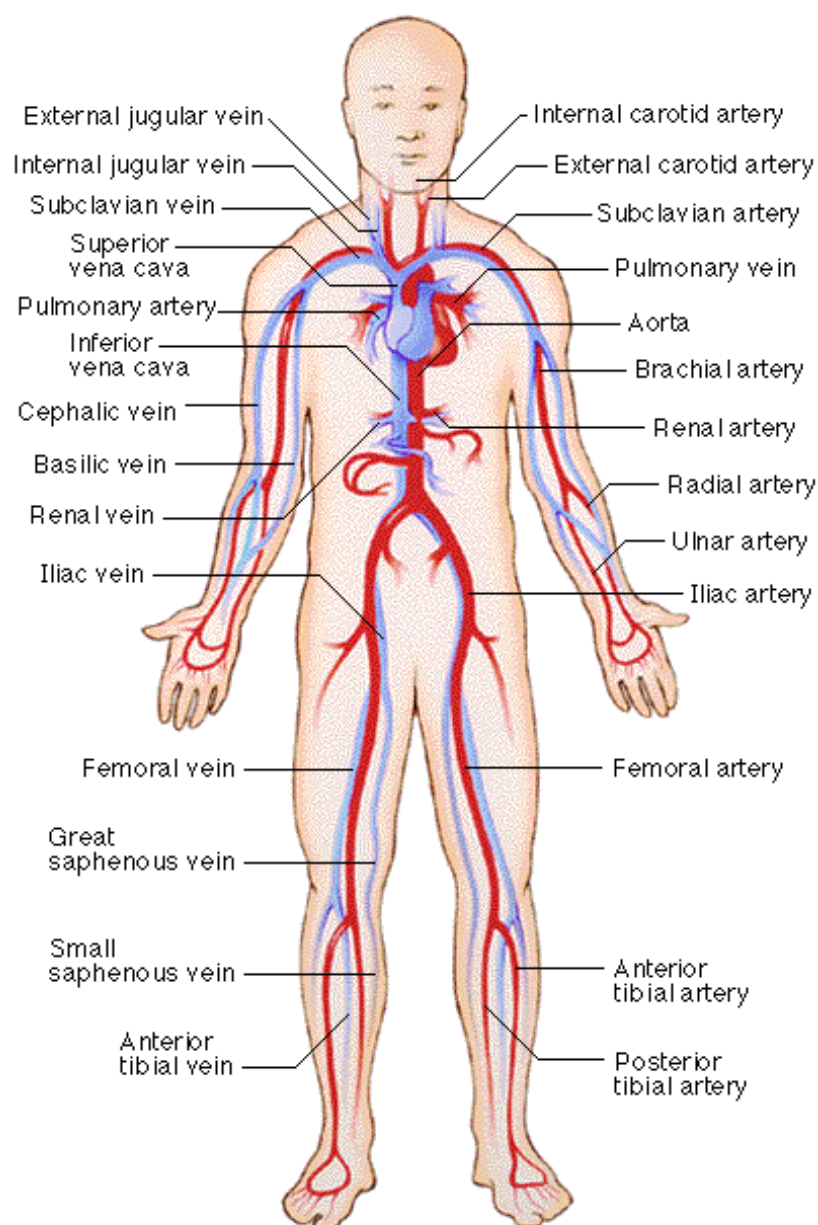
CIRCULATION SYSTEM

Your circulatory system consists of your heart and blood vessels. Together, these provide a continuous flow of blood to your body, supplying the tissues with oxygen and nutrients. Arteries carry blood away from the heart; veins return blood to the heart.



MFUMO WA DAMU

Mfumo wako wa damu unajumuisha moyo na mishipa ya damu. Pamoja hivi hufanya mtiririko mwendelevu wa damu kwenye mwili wako ambao huzipatia tishu oksijeni na virutubisho. Ateri hubeba damu kutoka kwenye moyo na vena hurudisha damu kwenye moyo. ("Vein" kwa Kiswahili ni Vena; "Artery" kwa Kiswahili ni Arteri)



HOW FAST THE HEART BEATS

Background:

Each powerful heartbeat sends a high pressure surge of blood, like a miniature tidal wave, racing into the elastic-walled arteries. As the surge travels out through the body, it loses force and becomes lost in the vast network of microscopic capillaries-only to be followed, a second or less later, by another surge of pressure from the next heartbeat. You can feel these pressure surges-your pulse-at various places in the body. Your pulse can be most easily felt where an artery lies near the surface of the body, such as at the inside of the wrist. The pulse rate is the same as the heart rate, and it allows a convenient check on how hard and how quickly your heart is pumping. When you are at rest, each heartbeat sends about $\frac{1}{3}$ pint (150 ml) of blood into the arteries. In an average adult, this happens between 60 and 80 times each minute.

Materials:

Cup that holds, about 150 ml, 2 bowls, water, stopwatch

Procedure:

See how hard the heart works by getting your hand and arm to work at the same rate as your heart. With a friend to time you, use the beaker to try to bale water from one bowl to another, at 70 beakerfuls per minute-the same speed as a normal heart rate. Can you do it? If you can how long can you keep baling water at this rate? Your arm muscles soon get tired. The heart is made from a special muscle called cardiac muscle. It keeps pumping, without getting tired, for an entire lifetime.



MOYO UNAPIGA HARAKA KIASI GANI

Mwongozo:

Kila pigo la moyo la nguvu hutuma mfuro wa mawimbi ya damu yenye msukumo mkubwa, kama wimbi dogo linalopita kwa haraka ndani ya ateri zenye kuta za kutanuka. Wakati mfuro huu wa mawimbi unasafiri kwenye mwili, unapoteza kani na unakija kupotea kwenye mtandao mkubwa wa vijikapilari vidigo sana- ambapo hufuatwa baadaye kidogo na mfuro wa mawimbi wenye msukumo kutoka pigo la pili la moyo. Unaweza kuhisi mifuro hii ya mawimbi yenye msukumo- papo lakoti katika sehemu mbalimbali kwenye mwili. Papo lakoti linaweza kuhisiwa kwa urahisi kabisa pale ambapo ateri ipo karibia na uso wa mwili, kama vile ndani ya kifundo. Kiwango cha papo ni sawa na kile cha pigo la moyo na inaruhusu kupimwa kunakofaa kwa jinsi moyo unavyosukuma damu kwa nguvu na haraka. Wakati umepumzika, kila pigo la moyo hutuma kiasi cha 1/3 ya painti (150ml) ya damu kuingia kwenye ateri. Kwa mtu mzima wa kawaida, hii hutokea kati ya mara 60 na 80 kila dakika.

Vifaa:

Kikombe kinachoingiza kiasi cha 150ml, bakuli mbili, maji na saa ya michezo

Utaratibu:

Angalia ni vigumu kiasi gani moyo hufanya kazi kwa kazi kiganja chako na mkono wako kwa kiwango kilekile kama moyo wako. Ukiwa na rafiki yako wa kukuhesabia muda, tumia kikombe na jaribu kutoa maji toka kwenye bakuli moja hadi nyingine, kwa vikombe 70 vilivyojaa kwa dakika- kasi hiyohiyo kama pigo la moyo. Je, unaweza kufanya hivyo? Kama unaweza, Je ni kwa muda gani unaweza kuendelea kutoa maji kwa kiwango hicho? Misuli ya mkono wako itachoka baada ya muda. Moyo umeundwa kwa misuli maalumu iitwayo misuli ya kardiaki. Huendelea kusukuma damu bila kuchoka kwa muda wote wa maisha.

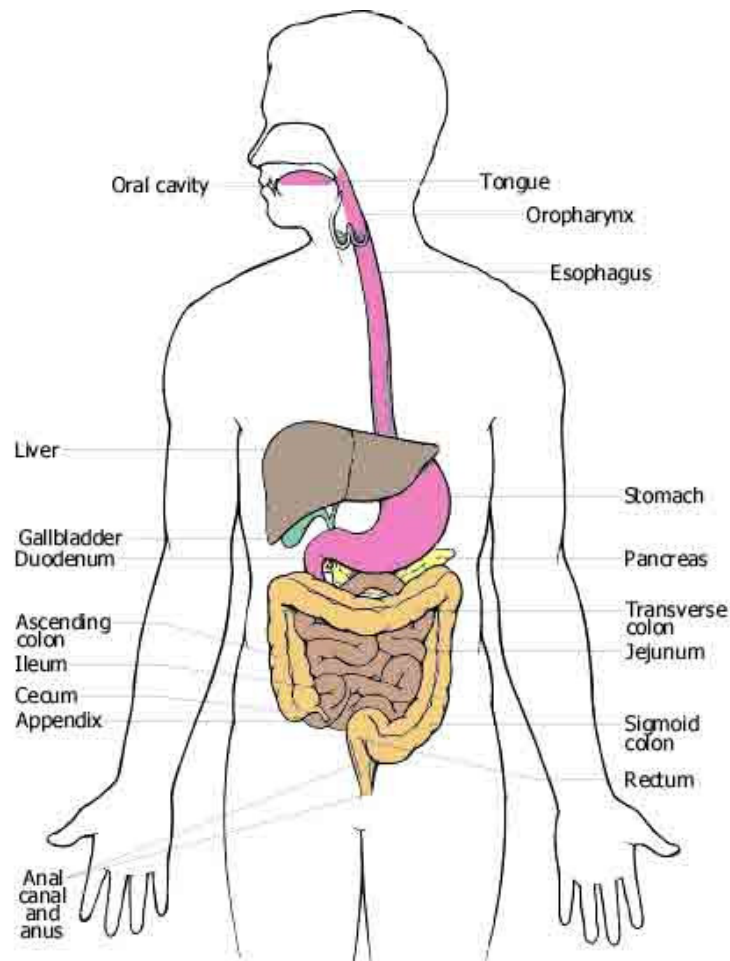


DIGESTIVE SYSTEM

Your digestive system consists of organs that break down food into components that your body uses for energy and for building and repairing cells and tissues.

Food passes down the throat, down through a muscular tube called the esophagus, and into the stomach, where food continues to be broken down. The partially digested food passes into a short tube called the duodenum (first part of the small intestine). The jejunum and ileum are also part of the small intestine. The liver, the gallbladder, and the pancreas produce enzymes and substances that help with digestion in the small intestine.

The last section of the digestive tract is the large intestine, which includes the cecum, colon, and rectum. The appendix is a branch off the large intestine; it has no known function. Indigestible remains of food are expelled through the anus.



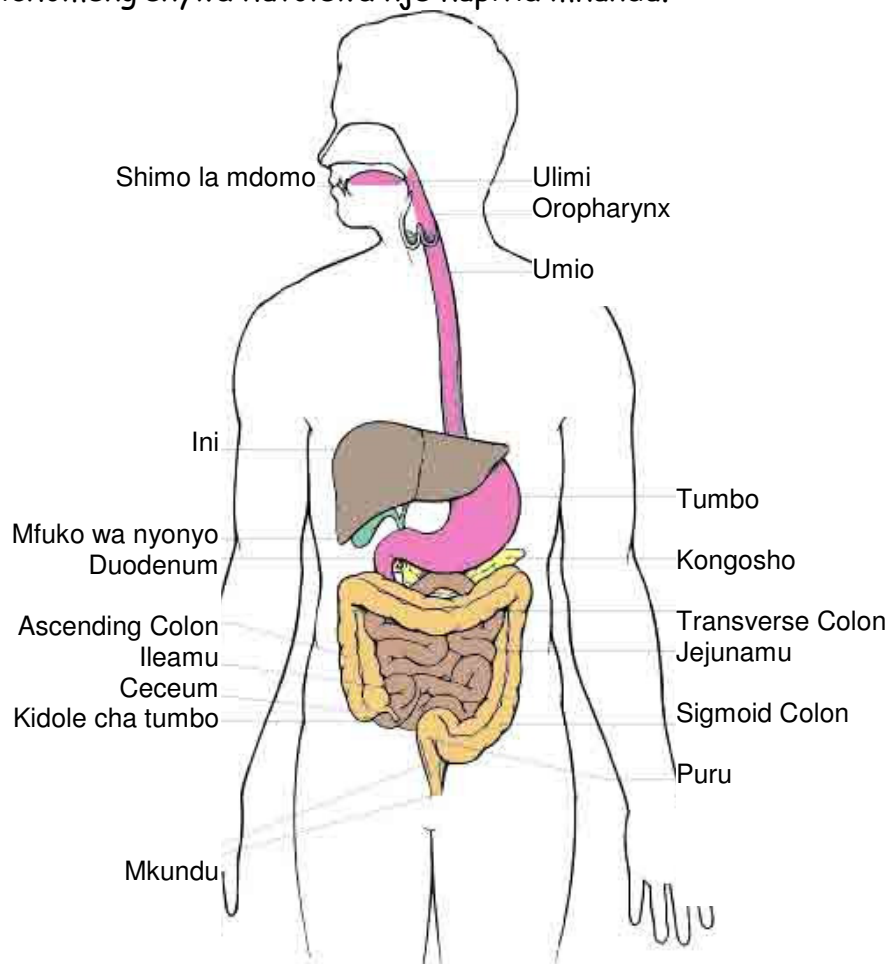
Source: AMA's *Current Procedural Terminology*, Revised 1998 Edition. CPT is a trademark of the American Medical Association.

MFUMO WA UMENG'ENYAJI CHAKULA

Mfumo wako wa umen'genyaji chakula una ogani ambazo huvunja chakula hadi kwenye vipande vidogo ambavyo mwili huvitumia kwa kuzalisha nishati na kujenga na kurekebisha seli na tishu mbalimbali.

Chakula hupitia kwenye koo, huendelea kupitia mrija wa chakula uitwao umio hadi tumboni ambapo chakula huendelea kuvunjwa. Chakula hicho kilichomeng'enywa kiupande hupitia kwenye mrija mfupi uitwao deodenamu (sehemu ya kwanza ya utumbo mwembamba) Jejunamu na ileamu pia ni sehemu za utumbo mwembamba. Ini, mfuko wa nyongo na kongosho hutoa vimeng'enywa na kemikali zinazosaidia umeng'enyaji katika utumbo mwembamba.

Sehemu ya mwisho ya umengenyaji ni utumbo mpana unaojumuisha cecum, koloni na puru. Kidole tumbo (appendix) ni tawi la utumbo mpana. Kazi yake haijulikani. Chakula kisichomeng'enywa hutolewa nje kupitia mkundu.



LENGTH OF DIGESTIVE TRACT

Background:

A piece of food that disappears into a child's mouth is starting a journey that is about 6.5 meters long. The typical length of each region of the digestive tract is shown below. Exactly how long digestion takes depends on the types and amounts of food that you have eaten. Foods with plenty of carbohydrates are digested faster than those containing large amounts of fats. Also, like most body processes, digestion tends to be slightly slower during the night.

Materials:

String that is 6.5 meters long.

Procedure:

This hose represents the full length of the digestive tract, as if it were pulled out straight. The real tract has a folded, compact design within the body. Have two children hold each end of the string to show how long the digestive tract is. Then mark along the following places where the food is in its journey.

After 8 cm: Mouth

It takes a few seconds to chew a mouthful of food and mix it with saliva.

25 cm: Pharynx and esophagus

The back of the tongue pushes food down the pharynx, and waves of muscle action thrust it through the esophagus.

15 cm: Stomach

The stomach expands during the meal to hold all of the food that it receives. About 2 to 3 hours after eating, semi digested foods are passed from the stomach on to the intestines.

4-5 meters: Small intestine

Some 6 hours after eating, the partly digested food is like a thick milk drink. It oozes along the three parts of the small intestine: from the duodenum to the jejunum and then to the ileum.

1.2 meters: Large intestine

Water and minerals are absorbed into the body by the colon. Feces (solid wastes) accumulate in the last part of the large intestine, the rectum, where they remain until a convenient moment, when they exit through the anus.

UREFU WA NJIA YA MMENG'ENYO

Mwongozo:

Kipande cha chakula ambacho hutoweka kwenye mdomo wa mtoto kinaanza safari yenye urefu wa kiasi cha mita 6.5. Kiasi cha urefu wa kila sehemu kwenye njia hii ya mmeng'enyoy imeoneshwa hapo chini. Kiasi halisi cha urefu ambao mmeng'enyoy hufanyika kinategemea aina na kiasi cha chakula ambacho wewe umekila. Vyakula vyenye kabohaidreti kwa wingi humeng'enyoy haraka zaidi kuliko vile vyenye viwango vikubwa vya mafuta. Pia kama shughuli nyingine za mwili, umeng'enyoy hufanyika taratibu zaidi wakati wa usiku.

Vifaa:

Kamba au uzi wenye urefu wa mita 6.5

Utaratibu:

Kamba hii inawakilisha urefu mzima wa ile njia ya mmeng'enyoy, kama vile imenyooshwa kwa kuvutwa. Ile njia halisi ina usanifu madhubuti na uliojikusanyia ndani ya mwili. Waambie watoto wawili wakshike miisho ya hiyo kamba kila mmoja upande wake ili kuonyesha ni jinsi gani njia hii ya mmeng'enyoy ilivyo ndefu. Sasa weka alama kwenye kamba kwa kila sehemu zifuatazo ambapo chakula kipo kwenye safari yake.

Baada ya sm 8: Mdomo

Inachukua sekunde chache kutafuna mdomo uliojaa kwa chakula na kuchang'anya na mate.

Baada ya sm 25: Koo na umio

Nyuma ya ulimi ndipo kunakosukuma chakula chini kwenye koo, na mawimbi ya matndo ya misuli ndiyo yanayosukuma chakula ndani ya umio.

Baada ya sm 15: Tumbo

Tumboo hutanuka wakati wa mlo ili kushikilia chakula chote ambacho hupokea. Kama masaa 2 au 3 baada ya kula, chakula kilichomeng'enyoy kwa kiasi hupita kutoka kwenye tumbo na kuingia kwenye matumbo.

Mita 4-5: Utumbo mdogo

Masaa 6 baada ya kula, kile chakula kilichomengenywa kwa kiasi ni kama maziwa ya kunywa. Kinavunjwavyunjwa ndani ya zile sehemu tatu za utumbo mdogo. : kutoka kwenye deodenamu kwenda kwenye utumbo mdogo: kutoka kwenye deodenamu kwenda kwenye jeojenamu na hatimaye kwenye ileamu.

Mita 1.2: Utumbo mpana

Maji na madini hufonzwa kwenye mwili kwa koloni. Mavi hukusanyika kwenye sehemu ya mwisho ya utumbo mkubwa, puru ambapo hubaki mpaka muda muafaka, ambapo hutokka kupitia kwenye mkundu.

DIGESTING FATS

Background:

Fats and oils are awkward to digest. Their molecules do not dissolve in water. Instead, they clump into blobs, which makes it difficult for enzymes to work on them. Fats and oils must be emulsified (broken into tiny droplets), so that their molecules are more exposed to the enzymes. In the body, fats and oils are emulsified in the small intestine by bile fluids. You can imitate this digestive action with dishwashing liquid.

Materials: 2 glasses warm water, dishwashing liquid, cooking oil, tablespoon, teaspoon

Procedure:

Fill the glasses with warm water. Add a tablespoon of cooking oil to each. Now add a teaspoon of dishwashing liquid to one glass. Stir both. The dishwashing liquid emulsifies the oil, forming a milky fluid of tiny oil drops in water. Does the oil in the other glass change?



KUMENG'ENYA MAFUTA

Mwongozo:

Mafuta na fati ni chakula kigumu kumeng'enywa. Molekyuli zake hazichanganyiki vizuri kwenye maji, badala yake hujikusanya katika matone ambayo hufanya iwe vigumu kwa vimengenyo kuweza kumeng'enywa. Mafuta lazima yavunjwe katika katika matone madogomadogo ili molekyuli zake ziweze kumeng'enywa na vimeng'enywa. Ndani ya mwili, mafuta na fati huvunjwawunjwa katika utumbo mwembamba na giligili za bile. Unaweza kuigiza hili tendo la mmeng'enywa wa mafuta na fati kwa kutumia kimiminika cha kuosha vyombo.

Vifaa:

Bilauri mbili za maji moto, kimiminika (sabuni) ya kuosha vyombo, mafuta ya kupikia, kijiko cha mezani na kijiko cha chai.

Utaratibu:

Jaza bilauri zote maji moto. Weka kijiko kimoja cha mezani cha mafuta ya kupikia katika kila bilauri. Weka kijiko kimoja cha chai cha kimiminika (sabuni) cha kuosha vyombo kwenye bilauri mojawapo. Koroga bilauri zote mbili. Kimiminika cha kuosha vyombo kimevunjavunja yale mafuta na kufanya myeyuko wa kimaziwa wa matone ya mafuta kwenye maji. Je, mafuta kwenye bilauri nyingine yamebadilika?



DIGESTING CARBOHYDRATES

Background:

You start to digest starches in food while the food is still in your mouth. Saliva has an enzyme, amylase, that splits big starch molecules into smaller sugar ones. You can taste this for yourself by chewing a starchy food such as bread. Try other starchy foods and compare results.

Materials:

Slice of bread, cooked potato, spoon of cooked rice, or similar starchy food.

Procedure:

Note the taste of the bread as you first bite it, then again after chewing for a minute or so. At first it will taste bland, because starches have little flavor. But can you taste the sweet sugars after a minute or two? Try this experiment with nonstarchy foods. Do they have the same effect?



KUMENG'ENYA KABOHAI DRETI

Mwongozo:

Mtu huanza kumeng'anya chakula aina ya wanga tangu kinapokuwa mdomoni. Mate yana vimeng'enyoy ambavyo hugawanya vipande vikubwa vya molukyuli za wanga kuwa vipande vidogo vya sukari.

Wewe mwenyewe unaweza kufanya jaribio kwa kutafuna chakula cha wanga kama mkate. Jaribu aina nyingine ya chakula kisha ulinganisha matokeo.

Vifaa:

Kipande cha mkate, kiasi kilichopikwa, kijiko cha wali au chakula cha wanga cha aina hiyo.

Njia:

Shika akilini ladha ya mkate pale unapoumega kwa mara ya kwanza, kisha mega kwa mara nyingine baada ya kutafuna kwa dakika moja. wa mara ya kwanza utahisi ladha isiyo ya kuridhisha kwa kuwa wanga una ladha kidogo. Lakini je, unaweza kuhisi ladha ya sukari baada ya dakika moja au mbili? Fanya jaribio hili na vyakula visivyo vya wanga. Je, matokeo ni hayo hayo?



10. *REPRODUCTIVE ORGANS*

White Orange Youth (WOY) came to help teach this lesson on reproductive organs. To contact WOY email woytz@email.com or drop by their office, currently located in the poverty Africa Building on Makongoro Avenue (across from the YMCA).

For more information on reproductive organs, please review the following pages.

A. Posters

Use posters to explain the following concepts:

- Male Reproductive Organs
- Female Reproductive Organs
- The Ovarian and Menstrual Cycle
- How Pregnancy Occurs

B. Maigizo ya Jinsi Mimba Invyotungwa

Do a play on how pregnancy happens, with the following characters:

- Vagina
- Egg
- Penis
- Sperm

C. Questions

Answer children's questions.

10. *MFUMO WA UZAZI*

White Orange Youth (WOY) walikuja kusaidia kufundisha somo juu ya viungo vya uzazi. Kwa kuwasiliana na WOY email: woytz@email.com au fika kwenye ofisi zao kwa sasa wapo kwenye jengo la Poverty Africa Building katika Makongoro Avenue (karibu na YMCA).

Kwa maelezo zaidi juu ya viungo vya uzazi, pitia maelezo kwenye kurasa zifuatazo.

A. Mabango

Tumia mabango kwa kuelezea kufuatia ufupisho ni:

- Viungo vya uzazi vya mwanamke
- Viungo vya uzazi vya mwanaume
- Mayai ya uzazi na mzunguko wa hedhi
- Jinsi mimba inavyotokea/kutungwa

B. Maigizo ya Jinsi Mimba Invyotungwa

Fanya maigizo kuhusu jinsi mimba inavyotokea/tungwa kwa wa tabia zifuatazo,

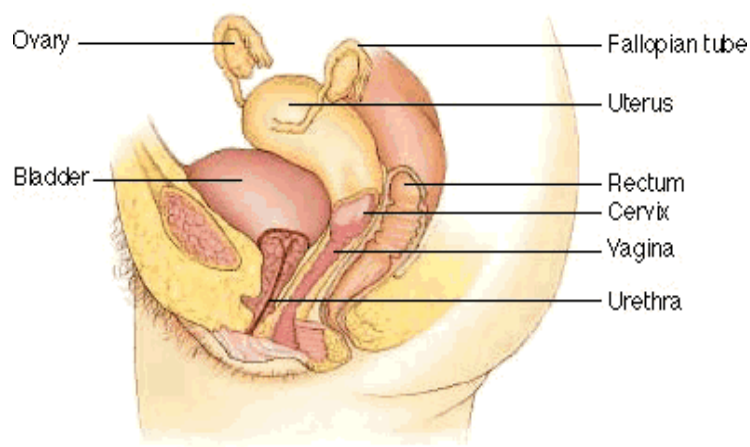
- Uke
- Mayai
- Uume
- Shahawa

C. Maswali

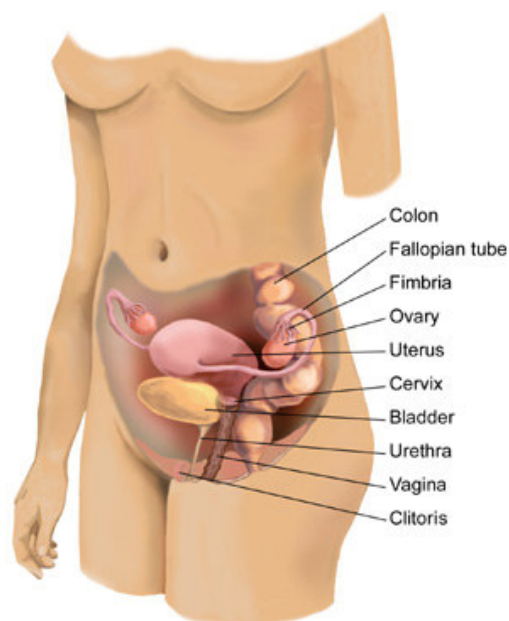
Jibu maswali ya watoto.

FEMALE REPRODUCTIVE ORGANS

The female reproductive organs include the vagina (a muscular passage that connects the cervix with the external genital organs - one of which is a sensitive mound of tissue called the clitoris), the cervix (the lower part of the uterus that separates the body of the uterus from the vagina), the uterus (a hollow, muscular structure), the ovaries (two glands that produce certain hormones and contain tissue sacs in which eggs develop), and fallopian tubes (two muscular channels that connect the ovaries with the uterus). Fingerlike projections called fimbriae (located at the opening of the fallopian tubes) sweep an egg released from an ovary into the tube.

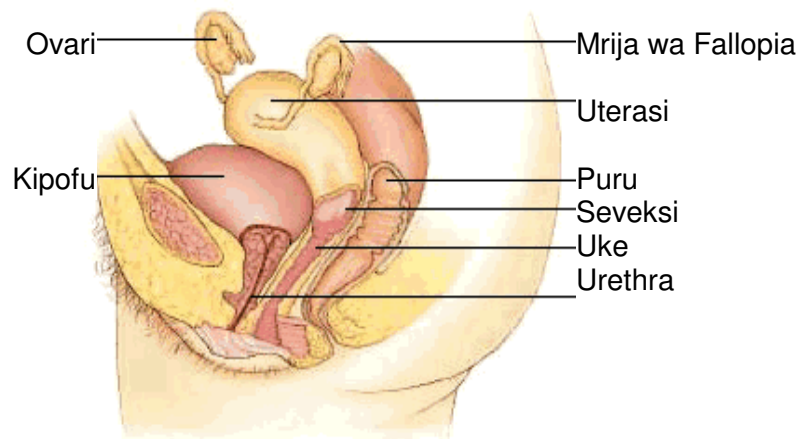


The Female Reproductive System

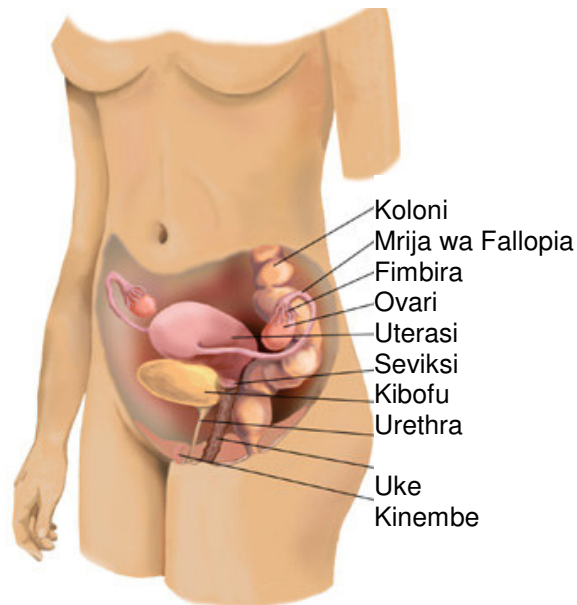


MFUMO WA KIKE WA UZAZI

Mfumo wa kike wa uzazi una ogani zifuatazo, uke(njia inayounganisha seviksi na ogani za nje za uzazi-mojawapo ikiwa ni tuta la hisia la tishu lilitwalo kinembe), seviksi (sehemu ya chini ya uterasi inayogawanya umbo la uterasi kutoka kwenye uke), uterasi (umbo tupu la kimisuli), ovari (tezi mbili zitoazo homoni maalumu na zenye mifuko ya tishu ambamo mayai hukua), mirija ya fallopia (njia zinazounganisha ovari na uterasi), maumbo mfano wa vidole yaitwayo fimbriae(yaliyopo mwanzoni mwa mirija ya fallopia) yasukumayo mayai yaliyoachiliwa kwenye ovari hadi kwenye mirija ya fallopia.



Mfumo wa Kike wa Uzazi

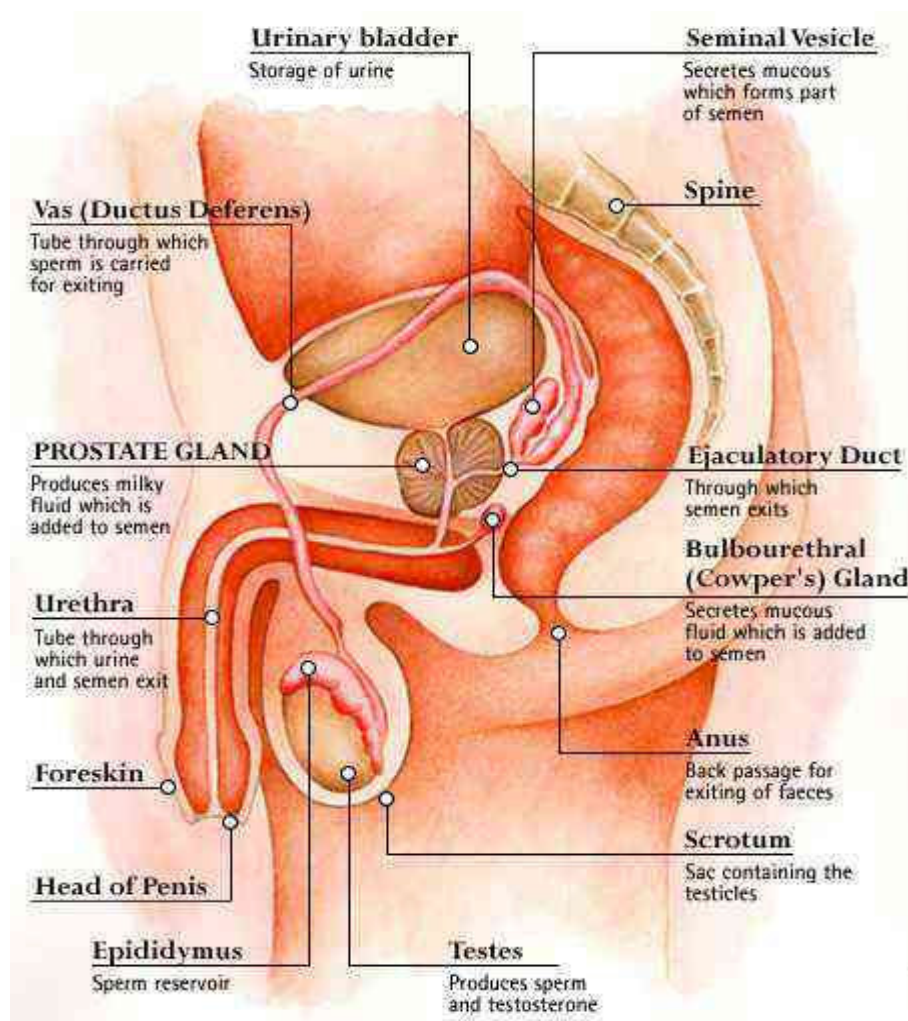


MALE REPRODUCTIVE AND URINARY SYSTEM

The bladder is emptied by way of the urethra, a tube passing through the prostate gland. The main function of the prostate is to supply fluid for sperm that has been collected in the seminal vesicles. Ejaculation is when the seminal vesicles and prostate empty.

The seminal vesicles are supplied by the vas deferens from the epididymis, a tightly coiled, tube next to the testicle that provides for the storage, transmission, and maturation of sperm.

Before ejaculation, the Cowper's glands secrete an alkaline fluid that neutralizes any urine that may be left in the urethra. The fluid also has a lubricating quality. Because these glands are often spared in a prostatectomy, they may continue to function, even though there is no ejaculate.



MFUMO WA UZAZI NA MKOJO WA KIUME

Mkojo hutolewa kwenye kibofu kwa njia ya urethra, mrija unaopita kwenye tezi ya Prostate. Kazi kuu ya tezi ya Prostate ni kutoa giligili kwa manii zilizokusanywa kwenye kiroba cha semino. Kukojoa shahawa ni pale viroba vya semino na tezi ya Prostate vinapokuwa vitupu.

Mirija ya manii hupita kwenya viroba vya semino kutoka kwenye kihifadhi manii, mrija uliokazwa kwa kujizungusha karibu na kende zitoazo hifani, usafirishaji na upevushaji wa manii.

Kabla ya ukojoaaji wa shahawa, tezi za Cowper hutoa giligili ya alkali ambayo huzimua mkojo wowote utakaokuwa umebaki kwenye urethra. Giligili hiyo pia ina sifa ya kulainisha. Kwa kuwa haya matezi huwekwa akiba kwenye prostatektomi, yataendelea kufanya kufanya kazi hata kama hakuna ukojoaji wa shahawa.

Kibofu cha Mkojo

Mrija wa Manii

Shahawa inapita huko kaabla ya kutoka mwilini

Tezi ya Prostrate

Inasaidia kutengeneza shahawa

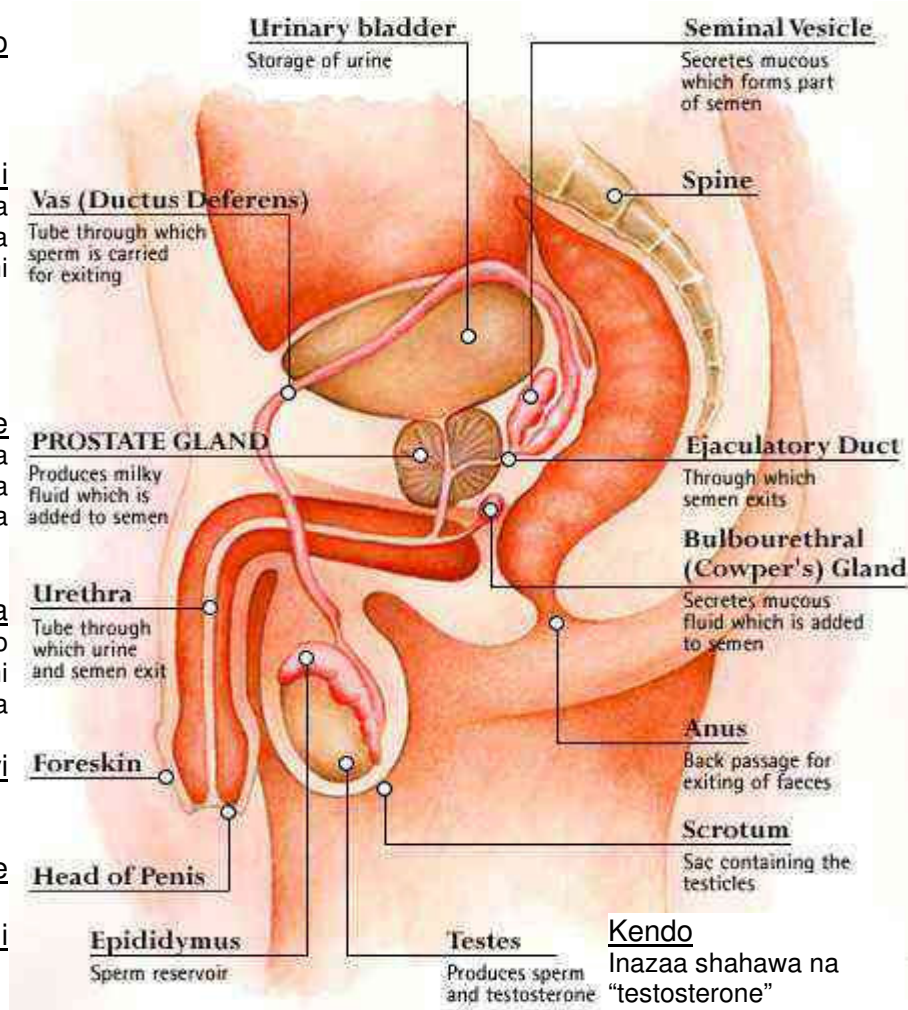
Urethra

Shahawa na mkojo zinatoka mwilini hapa

Govi

Kichwa cha Uume

Kihifadhi Manii



Kiroba cha Seminal
Inasaidia kutengeneza shahawa

Uti

Mrija wa Kukojolea shahawa

Shahawa inataokea njia hii

Tezi ya Cowper's
Inasaidia kutengeneza shahawa

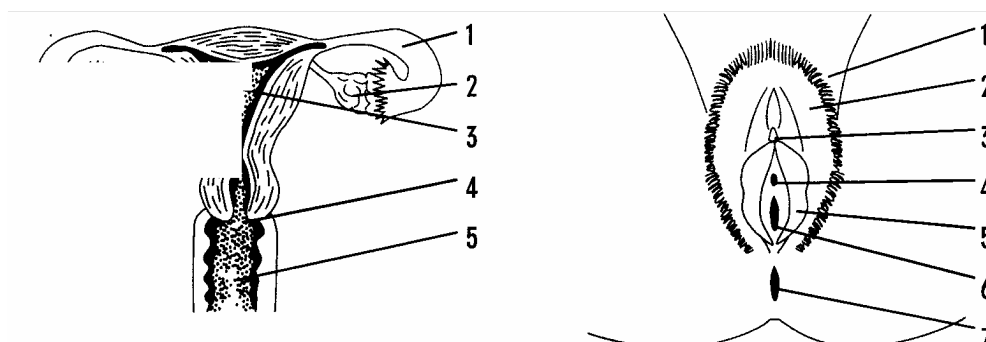
Mkundu

Mavi inataokea njia hii

Korodanai

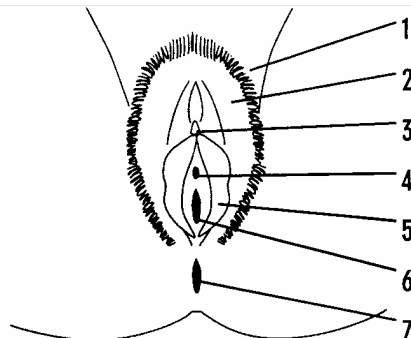
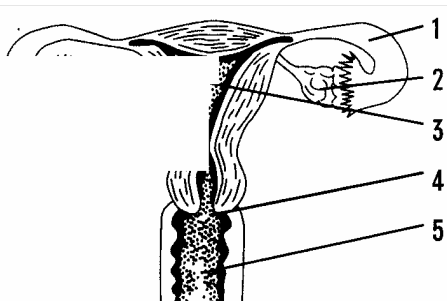
FEMALE REPRODUCTIVE SYSTEM (IMPORTANT POINTS)

- Explain that vulva is the correct term for the female external genitals, even though it is not a familiar term to most people, including adults. Point out that some people believe harmful and negative myths about the female vulva - such as that it is dirty or ugly - and emphasize that these myths are not true. The vulva is a normal, healthy part of the female body, just like the penis and scrotum are normal, healthy parts of the male body.
- Go over the individual parts of the vulva, labeling and explaining each. Point out the following:
 - The clitoris is a highly sensitive part of a female's body. Its function is to provide sexual pleasure.
 - The vulva has two openings, each with its own function - the opening to the vagina and the opening to the urethra.
 - The anus is not part of the vulva.
- When she is born, a female has thousands of egg cells in her ovaries. Together, these egg cells are called ova; one egg is called an ovum.
- During the years that females menstruate, they release only a small percentage of their ova.
- During puberty, a female's ovaries begin to release one ovum each month. Once that process has begun, a female is capable of becoming pregnant any time she has vaginal intercourse with a male partner.
- Conception occurs when a sperm cell fertilizes the ovum after it has left the ovary.
- INTERNAL ORGANS (Left) 1= Fallopian Tubes, 2=Ovaries, 3=Uterus (womb), 4=Cervix, 5=Vagina
- EXTERNAL ORGANS (Right) 1=Vulva, 2=Labia Majora (outer lips), 3=Clitoris, 4=Opening to the urethra, 5= Labia Minora (inner lips), 6=opening to the vagina, 7=Anus (not part of the genitals)



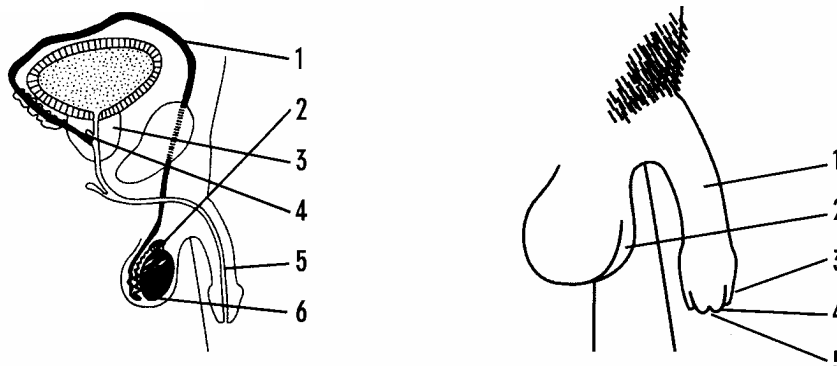
MFUMO WA UZAZI WA MWANAMKE (MAMBO MUHIMU)

- Elezea kwamba uke/ uchi wa mwanamke ni moja ya viungo vya uzazi japokuwa si neno linalojulikana kwa watu wengi hata kwa watu wazima. Onyesha kuwa baadhi ya watu wanaamini kuwa hudhuru kwani baadhi ya viungo vya uzazi sio sifa au ni ngumu kivielezea kwa undani kuwa sio kweli. Kwani ni baadhi ya viungo vya uzazi kama ilivyo kwa uume na korodani ambazo ni sehemu za kawaida katika mwili wa mwanaume.
- Angalia kila sehemu muhimu ya uke/uchi wa mwanamke. Weka au pachika na elezea mambo muhimu yafuatayo:
 - Kinembe ni sehemu nyeti au muhimu katika mwili wa mwanamke. Kazi ni kutoa au kuleta/ kuongeza utamu/raha wakati wa kujamiiana.
 - Uke wa mwanamke una sehemu mbili za uwazi na kila moja ina kazi yake. Moja ni uwazi wa njia ya uzazi na nyingine ni uwazi wa njia ya haja ndogo.
 - Njia ya haja kubwa (mkundu) sio sehemu ya uke wa mwanamke.
- Mwanamke anapozaliwa, huwa anakuwa na maelfu ya seli za mayai kwenye sehemu ya mwanamke ambako mayai ya uzazi hutengenezwa (ovari) seli hizi za mayai huitwa "ova" na mayai huitwa "ovum."
- Katika mwaka kuna vipindi ambavyo mwanamke anakuwa katika siku zake za mwezi (hedhi) hutoa kiasi kidogo cha mayai kwenye ovari.
- Kipindi cha kubalehe mayai ya mwanamke yanaanza kutoa yai moja kila mwezi. Mara tu inapoanza, mwanamke anakuwa na uwezo wa kubeba mimba wakati atakapofanya ngono na mwanaume.
- Utungaji wa mimba unatokea wakati ambapo shahawa (mbegu) inaporutubisha yai baada ya kutoka katika mfuko wa uzazi.
- VIUNGO VYA NDANI (Kushoto) 1= Mirija ya Fallopi, 2=Ovari, 3=Uterasi, 4=Seviksi, 5=Uke
- VIUNGO VYA NJE (Kulia) 1=Kuma, 2=Mdomo wa Nje, 3=Kinembe, 4=Mdomo wa urethra, 5= Mdomo wa Ndani, 6=Mdomo wa Uke, 7=Mkundu (sio sehemu ya viungo vya uzazi)



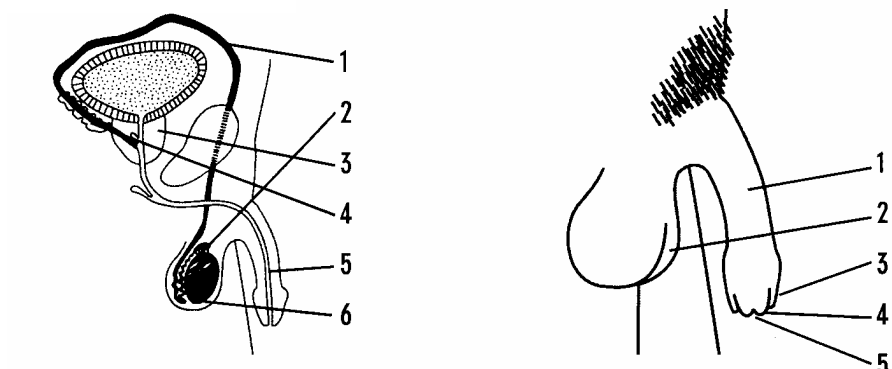
MALE REPRODUCTIVE SYSTEM (IMPORTANT POINTS)

- A male is born with two round glands, called testicles, located in the lower part of his body, near his penis.
- The penis is a highly sensitive part of a male's body, especially the head of the penis, called the glans.
- The penis has one opening that performs more than one function - release of urine or release of sperm in seminal fluid.
- At maturity a male's testicles begin to produce and store millions of sperm cells.
- Sperm cells can only be produced at 96.6 degrees - two degrees below normal body temperature. The scrotum acts like a temperature gauge and draws the testicles closer to the body when it is cold or drops the testicles further from the body when it is hot to keep them at the right temperature for sperm production and storage.
- When a male ejaculates after his testicles have begun producing sperm, millions of sperm cells are released from his penis, along with other fluids.
- If ejaculation occurs inside a female's vagina or near its opening, sperm can swim up into the female's Fallopian tubes. If there is an ovum in the Fallopian tube, conception occurs when the sperm fertilizes the egg cell.
- INTERNAL ORGANS (Left) 1=Vas Deferens, 2=Epididymis, 3=Prostate Gland, 4=Seminal Vessicles, 5=Urethra, 6=Testis
- EXTERNAL ORGANS (Right) 1=Penis, 2=Scrotum, 3=Foreskin, 4=Glans, 5=Opening to the Urethra



MFUMO WA UZAZI WA MWANAUME (SEHEMU MUHIMU)

- Mwanamume anazaliwa na tezi mbili zinazoitwa mapumbu, ambazo ziko sehemu za chini za mwili, karibu na uume.
- Uume ni sehemu ya msisimko ya mwanaume, haswahaswa kichwa cha uume.
- Uume una tundu moja lenye kazi zaidi ya moja: kutoa mkojo au kutoa shahawa kama majimaji.
- Kati kubalehe mapumbu ya mwanaume yanatengeneza na kuhifadhi mamilioni ya seli za shahawa.
- Seli za shahawa zinaweza kutengenezwa kwa 36 digrii- digrii 1 cini ya hali joto ya kawaida ya mwili. Makende yanaigiza skeli ya hali joto na kusogeza mapumbu karibu na mwili wakati wa baridi au kushusha makende karibu na mwili wakati wa joto na kizifanya ziwe na hali joto ya kawaida/sawasawa kwenye utengenezwaji wa shahawa na kuzihifadhi.
- Wakati mwanaume anakojoa shahawa baada ya makende yameshatengeneza shahawa, mamilioni ya seli ya shahawa yanatoka kwenye uume wake, pamoja na majimaji mengine.
- Kama utakojoa shahawa ndani ya uke wa mwanamke au karibu na tundu, shahawa zitaogelea had ndani ya mirija ya uzazi ya mwanamke. Kama kuna yai lolote ndani ya mfuko wa mayai, utungaji mimba hutokea wakati shahawa hurutubisha seli ya mayai.
- VIUNGO VYA NDANI (Kushoto)) 1=Mrija wa Manii, 2=Kihifadhi manii, 3=Tezi ya Prostrate, 4=Niroba vya Seminal, 5=Urethra, 6=Kende
- VIUNGO VYA NJE (Kulia) 1=Uume, 2=Korodani, 3=Gavi, 4=Glansi, 5=Mdomo wa Urethra



11. MYTHS AND FACTS ABOUT HIV/AIDS

A. Game

Everybody with game... (Everybody makes a circle with one person in the middle. That person says a statement about themselves. If it's true for others they get up and move and whoever is left standing in the middle says another statement.)

B. Myths and Facts Competition

Divide into two teams. Each team is given a statement to discuss in their group. They have to read it aloud and then guess if it is myth or fact. If they get it right they get a point and if not they get zero. The facilitator explains why each statement is true or false. At the end the points are added and one team wins.

FACTS

1. Although treatments to slow the progression of AIDS exist in Africa as well as other countries, there is still no cure for AIDS.
2. In Tanzania about 10% of people are infected with HIV.
3. Condoms can help to prevent infection with HIV.
4. HIV can be transmitted in other ways than just sex.
5. People of any age can get HIV
6. Both black people and white people can get HIV
7. Having other STDs increases a person's chances of getting AIDS.

11. UKWELI NA UONGO KUHUSUIANA NA VIRUSI VYA UKIMWI/UKIMWI

A. Mchezo

Mchezo wa "Kila mtu na." Kila mmoja afanye duara na mtu mmoja awe katikati. Mtu huyu aseme maneno kuhusu wake. Kwa mfano, "Napenda kucheza mpira." Kama maneno haya ni kweli kwa wengine, basi wasimame na wabadilishe mahali na mtu mwengine. Yeyote ambaye atabaki amesimama katikati aseme maneno mengine na mchezo unaendelea kama hivyo.

B. Ukweli na Imani Potofu Mashindano

Gawa wanafunzi kutengeneza timu mbili. Kila timu inapewa malezo kujadiliana kwenye timu yao. Waamue kama ni ukweli au ni imani potofu. Wakishinda wanapata pointi moja, wakishindwa wanapata sifuri. Mwongozaji anaeleza kila maelezo.

UKWELI

1. Ingawa matibabu ili kupuguza kasi ya kuendelea kwa UKIMWI yapo Afrika na vilevile kwenye nchi nyingine, bado hakuna tiba ya UKIMWI
2. Kwenye Tanzania karibu asilimia kumi ya watu imeambukizwa Virusi vya UKIMWI.
3. Kondomu zinaweza kusaidia kukinga Virusi vya UKIMWI.
4. Watu wanaweza kupata UKIMWI kwa njia zaidi ya mapenzi.
5. Watu wa umri wowote wanaweza kupata Virusi vya UKIMWI.
6. Waafrika na wazungu wote wanaweza kupata UKIMWI.
7. Kuwa na magonjwa ya zinaa kunaongeza uwezekana wa kupata UKIMWI.

MYTHS

8. You can tell by looking at a person if he or she is infected with HIV.
9. Unlike Africans, people in the United States have access to medicine that can cure them.
10. Traditional healers in Tanzania have cured AIDS.
11. AIDS is a disease of immoral people, such as bar-girls and prostitutes.
12. It has recently been proven that HIV does not cause AIDS.

IMANI POTOFU

8. Unaweza kutambua kwa kuangalia kama mtu ana UKIMWI au hana UKIMWI.
9. Tofauti na Waafrika, Wamarekani wana uwezo wa kupata dawa zinazoweza kuwatibu wao.
10. Waganga wa kienyeji katika Tanzania wametibu UKIMWI.
11. UKIMWI ni ugonjwa wa watu wenye tabia mbaya, kama vile wauza baa na malaya.
12. Siku za karibuni imethibitika kwamba Virusi vya UKIMWI havisababishi UKIMWI.

12. HIV TRANSMISSION

A. Fun-bag activity

Participants choose descriptions from a bag and act them out. The other participants guess what they are acting.

To propose to a girl

Bus Conductor

Drunk man

Teacher

Gardening

Playing football

Pregnant woman

B. Four fluids

Divide the board into two lists and have the participants fill in the lists, correcting any mistakes:

FLUIDS THAT DON'T TRANSMIT HIV	FLUIDS THAT DO TRANSMIT HIV
Saliva	Blood
Mucus	Vaginal Fluid
Sweat	Breast Milk
Tears	Semen

Explain that in order to transmit HIV these fluids need a way to enter your body through a cut, sore, opening in the skin or mucous membrane. Mucous membrane is a soft tissue located in the vagina, anus, tip on penis, mouth, eyes or nose.

Explain that participants can determine that an activity can transmit HIV if:

1. One of the four fluids is present
2. There is a portal of entry through which that fluid can enter your body

12. MAAMBUKIZI YA VIRUSI VYA UKIMWI

A. Tendo begi la kufurahisha

Washiriki wanachagua maelezo kutoka kwenye bagi na wanaigiza vitendo.
Wengine wanakisia vitendo.

Kutongoza Msichana
Kondakta wa gari
Mwanaume mlevi
Mwalimu
Kulima Bustani
Kucheza mpira
Mama mja mzito

B. Majimaji manne

Gawa ubao katikati sehemu mbili za orodha. Washiriki wajaze oradha hizi, na mwalimu arekibishe makosa.

Majimaji yasiyobeba Virusi vya UKIMWI	Majimaji yanayobeba Virusi vya UKIMWI
Mate	Damu
Ute/ Kamasi	Uteute wa ukeni
Jasho	Maziwa ya mama
Machochi	Shahawa

Eleza ili kuambukizwa Virusi vya UKIMWI, majimaji haya yanahitaji njia kuingia mwilini kupita sehemu uliyojikata, kidonda, uwazi wa ngozi au ngozi nyepesi. Ngozi nyepesi ni tishu laini inapatikana kwenye uke, mkundu, nchani wa ume, machoni au puani.

Sasa mnaweza kutathmini iwapo njia yoyote ile inaweza kuambukiza Virusi vya UKIMWI kwa:

1. Kuamua iwapo kuna moja wapo ya maji maji yanayobeba Virusi vya UKIMWI
2. Kuamua iwapo kuna mlango wa kuingia mwili.

C. Activity cards game

Make cards of all the activities on the following page. Divide the class into two teams. Pull a card for each team out and have them discuss for one minute and then tape it up on one of two posters labeled "Can Transmit HIV" or "Cannot Transmit HIV" depending on whether they think it can or cannot transmit HIV. If they get it right they get a point and they must explain why their answer is correct. If they get a wrong they do not get a point and the instructor explains why that answer is wrong.

ACTIVITY	DOES IT TRANSMIT HIV? (FOR TEACHERS)
Vaginal sex	Yes
Direct blood transfusion of untested blood	Yes
Sharing needles	Yes
Breastfeeding	Yes
Mother to infant during delivery	Yes, possibly
Mother to infant during pregnancy	Yes, possibly
Homosexual sex	Yes
Being near a person with HIV	No
Sharing a drinking cup with a person with HIV	No, saliva doesn't transmit HIV
Hugging a person with HIV when blood is not present	No
Kissing a person with HIV when blood is not present	No, saliva doesn't transmit HIV
Shaking hands with a person with HIV when blood is not present	No
Proper use of a condom during sex	No

C. Mchezo wa Kadi za Shughuli

Tengeneza kadi za michezo yote kwenye ukarasa huu. Gundisha kadi kwenye mgongo wa kila mtu. Watatakiwa kujua shughuli yao kwa kuuliza watu wengine maswali kuhusu shughuli hiyo, kwa mfano, "Je huusisha mdomo?" "Je huambikiza Virusi vya UKIMWI?" Baada ya kila mmoja kuhisi shughuli yake, kila mmoja aelezee shughuli yake kwa kikundi cha wengine na aeleza kama inaweza sambaza Virusi vya UKIMWI na kwa nini. Mwongozaji asahihishe makosa na kutoa maelezo pale inapohitajika.

SHUGHULI	INAMBUKIZA VIRUSI VYA UKIMWI? (KWA MWONGOZAJI)
Ngono kwa njia ya kawaida (mwanamke na mwanaume)	Ndiyo
Kuongezewa damu isiyopimwa	Ndiyo
Kutumia sindano pamoja	Ndiyo
Kunyonya maziwa ya mama	Ndiyo
Maaumbukizo ya mama kwa mtoto wakati wakujiifungua	Ndiyo, inawezekana
Maambukizo ya mama kwa mtoto wakati wa uja uzito	Ndiyo, inawezekana
Kujamiana (mwanaume na mwanaume)	Ndiyo
Kuwa karibu na mtu mwenye Virusi vya UKIMWI	Hapana
Kutumia kikombe kimoja na mtu mwenye Virusi vya UKIMWI	Hapana, mate haiambukizi
Kumkumbatia mtu mwenye Virusi vya UKIMWI (damu haipo)	Hapana
Kumbusu mtu mwenye Virusi vya UKIMWI (damu haipo)	Hapana, mate haiambukizi
Kumshika mkono mtu mwenye Virusi vya UKIMWI (damu haipo)	Hapana
Matumizi sahihi ya kondomu wa ngono	Hapana

13. *HIV TRANSMISSION GAME*

The purpose of this game is increase awareness of how quickly HIV and other STDs can be spread and how they can be stopped and to illustrate effects of peer pressure

Materials: Blue candies, Red candies, index cards, pens/pencils, and a small brown paper bag for each participant.

A. Planning notes:

- In each participant's bag (except one) place a mixture of approximately 10 to 12 blue candies and one marked or unmarked index card. In one participant's bag put 10 to 12 red candies (instead of blue candies) and an unmarked index card. Put a star (*) on the bottom of the bag with red candies.
- Mark the bottom corner of two index cards with a small "C." Place each card in a different bag with blue candies.
- Mark two other index cards with a small "IC." Place each card in a different bag with blue candies.
- Write on a fifth index card: *Do not participate. When asked, tell anyone who wants to exchange candy, 'I do not want to exchange candy.'* Place the card in a bag with *Blue candies* and put an "A" on the bottom of the bag.
- Write on two separate index cards: *Do not participate with anyone other than your partner. When asked, tell anyone (other than your partner) who wants to exchange candy, 'I do not want to exchange candy with anyone other than my partner.'* Place each card in a different bag with blue candy and put an "M" on the bottom of each bag. Give these two bags to the two participants who are willing to sit in the front of room.
- Do not place any of the seven, marked cards in with the bag with red candies.

13. *MCHEZO WA MAAMBUKIZI YA VIRUSI VYA UKIMWI*

Lengo la mchezo huu ni kongeza uelewa jinsi Virusi vya UKIMWI na magonjwa ya zinaa yanvyoweza kuambukiza kwa haraka sana, na jinsi gani yanaweza yakazuiliwa na kuonyesha madhara ya shinikizo rika.

Vifaa: pipi za rangi ya bluu, pipi za rangi nyekundu, kadi za kielelezo, kalamu/penseli na mfuko ndogo kwa kila mshiriki.

A. Maelezo ya Kupanga

- Kwa kila mfuko wa mshiriki (kasoro mtu mmoja) weka mchanganyiko wa makadirio 10 mpaka 12 pipi za bluu na kadi moja iliyotiwa alama au ambayo yawekwa alama. Kwa mfuko wa mshiriki mmoja weka pipi nyekundu 10 mpaka 12 (badala ya pipi za bluu) na kadi ambazo hazijawekwa alama yoyote. Weka alama ya nyota (*) kwenye kitako cha mfuko wenye pipi nyekundu.
- Weka alama ya herufi "K" (kondomu) kwenye kona ya kadi mbili, weka kila kadi kwenye mfuko tofauti pamoja na pipi za rangi ya bluu.
- Weka alama ya herufi "KV" (kondomu vibaya) kwenye kadi mbili nyingine weka kila kadi kwenye mfuko tofauti wenye pipi za rangi ya bluu.
- Andika kwenye kadi ya tano "Usishiriki. Watakapo kuuliza waambie wote wanaotaka kubadilisha pipi, 'Sitaki kubadilisha pipi'." Weka kadi hii kwenye mfuko pamoja na pipi za bluu na andika "KT" (Kutofanya ngono) kwenye kila kitako cha mfuko.
- Andika kwenye kadi mbili tofauti "Usishirikiane na mtu yeyote mwingine isipokuwa mpenzi wako. Utakapoulizwa waambie kila mmoja (zaidi ya mpenzi wako) anataka kubadilisha pipi 'Sitaki kubadilisha pipi na mtu yeyote yule isipokuwa mpenzi wangu'."
- Weka kila kadi kwenye mfuko tofauti wenye pipi za rangi za bluu na weka ya "O" (oa/olewa) kwenye kitako cha kila mfuko. Wape mifuko hii washiriki wawili ambao wapo tayari kukaa mbele ya darasa (chumba).
- Usiweke moja kati ya kadi saba zilizowekwa alama kwenye mfuko wenye pipi nyekundu.

B. Procedure:

1. Ask for two participants who are willing to be partners and to sit in the front of the room throughout the entire exercise. Give each of these two participants a bag marked with an "M."
2. Hand out the other bags to the remaining participants. Explain that each participant is receiving a bag with candy and an index card. Ask each participant to pull the card out of his/her bag and follow the instructions on it (if there are any) and to keep secret any instructions on his/her card.
3. Tell the participants that they are to exchange candy and that they should write on their index cards the name of everyone with whom they exchange candy.
4. Give participants about five minutes to exchange candy and to write down names. Then, have everyone return to his/her seat.
5. Find out who got the most signatures.
6. Ask the one person whose bag has a star (*) on the bottom to stand up. Explain that this was the person who started out with red candies and that, for the purposes of this exercise, the red candies represent HIV infection.
7. Then, ask anyone who has a red candy in his or her bag to stand up. Explain that, because they exchanged blue candies for red candies, they, too, have are infected with HIV.
8. Ask everyone who is still seated to check their index cards for the name of anyone who is standing. Ask participants to stand up if they see the name of someone who is standing on their index cards. Continue to ask participants to stand until everyone except the three participants with the "M" and the "A" on the bottom of their bags are standing.
9. Ask the participants with "C" written on their cards to sit down. Explain that the "C" means they always used condoms or clean needles and protected themselves from HIV infection. They are **not** infected with HIV.
10. Ask the people with "IC" written on their cards to sit down. Then, ask them to stand right back up. Explain that these people used condoms and/or clean needles each time, but they used them incorrectly. They are infected with HIV.
11. Explain to the participants that this activity contains an error because someone might have received a red candy (HIV infection) and then given it away again. By contrast, you cannot give away HIV. Once you have it, you can share it with others; but, you can never get rid of it yourself.
12. Remind participants that this is a game. No one can become infected with HIV because he/she eats a particular kind of food nor by sharing or exchanging food.

B. Njia za Kufuata:

1. Waombe washiriki wawili ambao wako tayari kuwa wapenzi waketi mbele ya chumba/darasa kwa muda wote wa zoezi hili. Wape kila mmoja ya hao washiriki wawili mifuko yenye alama "O".
2. Wapatie mifuko iliyobaki washirika wote waliobaki. Waeleze kwamba kila mshirika anapokea mfuko wenye pipi na kadi ya maelezo. Waambie kila mshirika atoe kadi nje ya mfuko na kisha asome maelezo yaliyoko kwenye kadi hiyo (kama yapo) na kuwa msiri kwa maelezo yeyote atayoyakuta kwenye kadi yake.
3. Waeleze washirika kuwa wabadilishiane pipi na waandike majina ya kila mshiriki atakayebadilishana naye pipi kwenye kadi ya kielelezo.
4. Wape washirika muda wa dakika tano ili waweze kubadilishana pipi, vilevile waweze kuandika majina kwenye kadi. Halafu waruhusu kila mmoja wao kurudi kwenye nafasi zao.
5. Tafuta ni nani kadi yake ina majina mengi.
6. Mwombe mtu ambaye mfuko wake una nyota (*) kwenye kitako asimame juu. Fafanua kuwa mtu huyu alianza kubadilisha pipi nyekundu, inawakilisha ambukizo la virusi vya UKIMWI (VVU).
7. Tena uliza, mtu yeyote mwenye pipi nyekundu katika mfuko wake asimame juu. Waeleze kuwa kwa sababu walibadilisha pipi za bluu kwa pipi nyekundu wao pia wameambukizwa virusi vya UKIMWI.
8. Muulize kila mmoja ambaye bado amekaa aangalie kwenye kadi yake jina la mtu yeyote aliyesimama. Waombe washirika wasimame kama wameona jina la mshirika aliyesimama kwenye kadi zao. Endelea kuwaambia washirika wasimame mpaka kila mmoja amesimama isipokuwa washirika watatu wenye herufi "O" na "KT" katika vitako vya mfuko yao (hawa wasisimame)
9. Mwambie mshirika ambaye kadi yake imeandikwa herufi "K" aketi chini mueleze kuwa herufi "K" inamaanisha Kondomu. Hii inamaanisha watu hawa **hawajaathiriwa** na virusi vya UKIMWI.
10. Waambie watu ambao kadi zao zimeandikwa "KV" wakae chini, Waambie wasimame tena. Waelezee kuwa watu hawa mara zote hutumia kondomu, lakini hutumia vibaya (isivyo sahihi) hivyo watu hao wameambukizwa virusivya UKIMWI.
11. Waeleze washiriki kuwa zoezi hili huweza kupata uutilafu (kasoro) kwa sababu mtu mmoja awezekana akawa amepata pipi nyekundu (mwathiriwa wa virusi vya UKIMWI) halafu akaitupa mbali. Kinyume chake umeambukizwa virusi vya UKIMWI kamwe huwezi kuvitupa (kuihepa) unaweza ukawaambukiza wengine. Huwezi kamwe kuutupa.
12. Wakumbushe washiriki kuwa huu ni mchezo. Hakuna yeyote atakayeweza kuathiriwa na virusi vya UKIMWI kwa kula aina fulani ya chakula au kushirikiana chakula au kula pamoja.

C. Discussion Questions:

1. Did anyone notice anyone who did not stand up? Introduce the "abstinent" participant and the "monogamous" partners. Ask them how they felt not playing. How did the others feel when these people refused to exchange candy with them?
2. Why is it difficult not to participate when everyone else is participating?
3. How did the person with red candy (HIV infection) feel?
4. The one person whose bag had a star did not know he/she was "infected" with HIV. How could we have known ahead of time?

C. Maswali ya Kujadiliana

1. Kuna yeyote aliyegundua mtu ambaye hakusimama? Anatambulisha mtu asiyeefanya ngono kabisa na mwaminifu mwenyewe mpenzi mmoja. Waulize wamejisikiaje kwa kutokucheza kwao. Washiriki wengine wamejisikia vipi walipojaribu kubadilishana pipi na hawa watu na hawakukubali?
2. Kwanini ni vigumu kutokuacha kushiriki wakati kila mmoja anashiriki?
3. Ni jinsi gani mshiriki mwenye pipi nyekundu (muathirika wa Virusi Vya UKIMWI) anavyojisikia.
4. Mtu mmoja aliye na mfuko uliokua na nyota (*) hakuwa anafahamu kuwa ameathiriwa na virusi vya ukimwi. Ni jinsi gani anaweza kufahamu kabla ya kuathiri wengine?

14. *HIV/AIDS and THE IMMUNE SYSTEM*

A. The Difference Between HIV and AIDS

Explain the following points:

- ✓ Technically, people do not die from AIDS or from HIV. They die from other diseases, but they can get these diseases easily if they have AIDS.
- ✓ HIV is a virus that attacks the immune system, so that the immune system cannot protect the body.
- ✓ Once HIV has killed enough of the immune system and diseases have started to attack the body, the person is said to have AIDS.
- ✓ AIDS is a condition in which the immune system is so weakened by HIV that it cannot protect itself from other diseases.
- ✓ AIDS: Aquired Immune Deficiency Syndrome
- ✓ People with AIDS can get many kinds of diseases easily because their body cannot fight them when their immune system does not work properly.
- ✓ These diseases are called "opportunistic infections" because they take the opportunity to attack the immune system when it is weak.
- ✓ In order to understand how HIV affects the body and progresses into AIDS we are going to act out the immune system.

14. *UKIMWI/VIRUSI VYA UKIMWI na MFUMO WA KINGA YA MWILI*

A. Tofauti ya Virusi Vya UKIMWI na UKIMWI

Eleza maelezo yafuatayo:

- ✓ Watu hawafi kotokana na UKIMWI au Virusi vya UKIMWI. Wanakufa kutokana magonjwa mengine, lakini wanaweza kupata magonjwa haya kwa urahisi wakiwa na UKIMWI.
- ✓ Virusi vya UKIMWI ni virusi vinavyoshambulia mfumo wa kinga ya mwili, na kusababisha mfumo wa kinga ya mwili kutoweza kuulinda mwili.
- ✓ Virusi vya UKIMWI vinapoua mfumo wa kinga ya mwili kwa kiasi kikubwa na magonjwa mbalimbali kuushambulua mwili, tunasema mtu ana UKIMWI.
- ✓ UKIMWI ni hali ambayo kingamwili imedhoofishwa, na haiwezi kuulinda mwili kutokana na magonjwa tofauti tofauti.
- ✓ UKIMWI: Ukosefu Wa Kinga Mwilini
- ✓ Watu wenye UKIMWI wanaweza kupata magonjwa mengi kwa urahisi sana kwa sababu miili yao haiwezi kupambana na magonjwa kwa sababu mfumo wa kinga ya mwili yao haifanyi kazi ipasavyo.
- ✓ Magonjwa haya yanaitwa "magonjwa yanayoambatana UKIMWI" kwa sababu yanatokeza wakati kingamwili ni dhaifu.
- ✓ Kuelewa Virusi vya UKIMWI vinaathiriye mwili na vinaendeleaje, tutaigiza kuhusu mfumo wa kinga ya mwili.

B. Immune-System Role Play

Before this lesson, a group of older youths will have prepared the immune system role play and they will come prepared to act out this role play and explain the immune system to the younger children.

1. What is the immune system?

The immune system is the system in our body that protects us from diseases. The immune system fights diseases as soon as they enter the body.

2. How does the immune system work?

a) The immune system has many kinds of white blood cells, each with an important job. Here are some of the cells and their jobs:

T4 Cells (helper cells): The T4 cells order other cells to fight antigens. This is the cell that HIV enters and attacks.

Antigens: Germs that cause disease. They could be virus, bacteria, fungus or any other type of germ.

T8 Cells/ Killer cells: When the T4 cell alerts them to the danger, T8 cells attack antigens when they enter the body and stop disease.

B. Maigizo ya Kinga ya Mwili

Kabla ya somo hili, kikundi cha vijana wameshatayarisha mchezo wa igiza kuhusu mfumo wa kinga ya mwili, na wataigiza na eleza mfumo wa kinga ya mwili kwa wadogo.

1. Mfumo wa kinga ya mwili ni nini?

Mfumo wa kinga ya mwili ni mfumo ndani ya miili yetu unaotulinda kutokana na magonjwa. Mfumo wa kinga ya mwili unapambana na magonjwa yanopoiingia mwilini.

2. Mfumo wa kinga ya mwili unafanyaje kazi?

a) Kingamwili ina chembechembe nyeupe za damu. Kila chembechembe inafanya kazi muhimu, kwa mfano:

Chembechembe saidizi/T4: chembechembe saidizi zinaimarisha chembechembe zaidi (chembechembe uaji T8) kumtafuta na kumwangazima mvamizi.

Chembechembe saidizi ni chembechembe ambazo Virusi vya UKIMWI huzivamia na kuziangamiza.

Antigeni: Wadudu wanaosababisha magonjwa. Wanaweza kuwa virusi, bakteria, kuvu na kadhalika.

Chembechembe T8 au chembechembe zinazoua. Huitwa na chembechembe saidizi T4 kwa ajili kushambulia antigeni na kumuua moja kwa moja.

b) How does the immune system work without HIV?

- When an antigen enters the body, the T4 cells see it and tell the T8 cells to fight it.
- The T8 cells kill the antigen.

AFTER EXPLAINING THIS, THE OLDER YOUTHS ACT IT OUT

c) How does the immune system work with HIV?

- When HIV enters the body it takes over the T4 cells, multiplies inside them, and kills them.
- The T4 cells are not able to warn the T8 cells when diseases enter the body.
- When an antigen enters the body, the T8 cells don't recognize it and they let it attack the body. The body gets very sick since it cannot fight disease.

AFTER EXPLAINING THIS, OLDER YOUTHS ACT IT OUT.

b) Mfumo wa kinga ya mwili unafanyaje kazi bila Virusi vya UKIMWI?

- Antijeni inapoingia mwilini, chembechembe saidizi zinaiona na zinatoa taarifa kwa chembechembe T8 kuishambulia.
- Chembechembe T8 zinaua antijeni.

BADAYE YA KUELEZA, VIJANA WATAIGIZA MFUMO WA KINGA YA MWILI BILA VIRUSI VYA UKIMWI.

c) Mfumo wa kinga ya mwili unafanyaje kazi pamoja na Virusi vya UKIMWI?

- Virusi vya UKIMWI vinapoingia mwilini, vinaingia ndani ya chembechembe T4, vinazaliana ndani ya chembechembe T4, na inaziua chembechembe hizo.
- Chembechembe T4 haziwezi kuzionya chembechembe T8 magonjwa yanopoingia mwili.
- Antijeni inapoingia mwilini, chembechembe T8 haziitambua na zinaziruhusu mwili kushambuliwa. Mwili unakuwa mgonjwa sana kwa sababu hauwezi kupambana na magonjwa.

BADAYE YA KUELEZA, VIJANA WATAIGIZA MFUMO WA KINGA YA MWILI NA VIRUSI VYA UKIMWI.

15. *HIV PREVENTION and CONDOM USE*

A. Four Fluids

Review from two weeks ago the fluids that can transmit HIV

B. *Transmission Activities*

Have the group come up with a list of activities that can transmit HIV.

Examples could be:

- ❖ Unprotected sex
- ❖ Sharing needles
- ❖ Mother to child
- ❖ Touching the blood of someone who is infected
- ❖ Receiving untested blood
- ❖ Anal sex
- ❖ Homosexual sex
- ❖ Oral sex

C. *Reducing Risk of Transmission*

How can each of these activities be avoided? If they can not be avoided, how can their risk be reduced. Come up with prevention strategies for:

1. Avoiding risk completely
2. Reducing risk

15. *UZUIAJI YA VIRUSI VYA UKIMWI NA UTUMIAJI YA KONDOMU*

A. Aina Nne za Umajimaji Katika Mwili Yetu

Pitia upya aina nne za umajimaji katika mwili wetu yanayoweza kuambukiza Virusi vya UKIMWI.

B. Vitendo Vinavyoambukiza

Waulize washiriki kusema vitendo vinavyoweza kuambukiza Virusi vya UKIMWI.

Kwa mfano:

- ❖ Mapenzi bila kinga.
- ❖ Kushirikiana sindano.
- ❖ Toka kwa mama kwenda kwa mtoto.
- ❖ Kugusu damu ya mtu aliyeathirikwa.
- ❖ Kuongezewa damu isiyopimwa na ina Virusi vya UKIMWI
- ❖ Kulawitiana / Kufirana (Kujamiiana kwa mkundu)
- ❖ Kujamiiana (mwanaume na mwanaume) /Vitendo ya kibasha/kisenge
- ❖ Kujamiiana na mdomo

C. Kupunguza Hatari ya Kuambukizwa

Ni kwa namna gani vitendo hivi vinaweza kuzuia? Kama haiwezekani kuepukika, je ni kwa namna gani hatari zake zinaweza kupunguzwa.

Kwa kila kitendo kinachowezesha kuambukiza UKIMWI eleza mibinu ya:

1. Kuzuia hatari kabisa.
2. Kupunguza hatari kwa kiasi.

D. Condom Demonstration

HAVE YOUTH INSTRUCT CHILDREN ON HOW TO USE A CONDOM:

Demonstrate how to use a condom using a banana, cucumber, or bottle cap:

1. Check the expiration date of the condom.
2. Check that the condom has not been left too long in the sun by feeling for an air pocket in the wrapper.
3. Open the package carefully.
4. Find out which way the condom rolls out.
5. Pinch the tip of the condom to prevent air being trapped and make space for sperm.
6. Roll the condom gently down the base of the object symbolizing the penis.
7. Withdraw before the erection is gone and remove the condom carefully, tying it off so that sperm does not spill out.

E. Role Plays

The class should be divided into small groups of 2-3 people. They choose one of the ways in which HIV can be transmitted and come up with a scenario in which transmission is a risk, but is prevented. They demonstrate their role play for the rest of the class. Examples could involve:

An older man is trying to persuade a young boy or girl to have sex with him

A wife is asking her husband to use a condom because she suspects he has been unfaithful

A person is injecting drugs and wants to share the needle with their friend

D. Kuonyesha Kondomu

VIJANA WANAONYESHA WATOTO JINSI YA KUTUMIA CONDOM

Vijana wonyeshe kwa vitendo namna ya kutumia kondomu kwa kutumia mfano wa ndizi, tango, au chupa.

1. Angalia tarehe ya kumalizika muda wake wa kutumia
2. Angalia kuwa kondomu haikuachwa kwa muda mrefu juani kwa kuchunguza kifuko cha hewa katika mfuko wake.
3. Fungua mfuko kwa uangalifu.
4. Tafuta upande ambao kondomu inajifungua.
5. Bana ncha ya kondomu ili kuzuia hewa isiingie na kuacha nafasi kwa shahawa.
6. Fungua kondomu polepole mpaka shinani kwenye mfano wa uume uliosimama.
7. Chomoa kabla uume haujalegea/ lala kabisa na toa kondomu kwa uangalifu, ifunge kwa kuibana ili shahawa zisimwagike.

E. Maigizo ya Dhima

Darasa ligawanywe katika vikundi vya wawili au watatu. Wachague njia moja wapo ambayo Virusi vya UKIMWI vinaweza sambazwa na waje na mpangilio wa maonyesho (maigizo) kuwa kuna hatari ya ambukizo lakini inaweza epuka. Mifano inaweza kuhusisha:

Mwanaume anajaribu kumshawishi msichana au mvulana kujamiiana.

Mke anamwomba mume kutumia kondomu kwa sababu anahisi si muaminifu.

Mtu anajichoma dawa za kulevya na anataka kushirikiana sindano na rafiki zake.

16. STDs AND THEIR RELATIONSHIP TO HIV

A. The relationship of STDs and HIV

Explain that:

- a) Having an STD is one of the most important risk factor in HIV transmission. In Africa, it increases the risk of HIV transmission by 350 percent. A recent study showed that the presence of STDs in eastern and southern Africa was one of the major reasons why there was a higher incidence of AIDS in these regions of the continent. This is because a genital sore or ulcer as in syphilis, chancroid, or herpes expands the portal of entry for HIV. Having discharge, as in gonorrhea or Chlamydia, means that more white blood cells are present. Since white blood cells are hosts for HIV, it means that more off the virus can be transmitted or received when discharge is present.
- b) Quick and proper treatment for STDs and immediate referral or partners can be important strategies for HIV prevention. Sometimes people don't have symptoms of STDs, so referring partners is very important.

B. Role Plays: Testing and Informing Partners

Have participants role play the following situations.

A male partner informs his female partner that she needs to get treated for gonorrhea because he is having symptoms of that disease.

A young man thinks he may be at risk for having an STD and goes to get tested.

A young man is telling a woman he is going to marry that he has an STD which is not cured yet and they should use protection when they have sex.

16. MAGONJWA YA NGONO NA MAHUSIANO YAKE NA VIRUSI VYA UKIMWI

A. Mahusiano Kati Magonjwa ya Zinaa na Virusi vya UKIMWI

Eleza kwamba:

a) Kuwa na magonjwa ya zinaa ni kigezo na hatari kwa maambukizo ya Virusi vya UKIMWI. Katika Africa, inaongeza hatari ya uambukizaji wa Virusi vya UKIMWI kwa asilimia 350. Uchunguzi wa hivi karibuni umeonyesha kwamba kuwepo kwa magonjwa ya zinaa katika Afrika ya Mashariki na Kusini ilikuwa moja wapo ya sababu kuu zilizopelekea kuwepo kwa matukio mengi ya UKIMWI katika sehemu hizi za bara la Africa. Kidonda katika viungo vya uzazi kama kwa wenye kaswende, chanchroid au ugonjwa wa malengelenge ya neva ngozini kunapanua lango la kuingilia virusi. Kwa kutoka usaha, kama ilivyo ugonjwa wa kisonono au chlamydia, humaanisha kuwa kuna chembechembe nyeupe nyingi zaidi za damu. Kwa kuwa chembechembe nyeupe za damu ni wenyeji wa Virusi vya UKIMWI, humaanisha kuwa virusi vingi zaidi vinaweza kuambukizwa au kupatikana wakati ukiwepo usaha.

b) Matibabu ya haraka na sahihi ya magonjwa ya zinaa na kuwapeleka kwa daktari wale wapenzi, inaweza kuwa mbinu muhimu za kuzuia Virusi vya UKIMWI. Mara nyingi watu hawana dalili zinazoonekana za magonjwa ya zinaa, hivyo kumpeleka mwenzio kwa daktari ni muhimu sana.

B. Michezo ya Magizo: Kupima na Kumjilisha Mwenzi wako

Washiriki waingize maigizo yafuatayo.

Mwanaume amwambie mpenzi (mwanamke) wake kwamba anahitaji kutibiwa kisonono kwa sababu yeye (mwanaume) ana dalili za ugonjwa huo.

Kijana wa kiume anafikiri anaweza kuwa na magonjwa ya zinaa hivyo anakwenda kwa daktari kupimwa.

Kijana wa kiume anamwambia mchumba wake kwamba ana ugonjwa wa zinaa ambao hajapona bado, na anamshauri ni lazima watumie condomu wanapofanya mapenzi.

C. Learning about STDs

The participants are divided into 7 teams. Each team gets an STD handout and can study it for five minutes. Then each team explains the symptoms of their STD to the others.

D. Questions

Allow time for the children to ask questions.

C. Kusoma magonjwa ya zinaa

Wagawanye washiriki katika timu saba. Kila timu ipewe kitini cha magonjwa ya zinaa na wasome kwa dakika tano. Halafu, kila timu ieleze washiriki wengine dalili za ugonjwa la zinaa walilosoma.

D. Maswali

Wape watoto nafasi kuuliza maswali kuhusu magonjwa ya zinaa.

Gonorrhea

Yellow-green or white discharge from the penis or vagina.

Burning sensation during urination.

Symptoms usually occur 2 to 14 days after exposure.

Possibly no symptoms.

Possible swelling in area of testicles.

Possible sterility if untreated.

Possible blindness in newborns if not treated with drops in eyes.

Cured with antibiotics.

Syphilis

Painless sore on penis or in vagina.

Sore appears 10 to 90 days after exposure.

Non-itching rash on body (palms and soles of feet)

Hair loss, fever, and chills.

Possible death if untreated.

Possible death or bone deformation in newborn if mother not treated early in pregnancy.

Cured with antibiotics.

Kisonono

Usaha wa njano-kijani au mweupe toka kwenye uume au uke.

Kusikia maumivu wakati wa kukojoa.

Dalili huonekana siku 2 hadi 14 baada ya kuambukizwa.

Inawezekana kusiwepo dalili.

Uwezekano wa uvimbe kwenye sehemu za korodani.

Uwezekano wa kutozaa iwapo huatatibiwa.

Kuna uwezekano wa upofu kwa watoto watakaozaliwa iwapo hawatapewa dawa za macho.

Tibu kwa kiuavijasumu (antibiotics)

Kaswende

Kidonda kisichokuwa na maumivu kwenye uume au uke.

Kidonda huonekana siku 10 hadi 90 baada ya kuambukizwa.

Vipele visivyowasha kwenye mwili (viganja na nyanyo za miguu)

Nywele kupukutika, homa na homa ya baridi.

Kifo kinaweza kutokea usipotibiwa.

Uwezekano wa kufa au kazaliwa mtoto kilema iwapo mama hatatibiwa mapema wakati akiwa mja mzito.

Tibu kwa kutumia kiuavijasumu (antibiotics)

Herpes

No cure, treatment is "Acyclovir."

Small painful blisters on genitals or mouth.

Symptoms may recur when under stress.

It's a viral infection

Severe neurological damage or death to newborns if exposed in birth canal.

Chancroid

Painful sore on penis or vagina.

Sore appears 3 to 5 days after exposure.

Inflammation of lymph gland on one side.

Greatest risk factor for HIV transmission, because virus can enter through sores.

Malengenge ya Neva Ngozini

Hauponi, matibabu ni "Acyclovir"

Malengenge yenye kuleta maumivu makali sehumu za siri na mdomoni.

Dalili zinaweza kurudia wakati ukiwa na mfadhaiko.

Ni aina ya maaumbukizo ya virusi.

Uharibifu wa neva au kifo kwa watoto wanaozaliwa iwapo wataambukizwa kwenye njia ya kuzaliwa.

Uvimbe

Uvimbe unaouma kwenye uume au uke.

Uvimbe hutokea siku 3 hadi 5 baada ya kuambukizwa.

Uvimbe wa tezi ya limfu upande mmoja

Ni hatari sana kwa maambukizo ya Virusi vya UKIMWI, kwa sababu virusi vinaweza kuingia kwenye vidonda.

Chlamydia

Possibly no symptoms.

Increased vaginal discharge.

Unusual vaginal bleeding.

Frequent need to urinate.

Symptoms occur 14 days after exposure.

Fever and nausea possible.

Can cause sterility or inflammation of or damage to reproductive organs.

Cured with antibiotics.

Hepatitis B

Extreme fatigue, headache, fever, nausea

Lack of appetite, vomiting, pain in abdomen

Dark urine

Diarrhea

Can cause serious liver damage

Preventable by vaccine

Cannot be treated but often gets better by itself.

Chlamydia

Inawezekana kusiwepo dalili.

Usaha kwenye uke huongezeka.

Damu kutoka uke ni isivyo kawaida.

Haja ya kukojoa mara kwa mara.

Dalili huonekana siku 14 baada ya kuambukizwa.

Uwezekano wa homa na kichefuchefu.

Uwezekano wa kutozaa na kuharibu utupu iwapo huatatibiwa.

Tibu kwa kiuavijiasumu (antibiotics)

Hepatitis B

Uchovu sana, kuumwa na kichwa, homa, kichefuchefu.

Kutokuwa na hama ya kula, kuumwa na tumbo.

Mkojo mweusi

Kuhara

Inaweza sababisha matatizo makubwa ya ini.

Inazuilika kwa chanjo.

Haitibiki, lakini mara kwa mara huona yenyewe.

Human Papilloma Virus (HPV) or Genital Warts

Symptoms show 3 weeks to a year after exposure.

Warts on penis, vagina, anus, or internal reproductive organs.

Painless

Cannot be cured but warts can be removed and often do not return.

Can cause cervical cancer in women.

Vidonda vya Sehemu za Siri

Dailili huonekana wiki 3 hadi mwaka moja baada ya kuambukizwa.

Vidonda katika uume, uke, mkundu au utupu ndani wa mwili.

Bila maumivu.

Haitibiki, lakini unaweza kutibu vidonda na mara nyingi havirudi.

Inaweza kusababisha kansa ya mlango wa kizazi kwa wanawake.

17. PREGNANCY AND FAMILY PLANNING

A. How do Menstruation and Pregnancy Work

Explain how menstruation and pregnancy occur.

B. Why Would Someone Want To Use Family Planning

Have participants list reasons why a couple would decide to use family planning.

Some suggestions are:

A bigger family is harder to provide for.

It is harder on a woman's health to have babies all the time.

A woman might get pregnant at a time when the family does not have money to provide for a child.

C. Understanding Birth Control Choices

Give each group one method of birth control and a card explaining how it works.

Ask them to study this method. After 10 minutes, the groups should share their birth control method with the other participants.

D. Role Plays of Family Planning Negotiation

Do a role play of a couple deciding to use family planning. Facilitators can do examples and then participants can do role plays if they want to.

MATERIALS:

Birth control cards—a card for each method of birth control explaining how it works

Birth control methods—different examples of birth control, such as the pill, IUD, condoms, female condoms, etc.

17. MIMBA NA MPANGO WA UZAZI

A. Namna Hedhi na Mimba Zinavyotokea

Namna hedhi/ damu ya mwezi na mimba zinavyotokea.

B. Kwa Nini Watu Wanachagua Kutumia Mpango wa Uzazi?

Waulize washiriki kwa nini mwanamke na mwanaume wangelipenda kutumia mpango wa uzazi Kwa mfano:

Ni vigumu kukimu mahitaji ya familia kubwa.

Sio vizuri kwa afya ya mwanamke kuwa na mimba wakati wote.

Mwanamke anaweza kupata mimba wakati familia yake haina pesa za kumtunza mtoto.

C. Uelewa wa Njia za Kudhibiti Uzazi

Wape kila kikundi aina ya mpango wa uzazi mmoja na kadi ambayo inaeleza aina hii inatumikaje. Waombe wasome aina hiyo. Baada ya dakika kumi, kila kikundi kieleze aina yake kwa washiriki wengine.

D. Maigizo Dhima ya Mpango wa Uzazi

Fanya maigizo kuonyesha mume na mke wanaamua kutumia mpango wa uzazi.

Waongozaji wanaweza kuigiza mifano na washiriki wanaweza kuigiza.

VIFAA:

Kadi ya mpango wa uzazi-kila kadi ya mpango wa uzazi inaelezea namna mpango huo wa uzazi unavyofanya kazi.

Aina za mpango wa uzazi-aina mbali mbali za mpango wa uzazi ni kwa kutumia vitu kama vidonge, IUD, kondomu za wanaume na wanawake, n.k.

FAMILY PLANNING METHODS

METHOD	HOW IT WORKS	ADVANTAGES	DISADVANTAGES
Birth Control Pill	A small pill which a woman takes every day. It works by releasing hormones into her body which make her temporarily infertile.	Easy to use Does not disrupt intercourse Can make menstrual periods more regular and less painful	Does not protect against STDs and AIDS Can have negative side effects during the first months of use, including nausea, weight gain, depression and headaches.
Depo-Provera	An injection taken by a woman every three months which contains hormones that make her temporarily infertile.	Extremely effective Decrease in amount of menstrual flow Does not disrupt intercourse	Does not protect against STDs and AIDS May experience uncomfortable side-effects
Norplant	Six capsules which are implanted into a woman's upper arm. It releases hormones that stop a woman from releasing eggs.	Extremely effective Lasts for 5 years Does not disrupt intercourse	Needs to be put in and removed by a doctor Expensive May irritate the skin at the site Does not prevent against STDs and AIDS
IUD (Inter-Uterine Device)	A small device inserted into the uterus which makes a woman temporarily infertile.	Does not disrupt intercourse Can be used for 10 years	Risk of pelvic infection Initial expense is high May have pain and heavy menstrual flow Does not prevent against STDs and AIDS
Diaphragm and Cervical Cap	Flexible rubber barriers inserted into the vagina to stop sperm from entering the uterus.	May be inserted ahead of time Requires female involvement only	Requires a medical exam and professional fitting because all women are different sizes May cause an allergic reaction Does not prevent against STDs and AIDS
Female Condom	A polyurethane sheath which lines the vagina and partly covers the external genitals to prevent sperm from entering.	Can be inserted up to 8 hours before intercourse No side effects Prevents STDs and AIDS	Can be difficult to insert Not as easily available and more expensive than male condoms
Male Condom	A protective covering made of latex which fits over the penis and prevents sperm from entering the vagina.	Easy to use Accessible Prevents STDs and AIDS	Reduced sensitivity Interruption of intercourse The male partner needs to agree to use it
Fertility Awareness	This method involves being aware of when a woman is fertile and not having sex during this time.	Acceptable to couples who have religious concerns about birth control No side effects	Very difficult to use Won't work if male partner doesn't agree Only partially effective
Abstinence	No sex, and no contact with each others genitals in any way.	The only 100% effective way to prevent pregnancy and STDs	Difficult for many couples to adhere to

UTARATIBU WA MPANGO WA UZAZI

UTARATIBU	JINSI INAVYOFANYA KAZI	FAIDA	HASARA
Kidonge cha Uzazi wa Mpango	Ni vidonge vidogo ambavyo mwanamke anatumia kila siku. Hufanya kazi kwa kutoa homoni ambazo humfanya kwa kipindi kutokuwa na uwezo wa kubeba mimba.	Rahisi kutumia. Haiwezi kuzuia mwingiliano wa kijinsia. Inaweza kufanya mizunguko ya hedhi kuwa mizuri na kupunguza maumivu.	Haizuii magonjwa ya zinaa na UKIMWI. Inaweza kuleta hasara hasi, kwa miezi michache mwanzoni, kama kichefuchefu, kuongezeka uzito na kuumwa na kichwa.
Depo-Provera	Ni sindano anayochomwa mwanamke kila baada ya miezi mitatu, ambayo inajumuisha homoni zinazomfanya mwanamke asipate mimba.	Ina madhara. Inapunguza kiwango cha mzunguko wa hedhi. Haiwezi kuzuia mwingiliano wa kijinsia.	Haizuii magonjwa ya zinaa na UKIMWI. Inaweza kuleta hasara hasi.
Norplant	Vijiti sita ambavyo vinapandikizwa kwa mwanamke katika sehemu ya juu ya mkono. Inapunguza homoni ambazo zinasimamisha uzalishaji wa mayai ya mwanamke.	Ina madhara. Vinakaa kwa miaka 5. Haviwezi kuzuia mwingiliano wa kijinsia.	Vinahitajika kuwekwa na kuondolewa na Daktari. Ni ghali. Vinawasha ngozi sehemu vilipowekwa. Havitibu magonjwa ya zinaa.
IUD (Inter-Uterine Device)	Ni kitu kidogo kinachowekwa kwenye mji wa uzazi kumfanya mwanamke asiweze kubeba mimba.	Haiwezi kuzuia mwingiliano wa kijinsia. Inatumika kwa miaka 10.	Hatari ya nyonga kuathirika. Mwanzo gharama huwa ya juu. Inaweza ikaleta maumivu na mzunguko wa hedhi kuwa mzito. Haitibu magonjwa ya zinaa na UKIMWI.
Diaphragm and Cervical Cap	Mpira ulionyungurika unaowekwa kwenye uke huzuia mbegu za kiume kuingia kwenye mji wa uzazi.	Labda iwekwe mbele ya muda. Inawahusu wanawake tu.	Inahitaji uwangalizi wa mwili na wa kitaalamu kuwekwa kwa sababu wanawake wanatofautiana maumbo. Inaweza kusababisha aleji. Haitibu magonjwa ya zinaa na UKIMWI.
Kondomu ya Kike	Ni polyurethane kava ambayo hulala kwenye uke na baadhi hutumika sehemu za nje za viungo na kuzuia mbegu za kiume kuingia.	Inaweza kuvaliwa zaidi ya masaa 8 kabla ya kujamiiana. Haina madhara ya ndani. Inazuia magonjwa ya zinaa na UKIMWI.	Inaweza kuwa ngumu kuvaa. Si rahisi kupatikana na ni ghali zaidi kuliko Kondomu za kiume.
Kondomu ya kiume	Ni kizuizi kinachotumika na kilichotengenezwa kwa ulaini ambacho kinachovaliwa kwenye uume na kuzuia mbegu za kiume kuingia kwenye uke.	Ni rahisi kutumia. Inavalika kiurahisi. Inazuia magonjwa ya zinaa na UKIMWI.	Inazuia kiwango cha hisia (Ladha). Inazuia madakizo. Mwanaume anahitaji kukubali
Rotuba ya Uelewa	Njia hii inamfanya mwanamke ajitambue anajirutubisha na kutokufanya ngono kipindi hiki.	Inakubalika kwa wengi wao ambao wanaamini dini kuhusu uzazi wa mpango. Haina madhara.	Ni ngumu kutumia. Haitafanya kazi kama mwanaume hatakubali. Hufaa baadhi ya sehemu.
Kuacha kufanya ngono	Kuacha ngono na hakuna kugusana kila mmoja viungo vya uzazi kwa njia yoyote.	Huzuia magonjwa ya zinaa na mimba kwa asilimia mia moja (100%)	Ni ngumu kwa wengi kufanya hivyo.

18. WHAT IS A GOOD RELATIONSHIP

A. Qualities of a Good Friendship

- Ask participants what they think the qualities of a good friendship are. How do they treat good friends? How do they expect to be treated by good friends?
- Ask participants to do two role plays, one showing how they think friends should treat each other and one showing how they think friends should not treat each other.

B. Qualities of a Romantic Relationship

- Ask participants what they think the qualities of a good romantic relationship are. How should a man treat a woman? How should a woman treat a man?
- Ask participants to do two role plays, one showing how they think men and women should treat each other and one showing how they think men and women should not treat each other.

C. Imagining an Ideal Relationship

Ask the participants to imagine the ideal relationship—how would they like their future wife to be? How would they treat their wife? How would their wife treat them?

D. Drawing Good Relationships

Ask participants to draw themselves with their future wife. The picture should show how they are treating each other well.

18. MAHUSIANO MAZURI NI NINI?

A. Sifa za Uhusiano wa Marafiki Mzuri

- Waombe washiriki kufikiri kuhusu sifa za urafiki mzuri ni nini? Wanawatendeaje rafiki vizuri? Rafiki mzuri awatendeeje?
- Waombe washiriki kuigiza maigizo mawili: moja kuonyesha urafiki mzuri na moja kuonyesha urafiki mbaya.

B. Sifa za Mahusiano ya Upendo Mzuri

- Waombe washiriki kufikiri kuhusu sifa ya mahusiano ya upendo mzuri ni nini? Mwanaume amtendeeje mwanamke? Mwanamke amtendeeje mwanaume?
- Waombe washiriki kuigiza maigizo mawili: moja kuonyesha uhusiano wa upendo mzuri na moja kuonyesha uhusiano wa upendo mbaya.

C. Kufikiria Kuhusu Uhusiano Ulio Bora

Waombe washiriki kufikiria kuhusu uhusiano ulio bora—wanapenda mke wa baadaye awaje? Watawatendeaje wake wao? Wake wao watawatendeaje?

D. Kuchora Uhusiano Ulio Bora

Waombe washiriki kuchora picha na yao na wake zao. Picha ionyeshe wanatendean vizuri.

19. BEHAVIOR CHANGE AND DELAYING SEX

A. Personal Behavior Change

Have the group pair up. One person will describe either a health behavior they have changed or a health behavior they have not changed but know they ought to change. The listener establishes a pact of confidentiality around the content and draws the speaker out either as to what helped change their behavior or what impeded the change. After 5 minutes the other person in the pair shares his/her behavior change.

When the groups are done the facilitator will ask participant to report to the group the factors that helped change behavior and the factors that blocked change. Write down the factors on the board.

B. Reasons to Delay Sex

Explain to the group that one behavior they might have changed or want to change is to delay having sex until they are married. Ask them to list the reasons to delay sex. Here are some examples:

- ♥ Fear of pregnancy
- ♥ Fear of an STD
- ♥ Family expectations (not to have sex)
- ♥ Friendship (to allow it to grow)
- ♥ Other forms of affection possible
- ♥ Religious values
- ♥ Not ready (perhaps too young)
- ♥ Not with the right person.

19. KUBADILISHA TABIA NA KUKAWIA KUFANYA MAPENZI

A. Kubadilisha Tabia Yako Binafsi

Washiriki wakae wawili wawili. Mtu mmoja katika kila kikundi amweleze mwenzie tabia ya kiafya ambayo ameibadili au tabia ya kiafya ambayo hajaibadili lakini anajua kwamba anatakiwa kuibadili. Msikilizaji aonyeshe kukubali na kuamini yale yanayosemwa na amuulize mzungumzaji ni kitu gani kimemsaidia kubadilisha tabia yake au ni kitu gani kumezuia kabadilisha tabia. Baada ya dakika 5 mtu mwingine anaeleza mabadiliko yake ya kitabia.

Kikundi kinapomaliza, mwezezashaji awaambie washiriki watoe ripoti zao kwenye kwa kila kikundi juu ya mambo ambayo yamesaidia katika kubadili tabia na yale ambayo yamezuia mabadiliko ya tabia. Hawaambie tabia yenyewe—waambie mambo ambayo yalimsaidia au yalimzuia tu! Andika mambo hayo katika ubao.

B. Sababu za Kukawia Kufanya Mapenzi

Eleza kwa kikundi tabia moja labda wamebadili au wanataka kubadili ni kuchelewa kufanya mapenzi mpaka wameoa. Wauliza sababu za kukawia kufanya mapenzi ni nini? Kwa mfano:

- ♥ Hofu ya kupata mimba
- ♥ Hofu ya kupata magonjwa ya zinaa
- ♥ Matagemeo ya familia (kutofanya mapenzi)
- ♥ Urafiki (kuruhusu urafiki kukua)
- ♥ Aina nyingine za upendo zinawezekana
- ♥ Imani ya dini
- ♥ Kutokuwa tayari (labda bado mdogo)
- ♥ Sio mtu sahihi

C. Delaying Sex Role Plays

In groups of 2-3 participants should make up role plays that show strategies to avoid sex. These role plays do not all have to show couples—some could show young people teasing their friends because they haven't had sex yet or trying to convince them to go to a prostitution house. As an example facilitators can suggest the following role play:

Leah and John are very serious about their relationship and would like to get married in a few years. Leah has invited John over to her house for the afternoon. John knows that Leah's parents will not get back until evening. This could be a good time to have sex for the first time. John has been learning about pregnancy, HIV/AIDS, and STDs and he is not sure he wants to have sex yet. However, he feels Leah would like to have sex and will probably tease him or tell her girlfriends if he doesn't.

C. Maigizo ya Kukawia Kufanya Mapenzi

Katika kikundi cha wawili wawili au watatu watatu, washiriki waigize maigizo yanayoonyesha mbinu za kukawia mapenzi. Sio lazima kuonyesha mwanamke na mwanaume—wanaweza kuigiza vijana wanaochokoza rafiki yao kwa sababu hajafanya mapenzi au wanaoridhisha kutembea na malaya. Kuwaonyesha mfano, waongozi wanaweza kusoma au kuigiza igizo hili:

Leah na John wana urafiki wa dhati na wanataka kuowana baada ya miaka michache. Leah anamkaribisha John kwake kwa mchana. John anajua kwamba wazazi wa Leah hawatarudi hadi jioni. Huu ungekuwa muda mzuri kufanya mapenzi kwa mara ya kwanza. John amejiifunza kuhusu mimba, UKIMWI na magonjwa ya zinaa na hana hakakisha kwamba anataka kufanya mapenzi kwa sasa. Lakini, anahisi Leah anataka kufanya mapenzi na labda atamchokoza au atawaambia rafiki wa kike kama hatafanya mapenzi naye.

20. DRUGS AND ALCOHOL

A. Effects of Drugs and Alcohol

Discuss the following health effects of drugs and alcohol:

Alcohol	Khat /Mirungi	Marijuana	Glue	Cigarettes
Diminishes motor coordination	Tannic acid, which is absorbed into the the body, is toxic and damages the liver	Confusion and poor judgment	Heart failure	Shortness of breath, coughing, decreased stamina
Diminishes judgment and reasoning ability	Effects erection in men and could cause impotence	Sometimes anxiety	Asphyxiation (lack of oxygen in the blood)	Lung cancer (and mouth, throat cancer)
Slows down all the body's major functions.	Constipation and lack of appetite	Short term memory loss	Brain damage	Heart attacks
Alcohol addiction	Piles and hernias may develop	Motor skills can be impaired	Confusion and poor judgement	Cardiovascular disease
Liver Disease	Ulcers or inflammation of the stomach			Strokes
	People who use more than 2 kg/ day may suffer psychiatrics disorders like paranoia, delusions, fearfulness and aggressive behavior			Emphysema
				Stomach ulcers

20. DAWA ZA KULEVYA NA POMBE

A. Athari ya Pombe na Dawa za Kulevy

Jadiliana athari zifuatazo za pombe na dawa za kulevy:

Pombe	Mirungi/Miraa	Bangi	Gundi	Sigarra
Kupunguza uzezo wa mwili kufanya kazi wake.	Aina ya tindikali ni sumu na inaathiri maini	Kuchanganyi-kiwa na kufanya maamuzi mabaya.	Kushindwa kufanya kazi ipasavyo	Kupoteza pumzi, kukohoa, kopoteza nguvu
Kupungua kwa kiwango cha kufikiri vema na kufanya maamuzi mazuri.	Inaathiri kudia uume na yanaweza kusababisha uhanithi	Mara nyingine wasiwasi na hofu.	Kukosa oksigeni kwenye damu	Kansa ya mapafu, mdomo, na koromeo
Kupungua kwa kiasi kikubwa shughuli za mwili.	Kufunga choo na kukosa hamu ya kula	Kupoteza kumkumbuka hasa za matachio ya muda mfupi	Kuharibika kwa ubongo	Shinikizo la moyo
Kubobea ulevi	Uvimbe kwenye mkundu na ngiri unaweza kutokea	Kupunguza uzezo wa mwili kufanya kazi wake.	Kuchanganyikiwa na kufanya maamuzi mabaya.	Magonjwa ya milango ya mishipa ya damu kwenye moyo
Magonjwa ya ini	Vidonda vya tumbo			Ugonjwa wa kiarusi
	Kwa watu wanaotumia ziadi ya kilo mbili kwa siku, wanaathiri kiakili, kama ugonjwa wa akili, kujidanya, woga, na tabia ukali			Emphysema (Ugonjwa wa kuvimba mapafu na kupumua kwa shida.
				Vidonda vya tumbo

B. Social Effects

Drugs and Alcohol also have many social effects. Because they impair judgment they can lead people to get into situations that they would not normally get into. What are some of the side effects using drugs and alcohol can lead to?

- Failure in school
- Problems in the family
- Fighting
- Stealing
- Trouble with the police
- Having sex and getting pregnant or getting an STD
- Poverty

C. Causes of Drug and Alcohol Use

Even though people know that drugs and alcohol are bad for them, many people still use these substances. What are some reasons that people might use drugs and alcohol?

- Boredom
- Loneliness
- Poverty/feelings of hopelessness
- Fear
- Worry
- Trying to forget problems
- Trying to act grown up
- Peer Pressure

D. How to Avoid Drugs and Alcohol

Ask the group to brainstorm strategies to avoid getting involved in drugs or alcohol when confronted with the above pressures.

B. Athari Kwenye Jamii

Vilevile dawa za kulevya na pombe zina athari kwenye jamii. Kwa sababu zinapunguza maamuzi sahihi, zinasababisha hali ya watu kufanya vitu ambavyo hawafanyi kwa kawaida. Athari za dawa za kulevya na pombe kwenye jamii ni nini?

- Kuwa na maendeleo mabaya shuleni
- Matatizo katika familia
- Kugombana na kupigana
- Kuiba
- Matatizo na polisi
- Kufanya mapenzi na kupata mimba au kupata magonjwa ya zinaa
- Umaskini

C. Sababu za Kutumia Dawa za Kulevya na Pombe

Ingawa watu wanajua dawa za kulevya na pombe ni mbaya kwa afya, wanaendelea kuzitumia. Kwa sababu gani wanaendelea kuzitumia?

- Uchovu
- Upweke
- Umaskini au hisia za kutokuwa na matumaini
- Hofu
- Wasiwasi
- Kujaribu kusahau matatizo
- Kujaribu kufanya kama kwamba wamekuwa watu wazima
- Shinikizo la rika

D. Jinsi ya Kuzuia Dawa za Kulevya na Pombe

Washiriki wafikiri kuhusu mibinu kuepuka dawa za kulevya na pombe hata kama wanazo shida za juu.

21. COMMUNICATION SKILLS PART ONE

A. Importance of Communication

Communicating well with people is an important part of a healthy lifestyle. To show the importance of communication, ask the children the following questions:

- What might happen if you don't communicate well with your friend?
- What might happen if you don't communicate well with teacher?
- What might happen if you don't communicate well with your girlfriend?
- What might happen if you don't communicate well with your wife?
- How can good communication help your relationships?
- Why is good communication important in your life?

A. Attacking and Avoiding Communicators

Explain that "attacking" and "avoiding" are two examples of poor ways to communicate. The meaning of attacking and avoiding are as follows:

Avoiding:

- Giving into the will of others, hoping to get what you want without actually having to say it, leaving it to others to guess or letting them decide for you.
- Taking no action to assert your rights.
- Putting others first at your own expense.
- Giving in to what others want.
- Remaining silent when something bothers you.
- Apologizing a lot.
- Acting submissive—for example: talking quietly, laughing nervously, sagging shoulders, avoiding disagreement, hiding your face with your hands.
- Common behaviors are: withdrawal, sulking in silence, taking it out on the wrong person, saying that you are being unfairly treated, talking behind someone's back, trying to forget about the problem, being polite but feeling angry, feeling low and depressed.

21. STADI ZA MAWASILIANO: SEHEMU YA KWANZA

A. Mawasiliano ni muhimu

Kuwa na mawasiliano mazuri ni muhimu kwa maisha mazuri. Waulize washiriki maswali haya:

Nini kingetokea kama huna mawasiliano mazuri kati ya wewe na rafiki yako?

Nini kingetokea kama huna mawasiliano mazuri kati ya wewe na mwalimu wako?

Nini kingetokea kama huna mawasiliano mazuri kati ya wewe na mchumba wako?

Nini kingetokea kama huna mawasiliano mazuri kati ya wewe na mke wako?

Mawasiliano mazuri yanasaidiaje mahusiano?

Kwa nini mawasiliano mazuri ni muhimu kwa maisha yenu?

B. Kuepuka na kushambulia

Eleza kwamba "kushambulia" na "kuepuka" ni mifano ya mawasiliano mabaya.

Maanake ya "kushambulia" na "kuepuka" ni...

Kuepuka:

- Kukubaliana na matakwa ya wengine; kutarajia kupata unachokihitaji bila hasa kusema hivyo; kuwaachia wengine wabuni au waamue kwa niaba yako.
- Kutofanya jambo lolote kuleta haki zako.
- Kuwatanguliza wengine kwa fadhila zako.
- Kukubaliana kile watakacho wengine.
- Kubakia kimya wakati unasumbuliwa na jambo fulani.
- Kuomba msamaha mno
- Kwa kukubali takribani kila jambo—kwa mfano: kuzungumza kwa sauti ya chini, kucheka kwa wasiwasi, kuinamisha mabega, kuepuka kutoafikiana, kufunika uso kwa mikono.
- Tabia kwa kawaida: kujitoa, kununa kimyakimya, kuhamisha hasira kwa mtu asiyehusika, kusema kwamba unaonewa, kusengenya, kujaribu kusahau tatizo, kuwa mpole lakini huku umekasirika, kujihisi kudhalilika na kuhuzunika, kutotaka kumuumiza mwingine.

Attacking:

- Expressing your feelings, opinions or desires in a way that threatens or punishes the other person.
- Standing up for your own rights with no thought for the other person.
- Putting yourself first at the expense of others.
- Overpowering others.
- Reaching your own goals, but at the expense of others.
- Dominating—for example: shouting, demanding, not listening to others, saying others are wrong, leaning forward, looking down on others, wagging or pointing finger at others, threatening or fighting.
- Common behaviors are: nagging, shouting, persisting (I am right!), revenge (I'll get you back), warning (If you don't...), correcting (look at the facts), interrupting, exploding, being sarcastic, insulting.

C. Attack and Avoid Role Plays

Have the older boys role play the following situation. The younger boys should then try to identify which character shows attacking behavior and which shows avoiding behavior, and explain how they could tell.

Rob has been seeing Joyce for about one month now. He wants her to come to his house; his parents are not home. Because he often talks about getting into a more physical relationship, Joyce is feeling pressured to be alone with Rob. She tries to speak about her feelings a few times, but Rob keeps interrupting her. Joyce, her head down, finally says to Rob, in a soft voice, "I know you'll think I'm crazy, but..." Rob interrupts again, approaches Joyce nose to nose, and says loudly with his hands on his hips. "You are crazy, and not only that, you're stupid too!" Joyce hangs her head down, looks at the ground, and agrees to go to Rob's house.

Kushambulia:

- Kuelezea hisia, maoni, au matakwa yako kwa namna inayomtisha au kumwadhibu mtu mwingine.
- Kutetea haki zako bila kumfikiria mtu mwingine.
- Kujiweka mwenyewe kwanza kwa fadhila za wengine.
- Kuwazidi nguvu watu wengine.
- Kutimiza malengo yako, lakini kwa ajili ya wengine.
- Kutawala—kwa mfano: kupiga kelele, kudai, kutowasikiliza wengine, kusema wengine wamekosea, kuinamia mbele, kuwadharau wengine, kutikisa au kunyooshea kidole watu wengine, kutisha au kupigana.
 - Tabia ya kawaida: kusumbua, kipiga kelele, kung'ang'ania (Niko sawa!), Kisasi (Nitakulipizia), Onyo (Usipo...), Kusahihisha (angalia ukweli kwamba...), kudakiza, kuhamaki, kukejeli, kutukana.

C. Maigizo ya kuepuka na kushambulia

Washiriki wakubwa waigize hadithi hii. Wadogo wajaribu kutambua nani anaepuka na nani ana shambulia, na waeleze wanajuaaje.

Rob amekuwa akionana na Joyce kwa karibu mwezi mmoja sasa. Anamtaka aende nyumbani kwake; wazazi wake hawako nyumbani. Kwa vile mara nyingi huzungumzia kuhusu haja ya kukutana naye kimwili. Joyce anawasiwasi wa kuwa na Rob peke yao. Joyce anajaribu kuzungumzia hisia zake mara kadhaa, lakini Rob daima anamkataza. Joyce, akiwa ameinamisha kichwa, hatimaye anamweleza Rob, kwa sauti laini, "Najua utafikiri mimi ni mjinga, lakini..." Rob anadakiza tena, anamsogelea Joyce akiwa kaweka mikono yake kiunoni, "Ndiyo, wewe ni mjinga, na sio hivyo tu, wewe ni mpumbavu pia!" Joyce anaimisha kichwa chake, anaangalia chini, na kukubali kwenda nyumbani kwa Rob.

22. COMMUNICATION PART TWO: ASSERTIVENESS

A. Aggressive and Passive

Review the categories of attack and avoid you discussed during the last lesson.

B. Standing up for Yourself

Another way to communicate with people is to stand up for your rights in a way that does not hurt others. This involves:

- Telling someone exactly what you want in a way that does not seem rude or threatening to them
- Standing up for your own rights without putting down the rights of others
- *Respecting yourself as well as the other person*
- Listening and talking
- Expressing positive and negative feelings
- Being confident, but not "pushy"
- Staying balanced—knowing what you want to say, saying "I feel" not "I think," being specific, using "I" statements, talking face-to-face with the person, no whining or sarcasm.

C. How to Stand up For Yourself

Go over the Assertive messages handout

D. Standing up for Yourself Scenarios

Read the following scenarios. Ask the participants to brainstorm what responses or techniques they could use in this scenario to stand up for their rights without hurting others. If some volunteers would like to role play a situation they may.

22. STADI ZA MAWASILIANO: SEHEMU YA PILI

A. Kuepuka na kushambulia

Rudia kushambulia na kuepuka (kutoka somo lililopita)

B. Kutetea Haki Zako

Jinsi nyingine ya kuwasiliana na watu ni kutetea haki zako na kutokuziweka kando haki za wengine. Unaweza kufanya hivyo kwa:

- Kuwaeleza watu ni nini hasa unataka bila jeuri au kuwatisha.
- Kutetea haki zako bila kuziweka kando haki za wengine.
- Kujiheshimu na kuwaheshimu watu wengine.
- Kusikiliza na kuzungumza
- Kuelezea hisia chanya na hasi
- Kujiamini, lakini sio "kujitutumua"
- Usiyumbe, kuwa na msimamo: kujua kile unachotaka kusema, kusema "ninahisi" sio "nafikiri," kuwa mahususi, kutumia kauli za "mimi," kuzungumza uso kwa uso na mtu, hakuna kunung'unika au kejeli.

C. Jinsi ya kutetea haki zako

Angalia kitini cha mshiriki kinachofuata

D. Hadithi za kutetea haki zako

Soma hadithi zifuatazo. Waombe washiriki kufikiria majibu au mbuni waingeweza kutumia kutetea haki zangu bila humiza mwengine. Kama wajitolea wanataka kuigiza hadithi, wanaweza.

STEPS TO DELIVER AN ASSERTIVE MESSAGE

Example Situation: Aaron and Frank are good friends. Aaron has a part time job and he has loaned money to Frank on several occasions. Lately Aaron has noticed that Frank is becoming slower to pay the money back. Aaron decide to discuss this matter with Frank and ask frank to pay the money back sooner.

STEPS	DESCRIPTION	WORDS YOU MIGHT SAY...	MESSAGES
1. Explain your feelings and the problem	State how you feel about the behaviour/problem. Describe the behaviour/ problem that violates your rights or disturbs you.	* "I feel frustrated when..." * "I feel unhappy when... " * I feel...when... " * It hurts me when..." * "I don't like it when..."	"I feel as if I'm being used when I lend you money and don't get it back in good time."
2. Make your request	State clearly what you would like to have happen.	* "I would like it better if " * "I would like you to . .. " * "Could you please..." * "Please don't... " * "I wish you would . .. "	"I would like it better if when you borrow money you would give it back as soon as possible."
3. Ask how the other person feels about your request	Invite the other person to express his/her feelings or thoughts about your request.	* "How do you feel about it?" * "Is that OK with you?" * "What do you think?" * "Is that all right with you?" * "What are your ideas?"	"Is that OK with you?"
Answer	The other person indicates his/her feelings or thoughts about your request.	The other person responds.	"Yes, I guess you're right. I'm not too good at getting money back right away, but I'll return it sooner next time."
4. Accept with thanks	If the other person agrees with your request, saying "thanks" is a good way to end the discussion.	* "Thanks." * "Great, I appreciate that." * "I'm happy you agree." * "Great!"	"Thanks for understanding. Let's go and listen to some music."

HATUA ZA KUTOA KAULI YA UTHUBUTU

Mfano: Aaron na Frank ni marafiki wazuri. Aaron ana ajira ya muda maalum na amemkopesha fedha Frank mara kadhaa. Hivi karibuni Aaron kabaini kuwa Frank amekuwa mzito kurejesha fedha anazokopa. Aaron anaamua kujadili suala hili na Frank na kumwomba Frank arejeshe fedha za mkopo haraka.

HATUA	MAELEZO	MENENO AMBAYO UNaweza KUSEMA...	KAULI
1. Fafanua hisia zako na tatizo	Eleza unavyohisi kuhusu tabia na tatizo. Eleza tabia au tatizo linalokiuka haki zako au linalokusumbua.	* "Nahisi kukatishwa tamaa ninapo..." * "Nakosa raha ninapo..." * "Ninahisi ...ninapo..." * "Inaniumiza ninapo..." * "Sipendi ninapo..."	"Ninahisi kama ninatumiwa tu ninapokukopesha fedha na wewe huzirejeshe kwa wakati."
2. Toa ombi lako	Eleza waziwazi ni nini ungependa kitokea.	* "Ningependa zaidi endapo..." * "Ningependa wewe u..." * "Je, inaweza tafadhali ku..." * "Ingekuwa vema kama unge..."	"Ningependa zaidi unapokopa fedha uzirejeshe mapema iwezekanavyo."
3. Uliza mwenzako anahisi vipi kuhusu ombi lako	Mkaribishe mwenzako aeleza hisia au mawazo yako kuhusu ombi lako	* "Unahisi vipi kuhusu ombi hili?" * "Unafikiri ni sawa kwako?" * "Unafikiria nini?" * "Je, kwako ni sawa tu?" * "Wewe una mawazo gani?"	"Unafikiri ni sawa kwako?"
Jibu	Mtu mwingine anaonyesha hisia au mawazo yake juu ya ombi lako.	Mtu mwingine anajibu.	"Ndiyo, nadhani unalosema ni sawa. Sina hali nzuri sana ya kuweza kurejesha fedha za mkopo mara moja, lakini nitazirejesha haraka wakati ujao."
4. Kubali na shukuru	Kama mwenzako atakubaliana na ombi lako, kusema "asante" ni njia nzuri ya kumaliza mjadala.	* "Asante" * "Safi sana, nashukuru kwa hilo." * "Nimefurahi kwamba umekubali." * "Safi sana!"	"Asante kwa kunielewa. Twende tukasikilize muziki."

ASSERTIVENESS SCENARIO CARDS

1. A person of the opposite sex asks you to go to a party with him/her. You don't know anyone who is going, which makes you feel a little uncomfortable. You have also heard that this person uses drugs and does not have a very good reputation at school. You decide to be assertive and say no.
2. You are talking to a number of your friends. Most of them have had sex and are teasing you about the fact that you have not. One member of the group hurts your feelings by saying something inappropriate. You decide to make an assertive reply.
3. You decide to get your ears pierced. Your friend tells you that you can get it done at a place in town. You go to the place, but it does not look very clean. You have heard about HIV/AIDS and unclean needles. You decide to ask the person if the needles are clean and to see the equipment used for cleaning. The person won't show you, but insists that the shop is very clean and safe. The person urges you to get the procedure done. You decide to say no assertively.
4. A friend of your family asks if you want a ride home after school. You do not feel very good about this person, and you feel uncomfortable about the situation. You decide to be assertive and refuse the ride.

KADI ZA MATUKIO YA UTHUBUTU

1. Mtu wa jinsia tofauti na yako anakuomba mwende naye kwenye sherehe. Humjui yeyote anayekwenda huko, jambo linalokufanya kidogo usiwe na raha. Pia umesikia kwamba mtu huyu hutumia madawa ya kulevya na hana heshima nzuri sana shuleni. Unaamua kuthubutu na kusema hapana.
2. Unazungumza na baadhi ya marafiki zako. Wengi wao wameshafanya mapenzi na wanakutania kwa vile wewe hujafanya hivyo. Mmojawapo anaumiza hisia zako kwa kusema jambo mbaya. Unaamua kutoa jibu la uthubutu.
3. Unaamua kutoboa masikio yako. Rafiki yako anakueleza kwamba unaweza kufanya hivyo mahali fulani huko mjini. Unaenda mahali hapo, lakini hapaonekani kwamba ni pasafi sana. Umeshasikia kuhusu Virusi Vya UKIMWI/UKIMWI na sindano chafu. Unaamua kumwauliza mhusika kama sindano ni safi na kama unaweza kuviona vifaa vya kusafisha. Mhusika anakataa kukuonyesha, lakini anang'ang'ania kwamba mahali hapo ni safi na salama. Mhusika anakuhimiza utoboe masikio. Unaamua kusema hapana kwa uthubutu.
4. Rafiki wa familia yako anakuuliza kama unataka lifti ya gari lake kurudi nyumbani baada ya shule. Hujisikii vizuri sana kuhusu mtu huyu, na unahisi kuwa na wasiwasi kuhusu hali hii. Unaamua kujitetea na kuikataa lifti hiyo.

23. PEER PRESSURE

A. Persuasion Tactics

Indicate that the group will take a look at the different ways people might try to get you off your topic or refuse to accept your assertive message. Tape the prepared *Large Persuasion Cards* at different points along a blank wall. Review each card and discuss how people can use the technique to convince, persuade, or distract from assertive messages. Next, hand one *Small Persuasion Card* to each participant. In turn, all members of the group should stand up, read the statement on their cards, explain the possible categories where the statement might belong, and tape the statement to the wall underneath an appropriate category. Use this short exercise as a way to identify the types of persuasion someone might use to change someone's assertive message.

Large Persuasion Cards (each word/phrase is a separate card)

- Argue
- No Problem
- Put You Down
- Reasons
- Threaten
- Getting Off the Topic

Small Persuasion Cards (each phrase is a separate card)

- You're just afraid.
- Aren't you grown up enough to do this?
- Why not? Everyone's doing it!
- What do you think can happen?
- What do you know about ... anyway?
- Do it or goodbye.
- I'll find someone else who will.
- I can hurt you if you don't.
- Nothing will go wrong.
- Don't worry.
- I'll take care of everything.
- I've got it all handled.
- But we're getting married anyway.
- You can't get pregnant if you just have sex just once.

23. SHINIKIZO RIKA

A. Mpango ya Ushawishi

Onyesha kwamba kikundi kitaangalia njia mbalimbali zanzotumiwa na watu kukutoa nje ya mada (kauli ya uthubutu) au kutokukubali kauli yako ya uthubutu. Bandika *Kadi Kubwa za Ushawishi* sehemu mbalimbali ukutani. Hakiki kila kadi na jadilini jinsi watu wanavyoweza kutumia mbinu hiyo kuridhisha, kushawishi, au kuvuruga kauli za uthubutu. Kisha, mpatie kila mshiriki *Kadi Ndogo ya Ushawishi*. Kwa upande wao, wanakikundi wote wasimame, wasome taarifa zilizomo kwenye kadi zao, waeleza kategoria zinazowezezekana zinazohusiana na taarifa hizo, na wazibandike taarifa hizo ukutani chini ya kategoria mwafaka. Tumia zoezi hili fupi kama njia ya kubaini aina za ushawishi anazoweza kuzitumia mtu kubadili kauli ya uthubutu ya mtu mwingine.

Kadi Kubwa za Ushawishi (kila neno au kirai ni kadi tofauti)

- Toa Hoja
- Hakuna Tatizo
- Nyamazisha
- Sababu
- Tisha
- Kutoka Nje ya Mada

Kadi Ndogo za Ushawishi (kila kirai ni kadi tofauti)

- Unaogopa tu
- Uko mkubwa wa kutosha kufanya hili?
- Kwanini usifanye hivyo? Kila mtu anafanya hivyo!
- Unafikiri kitatokea nini?
- Hata hivyo unajua nini kuhusu...?
- Fanya ninavyotaka au kwaheri.
- Nitamtafuta mtu mwingine atakayeweza kufanya hivyo.
- Naweza kukuumiza kama hufanyi hivyo.
- Hukuna litakaloharibika.
- Usihofu.
- Nitashughulikia kila kitu.
- Nimeshashughulikia kila kitu.
- Lakini hata hivyo si tutaoana?
- Huwezi kupata mimbi ukikutana nami mara moja tu.

- You owe me.
- You're old enough now.
- You have nice eyes.
- I like you when you're angry.
- You know that I love you.

Persuasion Categories

Put you Down:

"You're just afraid."

"Aren't you grown up enough to do this?"

Argue:

"Why not? Everyone's doing it!"

"What do you think can happen?"

"What do you know about... anyway?"

Threaten:

"Do it or goodbye."

"I'll find someone else who will."

"I can hurt you if you don't."

No Problem:

"Nothing will go wrong."

"Don't worry."

"I'll take care of everything."

"I've got it all handled."

Reasons:

"But we're getting married anyway."

"You can't get pregnant if you have it just once."

"You owe me."

"You're old enough now."

Getting Off the Topic:

"You have nice eyes."

"I like you when you're angry."

"You know that I love you."

- Ninakudai.
- Umeshakua vya kutosha sasa.
- Una macho mazuri.
- Ninakupenda unapokuwa umekasirika.
- Unajua kwamba nakupenda.

Kategoria za Ushawishi

Nyamazisha:

Unaogopa tu.

Uko mkubwa wa kutosha kufanya hili?

Toa Hoja:

Kwanini usifanye hivyo? Kila mtu anafanya hivyo!

Unafikiri kitatokea nini?

Hata hivyo unajua nini kuhusu...?

Tisha:

Fanya ninavyotaka au kwaheri.

Nitamtafuta mtu mwingine atakayeweza kufanya hivyo.

Naweza kukuumiza kama hufanyi hivyo.

Hakuna Tatizo:

Hukuna litakaloharibika.

Usihofu.

Nitashughulikia kila kitu.

Nimeshashughulikia kila kitu.

Sababu:

Lakini hata hivyo si tutaoana?

Huwezi kupata mimbi ukikutana nami mara moja tu.

Ninakudai.

Umeshakua vya kutosha sasa.

Kutoka Nje ya Mada:

Una macho mazuri.

Ninakupenda unapokuwa umekasirika.

Unajua kwamba nakupenda

B. How to deal with persuasion

When the different statements are on the wall and the group seems to understand the idea of persuasion, move on to some strategies to deal with these types of pressure. On a flip chart or on the board, write "What do you say when someone tries to get you off the topic?" Brainstorm with the group some statements to use if someone is making distracting statements, trying to change the subject, or trying to get them off topic. Possible suggestions might be:

1. "Please let me finish what I am saying."
2. "Please don't stop me until I'm finished."
3. "That's fine, but please listen to what I have to say."
4. "I know you think...but let me finish what I was saying."
5. "Thank you, but..."

Next, go through the same process with the following question: "What do you say when someone tries to persuade you (change your mind, convince you)?" Once you have brainstormed a list of suggestions, you may wish to group them into three categories: refuse, delay, or bargain.

Refuse

Say no clearly and firmly, and if necessary, leave.

"No, no, I really mean no."

"No, thank you."

"No, no—I am leaving."

Delay

Put off a decision until you can think about it.

"I am not ready yet."

"Maybe we can talk later."

"I'd like to talk to a friend first."

Bargain

Try to make a decision that both people can accept.

"Let's do ... instead."

"I won't do that, but maybe we could do..."

"What would make us both happy?"

B. Jinsi ya Kushughulikia Ushawishi

Taarifa mbalimbali zikishawekwa ukutani na kikundi kikaonyesha kuelewa wazo la ushawishi, endelea na baadhi ya mikakati ya kushughulika aina hizi za ushawishi. Kwenye chati mgeuzo au ubaoni, andika "Unasema nini mtu akijaribu kukutoa nje ya mada unayozungumzia?" Bungabongo na kikundi juu ya kauli za kutumia dhidi ya mtu anayetoa kauli za kukupotosha, za kutaka kabadilisha mada au za kukutoa kwenye mada yako. Baadhi ya mapendekezo ya kauli yanaweza kuwa:

1. Tafadhali wacha nimalize ninachosema."
2. "Tafadhali usinikatishe, ngoja nimalize kusema."
3. "Vema, lakini sikiliza ninachosema."
4. "Najua unafikiri kwamba...lakini niache nimalize ninachosema."
5. "Asante, lakini..."

Kisha, fanya hivyohivyo kwa swali linalofuata: "Unasema nini mtu anapojaribu kukushawishi (kubadili mawazo, kushawishi)?" Baada ya kubungabongo juu ya orodha ya mapendekezo, unaweza kuyatenge katika kategoria tatu: kataa, chelewesha, kujadiliana.

Kataa

Sema hapana waziwazi na kwa uhakika, na kama ikilazimu, ondoka.

"Hapana, hapana, kwa kweli namaanisha hapana."

"Hapana, asante."

"Hapana, hapana—naondoka."

Chelewesha

Ahirisha uamuzi mpaka utakapofikiria tena kuhusu jambo hilo.

"Bado siko tayari."

"Labda tutazungumza baadaye."

"Ningependa kuzungumza na rafiki yangu kwanza."

Kujadiliana

Jaribu kufanya mazungumzo na kufikia uamuzi ambao yote wawali mnaweza kuukubali.

"Tufanye ... badala yake."

"Sitafanya hivyo, lakini pengine tunaweza kufanya..."

"Je, ni kitu gani kitaufanya sote wawili tufurahi?"

C. Role Plays

To illustrate the above ideas, use the following role play. Explain that the role play is about someone who is trying to deliver assertive messages, while the other person is trying to persuade the person or move off the topic. The short role play should be done three times, using all three strategies of "Refuse," "Delay," or "Bargain."

Your older brother is supposed to give you a ride home. You meet him but he is staggering and slurring his words. You feel that he has had too much to drink and it would not be wise to drive with him. He tries to persuade you to go with him.

Work together to come up with a short role play to show this situation. You will do the role play three times, each time using a different ending: refuse, delay, or bargain. Use the following kinds of statements in your role play.

Sister: "I feel scared about driving with you when you have been drinking."

Brother: "What do you know about drinking anyway?"

Sister: "Please let me finish what I am saying. I don't want to drive home with you and I really don't think you should be driving. What do you think? Will you please not drive home?"

Brother: "Hey, I'm fine. You have nothing to worry about."

Sister: (three alternative endings)

Refuse: "I don't agree and I'm not going with you. So goodbye." (You leave.)

Delay: "Let's go for a walk and talk about it."

Bargain: "Why don't you leave the vehicle here and we'll walk home together?"

C. Maigizo Dhima

Kuonyesha kwa mfano mawazo ya hapo juu, tumia igizo dhima hili. Eleza kwamba igizo dhima hili linahusiana mtu fulani anajaribu kutoa kauli za uthubutu, ilihali mwenzake anajaribu kumshawishi au kumwondosha kwenye mada hiyo. Igizo dhimi lifanyikiwe mara tatu, kwa kutumia mbinu tatu za "Kataa," "Chelewesha," au "Kujadiliana."

Kaka yako anapaswa kukupatia lifti ya gari lake unaporudi nyumbani. Unakutana naye lakini anayumbayumba na kukokoteza maneno yake. Unadhani amelewa na si vema kuendeshwa naye. Anajaribu kukushawishi uende naye.

Shirikianeni kubuni igizo fupi kuonyesha hali hii. Utaigiza mara tatu, kila mara ukitumia mwisho tofauti: kataa, chelewesha, au kujadiliana. Tumieni aina zifuatazo za kauli katika igizo lenu.

Dada: "Naogopa kuendeshwa nawe wakati umekunywa."

Kaka: "Unajua nini kuhusu unywaji wewe?"

Dada: "Tafadhali subiri nimalize ninachosema. Sitaki kuendeshwa nawe kurudi nyumbani na kusema kweli sidhani unapaswa kuendesha. Unafikiriaje? Je, hutaendesha kurudi nyumbani?"

Kaka: "Usijali, mimi niko mzima. Usiwe na wasiwasi wowote."

Dada: (miisho mbadala aina tatu)

Kataa: "Sikubaliana nawe na sitaenda nawe. Hivyo kwa heri." (Unaondoka)

Chelewesha: "Twende matembezini na tukajadili suala hili."

Kujadiliana: "Kwa nini usiliache gari hapa na tutaenda nyumbani kwa miguu?"

If you want to continue with role plays during this lesson or a following week, you can use the following role plays to practice ways of dealing with persuasion.

- ◆ Your friend wants you to skip school and go to the river to drink beer. He tells you a whole group is going. He says "You are afraid, aren't you?" You got caught off the school grounds last month and you do not want to get caught again. You decide to tell him you don't want to go.
- ◆ Some friends are chatting near the market. One of their fellow friends comes up to them and joins them. After a few minutes this person takes out some marijuana and lights it up. He asks the others to join him. They all resist for a while, but then some of the group also smoke. One person refuses to smoke. Now, the group pressures this person to join them, Show what the person should do to resist this peer pressure.
- ◆ Your girlfriend thinks it is time to have sex. You love her but you think sex before marriage is wrong. Your girlfriend says, "You're just scared. If you really loved me you'd show it." Although you are afraid it will end the relationship, you decide to tell her that you are just not ready.
- ◆ An older boy tries to get a younger boy on the street to sniff glue, saying it will take away his hunger and his fear.
- ◆ A young boy finds a pack of cigarettes in his parents' room. He wants to try them but knows that they are addictive and bad for your health. He asks his friend for advice and his friend says he shouldn't worry about it—there are too many other things to worry about in life besides the effects of cigarettes.
- ◆ A group of friends are hanging out near the market. They are talking about how bored they are. They really wish they had something to do. One of them suggests that they go to the grocery store and steal some chocolate. Some of the friends agree—excited to do something on this boring day! As the group walks to the market, one of them is really afraid and does not want to participate in stealing from the store. Create a role play showing what this person might do to resist the peer pressure.

Washiriki wakitaka kuendelea na maigizo dhima unaweza maigizo yafuatayo kujadiliana mbinu za kushughulikia ushawishi.

- ♦ Rafiki yako anakutaka utoroke shule na kwenda mtoni kunywa bia. Anakueleza kwamba kikundi kizima kinakwenda huko. Anasema, “Unaogopa, au sivyo?” Ulishikwa umetoroka shule mwezi uliopita na hutaki kushikwa tena. Unaamua kumweleza kwamba hutaki kwenda.
- ♦ Marafiki fulani wanapiga soga karibu na soko. Mmoja wa rafiki zao anakuja na kujiunga nao. Baada ya dakika chache huyu rafiki anatoa bangi na kuiwasha. Anawaomba wenzake wajiunge naye. Wote wanakataa kwa muda, lakini baadaye baadhi yao wanaamua pia kuvuta. Mmoja anakataa kuvuta. Sasa kundi linamshinikiza huyu mtu ajiunge nao. Onyesha anachotakiwa kufanya mtu huyu kukataa shinikizo hili la rika.
- ♦ Rafiki yako anafikiri muda wa kufanya mapenzi umefika. Unampenda lakini unadhani kwamba kufanya mapenzi kabla ya kuoana ni kosa. Rafiki yako anasema, “Unaogopa tu. Kama ungekuwa unanipenda kweli, ungeonyesha upendo huo.” Ingawa unahofu kwamba jambo hili linaweza kukomesha mahusiano yenu, unaamua kumweleza rafiki yako kwamba huko tayari tu.
- ♦ Mvulana mkubwa anajaribu kumshawishi mvuluna mdogo kunusa gundi. Anasema gundi itatoa nja na hofu yake.
- ♦ Mtoto mvulana amepata pakiti ya sigara kwenye chumba cha wazazi wake. Anataka kujaribu kuvuta sigara, lakini anajua sigara zinatawala na ni mbaya kwa afya. Anamuomba rafiki yake kwa ushauri na rafiki yake anasema “usijali kuhusu athari za sigara—kuna matatizo mengi zaidi ya hayo katika maisha.”
- ♦ Kundi la marafiki linavinjari karibu na soko. Wanazungumza jinsi walivyochoshwa na hall. Wangependa wawe na kitu cha kufanya. Mmoja wao anapendekeza waende kwenye duka la vyakula wakaibe chokoleti. Baadhi ya marafiki wanaafiki—wakichangamkia kupata cha kufanya katika siku ya kuchosha kama hii! Kundi linapoanza safari kwenda sokoni, mmoja anapata woga na kukataa kwenda kushiriki wizi dukani. Buni igizo dhima linaloonyesha anachoweza akafanya mtu huyu kukataa shinikizo la rika

24. DECISION MAKING

A. Decision Making

Discuss why it is important to think carefully before making a big decision. Have the group come up with some examples of decisions they made. If they are willing to share ask them: How did they make those decisions? What helped them to think clearly about those decisions?

Write on the flip chart(or blackboard) all the things that helped them to make a good decision.

B. Decision Making Scenarios

Give each person (or pair, depending on how many people are there) one of the attached decision making scenarios. Ask them to think about what kinds of things the person in this scenario could do to help him/her to make a good decision. Emphasize that it is not the decision we are talking about, but what things help a person to make a decision.

In a large group write on the flip chart all the suggestions people have for helping the characters in their scenario to make a good decision.

C. Personal Decision Making

Distribute the personal decision making handout (attached) and ask them to fill it in using a decision they are currently trying to make. If they can't think of a decision they are currently trying to make ask them to imagine or predict a decision they will have to make in their future. Give them an example based on one of the decision making scenarios.

Or, for those whose writing skills aren't good, they could draw a picture showing the decision they are trying to make.

24. KUFANYA MAAUMUZI

A. Kufanya Maamuzi

Jadili kwa nini ni muhimu kufikiri vizuri na polepole kaabla ya kufanya uamuzi mkubwa. Watoe mifano wa maamuzi waliyoyafanya. Wakitaka kushirikiana, waulize: Walifanyaje maumuzi haya? Kitu gani kiliwaasaidia kufikiri kuhusu maamuzi haya?

Andika kwenye chati mguzo (au ubao) vitu vilivyosaidia kufanya uamuzi nzuri.

B. Kadi za Kufanya Maamuzi

Mpe kila mtu (au watu wawili wawili, inatengema wingi wa idadi ya watu kwenye kikundi) moja ya kitambatanisho cha kadi za kufanya maamuzi. Waombe kufikiri vitu gani vinaweza kumsadia mtu wao kufanya uamuzi nzuri. Waambie sio uamuzi ndiyo tunajadiliana, lakini vitu gani vinasaidia mtu kufanya uamuzi.

Wote kwa pamoja waandike kwenye chati mguzo mapendekezo yao ya vitu vilivyosaidia mtu wao kufanya uamuzi mzuri.

C. Maamuzi Binafsi

Gawanya fomu ya "Uamuzi Wangu" na waombe waijaze kwa kutumia uamuzi wanaojaribu kufanya siku hizi. Kama hawawezi kutafuta uamuzi wa sasa, watumie uamuzi watakaohitaji kufanya baadaye. Toa mfano kwa kutumia kadi ya maamuzi.

Au, kwa wale hawaowezi kuandika vizuri, wachore picha ya uamuzi yao.

DECISION MAKING SCENARIO CARDS

You are a 15-year-old girl living in a semi-urban area (small town). You are keeping four younger orphans, and you cannot find money for meat or vegetables to eat. You have a friend near the market who has been offering you nice gifts and buying some food for you. Recently, he has suggested that you should meet together at a resthouse (inn or motel). What will you do?

You are a 20-year-old man, and you have recently married. You and your wife are students at the university. You want to start a family, but you also want to finish your degrees and get jobs. Your wife has suggested using the contraception.

You are a 38-year-old woman, and you have seven living children. You really do not want to get pregnant again, but your husband is opposed to using contraception.

You and your girlfriend are in love and you plan to be married. You have been abstaining from sex until after you get married, but it is becoming harder and harder to abstain as time passes. Lately, your girlfriend has been suggesting that you have sex now. After all, you are truly committed to each other and are getting married anyway.

You are a 17-year-old boy in Form 2 at a secondary school (high school). Your anti-AIDS club has been very active lately, and you have been thinking a lot about AIDS. You think that your past experiences may have put you at risk to be HIV positive, but you are afraid to know for sure. A close friend has suggested that you get an HIV test.

1. You are a 36-year-old teacher at a primary school (elementary school). Your husband is teaching at a secondary school, and you have been married for 16 years. You have five older children, and you are in the hospital for a month with complications from delivering your sixth child. While you are in the hospital, your husband takes a second wife. You have always agreed that you would be his only wife, and you are shocked and upset at his decision.
2. You are a 20-year-old boy just entering Form 4 (the final grade in high school). Your father died several years ago, and your uncle has paid your school fees for the last few years. Your uncle has just died, and now there is no one to pay for your final year in school. You scored very high on the Junior Certificate exams (early high school exams), and you are hopeful that you can get a placement at university if you are able to sit and take the college entrance exams. But because there is no money for school, you are considering trying to find some work for a few years and return to school later.

KADI ZA KUFANYA UAMUZI

1. Wewe ni msichana wa miaka 15 unayeishi katika mji mdogo. Unawatunza watoto yatima wanne, na umeshindwa kupata fedha za kununulia nyama au mboga kwa ajili ya chakula. Una rafiki karibu na soko ambaye amekuwa akikupatia zawadi nzuri na kukununulia chakula. Hivi karibuni amependekeza kwamba ukutane naye kwenye gesti. Je, utafanyaje?
2. Wewe ni mvulana wa miaka 20, na umeoa hivi karibuni. Wewe na mke wako nyote ni wanafunzi wa chuo kikuu. Mnataka kuwa na familia yenu, lakini mnataka pia kumaliza shahada zenu na pata kazi. Mke wako kpendekeza atumie mpango wa uzazi.
3. Wewe ni mwanamke wa miaka 38, na una watoto saba walio hai. Kusema kweli hutaki kupata mimba tena, lakini mume wako anapinga matumizi ya mpango wa uzazi.
4. Wewe na rafiki yako wa kike mmepondana na mnapange kuoana. Mnajitahisi kutofanya ngono hadi baada ya kuoana, lakini hii inazidi kuwa ngumu kadiri muda unavyopita. Hivi karibuni, rafiki yako wa kike amekuwa akipendekeza mfanye ngono sasa. Kwani ukweli na kwamba mnapendana na isitoshe mtaoana hatimaye.
5. Wewe ni mvulana wa miaka 17 katika shule ya sekondari. Hivi karibuni Kalbu yenu ya kampeni dhidi ya UKIMWI imekuwa ikifanya kazi kwa nguvu, na wewe umekuwa ukifikiria sana kuhusu UKIMWI. Unadhani kwamba matendo yako ya nyuma yawezekana yamekuingiza katika hatari ya kuwa na Virusi vya UKIMWI, lakini unaogopa kupata uhakika wa jambo hilo. Rafiki yako wa karibu amekuambia uende ukapimwa Virusi vya UKIMWI.
6. Wewe ni mwalimu wa miaka 36 katika shule ya msingi. Mume wako anafundisha kwenye shule ya sekondari, na mmekuwa katika ndoa kwa miaka 16. Mnao watoto wakubwa watano, na sasa uko hospitalini kwa mwezi mmoja kwa sababu ya matatizo ya uzazi wa mtoto wako wa sita. Wakati ukiwa hospitalini, mume wako anachukua mke wa pili. Daima mmekubaliana kuwa utakuwa mke pekee kwa mume wako, na umeshitushwa na kufadhaishwa kwa uamuzi wako huo.
7. Wewe ni mvulana wa miaka 20 ambaye ndiyo umeingia tu Kidato cha 4. Baba yako alikufa miaka michache iliyopita, na mjomba wako amekulipia ada ya shule kwa miaka michache iliyopita. Mjomba wako naye kafa punde, na sasa hakuna mtu wa kukulipia ada katika mwaka wako wa mwisho wa masomo. Ulipata alama za juu ya kabisa kwenye mitihani yako madarasa ya myuma, na una matarajio kwamba utaweza kipita mitihani ya kuingia chuo. Lakini kwa vile hakuna fedha za ada, unafikiria kujaribu na kufanya kazi miaka michache na kurudi shuleni baadaye.

MY DECISION IS...

REASONS TO CHOOSE TO DO IT (or TO SAY YES)

REASONS TO CHOOSE NOT TO DO IT (or TO SAY NO)

THINGS I CAN DO TO HELP ME DECIDE

UAMUZI WANGU NI...

SABUBU ZA KUCHAGUA KUFANYA (au KUSEMA NDIYO)

SABABU ZA KUCHAGUA KUTOFANYA (au KUSEMA HAPANA)

**VITENDO NINAWEZAVYO KUVIFANYA ILI KUNISAIDIA
KUAMUA VIZURI**

25. PLANNING GOALS

A. What are our goals?

Ask groups to brainstorm about their future goals. The leader can talk about his/her goals as well. Give each person a chance to speak. Encourage them to think about career goals as well as social goals (such as marriage, children, where they would like to live.) Ask them to call out their goals and write them on the flip chart/board. Have a discussion about obstacles to achieving their goals and what they can do to overcome those obstacles.

Imagining the Future

Ask participants to close their eyes, sit back and relax, and imagine their future lives. They should try to think about possible successes and obstacles they might encounter along the way—make sure you ask the questions slowly enough to allow time for reflection.

Ask them to begin by imagining their life next year. Who will you be living with? Who will your friends be? Will you have a special friend of the opposite sex? What will you do in your spare time? Will you smoke, drink, or take bangi (marijuana)? How might AIDS enter your life at this time? Will you know anyone who is HIV positive or has AIDS?

Next imagine yourself in five years' time. (Ask some of the same questions from above.) Now think about your life in your late 20s. Will you be married? Will you be employed? How might AIDS enter your life at this time? Finally, imagine that you have your own children ages 13 or 14. How might HIV/AIDS affect their lives? What kind of lifestyle would you wish for them? What fears will you have for them? Think about what decisions you might make along the way to change your future.

Ask participants to open their eyes and just relax for a few minutes. Reflect on what they just envisioned—on the stages of their lives.

C. Drawing Goals

Ask the group to draw pictures of themselves successfully achieving their goals.

25. KUJIWEKEA MALENGO

A. Malengo Yetu ni Nini?

Jadili kuhusu malengo ya kila mtu. Waongozi pia wajadiliane malengo yao. Kila mtu apate nafasi ya kuongea. Wafikiri kuhusu malengo ya kazi na vilevile malengo ya jamaa (kama ndoa, watato, nyumbani). Waseme malengo yako na mwongozi aandike kwenye ubao. Jadiliana shida yanayoweza kufanya malengo magumu kupata, na wanaweza kufanya nini kuepuka (au kushinda) shida hizi.

B. Hadithi ya Maisha Yako

Watake washiriki wafunge macho yao, waketi na wakae na kupumzika na wafikirie maisha yao ya baadaye. Wafikiria juu ya mafanikio au vikwazo wanavyoweza kukumbana navyo. Uliza maswali polepole ili washiriki wana nafasi kufikiria kuhusu swali hili.

Waulize washiriki kuanza kwa kufikiria maisha yao yatakavyokuwa mwaka ujao. Utakuwa unaishi na nani? Marafiki zako watakuwa akina nani? Je utakuwa na rafiki maalum wa jinsia tofauti? Utakuwa unafanya nini wakati wako wa mapumziko? Je utavuta sigara, kunywa pombe au kutumia madawa kama bangi? UKIMWI unawezaje kuingia katika maisha yako wakati huu? Utakuwa unafahamu mtu mwenye Virusi Vya UKIMWI au mwenye UKIMWI?

Kisha jifikirie utakavyokuwa katika kipindi cha miaka mitano ijayo? (Uliza baadhi ya maswali yaliyoulizwa hapo juu). Sasa fikiria maisha yako yatakavyokuwa wakati utakapokuwa na umri kati ya miaka zaidi ya 20. Je utakuwa umeolewa au kuoa? Utafanya kazi? Kwa wakati huu UKIMWI utakuwa umeingiaje katika maisha yako? Mwisho fikiria kuwa una watoto wako mwenyewe wenye umri wa miaka 13 au 14. Ni kwa namna gani UKIMWI unaweza kuathiri maisha yao? Ni maisha ya aina gani ungewatakia wayaishi? Ni hofu ya aina gani unayo juu yao? Fikiria ni uamuzi gani ambao ungechukua katika maisha yako ili kubadili maisha yako ya baadaye.

Waambie washiriki kufungua macho yao na kulegeza mwili kwa dakika chache. Watafakari tena taswira waliyokuwa vichwani mwao—katika hatua mbalimbali za maisha yao.

C. Kuchora Malengo

Waombe washiriki kuchora woa wanapopata malengo yao.

PART THREE: LESSONS FOR YOUNG ADULTS

1. Suggestions for Working with Young Adults
2. Myths and Facts about HIV/AIDS
3. HIV Transmission
4. HIV/AIDS and the Immune System
5. HIV Prevention and Condom Use
6. STDs (and their relationship to HIV transmission)
7. Behavior Change and Delaying sex
8. Family Planning
9. Sexual Abstinence
10. Relationships
11. Gender Roles
12. Drugs and Alcohol
13. Communication Skills
14. Self-Esteem
15. Peer Pressure
16. Risk Activities
17. Decision Making
18. Goals
19. Malaria

SEHEMU YA TATU: MASOMO KWA VIJANA

1. Mapendekezo ya Namna ya Kushughulikia Vijana
2. Ukweli na Uongo Kuhusuiana na Virusi vya UKIMWI/UKIMWI
3. Maambukizi ya Virusi vya UKIMWI
4. Virusi vya UKIMWI/UKIMWI na Mfumo wa Kinga ya Mwili
5. Uzuiaji wa Virusi vya UKIMWI na Utumiaji ya Kondomu
6. Magonjwa ya Ngono na Mahusiano Yake na Virusi Vya UKIMWI
7. Mpango wa Uzazi
8. Kubadilisha Tabia na Kukawia Kufanya Mapenzi
9. Kutofanya Ngono
10. Mahusiano Mazuri ni Nini?
11. Majukumu Kijinsia
12. Madawa ya Kulevya na Pombe
13. Stadi za Mawasiliano
14. Kujistahi
15. Shinikizo Rika
16. Tabia za Hatari
17. Kufanya Maamuzi
18. Kujiwekea Malengo
19. Malaria



1. SUGGESTIONS FOR WORKING WITH YOUNG ADULTS

One of the nice things about working with young adults is that they can grasp more complicated ideas and they get more involved in the lessons. They are also more capable of having discussions about their opinions on different issues.

CHALLENGES

The older children did not seem to like participating in role plays or fun games. They seemed to prefer discussions or games that were more structured towards learning about a certain subject. They also did not feel very comfortable sharing personal information, like behavior changes they had made, with each other. They also found it difficult to talk about healthy relationships, partly because it seems that they have been taught it is best for them to avoid relationships completely. However I tried to encourage them to talk about what a healthy relationship could be and safer sex, because many of them are already involved with girls.

SUCSESSES

On several occasions I took the older boys to visit organizations in town that provide health services. They seemed to enjoy this and always asked many questions. They also liked learning practical skills, such as how to use a condom properly. They seemed to think that this was important. They also liked discussions and question and answer sessions very much, as these formats allowed them to express their ideas and ask their questions.

THINGS TO BE AWARE OF

I found working with the older children at Mkombozi extremely challenging largely because of their lack of enthusiasm for and commitment to being involved in the health education program. I found that this lack of enthusiasm was often related to the boys being busy with schoolwork, chores, sports, and social life, and therefore not being willing to make the time for health education. When they did find the time, they participated well and asked lots of questions. Therefore, timing is very important when working with older children. Choosing a time when they are unlikely to be busy with other things will make the club much more successful.

1. MAPENDEKEZO YA NAMNA YA KUSHUGHULIKIA VIJANA

Moja ya kitu kizuri wakati wa kufanya kazi na watoto wakubwa ni ule uwezo wao wa kushika mambo magumu na wanashiriki sana katika masomo. Wanao pia uwezo wa kujadili maoni yao katika mambo tofauti.

CHANGAMOTO

Watoto wengi wakubwa walionekana kutopenda kushiriki katika igizo dhima au michezo ya kufurahisha. Walionekana kupendelea majadiliano au michezo yenye muundo unaolenga kujifunza somo fulani. Hawakujisikia huru kuelezea habari zao binafsi, kama mabadiliko ya tabia waliyofikia, na wengine. Hawakupenda pia kuzungumzia masuala ya mahusiano, inaonekana wamefundishwa kuepuka kabisa mahusiano. Hivyo nilijaribu kuwatia moyo kuzungumza kuhusiana na mahusiano ya kiafya yanavyoweza kuwa, na mahusiano ya ngono yaliyo salama, kwa sababu wengi tayari wanajihusisha na wasichana.

MAFANIKIO

Wakati fulani niliwachukua vijana wakiume wakubwa kutembelea mashirika mjini ambayo yanatoa huduma za afya. Walionekana kulifurahia hili na mara nyingi waliuliza maswali. Walipenda pia kujifunza stadi za vitendo, kama vile matumizi sahihi ya kondomu. Walionekana kufikiri kuwa hili lilikuwa ni muhimu. Walipendelea kipindi cha majadiliano, maswali na majibu, kwa vile muundo huu uliwaruhusu kutoa maoni yao na kuuliza maswali.

VITU VYA KUFAHAMU

Niligundua kufanya kazi na vijana wa kiume wakubwa katika kituo cha Mkombozi ni changamoto kubwa sana kwa sababu ya kukosa shauku na ahadi ya kujihusisha na Mpango wa elimu ya afya. Niligundua kukosa shauku kwa wavulana ni kwa sababu ya kuwa na shuguli nyingi za shule, kazi za kuchosha, michezo, shughuli binafsi, hivyo kutokuwa tayari na muda wa masomo ya elimu ya afya. Wakati walipopata muda, walishiriki vizuri na kuuliza maswali mengi sana. Hivyo, muda wa kufaa ni muhimu sana wakati wa kushughulikia watoto wakubwa. Kuchagua muda ambao hawana shughuli nyingine kutaifanya klabu ifanikiwe sana.

2. MYTHS AND FACTS ABOUT HIV/AIDS

A. Game

Everybody with game... Everybody makes a circle with one person in the middle. That person says a statement about themselves. For example, "I like to play football/soccer." If it's true for others they get up and change places with another person. Whoever is left standing in the middle says another statement and the game continues in the same fashion.

B. Myths and Facts Competition

Divide into two teams. Each team is given a statement to discuss in their group. They have to read it aloud and then guess if it is myth or fact. If they get it right they get a point and if not they get zero. The facilitator explains why each statement is true or false. At the end the points are added and one team wins.

FACTS

1. Although treatments to slow the progression of AIDS exist in Africa as well as other countries, there is still no cure for AIDS.
2. More young teenage African girls have HIV than young boys of the same age.
3. In Tanzania about 10% of people are infected with HIV.
4. Condoms can help to prevent infection with HIV.
5. HIV can be transmitted in other ways than just sex.
6. People of any age can get HIV
7. Both black people and white people can get HIV
8. Having other STDs increases a person's chances of getting AIDS.

2. UKWELI NA UONGO KUHUSUIANA NA VIRUSI VYA UKIMWI/UKIMWI

A. Mchezo

Mchezo wa "Kila mtu na." Kila mmoja afanye duara na mtu mmoja awe katikati. Mtu huyu aseme maneno kuhusu wake. Kwa mfano, "Napenda kucheza mpira." Kama maneno haya ni kweli kwa wengine, basi wasimame na wabadilishe mahali na mtu mwengine. Yeyote ambaye atabaki amesimama katikati aseme maneno mengine na mchezo unaendelea kama hivyo.

B. Ukweli na Imani Potofu Mashindano

Gawa wanafunzi kutengeneza timu mbili. Kila timu inapewa malezo kujadiliana kwenye timu yao. Waamue kama ni ukweli au ni imani potofu. Wakishinda wanapata pointi moja, wakishindwa wanapata sifuri. Mwongozaji anaeleza kila maelezo.

UKWELI

1. Ingawa matibabu ili kupuguza kasi ya kuendelea kwa UKIMWI yapo Afrika na vilevile kwenye nchi nyingine, bado hakuna tiba ya UKIMWI.
2. Idadi kubwa ya wasichana wa Kiafrika wana Virusi vya UKIMWI kuliko wavulana wa umri sawa.
3. Kwenye Tanzania karibu asilimia kumi ya watu imeambukizwa Virusi vya UKIMWI.
4. Kondom zinaweza kusaidia kukinga Virusi vya UKIMWI.
5. Watu wanaweza kupata UKIMWI kwa njia zaidi ya mapenzi.
6. Watu wa umri wowote wanaweza kupata Virusi vya UKIMWI.
7. Waafrika na wazungu wote wanaweza kupata UKIMWI.

8. Kuwa na magonjwa ya zinaa kunaongeza uwezekana wa kupata UKIMWI.

MYTHS

8. You can tell by looking at a person if he or she is infected with HIV.
9. Since everyone dies of AIDS, it is better not to know if you have it.
10. The AIDS epidemic does not really exist—it is just a plot to get Africans to stop having sex.
11. You can be cured of AIDS by having sex with a virgin.
12. Unlike Africans, people in the United States have access to medicine that can cure them.
13. Traditional healers in Tanzania have cured AIDS.
14. AIDS is a disease of immoral people, such as bar-girls and prostitutes.
15. It has recently been proven that HIV does not cause AIDS.

IMANI POTOFU

9. Unaweza kutambua kwa kuangalia kama mtu ana UKIMWI au hana UKIMWI.
10. Kwa kuwa kila mmoja anakufa kutokana UKIMWI, ni bora kutojua iwapo unao ugonjwa.
11. Hakuna ugonjwa wa UKIMWI—ni njama za kufanya Waafrika waache kufanya mapenzi.
12. Unaweza kutibika kwa kufanya ngono na bikira.
13. Tofauti na Waafrika, Wamarekani wana uwezo wa kupata dawa zinazoweza kuwatibu wao.
14. Waganga wa kienyeji katika Tanzania wametibu UKIMWI.
15. UKIMWI ni ugonjwa wa watu wenye tabia mbaya, kama vile wauza baa na malaya.
16. Siku za karibuni imethibitika kwamba Virusi vya UKIMWI havisababishi UKIMWI.

C. Discussion Questions

1. Do you believe that AIDS has affected your community? Why or why not? What evidence do you see of the effects of AIDS?
2. What other things have you heard about AIDS that you think might be untrue?
3. Do you think everyone who has AIDS knows that he/she has it? Why or why not?
4. Would people hide the fact that someone in their family has AIDS? Why or why not?
5. Have you ever heard people say they have a cure for AIDS? Why do you think someone might say that when there is no cure?
6. Why do you think young girls are infected more often than young boys?
7. What can you do to help your community fight AIDS?

C. Maswali Kujadiliana

1. Je, unaamini kwamba UKIMWI umeiathiri jumuiya yenu? Kwi nini au kwa nini hapana? Unao ushahidi gani wa madhara ya UKIMWI kwenye jumuiya yenu?
2. Mambo gani mengine umeyasikia kuhusu UKIMWI kwenye jumuiya yenu ambayo unafikiri yanaweza kuwa si ya kweli?
3. Je unafikiri kwamba kila mwenye UKIMWI anajua kwamba anao? Kwa nini au kwa nini hapana?
4. Je watu wataficha ukweli kwamba wana mtu mmoja kwenye familia yao ambaye ana UKIMWI? Kwa nini au kwa nini hapana?
5. Je umesikia mtu akisema kwamba ana tiba ya UKIMWI? Kwa nini unafikiri kwamba mtu anaweza kusema hivyo wakati hakuna tiba?
6. Kwa nini unafikiri kwamba wasichana wameambukizwa kuliko wavulana?
7. Tufanye nini kuisaidia jumuiya yetu kupambana na UKIMWI?

3. HIV TRANSMISSION

A. Fun-bag activity

Participants choose descriptions from a bag and act them out. The other participants guess what they are acting.

To propose to a girl

Bus Conductor

Drunk man

Teacher

Gardening

Playing football

Pregnant woman

Smoking Marijuana

B. Four fluids

Divide the board into two lists and have the participants fill in the lists, correcting any mistakes:

FLUIDS THAT DON'T TRANSMIT HIV	FLUIDS THAT DO TRANSMIT HIV
Saliva	Blood
Mucus	Vaginal Fluid
Sweat	Breast Milk
Tears	Semen

Explain that in order to transmit HIV these fluids need a way to enter your body through a cut, sore, opening in the skin or mucous membrane. Mucous membrane is a soft tissue located in the vagina, anus, tip on penis, mouth, eyes or nose.

Explain that participants can determine that an activity can transmit HIV if:

1. One of the four fluids is present
2. There is a portal of entry through which that fluid can enter your body

3. MAAMBUKIZI YA VIRUSI VYA UKIMWI

A. Tendo begi la kufurahisha

Washiriki wanachagua maelezo kutoka kwenye bagi na wanaigiza vitendo. Wengine wanakisia vitendo.

Kutongoza Msichana
Kondakta wa gari
Mwanaume mlevi
Mwalimu
Kulima Bustani
Kucheza mpira
Mama mja mzito
Kuvuta bangi

B. Majimaji manne

Gawa ubao katikati sehemu mbili za orodha. Washiriki wajaze oradha hizi, na mwalimu arekibishe makosa.

Majimaji yasiyobeba Virusi vya UKIMWI	Majimaji yanayobeba Virusi vya UKIMWI
Mate	Damu
Ute/ Kamasi	Uteute wa ukeni
Jasho	Maziwa ya mama
Machochi	Shahawa

Eleza ili kuambukizwa Virusi vya UKIMWI, majimaji haya yanahitaji njia kuingia mwilini kupita sehemu uliyojikata, kidonda, uwazi wa ngozi au ngozi nyepesi. Ngozi nyepesi ni tishu laini inapatikana kwenye uke, mkundu, nchani wa ume, machoni au puani.

Sasa mnaweza kutathmini iwapo njia yoyote ile inaweza kuambukiza Virusi vya UKIMWI kwa:

1. Kuamua iwapo kuna moja wapo ya maji maji yanayobeba Virusi vya UKIMWI
2. Kuamua iwapo kuna mlango wa kuingia mwili.

C. Activity Cards Game.

Make cards of all the activities on this page. Tape a card to each person's back. They have to try to find out what their activity is by asking other people questions about it, like "does it involve the mouth?" "Can it transmit HIV?" After everyone has guessed their activity everyone shares their activity with the rest of the group and explains whether or not it can transmit HIV and why. The facilitator corrects any mistakes and offers explanations when needed.

ACTIVITY	DOES IT TRANSMIT HIV? (FOR TEACHERS)
Vaginal sex	Yes
Direct blood transfusion of untested blood	Yes
Sharing needles	Yes
Contact with blood of an infected person	Yes, if the blood enters your body
Breastfeeding	Yes
Mother to infant during delivery	Yes, possibly
Mother to infant during pregnancy	Yes, possibly
Anal sex	Yes
Homosexual sex	Yes
Being near a person with HIV	No
Sharing a drinking cup with a person with HIV	No, saliva doesn't transmit HIV
Hugging a person with HIV when blood is not present	No
Kissing a person with HIV when blood is not present	No, saliva doesn't transmit HIV
Shaking hands with a person with HIV when blood is not present	No
Proper use of a condom during sex	No

C. Mchezo wa Kadi za Shughuli

Tengeneza kadi za michezo yote kwenyae ukarasa huu. Gundisha kadi kwenye mgongo wa kila mtu. Watatakiwa kujua shughuli yao kwa kuuliza watu wengine maswali kuhusu shughuli hiyo, kwa mfano, "Je huusisha mdomo?" "Je huambikiza Virusi vya UKIMWI?" Baada ya kila mmoja kuhisi shughuli yake, kila mmoja aelezee shughuli yake kwa kikundi cha wengine na aeleza kama inaweza sambaza Virusi vya UKIMWI na kwa nini. Mwongozaji asahihishe makosa na kutoa maelezo pale inapohitajika.

SHUGHULI	INAMBUKIZA VIRUSI VYA UKIMWI? (KWA MWONGOZAJI)
Ngono kwa njia ya kawaida (mwanamke na mwanaume)	Ndiyo
Kuongezewa damu isiyopimwa	Ndiyo
Kutumia sindano pamoja	Ndiyo
Kugusu dama ya muathrika	Ndiyo, damu ikiingia mwilini wako
Kunyonya maziwa ya mama	Ndiyo
Maaumbukizo ya mama kwa mtoto wakati wakujiifungua	Ndiyo, inawezekana
Maambukizo ya mama kwa mtoto wakati wa uja uzito	Ndiyo, inawezekana
Kulawitiana / Kufirana (Kujamiana kwa mkundu)	Ndiyo
Kujamiana (mwanaume na mwanaume)	Ndiyo
Kuwa karibu na mtu mwenye Virusi vya UKIMWI	Hapana
Kutumia kikombe kimoja na mtu mwenye Virusi vya UKIMWI	Hapana, mate haiambukizi
Kumkumbatia mtu mwenye Virusi vya UKIMWI (damu haipo)	Hapana
Kumbusu mtu mwenye Virusi vya UKIMWI (damu haipo)	Hapana, mate haiambukizi
Kumshika mkono mtu mwenye Virusi vya UKIMWI (damu haipo)	Hapana
Matumizi sahihi ya kondomu wa ngono	Hapana

4. HIV/AIDS and THE IMMUNE SYSTEM

A. The Difference Between HIV and AIDS

Explain the following points:

- ✓ Technically, people do not die from AIDS or from HIV. They die from other diseases, but they can get these diseases easily if they have AIDS.
- ✓ HIV is a virus that attacks the immune system, so that the immune system cannot protect the body.
- ✓ Once HIV has killed enough of the immune system and diseases have started to attack the body, the person is said to have AIDS.
- ✓ AIDS is a condition in which the immune system is so weakened by HIV that it cannot protect itself from other diseases.
- ✓ AIDS: Aquired Immune Deficiency Syndrome
- ✓ People with AIDS can get many kinds of diseases easily because their body cannot fight them when their immune system does not work properly.
- ✓ These diseases are called "opportunistic infections" because they take the opportunity to attack the immune system when it is weak.
- ✓ In order to understand how HIV affects the body and progresses into AIDS we are going to act out the immune system.

4. UKIMWI/VIRUSI VYA UKIMWI na MFUMO WA KINGA YA MWILI

A. Tofauti ya Virusi Vya UKIMWI na UKIMWI

Eleza maelezo yafuatayo:

- ✓ Watu hawafi kotokana na UKIMWI au Virusi vya UKIMWI. Wanakufa kutokana magonjwa mengine, lakini wanaweza kupata magonjwa haya kwa urahisi wakiwa na UKIMWI.
- ✓ Virusi vya UKIMWI ni virusi vinavyoshambulia mfumo wa kinga ya mwili, na kusababisha mfumo wa kinga ya mwili kutoweza kuulinda mwili.
- ✓ Virusi vya UKIMWI vinapoua mfumo wa kinga ya mwili kwa kiasi kikubwa na magonjwa mbalimbali kuushambuliwa mwili, tunasema mtu ana UKIMWI.
- ✓ UKIMWI ni hali ambayo kingamwili imedhoofishwa, na haiwezi kuulinda mwili kutokana na magonjwa tofauti tofauti.
- ✓ UKIMWI: Ukosefu Wa Kinga Mwilini
- ✓ Watu wenye UKIMWI wanaweza kupata magonjwa mengi kwa urahisi sana kwa sababu miili yao haiwezi kupambana na magonjwa kwa sababu mfumo wa kinga ya miili yao haifanyi kazi ipasavyo.
- ✓ Magonjwa haya yanaitwa "magonjwa yanayoambatana UKIMWI" kwa sababu yanatokeza wakati kingamwili ni dhaifu.
- ✓ Kuelewa Virusi vya UKIMWI vinaathirije mwili na vinaendeleaje, tutaigiza kuhusu mfumo wa kinga ya mwili.

B. Immune-System Role Play

1. What is the immune system?

The immune system is the system in our body that protects us from diseases. The immune system fights diseases as soon as they enter the body.

2. How does the immune system work?

a) The immune system has many kinds of white blood cells, each with an important job. Here are some of the cells and their jobs:

T4 Cells (helper cells): The T4 cells order other cells to fight antigens. This is the cell that HIV enters and attacks.

Antigens: Germs that cause disease. They could be virus, bacteria, fungus or any other type of germ.

T8 Cells/ Killer cells: When the T4 cell alerts them to the danger, T8 cells attack antigens when they enter the body and stop disease.

B cell: When the T4 cell alerts them to the danger, this cell makes antibodies.

Antibodies: Antibodies learn to recognize antigens and kill them when they enter the body.

B. Maigizo ya Kinga ya Mwili

1. Mfumo wa kinga ya mwili ni nini?

Mfumo wa kinga ya mwili ni mfumo ndani ya miili yetu unaotulinda kutokana na magonjwa. Mfumo wa kinga ya mwili unapambana na magonjwa yanopoiingia mwilini.

2. Mfumo wa kinga ya mwili unafanyaje kazi?

a) Kingamwili ina chembechembe nyeupe za damu. Kila chembechembe inafanya kazi muhimu, kwa mfano:

Chembechembe saidizi/T4: chembechembe saidizi zinaimarisha chembechembe mbili zaidi (chembechembe B na chembechembe uaji T8) kumtafuta na kumwangazima mvamizi. Chembechembe saidizi ni chembechembe ambazo Virusi vya UKIMWI huzivamia na kuziangamiza.

Antigeni: Wadudu wanaosababisha magonjwa. Wanaweza kuwa virusi, bakteria, kuvu na kadhalika.

Chembechembe T8 au chembechembe zinazoua. Huitwa na chembechembe saidizi T4 kwa ajili kushambulia mvamizi na kumuua moja kwa moja.

Chembechembe B: Hutambua umbo la mvamizi (antijeni) na kutengeneza "kingamwili" ambazo zinaenea kwenye antijeni.

Kingamwili: Antijeni ikiingia kwenye mfumo inatambuliwa na kushambuliwa na kingamwili. Kingamwili zinaweza kutambua mara moja antijeni za baadaye za aina hii na kuzizuia kukufanya uwe mgonjwa siku za baadaye.

b) How does the immune system work without HIV?

- When an antigen enters the body, the T4 cells see it and tell the B cells and the T8 cells to fight it.
- The B cells make antibodies which will learn to recognize the antigen in the future and will attack it.
- The T8 cells kill the antigen.
- When the antigen tries to enter again the antibodies recognize it and help the T8 cells to kill it.

c) How does the immune system work with HIV?

- When HIV enters the body it takes over the T4 cells, multiplies inside them, and kills them.
- The T4 cells are not able to warn the other cells when diseases enter the body.
- When an antigen enters the body, the T8 cells and the B cells don't recognize it and they let it attack the body. The body gets very sick since it cannot fight disease.

d) Acting out the immune system:

The following roles are assigned and the immune system is acted out both before and after HIV attacks it.

- T4 cell
- B cell
- T8 cell
- Antibody
- Antigen
- HIV

b) Mfumo wa kinga ya mwili unafanyaje kazi bila Virusi vya UKIMWI?

- Antijeni inapoingia mwilini, chembechembe saidizi zinaiona na zinatoa taarifa kwa chembechembe B na chembechembe T8 kuishambulia.
- Chembechembe B zinatengeneza kingamwili inayojifunza kuitambua na kuishambulia antijeni baadaye.
- Chembechembe T8 zinaua antijeni.
- Antijeni ikijaribu kuingia tena, kingmwili inaitambua na inazisaidia chembechembe T8 kuiua.

c) Mfumo wa kinga ya mwili unafanyaje kazi pamoja na Virusi vya UKIMWI?

- Virusi vya UKIMWI vinapoingia mwilini, vinaingia ndani ya chembechembe T4, vinazaliana ndani ya chembechembe T4, na inaziua chembechembe hizo.
- Chembechembe T4 haziwezi kuzionya chembechembe nyingine magonjwa yanopoingia mwili.
- Antijeni inapoingia mwilini, chembechembe T8 na chembechembe B haziitambua na zinaziruhusu mwili kushambuliwa. Mwili unakuwa mgonjwa sana kwa sababu hauwezi kupambana na magonjwa.

d) Kuigiza Kinga ya Mwili

Tuigize mfumo wa kinga ya mwili. Washiriki wanaigiza dhima hii kabla ya na baada ya Virusi vya UKIMWI kuingia mwilini.

- Chembechembe saidizi/Chembechembe T4
- Antijeni
- *Chembechembe T8 au chembechembe zinazoua.*
- Chembechembe B
- Kingamwili
- Virusi Vya UKIMWI

C. Progression of HIV into AIDS

HIV turns into AIDS when a certain amount of the T4 cells have been killed. Once a person has below a certain amount of T4 cells and has had opportunistic infections, that person is said to have AIDS. The way HIV develops is different for each person depending on their body and their lifestyle. If a person with HIV is healthy, he or she can live a lot longer before developing AIDS. When a person is infected with HIV the disease goes through the following stages:

1. Window period

After a person has first been infected with HIV, they have not yet developed antibodies. They may test negative for HIV because the test measures antibodies, not the virus. This period can last 3-6 months. During this time the person may feel flu-like symptoms and they can easily infect another person, even though they would test negative for HIV.

2. Incubation Period

This is the time when HIV antibodies develop and try to fight the disease. During this time, a person will test positive for HIV and can transmit the virus to others, but they may not look or feel sick. This period can last longer than 15 years, but usually lasts between 5 and 10 years. This period can be prolonged by a healthy lifestyle which includes: proper rest, exercise, good nutrition, not smoking or drinking, emotional well-being, and getting early treatment for any diseases that occur.

3. AIDS

After a while the HIV kills enough T4 cells and the body develops AIDS. During this time a person will get sick very easily with diseases their body would normally be able to fight off. Common early symptoms are weight loss, cough, chronic diarrhea, yeast infections, and chills. Common later symptoms are diseases such as tuberculosis (TB), pneumonia, shingles, kaposi sarcoma, toxoplasmosis, and cervical cancer.

C. Maendeleo ya Virusi vya UKIMWI kwenda kwenye UKIMWI

Virusi vya UKIMWI hubadilika kuwa UKIMWI wakati kiwango fulani cha chembechembe aina ya T4 kinapokuwa kimeuawa. Mara mtu anapokuwa na kiwango fulani cha chini cha chembechembe aina ya T4 na magonjwa yanayoambatana na hali hiyo, basi mtu huyo husemekana kuwa na UKIMWI. Virusi vya UKIMWI vinakua kwa utofauti kwa kila mtu. Inatengema mtindo wa maisha. Kama muathirika ana afya nzuri anaweza kukaa muda mrefu kabla ya haujajitokeza UKIMWI. Mtu anapoambukizwa Virusi vya UKIMWI, ugonjwa hupitia hatua zifuatazo:

1. Kipindi cha matumaini

Kipindi kati ya ambukizo na wakati mtu anapozalisha viini kingamwili vya kutosha kuonyesha hali chanya katika kipimo cha Virusi vya UKIMWI--kwa kawaida ni kati ya miezi mitatu na miezi sita. Katika kipindi hiki, mtu anakuwa na Virusi vya UKIMWI na uwezo mkubwa wa kuambukiza kwa sababu katika kipindi hiki hakuna viini kingamwili vinavyodhibiti Virusi vya UKIMWI. Kipimo cha magonjwa bado ni hasi katika kipindi hiki kwa kuwa kinaona viini kingamwili tu, hakioni Virusi vya UKIMWI.

2. Kipindi Pevushi

Kipindi kati ya ambukizo na kukua kwa dalili za magonjwa yanayohusiana na UKIMWI. Wakati wa kipindi hiki, mtu anakuza kingamwili na zinajaribu kugombana na Virusi vya UKIMWI. Wakati wa kipindi hiki mtu akipimwa itagundulika ana Virusi vya UKIMWI, lakini haonekani mgonjwa. Kipindi hiki kinaweza kuchukua miaka mingi (kama zaidi ya 15), lakini kwa kawaida kinachukua kati ya miaka mitano na kumi. Kipindi hiki kinaendelea kwa mudu mrefu kama mtu anajitunza afya yake kwa: kupumzika, kufanya mazoezi, kula vizuri, kutovuta sigara, kutokunywa pombe, kuwa na hisia nzuri, na anapata dawa mapema akiumwa.

3. UKIMWI

Virusi vya UKIMWI vinapoua chembechembe T4 vya kutosha mtu anapata UKIMWI. Wakati wa kipindi hiki mtu anaumwa kwa urahisi na anapata magonjwa mwilini ambayo mwili wake awali uliweza kupigana nayo. Dalili za awali za Virusi vya UKIMWI ni kupungua uzito, kukohoa, kuharisha sana, kupata "yeast infections", na homa baridi. Magonjwa hatari zaidi yanayoambatana UKIMWI ni kifua kikuu, baridi yabisi, upele, "kaposi sarcoma", "toxoplasmosis", na saratani ya kizazi

5. *HIV PREVENTION AND CONDOM USE*

A. Four Fluids

Review from two weeks ago the fluids that can transmit HIV

B. *Transmission Activities*

Have the group come up with a list of activities that can transmit HIV. Examples could be:

- ❖ Unprotected sex
- ❖ Sharing needles
- ❖ Mother to child
- ❖ Touching the blood of someone who is infected
- ❖ Receiving untested blood
- ❖ Anal sex
- ❖ Homosexual sex
- ❖ Oral sex

C. *Reducing Risk of Transmission*

How can each of these activities be avoided? If they can not be avoided, how can their risk be reduced. Come up with prevention strategies for:

1. Avoiding risk completely
2. Reducing risk

5. *UZUIAJI YA VIRUSI VYA UKIMWI NA UTUMIAJI YA KONDOMU*

A. Aina Nne za Umajimaji Katika Mwili Yetu

Pitia upya aina nne za umajimaji katika mwili wetu yanayoweza kuambukiza Virusi vya UKIMWI.

B. *Vitendo Vinavyoambukiza*

Waulize washiriki kusema vitendo vinavyoweza kuambukiza Virusi vya UKIMWI.

Kwa mfano:

- ❖ Mapenzi bila kinga.
- ❖ Kushirikiana sindano.
- ❖ Toka kwa mama kwenda kwa mtoto.
- ❖ Kugusu damu ya mtu aliyeathirikwa.
- ❖ Kuongezewa damu isiyopimwa na ina Virusi vya UKIMWI
- ❖ Kulawitiana / Kufirana (Kujamiiiana kwa mkundu)
- ❖ Kujamiiiana (mwanaume na mwanaume) /Vitendo ya kibasha/kisenge
- ❖ Kujamiiiana na mdomo

C. Kupunguza Hatari ya Kuambukizwa

Ni kwa namna gani vitendo hivi vinaweza kuzuia? Kama haiwezekani kuepukika, je ni kwa namna gani hatari zake zinaweza kupunguzwa.

Kwa kila kitendo kinachowezesha kuambukiza UKIMWI eleza mibinu ya:

1. Kuzuia hatari kabisa.
2. Kupunguza hatari kwa kiasi.

D. Condom Demonstration

Demonstrate how to use a condom using a banana, cucumber, or bottle cap:

1. Check the expiration date of the condom.
2. Check that the condom has not been left too long in the sun by feeling for an air pocket in the wrapper.
3. Open the package carefully.
4. Find out which way the condom rolls out.
5. Pinch the tip of the condom to prevent air being trapped and make space for sperm.
6. Roll the condom gently down the base of the object symbolizing the penis.
7. Withdraw before the erection is gone and remove the condom carefully, tying it off so that sperm does not spill out.

E. Role Plays

The class should be divided into small groups of 2-3 people. They choose one of the ways in which HIV can be transmitted and come up with a scenario in which transmission is a risk, but is prevented. They demonstrate their role play for the rest of the class. Examples could involve:

An older man is trying to persuade a young boy or girl to have sex with him

A wife is asking her husband to use a condom because she suspects he has been unfaithful

A person is injecting drugs and wants to share the needle with their friend

D. Kuonyesha Kondomu

Onyesha kwa vitendo namna ya kutumia kondomu kwa kutumia mfano wa ndizi, tango, au chupa.

1. Angalia tarehe ya kumalizika muda wake wa kutumia
2. Angalia kuwa kondomu haikuachwa kwa muda mrefu juani kwa kuchunguza kifuko cha hewa katika mfuko wake.
3. Fungua mfuko kwa uangalifu.
4. Tafuta upande ambao kondomu inajifungua.
5. Bana ncha ya kondomu ili kuzuia hewa isiingie na kuacha nafasi kwa shahawa.
6. Fungua kondomu polepole mpaka shinani kwenye mfano wa uume uliosimama.
7. Chomoa kabla uume haujalegea/ lala kabisa na toa kondomu kwa uangalifu, ifunge kwa kuibana ili shahawa zisimwagike.

E. Maigizo ya Dhima

Darasa ligawanywe katika vikundi vya wawili au watatu. Wachague njia moja wapo ambayo Virusi vya UKIMWI vinaweza sambazwa na waje na mpangilio wa maonyesho (maigizo) kuwa kuna hatari ya ambukizo lakini inaweza epuka. Mifano inaweza kuhusisha:

Mwanaume anajaribu kumshawishi msichana au mvulana kujamiiana.

Mke anamwomba mume kutumia kondomu kwa sababu anahisi si muaminifu.

Mtu anajichoma dawa za kulevyu na anataka kushirikiana sindano na rafiki zake.

6. STDs AND THEIR RELATIONSHIP TO HIV

A. The relationship of STDs and HIV

Explain that:

- b) Having an STD is one of the most important risk factor in HIV transmission. In Africa, it increases the risk of HIV transmission by 350 percent. A recent study showed that the presence of STDs in eastern and southern Africa was one of the major reasons why there was a higher incidence of AIDS in these regions of the continent. This is because a genital sore or ulcer as in syphilis, chancroid, or herpes expands the portal of entry for HIV. Having discharge, as in gonorrhea or Chlamydia, means that more white blood cells are present. Since white blood cells are hosts for HIV, it means that more off the virus can be transmitted or received when discharge is present.
- c) Quick and proper treatment for STDs and immediate referral or partners can be important strategies for HIV prevention. Sometimes people don't have symptoms of STDs, so referring partners is very important.

B. Role Plays: Testing and Informing Partners

Have participants role play the following situations.

A male partner informs his female partner that she needs to get treated for gonorrhea because he is having symptoms of that disease.

A young man thinks he may be at risk for having an STD and goes to get tested.

A young man is telling a woman he is going to marry that he has an STD which is not cured yet and they should use protection when they have sex.

6. MAGONJWA YA NGONO NA MAHUSIANO YAKE NA VIRUSI VYA UKIMWI

A. Mahusiano Kati Magonjwa ya Zinaa na Virusi vya UKIMWI

Eleza kwamba:

a) Kuwa na magonjwa ya zinaa ni kigezo na hatari kwa maambukizo ya Virusi vya UKIMWI. Katika Africa, inaongeza hatari ya uambukizaji wa Virusi vya UKIMWI kwa asilimia 350. Uchunguzi wa hivi karibuni umeonyesha kwamba kuwepo kwa magonjwa ya zinaa katika Afrika ya Mashariki na Kusini ilikuwa moja wapo ya sababu kuu zilizopelekea kuwepo kwa matukio mengi ya UKIMWI katika sehemu hizi za bara la Africa. Kidonda katika viungo vya uzazi kama kwa wenye kaswende, chanchroid au ugonjwa wa malengelenge ya neva ngozini kunapanua lango la kuingilia virusi. Kwa kutoka usaha, kama ilivyo ugonjwa wa kisonono au chlamydia, humaanisha kuwa kuna chembechembe nyeupe nyingi zaidi za damu. Kwa kuwa chembechembe nyeupe za damu ni wenyeji wa Virusi vya UKIMWI, humaanisha kuwa virusi vingi zaidi vinaweza kuambukizwa au kupatikana wakati ukiwepo usaha.

b) Matibabu ya haraka na sahihi ya magonjwa ya zinaa na kuwapeleka kwa daktari wale wapenzi, inaweza kuwa mbinu muhimu za kuzuia Virusi vya UKIMWI. Mara nyingi watu hawana dalili zinazoonekana za magonjwa ya zinaa, hivyo kumpeleka mwenzio kwa daktari ni muhimu sana.

B. Michezo ya Magizo: Kupima na Kumjilisha Mwenzi wako

Washiriki waingize maigizo yafuatayo.

Mwanaume amwambie mpenzi (mwanamke) wake kwamba anahitaji kutibiwa kisonono kwa sababu yeye (mwanauma) ana dalili za ugonjwa huo.

Kijana wa kiume anafikiri anaweza kuwa na magonjwa ya zinaa hivyo anakwenda kwa daktari kupimwa.

Kijana wa kiume anamwambia mchumba wake kwamba ana ugonjwa wa zinaa ambao hajapona bado, na anamshauri ni lazima watumie condomu wanapofanya mapenzi.

C. Learning about STDs

The participants are divided into 7 teams. Each team gets an STD handout and can study it for five minutes. Then each team explains the symptoms of their STD to the others.

D. STD Game

Tape the names of the STDs horizontally along the top of the wall. Write popular names of the disease in parentheses next to the scientific names. Throw the cards with the names of the signs and symptoms on the floor. Each of the seven groups should find the symptoms of their disease and place them under the name of their STD on the wall. The facilitator then leads a discussion with the participants to realign any misplaced cards.

MATERIALS:

STD handouts

Cards with STD symptoms

Names of STDs on big paper

C. Kusoma magonjwa ya zinaa

Wagawanye washiriki katika timu saba. Kila timu ipewe kitini cha magonjwa ya zinaa na wasome kwa dakika tano. Halafu, kila timu ieleze washiriki wengine dalili za ugonjwa la zinaa walilosoma.

D. Mchezo wa Magonjwa ya Zinaa

Bandika majina ya magonjwa ya zinaa kwa upande ukutani kwa juu. Andika majina yajulikanayo ya magonjwa hayo kwenye mabano pembeni ya majina ya kisayansi. Mwaga kwenye sakafu majina na dalili za magonjwa. Kila timu/kikundi watafute dalili za ugonjwa wake na waweke dalili chini ya majina ya ugonjwa wa zinaa ukutani. Mwezesaji aongoze mjadala na kikundi ili kurekebisha kadi zilizowekwa kwa makosa.

VIFAA:

Vitini vya magonjwa ya zinaa

Kadi zenye dalili ya magonjwa ya zinaa

Majina ya magonjwa ya zinaa katika karatizi kubwa

Gonorrhea

Yellow-green or white discharge from the penis or vagina.

Burning sensation during urination.

Symptoms usually occur 2 to 14 days after exposure.

Possibly no symptoms.

Possible swelling in area of testicles.

Possible sterility if untreated.

Possible blindness in newborns if not treated with drops in eyes.

Cured with antibiotics.

Syphilis

Painless sore on penis or in vagina.

Sore appears 10 to 90 days after exposure.

Non-itching rash on body (palms and soles of feet)

Hair loss, fever, and chills.

Possible death if untreated.

Possible death or bone deformation in newborn if mother not treated early in pregnancy.

Cured with antibiotics.

Kisonono

Usaha wa njano-kijani au mweupe toka kwenye uume au uke.

Kusikia maumivu wakati wa kukojoa.

Dalili huonekana siku 2 hadi 14 baada ya kuambukizwa.

Inawezekana kusiwepo dalili.

Uwezekano wa uvimbe kwenye sehemu za korodani.

Uwezekano wa kutozaa iwapo huatatibiwa.

Kuna uwezekano wa upofu kwa watoto watakozaliwa iwapo hawatapewa dawa za macho.

Tibu kwa kiuavijasumu (antibiotics)

Kaswende

Kidonda kisichokuwa na maumivu kwenye uume au uke.

Kidonda huonekana siku 10 hadi 90 baada ya kuambukizwa.

Vipele visivyowasha kwenye mwili (viganja na nyanyo za miguu)

Nywele kupukutika, homa na homa ya baridi.

Kifo kinaweza kutokea usipotibiwa.

Uwezekano wa kufa au kazaliwa mtoto kilema iwapo mama hatatibiwa mapema wakati akiwa mja mzito.

Tibu kwa kutumia kiuavijasumu (antibiotics)

Herpes

No cure, treatment is "Acyclovir."

Small painful blisters on genitals or mouth.

Symptoms may recur when under stress.

It's a viral infection

Severe neurological damage or death to newborns if exposed in birth canal.

Chancroid

Painful sore on penis or vagina.

Sore appears 3 to 5 days after exposure.

Inflammation of lymph gland on one side.

Greatest risk factor for HIV transmission, because virus can enter through sores.

Malengenge ya Neva Ngozini

Hauponi, matibabu ni "Acyclovir"

Malengenge yenye kuleta maumivu makali sehumu za siri na mdomoni.

Dalili zinaweza kurudia wakati ukiwa na mfadhaiko.

Ni aina ya maaumbukizo ya virusi.

Uharibifu wa neva au kifo kwa watoto wanaozaliwa iwapo wataambukizwa kwenye njia ya kuzaliwa.

Uvimbe

Uvimbe unaouma kwenye uume au uke.

Uvimbe hutokea siku 3 hadi 5 baada ya kuambukizwa.

Uvimbe wa tezi ya limfu upande mmoja

Ni hatari sana kwa maambukizo ya Virusi vya UKIMWI, kwa sababu virusi vinaweza kuingia kwenye vidonda.

Chlamydia

Possibly no symptoms.

Increased vaginal discharge.

Unusual vaginal bleeding.

Frequent need to urinate.

Symptoms occur 14 days after exposure.

Fever and nausea possible.

Can cause sterility or inflammation of or damage to reproductive organs.

Cured with antibiotics.

Hepatitis B

Extreme fatigue, headache, fever, nausea

Lack of appetite, vomiting, pain in abdomen

Dark urine

Diarrhea

Can cause serious liver damage

Preventable by vaccine

Cannot be treated but often gets better by itself.

Chlamydia

Inawezekana kusiwepo dalili.

Usaha kwenye uke huongezeka.

Damu kutoka uke ni isivyo kawaida.

Haja ya kukojoa mara kwa mara.

Dalili huonekana siku 14 baada ya kuambukizwa.

Uwezekano wa homa na kichefuchefu.

Uwezekano wa kutozaa na kuharibu utupu iwapo huatatibiwa.

Tibu kwa kiuavijiasumu (antibiotics)

Hepatitis B

Uchovu sana, kuumwa na kichwa, homa, kichefuchefu.

Kutokuwa na hama ya kula, kuumwa na tumbo.

Mkojo mweusi

Kuhara

Inaweza sababisha matatizo makubwa ya ini.

Inazuilika kwa chanjo.

Haitibiki, lakini mara kwa mara hupona yenyewe.

Human Papilloma Virus (HPV) or Genital Warts

Symptoms show 3 weeks to a year after exposure.

Warts on penis, vagina, anus, or internal reproductive organs.

Painless

Cannot be cured but warts can be removed and often do not return.

Can cause cervical cancer in women.

Vidonda vya Sehemu za Siri

Dailili huonekana wiki 3 hadi mwaka moja baada ya kuambukizwa.

Vidonda katika uume, uke, mkundu au utupu ndani wa mwili.

Bila maumivu.

Haitibiki, lakini unaweza kutibu vidonda na mara nyingi havirudi.

Inaweza kusababisha kansa ya mlango wa kizazi kwa wanawake.

7. *PREGNANCY AND FAMILY PLANNING*

A. Why Would Someone Want To Use Family Planning

Have participants list reasons why a couple would decide to use family planning.

Some suggestions are:

A bigger family is harder to provide for.

It is harder on a woman's health to have babies all the time.

A woman might get pregnant at a time when the family does not have money to provide for a child.

B. Understanding Birth Control Choices

Give each group one method of birth control and a card explaining how it works.

Ask them to study this method. After 10 minutes, the groups should share their birth control method with the other participants.

C. Role Plays of Family Planning Negotiation

Do a role play of a couple deciding to use family planning. Facilitators can do examples and then participants can do role plays if they want to.

MATERIALS:

Birth control cards—a card for each method of birth control explaining how it works

Birth control methods—different examples of birth control, such as the pill, IUD, condoms, female condoms, etc.

7. *MIMBA NA MPANGO WA UZAZI*

A. Kwa Nini Watu Wanachagua Kutumia Mpango wa Uzazi?

Waulize washiriki kwa nini mwanamke na mwanaume wangelipenda kutumia mpango wa uzazi Kwa mfano:

Ni vigumu kukimu mahitaji ya familia kubwa.

Sio vizuri kwa afya ya mwanamke kuwa na mimba wakati wote.

Mwanamke anaweza kupata mimba wakati familia yake haina pesa za kumtunza mtoto.

B. Uelewa wa Njia za Kudhibiti Uzazi

Wape kila kikundi aina ya mpango wa uzazi mmoja na kadi ambayo inaeleza aina hii inatumikaje. Waombe wasome aina hiyo. Baada ya dakika kumi, kila kikundi kieleze aina yake kwa washiriki wengine.

C. Maigizo Dhima ya Mpango wa Uzazi

Fanya maigizo kuonyesha mume na mke wanaamua kutumia mpango wa uzazi.

Waongozaji wanaweza kuigiza mifano na washiriki wanaweza kuigiza.

VIFAA:

Kadi ya mpango wa uzazi-kila kadi ya mpango wa uzazi inaelezea namna mpango huo wa uzazi unavyofanya kazi.

Aina za mpango wa uzazi-aina mbali mbali za mpango wa uzazi ni kwa kutumia vitu kama vidonge, IUD, kondomu za wanaume na wanawake, n.k.

FAMILY PLANNING METHODS

METHOD	HOW IT WORKS	ADVANTAGES	DISADVANTAGES
Birth Control Pill	A small pill which a woman takes every day. It works by releasing hormones into her body which make her temporarily infertile.	Easy to use Does not disrupt intercourse Can make menstrual periods more regular and less painful	Does not protect against STDs and AIDS Can have negative side effects during the first months of use, including nausea, weight gain, depression and headaches.
Depo-Provera	An injection taken by a woman every three months which contains hormones that make her temporarily infertile.	Extremely effective Decrease in amount of menstrual flow Does not disrupt intercourse	Does not protect against STDs and AIDS May experience uncomfortable side-effects
Norplant	Six capsules which are implanted into a woman's upper arm. It releases hormones that stop a woman from releasing eggs.	Extremely effective Lasts for 5 years Does not disrupt intercourse	Needs to be put in and removed by a doctor Expensive May irritate the skin at the site Does not prevent against STDs and AIDS
IUD (Inter-Uterine Device)	A small device inserted into the uterus which makes a woman temporarily infertile.	Does not disrupt intercourse Can be used for 10 years	Risk of pelvic infection Initial expense is high May have pain and heavy menstrual flow Does not prevent against STDs and AIDS
Diaphragm and Cervical Cap	Flexible rubber barriers inserted into the vagina to stop sperm from entering the uterus.	May be inserted ahead of time Requires female involvement only	Requires a medical exam and professional fitting because all women are different sizes May cause an allergic reaction Does not prevent against STDs and AIDS
Female Condom	A polyurethane sheath which lines the vagina and partly covers the external genitals to prevent sperm from entering.	Can be inserted up to 8 hours before intercourse No side effects Prevents STDs and AIDS	Can be difficult to insert Not as easily available and more expensive than male condoms
Male Condom	A protective covering made of latex which fits over the penis and prevents sperm from entering the vagina.	Easy to use Accessible Prevents STDs and AIDS	Reduced sensitivity Interruption of intercourse The male partner needs to agree to use it
Fertility Awareness	This method involves being aware of when a woman is fertile and not having sex during this time.	Acceptable to couples who have religious concerns about birth control No side effects	Very difficult to use Won't work if male partner doesn't agree Only partially effective
Abstinence	No sex, and no contact with each others genitals in any way.	The only 100% effective way to prevent pregnancy and STDs	Difficult for many couples to adhere to

UTARATIBU WA MPANGO WA UZAZI

UTARATIBU	JINSI INAVYOFANYA KAZI	FAIDA	HASARA
Kidonge cha Uzazi wa Mpango	Ni vidonge vidogo ambavyo mwanamke anatumia kila siku. Hufanya kazi kwa kutoa homoni ambazo humfanya kwa kipindi kutokuwa na uwezo wa kubeba mimba.	Rahisi kutumia. Haiwezi kuzuia mwingiliano wa kijinsia. Inaweza kufanya mizunguko ya hedhi kuwa mizuri na kupunguza maumivu.	Haizuii magonjwa ya zinaa na UKIMWI. Inaweza kuleta hasara hasi, kwa miezi michache mwanzoni, kama kichefuchefu, kuongezeka uzito na kuumwa na kichwa.
Depo-Provera	Ni sindano anayochomwa mwanamke kila baada ya miezi mitatu, ambayo inajumuisha homoni zinazomfanya mwanamke asipate mimba.	Ina madhara. Inapunguza kiwango cha mzunguko wa hedhi. Haiwezi kuzuia mwingiliano wa kijinsia.	Haizuii magonjwa ya zinaa na UKIMWI. Inaweza kuleta hasara hasi.
Norplant	Vijiti sita ambavyo vinapandikizwa kwa mwanamke katika sehemu ya juu ya mkono. Inapunguza homoni ambazo zinasimamisha uzalishaji wa mayai ya mwanamke.	Ina madhara. Vinakaa kwa miaka 5. Haviwezi kuzuia mwingiliano wa kijinsia.	Vinahitajika kuwekwa na kuondolewa na Daktari. Ni ghali. Vinawasha ngozi sehemu vilipowekwa. Havitibu magonjwa ya zinaa.
IUD (Inter-Uterine Device)	Ni kitu kidogo kinachowekwa kwenye mji wa uzazi kumfanya mwanamke asiweze kubeba mimba.	Haiwezi kuzuia mwingiliano wa kijinsia. Inatumika kwa miaka 10.	Hatari ya nyonga kuathirika. Mwanzo gharama huwa ya juu. Inaweza ikaleta maumivu na mzunguko wa hedhi kuwa mzito. Haitibu magonjwa ya zinaa na UKIMWI.
Diaphragm and Cervical Cap	Mpira ulionyungurika unaowekwa kwenye uke huzuia mbegu za kiume kuingia kwenye mji wa uzazi.	Labda iwekwe mbele ya muda. Inawahusu wanawake tu.	Inahitaji uwangalizi wa mwili na wa kitaalamu kuwekwa kwa sababu wanawake wanatofautiana maumbo. Inaweza kusababisha aleji. Haitibu magonjwa ya zinaa na UKIMWI.
Kondomu ya Kike	Ni polyurethane kava ambayo hulala kwenye uke na baadhi hutumika sehemu za nje za viungo na kuzuia mbegu za kiume kuingia.	Inaweza kuvaliwa zaidi ya masaa 8 kabla ya kujamiiana. Haina madhara ya ndani. Inazuia magonjwa ya zinaa na UKIMWI.	Inaweza kuwa ngumu kuvaa. Si rahisi kupatikana na ni ghali zaidi kuliko Kondomu za kiume.
Kondomu ya kiume	Ni kizuizi kinachotumika na kilichotengenezwa kwa ulaini ambacho kinachovaliwa kwenye uume na kuzuia mbegu za kiume kuingia kwenye uke.	Ni rahisi kutumia. Inavalika kiurahisi. Inazuia magonjwa ya zinaa na UKIMWI.	Inazuia kiwango cha hisia (Ladha). Inazuia madakizo. Mwanaume anahitaji kukubali
Rotuba ya Uelewa	Njia hii inamfanya mwanamke ajitambue anajirutubisha na kutokufanya ngono kipindi hiki.	Inakubalika kwa wengi wao ambao wanaamini dini kuhusu uzazi wa mpango. Haina madhara.	Ni ngumu kutumia. Haitafanya kazi kama mwanaume hatakubali. Hufaa baadhi ya sehemu.
Kuacha kufanya ngono	Kuacha ngono na hakuna kugusana kila mmoja viungo vya uzazi kwa njia yoyote.	Huzuia magonjwa ya zinaa na mimba kwa asilimia mia moja (100%)	Ni ngumu kwa wengi kufanya hivyo.

8. BEHAVIOR CHANGE AND DELAYING SEX

A. Personal Behavior Change

Have the group pair up. One person will describe either a health behavior they have changed or a health behavior they have not changed but know they ought to change. The listener establishes a pact of confidentiality around the content and draws the speaker out either as to what helped change their behavior or what impeded the change. After 5 minutes the other person in the pair shares his/her behavior change.

When the groups are done the facilitator will ask participant to report to the group the factors that helped change behavior and the factors that blocked change. Write down the factors on the board.

B. Reasons to Delay Sex

Explain to the group that one behavior they might have changed or want to change is to delay having sex until they are married. Ask them to list the reasons to delay sex. Here are some examples:

- ♥ Fear of pregnancy
- ♥ Fear of an STD
- ♥ Family expectations (not to have sex)
- ♥ Friendship (to allow it to grow)
- ♥ Other forms of affection possible
- ♥ Religious values
- ♥ Not ready (perhaps too young)
- ♥ Not with the right person.

8. KUBADILISHA TABIA NA KUKAWIA KUFANYA MAPENZI

A. Kubadilisha Tabia Yako Binafsi

Washiriki wakae wawili wawili. Mtu mmoja katika kila kikundi amweleze mwenzie tabia ya kiafya ambayo ameibadili au tabia ya kiafya ambayo hajaibadili lakini anajua kwamba anatakiwa kuibadili. Msikilizaji aonyeshe kukubali na kuamini yale yanayosemwa na amuulize mzungumzaji ni kitu gani kimemsaidia kubadili tabia yake au ni kitu gani kumezuia kabadilisha tabia. Baada ya dakika 5 mtu mwengine anaeleza mabadiliko yake ya kitabia.

Kikundi kinapomaliza, mwezezashaji awaambie washiriki watoe ripoti zao kwenye kwa kila kikundi juu ya mambo ambayo yamesaidia katika kubadili tabia na yale ambayo yamezuia mabadiliko ya tabia. Hawaambie tabia yenyewe—waambie mambo ambayo yalimsaidia au yalimzuia tu! Andika mambo hayo katika ubao.

B. Sababu za Kukawia Kufanya Mapenzi

Eleza kwa kikundi tabia moja labda wamebadili au wanataka kubadili ni kuchelewa kufanya mapenzi mpaka wameoa. Wauliza sababu za kukawia kufanya mapenzi ni nini? Kwa mfano:

- ♥ Hofu ya kupata mimba
- ♥ Hofu ya kupata magonjwa ya zinaa
- ♥ Matagemeo ya familia (kutofanya mapenzi)
- ♥ Urafiki (kuruhusu urafiki kukua)
- ♥ Aina nyingine za upendo zinawezekana
- ♥ Imani ya dini
- ♥ Kutokuwa tayari (labda bado mdogo)
- ♥ Sio mtu sahihi

C. Strategies to Delay Sex

Ask the group to come up with strategies they can use to delay sex. The following situation can be read as an example of a young person wanting to delay sex:

Leah and John are very serious about their relationship and would like to get married in a few years. Leah has invited John over to her house for the afternoon. John knows that Leah's parents will not get back until evening. This could be a good time to have sex for the first time. John has been learning about pregnancy, HIV/AIDS, and STDs and he is not sure he wants to have sex yet. However, he feels Leah would like to have sex and will probably tease him or tell her girlfriends if he doesn't.

Have the group come up with strategies to delay sex (for this situation and other situations). Some examples may be:

Avoid intimate relationships with women until they feel ready.

Do other things for fun besides sex.

Get involved in sports or other activities.

Concentrate on studies.

Talk about it with their partner if they do have a relationship.

D. Posters

Those who want to stay can create posters which advocate for delaying sex. They can use the following supplies:

Newspapers and Magazines

Colored paper

Big poster papers

Glue and Scissors

C. Mibinu Za Kukawia Kufanya Mapenzi

Waulize washiriki kusema mbinu wanazoweza kutumia kukawia kufanya mapenzi. Unaweza kusoma hadithi au tukio kama mfano wa kijana anayetaka kukawia kufanya mapenzi:

Leah na John wana urafiki wa dhati na wanataka kuwana baada ya miaka machache. Leah anamkaribisha John kwake kwa mchana. John anajua kwamba wazazi wa Leah hawatarudi hadi jioni. Huu ungekuwa muda mzuri kufanya mapenzi kwa mara ya kwanza. John amejifunza kuhusa mimba, UKIMWI na magonjwa ya zinaa na hana hakakisha kwamba anataka kufanya mapenzi kwa sasa. Lakini, anahisi Leah anataka kufanya mapenzi na labda atamchokoza au atawaambia rafiki wa kike kama hatafanya mapenzi naye.

Washiriki waseme mbinu inayoweza kutumiwa kukawia kufanya mapenzi (katika hali hii na hali nyingine). Kwa mfano:

Kuzuia mahusiano ya mapenzi hadi wakati wanahisi wako tayari
Kufanya vitu vyingine vya kufurahisha.
Kucheza michezo au kufanya vitendo vingine
Kusoma
Kujadiliana na mpenzi kama wana mahusiano ya mapenzi

D. Matangazo

Wale wanaotaka kubaki, wanaweza kutengenza matangazo yanayohamasisha kukawia kufanya mapenzi. Watumie vifaa hivi:

Magazeti

Karatasi za rangi
Karatasi kubwa za matangazo
Gundi na mkasi

9. SEXUAL ABSTINENCE

A. What is Sexual Abstinence

Have the class divide into small groups and come up with definitions of sexual abstinence. After they have presented their definitions, display the list of behaviors and ask each group to identify which behaviors are consistent with sexual abstinence.

- Kissing with mouth closed
- Holding hands
- Hugging with hands on each other's back
- Flirting using the eyes only
- Open mouth kissing (French kissing)
- Touching each other's lower body with clothes on
- Mouth contact with partner's breasts
- Hugging with hands on each other's buttock
- Hands on one another's genitals
- Masturbation
- Mutual masturbation
- Reading/viewing erotica (anything that turns you on)
- Oral intercourse
- Vaginal intercourse
- Anal intercourse

B. How Effective is Sexual Abstinence

Ask the youth how effective they think sexual abstinence is. Explain contraceptive effectiveness rates. Discuss typical and perfect user rates. Explain that *every* method can fail, mostly due to human error. People forget to take pills or use condoms incorrectly. Abstinence also fails when not used consistently. Then review the points on a user's guide to sexual abstinence.

9. KUTOFANYA NGONO

A. Kutofanya ngono ni nini?

Gawanya darasa katika makundi madogo madogo na wafikiri kuhusu "Je, ni nini maana ya kutofanya ngono?" Baada ya kuwasilisha fasili zao, onyesha listi ya tabia hizi na uliza kila kikundi kuonyeshe ni tabia gani yenye fasili zao na kutofanya ngono.

- Kubusu kwa mdomo umefungwa
- Kushikana mikono
- Kukumbatiana kwa mikono kila mgongo wa mmoja
- Kukonyeza kwa kutumia jicho tu
- Kunyonyana ndimi
- Kushikana shikana sehemu za chini ya mwili mkiwa mmevaa nguo
- Kunyonya maziwa la rafiki yako (mpenzi wako)
- Kukumbatiana kwa mikono kwenye matako ya kila mmoja
- Kushikana kwa mikono sehemu za siri za mwanamke
- Kupiga punyeto
- Kupigishana punyeto kati ya mwanaume na mwanamke
- Kusoma/kuangalia picha za ngono (kitu chochote kinacho kupa mfadhaiko)
- Kunyonya sehemu za siri ya kila mmoja
- Kufanya ngono
- Kulawiti/kufira

B. Jinsi Gani Kwa Kutofanya Ngono Kunaweza Kukafanikiwa

Waulize vijana wafikiri jinsi gani kutofanya ngono kulivyo kunafanikiwa. Eleza kiwango cha mafanikio ya uzuiaji mimba. Jadili somo na matumizi yake kamili. Elezea kwamba kila utaratibu unaweza kushindwa zaidi kutokana na matatizo ya wanadamu. Watu wanasahau kuchukua kidonge kimoja cha kuzuia mimba au kutumia kondom ipasavyo. Kutofanya ngono kunaweza kushindwa iwapo utakuwa na msimamo. Halafu rudia pointi ya muongozo wa kutokufanya ngono.

C. Group Discussion

With the whole group, discuss sexual abstinence. If the youth do not make the following points, make them yourself:

- Abstinence is a deliberate decision to avoid something. People frequently choose to abstain from many different things, such as sweets, meat, candy, tobacco products, voting, alcohol and/or other drugs, and/or sexual activities.
- People choose to abstain for many different reasons, such as health (avoiding sweets or fat), personal religious beliefs (avoiding meat, alcohol), commitment to a cause or person (abstaining from voting and/or participating in some behaviors), fear (of punishment, of negative consequences), and disinterest.
- People define sexual abstinence in many different ways. For one person, it may mean no physical contact with potential partners – no kissing, no holding hands. For another, it may mean abstaining from one particular behavior, such as avoiding vaginal intercourse. For a third, it may mean avoiding any personal contact with others.

Discussion Questions:

1. Why do people choose abstinence? What makes it succeed or fail?
2. If you choose abstinence as your method of protection, how can you ensure that it will work for you consistently?
3. How often do you think you should review your decision about abstinence and your reasons for choosing it? Why?
4. If you choose abstinence, when and under what circumstances might you cease to use this method? Will you review this decision? When and why?
5. If you decide abstinence is no longer the right choice for you, how will you choose another method to protect yourself from pregnancy and sexually transmitted diseases?

C. Majadiliano ya Kikundi

Na kikundi chote kujadiliana juu ya kutokufanya ngono. Kama vijana hawata weza kufanya pointi zifuatazo, fanya mwenyewe.

- Kutokufanya ngono ni kusudi la uamuzi wa kuepuka kitu. Watu mara kwa mara huchagua kuacha kutokana na vitu vingi tofauti, kamavile, sukari, pipi, nyama, sigara, upigaji kura, pombe, madawa ya kulevya, na vitendo vya ngono vingine.
- Watu huchagua kuacha kwa sababu nyingi tofauti, kama vile, afya (sukari na kunenepa). Imani ya vitu binafsi (kuepuka nyama au pombe), sababu ya ahadi ya mtu (kuacha kupiga kura na/au kushiriki katika tabia fulani), uoga (juu ya adhabu, matokeo mabaya), na vitu usivyo pendelea.
- Watu wanafikiri kutokufanya ngono katika njia nyingi mbalimbali kwa mtu mmoja inaamanisha hakuna uwezekano wa mwiingiliano wa halisi wa mpenzi wako/rafiki-hakuna kubusiana, hakuna kushikana mikono. Kwa mwingine ina maanisha kuacha moja ya tabia yake kama kuepuka kufanya ngono. Kwa wa mwisho kuepuka uhusiano wowote binafsi na wengine.

Maswali ya Kijadiliana:

1. Kwa nini watu huchagua kuacha/kuzuia? Nini kinaleta mafanikio au kushindwa?
2. Kama wewe utachagua kuzuia/kuacha ndio utaratibu wako wa kujikinga utakuwaje na uhakika kama ndio msimamo wako?
3. Jinsi gani wewe unafikiria utarudia uwamuzi yako juu ya kuacha na sababu zako za kuchagua hivyo? Kwa nini?
4. Kama umechagua kuacha, lini na chini ya hali utaukomesha utaratibu huu? Utaurudia uamuzi huu? Lini na kwa nini?
5. Kama wewe umechagua kuacha siyo chaguo lako la muda mrefu jinsi gani utachagua utaratibu mwingine wa kukulinda wewe kwa mimba na magonjwa ya ngono/zinaa.

**Percent of Women Experiencing Unintended
Pregnancy within One Year**

Method	Percentage w/ Typical Use	Percentage w/ Perfect Use
No Protection	85%	85%
Spermicide	26%	6%
Cervical cap (in women who have never given birth)	20%	9%
Diaphragm	20%	6%
Withdrawal	19%	4%
Condom (male)	14%	3%
Condom (female)	21%	5%
Oral contraceptives		
Progestin only	5%	0.5%
Combined	5%	0.1%
IUD		
Progesterone T	2.0%	1.5%
Copper T 380A	0.8%	0.6%
LNg 20	0.1%	0.1%
Depo-Provera	0.3%	0.3%
Norplant	0.05%	0.05%

Source: *Contraceptive Technology Update*, 17th edition, revised. New York: Ardent Media, 1998.

**Asilimia ya Wanawake Wanaopata Mimba Bila Kukusudia
Katika Mwaka Moja**

Mbinu	Asilimia na Matumizi ya Kawaidi	Asilimia na Matumizi Sahihi
Bila Kinga	85%	85%
Spermicide	26%	6%
Cervical cap (kwa wanawake ambao hawajazaa)	20%	9%
Diaphragm	20%	6%
Withdrawal	19%	4%
Kondomu (ya kiume)	14%	3%
Kondomu (ya kike)	21%	5%
Mpango wa Uzazi ya Vidonge		
Progestin tu	5%	0.5%
Combined	5%	0.1%
IUD		
Progesterone T	2.0%	1.5%
Copper T 380A	0.8%	0.6%
LNg 20	0.1%	0.1%
Depo-Provera	0.3%	0.3%
Norplant	0.05%	0.05%

Kutoka: *Contraceptive Technology Update*, 17th edition, revised. New York: Ardent Media, 1998.

A User's Guide to Sexual Abstinence

- Sexual abstinence means different things to different people.
- Sexuality and sexual feelings are normal. How we choose to express and not express those feelings is a personal decision. What is right for me may not be right for you.
- Sexual abstinence, like contraception, is only effective when it is used correctly and consistently.
- To be sexually abstinent is a decision that has to be made by each individual. Sexual abstinence cannot effectively be imposed on others.
- To have sexual intercourse or to be sexually abstinent is a decision that each individual makes repeatedly throughout life. In other words, to have sexual intercourse or to be sexually abstinent is not a permanent, one-time decision.
- Sexual abstinence requires planning, commitment, and skill in being assertive.
- Sexual abstinence is an option that can be used at any time.
- Knowledge of contraceptive options and how to protect oneself is helpful for when a person decides it is right for her/him to engage in sexual intercourse.
- Sometimes, a person who intends to abstain from sexual intercourse is forced or pressured into unwanted sexual activity.

Muongozo Wa Kuacha Ngono

- Kuacha ngono kuna maanisha vitu tofauti na watu tofauti.
- Ujinsia na kijinsia ni uwezo wa kuhisi kawaida. Jinsi gani tutachagua kwa haraka na si haraka hisia zote za uwezo binafsi. Nini ni sawa kwangu na siyo sawa kwako.
- Kuacha ngono, kama kuzuia mimba, ndiyo tu inafaa kama itatumiwa ipasavyo na yenye msimamo.
- Kuwa muachaji ngono ni uamuzi unaofanywa na kila mtu mmoja mmoja kuacha ngono, haiwezi kufaa kwa kuwaamuru wengine.
- Kufanya ngono au kuacha ni uamuzi wa kila mmoja kufanya tena na tena popote maishani. Kwa neno lingine, kufanya ngono au kuacha siyo uamuzi wa kudumu mara moja.
- Kuacha ngono inataka upangaji, ahadi au ustadi unaotangaza.
- Kuacha ngono ni chaguo linaloweza kutumika muda wowote.
- Elimu ya uzuiaji mimba ni uchaguzi na jinsia ya kumkinga mwenzako na ni msaada kwani mtu atachagua kama ni sawa kwake/yule kujiingiza ndani ya kuacha ngono.
- Wakati mwingine mtu ambaye anakusudia kuacha kufanya ngono, anasukumwa au msukumo ndani ya kutokutaka vitendo vya ngono.

10. WHAT IS A GOOD RELATIONSHIP

A. Qualities of a Good Friendship

- Ask participants what they think the qualities of a good friendship are. How do they treat good friends? How do they expect to be treated by good friends?

B. Qualities of a Romantic Relationship

- Ask participants what they think the qualities of a good romantic relationship are. How should a man treat a woman? How should a woman treat a man?

C. Imagining an Ideal Relationship

Ask the participants to imagine the ideal relationship—how would they like their future wife to be? How would they treat their wife? How would their wife treat them?

D. Respecting Your Partner's Wishes

Discuss the idea that respect is very important for relationship. Respect means listening to your friend or partners wishes and not pressuring them into doing anything. They should try not to pressure others to do things they don't want to and they should try not to be with people that pressure them.

E. Best Response Game

Explain that often young men and women are pressured into having sexual relationships even when they do not want to. Developing ways to deal with this pressure is an important life skill for young people. This exercise is a fun way to practice saying no to pressure and standing up for yourself.

Divide the class into small groups. Ask a few volunteers to serve as the judges. Ask the teams to create names for themselves and to write the name of each team on the chalkboard. Explain that you are going to read a list of "pressure lines" that a person might try to get his/her partner to have sex.

10. MAHUSIANO MAZURI NI NINI?

A. Sifa za Uhusiano ya Marafiki Nzuri

- Waombe washiriki kufikiri kuhusu sifa ya urafiki mzuri ni nini?
Wanawatendeaje marafiki wazuri? Rafiki mzuri awatendeeje?

B. Sifa ya Uhusiano wa Upendo Mzuri

- Waombe washiriki kufikiri kuhusu sifa ya mahusiano ya upendo mzuri ni nini?
Mwanaume amtendeeje mwanamke? Mwanamke amtendeeje mwanaume?

C. Kufikiria Kuhusu Uhusiano Ulio Bora

Waombe washiriki kufikiria kuhusu uhusiano ulio bora—wangelipenda mke wa baadaye awaje? Watawatendeaje wake wao? Wake wao watawatendeaje?

D. Kuheshima Mpenzi Wako

Waelezea kwamba heshima ni muhimu sana kwa uhusiano uzuri. Heshima maanake ni kusikiliza matakwa ya rafiki au mchumba na sio kuwashinikiza kufanya kitu cho chote. Wasishinikize wengine kufanya vitu ambavyo hawataki kufanya na wasiwe na rafiki ambao wanawashinikiza.

E. Mchezo wa Jibu Bora

Mara nyingi vijana wa kike na wa kiume hushinikizwa kuwa na mahusiano ya kingono hata kama hawataki kufanya mapenzi. Kukuza stadi za maisha kuepuka shinikizo hili ni muhimu kwa vijana. Zoezi hili ni njia ya kufurahisha ya kutenda stadi hizi.

Gawanyikeni katika makundi madogo madogo. Watafute watu wachache wa kujitolea kuwa waamuzi. Ziombe timu zijiundie majina na andika jina la kila timu katika ubao. Eleza kwamba utasoma orodha ya "mikondo ya shinikizo" tofauti ambayo mtu anaweza kujaribu likawa ngumu zaidi kulistahimili.

Here is how the game works:

- Read one of the pressure lines.
- The teams have one-two minutes to come up with the best response to the pressure line. What would you say to refuse if someone used this line on you?
- The team should agree on the best response and write their idea on a small slip of paper.
- Collect the slips of paper and read them aloud to the whole group.
- The judges will have one minute to choose the winner. The judges should award a point to the winner.
- Write the points on the scoreboard and repeat the process with the next line until they are all finished or people are looking bored.
- If possible award a small prize to the winning team.

PRESSURE LINES

Everybody's doing it

If you truly love me you'll have sex with me

I know you want to—you're just afraid

Don't you trust me? Do you think I have AIDS?

We had sex once before, so what's the problem now?

If you don't have sex with me, I won't see you anymore.

If you don't, someone else will.

Practice makes perfect.

Hivi ndivyo mchezo huu unavyofanyika:

- Soma mojawapo wa "mikondo ya shinikizo."
- Timu zina dakika 1-2 kupata jibu bora kabisa kwa "mikondo ya shinikizo." Je, ungesema nini kuhusu kukataa ikiwa mtu angetumia mkondo huu kwako?
- Timu ikubaliane kuhusu jibu bora kabisa na kuandika wazo lao katika kipande cha karatasi.
- Kusanya vipande vya karatasi na kuvisoma kwa sauti kwa kundi zima.
- Waamuzi watakuwa na dakika moja kumchagua mshindi. Waamuzi watoe alama moja kwa mshindi.
- Andika alama kwenye ubao na kisha rudia utaratibu huo kwa mkondo wa shinikizo unaofuata mpaka "mikondo ya shinikizo" imeisha au washiriki wamechoka.
- Kama inawezekana, toa zawadi ndogo kwa timu inayoshinda.

MIKONDO YA SHINIKIZO

Kila mtu anafanya hivyo.

Ikiwa kweli unanipenda, ungelifanya ngono nami.

Najua unataka—lakini unaogopa tu.

Je huniamini? Unafikiri nina UKIMWI?

Tuliwahi kufanya mapenzi mara moja, hivyo tatitizo liko wapi kwa sasa?

Kama hufanyi mapenzi na mimi, basi ndio mwisho wa uhusiano wetu.

Usipokubali mwengine atakubali.

Mazoezi huleta ufanisi.

You can't get pregnant if you only have sex one time!

You don't think I have a disease, do you?

But I love you. Don't you love me?

Nothing will go wrong. Don't worry.

Aren't you curious?

Huwezi kupata mimba ukifanya ngono mara moja tu!

Je, unafikiri nina ugonjwa?

Lankini, nakupenda. Je, wewe hunipendi?

Hakuna kitakachoharibika. Usiwe na wasiwasi.

Je wewe si mdadisi?

11. GENDER ROLES

A. What are Gender Roles

Explain that gender roles are roles that our culture assumes men and women should play. Gender roles are different than sex because they are not biologically determined, but culturally determined. Gender roles are a society's ideas and expectations about what men and women should do or be.

B. Gender Roles in Our Society

Discuss gender roles in Tanzanian society by making two lists, one titled "Women should..." and another titled "Men should..." Ask the group to discuss the roles they have identified. Are there any problems caused by having gender roles defined this way?

C. Case Studies

Discuss the case studies. How are the people in the case studies influenced by gender roles? Who do these gender roles hurt? Who do they help? Is there any way that people can change the gender roles prescribed for them? How would society react to changing gender roles? Are gender roles changing in Tanzanian society today? Is that a good thing or a bad thing?

11. MAJUKUMU YA KIJINSIA

A. Majukumu ya Kijinsia ni Nini?

Eleza kwamba majukumu ya kijinsia, ni majukumu yanayo wa husu wanawake na wanaume katika jamii. Majukumu ya kijinsia yanatofautia na kuzaliwa mwanamke au mwanaume kwa sababu haya fahamiki kibiolojia lakini yanafahamika kitamaduni. Majukumu ya kijinsia ni mtazamo na malengo ya wanaume na wanawake wanavyopaswa kuwa katika jamii.

B. Majukumu ya Kijinsia Katika Jamii Yetu

Kujadili majukumu ya kijinsia katika jamii ya Tanzania kwa kutayarisha orodha mbili. Moja "majukumu ya wanawake" na nyingine "majukumu ya wanaume." Uliza kila kundi kueleza majukumu waliogundua. Je, kuna matatizo yeyote yaliyosababishwa na kuwa na majukumu ya kijinsia katika njia hii?

C. Kadi za Hali ya Jinsia

Jadili kadi za hali ya jinsia. Jinsi gani watu wanathrika kwa majukumu ya jinsia katika kadi za hali ya jinsia? Ni jinsi gani majukumu ya kijinsia yanachukiza? Je yanasaidia vipi? Kuna njia yeyote watu wana weza kubadili majukumu ya jinsia kwa kuagizwa? Jamii italichukulia vipi mabadiliko ya majukumu ya kijinsia? Mabadiliko ya jinsia yameibadili jamii ya kitanzania? Je hii ni nzuri au mbaya?

WRITTEN GENDER SITUATION CARDS

Situation 1

A community meeting is taking place. The men seated at the table are dressed in suits. The men of the community (village) are sitting in the front on chairs. They are very attentive to the meeting. They raise their hands and participate in the discussion. Way at the back, the women are seated on the floor. They cannot see the action. None of them are participating. Some of them are chatting to each other. In the distance, you can see women working—carrying water and firewood, cooking ugali, and so on.

Situation 2

It is a normal morning in a normal village home. The father is sitting outside the house waiting for his bath. He is reading something or just sitting. The boys of the family are playing bao (local game) and harassing their sisters. They are demanding breakfast. The mother is working very hard with a baby on her back. She has woken up the girls very early to help her do all the household chores—drawing water, carrying and chopping firewood, heating water for the baths, cooking breakfast, washing last night's dishes. The girls are working on all the household chores assigned by their mother.

Situation 3

A father is at the bar drinking beer and eating nyama choma (fried meat). A bargirl (prostitute) is with him and he is buying drinks for her. He is having a good time. At home, his wife is with their children. They are eating dinner. It is only ugali (the staple food) with just vegetables—no meat. They have little salt or oil. The children are complaining about the vegetables. They have eaten the same thing for the last week. The mother feels very sorry, but she reminds them that their father is in control of the money. They complain that she is not caring for them well. Later, the husband comes home drunk and tries to sleep with his wife.

Situation 4

Her father calls Bless to him—he tells her he wants to talk to her. He tells her that he is very happy that her brother has been accepted to a secondary school and will start Form 1 (first year of high school) next year. Bless agrees that it is great news. Bless' father informs her that because school fees are expensive, she must leave school at the end of the year. She will have enough education because she will have finished Form 2. With her fees/ transport costs/supplies finished, he will be able to afford to send her brother to school. Bless tries to tell her father that she is doing very well at school. She is sure to do well on her MSCE (final high school exams, college entrance tests) in a couple of years, and her teachers all think she will get a scholarship to a university. Her father tells her he is sorry, but he can't let her brother miss this opportunity. Bless runs to the kitchen crying; she passes her mother and uncle. Her uncle asks roughly why she is crying. After all, most families don't let girls go to school at all. Boys do better at school, and when they start working, they help their parents. Girls get married and leave their families; so, why spend money on them? He thinks Bless should be grateful that her father is taking her out of school before "too much harm is done" because men do not like to marry girls who are too educated.

KADI ZA HALI YA JINSIA

Hali no 1.

Mkutano wa jamii unaofanyika mahali fulani, wanaume waliokaa mezani wamevalia, wanaume wa katikati wamekaa viti vya mbele, wako makini sana na mkutano huo. Wananyosha mikono juu na wanashiriki majadiliano. Nyuma wanawake wameketi kwenye sakafu hawawezi kuona vitendo vinavyotokea mbele. Hakuna hata mmoja wao anayeshiriki. Baadhi yao, wanapigiana umbea. Kwa mbali unaweza kuona wanawake wakitembea wamebeba (wamejitwika) maji na kuni za kupikia ugali, na kadhalika.

Hali no 2.

Ni asubuhi ya kawaida katika kijiji chetu kumwona baba ameketi nje ya nyumba huku, akisubiri kwenda kuoga akisoma hadithi fulani au amekaa tuu. Wavulana katika familia wanacheza bao na kuwakemea (kuwabughuzi) dada zao wakiwataka wawapike chai (kifungua kinywa) mama anafanya kazi kwa bidii huku akiwa na mtoto mgongoni. Huwaamsha wasichana alfajiri sana ili waweze kuwasaidia shughuli zote za nyumbani, kuteka maji, kuokota kuni, kuchemsha maji ya mtoto, kupika chai, kuosha vyombo vilivyotumika katika mlo wa jana usiku. Wanawake hao hufanya kila kazi za nyumbani walizoamriwa na mama zao.

Hali no 3.

Baba yupo kwenye klabu ya pombe (baa) anakunywa bia na nyama za kuchoma mtori (au kiti moto) mhudumu wa baa (malaya) yuko naye ana akimnunulia kinywaji pia. Baba huyu ana muda mzuri, lakini kule nyumbani mkewe yupo na wanae wanakula chakula cha usiku, na chakula chenyewe ni ugali kwa mlenda huku wakiwa na chumvi na uhaba wa mafuta pia. Watoto hawataki kula mlenda, kwa ugali walikula chakula hicho hicho kwa wiki nzima iliyopita. Mama yao alishikwa na huzuni. Lakini aliwakumbusha kuwa baba yao ndiyo mwenye kushika fedha wanamlalamikia mama yao kuwa hawatunzi vizuri. Baadaye mume anaingia nyumbani akiwa kalewa na anataka kulala na mke wake (kufanya tendo la ndoa)

Hali no 4

Blesi alitwa na baba yake kisha akaambiwa "Nataka kuongea nawe, akamwambia nimefurahia sana kwani kaka yako amefaulu kujiunga na shule ya sekondari mwakani blesi alikubali kuwa zilikuwa ni habari nzuri. Baba Blesi akamwambia Blesi kuwa kwa vile ada (karo ya shule imepanda sana ni lazima aache shule mwishoni mwa mwaka. Alimwambia kuwa amepata elimu ya kutosha kwani alimaliza kidato cha pili kwa kuwa hata lipi tena gharama za chakula, uasfiri na mambo mengine kwa Blesi hivyo hataweza kumsomesha kaka yake Blesi. Blesi alijaribu kumweleza baba yake kuwa alikuwa akifanya vizuri shuleni na alikuwa na uhakika wa kufanya vizuri katika mtihani wake wa mwisho. Kwa miaka mingi waalimu wake walitengemea kuwa atapata nafasi ya kujiunga na chuo kikuu. Baba yake alimweleza kuwa anasikitika kwamba hataweza kumwacha kaka yake apoteze nafasi (bahati) hiyo Blesi alikimbilia jikoni huku akilia. Alimpita mama yake na mjomba wake. Mjomba wake akamuuliza ni kwa nini analia? Baada ya yote familia nyingi haziwapeleki watoto wao wa kike shuleni. Wavulana hufanya vizuri shuleni na watakapoanza kazi huwasaidia wazazi. Wanawake huolewa na kuacha familia, kwa hiyo ni kwa nini uwaghramie? Anafikiri Blesi alipaswa kufurahi kwamba Baba yake anamkatisha masomo mapema. "Jambo baya limefanyika limefanyika kwa muda mrefu" kwa sababu wanaume hawapendi kuoa wanawake walioelimika zaidi (sana).

Situation 5

Morning dawns and a young woman starts a fire and begins cooking breakfast, sitting on the ground. By 10 a.m. she has fed her husband, cleaned up the dishes and walked several miles to fetch water. By 12 p.m. she is carrying her third bucket of water back to the house. In the next few hours she feeds the small animals, tends her vegetable garden, gathers some wood and items for dinner. By 4 p.m. she is pounding grain in a mortar. She prepares food for her husband, and cleans up the dishes. By a little before 6 p.m., she is exhausted and finally resting, sitting on her bed. Her husband approaches, interested in having sex.

Situation 6

As the sun begins to rise over the hills, three girls are already at their chores. One is returning home with a bundle of firewood she has collected several miles from home. Another is carrying a bucket of water on her head, the first of several she will carry before breakfast from the river a mile away. The third is bent over an open fire where she is cooking porridge for breakfast. A couple of brothers in one household are just awaking. Another is bathing. Another boy sits on a stool by his father, talking with him.

In school at 10 a.m., one girl is asleep at her desk. Another stares off into space, and a third's head is drooping as she fights to keep her eyes open. The boys are either thinking about a question posed by the teacher or have raised their hands to answer.

Hali no 5

Ni asubuhi na mapema msichana mdogo anawasha moto na kuanza kupika chai. Ameketi chini saa 4 asubuhi akimlisha bwana wake, na huosha vyombo, hutembea maili nyingi ili kuchota maji. Mnamo saa sita kamili mchana anachukuwa mtungi wake wa maji kwa mara ya tatu na kurudi nyumbani. Kwa saa machache baadae analisha mifugo, anapalilia bustani, anatafuta (kuchuma) mboga za majani na vitu vingine kwa ajili ya chakula cha jioni. Mnamo saa kumi jioni anakatakata mboga. Anamwandalia mumewe chakula na kuosha vyombo, inapofika saa kumi na mblili jioni huwa amechoka sana na mwisho hujipumzisha kitandani. Mumewe huanza kumbembeleza (kumtongoza) ili kufanya mapenzi.

Hali no 6

Wakati jua linapoanza kuchomoza kwenye kilima, wasichana watatu huwa kwenye majukumu yao. Mmoja hurudi nyumbani huku amejitwika mzigo wa kuni alizookota maili nyingi kutoka nyumbani. Mwingine amebeba ndoo ya maji kwenye kichwa chake, wa pili hubeba maji kutoka mtoni maili nyingi kabla ya kupika chai. Watatu ni kuinama na kuchochoe moto wakati akipika uji. Wakati wengine ndio tu wanaamka, mwingine anaoga, mwingine ameketi kwenye stuli yeye na baba yake huka wakipiga soga.

Inapofika saa nne asubuhi kule shuleni. Msichana mmoja anasinzia juu ya dawati lake. Mwingine kajiegemeza kwenye nafasi ya kificho, na wa tatu kichwa kinagonga anapojaribu kufungua macho baada ya kusinzia. Wavulana wanafikiri maswali waliyoulizwa na mwalimu na wananyoosha mikono juu tayari kwa kuyajibu.

12. DRUGS and ALCOHOL

A. Effects of Drugs and Alcohol

Discuss the following health effects of drugs and alcohol:

Alcohol	Khat /Mirungi	Marijuana	Glue	Cigarettes
Diminishes motor coordination	Tannic acid, which is absorbed into the the body, is toxic and damages the liver	Confusion and poor judgment	Heart failure	Shortness of breath, coughing, decreased stamina
Diminishes judgment and reasoning ability	Effects erection in men and could cause impotence	Sometimes anxiety	Asphyxiation (lack of oxygen in the blood)	Lung cancer (and mouth, throat cancer)
Slows down all the body's major functions.	Constipation and lack of appetite	Short term memory loss	Brain damage	Heart attacks
Alcohol addiction	Piles and hernias may develop	Motor skills can be impaired	Confusion and poor judgement	Cardiovascular disease
Liver Disease	Ulcers or inflammation of the stomach			Strokes
	People who use more than 2 kg/ day may suffer psychiatrics disorders like paranoia, delusions, fearfulness and aggressive behavior			Emphysema
				Stomach ulcers

12. DAWA ZA KULEVYA NA POMBE

A. Athari ya Pombe na Dawa za Kulevya

Jadiliana athari zifuatazo za pombe na dawa za kulevya:

Pombe	Mirungi/Miraa	Bangi	Gundi	Sigarra
Kupunguza uzezo wa mwili kufanya kazi wake.	Aina ya tindikali ni sumu na inaathiri maini	Kuchanganyi-kiwa na kufanya maamuzi mabaya.	Kushindwa kufanya kazi ipasavyo	Kupoteza pumzi, kukohoa, kopoteza nguvu
Kupungua kwa kiwango cha kufikiri vema na kufanya maamuzi mazuri.	Inaathiri kudia uume na yanaweza kusababisha uhanithi	Mara nyingine wasiwasi na hofu.	Kukosa oksigeni kwenye damu	Kansa ya mapafu, mdomo, na koromeo
Kupungua kwa kiasi kikubwa shughuli za mwili.	Kufunga choo na kukosa hamu ya kula	Kupoteza kumkumbuka hasa za matakio ya muda mfupi	Kuharibika kwa ubongo	Shinikizo la moyo
Kubobea ulevi	Uvimbe kwenye mkundu na ngiri unaweza kutokea	Kupunguza uzezo wa mwili kufanya kazi wake.	Kuchanganyikiwa na kufanya maamuzi mabaya.	Magonjwa ya milango ya mishipa ya damu kwenye moyo
Magonjwa ya ini	Vidonda vya tumbo			Ugonjwa wa kiarusi
	Kwa watu wanaotumia ziadi ya kilo mbili kwa siku, wanaathiri kiakili, kama ugonjwa wa akili, kujidanya, woga, na tabia ukali			Emphysema (Ugonjwa wa kuvimba mapafu na kupumua kwa shida.
				Vidonda vya tumbo

B. Social Effects

Drugs and Alcohol also have many social effects. Because they impair judgment they can lead people to get into situations that they would not normally get into. What are some of the side effects using drugs and alcohol can lead to?

- Failure in school
- Problems in the family
- Fighting
- Stealing
- Trouble with the police
- Having sex and getting pregnant or getting an STD
- Poverty

C. Causes of Drug and Alcohol Use

Even though people know that drugs and alcohol are bad for them, many people still use these substances. What are some reasons that people might use drugs and alcohol?

- Boredom
- Loneliness
- Poverty/feelings of hopelessness
- Fear
- Worry
- Trying to forget problems
- Trying to act grown up
- Peer Pressure

D. Help for People with Drug and Alcohol Addiction

Review the following handout with students.

B. Athari Kwenye Jamii

Vilevile dawa za kulevya na pombe zina athari kwenye jamii. Kwa sababu zinapunguza maamuzi sahihi, zinasababisha hali ya watu kufanya vitu ambavyo hawafanyi kwa kawaida. Athari za dawa za kulevya na pombe kwenye jamii ni nini?

- Kuwa na maendeleo mabaya shuleni
- Matatizo katika familia
- Kugombana na kupigana
- Kuiba
- Matatizo na polisi
- Kufanya mapenzi na kupata mimba au kupata magonjwa ya zinaa
- Umaskini

C. Sababu za Kutumia Dawa za Kulevya na Pombe

Ingawa watu wanajua dawa za kulevya na pombe ni mbaya kwa afya, wanaendelea kuzitumia. Kwa sababu gani wanaendelea kuzitumia?

- Uchovu
- Upweke
- Umaskini au hisia za kutokuwa na matumaini
- Hofu
- Wasiwasi
- Kujaribu kusahau matatizo
- Kujaribu kufanya kama kwamba wamekuwa watu wazima
- Shinikizo la rika

D. Kutoa Msaada Kwa Watu Wanaotumia Madawa ya Kulevya na Pombe

Pitia kitini kifuatocho na wanafunzi.

HELP FOR PEOPLE WITH DRUG OR ALCOHOL PROBLEMS

How do you know if you or someone you know has a drug or alcohol addiction?

- You experience **craving**: A strong need, or compulsion, to drink or use drugs.
- You experience **loss of control**: The inability to limit your drinking or drug using on any given occasion.
- You are **physically dependent**: If you stop drinking or using drugs you experience withdrawal symptoms, such as nausea, sweating, shakiness, and anxiety.
- You become **tolerant**: You need to drink greater amounts of alcohol or use greater amounts of drugs in order to "get high."
- You **cannot stop drinking/using drugs** even though you see it is affecting your ability to fulfill work, school, or home responsibilities

How can you help someone with drug and/or alcohol problems?

1. Make sure the timing is right. Talk to your friend when he or she is sober.
2. Never accuse your friend of being an alcoholic or a drug addict, but do express your concern. Try not to blame your friend for the problem; if you do, he or she might be turned off right away.
3. Talk about your feelings. Tell your friend you're worried, and how it feels for you to see him or her drunk or high on other drugs.
4. Tell your friend what you've seen him or her do when drinking or using other drugs. Give specific examples. Tell your friend you want to help.
5. Speak in a caring and understanding tone of voice, not with pity but with friendship.
6. Be prepared for denial and anger. Your friend may say there is nothing wrong and may get mad at you. Many people with alcohol and other drug problems react this way. When confronted, many users will defend their use, blame others for the problem, or give excuses for why they drink or use other drugs.
7. You need to tell your friend that you are worried about him or her, and that someone who can help needs to be told. Your friend might get really mad at you, but if you say nothing, things may get worse and your friend may be in more danger.

KUTOA MSAADA KWA WATU WANAOTUMIA MADAWA YA KULEVYA NA POMBE

Utajuaje kama au mtu fulani unayemjua ameathirika na madawa ya kulevya au pombe?

- **Mazoea ya kutojizuia:** Hamu kubwa, au lazimisha, kunywa pombe au kutumia madawa ya kulevya.
- **Una mazoea ya kushindwa kufanya maamuzi:** Kutokuwa na uwezo wako kiwango cha kunywa pombe au kutumia madawa ya kulevya juu ya hali yoyote.
- **Una uwezo wa kujitawala mwili:** Kama utaacha kunywa pombe au kutumia madawa ya kulevya utakuwa na uzoefu wa kuondoa dalili, kama vile kichefuchefu, kutoka jasho, kutetemeka na kuwa na wasiwasi.
- **Kuwa mvumilivu:** Unahitaji kunywa kiwango kikubwa cha pombe au kutumia kiwango cha madawa ya kulevya kwa madhumuni ya kuwa "mlevi".
- **Huwezi kuacha kunywa pombe/kutumia madawa ya kulevya** hata kama unaona ina dhuru uwezo wa kufanya kazi, kusoma, au majukumu ya nyumbani.

Utawezaje kumsaidia mtu aliyeathiriwa na madawa na kulevya na/au pombe?

1. Kuwa na uhakika una muda mzuri. Ongea na rafiki yako wakati hajalewa.
2. Kamwe usimshitaki rafiki yako kuwa ni mlevi au mtumiaji wa madawa ya kulevya. Lakini fanya haraka kwa uhusiano wako. Usijaribu kumlaumu rafiki yako kwa matatizo. Kama utafanya hivyo, yeye atakuacha kabisa.
3. Ongea juu ya hisia zako. Mwambie rafiki yako una wasiwasi juu yake, na unasikia vibaya unapomwona anapokuwa anakunywa pombe au anapotumia madawa ya kulevya.
4. Mwambie rafiki yako unapomwona yeye wakati anapokuwa anakunywa au anapotumia madawa ya kulevya. Mpe mifano halisi. Mwambie rafiki yako unataka kumsaidia.
5. Ongea kwa kujali na kuelewa wa sauti, sio kwa huruma lakini kwa urafiki.
6. Jitayarishe kwa kanusho na hasira. Rafiki yako labda atasema hakuna tatizo lolote na labda atapata hasira kwako. Watu wengi wanaotumia pombe na madawa ya kulevya wana matatizo ya kujibu namna hii. Wakati wa makabiliano, watumiaji wengi hujilinda kwa matumizi yao, huwalaumu wengine kwa matatizo, au hutoa samahani kwa nini wawe kunywa au kutumia madawa mengine ya kulevya.
7. Unahitaji kumwambia rafiki yako una wasiwasi juu yake, na mtu atakayemsaidia anahitaji kumwambiwa. Rafiki yao atakuwa atakukasirikia kweli, lakini usiposema kitu, mambo yatakuwa mabaya na rafiki yako atakuwa kwenye hatari zaidi.

How can you stop drinking or using drugs?

1. Think seriously about your reasons for cutting down or stopping. What are the benefits to doing so?
2. Set a specific goal for how much you will drink/use drugs. You may choose to cut down or not to use alcohol and drugs at all.
3. Keep a small amount or no alcohol/drugs at home. Don't keep temptations around.
4. Pick a day or two each week when you will not drink/use drugs at all. Then, try to stop for 1 week. Think about how you feel physically and emotionally on these days. When you succeed and feel better, you may find it easier to cut down for good.
5. Learn how to say NO. You do not have to drink or use drugs when other people do. You do not have to take a drink/drug that is given to you. Practice ways to say no politely. Stay away from people who give you a hard time about not drinking/using drugs.
6. Stay active. What would you like to do instead of drinking or using drugs? Use the time and money spent on drinking to do something fun with your family or friends.
7. Get support. Cutting down on your drinking/drug use may be difficult at times. Ask your family and friends for support to help you reach your goal.
8. Watch out for temptations. Examine the situations that trigger your unhealthy patterns, and develop new ways of handling those situations so that you can maintain your goal. Watch out for people, places, or times that make you drink/use drugs, even if you do not want to. Stay away from people who drink/use drugs a lot or bars where you used to go. Plan ahead of time what you will do to avoid drinking and drugs when you are tempted.
9. Do not drink or use drugs when you are angry or upset or have a bad day. These are habits you need to break if you want to drink less.
10. **DO NOT GIVE UP!** Most people do not cut down or give up drinking and using drugs all at once. It is not easy to change. That is okay. If you do not reach your goal the first time, try again. Remember, get support from people who care about you and want to help. Do not give up!

Utawezaje kuacha kunywa pombe au madawa ya kulevya?

1. Fikiri kwa makini juu ya sababu yako ya kupunguza au kuacha. Kuna faida gani kufanya hivyo?
2. Jiwekee lengo mahususi kwa kiwango gani unatumia pombe/kutumia madawa ya kulevya. Unaweza kuchagua kuacha au kutotumia pombe na madawa ya kulevya kabisa.
3. Weka kiasi kidogo au usiweke pombe /madawa ya kulevya nyumbani. Usiweke majaribu karibu.
4. Chagua siku au siku mbili kila wiki wakati ambapo hunywi pombe/kutumia madawa ya kulevya kabisa. Halafu, jaribu kuacha kwa wiki moja. Fikiri jinsi unavyojisikia kimwili na hangaiko la mwili katika siku hizi. Wakati unapofanikiwa na kijisikia vizuri, utaona urahisi wa kuacha kwa uzuri.
5. Jifunze kusema HAPANA. Huitaji kunywa pombe au kutumia madawa ya kulevya wakati watu wengine wanatumia. Huhuitaji kutumia pombe/madawa ya kulevya ambapo umepewa. Jifunze kusema hapana kwa adabu. Kaa mbali na watu wanaokupa wakati mgumu wa kutokuacha pombe na kutumia madawa ya kulevya.
6. Kuwa mchangamfu. Upendelea kufanya nini badala ya kunywa pombe na kutumia madawa ya kulevya? Tumia muda wako na pesa na kufanya kitu cha furaha na familia yako au marafiki.
7. Pata msaada. Punguza kunywa pombe au madawa ya kulevya labda ni ngumu wakati mwingine. Uliza familia yako na marafiki kwa msaada wa kukusaidia kufikia malengo yako.
8. Kuwa macho na majaribu. Tafakari hali ambazo zina kufanya usiwe na afya nzuri katika vishindo vidogo vidogo, na kuendeleza njia za kuendesha hali zote na hivyo utadumisha mkakati wako. Kuwa muangalifu na watu, sehemu au wakati unaokufanya unywe pombe/madawa ya kulevya, hata kama hutaki kufanya hivyo. Kaa mbali na watu wanaokunywa pombe/madawa ya kulevya sana au baa ambazo hua unakwenda. Panga kabla ya wakati nini utafanya kutumia kunywa pombe na madawa ya kulevya wakati unapojaribiwa.
9. Usinywe pombe au kutumia madawa ya kulevya wakati unapokuwa na hasira au hali ya wasiwasi au siku mbaya. Hii ni tabia ambayo unahitaji kuivunja wakati unapotaka kuacha kunywa.
10. USIKATE TAMAA! Watu wengi hawawezi kupanga au kuacha kunywa pombe au madawa ya kulevya mara ya kwanza. Si rahisi kubadilisha. Hii ni sawa. Kama hujafikia malengo yako kwa mara ya kwanza, jaribu tena. Kumbuka kupata msaada kutoka kwa watu wanaokujali na kutaka kukusaidia. Usikate tamaa!

13. COMMUNICATION SKILLS

A. Attacking and Avoiding Communicators

Explain that “attacking” and “avoiding” are two examples of poor ways to communicate. The meaning of attacking and avoiding are as follows:

Avoiding:

- Giving into the will of others, hoping to get what you want without actually having to say it, leaving it to others to guess or letting them decide for you.
- Taking no action to assert your rights.
- Putting others first at your own expense.
- Giving in to what others want.
- Remaining silent when something bothers you.
- Apologizing a lot.
- Acting submissive—for example: talking quietly, laughing nervously, sagging shoulders, avoiding disagreement, hiding your face with your hands.
- Common behaviors are: withdrawal, sulking in silence, taking it out on the wrong person, saying that you are being unfairly treated, talking behind someone's back, trying to forget about the problem, being polite but feeling angry, feeling low and depressed.

Attacking:

- Expressing your feelings, opinions or desires in a way that threatens or punishes the other person.
- Standing up for your own rights with no thought for the other person.
- Putting yourself first at the expense of others.
- Overpowering others.
- Reaching your own goals, but at the expense of others.
- Dominating—for example: shouting, demanding, not listening to others, saying others are wrong, leaning forward, looking down on others, wagging or pointing finger at others, threatening or fighting.
- Common behaviors are: nagging, shouting, persisting (I am right!), revenge (I'll get you back), Warning (IF you don't...), correcting (look at the facts), interrupting, exploding, sarcastic, insulting.

13. STADI ZA MAWASILIANO

A. Kuepuka na kushambulia

Eleza kwamba “kushambulia” na “kuepuka” ni mifano ya mawasiliana mabaya. Maanake ya “kushambulia” na “kuepuka” ni...

Kuepuka:

- Kukubaliana na matakwa ya wengine; kutarajia kupata unachokihitaji bila hasa kusema hivyo; kuwaachia wengine wabuni au waamue kwa niaba yako.
- Kutofanya jambo lolote kuleta haki zako.
- Kuwatanguliza wengine kwa fadhila zako.
- Kukubaliana kile watakacho wengine.
- Kubakia kimya wakati unasumbuliwa na jambo fulani.
- Kuomba msamaha mno
- Kwa kukubali takribani kila jambo—kwa mfano: kuzungumza kwa sauti ya chini, kucheka kwa wasiwasi, kuinamisha mabega, kuepuka kutoafikiana, kufunika uso kwa mikono.
- Tabia kwa kawaida: kujitoa, kununa kimyakimya, kuhamisha hasira kwa mtu asiyehusika, kusema kwamba unaonewa, kusengenya, kujaribu kusahau tatizo, kuwa mpole lakini huku umekasirika, kujihisi kudhalilika na kuhuzunika, kutotaka kumuumiza mwingine.

Kushambulia:

- Kuelezea hisia, maoni, au matakwa yako kwa namna inayomtisha au kumwadhibu mtu mwingine.
- Kutetea haki zako bila kumfikiria mtu mwingine.
- Kujiweka mwenyewe kwanza kwa fadhila za wengine.
- Kuwazidi nguvu watu wengine.
- Kutimiza malengo yako, lakini kwa ajili ya wengine.
- Kutawala—kwa mfano: kupiga kelele, kudai, kutowasikiliza wengine, kusema wengine wamekosea, kuinamia mbele, kuwadharau wengine, kutikisa au kunyooshea kidole watu wengine, kutisha au kupigana.
- Tabia ya kawaida: kusumbua, kipiga kelele, kung’ang’ania (Niko sawa!), Kisasi (Nitakulipizia), Onyo (Usipo...), Kusahihisha (angalia ukweli kwamba...), kudakiza, kuhamaki, kukejeli, kutukana.

B. Standing up for Yourself

Another way to communicate with people is to stand up for your rights in a way that does not hurt others. This involves:

- Telling someone exactly what you want in a way that does not seem rude or threatening to them
- Standing up for your own rights without putting down the rights of others
- *Respecting yourself as well as the other person*
- Listening and talking
- Expressing positive and negative feelings
- Being confident, but not "pushy"
- Staying balanced—knowing what you want to sayin, saying "I feel" not "I think," being specific, using "I" statements, talking face-to-face with the person, no whining or sarcasm.

C. How to Stand up For Yourself

Go over the Assertive messages handout

D. Standing up for Yourself Scenarios

Read the following scenarios. Ask the participants to brainstorm what responses or techniques they could use in this scenario to stand up for their rights without hurting other. If some volunteers would like to role play a situation they may.

B. Kutetea Haki Zako

Jinsi nyingine ya kuwasiliana na watu ni kutetea haki zako na kutokuziweka kando haki za wengine. Unaweza kufanya hivyo kwa:

- Kuwaeleza watu ni nini hasa unataka bila jeuri au kuwatisha.
- Kutetea haki zako bila kuziweka kando haki za wengine.
- Kujiheshimu na kuwaheshimu watu wengine.
- Kusikiliza na kuzungumza
- Kuelezea hisia chanya na hasi
- Kujiamini, lakini sio "kujitutumua"
- Usiyumbe, kuwa na msimamo: kujua kile unachotaka kusema, kusema "ninahisi" sio "nafikiri," kuwa mahususi, kutumia kauli za "mimi," kuzungumza uso kwa uso na mtu, hakuna kunung'unika au kejeli.

C. Jinsi ya kutetea haki zako

Angalia kitini cha mshiriki kinachofuata

D. Hadithi za kutetea haki zako

Soma hadithi zifuatazo. Waombe washiriki kufikiria majibu au mbuni waingeweza kutumia kutetea haki zangu bila humiza mwengine. Kama wajitolea wanataka kuigiza hadithi, wanaweza.

STEPS TO DELIVER AN ASSERTIVE MESSAGE

Example Situation: Aaron and Frank are good friends. Aaron has a part time job and he has loaned money to Frank on several occasions. Lately Aaron has noticed that Frank is becoming slower to pay the money back. Aaron decide to discuss this matter with Frank and ask frank to pay the money back sooner.

STEPS	DESCRIPTION	WORDS YOU MIGHT SAY...	MESSAGES
1. Explain your feelings and the problem	State how you feel about the behaviour/problem. Describe the behaviour/ problem that violates your rights or disturbs you.	* "I feel frustrated when..." * "I feel unhappy when... " * I feel...when... " * It hurts me when..." * "I don't like it when..."	"I feel as if I'm being used when I lend you money and don't get it back in good time."
2. Make your request	State clearly what you would like to have happen.	* "I would like it better if " * "I would like you to . . . " * "Could you please..." * "Please don't... " * "I wish you would . . . "	"I would like it better if when you borrow money you would give it back as soon as possible."
3. Ask how the other person feels about your request	Invite the other person to express his/her feelings or thoughts about your request.	* "How do you feel about it?" * "Is that OK with you?" * "What do you think?" * "Is that all right with you?" * "What are your ideas?"	"Is that OK with you?"
Answer	The other person indicates his/her feelings or thoughts about your request.	The other person responds.	"Yes, I guess you're right. I'm not too good at getting money back right away, but I'll return it sooner next time."
4. Accept with thanks	If the other person agrees with your request, saying "thanks" is a good way to end the discussion.	* "Thanks." * "Great, I appreciate that." * "I'm happy you agree." * "Great!"	"Thanks for understanding. Let's go and listen to some music."

HATUA ZA KUTOA KAULI YA UTHUBUTU

Mfano: Aaron na Frank ni marafiki wazuri. Aaron ana ajira ya muda maalum na amemkopesha fedha Frank mara kadhaa. Hivi karibuni Aaron kabaini kuwa Frank amekuwa mzito kurejesha fedha anazokopa. Aaron anaamua kujadili suala hili na Frank na kumwomba Frank arejeshe fedha za mkopo haraka.

HATUA	MAELEZO	MENENO AMBAYO UNAWEZA KUSEMA...	KAULI
1. Fafanua hisia zako na tatizo	Eleza unavyohisi kuhusu tabia na tatizo. Eleza tabia au tatizo linalokiuka haki zako au linalokusumbua.	* "Nahisi kukatishwa tamaa ninapo..." * "Nakosa raha ninapo..." * "Ninahisi ...ninapo..." * "Inaniumiza ninapo..." * "Sipendi ninapo..."	"Ninahisi kama ninatumiwa tu ninapokukopesha fedha na wewe huzirejeshe kwa wakati."
2. Toa ombi lako	Eleza waziwazi ni nini ungependa kitokea.	* "Ningependa zaidi endapo..." * "Ningependa wewe u..." * "Je, inaweza tafadhali ku..." * "Ingekuwa vema kama unge..."	"Ningependa zaidi unapokopa fedha uzirejeshe mapema iwezekanavyo."
3. Uliza mwenzako anahisi vipi kuhusu ombi lako	Mkaribishe mwenzako aeleza hisia au mawazo yako kuhusu ombi lako	* "Unahisi vipi kuhusu ombi hili?" * "Unafikiri ni sawa kwako?" * "Unafikiria nini?" * "Je, kwako ni sawa tu?" * "Wewe una mawazo gani?"	"Unafikiri ni sawa kwako?"
Jibu	Mtu mwingine anaonyesha hisia au mawazo yake juu ya ombi lako.	Mtu mwingine anajibu.	"Ndiyo, nadhani unalosema ni sawa. Sina hali nzuri sana ya kuweza kurejesha fedha za mkopo mara moja, lakini nitazirejesha haraka wakati ujao."
4. Kubali na shukuru	Kama mwenzako atakubaliana na ombi lako, kusema "asante" ni njia nzuri ya kumaliza mjadala.	* "Asante" * "Safi sana, nashukuru kwa hilo." * "Nimefurahi kwamba umekubali." * "Safi sana!"	"Asante kwa kunielewa. Twende tukasikilize muziki."

ASSERTIVENESS SCENARIO CARDS

1. A person of the opposite sex asks you to go to a party with him/her. You don't know anyone who is going, which makes you feel a little uncomfortable. You have also heard that this person uses drugs and does not have a very good reputation at school. You decide to be assertive and say no.
2. You are talking to a number of your friends. Most of them have had sex and are teasing you about the fact that you have not. One member of the group hurts your feelings by saying something inappropriate. You decide to make an assertive reply.
3. You decide to get your ears pierced. Your friend tells you that you can get it done at a place in town. You go to the place, but it does not look very clean. You have heard about HIV/AIDS and unclean needles. You decide to ask the person if the needles are clean and to see the equipment used for cleaning. The person won't show you, but insists that the shop is very clean and safe. The person urges you to get the procedure done. You decide to say no assertively.
4. A friend of your family asks if you want a ride home after school. You do not feel very good about this person, and you feel uncomfortable about the situation. You decide to be assertive and refuse the ride.

KADI ZA MATUKIO YA UTHUBUTU

5. Mtu wa jinsia tofauti na yako anakuomba mwende naye kwenye sherehe. Humjui yeyote anayekwenda huko, jambo linalokufanya kidogo usiwe na raha. Pia umesikia kwamba mtu huyu hutumia madawa ya kulevya na hana heshima nzuri sana shuleni. Unaamua kuthubutu na kusema hapana.
6. Unazungumza na baadhi ya marafiki zako. Wengi wao wameshafanya mapenzi na wanakutania kwa vile wewe hujafanya hivyo. Mmojawapo anaumiza hisia zako kwa kusema jambo mbaya. Unaamua kutoa jibu la uthubutu.
7. Unaamua kutoboa masikio yako. Rafiki yako anakueleza kwamba unaweza kufanya hivyo mahali fulani huko mjini. Unaenda mahali hapo, lakini hapaonekani kwamba ni pasafi sana. Umeshasikia kuhusu Virusi Vya UKIMWI/UKIMWI na sindano chafu. Unaamua kumwauliza mhusika kama sindano ni safi na kama unaweza kuviona vifaa vya kusafisha. Mhusika anakataa kukuonyesha, lakini anang'ang'ania kwamba mahali hapo ni safi na salama. Mhusika anakuhimiza utoboe masikio. Unaamua kusema hapana kwa uthubutu.
8. Rafiki wa familia yako anakuuliza kama unataka lifti ya gari lake kurudi nyumbani baada ya shule. Hujisikii vizuri sana kuhusu mtu huyu, na unahisi kuwa na wasiwasi kuhusu hali hii. Unaamua kujitetea na kuikataa lifti hiyo.

14. SELF-ESTEEM

A. Self-Esteem and Life Skills

Use situation cards as examples of how self-esteem relates to some of the other life skills we have discussed. Have youth discuss what kind of decision the person in the story will make if they have self-esteem and what kind of decision they will make if they don't. How will have self-esteem help them to make the a good decision?

B. Personal Self-Esteem

Give participants the self-esteem quiz. They should do it themselves and not share the answers with others.

C. Affirming one's own positive attributes

Each person writes their name in large letters on a big piece of paper. For each letter of their name they identify one positive quality they have. For example, if the name is **John**:

J: Jolly

O: Outgoing

H: Helpful

N: Nice

If time allows they can share this with others.

D. Affirming other's positive attributes

Each person sticks a piece of paper on their back. Then people go around writing on each other's backs qualities they appreciate about each other. After 10 minutes participants can take the papers off their backs and see what nice things their friends have written about them.

E. Discussion

How many of the things that people identified themselves (in the name exercise) were the same as what their friends identified (in the back exercise). How did these exercises make them feel?

14. KUJIHESHIMU

A. Kujiheshimu na stadi za maisha.

Tumia kadi za hali kama mfano juu ya jinsi ya kujiheshimu kunavyohusiana na aina nyingine ya stadi za maisha kama tulivyo jadiliana. Vijana wajadili mtu katika hadithi hizi atafanya uamuzi gani akijiheshimu, na atafanya uamuzi gani kama hajiheshimu. Jinsi gani kujiheshimu itasaidia mtu kufanya maamuzi mazuri?

B. Kujiheshimu binafsi

Wape washiriki maswali ya kujiheshimu. Wafanye wenyewe na wasishirikiane majibu na wengine.

C. Kujithibitishia mwelekeo

Kila mmoja aandike jina lake kwa herufi kubwa katika karatasi kubwa, kwa kila herufi wagundue sifa moja njema walionayo. Kwa mfano:

Kama jina ni **John**:

J. Jiamini

O. Ongoza

H. Hodari

N. Nuru

Kama muda unaruhusu wanaweza kubadili na wengine.

D. Kuthibitishia wengine mwelekeo

Kila mtu ajibandike kipande cha karatasi mgongoni mwake. Halafu kila mmoja anazunguka na kuandika sifa anayomsifia mwenzie. Baada ya dakika kumi washiriki watoe karatasi migongoni mwao na kuangalia ni sifa gani rafiki zao waliowaandikia kuwahusu.

E. Kujadili

Ni vitu vingapi waliogundua wenyewe (katika zoezi la majina) yalifanana na yale wenzao walivyogundua? (katika zoezi la mgongoni). Je zoezi hili liliwafanya wajihisi vipi?

SITUATION CARDS

1. Suppose you never has a friend of the opposite sex because you think you are not clever or good-looking. At school there is a very popular person who now seems to be interested in you and who asked you to a party. Your classmates laugh at you and tell you that all this person wants is sex.
2. You have a friend of the opposite sex who you have been friends with for nearly a year. However, this friend is always criticizing you and making you feel small. Whenever you say something or try to do something the friend says you're stupid. Your other friends tell you that you should do something about it.
3. You are an average student at school and there are one or two subjects that are difficult for you. Your uncle works for a big company and he has arranged a scholarship for you to study at a secondary school in the city. Your brothers and sisters, as well as your parents, think it will be a waste of time because they don't believe you have the ability to do well academically.
4. Your boyfriend has been pressuring you to have sex with him for the last several weeks. You really don't want to, but he keeps reminding you that many other girls would be happy to be with him, and that you are lucky that he is with you. You tend to agree with him because you are not the prettiest girl in school, and he could easily get another, better, girlfriend. You are afraid you are going to lose him if you don't do what he asks.
5. You are a young woman in Form Two. You feel very comfortable about your future. You are looking forward to becoming a doctor. You have trouble with some subjects, but you know that you are smart and if you work harder your scores will improve. Lately, your boyfriend has been pressuring you to have sex, but you keep telling him that you are afraid of becoming pregnant or getting at STD, such as HIV. He still continues to bother you, so you have to make a decision.
6. You are a young man in standard seven. You are studying hard for your exams because you want to get into a good secondary school and then become a teacher or health worker. You have known your best friend since you were children, and you tend to do everything together. Lately, he has been using bangi (marijuana) a great deal and trying to get you to join him. You are sure it would be fun, but you know that it would affect your studies. You are committed into getting into a good school, and you know you are smart enough to make it.

KADI ZA HALI

1. Hujawahi kuwa na rafiki wa jinsia tofauti na yako kwa sababu unajihisi kuwa si mjanja na huna sura nzuri. Pale shuleni kuna mtu maarufu ambaye sasa amefurahishwa na nawe na amekuomba kuwa pamoja kwenye tafrija. Mwanafunzi mwenzio anakucheka na anakuambia kuwa mtu huyo anataka ngono.
2. Umekuwa na rafiki wako wa jinsia tofauti na mme kuwa marafiki kwa muda wa mwaka sasa, ingawa huyu rafiki anakudharau na kukuweka katika hali ya chini chochote unachojaribu kukifanya au unachosema, yeye hujibu kuwa wewe ni mpumbavu hujui kitu. Rafiki zako wengine wanakuomba ni lazima ufanye kitu fulani kuhusu hilo.
3. Wewe ni mwanafunzi wa wastani katika shule na kuna masomo mawili au moja yanakushinda. Mjomba wako anafanya kazi kwenye shirika kubwa na amekufanyia mpango ukasome kwenye shule ya sekondari iliyopo katika jiji. Kaka na dada zako pia wazazi wako wanafikiri ni kupoteza muda tu kwani hawaamini kama uanuwezo wa kuyakabili masomo vizuri.
4. Rafiki yako amekutongoza mfanye ngono kwa sirs wiki zilizopita na wewe hutaki, lakini anaendelea kukukumbusha kuwa wasichana wengine watakuwa na raha endapo watakuwa naye. Na wewe unabahati ya kuwa naye. Unajaribu kukubaliana naye kwa kuwa wewe si msichana nzuri sana kupita wengine hapo shuleni na anaweza akapata msichana mwingine mrembo zaidi. Unawasiwasi kuwa hutakwenda kumkosa (kumpoteza) kama utakubaliana na mambo anayokuambia.
5. Wewe ni msichana wa kidato cha pili na una hisi kujiamini sana katika maisha yako ya baadaye, unatazamia kuwa daktari una tatizo na baadhi ya masomo, lakini unatambua kuwa unaakili na ukifanya bidii, maksi zako zitapanda juu. Muda mfupi mpenzi wako anakushinikiza ufanye ngono, lakini anaendelea kumweleza kuwa unawasiwasi na kupata mimba pamoja na magonjwa ya zinaa ukiwepo Ukimwi. Anaendelea kukughasi kwa hiyo unapaswa kufanya uamuzi.
6. Umvulana wa darasa la saba, unasoma kwa bidii kwa ajili ya mtihani, kwani unataka kuchaguliwa kwenye sekondari nzuri, na pia unataka kuwa mwalimu au mtu wa afya baadaye. Ulimfahamu rafiki yako mpendwa, tangu utoto wako, na mme kuwa na tabia ya kufanya kila kitu pamoja. Baada ya muda, alianza kutumia bangi akajaribu kukushawishi nawe uingie kwenye mkumbo huo. Unatambua inaweza ikawa poa lakini unatambua kuwa yaweza kuharibu masomo yako. Umeweka ahadi ya kujiunga na shule nzuri, na unajitambua umuerevu wa kutosha kufanya hilo (kufaulu).

SELF-ESTEEM QUIZ

Stongly Agree= 5 Agree=4 Undecided=3 Disagree=2 Strongly Disagree= 1

1. I like the way I look.
2. I always think before I act.
3. I can resist peer pressure most of the time.
4. I am self-confident.
5. I never pretend to be what I am not to please other people.
6. I try to do what is right.
7. I can make my mind up and stick to it.
8. I don't give in very easily.
9. I can stand up for what I think is right.
10. I am proud of the way my body looks.
11. I like myself.
12. I find it easy to get along with people.
13. I have no difficulty making friends with people of the opposite sex.
14. I have no trouble controlling my feelings.

MAZUNGUMZO JUU YA KUJIHESHIMA

5= Nakubali kabisa 4=Nakubali 3=Sijui 2=Sikubali 1=Sikubali kabisa

1. Napenda jinsi ulivyo.
2. Wakati wote huwa nafikiri kabla ya kutenda.
3. Naweza kujizuia na shinikizo la rika wakati wote.
4. Najiamini.
5. Huwa sijivunii uwezo ambao sina ili kuwafurahisha watu wengine.
6. Najaribu kufanya yaliyo sahihi.
7. Naweza kuweka msimamo mmoja akilini bila kubadilisha.
8. Hua sikubaliani na mambo kiurahisi.
9. Nitaweza kusimama kwa kile ambacho nina fikiri ni sawa.
10. Najivunia umbile la mwili wangu.
11. Binafsi nina jipenda.
12. Kwangu ni rahisi kuwa na watu.
13. Sina ugumu wa kufanya urafiki na watu wa jinsia nyingine.
14. Sina tatizo katika kutawala hisia za mwili.

SUGGESTED SCORES

OVER 50: You have a really good image of yourself. This attitude should make you a very selfconfident person who is not easily misled by others.

OVER 40: You are probably like most young people. You have a positive self-image but sometimes you have doubts about the kind of person you are. Sometimes you do not like yourself very much.

OVER 30: You may need to develop your attitude in some areas. Learn to think positively about yourself. Feel proud about the good things about yourself and try to improve on those things that you don't like but think you can change.

UNDER 30: You have a negative self-image. You must try to like the person you are and to resist being misled by others to avoid ending up in trouble. If you do not have a positive self-image, other people may not like you either. Try to look at the good qualities about yourself and appreciate you.

MAKSI ZINAZO PENDEKEZWA

JUU YA 50: Unataswira nzuri wewe binafsi tabia hii imekufanya wewe uwe mtu wa kujiamini sana ambaye si rahisi kukosolewa na wengine.

JUU YA 40: Unafanana na vijana wadogo walio wengi. Una taswira nzuri kibinafsi lakini mara nyingine unakua nashauku kuwa wewe ni mtu wa aina gani mara nyingine hujipendi sana.

JUU YA 30: Unahitaji kukuza hadhi yako katika baadhi ya sehemu jifunze kufikiri mazuri yanayo kufaa wewe binafsi. Jivunie mambo mazuri yanayokuhusu na fanya marekebisho, katika mambo unafikiri ungelipendelea kuyabadilisha.

CHINI YA 30: Umejijengea taswira hasi (umejishusha hadhi) yako. Ni lazima upende jinsi vile ilivyo na uzuie watu kukuelewa vibaya ili yatayozuia matatizo kujitokeza. Kama wewe binafsi hauna taswira kuhusu jinsi ulivyo (Ujithamini) watu wengine pia huenda wasikupende kabisa. Jaribu kutazama sifa (mambo) mazuri uliyonayo (ulivyo) na kisha uyakubali wewe ujikubali.

15. PEER PRESSURE

A. Persuasion Tactics

Indicate that the group will take a look at the different ways people might try to get you off your topic or refuse to accept your assertive message. Tape the prepared *Large Persuasion Cards* at different points along a blank wall. Review each card and discuss how people can use the technique to convince, persuade, or distract from assertive messages. Next, hand one *Small Persuasion Card* to each participant. In turn, all members of the group should stand up, read the statement on their cards, explain the possible categories where the statement might belong, and tape the statement to the wall underneath an appropriate category. Use this short exercise as a way to identify the types of persuasion someone might use to change someone's assertive message.

Large Persuasion Cards (each word/phrase is a separate card)

- Argue
- No Problem
- Put You Down
- Reasons
- Threaten
- Getting Off the Topic

Small Persuasion Cards (each phrase is a separate card)

- You're just afraid.
- Aren't you grown up enough to do this?
- Why not? Everyone's doing it!
- What do you think can happen?
- What do you know about ... anyway?
- Do it or goodbye.
- I'll find someone else who will.
- I can hurt you if you don't.
- Nothing will go wrong.
- Don't worry.
- I'll take care of everything.
- I've got it all handled.
- But we're getting married anyway.
- You can't get pregnant if you just have sex just once.

15. SHINIKIZO RIKA

A. Mpango ya Ushawishi

Onyesha kwamba kikundi kitaangalia njia mbalimbali zinazotumiwa na watu kukutoa nje ya mada (kauli ya uthubutu) au kutokukubali kauli yako ya uthubutu. Bandika *Kadi Kubwa za Ushawishi* sehemu mbalimbali ukutani. Hakiki kila kadi na jadilini jinsi watu wanavyoweza kutumia mbinu hiyo kuridhisha, kushawishi, au kuvuruga kauli za uthubutu. Kisha, mpatie kila mshiriki *Kadi Ndogo ya Ushawishi*. Kwa upande wao, wanakikundi wote wasimame, wasome taarifa zilizomo kwenye kadi zao, waeleza kategoria zinazowezezana zinazohusiana na taarifa hizo, na wazibandike taarifa hizo ukutani chini ya kategoria mwafaka. Tumia zoezi hili fupi kama njia ya kubaini aina za ushawishi anazoweza kuzitumia mtu kubadili kauli ya uthubutu ya mtu mwingine.

Kadi Kubwa za Ushawishi (kila neno au kirai ni kadi tofauti)

- Toa Hoja
- Hakuna Tatizo
- Nyamazisha
- Sababu
- Tisha
- Kutoka Nje ya Mada

Kadi Ndogo za Ushawishi (kila kirai ni kadi tofauti)

- Unaogopa tu
- Uko mkubwa wa kutosha kufanya hili?
- Kwanini usifanye hivyo? Kila mtu anafanya hivyo!
- Unafikiri kitatokea nini?
- Hata hivyo unajua nini kuhusu...?
- Fanya ninavyotaka au kwaheri.
- Nitamtafuta mtu mwingine atakayeweza kufanya hivyo.
- Naweza kukuumiza kama hufanyi hivyo.
- Hukuna litakaloharibika.
- Usihofu.
- Nitashughulikia kila kitu.
- Nimeshashughulikia kila kitu.
- Lakini hata hivyo si tutaoana?
- Huwezi kupata mimbi ukikutana nami mara moja tu.

- You owe me.
- You're old enough now.
- You have nice eyes.
- I like you when you're angry.
- You know that I love you.

Persuasion Categories

Put you Down:

"You're just afraid."

"Aren't you grown up enough to do this?"

Argue:

"Why not? Everyone's doing it!"

"What do you think can happen?"

"What do you know about... anyway?"

Threaten:

"Do it or goodbye."

"I'll find someone else who will."

"I can hurt you if you don't."

No Problem:

"Nothing will go wrong."

"Don't worry."

"I'll take care of everything."

"I've got it all handled."

Reasons:

"But we're getting married anyway."

"You can't get pregnant if you have it just once."

"You owe me."

"You're old enough now."

Getting Off the Topic:

"You have nice eyes."

"I like you when you're angry."

"You know that I love you."

- Ninakudai.
- Umeshakua vya kutosha sasa.
- Una macho mazuri.
- Ninakupenda unapokuwa umekasirika.
- Unajua kwamba nakupenda.

Kategoria za Ushawishi

Nyamazisha:

Unaogopa tu.

Uko mkubwa wa kutosha kufanya hili?

Toa Hoja:

Kwanini usifanye hivyo? Kila mtu anafanya hivyo!

Unafikiri kitatokea nini?

Hata hivyo unajua nini kuhusu...?

Tisha:

Fanya ninavyotaka au kwaheri.

Nitamtafuta mtu mwingine atakayeweza kufanya hivyo.

Naweza kukuumiza kama hufanyi hivyo.

Hakuna Tatizo:

Hukuna litakaloharibika.

Usihofu.

Nitashughulikia kila kitu.

Nimeshashughulikia kila kitu.

Sababu:

Lakini hata hivyo si tutaoana?

Huwezi kupata mimbi ukikutana nami mara moja tu.

Ninakudai.

Umeshakua vya kutosha sasa.

Kutoka Nje ya Mada:

Una macho mazuri.

Ninakupenda unapokuwa umekasirika.

Unajua kwamba nakupenda

B. How to deal with persuasion

When the different statements are on the wall and the group seems to understand the idea of persuasion, move on to some strategies to deal with these types of pressure. On a flip chart or on the board, write "What do you say when someone tries to get you off the topic?" Brainstorm with the group some statements to use if someone is making distracting statements, trying to change the subject, or trying to get them off topic. Possible suggestions might be:

1. "Please let me finish what I am saying."
2. "Please don't stop me until I'm finished."
3. "That's fine, but please listen to what I have to say."
4. "I know you think...but let me finish what I was saying."
5. "Thank you, but..."

Next, go through the same process with the following question: "What do you say when someone tries to persuade you (change your mind, convince you)?" Once you have brainstormed a list of suggestions, you may wish to group them into three categories: refuse, delay, or bargain.

Refuse

Say no clearly and firmly, and if necessary, leave.

"No, no, I really mean no."

"No, thank you."

"No, no—I am leaving."

Delay

Put off a decision until you can think about it.

"I am not ready yet."

"Maybe we can talk later."

"I'd like to talk to a friend first."

Bargain

Try to make a decision that both people can accept.

"Let's do ... instead."

"I won't do that, but maybe we could do..."

"What would make us both happy?"

.

B. Jinsi ya Kushughulikia Ushawishi

Taarifa mbalimbali zikishawekwa ukutani na kikundi kikaonyesha kuelewa wazo la ushawishi, endelea na baadhi ya mikakati ya kushughulika aina hizi za ushawishi. Kwenye chati mgeuzo au ubaoni, andika "Unasema nini mtu akijaribu kukutoa nje ya mada unayozungumzia?" Bungabongo na kikundi juu ya kauli za kutumia dhidi ya mtu anayetoa kauli za kukupotosha, za kutaka kabadilisha mada au za kukutoa kwenye mada yako. Baadhi ya mapendekezo ya kauli yanaweza kuwa:

6. Tafadhali wacha nimalize ninachosema."
7. "Tafadhali usinikatishe, ngoja nimalize kusema."
8. "Vema, lakini sikiliza ninachosema."
9. "Najua unafikiri kwamba...lakini niache nimalize ninachosema."
10. "Asante, lakini..."

Kisha, fanya hivyo hivyo kwa swali linalofuata: "Unasema nini mtu anapojaribu kukushawishi (kubadili mawazo, kushawishi)?" Baada ya kubungabongo juu ya orodha ya mapendekezo, unaweza kuyatenge katika kategoria tatu: kataa, chelewesha, kujadiliana.

Kataa

Sema hapana waziwazi na kwa uhakika, na kama ikilazimu, ondoka.

"Hapana, hapana, kwa kweli namaanisha hapana."

"Hapana, asante."

"Hapana, hapana—naondoka."

Chelewesha

Ahirisha uamuzi mpaka utakapofikiria tena kuhusu jambo hilo.

"Bado siko tayari."

"Labda tutazungumza baadaye."

"Ningependa kuzungumza na rafiki yangu kwanza."

Kujadiliana

Jaribu kufanya mazungumzo na kufikia uamuzi ambao yote wawali mnaweza kuukubali.

"Tufanye ... badala yake."

"Sitafanya hivyo, lakini pengine tunaweza kufanya..."

"Je, ni kitu gani kitaufanya sote wawili tufurahi?"

C. Individual Practice

Explain to the group that we often find ourselves in situations where we have to think very quickly about what we want to say, and we often do not think of a good response until it is too late. This exercise will give us a chance to practice thinking fast!

Give each participant a card. Ask them to look at their cards and try to come up with a persuasive statement to use as an "opening line." For instance, in a group of young women, if I am told that I am supposed to be a older man proposing to a schoolgirl, my opening line might be, "Did you know you are very beautiful? Would you like a ride in my car?"

Participants then form a circle, and one-by-one, each turns to the person on the left and states briefly the relationship and the situation. For example, "I am a sugar daddy and you are a young girl. I want to propose to you." The person will then state the pressure line that he/she has just thought up. The person to the left has to make an *immediate* response, trying to state his/her position without accepting the offer. For example, "Thank you for the compliment, but I do not want a ride in your car." Give everyone the chance to use a line and to respond to someone else's line.

Pressure Situation Cards

- Being encouraged by a friend to drink too much
- Being laughed at for not having sex with your girlfriend
Being laughed at for wanting to use a condom
- Being ridiculed for not having several girlfriends
- Being laughed at for not wanting a girlfriend
- Being laughed at for wanting to study
- Being proposed to (or propositioned) by an older woman in return for money or alcohol
- Being proposed to be an attractive young woman
- Young woman not wanting to use a condom because maybe it means you think she's a prostitute

C. Utekelezaji Binafsi

Elezea kwenye kikundi mara kwa mara sisi wenyewe tunakumbana na hali ambazo tunahitaji kufikiri haraka sana kuhusu kitu gani tunachotaka kusema, na mara kwa mara hatuwezi kufikiri kukubali kubali zuri mpaka tunachelewa. Zoezi hili litatupa nafasi ya kutekeleza kwa haraka.

Mpe kila mshiriki kadi. Waulize waangalie kadi zao na wajaribu kuja na maelezo yanayoshawishi mstari ulio funguka. Kwa mfano katika kundi la vijana wa kike, ujifanye mtu mzee kama umeambiwa uwe mtu mzee kumweleza mwanafunzi wa kike, mstari wangu unaofunguka utakuwa, unaelewa kuwa wewe ni mzuri? Unahitaji lifti kwenye gari langu?

Halafu washiriki watengeneze mduara, na mmoja mmoja, kila mtu amgeukie mwenzake upande wa kushoto kwa ufupi watoe maelezo uhusiano na hali alisi. Kwa mfano, "Mimi ni hawara mzee, na wewe ni kijana wa kike. Ninahijaji kukueleza jambo. Mtu ataeleza mstari wa msukumo kwamba yeye mvulana/msichana anafikiri. Mtu wa kushoto anakubali mapema kujaribu kuelezea nafasi yake bila kukubali ahadi. Kwa mfano, "Asante kwa wasifu wako, lakini sihitaji lifti yako." Mpe kila mtu nafasi ya kutumia mstari na kukubali mstari wa mtu mwingine.

Kadi za Hali ya Shinikizo

- Unatiwa moyo rafiki yako kunywa pombe sana
- Kuchekwa eti kwa kuwa hufanyi ngono na rafiki yako wa kike
- Kuchekwa mshamba kwa vile hauna marafiki wengi wa kike
- Kuchekwa eti kwa vile hutaki rafiki wa kike (mchumba)
- Kuchekwa eti kwa vile unataka kujifunza/kusoma
- Umeposwa au kutongozwa na msichana na umri mkubwa kisha akulipe fedha au pombe kama malipo
- Umetongozwa kwa msichana mwenye kuvutia (mrembo)
- Msichana hataki kutumia kondomu wakati mkifanya ngono kwa sababu pengine inamaanisha utafikiri yeye ni malaya

16. RISK ACTIVITIES

A. Looking at Your own Activities

Post the Risk Activities (do not post risk levels yet) and give the participants a few moments to go through the list and note on paper the activities that they are now engaged in and the activities they have done in the past. Urge them to be completely honest when answering. Their answers will not be collected—they will only be seen by themselves.

B. Assessing Risk Activities

Use the following list of activities to do the exercise described below.

1. Using toilets in a public washroom (no risk)
2. Touching or comforting someone living with HIV/AIDS (no risk)
3. Having sex without a condom (high risk)
4. Dry kissing (no risk, unless partners have cuts or sores on their mouths)
5. Having sex using the same condom more than once (high risk)
6. Swimming with an HIV-infected person (no risk)
7. Sharing needles for ear piercing or tattooing (high risk)
8. Abstaining from sexual intercourse (no risk)
9. Going to school with an HIV-infected person (no risk)
10. Being bitten by a mosquito (no risk)
11. Giving blood (no risk if equipment is clean)
12. Having sex using a condom properly (no risk, unless condom breaks)
13. Eating food prepared by an HIV-infected person (no risk)
14. Body to body rubbing with clothes on (no risk)
15. Having sex with a condom and the condom breaks (high risk)
16. Back rub-massage (no risk)
17. Riding on the bus with an HIV-infected person (no risk)
18. Cleaning up spilled HIV-infected blood without wearing gloves (low risk—depends if you have cuts in your hands)
19. Wet (deep) kissing (no risk unless partners have sores or cuts on their mouths)
20. Receiving a blood transfusion (depends if blood is tested)
21. Getting an injection at a private clinic that cleans its needles with water (low risk)

16. TABIA ZA HATARI

A. Kuangalia Vitendo Vyetu Vyenyewe

Bandika orodha ya shughuli (usibandike viwango vya hatari bado) na wape washiriki muda mfupi wa kupitia orodha na waandike katika karatasi mambo wanayoyafanya sasa na mambo ambayo waliyafanya zamani. Washimize wawe wakweli kabisa wanapojibu. Majibu hayatakusanywa ila watabaki nayo.

B. Kutathmini Shughuli za Hatari

Tumia orodha ya shughuli za hatari kufanya zoezi lifuatalo.

1. Kutumia vyoo katika msala wa umma (hakuna hatari)
2. Kumgusa mtu mwenye Virusi Vya UKIMWI/UKIMWI (hakuna hatari)
3. Ngono bila kondomu (hatari kubwa)
4. Kipiga busu kavu (hakuna hatari, usipokuwa wapenzi wana vidonda mdomoni)
5. Ngono kwa kutumia kondomu ileile zaidi ya mara moja (hatari kubwa)
6. Kuogelea na watu wenye Virusi Vya UKIMWI (hakuna hatari)
7. Kushirikiana sindano ya kutogea masikio (hatari kubwa)
8. Kukataa kufanya ngono (hakuna hatari)
9. Kwenda shule na mtu mwenye Virusi Vya UKIMWI (hakuna hatari)
10. Kuumwa na mbu (hakuna hatari)
11. Kutoa damu (hakuna hatari kama sindano ni safi)
12. Ngono kwa kutumia kondomu ipasavyo (hakuna hatari, lakini hatari kubwa kama kondomu inapasuka)
13. Kula chakula kilichoandaliwa na mtu mwenye Virusi Vya UKIMWI (hakuna hatari)
14. Kugusana miili mkiwa mmevaa nguo (hakuna hatari)
15. Ngono na kondomu na kisha kondomu ikapasuka (hatari kubwa)
16. Kusugua au kuchua mgongo (hakuna hatari)
17. Kupakia basi na mtu mwenye Virusi Vya UKIMWI (hakuna hatari)
18. Kupangusa damu ya mtu aliyeathriwa na Virusi Vya UKIMWI bila kuvaa glavu (hatari ndogo kama mikono yako yana vidonda)
19. Kupiga busu kwa kunyonyana ndimi (hakuna hatari, usipokuwa wapenzi wana vidonda mdomoni)
20. Kuongesewa damu (hakuna hatari kama damu imepimwa)
21. Kipigwa sindano katika zahanati binafsi ambayo husafisha sindano kwa maji (hatari ndogo)

Explain to the group that some activities have no risk at all, others have low risk, and still others are high risk activities. Review the ways that HIV/AIDS is transmitted and go over your definitions for the levels of risk activity. Make sure that everyone understands these levels of risk before proceeding:

No Risk

No risk of getting HIV/AIDS—There is no receipt of blood, semen, vaginal fluids, or maternal body fluids.

Low Risk

Low risk of getting HIV/AIDS—There is a slight possibility of exchange of blood, semen, vaginal fluid, or maternal fluids.

High Risk

High risk of getting HIV/AIDS—There is a strong possibility of exchange of blood, semen, vaginal fluid, or maternal fluids.

Go over each statement with the entire group. Reach an agreement on the levels of risk, correcting any of the answers that are incorrect. There may be a great deal of debate on some of the activities. Use this exercise to launch a full discussion of risk activities and the different levels of risk.

C. Assessing our own Risk

Ask the participants to take a look at the statements that they noted on their own lists. Are any of them high risk activities? Are they currently engaging in high or low risk activities that might put them in danger of HIV or STD infection? If they had to mark themselves on the scale below (write it on the board), where would they be placed in terms of their level of risk for HIV infection?

No Risk				Low Risk				High Risk		
0	1	2	3	4	5	6	7	8	9	10

Waeleze kwamba baadhi ya vitendo havina hatari kabisa, vingine vina hatari kidogo, na vitendo vingine vina hatari kubwa. Fanya marudio ya njia ambazo Virusi vya UKIMWI/UKIMWI huenezwa na pitia maelezo kuhusu viwango vya vitendo vya hatari. Hakikisha kwamba kila mmoja anaelewa viwango vya hatari kabla ya kuendlea.

Hakuna Hatari:

Hakuna hatari ya kupata Virusi vya UKIMWI/UKIMWI. Hakuna uwezekano wa kupata damu, shahawa, maji maji ya ukeni, au maji maji ya uzazi.

Hatari Ndogo:

Kuna hatari ndogo ya kupata Virusi vya UKIMWI/UKIMWI. Kuna uwezekano mdogo wa kupata damu, shahawa, maji maji ya ukeni, au maji maji ya uzazi.

Hatari Kubwa:

Kuna hatari kubwa ya kupata Virusi vya UKIMWI/UKIMWI. Kuna uwezekano mkubwa wa kupata damu, shahawa, maji maji ya ukeni, au maji maji ya uzazi.

Pitia pamoja na kikundi kizima kila kitendo. Kubalianeni kuhusu viwango vya hatari, na sahihisha jibu lolote ambalo sio sahihi. Tumia zoezi hili kuanzisha mjadala unaohusu vitendo hatari na viwango tofauti vya hatari

C. Kutahtmini Hatari Yetu Wenyewe

Watake washiriki watazame maelezo ambayo waliyaandika katika orodha yao. Je, yapo mambo ambayo yana hatari kubwa? Je kwa sasa wanajishughulisha na vitendo vyenye hatari kubwa au hatari ndogo ambavyo vinaweza kuwaweka katika hatari ya kuambukizwa Virusi vya UKIMWI au magonjwa ya ngono? Iwapo wangejiweka alama katika skeli iliyo hapo shini (iandike ubaoni) wangekuwa wapi katika kuangalia kiwango cha hatari ya kupata maambukizo ya Virusi Vya UKIMWI?

Hakuna Hatari				Hatari Ndogo				Hatari Kubwa		
0	1	2	3	4	5	6	7	8	9	10

17. DECISION MAKING

A. Decision Making

Discuss why it is important to think carefully before making a big decision. Have the group come up with some examples of decisions they made. If they are willing to share ask them: How did they make those decisions? What helped them to think clearly about those decisions?

Write on the flip chart all the things that helped them to make a good decision.

B. Decision Making Scenarios

Give each person (or pair, depending on how many people are there) one of the attached decision making scenarios. Ask them to think about what kinds of things the person in this scenario could do to help him/her to make a good decision. Emphasize that it is not the decision we are talking about, but what things help a person to make a decision.

In a large group write on the flip chart all the suggestions people have for helping the characters in their scenario to make a good decision.

C. Personal Decision Making

Distribute the personal decision making handout (attached) and ask them to fill it in using a decision they are currently trying to make. If they can't think of a decision they are currently trying to make ask them to imagine or predict a decision they will have to make in their future. Give them an example based on one of the decision making scenarios.

17. KUFANYA MAAUMUZI

A. Kufanya Maamuzi

Jadili kwa nini ni muhimu kufikiri vizuri na polepole kaabla ya kufanya uamuzi mkubwa. Watoe mifano wa maamuzi waliyoyafanya. Wakitaka kushirikiana, waulize: Walifanyaje maamuzi haya? Kitu gani kiliwaasaidia kufikiri kuhusu maamuzi haya?

Andika kwenye chati mguezo vitu vilivyosaidia kufanya uamuzi nzuri.

B. Kadi za Kufanya Maamuzi

Mpe kila mtu (au watu wawili wawili, inatengema wingi wa idadi ya watu kwenye kikundi) moja ya kitambatanisho cha kadi za kufanya maamuzi. Waombe kufikiri vitu gani vinaweza kumsaidia mtu wao kufanya uamuzi nzuri. Waambie sio uamuzi ndiyo tunajadiliana, lakini vitu gani vinasaidia mtu kufanya uamuzi.

Wote kwa pamoja waandike kwenye chati mguezo mapendekezo yao ya vitu vilivyosaidia mtu wao kufanya uamuzi mzuri.

C. Maamuzi Binafsi

Gawanya fomu ya "Uamuzi Wangu" na waombe waijaze kwa kutumia uamuzi wanaojaribu kufanya siku hizi. Kama hawawezi kutafuta uamuzi wa sasa, watumie uamuzi watakaohitaji kufanya baadaye. Toa mfano kwa kutumia kadi ya maamuzi.

DECISION MAKING SCENARIO CARDS

1. You are a 15-year-old girl living in a semi-urban area (small town). You are keeping four younger orphans, and you cannot find money for meat or vegetables to eat. You have a friend near the market who has been offering you nice gifts and buying some food for you. Recently, he has suggested that you should meet together at a resthouse (inn or motel). What will you do?
2. You are a 20-year-old man, and you have recently married. You and your wife are students at the university. You want to start a family, but you also want to finish your degrees and get jobs. Your wife has suggested using the contraception.
3. You are a 38-year-old woman, and you have seven living children. You really do not want to get pregnant again, but your husband is opposed to using contraception.
4. You and your girlfriend are in love and you plan to be married. You have been abstaining from sex until after you get married, but it is becoming harder and harder to abstain as time passes. Lately, your girlfriend has been suggesting that you have sex now. After all, you are truly committed to each other and are getting married anyway.
5. You are a 17-year-old boy in Form 2 at a secondary school (high school). Your anti-AIDS club has been very active lately, and you have been thinking a lot about AIDS. You think that your past experiences may have put you at risk to be HIV positive, but you are afraid to know for sure. A close friend has suggested that you get an HIV test.
6. You are a 36-year-old teacher at a primary school (elementary school). Your husband is teaching at a secondary school, and you have been married for 16 years. You have five older children, and you are in the hospital for a month with complications from delivering your sixth child. While you are in the hospital, your husband takes a second wife. You have always agreed that you would be his only wife, and you are shocked and upset at his decision.
7. You are a 20-year-old boy just entering Form 4 (the final grade in high school). Your father died several years ago, and your uncle has paid your school fees for the last few years. Your uncle has just died, and now there is no one to pay for your final year in school. You scored very high on the Junior Certificate exams (early high school exams), and you are hopeful that you can get a placement at university if you are able to sit the take the college entrance exams. But because there is no money for school, you are considering trying to find some work for a few years and return to school later.

KADI ZA KUFANYA UAMUZI

1. Wewe ni msichana wa miaka 15 unayeishi katika mji mdogo. Unawatunza watoto yatima wanne, na umeshindwa kupata fedha za kununulia nyama au mboga kwa ajili ya chakula. Una rafiki karibu na soko ambaye amekuwa akikupatia zawadi nzuri na kukununulia chakula. Hivi karibuni amependekeza kwamba ukutane naye kwenye gesti. Je, utafanyaje?
2. Wewe ni mvulana wa miaka 20, na umeoa hivi karibuni. Wewe na mke wako nyote ni wanafunzi wa chuo kikuu. Mnataka kuwa na familia yenu, lakini mnataka pia kumaliza shahada zenu na pata kazi. Mke wako kapendekeza atumie mpango wa uzazi.
3. Wewe ni mwanamke wa miaka 38, na una watoto saba walio hai. Kusema kweli hutaki kupata mimba tena, lakini mume wako anapinga matumizi ya mpango wa uzazi.
4. Wewe na rafiki yako wa kike mmependana na mnapange kuoana. Mnajitahisi kutofanya ngono hadi baada ya kuoana, lakini hii inazidi kuwa ngumu kadiri muda unavyopita. Hivi karibuni, rafiki yako wa kike amekuwa akipendekeza mfanye ngono sasa. Kwani ukweli na kwamba mnapendana na isitoshe mtaoana hatimaye.
5. Wewe ni mvulana wa miaka 17 katika shule ya sekondari. Hivi karibuni Kalbu yenu ya kampeni dhidi ya UKIMWI imekuwa ikifanya kazi kwa nguvu, na wewe umekuwa ukifikiria sana kuhusu UKIMWI. Unadhani kwamba matendo yako ya nyuma yawezekana yamekuingiza katika hatari ya kuwa na Virusi vya UKIMWI, lakini unaogopa kupata uhakika wa jambo hilo. Rafiki yako wa karibu amekuambia uende ukapimwa Virusi vya UKIMWI.
6. Wewe ni mwalimu wa miaka 36 katika shule ya msingi. Mume wako anafundisha kwenye shule ya sekondari, na mmekuwa katika ndoa kwa miaka 16. Mnao watoto wakubwa watano, na sasa uko hospitalini kwa mwezi mmoja kwa sababu ya matatizo ya uzazi wa mtoto wako wa sita. Wakati ukiwa hospitalini, mume wako anachukua mke wa pili. Daima mmekubaliana kuwa utakuwa mke pekee kwa mume wako, na umeshitushwa na kufadhaishwa kwa uamuzi wako huo.
7. Wewe ni mvulana wa miaka 20 ambaye ndiyo umeingia tu Kidato cha 4. Baba yako alikufa miaka michache iliyopita, na mjomba wako amekulipia ada ya shule kwa miaka michache iliyopita. Mjomba wako naye kafa punde, na sasa hakuna mtu wa kukulipia ada katika mwaka wako wa mwisho wa masomo. Ulipata alama za juu ya kabisa kwenye mitihani yako madarasa ya myuma, na una matarajio kwamba utaweza kipita mitihani ya kuingia chuo. Lakini kwa vile hakuna fedha za ada, unafikiria kujaribu na kufanya kazi miaka michache na kurudi shuleni baadaye.

MY DECISION IS...

REASONS TO CHOOSE TO DO IT (or TO SAY YES)

REASONS TO CHOOSE NOT TO DO IT (or TO SAY NO)

THINGS I CAN DO TO HELP ME DECIDE

UAMUZI WANGU NI...

SABUBU ZA KUCHAGUA KUFANYA (au KUSEMA NDIYO)

SABABU ZA KUCHAGUA KUTOFANYA (au KUSEMA HAPANA)

**VITENDO NINAWEZAVYO KUVIFANYA ILI KUNISAIDIA KUAMUA
VIZURI**

18. PLANNING GOALS TO COMPLETION

A. What are our goals?

Discuss as a group what different peoples goals are. The facilitators should also discuss their own goals if they feel comfortable. Make sure each person gets a chance to speak. Ask them to describe examples of both "short term" and "long term" goals.

Short-Term Goal

A project that can be completed within six months. Examples include: "I am going to pass my standard 7 exam this year." Or "I am going to make something I can sell at the market."

Long-Term Goal

A project that can be completed within a year or longer. Examples include, "I am going to go to the University and become a doctor," or "I am going to have three children who will go to good schools."

B. Planning for Goals

Distribute the "Goals Worksheet" to each participant. Ask that they not fill them in at this point. Using a sample goal to guide you, go through each section of the worksheet, explaining the heading and providing examples.

1. Identify your goals. Write one short-term and one long-term goal. Suggest passing the standard 7 exam as an example of a short-term goal.
2. What are some of the good things I will get if I reach my goal? In our example, "I will be able to go to secondary school and get a good education."
3. What stands between me and my goal? "If I do not like to study or do not study enough, this could be an obstacle to passing the exam." Similarly, "If I am required to work so long in the fields that I do not have time to study, this may keep me from reaching my goal."
4. What do I need to learn or do? In this example, "I need to learn my math and English in order to well on the exam."

18. KUJIWEKEA MALENGO

A. Malengo Yetu ni Nini?

Jadiliana kuhusu malengo ya kila mtu. Waongoze pia wajadiliane malengo yao. Kila mtu apate nafasi ya kuongea. Watoe mifano ya malengo ya muda-mfupi na malengo ya muda-mrefu.

Lengo la muda-mfupi

Mradi utakaoweza kukamilika katika kipindi cha miezi sita. Kwa mfano "Nitafaulu mtihani wangu wa darasa la saba katika kipindi cha miezi miwili," au "Nitatengeneza kitu cha kuuza sokoni."

Lengo la muda-mrefu

Mradi utakaokamilika katika kipindi cha mwaka mmoja au zaidi. Kwa mfano: "Nitajiunga na chuo ili niwe daktari," au "Nitakuwa na watoto watatu ambao nitawasomesha katika shule nzuri."

B. Kupanga kwa Ajili ya Malengo Yetu

Gawanya "Fomu ya Malengo" kwa kila mshiriki, lakini wasijaze kwanza. Tatauzipitia sote pamoja kwa ufupi. Kwa kutumia mfano wa lengo kama mwongozo, pitia kila kipengele kilicho katika fomu ya malengo, fafaua kichwa cha habari na toa mifano.

1. Bainisha malengo yako. Andika lengo moja la muda mfupi na moja la muda mrefu. Pendekeza "Kufaulu mtihani wa darasa la saba" kama mfano wa lengo la muda mfupi.
2. Ni manufaa gani nitapata iwapo nitafikia lengo langu? Kwa majibu wa mfano wetu, "Nitaweza kuendelea na masomo katika madarasa ya juu."
3. Kitu gani kitanifanya nishindwe kufikia lengo langu? "Iwapo sitaki kusoma au sisomi kwa juhudi, hii yaweza kuwa kikwazo kwangu kufaulu mitihani." Hali kadhalika, "Iwapo nitatakiwa kufanya kazi shambani kwa muda mrefu na sipati nafasi wa kusoma, hii nayo itanizuia nisifikie lengo langu."
4. Ninahitaji kujifunza au kufanya nini? "Ninahitaji kujifunza hisabati na Kiingereza ili kuweza kufanya vyema mtihani wangu."

5. Who will encourage me. "I know that the staff at the center (or family) want me to do well, so I will ask them to check in with me to make sure I am studying and achieving some success.

6. What is my plan? "First I will create a study schedule for myself. Then I will begin to study three hours each day until the exam."

7. Completion Date. When will I be finished with this goal? Write the date of the standard 7 exam.

C. Personal Goals

Give each person time to fill out their personal goals worksheet. If they would like to put them up on the health club board they may, or they can keep them to themselves if they want.

5. Nani atanihimiza? "Ninajua kwamba wafanyakazi wa kituo (au familia) wanapenda sana mimi nifanikiwe, kwa hivyo nitawataka wanifuatilie ili kuhakikisha kwamba ninasoma ninapata mafanikio."

6. Malengo wangu wa utekelezaji ni upi? "Kwanza, nitatengeneza ratiba yangu ya kujisomea. Halafu nitaanza kusoma kwa muda wa saa tatu kila siku mpaka nitakapofanya mtihani."

7. Tarehe ya Kumaliza. Lini nitakamilisha lengo langu. Andika tarehe ya mtihani.

C. Malengo Binafsi

Wape kila mtu nafasi ya kujaza fomu yake. Wakitaka wanaweza kubandika kwenye ubao wa kipindi cha afya, au wanaweza kuacha kwa wao binafsi wakitaka.

WHAT ARE MY GOALS—GOAL WORKSHEET

Short-Term Goal	Long-Term Goal
Benefits in Reaching My Goal	Benefits in Reaching My Goal
What Might Stand in my Way?	What Might Stand in my Way?
What do I need to Learn or Do?	What do I need to Learn or Do?
Who will Encourage/Help me?	Who will Encourage/Help me?
Plans of Action/Steps I Will Take	Plans of Action/Steps I Will Take
Completion Date	Completion Date

MALENGO YANGU NI NINI—FOMU YA MALENGO

Lengo la Muda Mfupi	Lengo la Muda Mrefu
Manufaa ya Kufikia Lengo Langu	Manufaa ya Kufikia Lengo Langu
Kitu gani kingenizuia nisitimiza lengo langu?	Kitu gani kingenizuia nisitimiza lengo langu?
Nahitaji kujifunza au kufanya nini?	Nahitaji kujifunza au kufanya nini?
Nani atanihimiza/ atanisaidia?	Nani atanihimiza/ atanisaidia?
Mpango wa utekelezaji—Hatua nitakazochukua	Mpango wa utekelezaji—Hatua nitakazochukua
Tarehe ya Kumaliza	Tarehe ya Kumaliza

19. MALARIA

A. What is Malaria?

Malaria is a disease caused by a type of parasite called "Plasmodia" which is spread by female mosquitoes of the "anopheles" type.

Malaria is a dangerous disease. It exists in almost all regions of Tanzania. Statistics show that Malaria is the leading cause of illness and death in Tanzania.

Of every one hundred patients seeking treatment, 31 are sick with Malaria. Also, in every 100 patients admitted in hospitals, 15 are admitted because of Malaria. And in every 100 deaths of children under 5 occurring in hospitals, 20 are caused by Malaria.

B. How Malaria is Spread?

Malaria is spread when a mosquito bites a person with the malaria parasites and then after one week or more bites another person. The mosquito then leaves the malaria parasites which it acquired from the first person in the next person it bites.

C. Symptoms of Malaria

Often the symptoms of Malaria resemble the symptoms of another disease. The following are common symptoms of Malaria:

- a) Fever (the body becomes very hot)
- b) Cold sweats (feeling cold, shivering, and sweating all over)
- c) Headache
- d) Loss of appetite
- e) Feeling weak and having achy joints
- f) Vomiting often, especially after eating food with high quantities of oil.
- g) To lack blood

19. SOMO LA MALARIA

A. Malaria ni Nini?

Malaria ni ugonjwa unaosababishwa na aina ya vimelea vinavyoitwa "Plasmodia" vinavyoenezwa na mbu jike aina ya **ANOPHELES**

Malaria ni ugonjwa wa hatari. Ugonjwa huu umeenea karibu sehemu sote nchini Tanzania. Takwimu zilizopo zinaonyesha kwamba katika magonjwa makubwa kumi, malaria ndio inayoongoza kusababisha ugonjwa na vifo.

Katika kila wagonjwa mia-moja wanaohudhuria matibabu 31 wanaumwa malaria. Vilevile katika kila wagonjwa 100 wanaolazwa mahospitalini 15 ni kwa sababu ya malaria. Na katika kila vifo 100 vya watoto chini ya umri wa miaka mitano vinavyotokea hospitalini, 20 husababishwa na malaria.

B. Je Ugonjwa wa Malaria Unaenezwa vipi?

Ugonjwa wa malaria huenezwa ikiwa Mbu atamuuma mtu mwenye vimelea vya malaria na kisha baada ya muda wa wiki moja au zaidi atamuuma mtu mwingine na kumwachia vimelea hivi vya malaria alivyovipata kwa mtu wa kwanza mwenye malaria.

C. Dalili za Malaria

Dalili za malaria mara nyingi huweza kufanana na dalili za magonjwa mengine. Hata hivyo dalili za malaria ni kama zifuatavyo;

a) mwili kuwa na joto kali (Homa).

- b) Kusikia baridi na kutetemeka mwili na kutokwa na jasho mwili mzima.
- c) Kuumwa kichwa.
- d) Kutokuwa na hamu ya kula kitu chochote kile na kuwa na kichefuchefu.
- e) Kuumwa na kulegea viungo vyote vya mwili.
- f) Kutapika mara kwa mara hasa unapokula vyakula vyenye mafuta.
- g) Kupungukiwa na damu mwilini.

D. Syptoms of Severe Malaria

- h) A high fever (above 39 degrees Celsius)
- i) To have yellow in the eyes, mouth, or other parts of body
- j) To have diarrhoea, especially for children
- k) Dizziness
- l) To lack a lot of blood
- m) To become confused
- n) Convulsions
- o) To cough, especially for children
- p) To faint/lose consciousness
- q) To become dehydrated
- r) To have very little urine, no urine at all, or dark urine

E. Syptoms of Severe Malaria are Caused by the Following Reasons

- If a person who has malaria is not treated quickly
- Lack of immunity against malaria and other diseases in small children
- If the parasites are resistant to the type of medicine the person is taking.

F. How You and Your Community can Prevent Malaria

The problem of Malaria has been present for a long time. Therefore, a large portion of society understands its effects. You and your community can take the following measures to prevent malaria:

- a) Use mosquito nets treated with insect repellent (children under 5 and pregnant women should receive priority if nets are scarce)
- b) If possible put malaria screens in windows and doors in order to prevent mosquitoes from entering the house.
- c) Build houses far from mosquito breeding grounds.
- d) Encourage your community to destroy plants and undergrowth close to their houses which may harbour mosquito breeding grounds.

D. Dalili Hatari au Malari Kali

- h) Homa kali sana zaidi ya nyuzi joto 39.
- i) Kuwa njano machoni, midomoni na sehemu nyingine za mwili.
- j) Kuharisha hasa kwa watoto.
- k) Kizunguzungu
- l) Kupungukiwa damu sana.
- m) Kuchanganyikiwa akili.
- n) Degedege/mchango/ ugongwa wa kitoto.
- o) Kukohoa hasa kwa watoto.
- p) Kuzimia/kupoteza fahamu.
- q) Kuhishiwa maji mwilini.
- r) Kukojoa mkojo kidogo sana/ kutokojoa kabisha/ kukojoa mkojo mweusi.

E. Dalili za Malaria Kali Husababishwa na Mojawapo ya Sababu Zifuatazo:

- Kama mgonjwa wa malaria hatatibiwa mapema
- Ukosefu wa kinga ya asili mwilini dhidi ya ugonjwa wowote pamoja na ugonjwa wa malaria kwa watoto wadogo.
- Kuwepo kwa usugu wa vimelea / vijidudu vya malaria kwa dawa aina ya Klorokwini.

F. Namna Gani Wewe na Jamii Yako Mnaweza Kuzuia Malaria

Tatizo la malaria limekuwepo kwa muda mrefu. Hivyo, sehemu kubwa ya jamii inalifahamu tatizo hili na madhara yake. Kwa hiyo, wewe na jamii mnaweza kufanya mambo yafuatayo ambayo yako katika uwezo wenu/wetu ili kukabiliana na tatizo la ugonjwa wa malaria.

- a) tumia vyandarua hususani vilivyotiwa dawa. Watoto wa umri chini ya miaka mitano na mama wajawazito, wapewe kipaumbele [wafikiriwe kwanza]
- b) ikiwezekana weka wavu wa mbu kwenye madirisha na milango ili kuzuia mbu wasiingie ndani.
- c) Jenga nyumba mbali na mazalio ya kudumu ya mbu.
- d) Hamasisha jamii ili iondoe na kuharibu mimea na kuharibu magugu ambayo huweza kusimsha maji karibu na nyumba

PART FOUR: PEER EDUCATION

1. Suggestions for Peer Education
2. Introduction to Peer Education
3. Preparing for Peer Education
4. How Young People Learn





SEHEMU YA NNE: ELIMU RIKA

1. Mapendekezo kwa Elimu Rika
2. Utangulizi Elimu Ya Rika
3. Utekelezaji wa Elimu ya Rika
4. Jinsi Gani Vijana Wanjifunza



1. SUGGESTIONS FOR PEER EDUCATION

The following chapter consists of several lessons which can be used to train youth in peer education. Further peer-education training lessons are available in the Peace Corps Life Skills Manual, a copy of which can be found in the education department at Mkombozi Centre. When implementing peer-education, I would recommend a period of training in skills for peer-educators such as how young people learn, dealing with problems in groups, creative ways to teach, and designing lessons. Also included in the training should be instruction on the subject matter they are going to teach. If they will be doing AIDS education they should receive instruction on the basics of HIV/AIDS. If they are doing life skills training they should receive instruction on how to make decisions, set goals, be responsible about sexuality, and other life skills topics.

After the training period, adults and youths should work together to design a health education curriculum (or series of several lessons) that they can teach to younger children, other centers, schools, children on the streets, or their communities. Many of the lessons in this book could be taught by youth. Youth might also enjoy designing their own lessons which include educational drama skits, music, or dance.

The most important part of peer-education training will be the actual implementation. The children will learn how to do peer-education as they do it. Therefore it is important that while they are acting as peer educators they are also guided by adults who can give them help in improving their peer education skills and manage the organizational tasks of arranging visits, getting supplies, and holding group meetings to debrief on how peer-education is going. I have found that such organizational tasks are very challenging for the youth at Mkombozi, and they need a responsible adult to help them with planning and implementation of their activities.

A successful peer education program will involve youth who are committed to and excited about educating their peers, and have received adequate training to do so.

1. MAPENDEKEZO KWA ELIMU RIKA

Ukurasa unaofuata una baadhi ya masomo ambayo yanaweza kutumiwa kufundisha vijana elimu ya rika. Zaidi ya hapo masomo ya mafunzo ya elimu rika katika kitini cha Piece Corps Life Skills yanapatikana katika kitengo cha elimu kituo cha Mkombozi. Wakati wa kutekeleza elimu rika, napendekeza muda wakati wa mafunzo ya uelimishaji rika kama vile jinsi vijana wanavyojifunza, kutatua matatizo katika vikundi, ufundishaji wa kiubunifu, na namna ya kusanifu somo. Pia katika mafunzo yawepo maelekezo ya somo husika wanaloenda kufundisha. Kama wataenda kufundisha kuhusu UKIMWI, basi wapate maelekezo ya kimsingi kuhusiana na Virusi vya UKIMWI. Kama wanaenda kufundisha Stadi za Maisha basi wapate maelekezo ya namna ya kufanya maamuzi, kuweka malengo, kuhusu mahusiano ya kijinsia, na mada nyingine za Stadi za Maisha.

Baada ya muda wa mafunzo, watu wazima na vijana wafanye kazi pamoja kusanifu mtaala wa elimu ya afya (au mfululizo wa baadhi ya masomo) ambayo wanaweza kuwafundisha watoto wadogo, vituo vingine, shule, watoto waliopo mitaani, au jumua yao. Masomo yaliyo mengi katika kitabu hiki yanaweza kufundishwa na vijana. Vijana pia wanaweza kufurahia kusanifu masomo yao wenyewe ambayo inahusisha michezo ya tamthilia ya kuigiza, muziki au dansi.

Sehemu muhimu katika mafunzo ya elimu rika ni utekelezaji. Watoto watajifunza namna ya kuendesha elimu rika wakati wanapoifanya. Hivyo ni muhimu wakati wanaigiza kama waelimisha rika basi mtu mzima awepo kuwapa muongozo ambayo utawasaidia kuboresha kiwango chao cha stadi za rika na kuongoza shughuli za kikundi katika kuandaa sehemu za kutembelea, kupata vifaa, na kuendesha mikutano ya kikundi kujadili kwa kifupi jinsi elimu rika inavyokwenda. Nilikuja kugundua kazi ya kuandaa ni changamoto kubwa sana kwa vijana kwenye kituo cha Mkombozi, walihitaji mtu mzima muwabikaji kuwasaidia katika kupanga na kutekeleza shughuli zao.

Programu ya elimu rika yenye mafanikio inahusisha vijana ambao wanajitoa na wana ari ya kufundisha rika lao, na wamepata mafunzo ya kutosha kufanya hivyo.

2. INTRODUCTION TO PEER EDUCATION

A. What is peer education?

Explain that the club is going to have training in how to educate their peers. Read over the attached description of peer education as a group. Discuss with the group to make sure they understand what a peer educator is. (Maybe mention a local example of peer educators). The following questions can lead discussion:

- What does a peer educator do?
- Why are peer educators important?
- How can peer educators help youth in ways that adults cannot?
- What do peer educators need to learn in order to effectively educate youth?
- What are some of the rewards a peer educator will get? (experience, recognition, the benefit of feeling like you helped someone else...)
- What are some of the challenges a peer educator might face?

B. Discuss Ground Rules

Explain that one way to avoid problems when dealing with a group of young people is to have some "ground rules" which are agreed upon during the very first session. Brainstorm with the group a list of possible ground rules.

Consider the following if appropriate:

- Everyone will be given an opportunity to talk
- Everyone has the right to "pass." (not to discuss an issue)
- Only one person talks at a time, not interrupting others
- No put downs/insults/negative comments
- "What you hear stays here" Information should be kept confidential.
- Raise your hand if you want to speak.

C. Dealing with Problems in Group

Discuss the recommendations for dealing with problems in groups. Then divide the group into pairs. Each pair gets a problem scenario to discuss. After ten minutes they present their idea on how to deal with the problem scenario—either through explanation or role play. The rest of the group should have the opportunity to make comments if time allows.

2. UTANGULIZI WA ELIMU YA RIKA

A. Elimu ya rika ni nini?

Eleza kwamba kikundi kitapewa kuhusu mafundisho jinsi ya kuelimisha rika. Soma maelezo ya elimu ya rika pamoja jadiliana na kikundi kuhakikisha wanaelewa maana ya elimu ya rika labda toa mfano wa kikundi cha waelimishaji rika. Maswali haya yanaweza kuongoza mjadala.

- Waelimishaji rika wanafanya nini?
- Kwa nini waelimishaji rika ni muhimu?
- Waelimishaji rika wanawe kusaidiaje vijana kwa njia ambazo watu wazima hawawezi?
- Waelimishaji rika wanahitaji kujifunza nini kwa ajili ya kuelimisha vijana vizuri?
- Waelimishaji rika watapewa thawabu gani? (uzoefu, kutambulika, kujisikia vizuri kwa sababu wamesaidia wenzao)
- Waelimishaji rika watakuwana changamoto gani?

B. Kanuni za msingi

Eleza kwamba jinsi moja ya kuepuka shida wanapofanya kazi na vikundi vya watoto/ vijana ni kuwa na "Kanuni za msingi" ambazo wote wamekubaliana kwenye mkutano wa kwanza. Tengeneza kwa pamoja orodha ya kanuni za msingi, kwa mfano:

- Kila mmoja atapewa nafasi ya kuzungumza
- Kila mmoja anahaki ya "kuruka" (kuamua kutozungumza)
- Mtu mmoja tu atazungumza kwa wakati mmoja hakuna wengine kumkatisha.
- Hakuna kushutumiana au kutoa maoni hasi unachotakiwa kibaki hapa taarifa ziwe ni siri.
- Inua mkono wako juu ukitaka kuongea

C. Kutatua shida kwenye vikundi

Jaadili mapendekezo kwa kushughulikia matatizo katika makundi. Halafu, gawa kikundi katika jozi. Kila jozi wapewe shida moja ili kuijadili baada ya dakika kumi washirikiane na wengine mawazo yao kuhusu jinsi ya kutatua shida wanaweza kueleza tu, au kwa njia ya maigizo. Wengine wanaweza kujadiliana majibu yao.

Dealing with Problems in Groups

1. Create "Ground Rules" for the group during the first session and refer to them when there is a problem.
2. If there are disruptions, politely remind the group that there is a task or problem to solve as well as a time limit.
3. Talk privately to the person causing the problem. Review the basic group rules and how the person's behaviour is negatively affecting the group. Request his/her support and cooperation for the next time the group meets.
4. Respond to those who interrupt by saying, "Excuse me. Just a reminder that everyone in the group has a right to speak without being interrupted." Or "Excuse me, please let.....finish before speaking."
5. If the behaviour is so disturbing that it cannot be ignored, address it in the group. Criticize what is being said or done (not the person responsible for the disruption). Point out how the behaviour blocks the groups from functioning well.
6. At the end of a group session, lead a discussion about how the group is doing. Try to do this in such a way that feelings are not hurt.

Kushughukila Matatizo Katika Makundi

1. Anzisha kanuni za msingi kwa ajili ya kundi wakati wa somo la kwanza na uzirejee kunapokuwa na tatizo.
2. Kama kuna usumbufu, kwa upole wakumbushe wanakikundi kuwa kuna shughuli au tatizo la kutatua na pia muda ni mfupi.
3. Zungumza kwa faragha na mtu anayesababisha tatizo. Jaribu kutafuta chanzo cha tatizo. Mkumbushe kanuni za kundi na namna tabia ya mtu inavyoathiri kundi. Mwambie kuwa unahitaji msaada na ushirikiano wakati mwingine kundi litakapokutana.
4. Waambie wale wanaoingilia kati "Samahani. Hii ni kukumbusha kuwa kila mmoja wetu katika kundi ana haki ya kuzungumza bila ya kuingiliwa" au "Samahani, mwacheni amalize kabla ya kuzungumza."
5. Kama tabia hiyo inakera sana na haiwezi kuachiwa iendelee husisha kundi. Kosoa kile kilichosemwa au kufanywa (siyo mtu anayehusika). Eleza jinsi tabia hiyo inavyozuia kikundi kufanya kazi vizuri.
6. Kila mwisho wa somo la kundi, ongoza majadiliano juu ya namna kundi linavyofanya. Jaribu kufanya hivi bila kugusa hisia za wana kikundi.

PROBLEM SCENARIO CARDS

1. The small group has been together for a few days and it is quite clear that Gift dominates the others. He talks most of the time and when the other say something, he does not pay attention.
2. Sara has been very quiet during the first group meeting. However, suddenly she becomes very critical of the other group members. She makes rude remarks to one person in particular but also objects to opinions expressed by the rest of the group.
3. Henry is a little older than the others in the group. He tells people in his group what to do and how to do it. No one has objected to what he is doing, but you can tell they are not happy about the situation.
4. Helena often interrupts the others in the group. She also puts others down by calling their ideas stupid or dumb. The rest of the group is getting angry with her because of her behavior.
5. Martin is not really interested in the group meetings. When he attends, he acts bored and does not contribute. At other times, he tries to talk to someone in the group about something completely off the topic. If others do not join him, he becomes loud and disruptive.
6. The boys in the group always talk first, answer questions first, and dominate the discussions. The girls always seem to wait for the boys to speak first—even if they obviously know the answer.

KADI ZA MATATIZO

1. Kikundi kidogo kimekuwa pamoja kwa siku kadhaa sasa na ni wazi kuwa Gift ndiye anatawala wengine. Anazungumza karibu muda wote na wengine wanapozungumza kitu hatilii maanani.
2. Sara alikuwa mtulivu katika kikao cha kwanza cha kikundi. Hata hivyo ghafla anakuwa mkosoaji sana wa wengine katika kundi. Anasema ovyo mwana kikundi mmoja lakini pia anapinga mawazo yanayoelezwa na wengine katika kikundi.
3. Henry ni mkubwa kidogo kuliko wengine katika kikundi. Anawaeleza wengine katika kikundi nini cha kufanya na namna ya kufanya. Hakuna anayepinga anachofanya, lakini unaweza kuona hawafurahi hali hiyo.
4. Helena kila mara anawakatisha wengine katika kikundi. Anawadharau wengine kwa kusema kwamba mawazo yao ni ya kujinga na hayafai. Kundi lote linakasirika kwa sababu ya tabia yake.
5. Martin hapendelei mikutano ya kikundi. Anapohudhuria anaonyesha kuwa hana ari na hatoi mchango wa wote. Wakati mwingine anajaribu kuzungumza na mmoja wao kikundi juu ya jambo lililoko nje kabisa ya mada. Kama wengine hawamwungi mkono anaongeza sauti na kuwa msumbufu.
6. Wavulana katika kikundi kila mara wanaongea kwanza, wanajibu maswali kwanza, na kutawala majadiliano. Wasichana wanasubiri kwanza wavulana wazungumze hata kama wanalifahamu jibu.

3. IMPLEMENTING PEER EDUCATION

A. Brainstorming Ideas for Implementing Peer Education:

- What specific topics should we teach about? What issues are relevant to youth? What are some issues they will want to know more about? (Ask peer educators to think about this in relation to their own lives. If they get stuck, remind them of the topics they have learned about so far this year and ask which ones they feel are most important.)
- Make a list of some topics the peer educators can teach about and/or some questions they can ask the students to find out what they are interested in learning.

B. Designing a Lesson Plan

Have the group vote on one topic to begin with. Discuss with them how a lesson plan is created. Brainstorm ideas for that lesson and create a lesson plan.

C. Implementing a Lesson Plan

Practice teaching the lesson plan.

D. Advertisement

Have those who are willing to stay help draw signs to advertise the club's visit.

3. UTEKELEZAJI WA ELIMU YA RIKA

A. Fikiria Mawazo kwa Ajili ya Utekelezaji wa Elimu ya Rika:

- Je, ni kipengele gani mahususi tutafundisha? Ni mambo yapi yanahusiana na vijana/watoto? Ni mambo yapi watapenda kuyafahamu zaidi? (Waulize waelimisha rika kufikiria haya kwa kuangalia mahisha yao binafsi kama watahindwa kupata majibu. Wakumbushe vipengele walivyojifunza kwa mwaka huu na wauliza ni vipengele vipi wanafikiri vilikuwa muhimu sana.)
- Tengeneza orodha ya vipengele waelimisha rika watakvoyofundisha au orodhesha maswali ambayo watawauliza wanafunzi ili kujua ni mambo yapi wanapenda katika kujifunza.

B. Kutengeneza Ratiba ya Somo

Kikundi wapige kura kuchagua wataanza na somo gani. Jadiliana jinsi ya kupanga ratiba ya somo. Fikiri kuhusu mawazo kwa somo limelochaguliwa na tengeneza ratiba ya somo kwa somo hili.

C. Utekelezaji wa Ratiba ya Somo

Fanya mazoezi ya ratiba hii.

D. Matangazo

Wale wanaotaka kubaki watengeneze matangazo kutoa taarifa ya elimu ya rika.

DESIGNING A LESSON PLAN

Lesson plans are useful because they help you to know in advance what you are going to do and to make up fun ways to present information and ideas. Today we are going to learn how to make lesson plans. Here are some suggested steps for making a lesson plan:

1. Choose a topic.

Decide which topic would be important for the group you are working with. It is good to assess the group's interest in the topic before you decide to plan a lesson on it. If they are not interested in the topic it might not be a successful lesson.

2. Define Objectives.

What do you want the class to learn? What should they know at the end of the session that they may not have known before.

3. Outline Lesson.

Make an outline of the lesson. Make sure you make this outline according to the group. If the group is very young maybe choose just a very short lecture and lots of games that they can learn from. If the group is older the outline could include a discussion or even homework. Some things the outline could include are:

A game or two to warm up or to take a break; A short lecture; A discussion; A contest to demonstrate what has been learned; Role Plays; A game to demonstrate what has been learned.

4. Preparing Materials

If you need any materials for your lesson, such as paper, markers, cards with role plays, cards for games, posters or condoms, make sure you prepare these materials in advance.

5. Lesson Outline

Here is a sample lesson outline (but you don't have to use this outline!):

1. Introduce yourselves and explain why you came
2. Short game to help people feel comfortable with each other
3. Short lecture to introduce topic
4. Game or activity relating to topic
5. Discussion of activity or game
6. Review main points you hoped they learned from the lesson

KUPANGA RATIBA YA SOMO

Ni muhimu kutengeneza ratiba ya somo kwa sababu ratiba zinakusaidia kupanga somo lako na kubuni njia nzuri ya kuburudika wakati wa kutoa elimu. Leo tutajifunza jinsi ya kutengeneza ratiba ya somo. Rai za hatua ya kutengeneza ratiba ya somo nzuri zinazofuata:

1. Chagua Mada

Chagua mada gani ni muhimi kwa kikundi unafanya kazi nacho. Ni vizuri kutathmini wanachama wa kikundi wanataka kujifunza nini kabla ya kuchagua mada. Kama hawapendi mada uliyochagua, somo linaweza kutofaulu.

2. Taja malengo

Unataka wajifunze nini? Wajue nini baada ya somo ambacho hawakujua kabla ya somo?

3. Tengeneza Ratiba ya Somo

Tengeneza ratiba ya somo. Uhakikishe utengeneze ratiba kwa mujibu wa kikundi chako. Kama wanachama wa kikundi wana umri chini, upange somo fupi na michezo mingi inayoelimisha. Kama wanachama wa kikundi wana umri juu, labda upange somo na majadiliano au hata kazi ya nyumbani. Ratiba inaweza kuwa na vitendo hivi (au vyingine pia):

Michezo kupasha joto/kuchangamsha; Mhadhara; Jadiliano; Mashindano kuonyesha wamejifunza nini; Michezo ya igo; Mchezo kuonyesha wamejifunza nini

4. Kuviandaa vifaa

Ukihitaji vifaa kwa ajili ya somo lako, kama karatasi, rangi ya kuchora, kadi na michezo ya igo, kadi kwa michezo, picha, mchoro, au komdomu, uviandae kabla ya somo.

5. Mfano wa Ratiba ya Somo

Mfano wa ratiba ya somo upo, lakini sio lazima kutumia mfano huu!

1. Jitambulisha na eleza kwa nini umekuja.
2. Mchezo mfupi kusaidi washiriki kujisikia huru.
3. Mhadhara mfupi kutambulisha mada
4. Mchezo au vitendo kuhusu mada hiyo.
5. Jadiliana juu ya vitendo au mchezo
6. Rudia vitu ambavyo unatumaini kuwa wamejifunza kutokana na somo lako.

4. HOW YOUNG PEOPLE LEARN

A. Learning Conditions

Brainstorm conditions that help young people learn. Have everybody tell a story about a good or bad learning experience (It could involve a teacher, parent, staff at the centre, role model, older youth). What helped them to learn and what made it difficult for them to learn?

Some examples are:

- Young people learn doing.
- Young people learn when they are enjoying themselves.
- Young people learn when it is okay to make mistakes.
- Young people learn when they want to learn and see the value of learning.
- Young people learn when they are solving problems practically, rather than on an abstract level.
- Young people learn when they can see and measure their own success, rather than waiting for an adult to evaluate them.
- Young people learn when learning feels relevant to their lives.
- Young people learn best in an atmosphere in which it is ok to have different ideas and feelings.

B. Types of Learners

Discuss different types of learners on handout. Ask youth to think about what kind of learner they are.

C. How to Help Youth Learn

Brainstorm some ways that we, as peer educators, could make learning fun and easy for youth. What activities could we do? How should we structure our peer education session to make them conducive to learning? How can youth become involved in their learning?

4. JINSI GANI VIJANA WANAJIFUNZA

A. Hali ya kujifunza

Hali ya kuchemsha bongo ndiyo msaada wa vijana kujifunza. Kila mtu anasimulia hadithi juu ya uzuri au ubaya, uzoefu wa kujifunza (unawashirikisha waalimu, wazazi, maofisa wa elimu, mastaa, wazee). Nini kinawasaidia kujifunza na nini kina fanya ugumu kwao kujifunza.

Mifano ni kama:

- Vijana hujiifunza kwa kufanya
- Vijana hujiifunza wakati wanafurahia wenyewe
- Vijana hujiifunza wakati wanapofanya makosa
- Vijana hujiifunza wakati wanapotaka kijiifunza na wanaona faida ya kujifunza
- Vijana hujiifunza wakati wanapotatua matatizo kwa vitendo, badala ya kudhania usawa
- Vijana hujiifunza wakati wanapoona na kupima mafanikio yao, badala ya kusubiri watu wazima wawathamini
- Vijana hujiifunza wakati hujiifunza hisia kuhusu maisha yao
- Vijana hujiifunza zaida sana ndani ya hali ipi ndio sawa kuwa tofauti na mawazo na hisia

B. Aina za Kujifunza

Jadiliana aina tofauti za kabrasha za wanafunzi. Waulize vijana kufikiria juu ya wao ni wanafunzi wa aina gani?

C. Jinsi ya Kuwasaidia Wanafunzi Vijana

Chemshabongo kwa baadhi ya njia ambazo waelimishaji rika wanaweza kupata ujuzi wa furaha na mrahisi kwa vijana. Je shughuli gani utatumia? Utatumia muundo gani katika kipindi cha elimu rika katika hali ya mazingira mazuri ya kujifunza? Je vijana wanawezaje kuvutiwa na ujuzi mgumu?

Learning Styles Explained

What are learning styles?

Learning styles are simply different approaches or ways of learning.

What are the types of learning styles?

1. Visual Learners:

learn through seeing...

These learners need to see the teacher's body language and facial expression to fully understand the content of a lesson. They tend to prefer sitting at the front of the classroom to avoid visual obstructions (e.g. people's heads). They may think in pictures and learn best from visual displays including: diagrams, illustrated text books, overhead transparencies, videos, flipcharts and hand-outs. During a lecture or classroom discussion, visual learners often prefer to take detailed notes to absorb the information.

2. Auditory Learners:

learn through listening...

They learn best through verbal lectures, discussions, talking things through and listening to what others have to say. Auditory learners interpret the underlying meanings of speech through listening to tone of voice, pitch, speed and other nuances. Written information may have little meaning until it is heard. These learners often benefit from reading text aloud and using a tape recorder.

3. Tactile/Kinesthetic Learners:

learn through , moving, doing and touching...

Tactile/Kinesthetic persons learn best through a hands-on approach, actively exploring the physical world around them. They may find it hard to sit still for long periods and may become distracted by their need for activity and exploration.

Elezea Mitindo ya Kujifunza

Nini maana ya mitindo ya kujifunza?

Mitindo ya kusoma ni njia tofauti za kujifunza.

Nini aina za mitindo ya kujifunza?

1. Kujifunza kwa kuona

Kujifunza kupitia kuona...

Hawa wakurufunzi wanahitaji kuona lugha ya asili ya mwalimu na taswira ya uso kwa kuelewa mkubwa kadiri ya somo. Anaelekea anapenda kukaa mbele ya darasa kuepuka kuona kizuizi (mfano vichwa vya watu). Wanafikiri kwa taswira na kujifunza vizuri kwa kuona maonyesho pamoja na mchoro, picha zilizochorwa katika vitabu, vitu vinavyoweza kuonekana kama, video, chati mgeuzo, vitini. Wakati wa somo au majadiliano ya darasani, wakurufunzi wanaona marachache zaidi kuchukua ukumbusho kidogo kwa kufyonza taarifa.

2. Kujifunza kwa kusikia

Kujifunza kupitia kusikia...

Wanajifunza vizuri kupitia tendo la mhadhara, majadiliano, kuzungumza kupitia vitu na kusikiliza kwa wengine wanasemaje. Kuijifunza kwa kusikiliza kunaielezea "underlying" maana ya hotuba kupitia kusikiliza kwa kurekebisha sauti, kubana hotuba na tofauti ndogondogo. Kuandika maelezo kuna maana ndogo mpaka kusikika. Wasikilizaji hawa mara kwa mara hufaidika kwa maandiko yanayoruhusiwa na kutumia tapu rekoda.

3. Kujifunza kupitia ufahamu

Kujifunza kupitia, mwendo, kufanya na kushika...

Ufahamu wa mtu anayejifunza zaidi kupitia mikono kukaribia uhai wa kupeleleza vitu vilivyowazunguka wao. Watagundua kuwa watakaa kwa muda mrefu na mahitaji yao yataharibika kutokana na shughuli na upelelezi.

PART FIVE: APPENDICES

1. Inviting and Visiting Guest Speakers
2. Needs Assessment
3. Further Information and Resources



SEHEMU YA TANO: VIAMBATANISHO

1. Kualika na Kutembelewa na Wageni
2. Tathmini ya Mahitaji
3. Maelezo Zaidi na Vifaa



1. INVITING AND VISITING GUEST SPEAKERS

Inviting guest speakers was very successful. For the younger children, visitors were invited to the centre and asked to prepare a lesson. With the older children we took them into town to visit different organizations. For these visits it is helpful if the accompanying adult already has some questions prepared to get conversation started. In addition to visits from organizations, it is also fun to invite members of the community who can teach about something related to help. For example, we invited another international volunteer to come teach Tai Chi to the children during a lesson about exercise. Listed below are the names and locations of each organization we visited in Moshi, as well as a brief description of what the visit involved.

CHAWAVUMA

Contact Information: Deogratias Mwacha, chairman. damwachatz@yahoo.com or 0741-356-637.

Location: Their meetings are held in the KINSHAI office in the NSSF building.

What they do: A group of people living with HIV/AIDS who do advocacy for their rights and support groups.

Our visit: Mr. Mwacha and two other members came to Mkombozi to talk to the older boys about their experiences living with HIV/AIDS. The boys were extremely interested and asked many questions. It was a very successful visit, however some of the boys felt that Mr. Mwacha may not have been entirely truthful about his story.

KIWAKUKI

Contact Information: Mama Defrosa, director, and Mama Valeria Shayo, health education director. Phone Number: 275 1504

Location: Mankinga Street near The Cigarette Office in Moshi

What they do: KIWAKUKI is an organization of women working to fight AIDS through awareness raising programs, care for orphans, and support for people living with AIDS.

Our visit: We went to visit without any of the children. They had a lot of interesting information and would be a useful link for arranging health education. Their health education program emphasizes abstinence rather than condom use.

2. KUALIKA NA KUTEMBELEA WAGENI

Kuwakaribisha wageni kuja kuongea kulifanikiwa sana. Kwa watoto wadogo wageni waalikwa shuleni na kuombwa waandae somo. Kwa watoto wakubwa tuliwapeleka mjini kutembelea mashirika tofauti. Ni vyema wakati wa kutembelea, mtu mzima awe tayari ameshaandaa baadhi ya maswali ili kufanya maongezi yeendeleo. Nyongeza zaidi ya kutembelewa Mashirikini vyema na inafurahisha kualika mwanajamii anayeweza kusaidia kitu ambacho kinaendana na msaada. Kwa mfano, tulialika mfanyakazi mwingine wa kimataifa kuja kufundisha Tai Chi kwa watoto wakati wa somo la mazoezi. Hapo chini ni orodha ya mashirika na eneo la kila shirika tulilolitembelea Moshi, pamoja na maelezo mafupi ya mambo wanayo jihusisha nayo.

CHAWAVUMA

Mawasiliano: Degratius Mwacha, Mwenyekiti. damwachatz@yahoo.com au 0741-356-637.

Mahali: Mikutano yao inafanyikia KINSHAI Jengo la NSSF.

Wanafanya nini: Ni kukundi cha watu wanaoishi na Virusi vya UKIMWI ambao wanazungumzia (Kutetea) haki zao na kusaidia kikundi.

Kutembelea kwetu: Bwana Mwacha na wanachama wengine wawili waalikwa katika Kituo cha Mkombozi kuongea na watoto wakubwa wa kiume kuhusiana na uzoefu wao wa kuishi na Virusi vya UKIMWI. Wavulana walivutiwa sana na waliuliza maswali mengi. Kutembelewa kulifanikiwa sana, hata hivyo, baadhi ya wavulana walifikiri kuwa Bwana Mwacha hakuwa mkweli kabisa kutokana na maelezo yake.

KIWAKKUKI

Mawasiliano: Mama Dafrosa Itemba, Mkurugenzi, na Mama Valeria Shayo, Mkurugenzi wa Elimu ya Afya. Simu Na. 2751504

Mahali: Mtaa wa Mankinga karibu na Ofisi za Sigara- Moshi

Wanafanya nini: KIWAKKUKI ni Shirika la wanawake wanafanya kazi ya kupambana na UKIMWI kwa kutumia Mpango wa kuongeza ufahamu, kutunza Yatima, na kusaidia watu wanaoishi na Virusi vya UKIMWI.

Kutembelea Kwetu: Tulienda kutembelea bila ya watoto. Walikuwa na taarifa nyingi sana ambazo zingekuwa kiungo cha kuandaa Elimu ya Afya. Mpango wao wa Elimu ya Afya unasisitizia kutofanya ngono zaidi ya matumizi ya Kondomu.

KINSHAI

Contact Information: Mama Shao, director.

Location: NSSF building near the water department.

What they do: Kinshai is an NGO network organization of 24 NGOs, some of which deal with HIV/AIDS and sexual health, and others of which deal with diverse topics such as the environment or human rights.

Our visit: We went without any of the children to visit Kinshai. I felt they were not extremely useful in terms of health education because although they said they do have health education going on they did not have any at the moment or any planned for the future. However, it would be worth another visit to see if they have started with health education. In addition, they have reduced-price or free HIV testing there.

KWIECO

Location: Moshi town.

What they do: Human Rights Awareness and Advocacy

Our Visit: I visited KWIECO by myself. They were very informative and said that they would be willing to come to speak to the children at Mkombozi about children's rights.

Marie Stopes Clinic

Contact Information: Mr. Rhoy Gideon, director, or Bernadette Karumia, health educator

Phone: 27 2750029, or 0744 772573 (Bernadette)

Location: On the double road, opposite JJ communications.

What they do: Family Planning, STD and HIV testing, health education.

Our visit: We took the older boys to visit Marie Stopes and met with Mrs. Mbutu. She and the nurse, Lydia Msonge, showed the boys how to use various birth control methods and answered their questions about birth control. We also had Bernadette and a colleague of hers come to visit the centre and speak with the boys. They were asked to speak about family planning, but once they saw it was all young boys, they decided to change their subject matter to HIV/AIDS because they did not feel talking about family planning was appropriate for boys or children.

KINSHAI

Mawasiliano: Mama Shao, Meneja.

Mahali: Jengo la NSSF karibu na Idara ya Maji

Wanafanya nini: KINSHAI ni Mtandao ambao una NGO 24, baadhi yake wanafanya kazi za UKIMWI na elimu ya Afya, na wengine wanajishulisha na mambo mengi ikiwa ni pamoja na mazingira au haki za binadamu.

Kutemlea kwetu: Tulienda bila ya Mtoto yeyote KINSHAI. Niliona hawana kitu kikubwa cha kuvutia kuhusiana na Elimu ya Afya, ingawaje walisema wanayoelimu ya Afya inayoendelea, hawakuwa nayo kwa sasa au hata kuwa na Mpango wa baadae. Hata hivyo, ingekuwa vyema kutembelea tena kuona kama wameshaanza Elimu ya Afya. Kwa nyongeza, wamepunguza bei au hata bure kupima Virusi vya UKIMWI.

KWIECO

Mahali: Moshi mjini.

Wanafanya nini: Kuongeza ufahamu wa Haki za binadamu na Kuzingua (kutetea)

Kutembelea kwetu: Nilitembelea KWIECO mimi mwenyewe. Walikuwa na Taarifa nyingi sana na walisema wapo tayari kuja Kituo cha Mkombozi kuongea na watoto kuhusiana na haki zao.

Marie Stopes Clinic

Mawasiliano: Bw. Rhoy Gideow, Mkurugenzi au Bernadette Karumia, Mkufunzi wa Afya.

Simu: 27 2750029, au 0744 772573 (Bernadette)

Mahali: "Double Road" karibu na JJ communications.

Wanafanya nini: Uzazi wa Mpango, Upimaji wa Magonjwa ya zinaa (STD) na UKIMWI.

Kutembelea kwetu: Tuliwachukua vijana wakubwa kutembelea marie Stopes na tulionana na Bi Mbutu. Yeye pamoja na Muuguzi, Lydia Msonge, waliwaonyesha wavulana namna ya kutumia njia mabalimabali za uzazi wa mpango na walijibu maswali mbalimbali ya kuzuia uzazi. Pia Bernadette na wenzake walitembelea kituo na kuonga na watoto. Waliombwa kuongelea kuhusu Uzazi wa Mpango, lakini walipoona wote walikuwa ni wavulana wadogo waliamua kubalisha somo lao na kuongelea kuhusu Virusi vya UKIMWI/UKIMWI kwasababu hawakuona kama uzazi wa Mpango ungekuwa sahihi kwa watoto au wavulana.

Dr. Marendu

Contact Information: 0748 48 00 46 or 275 2734

Location: TBL Breweries

What they do: He is physician for the staff of TBL Breweries and does quarterly health checks with the Mkombozi children.

Our Visit: I was not there when Dr. Marendu taught health education, but I was told he talked mostly about hygiene and common diseases. Arranging visits with him can be difficult as he is sometimes unreliable.

Mawenzi hospital

Contact Information: Dr. Mrawa, Psychiatric Ward

Location: Mawenzi Road

What they do: Dr. Mrawa is a psychiatrist who treats patients with serious drug and alcohol additions.

Our Visit: We went with some of the older Mkombozi boys. Dr. Mrawa answered all their questions about drugs and alcohol but he also tried to scare them a bit by telling them how drugs and alcohol could make them go crazy. He said he would expect payment to come to visit Mkombozi, but was willing to conduct free visits at the hospital.

UMATI Centre

Contact Information: Dr. Mwaipopo, director.

Location: Across from Red Cross and Municipal Building on Uhuru Park Road.

What they do: Family Planning, STD treatment

Our Visit: We went with some of the older Mkombozi boys. Dr. Mwaipopo was very helpful in answering our questions, and she also gave us some free resources and a tour of the centre. She said she would be willing to arrange a visit to Mkombozi if asked.

White Orange Youth

Contact Information: John Kessy, director. Email: woytz@email.com.

Location: Poverty Africa Building on Makongoro Avenue (across from the YMCA).

What they do: Sexual health education for youth.

Our Visit: This group of young people came twice to teach about the reproductive system and puberty. They are a lively, fun, and well-informed group and are very willing to volunteer their time to come teach at Mkombozi.

Dk. Marendu

Mawasiliano: 0748- 480-046 au 2752734

Mahali: TBL Breweries

Wanafanya nini: Yeye ni Mganga wa Wafanyakazi wa Kiwanda cha Bia Tanzania (TBL) na anafanya ukaguzi wa Afya kwa watoto wa Kituo cha Mkombozi kila sehemu ya nne ya mwaka.

Kutembelea kwetu: Sikuwepo wakati Dk.Marendu alifundisha Elimu ya Afya, lakini nilielezwa kuwa alifundisha juu ya Usafi na magonjwa ya kawaida. Kuandaa kutembelea kwake kunaweza kusiwe kwa uhakika wakati mwingine.

Hospitali ya mawenzi

Mawasiliano: Dk. Mrawa,Wadi ya Magonjwa ya Akili

Mahali: Barabara ya mawenzi

Wanafanya nini: Dk.Mrawa yeye ni Mtaalamu wa magonjwa ya akili, anatibu wagonjwa walioathirika na madawa na ulevi.

Kutembelea Kwetu: Tulienda kutembelea na watoto wakubwa wa Mkombozi.Dk. Mrawa aliwajibu maswali kuhusiana na magonjwa na pombe na alijaribu kuwatisha kidogo jinsi ambavyo madawa na pombe vinavyoweza kuwafanya vichaa. Alisema alitegemea malipo kuja kutembelea Kituo cha Mkombozi, lakini aliruhusu kutembelea Mawenzi Hospitali bure.

UMATI Centre

Mawasiliano: Dk. Mwaipopo, Wodi ya magonjwa ya Akili

Mahali: Inatizamana na Red Cross na Munisipaa katika barabara ya Uhuru Park.

Wanafanya nini: Mpango wa Uzazi, Matibabu ya magonjwa ya Zinaa

Kutembelea kwetu: Tulienda na baadhi ya wavulana wakubwa wa Mkombozi. Dk. Mwaipopo alitoa msaada katika kujibu maswali alitupatia pia taarifa bure na kututembeza kituoni. Alisema pia yupo tayari kuandaa safari ya kutembelea Mkombozi kama akialikwa.

White Orange Youth

Mawasiliano: John Kessy, Mwenyekiti Mtendaji. Email:woytz@email.com

Mahali: Jengo la Poverty Africa- Makongoro Avenue- YMCA

Wanafanya nini: Elimu ya Afya kwa Vijana

Kutembelea kwetu: Kikundi hiki cha Vijana walikuja mara mbili kufundisha kuhusu Mfumo wa Uzazi na Kubalehe. Ni Vijana hai, wanaburudisha, wanaufahamu na wapo tayari kujitolea muda wao kuja kufundisha Mkombozi.

3. NEEDS ASSESMENT

The following is a brief summary of how the needs assessment at Mkombozi was conducted, the results, and how these results affected the planning of health education at Mkombozi. Also included are the needs assessment tools, which can be used for needs assessment by any other group.

Report on Health Education Needs Assessment Mkombozi Centre for Street Children, October 2002

Background

This needs assessment was carried out at Mkombozi Centre for Street Children in Moshi, Tanzania during the months of September and October 2002 in preparation for implementing a health education program at the centre. The needs assessment was designed and facilitated primarily by Margaret Mwakepesile, Rachel Mason, and Emilian Mushi, although other Mkombozi staff occasionally played the role of translator during group discussions with the children. The needs assessment examined the children's knowledge, opinions, and interest concerning the following health topics:

- Human Immunodeficiency Virus (HIV)
- Acquired Immune Deficiency Syndrome (AIDS)
- Sexually Transmitted Diseases (STDs)
- Illicit drug use
- Alcohol use
- Pregnancy
- Relationships between men and women
- Homosexuality
- Personal Hygiene
- Nutrition
- Puberty

The goals of the needs assessment were as follows:

1. Assess how much the children at Mkombozi know about each of these health topics.
2. Get a better understanding on children's opinions concerning each of these health topics.

3. THATHMINI YA MAHITAJI

Ufuatao ni muhtasari wa namna ambavyo Kituo cha Mkombozi kilifanya tathmini ya mahitaji, matokeo, na namna matokeo yalivyo athiri Mpango wa Elimu ya Afya Mkombozi. Pia imeambatanishwa tathmini nyenzo, ambayo inaweza kutumika katika tathmini kwa kundi lolote.

Ripoti ya tathmini ya mahitaji ya Elimu ya Afya Kituo cha watoto wa Mitaani Mkombozi, Oktoba 2002

Usuli

Tathmini ya Mahitaji ilifanyika katika Kituo cha Watoto wa Mitaani cha Mkombozi Moshi, Tanzania katika kipindi cha mwezi wa Septemba na Oktoba 2002 katika maandalizi ya kutekeleza Programu ya Afya Kituoni. Tathmini ya Mahitaji ilihaririwa na kuwezesha kimsingi na Margaret Mwakipesile, Rachel Manson, na Emilian Mushi, ingawaje wafanyakazi wengine wa Kituo cha Mkombozi wakati mwingine walifanya kazi ya kutafsiri wakati wa majadiliano ya vikundi na Watoto. Tathmini ya Mahitaji ilichunguza kiwango cha maarifa cha watoto, maoni, na shauku ya mada za Afya zifuatazo:

- Virusi vya UKIMWI
- UKIMWI
- Magonjwa ya Zinaa
- Utumiaji wa Madawa ya Kulevya
- Utumiaji wa Pombe
- Mimba
- Mahusiano kati ya Wanaume na Wanawake
- Ubasha
- Usafi Binafsi
- Lishe
- Kubalehe

Lengo la Tathmini ya Mahitaji ilikuwa ni:

1. Kuangalia jinsi ambavyo Watoto wa Mkombozi wanaelewa kuhusu mada hizi.
2. Kuelewa maoni ya watoto kuhusiana na mada hizi za Afya.

3. Assess Mkombozi children's interest in each of these health topics.
4. Determine to what extent knowledge about these health topics is related to a child's age.

In order to cater to a variety of thinking and communication styles, the needs assessment was carried out in four parts. In late September a ten-question, multiple choice survey was distributed to 40 children at the center. In early October, small group discussions were held with 43 children. These small groups were formed on the basis of age. The age categories, which were determined by the results of the survey, were "younger," "medium" and "older" children. Younger children refers to children aged 12-13, medium children to those aged 14-16, and older children to those aged 17 and up. In the survey analysis, these groups are strictly defined, and the results for each age group (as well as those children who did not identify their age on the survey) is shown. However, during the small group discussions these age divisions were fluid, meaning that some groups of mostly younger children contained children older than 13 and some groups of mostly older children contained children under 17.

All groups began with a game which encouraged them to identify true and false statements about the health topics. The number of children choosing the correct answer for each statement was recorded. Following the game, the groups of mostly younger children were ask to draw pictures reflecting their understanding of each health topic, and the groups of mostly older and/or medium aged children were asked a number of discussion questions concerning the health topics. The children's pictures were collected, and detailed notes were made of the children's responses to the discussion questions.

This report consists a discussion of the major lessons learned from the needs assessment as a whole and how those lessons should be taken into consideration in the design and implementation of a health education program at Mkombozi Centre.

3. Kutathmini shauku ya watoto wa Mkombozi katika hizi mada za Afya.
4. Kuangalia Kiwango cha uelewa wa watoto kuhusiana na Mada hizi za afya katika umri wa watoto.

Kwa ajili ya kukamilisha fikra na staili za mawasiliano, Tathmini ya Mahitaji ilifanyika katika sehemu nne. Kipindi cha mwanzo cha mwezi wa Septemba maswali kumi, Mapitio mengi yalisambazwa kwa watoto 40 katika Kituo. Kipindi cha mwanzo cha Octoba, majadiliano ya vikundi yalifanyika kwa watoto 43. Vikundi hivi vidogo viuundwa kwa kuangalia umri. Aina ya Umri, ambao uliangaliwa na matokeo ya mapitio, ikuwa ni "Wadogo kabisa", "Wadogo wa kati" na "Watoto wakubwa". Watoto wadogo inamaanisha watoto wente umri kati ya miaka 12-13, watoto wa Kati inamaanisha wale wenye umri kati ya miaka 14-16 na watoto wakubwa ni wale wenye umri wa miaka 17 na kuendelea. Kati kufanya uchanganuzi wa mapitio, makundi haya hasa yameelezewa, na matokeo ya kila kundi (pamoja na wale watoto ambao hawakuelezea umri wao katika mapitio) yameonyehwa. Hivyo basi, wakati wa majadiliano ya vikundi vidogo vidogo mgawanyo wa vikundi kwa umri ilikuwa haina kikomo, hii inamaanisha baadhi ya vikundi vingi vya watoto wadogo zaidi vilikuwa na watoto wa umri zaidi ya miaka 13 na baadhi ya vikundi vilikuwa na watoto chini ya miaka 17.

Vikundi vyote vilianza na mchezo uliowafanya kutambua ukweli na Uongo kuhusiana na mada za Afya. Kumbukumbu kwa Idadi ya watoto waliochagua majibu sahihi kwa kila msembo iliwekwa. Ikifuatiwa na mchezo Vikundi vya watoto wadogo zaidi waliombwa kuchora picha inayoonyesha uelewa wao wa mada za afya. Picha za watoto zilikusanywa, na notisi zilitengenezwa kutokana majibu ya watoto yaliyo jadiliwa katika maswali.

Ripoti hii inauchanganuzi na majadiliano ya somo kuu walilo jifunza kutokana na tathmini ya mahitaji kwa ujumla, na namna masomo yanaweza kuendeshwa kwa kuzingatia usanifu na utekelezaji wa mpango wa Elimu ya Afya katika Kituo cha Mkombozi.

TRUE/FALSE GAME

- If a person has HIV/AIDS, his or her fingernails don't grow. (F)
- A person with HIV/AIDS has white eyes. (F)
- If you share a glass, spoon, or plate with a person who has AIDS you can get infected. (F)
- If you share clothing with a person who has AIDS you can get infected. (F)
- If you have sex without a condom with a person who has AIDS you can get infected. (T)
- There is medicine that cures AIDS. (T)
- You can't tell by looking at a person if he or she has HIV/AIDS or not. (T)
- If a pregnant woman has gonorrhea, syphilis, or HIV, her baby can be born infected. (T)
- People who dress nice and have bellies and important jobs cannot get AIDS. (F)
- A big stomach can sometimes be a sign of malnutrition. (T)
- If a person is not clean they can get fungus, scabies, or lice. (T)
- A woman can become pregnant if she kisses a man. (F)
- A woman can become pregnant by sharing a bed with a man even if they do not have sex. (F)
- A boy's voice usually gets lower when he starts puberty. (T)
- A person can reach puberty without any physical changes. (F)
- Wet dreams are a normal part of puberty. (T)
- Alcohol can cause liver diseases. (T)
- If a person drinks alcohol on an empty stomach the effects will be stronger. (T)
- Marijuana is never dangerous for one's health. (F)

MICHEZO KWELI/SIYO KWELI

- Kama mtu ana Virusi vya UKIMWI au UKIMWI, kucha zake hazikui. (SK)
- Mtu ambaye ana Virusi vya UKIMWI au UKIMWI ana macho meupe. (SK)
- Ukishirikiana kikombe, kijiko, au sahani na mtu ambaye ana UKIMWI, unaweza kupata UKIMWI. (SK)
- Ukishirikiana nguo na mtu ambaye ana UKIMWI, unaweza kupata UKIMWI. (SK)
- *Ukifanya mapenzi bila kondom na mtu ambaye ana UKIMWI, unaweza kupata UKIMWI. (K)*
- Kuna dawa ambayo inaweza kuponya UKIMWI. (SK)
- Huwezi kutambua kwa kuona kama mtu ana UKIMWI au hana UKIMWI. (K)
- Kama mwanamke mwenye mimba ana gonorrhea, kaswende, au Virusi vya UKIMWI, mtoto atakayezaliwa anaweza kuwa ameathirika na mogonjwa hayo. (K)
- Mtu ambaye anavaa vizuri, ana kitambi na anafanya kazi nzuri, hawezi kupata UKIMWI. (SK)
- Tumbo kubwa inaweza kuwa dalili ya kwashakoo. (K)
- Kama mtu siyo msafi, anaweza kupata fangasi, upele au chawa. (K)
- Mwanamke anaweza kupata mimba kama akimbusu mwanaume. (SK)
- Mwanamke anaweza kupata mimba kwa kulala kitanda kimoja na mwanaume hata kama hawatafanya mapenzi. (SK)
- Kwa kawaida, sauti ya mvulana inakuwa kubwa anapoanza kubalehe. (K)
- Mtu anaweza kubalehe bila mabadiliko yoyote kimwili. (SK)
- Mdoto za kufanya mapenzi ni ishara ya kawaida ya kubalehe. (K)
- Pombe inaweza kusababisha magonjwa ya ini. (K)
- Kama mtu anakunywa pombe bila kula, madhara yake ni makubwa zaidi. (K)
- Bangi kamwe haina madhara yoyote kwa mtu kiafya. (SK)

DISCUSSION QUESTIONS

- Which topic do you want to learn more about? Why do you think this topic is important in your life? What do you want to discuss during the health club?
- What is the best way to protect yourself from AIDS and STDs?
- Is it good to use a condom? Why/Why not?
- Who can get AIDS or STDs?
- When a man has sex with another man, what kind of problems can occur?
- How does a woman become pregnant?
- What happens during puberty?
- What happens when you take drugs or alcohol?
- Is it important to eat well and be clean? Why/Why not?
- If you don't eat well, what kind of problems can you get?
- What kind of problems do you get if you don't keep clean?
- What is a good relationship between a man and a woman?
- Is it OK for a husband to beat his wife or cheat on her? Why/Why not?

PICTURES TO DRAW

Draw a picture of...

- A person with AIDS
- A person without AIDS
- How a person who used a condom feels
- How a person who didn't use a condom feels
- A person who had gone through puberty
- A person who has not gone through puberty
- A person who uses drugs and alcohol
- A person who doesn't use drugs and alcohol
- A person who is clean
- A person who is not clean
- A person who eats well
- A person who doesn't eat well
- People with a good relationship
- People without a good relationship

MASWALI YA KUJADILIANA

- Unataka kujifunza zaidi kuhusu somo gani? Kwa nini unafikiri somo hii ni muhimu kwa maisha yako? a) Usafi na kwashakoo b) UKIMWI na magonjwa ya zinaa c) Madawa ya kulevya na pombe
- Ipi njia bora ya kujikinga na magonjwa ya zinaa na UKIMWI?
- Je, ni vizuri kutumia kondom? Kwa nini/kwa nini hapana?
- Nani anaweza kupata UKIMWI au magonjwa ya zinaa?
- Mwanaume anapojamiiana na mwanaume mwengine, anaweza kupata madhara gani?
- Mwanamke hupataje mimba?
- Kitu gani hutokea wakati wa balehe?
- Kitu gani hutokea wakati unapotumia madawa ya kulevya au pombe?
- Je, ni muhimu kula vizuri na kuwa msafi? Kwa nini/Kwa nini hapana?
- Usipokula vizuri, unaweza kupata madhara gani?
- Unaweza kupata madhara gani usipokuwa msafi?
- Upi ni uhusiano mzuri kati ya mwanamke na mwanaume?
- Je ni sawa kwa mume kumpiga au kumdanganya mke? Kwa nini/kwa nini hapana?

PICHA KWA KUCHORA

Chora picha za...

- Mtu ambaye ana UKIMWI
- Mtu ambaye hana UKIMWI
- Chora picha ya mtu ambaye ametumia kondom anavyojisikia.
- Chora picha ya mtu ambaye hajatumia kondom anavyojiikia.
- Mtu ambaye amebalehe
- Mtu ambaye hajibalehe
- Mtu ambaye anatumia madawa ya kulevya na pombe
- Mtu ambaye hatumii madawa ya kulevya na pombe
- Mtu ambaye ni msafi
- Mtu ambaye si msafi
- Mtu ambaye hula vizuri
- Mtu ambaye hali vizuri
- Watu ambao wana uhusiano mzuri
- Watu ambao hawana uhusiano mzuri

HEALTH QUESTIONNAIRE: WHAT DO YOU KNOW ABOUT HEALTH?

How old are you?

What class are you in?

How long have you been at Mkombozi?

How long did you live on the streets before you came to Mkombozi?

Instructions: Please circle all of the answers you think are correct. There may be more than one correct answer for each question.

1. How can you get HIV/AIDS? (c,e)

- a) If you are bit by someone
- b) Through sharing drinking water
- c) Through sex with an infected partner
- d) Sharing towels
- e) Homosexual sex

2. How can you protect yourself from HIV/AIDS? (a,c,d)

- a) Have sex with only one partner who has been tested for HIV and whom you know is not infected
- b) Only have sex with a few people
- c) Use a condom correctly
- d) Abstinence
- e) Have one lover outside of your marriage

3. How do you know if a person has HIV/AIDS? (b)

- a) If he looks thin
- b) If he is tested at a hospital and proven to have HIV
- c) If he is weak and has sores on his mouth
- d) If he has white eyes

4. How do you know if a person has proper nutrition? (c,e)

- a) If she eats a lot
- b) If her hair is straight and thin
- c) If she has strength and happiness
- d) If she has a big stomach
- e) If she eats a variety of good foods

DODOSO YA AFYA: UNAJUA NINI KUHUSU AFYA?

Una miaka mingapi?

Uko darasa langapi?

Kwa muda gani umekuwa Mkombozi?

Kwa muda gani umeishi mtaani/barabarani kabla ya kuja Mkombozi?

Maelezo: Tafadhali zungushia duara kwa majibu yaliyo sahihi. Kila swali linaweza kuwa na majibu zaidi ya moja.

1. Unawezaje kupata UKIMWI/Virusi vya UKIMWI? (c,e)

- a) Kama mtu atakuuma kwa meno
- b) Kwa kushirikiana maji ya kunywa pamoja
- c) Kwa kujamiana na mtu aliyeathirika na UKIMWI/Virusi vya UKIMWI
- d) Kwa kushirikiana taulo
- e) Kwa kulawitiana

2. Unawezaje kijilinda na UKIMWI/Virusi vya UKIMWI? (a,c,d)

- a) Kuwa na mpenzi moja ambaye amepimwa UKIMWI na unajua hajaathirika
- b) Kwa kufanya mapenzi na watu wachace tu
- c) Kwa kutumia kondom ipasavyo
- d) Kutofanya mapenzi
- e) Kwa kuwa na mpenzi nje ya ndoa

3. Unawezaje kujua kwa hakika kwamba mtu ana UKIMWI/Virusi vya UKIMWI? (b)

- a) Kama ni mwembamba
- b) Kama atakuwa amepimwa hospitalini na kudhibitika ana Virusi vya UKIMWI
- c) Kama ni mdhaifu na ana utandu mdomoni
- d) Kama ana macho meupe

4. Unawezaje kujua kama mtu anapata chakula bora? (c,e)

- a) Anapokula sana
- b) Anapokuwa na nywele nyoka na nyembamba
- c) Anapokuwa na nguvu na furaha
- d) Anapokuwa na tumbo kubwa
- e) Anapokula vyakula vizuri tofauti

5. Why is it important to keep your body clean? (a,d)

- a) To avoid diseases
- b) So that the teachers won't get mad at you
- c) So your friends will think you are cool
- d) To avoid fungus, scabies, and lice.

6. What is the effect of alcohol? (a,d)

- a) Destroys strength
- b) Causes loss of appetite
- c) Is not dangerous
- d) Causes liver disease

7. Which of the following are dangerous for your health? (a,c)

- a) Marijuana
- b) Food
- c) Glue
- d) Medicine prescribed by a doctor

8. You can get a woman pregnant if you: (b)

- a) Use a condom correctly
- b) Have sex with a young woman
- c) Don't have sex
- d) Kiss a woman

9. How do you know if a person has gone through puberty? (a,b,d)

- a) He has a deep voice and a beard
- b) He has pimples
- c) She is very happy
- d) She has developed breasts

10. What is a good relationship between a man and a woman? (a,c)

- a) If they care for each other
- b) If they make fun of each other
- c) If they help each other
- d) If they cheat on each other

5. Kwa nini ni muhimu kuweka mwili wako safi? (a,d)

- a) Kuzuia magonjwa
- b) Ili walimu wasikugombeze
- c) Ili rafiki zako wafikiri wewe ni mpole
- d) Kuzuia fangasi, upele, na chawa

6. Nini madhara ya pombe? (a,d)

- a) Huharibu nguvu za mwili
- b) Hupunguza hamu ya kula
- c) Siyo hatari
- d) Husababisha magonjwa ya ini

7. Vipi vina madhara kwa afya yako? (a,c)

- a) Bangi
- b) Chakula
- c) Gundi
- d) Dawa ambazo daktari amekuandikia kutumia

8. Unaweza kumpa mwanamke mimba ikiwa: (a)

- a) Utatumia kondom ipasavyo
- b) Utafanya mapenzi na msichana
- c) Hutafanya mapenzi
- d) Utambusu mwanamke au msichana

9. Unawezaje kumtambua mtu ambaye amebalehe? (a,b,d)

- a) Anapokuwa na sauti kubwa na ndevu (kwa mvulana tu)
- b) Anapokuwa na chunusi
- c) Anafurahi sana
- d) Anapoota matiti (kwa mshichana tu)

10. Upi ni uhusiano mzuri kati ya mwanamke na mwanaume? (a,c)

- a) Unapomjali mwenzako na mwenzako anakujali
- b) Mnapochekeana
- c) Mnaporekibishana mkikosea
- d) mnapodanganyana

Summary of Conclusions

The health assessment was successful in reaching at least two-thirds of the children living at Mkombozi Centre. The information provided by the needs assessment should guide health education for all children at Mkombozi Centre. The following conclusions were reached concerning each of the four goals the needs assessment aimed to address.

1. *Assess how much the children at Mkombozi know about each of these health topics. AND...*
 2. *Get a better understanding on children's opinions concerning each of these health topics.*
- **HIV/AIDS and STDs:** The children seem to feel that STDs, specifically HIV/AIDS, are very dangerous diseases and are very relevant to their lives. Almost all of the children realize that AIDS has no cure.
 - **Transmission:** They are aware that HIV can be transmitted through heterosexual vaginal sex, but do not seem to know that it can be transmitted through homosexual sex or anal sex in general. Many of them also believed that HIV can be transmitted through casual contact, such as sharing food or clothing.
 - **Prevention:** They feel in order to avoid HIV people should stop having sex or be faithful to one partner who has been tested. They do not believe that condoms are effective in preventing HIV, and thus do not see condoms as a useful prevention method.
 - **Effects of HIV/AIDS:** Most of the children knew that anyone who engages in unprotected sex can get HIV, but they were badly informed about the effects of the disease. A very high portion of the children believed that you can always recognize a person with HIV or AIDS, either by their thinness or if their eyes are white. It seemed that almost none of the children were aware of the way in which HIV progresses into AIDS and the incubation period that progression involves.

Muhutasari wa majumuisho

Tathmini ya Afya mafunzo ilikuwa nzuri kwa kiwango cha kufikia mbili ya tatu (theluthi mbili) ya watoto wanaoishi Kituo cha Mkombozi. Taarifa zilizotoewa na Tathmini ya Mahitaji yanapaswa kuwa kiongozi cha Elimu ya Afya kwa Watoto wote wa Kituo cha Mkombozi. Majumuisho yafuatayo yalifikia matarajio ya kila lengo kati ya malengo manne ya Tathmini ya Mahitaji yaliyokusudiwa.

1. *Kutathmini kwa kiasi gani watoto wa Mkombozi wanafahamu juu ya mada hizi za Afya. NA...*
2. *Kuelewa Vizuri maoni ya Watoto kuhusiana na kila mada ya Afya.*

- **VIRUSI VYA UKIMWI/UKIMWI na MAGONJWA YA ZINAA:** Watoto walonekana kujisiskia kama magonjwa ya zinaa, hasa Virusi vya UKIMWI, ni ugonjwa hatari sana na unahusiana sana na maisha yao. Karibu kila mtoto alifahamu kuwa UKIMWI hauna tiba.
- Uambukizaji: Wanafahamu kuwa Virusi vya UKIMWI vinaweza kuamukizwa kwa njia ya Kujamiiana ukeni, lakini hawakuonekana kufahamu kuwa unaweza kuambukizwa kwa njia ya kulawitiana au kwa njia ya haja kubwa kwa ujumla. Walio wengi waliamini kuwa Virusi vya UKIMWI vinaweza kumabukizwa kwa kugusana, kama vile kula pamoja chakula na nguo.
- Kuzuia: Wanafikiri kujizuia na maambukizo ya Virusi vya UKIMWI watu wangeacha kufanya ngono au kuwa waminifu kwa mpenzi mmoja ambaye amepimwa. Hawakuamini kama Kondomu ni imara katika kuzuia maambukizi ya UKIMWI, hivyo hawaoni kama kondomu ni njia nzuri ya kuzuia maambukizi.
- Madhara ya Virusi vya UKIMWI/UKIMWI: Watoto walio wengi walifahamu kuwa mtu yoyote anayejihusisha na ngono zisizo salama anaweza kupata Virusi vya UKIMWI, lakini walitaarifiwa vibaya kuhusiana na madhara ya ugonjwa. Walio wengi walifahamu kuwa unaweza kumtambua mtu mwenye Virusi vya UKIMWI au UKIMWI, kwa wembamba au kwa sababu macho yao ni meupe. Inaonekana kuwa hakuna mtoto aliyefahamu njia za ukuaji wa Virusi vya UKIMWI kuelekea UKIMWI na kipindi cha upevu kaji na hatua zinazopitia.

- **Drugs and Alcohol:** All of the children realize that drugs and alcohol have dangerous health effects, and many of them identified mental effects of drugs and alcohol use such as confusion, laziness, or losing mental capabilities. However, only some children, and mostly the older ones, were aware of specific physical effects of drugs and alcohol.
- **Pregnancy:** All of the children were aware that pregnancy occurs through sex and they did not seem to have too many misconceptions about this issue.
- **Relationships between men and women:** Most of the children believed that a good relationship involves trust, caring for each other, helping each other, and communication. Many of them argued that beating a woman is always destructive and should be avoided at all costs. However, there were a sizable number of children who believed that a man is justified in beating his wife if she cheats on him or misuses his money.
- **Homosexuality:** The children had a very negative view of homosexuality, but many of them were not well-informed about the health risks homosexual sex actually may involve. When asked about the health effects of homosexuality, most children responded that homosexuality has negative mental effects, such as making a man crazy with guilt or making him lose his desire for women. The physical effect they mentioned most was that homosexuality can make a man barren. They did not seem very aware of the fact that homosexual sex can transmit STDs.
- **Personal Hygiene:** All of the children seemed to know that personal hygiene is important, but not all of them knew *why* hygiene is important for good health.
- **Nutrition:** Although all the children realized nutrition is important, they were not aware of the health problems poor nutrition can cause.
- **Puberty:** Most of the children, especially the older ones, had a pretty good understanding of what happens during puberty.

- **Madawa na Pombe:** Watoto wote wanafahamu kuwa pombe na madawa vinamadhara, na walio wengi waliweza kubainisha madhara ya akili yanayosababishwa na matumizi ya pombe na madawa kama vile kuchanganyikiwa, uvivu, au kupoteza uwezo wa Kiakili. Hivyo basi, ni baadhi tu ya Watoto na hasa wale wakubwa, walifahamu madhara halisi ya Pombe na madawa.
- **Mimba:** Watoto wote walifahamu kuwa mimba inatokana na kujamiiana na walionekana hawakukosa maana juu ya hili.
- **Mahusiano kati ya Wanawake na Wanaume:** Watoto walio wengi waliani kuwa mahusiano yanahusisha kuaminiana, kuwajali wengine, kusaidiana, na mawasiliano. Watoto wengi walitoa hoja ya kwamba kuwapiga Wanawake ni uharibifu na lazima uepukwe kwa gharama yoyote. Hivyo basi, Kulikuwa na kiasi cha Watoto walioamini kuwa mwanaume amehalalishwa kupiga mkewe kama anamdanganya au anatumia pesa zake vibaya.
- **Ubasha:** Watoto walikuwa na mtazamo hasi kuhusiana na ubasha, lakini wengi hawakufahamu vizuri kuhusiana na athari za Afya zinazotokana na ubasha. Tuliwauliza athari zinazotokana na ubasha, na walio wengi walijibu kuwa ubasha una madhara hasi ya ubongo kama vile kuwafanya watu kujisikia kuchanganyikiwa kwa kukosa, au kumfanya akose hamu ya Wanawake. Madhara ya kimwili ya kibasha ni kusababisha mwaume kuwa mgumba. Hawakuonekana kuona kwamba Ubasha unaweza kusababisha maambukizo ya Magonjwa ya Zinaa.
- **Usafi binafsi:** Watoto wengi walionekana kufahamu kuwa usafi binafsi ni muhimu, lakini sio wote waliofahamu *kwa nini* usafi ni muhimu kwa Afya njema.
- **Lishe:** Ingawaje kila mtoto alikiri kuwa lishe ni muhimu, hawakufahamu madhara yanayoweza kusababishwa na lishe duni.
- **Kubalehe:** Watoto walio wengi, hasa wale wakubwa, walielewa vizuri kitu gani kinatokea wakati wa kubalehe.

Preliminary Recommendations Drawn From Conclusions

1. The health education program at Mkombozi should be divided into two groups--one for younger children and one for older children.
2. Both of the groups should discuss HIV/AIDS, STD and drugs and alcohol but the younger children should begin by focusing on simpler issues such as hygiene, nutrition, and puberty. The younger children need to have a good sense of what being healthy means and why taking care of one's health is important before moving on to discuss disease and drug and alcohol abuse.
3. Homosexuality and domestic violence are culturally sensitive issues which many of the children have strong opinions about. When approaching these issues in health education, the physical health effects of homosexuality and domestic violence should be explained clearly. Mental health effects and notions of what is culturally acceptable should be discussed among children and facilitators openly and children should be encouraged to consider new ways of looking at these issues, rather than taught a certain way to think about these things.
4. The children should receive more information about condoms. They need to know how effective condoms can be if used properly, how to use condoms, and that although abstinence is the safest STD prevention method, sex with a condom is safer than sex without a condom.

Mapendekezo ya Mawazo Yaliyotokana na Majumuisho

1. Mpango Kituo cha Mkombozi ugawanywe katika makundi mawili- moja ya watoto wadogo na moja ya watoto wakubwa.
2. Makundi yote mawili yadili kuhusu Virusi vya UKIMWI / UKIMWI, Magonjwa ya zinaa na madawa na Pombe lakini watoto wadogo wangelianza kwa kuangalia vitu virahisi kama vile elimu siha, Lishe, na kubalehe. Watoto wadogo wanahitaji kuwa na uelewa mzuri wa kuelewa Afya njema inamaanisha kitu gani na kwanini kujali afya ya mtu ni muhimu kabla ya kujadili magonjwa na matumizi mabaya ya madawa na pombe.
3. Ubasha na vurugu za nyumbani ni masuala nyeti ya kitamaduni ambayo watoto wengi wana maoni mazito juu yake. Wakati wa kukaribia haya mambo katika elimu ya afya, madhara ya mwili yanayotokana na ubasha na vurugu za ndani lazima yaelezwe kwa ufasaha. Madhara ya kiafya ya akili na mitizamo ya mambo yanayokubalika kiutamaduni lazima yandiliwe na mwezesheshaji miongoni mwa watoto kwa uwazi na watoto watiwe moyo kuona njia nyingine mpya za kutazama haya mambo, zaidi ya kuwafundisha njia fulani ya kufikiria juu ya mambo haya.
4. Watoto lazima wapate taarifa za kutosha kuhusiana na Kondomu. Wanapaswa kufahamu namna Kondomu zinavyoweza kuwa za kufaa kama zikitumiwa kwa usahihi, namna ya kutumia Kondomu, na pamoja na kwamba kutofanya mapenzi kabisa ni njia salama ya kuzuia magonjwa ya zinaa, kujamiiiana na Kondomu ni salama zaidi kuliko kujamiiiana bila ya Kondomu.

3. FURTHER INFORMATION AND RESOURCES

The following health education resources may be useful to someone looking to expand their health education program beyond this curriculum:

Further Lessons

- The Peace Corps Life Skills Manual has many useful lessons in English and Kiswahili. A copy can be found at Mkombozi Centre in the education office. Also, most Peace Corps volunteers should have this manual.
- Lessons from "Advocates for Youth" are useful and creative, but are in English and geared towards American students. They can be found for free on the internet at www.advocatesforyouth.org/lessonplans. They are also in the book with the Peace Corps Manual at Mkombozi.
- There are many health education lessons that can be found on the internet. The following are websites of lesson plans which I did not use for this book, but may be helpful for further lessons. They are all in English:
<http://www.askeric.org/Virtual/Lessons>
http://www.education-world.com/a_lesson/archives/health.shtml
<http://www.teachervision.com/tv/curriculum/lessonplans/index.html>
<http://www.iit.edu/~smile/biolinde.html>
- In the protection department at Mkombozi Centre there is a health education resource book that contains brochures and booklets about health and life skills-related topics. The GTZ books are very well done and are in Kiswahili.
- Also in this resource book are several books with lessons about sexuality for youth, from KIWAKKUKI and UMATI. They are called: "Kukua Kwa Kijana" and "Elimu Kwa Vijana: Uzazi."

3. MAELEZO ZAIDI NA VIFAA

Vyanzo vya elimu ya afya vifuatavyo vinaweza kuwa vya kufaa sana kwa watu wanaotaka kupanua mpango wa Elimu ya afya zaidi ya mtaala huu:

Masomo Zaidi

- Kitini cha Stadi za maisha cha Peace Corps kina masomo mengi mazuri ya Kiswahili na Kiingereza. Nakala inaweza kupatikana katika Kituo cha Mkombozi ofisi ya elimu. Pia, wafanyakazi walio wengi wa kujitolea wa Peace Corps wanacho kitini hiki.
- Masomo kutoka "Advocates for Youth" ni mazuri na ya kiubunifu, lakini yapo katika lugha na yamelenga wanafunzi wa marekani. Yanaweza kupatikana bure kwenye Mtandao wa Intaneti (tovuti):
www.advocatesforyouth.org/lessonplans. Pia yapo katika Kitini cha Stadi za maisha cha Peace Corps katika Kituo cha Mkombozi.
- Kuna masomo mengi ya Elimu ya afya yanayoeza kupatikana kwenye mtandao wa intaneti. Ifuatayo ni Mitandao ya mpango wa masomo ambayo sikuitumia kwenye kitabu hiki, lakini inaweza kuwa ya kufaa kwa masomo zaidi. Yote ipo kwa lugha ya Kiingereza:
<http://www.askeric.org/Virtual/Lessons>
http://www.education-world.com/a_lesson/archives/health.shtml
<http://www.teachervision.com/tv/curriculum/lessonplans/index.html>
<http://www.iit.edu/~smile/biolinde.html>
- Kati kitengo cha uangalizi Katika kituo cha Mkombozi kuna Vitabu vya Elimu ya afya ambavyo vina vipeperushi na vijitabu vidogo kuhusiana na afya na vinavyohusiana na stadi za maisha. Vitabu vya GTZ vimetengenezwa vizuri na ni vya Kiswahili.
- Kitabu hiki pia kina husisha mtaala wa vitabu kutoka KINSHAI na UMATI ambavyo pia ni vya Kiswahili. Vinaitwa "Kukua Kwa Kijana" na "Elimu Kwa Vijana: Uzazi."

Basic Health Information

- The following websites provide good diagrams of human anatomy (in English):
http://library.thinkquest.org/2935/Natures_Best/Nat_Best_Low_Level/Title_page.L.html
<http://www.ama-assn.org/ama/pub/category/7140.html>
- "How the Body Works" (Steve Parker, 1994: The Reader's Digest Association Inc., Pleasantville, New York) is a useful book for fun ways to explain the body to young children. It is in the education department at Mkombozi Centre.
- "The Encyclopedia of the Human Body" (Richard Walker, 2002: DK Publishing, New York, New York) has wonderful illustrations and explanations of the human body. It is in the education department at Mkombozi Centre.
- Posters of the bodies systems (in Kiswahili) can be found hanging on the wall in the health office at Mkombozi Centre.

Resources in the Community

- White Orange Youth holds free peer-education training courses.
- KIWAKKUKI has videos and books about HIV/AIDS and youth issues that can be borrowed if arranged with Mama Shayo. (See the chapter on guest speakers.)

Games

There are many games in the Life Skills Peace Corps Manual (in English and Kiswahili) and other books of games for children in the protection department at Mkombozi Centre (in English).

Maeleza ya Hamsingi Kuhusu Afya

- Mitadano ifuatayo inatoa michoro mizuri kuhusiana na Anatomia ya binadamu (kwa Kiingereza):
http://library.thinkquest.org/2935/Natures_Best/Nat_Best_Low_Level/Title_page.L.html
<http://www.ama-assn.org/ama/pub/category/7140.html>
- "How the Body Works" (Steve Parker, 1994: The Reader's Digest Association Inc., Pleasantville, New York) ni kitabu cha kufaa sana kwa njia ya burudani kuelezea namna ambavyo mwili unafanya kazi kwa watoto wadogo. Kipo katika kitengo cha Elimu kituo cha Mkombozi.
- "The Encyclopedia of the Human Body" (Richard Walker, 2002: DK Publishing, New York, New York) ina vielelezo vizuri na maelezo ya mwili wa binadamu. Kipo katika kitengo cha Elimu cha Kituo cha Mkombozi.
- Mabango ya mfumo wa mwili (kwa Kiswahili) yanaweza kuonekana yakiwa yamening'inizwa ukutani katika Ofisi ya Afya Kituo cha Mkombozi.

Vifaa Kwenye Jamii

- White Orange Youth wanayo mafunzo ya bure ya Elimu rika. (Angalia ukurasa wa wageni waalikwa).
- KIWAKKUKI ambao wapo Moshi mjini pia wanavyo vifaa vya elimu ya Afya ambavyo vinaweza kuazimwa ukiongea na Mama Shayo (Angalia ukurasa wa wageni waalikwa).

Michezo

Kuna michezo mengi katika Kitini cha Stadi za maisha cha Peace Corps (kwa Kiingereza na Kiswahili) na vitabu vingine vya michezo ya watoto katika idara ya malezi Kituoni Mkombozi (kwa Kiingereza)

This book was designed and compiled by Rachel Mason, an international volunteer for Mkombozi Centre for Street Children. For further information on the health education program at Mkombozi Centre or this book you can contact:

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