MODULE 3

KNOW YOUR BODY, PROTECT YOUR HEALTH



SEXUAL & REPRODUCTIVE HEALTH

Module 3 Overview

PURPOSE OF THIS SECTION

This Module is designed to equip young people with age-appropriate knowledge about puberty, sexual and reproductive health, consent, HIV/STIs, and protection. *While building skills to access services, set boundaries, and make informed decisions about their bodies and health.*

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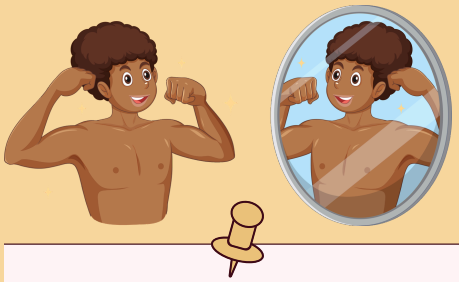
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Duration: 4 sessions
(approximately 3-4 hours total)

Puberty in a Pacific Setting

Session 3.1



SESSION OBJECTIVE

Normalize that bodies change at different times; reduce shame through culturally respectful discussion; build kindness and peer support around puberty.

LEARNING OUTCOMES

By the end of this session, participants will be able to:

- Define puberty and describe key physical, emotional, and social changes
- Distinguish facts from myths about menstruation, voice change, and pregnancy risk
- Practice respectful communication in sensitive discussions (listen, no mockery, kind language)
- Map at least three trusted support options (family, faith leaders, teachers/youth leaders, helplines)
- Identify when help is needed and outline steps to seek it (who to approach, where to go)
- Build positive self-identity by expressing one personal strength or body-affirming message

FACILITATOR'S ROLE

Create a safe, respectful space where all questions and feelings are welcomed without judgment. Provide accurate, age-appropriate information and gently correct myths with facts. Model calm, confident language when discussing body changes and sensitive topics.

FACILITATORS NOTES:
JUST AS EACH STRIP OF PANDANUS IN A WOVEN MAT GROWS AT ITS OWN PACE BEFORE BEING WOVEN TOGETHER, EACH YOUNG PERSON'S BODY DEVELOPS IN ITS OWN TIME—CREATING SOMETHING STRONG, WHOLE, AND UNIQUELY THEIRS.

HOW TO SET A SAFE, RESPECTFUL TONE:

- Model openness and non-judgment: Respond neutrally to all comments; show curiosity rather than criticism.
- Establish ground rules: Explain listening respectfully, no laughing or mocking, and honoring everyone's contributions.
- Normalize all feelings: Validate emotions like nervousness, curiosity, or shyness; let youth know it's okay.

WHY THIS SESSION MATTERS

- Helps youth understand and accept the changes in their bodies, reducing fear and confusion.
- Corrects myths and misinformation about puberty, promoting informed choices.
- Builds respect for self and others, encouraging empathy and inclusion.

Facilitator Preparation

Session 3.1

This session focuses on mental health, stress, and coping, helping youth understand that seeking support is a strength, everyone experiences challenges, and we can navigate them together while respecting gender differences.

SESSION 3.1 FLOW

Time	Activity Name	Activities
0-10 min	**Kick-off: One-Word Check-in**	See Activity 1
10-20 min	**Mini-Lesson: Puberty Basics**	See Activity 2
20-30 min	**Myth vs Fact Game**	See Activity 3
30-45 min	**Puberty Puzzle Collage**	See Activity 4
45-55 min	**Puberty Circles (Reflect & Share)**	See Activity 5
55-60 min	**Wrap-Up: Affirmation Chain**	See Activity 6

Total Time: 60 minutes

MATERIALS NEEDED

- ☑ Flip Chart, Paper, sticky notes, pens, markers, and coloured pencils for drawing, reflections, and notes
- ☑ Magazine printed Images or Coloured Paper
- ☑ Scissors, glue/Tape, Bank Paper
- ☑ Optional: Tapa, mat or cloth for cultural analogy



Pro Tip for Facilitators: Keep the tone calm, factual, and shame-free. Correct myths gently (without embarrassing anyone), normalize different puberty timelines, and consistently reinforce dignity, privacy, and respect in every discussion.

Kick-off: One-Word Check-in

Activity 1



TIME: 10 MINUTES

PURPOSE:

Set a safe, non-judgmental tone for discussing puberty and body changes. Allow youth to name their feelings and establish that all emotions (nervous, curious, shy, excited) are valid and welcome.

MATERIALS NEEDED:

- Optional: feelings cards with words like "curious," "nervous," "okay," "excited," "shy" for youth who prefer to point rather than speak)

INSTRUCTIONS:

1. Circle setup: Arrange youth in a circle, with optional feelings cards in the center.
2. Explain safety: Share the "Safety Line": all feelings are okay, and youth can say a word or "pass." Emphasize respect (veidokai).
3. Model sharing: Facilitator shares first to show how it works.
4. Go around the circle: Each youth shares one word or passes; acknowledge silently with nods or "thank you." No reactions or follow-ups.
5. Reflect & set tone: Summarize common feelings and explain today's focus on facts, myths, and respectful communication; remind youth they are in control.

EXAMPLE FACILITATOR MODELLING:

- In our culture, we don't always talk openly about bodies. That's okay. We're learning together in a respectful (vakaturaga) way."
- Faith is important. What we learn today honors your body as sacred; we're just adding facts to help you care for it."

KEY MESSAGE FOR THE ACTIVITY

This activity honors the talanoa tradition of open, relational dialogue. By inviting each person to share one word, we create space for every voice while protecting the va/veiwekani (sacred relational space). The circle ensures everyone is seen and heard equally, building trust before discussing sensitive topics.

FACILITATION TIPS:

- Acknowledge feelings: Nod, say "Thank you," or "Nervous is normal." Never force sharing.
- Offer options: Use words, cards, or let them pass if unsure.
- Stay calm: Accept unexpected answers; note privately if follow-up is needed.

FACILITATOR TOOLBOX NOTE:

Puberty can trigger embarrassment, confusion, or anxiety. By naming feelings first, youth see they're not alone; others feel nervous too. This reduces shame and opens the door for honest learning. Model non-reactivity: if someone says "scared" or "embarrassed," simply nod and thank them. Your calm acceptance sets the tone.

Mini-Lesson – Puberty Basics

Activity 2



TIME: 15 MINUTES

PURPOSE:

Teach key facts about puberty (physical, emotional, social changes) using visual, interactive methods. Normalize variation in timing and experiences. Use culturally resonant imagery (lavalava/sulu patterns) to reduce discomfort with anatomical content.

MATERIALS NEEDED:

- Large puberty diagrams (one for male bodies, one for female bodies) drawn on flipchart or poster board
- Markers, tape or sticky tac
- Optional: Use silhouettes with Pacific clothing patterns (lavalava/sulu outlines) rather than fully exposed bodies

INSTRUCTIONS:

1. Introduce puberty: Show tapa/masi strips; explain puberty is like strips stretching at different speeds — everyone's changes happen at their own pace.
2. Define changes: Explain puberty involves physical, emotional, and social changes.
3. Interactive placement (optional): Invite youth to mark changes on a body diagram or paper; if no icons, just discuss or point.
4. Highlight differences: Emphasize timing varies — starting early or late is normal.
5. Normalize experiences: Validate all feelings and body changes; everyone is unique.
6. Wrap-up & questions: Invite questions, allow private follow-up, and affirm learning with respect (veidokai).

EXAMPLE FACILITATOR MODELLING:

We'll use proper words for body parts, no slang, no jokes. You can help place icons, or you can watch and listen. Respect (veidokai) means no mocking or giggling at anyone's participation or questions."

KEY MESSAGE FOR THE ACTIVITY

By the end of this activity, youth understand that puberty involves physical, emotional, and social changes, that everyone's timing is different and normal, they can use proper anatomical terms without shame, and they can connect these changes to Pacific cultural practices like tapa-making while practicing respectful participation and learning that all changes come together to form their unique identity.

FACILITATION TIPS:

- Stay calm if youth giggle or seem nervous; remind them bodies are natural and learning is respectful (veidokai).
- Explain why learning matters: knowing your body helps stay healthy, recognize normal vs. unusual, and make good choices.
- Correct myths gently; thank youth for sharing and provide facts without shaming.

AGE ADAPTATIONS:

- **10–12:** Basic changes only; simple emotions; playful metaphors.
- **13–17:** Add mood, identity, attraction; discuss relationships.
- **18–24:** Review knowledge; focus on accuracy and teaching others.

Puberty Basics



Activity 2

CULTURAL CONSIDERATIONS

MENSTRUATION TABOOS:

If your community has menstrual taboos (e.g., not cooking, not touching certain sacred items during periods), acknowledge respectfully: "Some families follow traditional practices during menstruation out of respect for custom. What's important is understanding that periods are healthy and normal—how you manage them is your family's choice."

MODESTY NORMS:

Using silhouettes with lavalava/sulu patterns respects modesty. If even silhouettes feel inappropriate, use symbolic diagrams: draw a tree or canoe with branches/parts labeled with changes (e.g., "roots = hair growth," "trunk = growth spurt," "leaves = emotions")

FAITH PERSPECTIVES:

Frame puberty as sacred development: "Many faiths teach that our bodies are gifts from God/the Creator. Understanding how they work honors that gift and helps us care for ourselves with dignity.

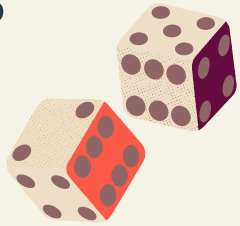
TAPA/MASI ANALOGY ADAPTATION:

If tapa-making isn't common in your specific community, substitute another familiar process:

- Weaving mats: "Some pandanus strips grow long quickly, others slowly, but all are woven together into one strong mat."
- Canoe-building: "Different parts of the canoe are carved at different speeds, but all come together to make one vessel."
- Planting: "Some taro shoots sprout early, some late, but all grow into strong plants in their own time."

Myth vs Fact Game

Activity 3



TIME: 15 MINUTES

PURPOSE:

Challenge common myths about puberty through playful movement and critical thinking. Correct misinformation in a non-shaming way.

MATERIALS NEEDED:

- Two large signs: “Myth” and “Fact” (paper/cardboard or tape on floor)
- Myth/Fact statement cards (6-8 statements) Refer to next page
- Optional: Bell for dramatic reveals

INSTRUCTIONS:

1. Mark two sides of the room: “Myth” and “Fact”
2. Prepare 6–8 statement cards about puberty changes.
3. Set ground rules: no teasing, all answers okay, respect each other (veidokai).
4. Read a statement clearly twice. Say “Move!” then youth go to the side they think is correct.
5. Ask 1–2 youth why they chose that side. Listen respectfully.
6. Reveal the correct answer; give a short explanation with facts, correct myths gently.
7. Return everyone to the middle and repeat for the next statement. Wrap up: "We’ve busted myths today. Remember to stick with facts, ask trusted adults if unsure."

EXAMPLE FACILITATOR MODELLING:

Give an example first:

- Green: “Listening when a friend talks without judging.”
- Yellow: “Ignoring someone’s feelings occasionally.”
- Red: “Threatening or hurting someone to get your way.”
- Model respectful discussion: “Thank you for your example, that helps us see the difference between warning and harmful behaviours.”

KEY MESSAGE FOR THE ACTIVITY

Youth build self-awareness by visually identifying their supports, stressors, and coping strategies, recognize areas needing stronger support, and gain practical resources they can revisit when stress rises.

FACILITATION TIPS:

- If everyone chooses wrong: "I can see why you'd think that. Here's the fact..."
- If cultural/religious myth: "I know some families believe this. Here's what health science says..."
- If giggles start: Pause, breathe. "These topics can feel awkward. Let's continue with respect."



Myth & Fact Cards

Activity 3

GIRLS ON THEIR PERIOD CANNOT PLAY SPORTS

Answer: MYTH

Debrief: "Girls can do everything during periods — swim, run, play sports. Periods don't stop your life. Some use pads/tampons for comfort."

BOYS' VOICES CHANGE OVERNIGHT

Answer: MYTH

Debrief: "Voice change is gradual and can take months or years. The voice box grows slowly, sometimes causing cracks or squeaks. Totally normal."

YOU CANNOT GET PREGNANT THE FIRST TIME YOU HAVE (S) OR SEX.

Answer: MYTH

Debrief: "Dangerous myth! Pregnancy is possible ANY time unprotected (s) or sex happens; even the first time. We'll learn prevention in Session 3.2."

WET DREAMS MEAN SOMETHING IS WRONG.

Answer: MYTH

Debrief: "Completely normal! During puberty, the body produces sperm. Sometimes it's released during sleep. Healthy and natural."

VAGINAL DISCHARGE IS ALWAYS A SIGN OF INFECTION

Answer: MYTH (usually)

Debrief: "Clear/whitish discharge is normal and keeps the vagina clean. If it smells bad, itches, or is green/yellow, see a nurse or doctor"

EVERYONE STARTS PUBERTY AT THE SAME AGE

Answer: MYTH

Debrief: "Puberty starts at different ages — some at 9, others at 15. Both normal. Like tapa strips, bodies develop at their own pace."

ACNE ONLY HAPPENS TO PEOPLE WITH DIRTY SKIN

Answer: MYTH

Debrief: "Acne is caused by hormones, not dirt. Oil glands become active during puberty. Washing helps, but acne is normal and temporary."

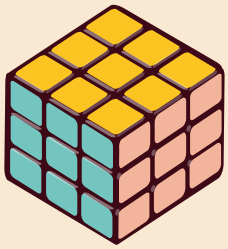
MENSTRUATION MAKES GIRLS WEAK OR UNCLEAN

Answer: MYTH

Debrief: "Harmful myth! Periods are normal and healthy. They don't make anyone weak or dirty. It's just the body's monthly cycle."

Puberty Puzzle Collage

Activity 4



TIME: 10 MINUTES

PURPOSE:

Reflect on puberty holistically; identifying support systems, recognizing changes, and expressing hopes. Use creative expression to process learning and build peer connection.

MATERIALS NEEDED:

- Chart paper (one per group)
- Magazines, coloured paper, or printed icons/pictures
- Scissors, glue sticks, tape
- Markers/coloured pens
- Optional: Pre-cut shapes (puzzle pieces, circles, or squares)

INSTRUCTIONS:

1. Explain task (2 min): Create a three-layer collage — foundation (support people), middle (puberty changes), top (questions/dreams). Use drawings or cut-outs; make it colourful.
2. In groups, circulate, prompt reflection: "Who supports you?", "What changes are you noticing?", "What are your hopes?"
3. Affirm diverse support networks: Family, friends, teachers, faith leaders
4. Encourage inclusion: Suggest unexpected sources of support if needed (neighbor, coach, sibling).
5. Gallery walk & share (3 min): Display collages; each group shares one thing from each layer.
6. Affirm each collage: Highlight support, honest questions, and big dreams.

EXAMPLE FACILITATOR MODELLING:

- "Who do you talk to when you're worried? Who helps your family? Where do people go for advice in your community?"
- Normalize small networks: "Even one or two trusted people is a strong foundation."

KEY MESSAGE FOR THE ACTIVITY

Participants explore puberty as a journey, identifying trusted support, reflecting on physical and emotional changes, expressing questions and hopes, and collaborating creatively to build shared understanding.

FACILITATION TIPS:

- Struggling with support? Ask: "Who helps you?"
- No support? Check in privately; suggest helplines.
- Finish early? Add colours, patterns, or affirmations.
- Only physical changes? Prompt feelings, questions, dreams.
- Harmful content? Redirect to strengths and hopes.

CONNECTION TO CIRCLE PROCESS: LIKE WEAVING A MAT TOGETHER, EACH PERSON ADDS THEIR PIECE TO FORM ONE WHOLE PICTURE.

Puberty Circles (Reflect & Share)



Activity 5

TIME: 10 MINUTES

PURPOSE:

Consolidate learning through individual reflection, then build peer connection through paired sharing. Reinforce key facts, challenge myths, and affirm personal strengths.

MATERIALS NEEDED:

- Scenario cards (pre-written, one per group)
- Space for groups to practice and perform
- Optional: Simple props (chairs, bags, phones)

INSTRUCTIONS:

1. Setup: Give paper and pen/marker; model three side-by-side circles labeled: Learned | Myth | Strength.
2. Individual reflection (5 min): Fill each circle with something learned, a myth now false, and a personal strength.
3. Support struggling participants: Prompt quietly with examples of strengths or positive qualities.
4. Pair share (4 min): Take turns sharing circles; listen respectfully with no mocking or interrupting.
5. Facilitator check-in: Circulate, notice affirming language, and quietly acknowledge positive interactions.
6. Whole-group reflection (1 min): Invite a few volunteers to share one learning or strength; affirm each response.

EXAMPLE FACILITATOR MODELLING:

"Without sharing your partner's circles, can anyone share ONE thing they learned or ONE strength they or their partner named?"

KEY MESSAGE FOR THE ACTIVITY

Participants consolidate what they learned, correct myths, recognize a personal strength, practice respectful sharing, and experience affirmation in a safe, supportive space.

FACILITATION TIPS:

- "I didn't learn anything": Suggest one small fact; respect their pace.
- No strength: Offer examples; encourage even a tiny one.
- Pairs stuck: Model a full example.
- Laughing/mocking: Stop gently; remind of respect (veidokai).
- Sharing too long: Redirect; give others a turn.

HUMILITY NORMS:

In some Pacific cultures, naming personal strengths may feel boastful. Frame differently: "What do others appreciate about you?" or "What role do you play in your family/community that helps others?"

FACILITATOR TOOLBOX NOTE:

The "strength" circle is crucial. Puberty can make youth feel awkward or self-conscious. Naming one strength (kindness, curiosity, creativity, bravery, good listener) counters negative self-talk and builds positive identity during a vulnerable time.

Wrap up: Puberty Affirmation

Activity 6



TIME: 10 MINUTES

PURPOSE:

Close the session with collective affirmation, creating a visible symbol of connection, support, and positive body identity. Reinforce that puberty is normal, each person's journey is unique, and we're all connected.

MATERIALS NEEDED:

- Paper strips (approximately 15cm x 5cm, one per person) or blank paper to tear/cut
- Markers/pens
- Tape or stapler (to link papers into chain)
- Optional: coloured paper for visual impact

INSTRUCTIONS:

1. Setup: Prepare paper strips, markers, and clear space to hang the chain.
2. Write affirmations: Each youth writes one short positive message about their body, growth, or self.
3. Support struggling participants: Prompt with questions about what they learned, would tell a friend, or want to remember.
4. Link the chain: Connect strips into one chain, showing everyone's contributions are part of the journey.
5. Group options: Loop/tape strips individually or pass forward for facilitator/volunteers to link together.
6. Display & close: Hang the chain visibly; affirm collective learning and connectedness.

EXAMPLE FACILITATOR MODELLING:

""Look at what we've created together! Each link is unique, just like each of you. Your messages remind us that you are connected, supported, and unique."

KEY MESSAGE FOR THE ACTIVITY

Participants celebrate their bodies and puberty journey through personal affirmations, contribute to a connected chain, and leave feeling supported, affirmed, and hopeful.

FACILITATION TIPS:

- Negative messages: Redirect privately toward self-compassion.
- Can't think of one: Offer prompts or let them copy examples.
- Shy about sharing: Keep messages private; reading aloud optional.
- Time short: Pre-write strips or link while reading closing words.
- Age adaptations: Simplify for 10–12, expand for older youth.

AFTER THIS SESSION

- Leave chain visible as a reminder of Session 3.1.
- Be available for private questions on puberty or support.
- Check in with any distressed youth individually.
- Review anonymous questions and address next session or privately.
- Reflect: Did youth feel positive? Were affirmations genuine?

Recap Puberty in a Pacific Setting

Reinforce learning from earlier sessions by helping participants understand puberty changes, reflect on their strengths and support networks, practice self-care, and see asking for help as positive.

SESSION 3.1 HIGHLIGHTS

- **Kick-off – One-Word Check-In:** Participants shared one word about how they feel discussing body changes, setting a safe, non-judgmental tone for the session.
- **Mini-Lesson – Puberty Basics (Creative Diagram):** Participants used silhouettes and icons to identify physical and emotional changes, learning that timing varies and all bodies are unique.
- **Myth vs Fact Game:** Participants moved to Myth or Fact sides for statements about puberty, correcting misconceptions while respecting cultural beliefs.
- **Puberty Puzzle Collage:** In groups, participants created a three-layer collage of support, changes, and questions/dreams, exploring diverse support networks and inclusion.
- **Puberty Circles (Reflect & Share):** Participants reflected individually on one learning, one myth busted, and one personal strength, then shared with a partner while practicing respectful listening.
- **Wrap-Up – Affirmation Chain:** Participants wrote positive messages about their bodies and puberty, linking them into a chain symbolizing connection, support, and their shared journey.

Session Notes



WHAT WENT WELL?

WHAT ACTIVITIES ENGAGED YOUTH THE MOST?

REAL LEARNING MOMENTS OR SKILL DEVELOPMENT OBSERVED:

NOTES / OBSERVATIONS / IDEAS FOR NEXT SESSION:

Sexual & Reproductive Health

Session 3.2

SESSION OBJECTIVE

To support Pacific young people to understand sexual and reproductive health (SRH) in a respectful, factual, and culturally grounded way, strengthening their ability to make informed choices about pregnancy, protection, and seeking support.

LEARNING OUTCOMES

By the end of this session, participants will be able to:

- Name at least three contraception methods.
- Practice correct condom use safely.
- Know trusted sources for SRH support.
- Debunk common SRH myths with cultural examples.
- Understand SRH as dignity, respect, responsibility, and choice.

KEY FACILITATOR NOTES

This session covers topics that may feel sensitive, unfamiliar, or uncomfortable for some young people due to cultural norms, family expectations, faith beliefs, or past experiences. The facilitator's role is to create a calm, respectful, and non-judgemental space where learning can occur without shame.

FACILITATOR'S ROLE

Create a safe space to discuss gender and inclusion, challenge stereotypes respectfully, model inclusive behavior, and leave youth with practical actions.



HOW TO SET A STRENGTHS-BASED TONE:

- Use clear, factual, and age-appropriate language at all times
- Normalise questions and curiosity; remind youth that learning about health is responsible, not shameful
- Participation is always optional; no one is forced to demonstrate or share
- Avoid assumptions about sexual activity or experience
- Reinforce that choosing abstinence is a valid and respected option
- Redirect jokes or discomfort gently, without embarrassment or punishment

WHY THIS SESSION MATTERS

Understanding sexual and reproductive health helps young people make safe, informed choices, seek support confidently, build respectful relationships, and stay connected to their culture as they gain independence.

Facilitator Preparation

Session 3.2

Help Pacific young people understand sexual and reproductive health (SRH) in a respectful, accurate, and culturally relevant way, so they can make informed choices about pregnancy, protection, and accessing support.

SESSION 3.2 FLOW

Time	Activity Name	Activities
50-60 min	**Kick Off: Shells of Choice**	See Activity 1
0-10 min	**SRH Basics: The Necklace of Protection**	See Activity 2
10-20 min	**Practical Demonstration: Condoms**	See Activity 3
20-30 min	**Myth Busting: Kava Bowl of Truth**	See Activity 4
30-50 min	**Mapping Support "Where Can I Go?"**	See Activity 5
50-60 min	**Wrap-Up – "Mat of Respect**	See Activity 6

Total Time: 60 minutes

MATERIALS NEEDED

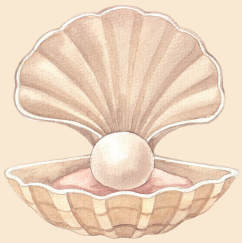
- ☑ Shells from the beach: (enough for each participant) + small stones or shells for myth-busting activity
- ☑
  - Display shells: bowl or basket
  - Kava Bowl of Truth activity: large bowl
- ☑ Condom demonstration models (banana, wooden penis model, or similar)
- ☑ Flip chart, pen and paper and markers, coloured pens and pencils and sticky notes



Pro tip: You can ask participants to bring a shell from home for Activity 1. This builds ownership and connection before the session begins.
Remember: Physical objects create atmosphere, spark imagination, and help participants engage more deeply, especially in a Pacific context where hands-on, visual, and relational learning are valued.

Kick Off: Shells of Choice

Activity 1



TIME: 10 MINUTES

PURPOSE:

Build comfort, openness, and connection through shared reflection on choice-making. Normalize that sexual and reproductive health involves personal decisions made within a supportive community.



MATERIALS NEEDED:

- Real shells from the beach (variety of shapes, sizes, colours; one per participant)
- Bowl or basket to display shells centrally
- Optional: Ocean sounds or Pacific music playing softly as participants arrive



INSTRUCTIONS:

1. Welcome participants, set respectful ground rules (veidokai), and acknowledge SRH as personal and important.
2. Use the shell and ocean metaphor to explain that while choices are personal, we all belong to one community.
3. Invite participants to choose a shell and share one word about choices young people face (model first).
4. Reflect together: SRH choices can be complex, but with knowledge and community support, no one is alone.

EXAMPLE FACILITATOR MODELLING:

"I chose this shell, and my word is 'respect.' Because every choice we make about our bodies and relationships should honor respect for ourselves and for others."

KEY MESSAGE FOR THE ACTIVITY

"Just like shells are different but belong to one ocean, our choices about our bodies and relationships are personal, but we're all part of one community. That community supports us to make decisions that are safe and respectful. When choices feel big, we can reach out for help. We're not alone."



FACILITATION TIPS:

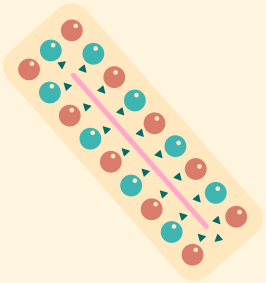
- Encourage sharing in iTaukei, Fiji Hindi, or English.
- Model first to reduce shyness.
- Offer example words if needed.
- Keep a warm, relaxed tone.
- Use real shells for engagement.
- Affirm honest or difficult responses with care.

FACILITATOR SAMPLE LINES:

- No two shells are the same; no two journeys are the same"
- "When choices feel big, we can ask for help"
- "The ocean carries the shells. Our community carries us"

Mini-Lesson: SRH Basics

Activity 2



TIME: 15 MINUTES

PURPOSE:

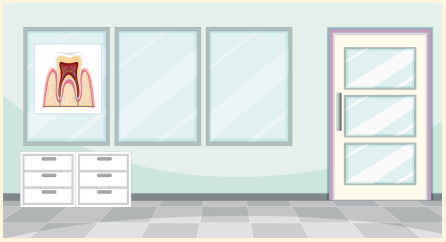
To provide clear, factual core knowledge about preventing unplanned pregnancy, understanding consent, and knowing where to get support.

MATERIALS NEEDED:

- Flipchart and markers
- Pictures or diagrams of contraception methods
- Condoms (for visual reference only; demonstration comes later)

INSTRUCTIONS:

1. Introduce the focus: knowing accurate SRH facts helps young people make calm, informed, and respectful choices.
2. Clearly explain prevention options in simple language: abstinence (waiting), condoms (protect against pregnancy and STIs), clinic methods (prevent pregnancy only), and emergency contraception (a backup option, not an abortion).
3. Emphasise that sex must always involve free, mutual consent and feeling safe.
4. Reinforce that waiting is okay, and encourage seeking support from nurses, doctors, or trusted adults when unsure.



EXAMPLE FACILITATOR MODELLING:

- "Waiting is not a failure; t's a strong decision."
- "Condoms are the only method that protect against both pregnancy and STIs."
- "If something goes wrong, help is available; sooner is better."

KEY MESSAGE FOR THE ACTIVITY

Knowing your options gives you power. Protection, consent, and support help young people make informed choices with dignity and respect.

FACILITATION TIPS:

- Use simple, factual, and non-judgmental language when explaining prevention options.
- Keep a calm, respectful tone and avoid shame, fear, or moralising.
- Use Pacific metaphors (e.g., necklace/shells) to ground information culturally.
- Emphasise that consent must be wanted, agreed to, and free from pressure every time.
- Reinforce that waiting is always a strong and valid choice.

AGE ADAPTATIONS:

- **10–12:** Basic options, respect, waiting, playful metaphors.
- **13–17:** Full options, consent, relationships, emotions.
- **18–24:** Complete knowledge, practical skills, peer support.

Youth SHR Q&A

#	Question	Answer (Youth-friendly & Evidence-based)
1	**What is sexual and reproductive health (SRH)?**	SRH means being safe, informed, and healthy in everything related to your body, sex, and relationships. It includes knowing how your body works, preventing infections and unplanned pregnancy, and making choices that respect yourself and others.
2	**Can I get pregnant the first time I have sex?**	Yes. If sperm meets an egg, pregnancy can happen—even the very first time. That's why protection is important every time.
3	**What are the ways to prevent pregnancy?**	Main methods include: condoms, birth control pills, implants, injections, IUDs, or abstinence (choosing to wait). Condoms also prevent HIV and other STIs.
4	**How do condoms work?**	Condoms act as a barrier that stops sperm from entering the vagina. They also stop body fluid exchange, lowering the risk of HIV and other infections.
5	**Where can I get condoms?**	In most countries, they're available for free or low cost at clinics, health centres, pharmacies, youth-friendly services, or from NGOs like UNFPA or Red Cross. Some schools and community programs also provide them.
6	**Are condoms 100% safe?**	They're very effective (about 98%) when used correctly. The main reason they fail is incorrect or inconsistent use. Always check the expiry date and never reuse one.
7	**What if a condom breaks?**	If it breaks during sex, you can use emergency contraception within 5 days to prevent pregnancy. You can also ask a clinic about PEP (post-exposure prophylaxis) within 72 hours to prevent HIV.
8	**What is PEP and PrEP?**	PEP is medicine taken *after* a possible HIV exposure (within 72 hours). PrEP is a daily pill taken *before* sex or risk exposure to prevent HIV. Both are available through health centres or HIV clinics.
9	**What if I miss my birth control pill?**	Take it as soon as you remember. If you miss more than one, use a condom for seven days and check with a nurse or doctor for guidance.
10	**How do I know if I'm pregnant?**	A missed period is the first sign. Other signs include nausea, tiredness, and breast changes. Take a pregnancy test or visit a clinic to confirm.

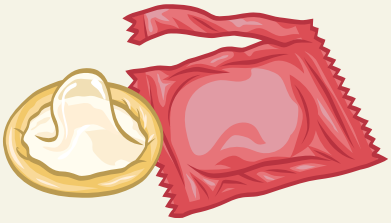
Youth SHR Q&A

#	Question	Answer (Youth-friendly & Evidence-based)
11	What should I do if I'm pregnant and didn't plan it?	You're not alone. Talk with your partner. Go to a trusted health provider or youth clinic. They'll explain your options safely and confidentially. You can also talk to counsellors or NGOs that support young mothers.
12	Can I get HIV from kissing or sharing food?	No. HIV is not spread by casual contact like hugging, kissing, sharing food, or using the same toilet. It's spread through unprotected sex, blood, and from mother to child during birth or breastfeeding.
13	How can I protect myself from HIV and STIs?	Use condoms, avoid sharing needles, test regularly if sexually active, and know your partner's status. Healthy relationships mean honest communication and mutual respect.
14	Where can I go for SRH help?	Visit local health centres, youth-friendly clinics, or NGOs such as UNFPA, Empower Pacific, Medical Services Pacific (MSP), or Red Cross. Teachers, counsellors, or pastors trained in youth wellbeing can also guide you to help.
15	Is it normal to feel shy or scared to ask about SRH?	Yes—many people do. But learning about your body and safety is part of growing up. You can ask health workers confidentially, and they're trained to answer without judging.
16	Can you get pregnant through oral sex?	No, pregnancy can only happen when sperm enters the vagina. But oral sex can still spread STIs, so condoms or dental dams help protect you.
17	What's the difference between safe and unsafe sex?	Safe sex uses protection (like condoms), consent, and care for your and your partner's health. Unsafe sex means no protection, no consent, or not knowing your health status.
18	Are SRH services confidential for young people?	Yes. Health workers are required to keep your information private unless you're in danger or at risk of harm. You can ask them about confidentiality before sharing details.
19	What's emergency contraception?	Sometimes called the "morning-after pill," it prevents pregnancy if taken within 5 days after unprotected sex (the sooner, the better). It does not cause abortion.
20	Can I talk to my parents about this?	It helps to. Parents or guardians can be good sources of support when conversations are kind and open. If that's hard, talk to a trusted adult, teacher, or counsellor first.

Practical Demonstration: Condoms

Activity 3

TIME: 15 MINUTES



PURPOSE:

To build practical skills and confidence to use condoms correctly and consistently, while normalising respectful, evidence-based condom use and addressing common myths and fears.

MATERIALS NEEDED:

- External condoms (male condoms)
- Neutral demonstration model (wooden ladle or SRH model or banana or stick)
- Water-based lubricant (if available)
- Bin or bag for disposal demonstration

INSTRUCTIONS:

1. Explain purpose: This is a health skill; watching is okay, participation optional.
2. Introduce bure analogy: A condom is like a bure roof and if it fits well and has no holes, everyone inside stays safe and dry.
3. Demonstrate use: Check expiry, feel for air bubble, open carefully, pinch tip, roll onto erect model to base, add water-based lubricant if available.
4. Demonstrate removal & disposal: Hold base, withdraw carefully, tie off, wrap, and bin; reinforce use a new condom each time, never reuse, and never use two at once.

EXAMPLE FACILITATOR MODELLING:

- "Condoms work best when they're used correctly, every time."
- "Old, torn, or poorly fitted condoms can leak just like a damaged roof."
- "Learning this is about caring for yourself and others."

QUICK SELF-REFLECTION:

- **DID I KEEP EXPLANATIONS RESPECTFUL AND AGE-APPROPRIATE?**
- **DID I MODEL CONFIDENCE AND A CALM TONE?**
- **DID PARTICIPANTS UNDERSTAND AND FEEL SAFE?**

KEY MESSAGE FOR THE ACTIVITY

"When condoms are the right size, used properly, and not damaged, they help keep people safe. Using condoms is a responsible and respectful health choice."

FACILITATION TIPS:

Invite questions and gently correct myths without judgement:

- Example Facilitator Lines
  - "Condoms work best when they're used correctly, every time."
  - "Old, torn, or poorly fitted condoms can leak just like a damaged roof."
  - "Learning this is about caring for yourself and others."

Myths: Kava Bowl of Truth

Activity 4



TIME: 20 MINUTES

PURPOSE:

Help participants surface questions they may feel shy to ask, respectfully correct misinformation, and strengthen confidence to make safe, informed choices

MATERIALS NEEDED:

- One clean bowl (kava bowl if culturally appropriate and handled with respect)
- Prepared myth cards (see next page)
- Optional: small cards or paper for participants to write questions anonymously

INSTRUCTIONS:

1. Set the scene: Sit in a circle, place the bowl as a symbol of truth and respect, explain safe space and purpose of separating facts from myths.
2. Prepare or use myth cards: Have cards ready beforehand (handwritten, photocopied, or printed with common SRH myths).
3. Connect to previous learning: Link myths to social influences (friends, family, media) and highlight importance of knowing the truth. Draw & discuss myth cards.
4. Participants pick a card, guess Truth or Myth, facilitator clarifies facts calmly, normalizes misconceptions, and invites brief reflections.
5. Collect questions safely; ask participants what myth they're glad to clear up and how knowing the truth helps, affirm courage and learning.

EXAMPLE FACILITATOR MODELLING:

"Earlier, you shared influences like friends, family, culture, and social media. Myths often spread the same way, through people we trust even if they're not true."

KEY MESSAGE FOR THE ACTIVITY

Knowing the truth helps us protect ourselves and others. Asking questions is a strength, not a shame. Accurate information supports safe choices, respect, and wellbeing.

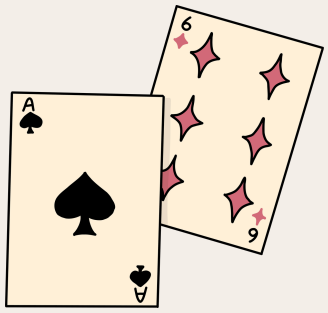
FACILITATION TIPS:

- Keep explanations short, factual, and non-judgmental
- Use respectful language and avoid shaming or lecturing
- Normalize curiosity: "Many people hear this and you're not alone in wondering about it.
- Emphasize confidentiality: "What we share here stays here.
- Don't shame participants for believing myths; they learned them from trusted sources

WATCH FOR:

- **PARTICIPANTS WHO SEEM DISTRESSED OR UNCOMFORTABLE—OFFER A PRIVATE CHECK-IN AFTER**

Myth Cards



Activity 4

YOU CAN CATCH HIV FROM HUGS, KISSES, OR SHARING FOOD.

Answer: MYTH

Debrief: HIV spreads through specific body fluids (blood, semen, vaginal fluids, breast milk), not casual contact. Hugging, kissing (closed-mouth), and sharing food/drinks are safe.

IF SOMEONE LOOKS HEALTHY, THEY CAN'T HAVE HIV OR AN STI.

Answer: MYTH

Fact: Many people with HIV or STIs have no symptoms, especially early on. That's why testing is essential; you can't tell just by looking.

YOU CAN GET PREGNANT THE FIRST TIME YOU HAVE SEX.

Answer: TRUTH

Fact: Pregnancy can happen any time sperm meets an egg, including the very first time. Protection (condoms, contraception) is needed every time.

CONDOMS DON'T REALLY WORK

Answer: MYTH

Fact: Condoms are highly effective (98% when used correctly) at preventing pregnancy and STIs, including HIV. Correct and consistent use is key.

YOU CAN'T GET PREGNANT IF YOU HAVE SEX STANDING UP OR DURING YOUR PERIOD

Answer: MYTH (usually)

Fact: Pregnancy can happen in any position and at any time during your cycle, including during menstruation. Sperm can survive for days.

WASHING AFTER SEX PREVENTS PREGNANCY OR STIS

Answer: MYTH

Fact: Washing, douching, or urinating after sex does NOT prevent pregnancy or STIs. Only condoms and contraception work.

HIV IS A DEATH SENTENCE.

Answer: MYTH

Debrief: With treatment (ART), people with HIV can live long, healthy lives. HIV is now a manageable chronic condition.

THERE ARE VACCINES FOR SOME STIS."

Answer: TRUTH

Fact: Yes! HPV and hepatitis B vaccines are safe, effective, and widely available. They protect against infections that can cause cancer and liver disease.

Mapping Support “Where Can I Go?”



Activity 5



TIME: 10 MINUTES

PURPOSE:

Make local help visible, familiar, and easy to remember so young people know where to go when they need support.

MATERIALS NEEDED:

- Flipchart or large paper
- Markers
- Stickers or symbols (optional)
- Phones (optional, for saving numbers)

INSTRUCTIONS:

1. Draw a simple map of a village, town, or community on the flipchart
2. Explain: “This map shows places and people who can help when someone needs support.”
3. Ask participants to add stickers or draw symbols for places they know, including:
- Clinics or health posts
- NGOs or counselling services
- Helplines
- Trusted adults
4. As each category is added, briefly explain what support is available there
5. Invite participants to write or save at least one helpline number in their phone
6. Role-play asking for help using the short script provided

EXAMPLE FACILITATOR MODELLING:

Show and Explain: Draw the map on the flipchart and place the first symbol yourself (e.g., clinic). Say aloud: “This is a clinic where you can get confidential help. Staff are trained to support youth.”

KEY MESSAGE FOR THE ACTIVITY

Help is available in many places, and reaching out shows strength and courage. Everyone deserves care, safety, and respect.

FACILITATION TIPS:

- Keep the map simple and familiar
- Let youth lead by naming places they already know
- Reassure participants that services are confidential and free
- Normalize hesitation: “It can feel hard to ask for help the first time”
- Use local place names and language where helpful
- Avoid forcing anyone to share personal experiences

FACILITATOR SELF-CARE REMINDER:

- You are guiding youth through sensitive topics that may bring up strong emotions.
- Pause, breathe, and acknowledge your own feelings — this is emotionally demanding work.
- Take breaks if needed, talk with a colleague or supervisor, and debrief after sessions.

Mapping Support “Where Can I Go?”



Category	Service	Number / Contact	Hours	Notes
Emergency	Police / Ambulance	911	24 hours	Use if it’s urgent or unsafe right now
Confidential Helplines	Lifeline Fiji (suicide/crisis)	1543	24 hours	Free, confidential support
	National Domestic Violence Helpline (FWCC)	1560	24 hours	For violence at home or in relationships
	Child Helpline (children/teens)	1325	24 hours	Free, confidential help for young people
	Empower Pacific (counselling)	5626	24 hours	Counselling and referrals
Walk-in Health & Counselling	Medical Services Pacific (MSP)	(+679) 331 5295 (Suva HQ)	Clinic hours	SRH care, counselling, STI testing, survivor support
	Empower Pacific centres	+679 776 9224 (HQ)	Clinic hours + 24/7 helpline	Offices in Lautoka/Nadi; counselling
	Nearest MoH clinic/hospital			Ask for the youth-friendly nurse or counsellor
Safe Adults Near You	School			Teacher, counsellor, Head of Year/Dean
	Community/Faith			Youth leader, pastor/priest, women’s group lead, trusted elder
	Family			Parent, aunt/uncle, older cousin
What to say? (easy script)				“Hi, my name is _____. I’m feeling unsafe / had a close call / need advice. Can I talk to someone privately?”



Wrap up: Puberty Affirmation

Activity 6



TIME: 10 MINUTES

PURPOSE:

Close the session with collective affirmation, creating a visible symbol of connection, support, and positive body identity. Reinforce that puberty is normal, each person's journey is unique, and we're all connected.

MATERIALS NEEDED:

- Paper strips (approximately 15cm x 5cm, one per person) or blank paper to tear/cut
- Markers/pens
- Tape or stapler (to link papers into chain)
- Optional: coloured paper for visual impact

INSTRUCTIONS:

1. Setup: Prepare paper strips, markers, and clear space to hang the chain.
2. Write affirmations: Each youth writes one short positive message about their body, growth, or self.
3. Support struggling participants: Prompt with questions about what they learned, would tell a friend, or want to remember.
4. Link the chain: Connect strips into one chain, showing everyone's contributions are part of the journey.
5. Group options: Loop/tape strips individually or pass forward for facilitator/volunteers to link together.
6. Display & close: Hang the chain visibly; affirm collective learning and connectedness.

EXAMPLE FACILITATOR MODELLING:

""Look at what we've created together! Each link is unique, just like each of you. Your messages remind us that you are connected, supported, and unique."

KEY MESSAGE FOR THE ACTIVITY

Participants celebrate their bodies and puberty journey through personal affirmations, contribute to a connected chain, and leave feeling supported, affirmed, and hopeful.

FACILITATION TIPS:

- Negative messages: Redirect privately toward self-compassion.
- Can't think of one: Offer prompts or let them copy examples.
- Shy about sharing: Keep messages private; reading aloud optional.
- Time short: Pre-write strips or link while reading closing words.
- Age adaptations: Simplify for 10–12, expand for older youth.

AFTER THIS SESSION

- Leave chain visible as a reminder of Session 3.1.
- Be available for private questions on puberty or support.
- Check in with any distressed youth individually.
- Review anonymous questions and address next session or privately.
- Reflect: Did youth feel positive? Were affirmations genuine?

Recap Puberty in a Pacific Setting

Reinforce learning from earlier sessions by helping participants understand puberty changes, reflect on their strengths and support networks, practice self-care, and see asking for help as positive.

SESSION 3.1 HIGHLIGHTS

Kick-off – One-Word Check-In: Participants shared one word about how they feel discussing body changes, setting a safe, non-judgmental tone for the session.

Mini-Lesson – Puberty Basics (Creative Diagram): Participants used silhouettes and icons to identify physical and emotional changes, learning that timing varies and all bodies are unique.

Myth vs Fact Game: Participants moved to Myth or Fact sides for statements about puberty, correcting misconceptions while respecting cultural beliefs.

Puberty Puzzle Collage: In groups, participants created a three-layer collage of support, changes, and questions/dreams, exploring diverse support networks and inclusion.

Puberty Circles (Reflect & Share): Participants reflected individually on one learning, one myth busted, and one personal strength, then shared with a partner while practicing respectful listening.

Wrap-Up – Affirmation Chain: Participants wrote positive messages about their bodies and puberty, linking them into a chain symbolizing connection, support, and their shared journey.

Session Notes



WHAT WENT WELL?

WHAT ACTIVITIES ENGAGED YOUTH THE MOST?

REAL LEARNING MOMENTS OR SKILL DEVELOPMENT OBSERVED:

NOTES / OBSERVATIONS / IDEAS FOR NEXT SESSION:

Sexual Safety – Consent, Coercion, Reporting & Support Pathways

Session 3.3

FACILITATORS ROLE:
CREATE A SAFE, RESPECTFUL SPACE WHERE PARTICIPANTS CAN EXPLORE CONSENT, CHALLENGE MYTHS, PRACTISE ASSERTIVE COMMUNICATION, AND LEARN CLEAR PATHWAYS FOR SUPPORT.

SESSION OBJECTIVE

To help youth understand consent, recognize coercion, know where to report unsafe situations, and identify support pathways. Build confidence in respecting boundaries and protecting themselves and others.

LEARNING OUTCOMES

By the end of this session, participants will be able to:

- Define consent in simple, practical terms
- Recognize coercion and unsafe behaviours
- Know where and how to report incidents safely
- Identify support systems and pathways (family, peers, community, institutions)
- Build confidence in respecting boundaries and protecting themselves and others

FACILITATORS NOTES:

- Consent is a clear, freely given “yes” and not silence, fear, pressure, gifts, or authority.
- You can change your mind anytime; “stop” means stop.
- No valid consent if someone is drunk, drugged, or underage.
- Coercion includes peer pressure, money/gifts, or power from elders, teachers, or coaches.
- Safe pathways: trusted adult, youth clinic, helplines (Lifeline, DV Helpline, Child Helpline), or police.
- Reporting shows strength by choosing what feels safest.
- Use your voice: “I’m not ready,” “Please stop,” “I need to talk privately.”

HOW TO SET A SAFE, RESPECTFUL TONE:

- Use real-life Pacific examples to make scenarios relatable
- Encourage discussion without shaming or blaming
- Provide privacy for participants who may be affected personally
- ·Affirm and normalize hesitation when reporting or setting boundaries
- ·Adjust complexity for age and maturity (15–30 years)
- Make visual maps interactive and colourful for engagement

WHY THIS SESSION MATTERS

This session matters because it helps young people clearly understand consent, recognise coercion, and practise using their voice with confidence. It also shows them safe, culturally relevant pathways for support so no one feels alone when they need help.



Facilitator Preparation

Session 3.3

This session focuses on mental health, stress, and coping, helping youth understand that seeking support is a strength, everyone experiences challenges, and we can navigate them together while respecting gender differences.

SESSION 3.3 FLOW

Time	Activity Name	Activities
0-10 min	**Icebreaker – "Yes / No / Unsure" Line**	See Activity 1
10-20 min	**Understanding Consent**	See Activity 2
20-30 min	**Spotting Coercion**	See Activity 3
30-45 min	**Reporting & Support Pathways**	See Activity 4
45-55 min	**Reflection & Affirmation**	See Activity 5

Total Time: 60 minutes

MATERIALS NEEDED

- ☑ Paper, sticky notes, pens, tape, colourful paper strips
- ☑ optional kava-bowl/clean bowl for story prompts
- ☑ "Agree/Disagree/Unsure" corner signs, Scenario Cards



Pro Tip for Session 3.3: Make the session hands-on, safe, and culturally relatable. Use real-life Pacific examples, interactive visuals, and playful activities to explore sensitive topics like consent and coercion. Ending with reflection and affirmation reinforces learning, builds confidence, and shows clear pathways to support by making the session both engaging and empowering.

Icebreaker: Yes, no, Unsure

Activity 1



TIME: 10 MINUTES

PURPOSE:

Surface beliefs and myths about consent, encourage movement and participation, and set a respectful tone for discussion.

MATERIALS NEEDED:

- Agree / Disagree / Unsure signs
- Open space in the room

INSTRUCTIONS:

1. Place signs in three corners of the room: Agree, Disagree, Unsure.
2. Explain: "I will read some statements. Move to the corner that matches what you believe. There is no punishment for being unsure; this is a learning space."
3. Read one statement at a time:

"If someone is silent, it means yes."

- "A person can change their mind after saying yes."
- "If someone is drunk, they can still give consent."

1. After each statement, invite 1–2 participants from different corners to share why they chose that position.
2. Clarify misconceptions calmly and respectfully, linking to real-life situations youth may face.

EXAMPLE FACILITATOR MODELLING:

- Demonstrate movement first – Before participants start, the facilitator reads a statement and moves to a corner themselves, explaining their reasoning out loud:
- "I'm moving to 'Disagree' because silence does not mean yes; everyone has the right to clearly say yes or no."

KEY MESSAGE FOR THE ACTIVITY

Consent must always be clear, freely given, and can change at any time. Silence, fear, or pressure is never consent. Understanding and respecting boundaries keeps everyone safe.

FACILITATION TIPS:

- Stay neutral and supportive – Thank participants for honesty, avoid shaming, and acknowledge that uncertainty is okay.
- Use real-life, relatable examples – Connect statements to situations youth may encounter in school, social media, or community settings.
- Encourage discussion, not debate – Invite 1–2 participants from different corners to explain their thinking, fostering understanding rather than judgment.

FACILITATOR NOTES:

- Do not shame responses; thank participants for honesty.
- Use phrases like: "Many people think this; let's look at what keeps everyone safe."
- Emphasise that learning can change our thinking.

Understanding Consent: Making It Practical



Activity 2

TIME: 15 MINUTES

PURPOSE:

To help participants build a clear, practical understanding of consent that reflects real-life situations, recognize what makes consent valid and safe, and create a shared checklist they can use to guide respectful interactions.

MATERIALS NEEDED:

- Flipchart or large paper
- Markers
- A4 paper for group work
- Checklist (next page) Printed or written or verbally discussed

INSTRUCTIONS:

1. Step 1: Introduce consent (5 min)
2. Share the definition: "Consent is a clear, freely given yes. Silence, pressure, fear, or confusion is not consent."
3. Use a familiar analogy: "Borrowing a phone or a rugby ball just because someone said yes once doesn't mean you can take it again without asking. And if they say stop, you stop."
4. Step 2: Group activity – Consent Checklist
5. 1. Divide participants into small groups (3–4). Ask each group to create a Consent Checklist by answering:
6. "What makes consent real and safe?" Encourage groups to think about age, pressure, alcohol, power, and choice.
7. Share and agree (3 min) Groups share one or two points.
8. Facilitator consolidates into one shared checklist on the flipchart or large poster.

EXAMPLE FACILITATOR MODELLING:

- "Consent is about respect and safety. A real yes is clear, free, and ongoing. If there is pressure, fear, or power involved, it is not consent."
- Check for understanding: Ask probing questions like: "What would a 'real yes' look like in your daily life?" to ensure participants connect theory to practice.

KEY MESSAGE FOR THE ACTIVITY

Consent is clear, freely given, informed, and ongoing. It cannot happen under pressure, fear, or imbalance of power, and must always be respected to keep relationships safe.

FACILITATION TIPS:

- Use relatable Pacific examples – Connect each consent principle to situations youth might actually face in Fiji, like borrowing phones, peer pressure, or kava gatherings.
- Encourage group discussion – Let participants brainstorm together, listen to different perspectives, and validate all contributions without judgment.

Transition to the next activity:
"Now that we know what real consent looks like, let's look at situations where consent is missing and how coercion can show up in everyday life."

Consent Checklist



Activity 2

Consent Principle	What it Means	Examples for Pacific Youths
Clear "Yes"	Consent must be spoken, shown, or clearly agreed to, not assumed.	Saying "Yes, I want to" with confidence. Smiling and joining willingly in an activity.
Age-appropriate	A person must be old enough by law to give consent.	In Fiji, under 16 = cannot legally consent. Even if friends pressure, it is not valid consent.
Free Will	Consent must be given without pressure, threats, or rewards.	Not agreeing just because someone says: "If you love me, you will." Not exchanging sex for money, phone data, or gifts.
Sober & Aware	The person must not be drunk, drugged, or unconscious.	Saying yes while drinking kava and still clear-minded = okay. But if drunk on alcohol and slurring, it is not real consent.
Ongoing	Consent must continue throughout the activity, not just at the start.	Starting with a yes, but later saying "Stop, I don't feel okay"; the partner must stop.
Informed	Both people must understand what they are agreeing to.	Knowing what kind of relationship or activity it is. Not being tricked into something different.
Without Fear	Consent cannot be given if a person is scared or intimidated.	Saying yes because a partner is bigger, stronger, or threatening = not real consent.
Respectful of Power	Consent is invalid when one person has authority over the other.	Teacher, coach, employer, church leader, or older relative cannot pressure a youth under their care.

Spotting Coercion

Activity 3

TIME: 20 MINUTES

PURPOSE:

Help participants recognise coercion and unsafe behaviour when pressure, rewards, or power are used instead of free choice, using situations common in Fiji youth contexts.

MATERIALS NEEDED:

- Scenario cards or facilitator-read scenarios
- Open space for short role-play

INSTRUCTIONS:

1. Explain: "Sometimes people say 'yes' because they feel pressured, not because they want to. This is called coercion."
2. Remind: "If there is pressure, fear, gifts, or power involved, it is not real consent.
3. Use volunteers or facilitator-led examples
4. Partner Pressure (emotional): "If you really love me, you would do this."
5. Discussion: Is this consent? What pressure is used? How does it feel?
6. Financial/Practical Pressure: "I paid for your phone or school fees; now you owe me." Discussion: Is this free choice? How do gifts/money create pressure?
7. Power/Authority Pressure: "Do this to get good marks, shifts, or stay on the team."
8. Discussion: Why is consent impossible? What makes speaking up hard?
9. Ask: Which situations felt realistic? What are safe ways to respond or get help?
10. Group Reflection

EXAMPLE FACILITATOR MODELLING:

Demonstrate a role-play first: The facilitator acts out a scenario calmly, e.g.:
"I'm pretending my partner says, 'If you really loved me, you'd do this.' I show hesitation and say, 'I don't feel okay with that,' then stop. Notice how pressure is being used."
Use clear, neutral language: While explaining, say: "This is coercion because I felt pressured. Consent must be a real, free choice without fear or manipulation."

KEY MESSAGE FOR THE ACTIVITY

Consent must always be freely given. If there is pressure, fear, gifts, or power involved, it is not real consent. Recognizing coercion helps protect yourself and others and ensures relationships are safe and respectful.

FACILITATION TIPS:

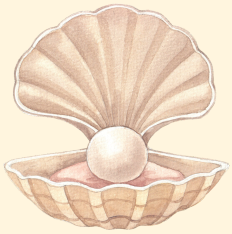
- Keep it safe and respectful – Remind participants that these are examples, not personal accusations. Thank everyone for honesty and maintain a non-judgmental tone.
- Use relatable Pacific examples – Include scenarios that reflect emotional, financial, or authority-based pressures youth may face in Fiji.
- Model clear explanations – Clarify why each scenario is coercion versus real consent using simple, practical language.



COERCION IS WHEN SOMEONE IS PRESSURED, THREATENED, MANIPULATED, OR FORCED INTO DOING SOMETHING THEY DON'T WANT TO DO. IT MEANS A PERSON SAYS 'YES' OR COMPLIES, NOT BECAUSE THEY TRULY CHOOSE TO, BUT BECAUSE OF FEAR, GUILT, GIFTS, OR AN IMBALANCE OF POWER.

Coercion Mapping

Activity 3

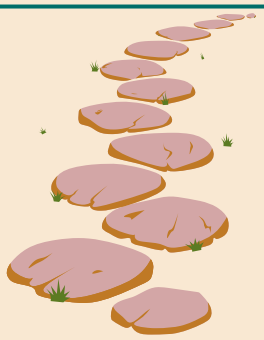


Scenario Example	Why This is Coercion (Not Consent)	Pacific Reality Link
A group of friends say, "Come on, everyone else is doing it, don't be weak!"	Consent is not freely given if it's made out of fear of rejection, shame, or wanting to "fit in."	In Pacific cultures, strong value is placed on collective belonging. Youth may fear being left out (veidroyaki ?/ teasing).
Financial Pressure: An older cousin says, "If you go out with me, I'll help pay for your school fees or phone credit."	Consent is not valid if it's exchanged for survival needs, money, or gifts.	Many Pacific youths face economic hardships; offers of money, kava, or school support can pressure decisions.
Cultural Silence: A young girl stays quiet when an older man suggests intimacy because she doesn't want to "disrespect" him.	Silence does not equal consent. Fear of breaking cultural norms prevents free choice.	In many Pacific cultures, respect for authority/elders can silence youths, making them vulnerable to coercion.
Authority Pressure: A sports coach says, "If you want to make the team, you need to keep me happy."	Consent cannot be given if one person holds power over the other.	Pacific communities value hierarchy and obedience. Youths often feel powerless against authority figures.

Reporting & Support Pathways



Activity 4



TIME: 10 MINUTES

PURPOSE:

Help participants identify trusted people and services they can turn to if they experience non-consent or coercion, and understand how to overcome common barriers to seeking help.

MATERIALS NEEDED:

- Flipchart paper or floor mat
- Markers or sticky notes
- Pre-made resource cards with helpline numbers
- Printed handouts with support pathways

INSTRUCTIONS:

1. Introduce the mapping exercise (1 min)
2. "If someone experiences coercion or non-consent, they don't have to face it alone. Let's map out who can help and how to reach them."
3. Create a visual map together (6 min)
4. On flipchart or floor mat, draw three circles labeled:
   a. Family/Community: trusted elder, parent, sibling, aunt/uncle, village leader
   b. Institutions: school counselor, police, crisis centres, health clinics, faith-based counselors
   c. Peers: safe friends, youth groups, trusted classmates
5. Have participants add names, services, or places they know in each circle using markers or sticky notes.

EXAMPLE FACILITATOR MODELLING:

Model barrier reflection – Pick one barrier and show how to connect it to support:
"For fear, it feels like walking blindfolded. If I felt this way, I could call the Child Helpline Fiji (1325). They guide me safely, like someone holding my hand across the room."

KEY MESSAGE FOR THE ACTIVITY

You have options: family, community, institutions, peers, helplines. Barriers are real (fear, shame, stigma, silence), but they can be overcome. Confidential support exists: use helplines if you're not ready to tell someone you know
You deserve help: reporting is brave, not shameful.

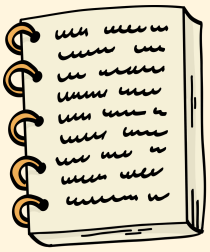
FACILITATION TIPS:

- Demonstrate connections clearly – When mapping barriers like fear, shame, or stigma, link each to the relevant support pathway to show concrete ways to get help.
- Encourage active participation – Let participants add names, services, or ideas to the map; use sticky notes or markers to make it interactive.



Reflection & Affirmation

Activity 5

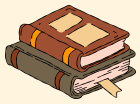




TIME: 10 MINUTES

PURPOSE:

Allow participants to personally reflect on what they've learned, identify their own support network, and close the session with empowerment and hope.

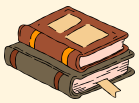


MATERIALS NEEDED:

- Small cards or paper slips (one per participant)
- Pens or pencils
- Optional: envelopes for privacy
- Optional: soft background music

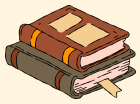
INSTRUCTIONS:

1. Introduce the reflection – Invite participants to quietly think about who they trust in Family/Community, Peers, and Institutions if they ever need help.
2. Write it down – Give each participant a card or slip to list at least 3 trusted people or services; encourage honesty and privacy.
3. Optional privacy step – Allow participants to place their cards in envelopes to keep their reflections confidential.
4. Reflect on barriers – Prompt participants to consider challenges like fear, shame, stigma, or trust issues, and how they could still reach out safely.
5. Close with affirmation – Reinforce that identifying a support network is empowering, seeking help is a sign of strength, and no one has to face challenges alone.



LINK TO FIJI REALITIES

- Community strength: "We are not alone our community, our elders, our friends, and our services are here"
- Collective care: "In our culture, we look after each other consent and respect are part of that care"
- Hope and resilience: "Even when barriers exist, there are always pathways to safety and healing"



KEY MESSAGE FOR THE ACTIVITY

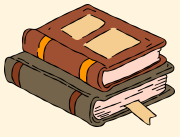
Help yourth understand and realise they are not alone and that there are people and servcices ready to help. Their feelings and choices matter and that speaking up is strength and that support is available.

FACILITATION TIPS:

- Create a calm, reflective atmosphere
- Allow silence don't rush participants
- Avoid forcing anyone to share

CLOSING AFFIRMATION

Facilitator leads the affirmation (say slowly and clearly):
Repeat after me, or just listen and let these words settle in your heart:
Respect means protecting each other's choices.
Consent keeps relationships safe.
No one should walk alone there are always pathways to help.
I deserve respect.
My body is mine.
My voice matters.
f I need help, I can reach out.
If a friend needs help, I can stand with them.
Together, we are stronger."



Recap Sexual Safety – Consent, Coercion, Reporting & Support Pathways

This session helped participants understand that consent must be clear, freely given, informed, and ongoing, and that coercion and that through pressure, fear, gifts, or power is never consent. Youth reflected on real-life Pacific scenarios, practiced spotting coercion, and mapped trusted people and support services. By identifying their own support networks, participants leave empowered with knowledge and practical tools to keep themselves and others safe.

SESSION 3.3 HIGHLIGHTS

- **Icebreaker – "Yes / No / Unsure" Line:** Participants moved to corners based on their beliefs, surfacing common myths about consent and starting discussion in a safe, engaging way.
- **Understanding Consent – Making It Practical:** Groups created a Consent Checklist using simple analogies (phone/rugby ball) to understand clear, age-appropriate, voluntary, informed, ongoing, and safe consent.
- **Spotting Coercion – Recognising Red Flags:** Participants explored short skits on peer, financial, and authority pressure, identifying coercion and linking it to Pacific realities like hierarchy and collective belonging.
- **Reporting & Support Pathways – Know Where to Go:** Using a visual map, participants identified trusted family, peers, and institutions, discussed barriers like fear, shame, and stigma, and brainstormed practical ways to access support.
- **Reflection & Affirmation – Confidence & Closure:** Youth wrote one support person and one boundary phrase, reinforcing empowerment and understanding that consent protects everyone and safe pathways exist.

Session Notes



WHAT WENT WELL?

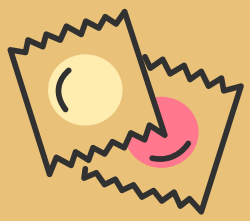
WHAT ACTIVITIES ENGAGED YOUTH THE MOST?

REAL LEARNING MOMENTS OR SKILL DEVELOPMENT OBSERVED:

NOTES / OBSERVATIONS / IDEAS FOR NEXT SESSION:

HIV, AIDS & STIs – Facts, Testing, Protection, Treatment & Tackling Stigma

Session 3.4



FACILITATOR NOTE: REMEMBER, SESSIONS ON HIV, STIS, AND STIGMA CAN BE EMOTIONALLY CHARGED. STAY AWARE OF YOUR OWN BOUNDARIES, PAUSE IF NEEDED, DEBRIEF WITH A COLLEAGUE AFTER DIFFICULT DISCUSSIONS, AND MODEL CALM, NON-JUDGMENTAL RESPONSES.

SESSION OBJECTIVE

To guide young people nderstanding the basics of HIV, AIDS, and other STIs (how they spread, prevention methods, and local testing/treatment options).

LEARNING OUTCOMES

By the end of this session, participants will be able to:

- Understand the basics: Know what HIV is, how it differs from other STIs, and how people stay healthy
- Bust myths: Distinguish fact from fiction to avoid spreading misinformation
- Learn safe choices: Know practical ways to protect themselves and others (testing, condoms, waiting, seeking help)
- Communicate confidently: Practice speaking with friends/partners kindly and assertively
- Access help: Know who to call, where to go, and what to say if something feels unsafe

FACILITATOR'S ROLE

Guide participants with respect, humility, and patience, providing clear, stigma-free information while creating a safe space for questions, reflection, and culturally sensitive dialogue about HIV, STIs, protection, and support.

HOW TO SET A STRENGTHS-BASED TONE:

- Lead with empowerment: Start by affirming participants' capacity to make healthy decisions.
- Example: "You have the knowledge and skills to protect yourself and support others safely."
- Use positive language: Highlight protective behaviors instead of only warning against risky ones.
- Example: Say "Using condoms and getting tested keeps you safe," instead of "Don't get HIV."

WHY THIS SESSION MATTERS

This session equips youth with accurate knowledge about HIV, AIDS, and other STIs, empowers them to make safe choices, challenges harmful myths and stigma, and helps them identify trusted people and services so they can protect their health, support others, and build respectful, informed communities.

Facilitator Preparation

Session 3.4

This session focuses on mental health, stress, and coping, helping youth understand that seeking support is a strength, everyone experiences challenges, and we can navigate them together while respecting gender differences.

SESSION 3.4 FLOW

Time	Activity Name	Activities
0-10 min	**Opening Circle & Storytelling Introduction**	See Activity 1
10-20 min	**Quick Facts: HIV vs STIs**	See Activity 2
20-30 min	**Myth-Busting Game**	See Activity 3
30-45 min	**Risky or Not Risky? Activity**	See Activity 4
45-60 min	**Stigma Mapping with Pacific Values**	See Activity 5
60-70 min	**Resources & Local Help**	See Activity 6
70-80 min	**Character Board: HIV Exploraton**	See Activity 7
70-80 min	**Reflection & Closing Circle**	See Activity 8

Total Time: 80 minutes

MATERIALS NEEDED

- ☑ Flip chart, Paper, sticky notes, pens
- ☑ HIV/STI myth cards
- ☑ Referral contacts list (clinics, NGOs, hotlines (photo copied from Activity 6) or handwritten



Pro Tip for Session 3.4: Keep outcomes practical and visible. Refer back to them during activities ("Which skill are we practicing now?") and close the session by asking participants to demonstrate one outcome out loud — this reinforces confidence and shows learning in action.

Opening Circle & Storytelling Introduction

Activity 1



TIME: 10 MINUTES

PURPOSE:

Break the ice, establish trust, and create a respectful learning environment using Pacific storytelling to introduce HIV/STI awareness

MATERIALS NEEDED:

- Circle seating arrangement
- Pacific items for visual effect (mat, kava bowl, or shells)
- Comfortable, safe space

INSTRUCTIONS:

1. Welcome participants warmly and remind them of confidentiality, respect, and the right to opt out.
2. Affirm the space: no silly questions, everyone is learning.
3. Share a short Pacific analogy to explain hidden infections (e.g., a canoe with hidden holes can't sail safely; a fishing net with small tears won't hold the catch).
4. Keep the tone calm, age-appropriate, and culturally grounded (you may hold a shell or mat piece while speaking).
5. Invite 1–2 reflections on what they know or want to ask, and thank them for sharing.
6. Preview the session: bust myths, practice real conversations, and learn where to get help.

EXAMPLE FACILITATOR MODELLING:

- "Today we're going to bust myths, practice real conversations, and find out exactly where to get help."

IMPORTANT FACILITATOR GUIDANCE:

- Language: Keep simple, culturally appropriate, and age-sensitive. Avoid graphic medical details.
- Comfort: If someone seems uncomfortable, reassure them: "You can just listen today that's perfectly fine."
- Respect: Honor any cultural protocols around circle gatherings or storytelling in your specific community.
- Normalize nervousness: "It's okay to feel a bit awkward talking about this. That's normal, and we'll go slowly."

KEY MESSAGE FOR THE ACTIVITY

"Hidden health problems are like hidden holes in a canoe they need attention. Today we learn how to spot the myths, protect ourselves and each other, and find help when we need it."

FACILITATION TIPS:

- Watch body language adjust pace if the room feels tense
- Use inclusive language that respects all genders, sexualities, and backgrounds
- If giggles happen, smile and say: "It's okay to laugh some of this feels awkward. Let's keep going together."

Quick Facts: HIV vs STIs

Activity 2



TIME: 15 MINUTES

PURPOSE:

Build foundational knowledge and clarify common confusions about HIV and other STIs through visual, interactive learning.

MATERIALS NEEDED:

- Large flipchart paper
- Markers in two colours (e.g., blue and green)
- Icon stickers (hearts, shields, medical crosses, question marks) –optional
- Pre-drawn two-column table on flipchart

INSTRUCTIONS:

1. Show HIV vs Other STIs chart; ask participants to name STIs and add to the chart.
2. Fill in categories (what it is, spread, symptoms, treatment, prevention) with participant input.
3. Affirm correct answers; gently correct misconceptions.
4. Have 3–4 volunteers place stickers for statements in the correct column.
5. Highlight key points: testing matters, treatment works, protection is simple.
6. Briefly explain PrEP/PEP and U=U in simple terms.

OHIGHLIGHT THESE CRITICAL POINTS:

- Testing matters: "Many STIs and HIV show NO symptoms. You can't tell just by looking."
- Treatment works: "HIV is manageable with medicine. Many STIs are completely curable."
- Protection is simple: "Condoms, waiting, testing, and honest communication protect you."
- PrEP/PEP basics: "These are medicines that prevent HIV one you take before exposure (PrEP), one after (PEP). Ask a clinician which is right for you."
- U=U: "People with HIV on treatment who reach undetectable viral loads cannot transmit HIV sexually. This is called Undetectable = Untransmittable."

KEY MESSAGE FOR THE ACTIVITY

"HIV and STIs are preventable and treatable. Testing, protection, and treatment keep people healthy. Knowledge is power and now you have the facts."

FACILITATION TIPS:

- Keep explanations brief and clear avoid overwhelming with medical jargon
- Use everyday language: "immune system" = "body's defense against sickness"
- Be prepared for nervous giggles or awkward silence normalize it: "This can feel awkward to talk about. That's okay."

Myth-Busting Game

Activity 3



TIME: 15 MINUTES

PURPOSE:

Correct misinformation about HIV/STIs in a fun, memorable way and apply knowledge to real-life scenarios

MATERIALS NEEDED:

- Pre-made myth cards (index cards or printed statements)
- Two signs: "TRUTH" and "MYTH" (place on opposite sides of the room)
- Activity sheets: Refer to next page "Risky or Not Risky?" (one per participant or pair)
- Pens/pencils
- Optional: small prizes (stickers, bookmarks) for participation

INSTRUCTIONS:

1. Clear a space and put TRUTH on one side, MYTH on the other.
2. Explain: read a statement, participants move to the side they think is correct.
3. Emphasize: no wrong answers, we're learning together.
4. Read cards one at a time, give 10–15 seconds to choose.
5. Reveal the correct answer and share a short fact.
6. Keep the game quick and lively.

EXAMPLE FACILITATOR MODELLING:

- Acknowledge their source: "I hear that's what you've been told. Let's look at what health experts have found."
- Refer to authority: "The World Health Organization and medical research show that [correct fact]."

KEY MESSAGE FOR THE ACTIVITY

"Facts protect us. Myths hurt us. Casual contact is safe. Blood and body fluid contact requires protection. Stigma hurts just as much as physical harm kindness and facts save lives."

FACILITATION TIPS:

- Never shame wrong answers: use them as teaching moments
- Keep energy high and positive
- If a myth causes strong reactions (fear, disgust), pause briefly: "I see this is bringing up some feelings. Let's talk about what's true so we can feel safer."

FACILITATOR GUIDANCE: PARTICIPANTS MAY FACE PRESSURE FROM ELDERS OR COMMUNITY MEMBERS WHO HOLD INCORRECT BELIEFS. YOU'RE MODELING HOW TO RESPECTFULLY SHARE CORRECT INFORMATION. IT BUILDS PARTICIPANTS' CONFIDENCE TO SPEAK UP AGAINST MYTHS IN THEIR OWN CIRCLES

Myth-Busting Game

TICK THE BEST ANSWER AND DISCUSS!

Behaviour	Not a Risk	Probably Not a Risk	Definitely a Risk
Hugging or a quick (closed-mouth) kiss with someone living with HIV			
Having sex with multiple partners without protection			
Using the same razor blade with friends or family			
Sharing a drink bottle or coconut shell at rugby/church youth			
Breastfeeding when the mother is HIV positive and not on treatment			
Playing rugby or netball with someone living with HIV			
Caring for a sick relative (without gloves, with open cuts)			
Swimming together in the sea or river			
Abstaining from sex until ready/responsible			
Gossiping or calling names about someone with HIV			

Risky or Not Risky? Activity

Activity 4

TIME: 20 MINUTES

PURPOSE:

Build communication skills, practice empathy, and rehearse boundary-setting in a safe environment for real-life conversations about testing and protection

MATERIALS NEEDED:

- Scenario cards (printed or written on index cards one per group)
- Optional: simple props (phone, hat, scarf to indicate different characters)
- Space for small groups to rehearse without disturbing others

INSTRUCTIONS:

1. Explain the role-play: practice real conversations using Ask, Listen, Respect and Check Safety.
2. Divide participants into small groups and give each a scenario card. Refer next page.
3. Groups choose roles and rehearse their scene for 8 minutes.
4. Facilitator circulates: coach, model supportive language, and encourage empathy and clear boundaries.
5. Each group performs their role-play; audience gives positive feedback and ideas.
6. Debrief: praise effort, reinforce that these conversations save lives, and remind participants about trusted help and help lines.

EXAMPLE FACILITATOR MODELLING:

- These conversations can be hard, but they save lives and show respect. You're building skills you'll use for the rest of your lives." Reinforce: "If you're ever unsure, you can always call [local helpline]

KEY MESSAGE FOR THE ACTIVITY

“Real conversations take courage. Asking for testing, setting boundaries, and standing up to stigma are all ways we show care and for ourselves and each other. Practice makes it easier."

FACILITATION TIPS:

- Keep role-plays short and focused don't let them drag
- Don't force anyone to perform if uncomfortable they can coach instead
- Normalize awkwardness: "Real conversations feel awkward too that's okay! You're doing great."
- Model consent throughout: "If someone says no or stop, we respect that immediately."

IMPORTANT FACILITATOR GUIDANCE:

Question raised: What if a role-play gets too intense or a participant becomes emotional (especially if they've had a real experience similar to the scenario)?

- Pause immediately. Say: "Let's pause here. Thank you for sharing."
- Check in privately: "Are you okay? Do you need a break or someone to talk to?"
- Normalize feelings: "This can bring up real feelings. That's okay. You're safe here."
- Offer options: "You can sit out, or we can switch roles, or take a short break.“

Scenario Cards



Activity 4

SCENARIO 1: FRIEND SCARED TO TEST

Your friend thinks they might have been exposed to HIV or an STI but is too scared to get tested. They say, "What if people find out? What if it's positive? I'm too scared."

Your role: Encourage them, offer to go with them, remind them testing is confidential and smart

Challenge: They keep making excuses. How do you stay supportive without being pushy?

SCENARIO 2: PARTNER REFUSES PROTECTION

You're talking with someone you like or are dating. They say, "We don't need condoms I'm clean and I trust you. If you really cared about me, you wouldn't ask."

Your role: Set a clear boundary, explain why protection matters, and stay firm even if they pressure you.
Challenge: They try to make you feel guilty. How do you stand your ground respectfully?

SCENARIO 3: SOMEONE MOCKS A PERSON LIVING WITH HIV

You hear someone at school, in your sports team, or in your community making fun of a person living with HIV calling them names, spreading rumors, or excluding them.

Your role: Stand up to stigma without being aggressive; share a fact, shut down gossip, or check in with the person being hurt.

Challenge: The person mocking might be popular or older. How do you speak up safely?

Stigma Mapping with Pacific Values



Activity 6

TIME: 10 MINUTES

PURPOSE:

Link cultural values to anti-stigma actions; make HIV response relevant to Pacific identity and community strength

MATERIALS NEEDED:

- Large flipchart paper or mat on the floor
- Pre-drawn "community map" with labeled areas: Home, School, Church/Youth Group, Sports/Clubs, Clinic/Health, Online
- Pacific items: shells, kava bowl, flowers, tapa/masi strips, woven mat or fan
- Sticky notes (3–4 colours) or small paper cards
- Markers

EXAMPLE FACILITATOR MODELLING:

Stigma mapping is most powerful when it's honest. Participants should feel safe naming where stigma happens (e.g., "Sometimes at church people gossip" or "Online, people post mean memes") and where values can intervene.

KEY MESSAGE FOR THE ACTIVITY

"Our Pacific values aren't just words they're actions. Care, Respect, Unity, Protection, and Identity give us the tools to fight stigma. When we live these values, we make our communities safer and stronger for everyone."

INSTRUCTIONS:

1. Introduce Activity & Stigma: Explain stigma as negative treatment of someone with HIV (social, self, or institutional) and link Pacific values to fight it (care, respect, protection, unity, identity).
2. Story Starter: Share a gossip/exclusion scenario; ask which value should guide support.
3. Small Group Work: Give groups 1–2 symbols and sticky notes. Pick a map location (School, Church, Sports, Clinic, Online, Home) and write one action showing that value.
4. Examples: Care at school; sit with someone excluded; Respect at church; welcome everyone; Protection at clinic; private, safe space; Unity in sports; include everyone; Identity online; share facts, not rumors.
5. Gallery Walk: Volunteers explain their symbol + action; facilitator highlights connections and how supportive actions reduce stigma and help people seek care.
6. Pathways & Reflection: Add local helplines, clinics, and trusted adults. Ask: “Which value is easiest to practice?” and “One action you’ll do if you hear gossip.” Reinforce: stigma hurts, kindness helps, no one is alone.

Stigma Mapping with Pacific Values



Activity 5 CULTURAL VALUES EXPLAINED (FOR FACILITATOR REFERENCE):

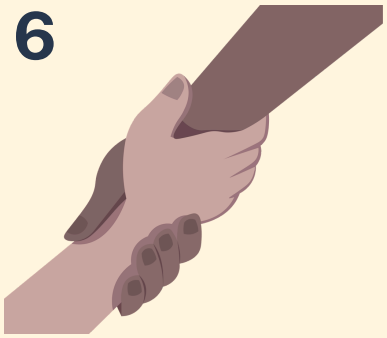
Symbol	Everyday Meaning	Link to HIV & Stigma
Kava Bowl	Central in gatherings; holds something precious shared safely	Protecting health is like protecting the kava bowl. Safe choices (condoms, testing) protect everyone. Not protecting (myths, unsafe practices) weakens the community.
Flower	Shows care, love, respect at events (funerals, weddings, visits)	Caring for someone with HIV means showing kindness, not rejection. Stigma is the opposite of care.
Shell	Used in ceremonies or as gifts to honor people	Respect people living with HIV just as you would respect a guest or elder. Stigma is disrespect.
Woven Mat/Fan	Made from many strands woven together; only works if all strands stay strong	Fighting HIV stigma requires everyone's effort. If one strand (one person) is rejected, the whole mat (community) is weaker.
Tapa/Masi	Used in ceremonies, weddings, funerals; carries family identity and pride	HIV response should be rooted in Pacific identity; we are strong when we use our culture to face challenges, not hide them.



Stigma mapping is most powerful when it's honest. Participants should feel safe naming where stigma happens (e.g., "Sometimes at church people gossip" or "Online, people post mean memes") and where values can intervene.

Resources & Local Help

Activity 6



TIME: 5 MINUTES

PURPOSE:

Ensure participants leave with practical, accessible information for immediate or future use

MATERIALS NEEDED:

- Printed handout with local resources (one per participant)
- Flipchart with large, visible contact information
- **Optional: wallet-sized contact cards (pre-made) or QR code linking to digital resources**

INSTRUCTIONS:

1. Introduce: Explain getting help is a sign of strength. Show available clinics, hotlines, NGOs, or trusted adults.
2. Highlight: Youth-friendly, confidential, free or low-cost, safe to bring a friend.
3. Save Contacts: Encourage participants to save numbers on phones, take a photo, or write them down.
4. No Resources? Memorize one trusted contact or keep the handout; even one safe person helps.
5. Q&A: Answer quick questions: ID needed? Can I go alone? Reassure: visiting just to learn is okay.

EXAMPLE FACILITATOR MODELLING:

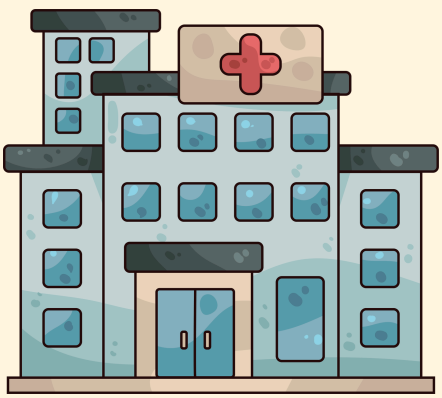
"If you're not sure where to start, ask any trusted adult they can help you find the right place. You don't have to figure it out alone."

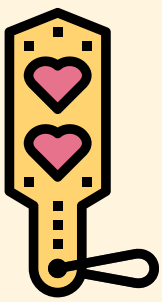
KEY MESSAGE FOR THE ACTIVITY

"Help is available, and you deserve support. These numbers and places are here for you save them, share them, and use them when you need to. You're never alone."

IMPORTANT FACILITATOR GUIDANCE:

- Question raised: What if participants are afraid to seek help because of stigma in their community or fear of family finding out?
- Answer: Validate the fear: "I hear you. That's a real worry for many young people."
- Emphasize confidentiality: "These services are confidential by law. They won't tell your family unless you're in danger."
- Offer alternatives: "If you're nervous about going to a local clinic, you can call a helpline first no one will know. They can help you figure out the safest option."





Character Board – Youth & HIV Exploration Activity

Activity 7

This character board introduces a diverse group of young people whose lives intersect around themes of HIV, stigma, relationships, faith, peer pressure, and health-seeking behaviour. Each character represents real-life experiences and challenges that many youth face.

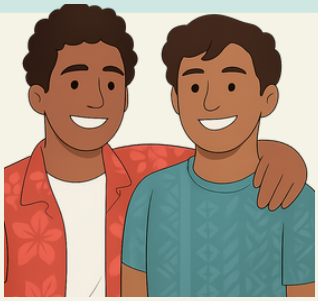
Through Tiko's journey, the story explores identity, internalised stigma, fear of testing, and the tension between faith and sexuality. Jone and Sera highlight relationship dynamics, risk-taking, accountability, reproductive health, and the emotional impact of HIV testing within partnerships. Ravi and Priya represent informed allyship, confidentiality, and the importance of stigma-free healthcare support.

Josie models youth leadership and advocacy in conservative spaces, while Francis shows the importance of early intervention and prevention. The optional hidden voice, "KilaKila Talks," reflects the silent struggles many young people carry and the healing power of storytelling.

HOW TO USE THIS ACTIVITY:

- Assign characters to small groups to discuss risks, strengths, and support systems.
- Identify myths, stigma, or risky behaviours, and explore safer choices.
- Reflect on how community, healthcare, faith, and peers can reduce HIV stigma.
- This builds empathy, critical thinking, and understanding of HIV prevention, testing, and support.

- Tiko – A 21-year-old university student navigating his identity as an MSM individual. He experiences fear, stigma, and anxiety around HIV testing, balancing his faith and personal wellbeing.
- Ravi – A 22-year-old peer and cousin to a healthcare worker. He is rational, empathetic, and dependable, supporting friends while promoting stigma-free health choices and confidentiality.
- Jone – A 23-year-old charismatic and impulsive friend. He often takes risks and uses humour to hide insecurities, learning about accountability and the consequences of his choices along the way.
- Sera – A 22-year-old principled and caring girlfriend. She faces challenges like heartbreak, testing, and reproductive health decisions, showing resilience and the importance of honesty in relationships.
- Josie (19) – Youth advocate; assertive and compassionate, promoting awareness and leadership in challenging social norms.



Youth & HIV Storyboard Exploration Activity

Activity 7

CARD 1 – TIKO'S DILEMMA

Tiko had a sexual encounter months ago. He is afraid to get tested because he fears what the result might mean for his family, church, and identity. He feels anxious and alone.

Discussion Prompt:
What is stopping Tiko from getting tested? What support does he need?

CARD 2 – JONE & SERA

Jone has been in a relationship with Sera but has had other partners. When Sera suggests they both get tested, Jone avoids the conversation.

Discussion Prompt:
What myths or fears might be influencing Jone? How should Sera respond?

CARD 3 – RAVI

Ravi notices his friend withdrawing and encourages him to seek testing and support. He reminds him that results are confidential.

Discussion Prompt:
How can friends reduce HIV stigma? Why is confidentiality important?

Prompt Addition: "How might a supportive peer like Josie encourage young people to overcome fear of testing?"

CARD 4 – THE CLINIC VISIT

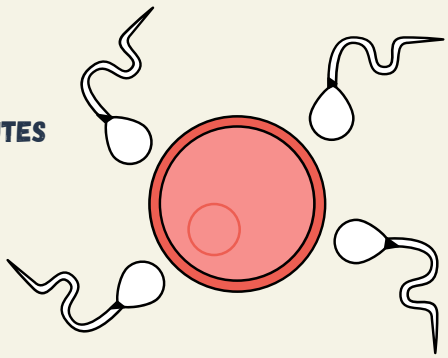
Tiko decides to get an HIV test but feels nervous about being seen. Priya reassures him that testing is confidential and knowing his status is empowering.

Discussion Prompts:
What fears stop young people from testing?
Why is confidentiality important?
How can healthcare workers reduce stigma?

"CREATING A SAFE SPACE ISN'T JUST ABOUT WHAT WE TEACH – IT'S ABOUT HOW WE LISTEN, RESPOND, AND STAND WITH YOUNG PEOPLE AS THEY FIND THEIR VOICE."

Reflection & Closing Circle

Activity 8



TIME: 15 MINUTES

PURPOSE:

Consolidate learning, honor participants' contributions, and close with cultural and emotional grounding

MATERIALS NEEDED:

- Circle seating arrangement
- Optional: Pacific item to pass around (shell, flower, woven piece)

INSTRUCTIONS:

1. Gather in a circle and explain: share one takeaway: word, phrase, or action.
2. Pass a shell/flower (optional) to indicate whose turn it is; listening only is okay.
3. Each participant shares briefly (5–10 sec).
4. Accept all responses warmly; don't correct: just affirm.
5. Respond with short praise: "Vinaka," "Thank you," "Beautiful," or "Powerful."

MATERIALS NEEDED:

- Keep the tone warm, affirming, and hopeful not heavy or preachy
- Respect silence not everyone has to share; some participants process internally

EXAMPLE FACILITATOR MODELLING:

Testing and treatment save lives. Kindness and facts beat stigma. Support is always available you are never alone. Vinaka vakalevu / Fa'afetai / Thank you for your courage, your honesty, and your open hearts today

PACIIFIC CLOSING:

Choose a culturally appropriate closing ritual (check with local cultural advisors):
Option 1: Blessing
Offer a brief prayer or words of protection
Option 2: Song
Lead a short traditional or youth song about unity, strength, or community

IMPORTANT FACILITATOR GUIDANCE:

What if a participant shares something concerning during the reflection (e.g., "I think I need to get tested" or "I'm scared I might have HIV")?

- Don't make it a public discussion: Respect their privacy by not asking follow-up questions in the circle.
- Follow up privately after the session: Approach them quietly and say, "I heard what you shared. I'd like to help connect you with support. Can we talk for a minute?"
- Provide immediate referral: Give them the resource handout, help them save a helpline number, or offer to walk them to a trusted adult/clinic if appropriate.

FACILITATORS TIP

Place a suggestion box for anonymous questions or feedback so participants can share later if they prefer.

Recap HIV, AIDS & STIs – Facts, Testing, Protection, Treatment & Tackling Stigma

Session 3.4 Reinforce: Encourage participants to reflect on what they've learned about HIV, STIs, protection, and stigma, recognize their own strengths and choices, and see how respectful communication and supportive communities make a difference for themselves and others.

SESSION 3.4 HIGHLIGHTS

- **Opening Circle & Storytelling:** Participants connected with a Pacific canoe analogy (hidden holes; hidden infections), reflected briefly on their experiences, and set a respectful, safe tone for the session.
- **Quick Facts: HIV vs STIs:** Youth sorted facts and icons into HIV and other STIs columns, learning how each spreads, prevention methods, and treatment options in a stigma-free, age-appropriate way.
- **Myth-Busting Game & Risky/Not Risky:** Participants identified true vs false statements and evaluated everyday behaviours for risk, clarifying misconceptions while celebrating learning moments.
- **Role-Play: Talking About Testing & Protection:** Youth practiced scenarios like a friend afraid to get tested or a partner refusing protection, using respectful, stigma-free communication and boundary-setting phrases.
- **Stigma Mapping with Pacific Values:** Using shells, flowers, tapa/masi, and mats, participants mapped community support, protection, and respect, linking cultural symbols to anti-stigma actions.
- **Resources & Local Help:** Participants explored local clinics, hotlines, and NGOs, learning practical ways to access support and understanding that seeking help is a sign of strength.
- **Character Board and HIV Exploration:** youth explored the characters' experiences, reflected on challenges like stigma, peer pressure, and fear of testing, and discussed how they could make safe, informed choices in similar situations.
- **Reflection & Closing Circle:** Youth shared one word or phrase about their takeaway, reinforcing empowerment, kindness, and the importance of testing and support.

Session Notes



WHAT WENT WELL?

WHAT ACTIVITIES ENGAGED YOUTH THE MOST?

REAL LEARNING MOMENTS OR SKILL DEVELOPMENT OBSERVED:

NOTES / OBSERVATIONS / IDEAS FOR NEXT SESSION:

Module 3 Conclusion

BRINGING IT ALL TOGETHER

This module has equipped young people with age-appropriate knowledge and practical skills across puberty, sexual and reproductive health, consent, HIV/STIs, and protection. Through Sessions 3.1–3.4, participants explored their bodies, emotions, and relationships; practiced clear communication and boundary-setting; learned how to identify and respond to coercion; and gained accurate information to prevent and manage HIV/STIs while challenging stigma.

By reflecting on personal strengths, values, and support networks, youth are empowered to make informed decisions, access services safely, and contribute to respectful, healthy communities.

HOW THESE SESSIONS CONNECT?

Module 3 builds a connected learning journey:

- Session 3.1 – Puberty & Body Changes introduced physical, emotional, and social changes, building self-awareness and confidence.
- Session 3.2 – Sexual and Reproductive Health & Consent explored healthy relationships, boundaries, and informed choices.
- Session 3.3 – Consent, Coercion, and Support Pathways practiced recognizing coercion, setting boundaries, and accessing support.
- Session 3.4 – HIV, STIs, Protection & Tackling Stigma provided factual knowledge, protective behaviors, and ways to challenge stigma, reinforcing safe choices and community responsibility.

KEY MESSAGES TO CARRY FORWARD

Before moving to Module 4, take time to reflect on your facilitation of this module:

What worked best, and which activities captured the youth's interest most?

Where did you notice youth learning or developing new skills?

How do you feel after facilitating this module, and have you had a chance to reflect or debrief?

What teaching methods worked well and are worth repeating

Who struggled to participate, and how could we help next time?

What links or connections did youth notice between the sessions?

FACILITATING CONTENT ON PUBERTY, SEXUAL AND REPRODUCTIVE HEALTH, CONSENT, AND HIV/STIS REQUIRES SIGNIFICANT EMOTIONAL LABOR. YOU HELD SPACE FOR YOUTH TO EXPLORE THEIR BODIES, EMOTIONS, RELATIONSHIPS, AND BOUNDARIES; CHALLENGE MYTHS; AND PRACTICE NEW SKILLS. YOU MAY HAVE ENCOUNTERED DIFFICULT QUESTIONS, DISCLOSURES, OR RESISTANCE.

Module 3 Evaluation



Evaluation is intended to support facilitators and strengthen future delivery. These tools are reflective and flexible, and facilitators are encouraged to adapt them to suit their context and capacity.

MODULE EVALUATION CHECKLIST

Criteria	Yes	Somewhat	Needs Attention
Instructions were clear and easy to follow			
Language was inclusive (gender, culture, disability.			
Group engagement was strong			
Time was managed well			
All voices were balanced (shy vs. confident)			
Closing takeaway was clear			

FACILITATOR REFLECTION (SHORT NOTES) ANY COMMENTS OR OBSERVATIONS? WHAT WORKED WELL OR WHAT NEEDS ADJUSTING?

OVERALL SESSION RATING

◯ Need to Adjust ◯ Somewhat Effective ◯ Effective ◯ Very effective

Module 3 Notes



ADDITIONAL OBSERVATIONS / NOTES: