

11. GB Club – Adolescence: what happens to our bodies?

Girls and Boys Club Script template

Title of session: Adolescence What happens to our bodies?

This episode discusses the physical transition from childhood to adulthood. It discusses reproductive parts of the body, how the body changes, misconceptions and gives students the tools to reflect on these.

Length of recording: 40 mins

Actors: 2 hosts, *guest speaker (female doctor – same as last episode)*

Sound effects (SFX): Intro music, transitional music, hands clapping, people cheering

Content	
Intro:	'Girls and Boys Club Theme Song' (for 1 min)
Awanatu (female host):	Hello everyone! I am Awanatu and I am very happy to be back with you at the Girls' and Boy's club this week! I am one of your hosts for the club. And guess who is back!!! It's Mohammed!
Mohammed (male host):	Hi guys, hi guys! Haha, good to be back! Good to be back! How's everyone doing?
SFX:	Hands clapping, people cheering
Awanatu:	Boys and Girls, last week we started talking about the changes we experience in our bodies. We talked about our emotions and how we start to feel new things.
Mohammed:	So what are we talking about this week Awanatu?
Awanatu:	This week... we will talk about physical changes in our body.
Mohammed:	I already told you what happened to me! I got fat!
Awanatu:	Mohammed! You are being so silly! Let's be serious now! Because Girls and Boys... when we go through puberty, a lot of things change in our bodies.
Mohammed:	Okay, fine, but before you can get serious, it is time to remind ourselves of the club rules! Do our club members still remember the rules?
SFX:	<i>Hands clapping, people cheering</i>
Mohammed:	Let me hear you say it! R-E-A-L! Time to keep it REAL! R is for Respect. E is for Equal participation. A is for Ask questions. L is for languages! The Languages of the club are English and Krio.
Awa:	Great stuff!

Mohamed:	So, when we follow the club rules, we're keeping it REAL.
SFX:	<i>Keeping it real song</i>
Awanatu:	Ok, students, now let's take a look back at what we discussed last week. Do you remember?
Mohammed:	I do! Dr. Koroma explained that we can start to experience new feelings when we reach adolescence. Then she explained how some of these new feelings happen because we are turning into adults. Feelings like sexual attraction.
Awa:	Correct. And then Dr Koroma explained that people who are attracted to each other may also want to start exploring sexual activity – but that there are ground rules to follow if this is the case.
Mohamed:	Exactly, and these ground rules are RNRM – Respect each other, say No at any time, know the Risks and have a clear Mind when you decide to engage in any sexual activity.
Awa:	Then Dr Koroma talked about other adult activities that young people may be tempted to try and the peer pressure they experience to do these activities.
Mohamed:	Right, and then we worked out that the ground rules also apply to feeling peer pressure to do other adult activities, like smoking or drinking. RNRM: Respect each other, say No at any time, know the Risks and have a clear Mind when you decide.
Awa:	And we tried to show that being COOL is not just about what your friends think but also about becoming the person you dream of being, chasing your goals, staying focused on positive things.
Mohamed:	We asked you to think about some of the things that you can do with your friends to make sure your school is really COOL and to support each other in achieving your dreams.
Awa:	Right, so today we will continue our conversation, because it is not only our emotions that are changing during puberty, but also our bodies. So, let's talk about physical changes in the body...
Mohammed:	Wait are we not missing something?
Awanatu:	Did we forget something from last week?
Mohammed:	Not <i>something</i> from last week! But <i>someone</i> !!!
	Girls and boys! We are going to welcome back Dr. Koroma who was here with us last session.
SFX:	<i>Drumroll and symbol</i>
SFX:	<i>Cheering and clapping</i>
Dr. Koroma:	Hahaha! Thank you, thank you! Haha, I thought you two were going to leave me waiting outside the whole day!
Mohammed:	Hahaha, no we'd never forget you. We're very happy that you are here now!
Awanatu:	Welcome back Dr. Koroma.
Dr. Koroma:	Thank you Awanatu. It is nice to be back.

Awanatu: Great! So Dr. Koroma... are you able to tell us about some of the physical changes that boys and girls experience when they reach adolescence?

Dr. Koroma: Yes, I would be very happy to tell you more. Now, do you remember what we discussed about 'adolescence' last time?

Awa: You said that adolescence is the time in everyone's life when they change from being a child into being an adult. Usually is it during our teenage years from 13 to 19. And when we develop from a child into an adult, we experience physical changes to our bodies, psychological changes in how we feel, and social changes in how we behave. You said that the term 'puberty' often refers to the physical changes that happen.

Dr Koroma: Very good. And what did I say about the changes in our brains during adolescence?

Mohamed: You said that our brains start to produce new hormones during adolescence. These hormones are chemical messengers that signal the body to start making the physical and psychological changes that are needed for us to develop into adults. And the biggest physical changes are that our bodies are able to start making babies, like adults.

Dr Koroma: That's correct, but remember, just because a person's body has changed and allowed them to make babies, does not mean they are ready to raise a child!

Mohamed: That's right - having a baby and raising a child is a big responsibility! Both the female and male should be ready to take on that responsibility, which means finishing school, getting a job and being able to provide for the child.

Dr Koroma: Precisely. So today, we're going to talk about the process in which our bodies physically change from that of a child to that of an adult.

Mohamed: Great.

Dr Koroma: Okay, Mohamed and Anawatu. I want you to list off three things that make a woman's body different from a girl's body, and three things that make a man's body different from a boy's body.

Awa: Okay, a woman's body is different from a girl's body because she has breasts, hips and she gets her period once a month.

Mohamed: And a man's body is different from a boy's because he has a lower voice, he grows hair on his face and body and...he gets taller?

Awa: Hey, women grow hair on their body and get taller too. Can I add those differences as well?

Dr Koroma: Of course, you can. And I'm glad you said that. Obviously, there are some differences that apply to both women and men – like having body hair, growing taller and even having body odour. And then there are some differences that apply only to women, like having breasts, hips and periods. Differences for men are that their voices get deeper and they grow hair on their face. And another difference between men and boys is that men start to produce sperm – but I will get to that later!

Awa and Mohamed: Good!

Dr Koroma: During adolescence, the hormones in our brains start sending signals to our bodies to start making changes so that our childhood bodies start turning into adult bodies. The process of change is different for every person. Some people's hormones start signalling the body to change very early, like at 11 or 12 years old. Some people's hormones start signalling the

body to change later, like at 15 or 16 years old. Some people's bodies change very quickly – over the course of a few months. Some people bodies can take several years to change. It is different for everyone.

Mohamed: Yes, I remember that my body didn't start to change until I was 17. My voice started getting deeper and I grew like a tree. But I started later than all my friends...I thought there was something wrong with me!

Awa: Me too! But my body started changing really early – I started getting breasts at 10 years old! And because I was earlier than all my friends, I thought there was something wrong with me too.

Dr Koroma: I'm sorry that you both felt like there was something wrong with you, but I'm glad you brought it up. Everyone's body changes at a different time and pace, and we shouldn't worry too much if we aren't changing the same as others. However, girls' bodies do tend to change earlier than boys'. The important thing is that we should be supportive of each other and not make anyone feel bad if they are changing earlier or later than everyone else!

Awa and Mohamed: Good point!

Dr Koroma: Now, the other point I wanted to make is that in order to make so many dramatic changes to our bodies, those hormones in our bodies have to work very hard. So much so that the result of our busy hormones is that the skin on our face gets oilier and we may get acne.

Mohamed: Oh yes, acne is another word for pimples, right? I got *a lot* of pimples when I was 17, 18 and 19. And then they seemed to go away after I turned 20 or 21.

Dr Koroma: You're right, Mohamed. The oily skin and pimples that we experience while our bodies are changing will likely go away after we have fully changed into adult bodies. The best way to manage this is to wash your face in the morning and at night before you go to bed – and during the day if you've been sweating.

Awa: I didn't get pimples or oily skin, but I do remember having body odour, especially if I was sweating.

Dr Koroma: Yes, Awa. The best way to manage body odour is to also make sure to wash your armpits and body, especially if you've been sweating. But I don't want you or students to worry about odour or pimples too much – both are completely natural and they are a part of how our bodies change during adolescence. Please don't be embarrassed!

Awa: Thanks, Dr Koroma. That's good to know. I think it might be helpful if we did a padi-padi now to discuss some of the ways our bodies may or may not be changing and how that makes us feel.

Mohamed: Great idea Awanatu. Everyone, please "Pick a Partner" that you feel comfortable speaking with. This is an opportunity for you to discuss any changes that you may be seeing in your body. If you don't see any changes yet, that's okay! Discuss if you feel happy or uncomfortable at all and why.

Awa: You will have three minutes to discuss and Padi Padi starts now!

SFX: Background activity music for 2 minutes

Awanatu: Club Leaders, we have 1 minute left!

SFX: Background activity music for 50 seconds

Awanatu + Mohamed: Club Leaders, we have 10 seconds left! We will start our countdown now. 10...9...8...7...6...5...4...3...2...1! Okay stop your Padi-Padi!

Awanatu: Okay, students, thank you for sharing your feelings about how your body may or may not be changing. Dr Koroma, we've talked a lot about changes that are happening on the outside of our bodies. Are there changes happening on the inside too?

Dr Koroma: That is a very good question, Awanatu. Yes, absolutely, there are many changes that are happening on the inside of our bodies that are related to the changes that we're seeing on the outside. Remember how I mentioned that the biggest physical change that happens is that we become ready to start making babies, like adults?

Awanatu: Yes, I remember this.

Dr. Koroma: So, inside a female body, just below the stomach is what is called a uterus – it is about the size of a fist. Imagine that the uterus is like a body and it has two arms that stick out – these arms are called fallopian tubes. And at the end of these arms or tubes, are two sacks called ovaries. Inside these sacks or ovaries, are thousands of tiny little cells called eggs. But these eggs are tiny cells – they're not like chicken eggs!

Awa: Wow, that's good to know!

Dr Koroma: All girls, from when they are born, have a uterus, fallopian tubes, ovaries and eggs. But during puberty, the hormones in their brains send signals to the ovaries to start releasing an egg once a month. Once the ovaries get the signal, a tiny cell-like egg is released and travels down the fallopian tube or arm, into the uterus.

Awa: Isn't the uterus the place where a baby will grow if the egg is fertilised by a man's sperm?

Dr Koroma: Correct And the uterus prepares itself for a fertilised egg with a lining of blood. However, most months, a sperm has not entered the body and fertilised an egg, so then the lining in the uterus has to exit the body. And that is what we call a period or menstruation.

Awa: Wow, you've described that so well. So, that is what a period is. The lining in the uterus that is there just in case an egg is fertilised. But what happens if a sperm *does* fertilise an egg?

Dr Koroma: Well, then the fertilised egg attaches itself to the lining of the uterus and the cells of the egg and sperm come together and start to multiply. They multiply at a very fast rate and after about two months, the cells have started to form a heart.

Awa: You mean the heart of a baby?

Dr Koroma: That is correct. The cells keep multiplying and then start forming the baby's head, arms, legs, organs...the whole body. And after nine months, the baby will be ready to be born.

Awa: Wow. So that helps to explain why girls start to get their periods during puberty – their body is transitioning into adulthood and is becoming able to produce a baby. An egg is released by the ovaries each month into the uterus. And if the egg isn't fertilised by a sperm, it exits the body with the blood that has lined the uterus. And that is what a period is.

Dr Koroma: Correct.

Awa: Dr Koroma, is that why girls' breasts and hips get bigger? To be ready for a baby?

Dr Koroma: Yes, you're right. Breasts exist so that babies can feed from them when they are first born, and hips get wider in order to accommodate a baby growing in the uterus. But remember,

just because a girl's body is able to grow and feed a baby does not mean she should have one!

Awa: Correct. Both a female *and* male need to be willing and able to take responsibility for raising a child. And that usually doesn't happen until well into adulthood.

Dr Koroma: Correct.

Mohamed: Now Dr. Koroma, could you explain what happens inside boys' bodies to prepare them for making babies? I don't think they have a uterus, do they?

Dr Koroma: No, no they don't. In fact, many male organs are actually *outside* of the body – like the penis and the testicles. The testicles are like two balls that sit inside a sack called the scrotum. The testicles produce sperm and as I've mentioned, this sperm helps to fertilise an egg. Like eggs, the sperm are tiny little cells and there are millions of them!

Mohamed: So how do these million little sperms manage to find an egg?

Dr Koroma: Well, that's what sex is for. When a man becomes sexually aroused, his penis fills with blood and becomes hard. That is what is called an erection because the penis stands erect.

Mohamed: Like a soldier standing at attention.

Dr Koroma: Correct. And when a woman gets sexually aroused her vagina, which is the opening that leads to the uterus, fills with lubrication. So, when the penis stands at attention, it can enter a woman's vagina, and it enters more easily because of the lubrication. After some more stimulation, the penis shoots out a liquid called semen that contains millions of sperm. The sperm is now inside the woman's body and they start to look for the egg to fertilise.

Mohamed: And if a sperm finds the egg, the fertilised egg attaches to the lining in the uterus. And then the cells start multiplying. Is there always an egg waiting to be fertilised?

Dr Koroma: No, not always. Women can calculate when their egg is ready to be fertilised and can avoid having sex during that period. But there are better ways to prevent a pregnancy.

Mohamed: Dr Koroma, this reminds me of the ground rules for sexual activity that we spoke about last session – RNRM. Respect each other, say No at any time, know the Risks and prevention strategies and have a clear Mind if you decide to engage. The risk of having sex, as you said, is pregnancy. I don't think any male or female student is ready for that responsibility.

Dr Koroma: Correct. Which is why I will discuss some prevention strategies that help reduce the risks of pregnancy or a sexually transmitted infection, which is also called an STI and is another risk if you have sex.

Awa: Dr. Koroma, I think we should definitely talk more about the ways to prevent pregnancy and STIs, but before we do that I think it might be helpful for our students to discuss what we've just talked about. You've given us a lot of information.

Mohamed: Great idea Awanatu. Everyone, please "Pick a Partner" that you feel comfortable speaking with. Please discuss what you think of what Dr Koroma has just explained. Have you learned something new? If so, what? Have you already learned these things in science class? Do you have any additional questions? If so, write them down.

Awa: You will have three minutes to discuss and Padi Padi starts now!

SFX: Background activity music for 2 minutes

Awanatu: Club Leaders, we have 1 minute left!

SFX: Background activity music for 50 seconds

Awanatu + Mohamed: Club Leaders, we have 10 seconds left! We will start our countdown now. 10...9...8...7...6...5...4...3...2...1! Okay stop your Padi-Padi!

Mohamed: Thanks for discussing, students. Hopefully you've learned something new or have gotten some clarity on things. Dr Koroma, I know I have a few more questions.

Dr Koroma: Go ahead.

Mohamed: You talked about getting an erection in order to have sex. Can boys and men still get an erection if they are not going to have sex?

Dr Koroma: That's a very good question and I'm glad you asked. Yes, absolutely, getting an erection is completely normal and it is *not* a sign that you must have sex. If you wait, the erection will go away eventually. Or sometimes you will experience ejaculation, which is when the semen shoots out, and the erection stops after that. Sometimes you are not even aware that you have an erection, like when you are asleep. You can even ejaculate in your sleep.

Awa: Dr Koroma, you mentioned that when a woman is sexually aroused she produces lubrication. Is this the same fluid that sometimes comes out of the vagina during the day?

Dr Koroma: Again, a very good question. Young women sometimes have a small amount of white fluid that comes out of their vaginas when they are *not* sexually aroused. This is a natural body fluid that helps to keep the vagina clean. However, if you notice the colour of this fluid is dark yellow, smells or causes itchiness, you should go to a clinic as you might have an infection.

Mohamed: Dr Koroma, you talked about the uterus lining exiting the body, which is menstruation or a period. How long does that take? Is it painful?

Dr Koroma: I'm glad you asked Mohamed. I believe we'll be talking about periods in more detail in our next session, but to answer your question, it takes around 5 days for all the lining in the uterus to leave the body. But this is different for every person, so for some it takes 3 days, for others up to 6. And you're right – it can be painful. Some women can feel cramping and pain when the lining is moving out of the uterus.

Awa: Women can also feel pain in their breasts during their periods too.

Dr Koroma: That is correct, Awa. There are many hormones at work during a young woman's period, and these can cause her breasts to become very sensitive.

Mohamed: Dr Koroma, you said that there are ways to prevent a man's sperm from reaching a woman's egg or to prevent pregnancy. Can you tell us what those ways are?

Dr Koroma: Yes, Mohamed, I'm glad you asked. When we talk about ways to *prevent* pregnancy, we are talking about *methods of contraception*. Some of you may have heard these terms. There are many different methods but there are 4 that are most common.

Mohamed: I know one method of contraception that is very common – the condom!

Dr Koroma: You are correct. As some of you might know, a condom comes in a square packet and is rolled onto an erect penis like a glove. A man puts this on before sex and it captures all of his sperm so that it cannot enter the vagina. A condom is made out of a very thin type of rubber called latex – it is quite strong and if used correctly, it is 98% effective. But it can only be used once! Otherwise, it will break or leak.

Awa: Wow. That's good to know. Where can people get condoms?

Dr Koroma: Condoms are available at most community health clinics, family planning clinics and pharmacies. Both males and females can buy them at a low cost and some clinics and NGOs even give them away free.

Awa: Good to know. And I can think of another method of contraception – the birth control pill.

Dr Koroma: You're right. This form of contraception comes in the form of a pill, hence the name. This is a pill that a woman has to take every day and it contains hormones that actually *prevent* her ovaries from releasing an egg every month. A woman cannot get pregnant if there is no egg to be fertilised. Don't worry, this effect is not permanent – it only lasts while you take the pill. Once a woman stops taking the pill she can get pregnant again. Pills can be acquired at health or family planning clinics.

Mohamed: Dr Koroma, I've also heard of another method that is relatively new. I think they are called injectables or injections?

Dr Koroma: Very good. You're right, injectables are also known as depro injections, or sometimes they are called 'Auntie Marie'. They are newer than the condom or the pill and involve giving a woman an injection, usually once every two or three months. The injection contains hormones like the pill, and they prevent the ovaries from releasing an egg. Again, this effect lasts only as long as women have these injections and can be acquired at a health or family planning clinic.

Awa: I think I know the fourth method of contraception, Dr Koroma! It's Captain Band! Which is another name for implants!

Dr Koroma: You two certainly know your stuff! That is correct, Awa. Captain Band is a name people use for implants, which are two tiny sticks about the size of a matchstick. These sticks are inserted into a woman's upper arm by a nurse or doctor and contain hormones that prevent ovulation, just like the pill or injections. They are completely safe and a woman cannot feel them in her arm – and they prevent pregnancy for three years!

Awa: Wow, you mean I could prevent pregnancy for three whole years without having to replace the implants?

Dr Koroma: Exactly. But if you wanted to get pregnant again, you can just have the nurse take them out. Like the pill and injections, Captain Band implants do not affect a woman's fertility in any way. They only prevent pregnancy as long as you are taking them.

Awa: Wow, this is really informative. But Dr, three out of the four forms of contraception are directed towards women. Does that mean women should always take responsibility for preventing pregnancy?

Dr Koroma: Good question, Awa. Just because 3 out of the 4 most popular types of contraception are for women *does not* mean that women are the only ones responsible. The responsibility for preventing pregnancy rests on the shoulders of *both* the male and female. If two people are going to decide to have sex, they have to *both* be aware of the risk of pregnancy and *both* decide how best to prevent it. RNRM!

Awa: They could also decide to not have sex at all.

Dr Koroma: Absolutely. Not having sex or 'abstinence' is the only 100% effective way to prevent a pregnancy. But if a couple does decide together to use contraception, which is still highly effective, then they have to decide together which form to use. They could ask themselves -

are condoms easier to get? Or, if they are in a long-term relationship, would a three-month injection or a three-year Captain Band be more appropriate? Overall, *both* people need to decide together and take responsibility together.

Awa: Dr. Koroma, you also mentioned Sexually Transmitted Infections – what are these and do all four types of contraception protect against them?

Dr Koroma That is a very good question, Awa. STIs are infections that are passed from one person to another through sex or skin to skin sexual contact. Some are serious and can cause death, like HIV/AIDs, some can cause infertility and some can just cause minor itching and discomfort. We'll be speaking more about these in a future session, but the important thing to know is that *only* condoms and abstinence can prevent the transmission of STIs!

Awa: Wow. So the pill, Auntie Marie depro injections or Captain Band implants *do not* protect against STIs?

Dr Koroma No. So, if a woman is taking the pill but has an STI, she won't get pregnant, but she will give her STI to her partner. Or if her sexual partner has an STI, she won't get pregnant, but she will get *his* STI.

Awa Wow. I look forward to hearing more about STIs in our upcoming episode. Dr Koroma, you've given us a lot to think about regarding the different methods of contraception. I think it might be helpful for our students to reflect on what we've just learned.

Dr Koroma: Great idea Awanatu.

Awa: Everyone, please "Pick a Partner" that you feel comfortable speaking with. Please discuss what you think of the different forms of contraception – we learned about condoms, the pill, Auntie Marie depro injections and Captain Band implants. *And* we should not forget 'abstinence', which is when you do *not* to have sex at all. Have you learned anything new? Did you already know about these things? Do you have any additional questions? If so, write them down.

Mohamed: You will have three minutes to discuss and Padi Padi starts now!

SFX: Background activity music for 2 minutes

Awanatu: Club Leaders, we have 1 minute left!

SFX: Background activity music for 50 seconds

Awanatu + Mohamed: Club Leaders, we have 10 seconds left! We will start our countdown now. 10...9...8...7...6...5...4...3...2...1! Okay stop your Padi-Padi!

Mohamed: Thanks for discussing, students. Hopefully you've learned something new or have gotten some clarity on things. Dr Koroma, I know I have a lot more questions and I'm sure the students do too. But I'm afraid that we're running out of time!

Awa: Mohamed, I suggest that in an upcoming session we go through some of the questions, as well as misconceptions that students might have regarding some of the topics we covered today.

Mohamed: That's a good idea.

Awanatu: But before we finish up today, I think we should do one last padi padi but with a bit of a twist.

Mohamed: Ooooh how exciting.

Awanatu: We are going to ask you and your partner to discuss whether a fact from today is true or false.

We will ask **three** questions and give you one minute each time to decide the answer. You can say YES or TRUE if it is correct and FALSE or “na lay” if you have learned today that it is not true.

After Padi-Padi we will do group share to see if we have the answers correct. Do you understand?

Mohamed: I think so, let’s try it!

SFX: *(Soft background music, still allowing Awanatu to speak)*

Awanatu: Okay, students, please discuss with your partner the following question number 1. Is it true or false: Boys must have sex every time that they get an erection. Discuss in your pairs and decide on an answer.

SFX: Background activity music becomes louder for 5 seconds

Awanatu: I will repeat the question. Is it true or false: Boys must have sex every time they get an erection.

SFX: Background activity music becomes louder for 30 seconds

SFX: *(Soften background music, allowing Mohammed to speak)*

Mohammed: Ok good, time is up for that question, I hope you keep your answer ready for when we do group talk.

Now discuss with your partner, **Question number 2**. Is it true or false: When a girl starts having her period, it means she should start having sex.

SFX: Background activity music becomes louder for 5 seconds

Mohammed: I will repeat the question: is it true or false: When a girl starts having her period, it means she should start having sex.

SFX: Background activity music becomes louder for 30 seconds

SFX: *(Soften background music, allowing Awanatu to speak)*

Awanatu: Ok very well, time for the final question, discuss with your partner, **Question number 3**. Is it true or false: Preventing pregnancy is only the responsibility of the female.

SFX: Background activity music becomes louder for 5 seconds

Awanatu: I will repeat the question: Is it true or false: Preventing pregnancy is only the responsibility of the female.

SFX: Background activity music becomes louder for 20 seconds

Awanatu: Club Leaders, we have 10 seconds left! We will start our countdown now. 10...9...8...7...6...5...4...3...2...1! Okay stop your Padi-Padi!

Mohammed: Ok, thank you, thank you everyone. Now let's check our answers during group share. The background music will come on, and we will repeat the question again. The club leader should ask the groups to say if the thought the answer was true or false. After each question we will tell you the answer.

Awanatu: Club Leaders, are you ready?

Awanatu: The **first Question was:** is it true or false: Boys must have sex every time that they get an erection.

Mohamed: Club Leaders, please hear from your groups if they think the answer is true or false?

SFX: Background activity music becomes louder for 30 seconds

SFX: *(Soften background music, allowing Awanatu to speak)*

Awanatu: I am going to tell you the correct answer: The answer is **FALSE, "na lay"**.

It is natural for boys to have an erection, but boys *do not* need to have sex when this happens. Erections are totally normal and will go away after some time.

Awanatu: Next one, Club Leaders, are you ready?

Awanatu: The **second Question was:** is it true or false: When a girl starts having her period, it means she should start having sex.

Mohamed: Club Leaders, please hear from your groups if they think the answer is true or false?

SFX: Background activity music becomes louder for 30 seconds

SFX: *(Soften background music, allowing Awanatu to speak)*

Awanatu: I am going to tell you the correct answer now: The answer is **FALSE, "na lay"**.

If a girl starts having her period it *does not* mean that she is ready to start having sex. Just because her body is changing into that of an adult, having sex requires the ground rules to be met. Do you remember these? Respect, say No at any time, know the Risks and have a clear Mind. If a girl does not feel that these ground rules are there, she *should not* have sex.

Mohamed: And the same applies to boys. Just because a boy's body is changing, like if he is having erections or is growing body hair, it *does not* mean he is ready to have sex. Before *anyone* is ready to have sex, they should be in a relationship where RNRM is in place.

Awanatu: Last one, Club Leaders, are you ready?

Awanatu: The **third Question was:** is it true or false: Preventing pregnancy is only the responsibility of the female.

Mohamed: Club Leaders, please hear from your groups if they think the answer is true or false?

SFX: Background activity music becomes louder for 30 seconds

Awanatu: I am going to tell you the correct answer now: The answer is FALSE.

Preventing pregnancy is the responsibility of *both* the male and the female. Whether you

are young people, or an older married couple, preventing pregnancy is something that *both* people should discuss and take responsibility for.

Mohamed: Great. Well, I think that's about it for today. I'd like to thank Dr Koroma for giving us so much information and guidance again – thank you Dr Koroma.

Dr Koroma: You're welcome. Your students are very bright and it has been a pleasure to be here.

Awanatu: Thank you and well done everyone!! We learned a lot of things about our bodies today, and it would be good to do a short recap.

Mohammed: Yes, I can start...
We learned that there are many changes in the body of the girl and the boy. Every small change in the body does not yet mean that you are an adult already. Puberty is a long process and can take many years before you have turned from a girl into a woman and from a boy into a man.

Awanatu: We used our Padi-Padi time to talk about the changes we see, any changes that make us uncomfortable.

Mohammed: We also learned about the male and female bodies change on the inside during puberty. We learned about what causes periods to happen and how sex works in order to create a baby.

Awanatu: Then we discussed the four main ways to *prevent* pregnancy from happening: condoms, the pill, Auntie Marie injections and Captain Band implants.

Mohamed: Actually, we discussed five ways to prevent pregnancy – you can also abstain from having sex at all.

Awa: That's right, Mohamed. And we learned that only condoms and abstinence are ways to prevent getting a sexually transmitted infection or STI. The pill, injections or implants still leave males and females vulnerable to passing on or getting an STI.

Mohammed: Great. I think that is everything that we covered today. Now we'd like to wrap up with some 'Reflection Time'.

SFX: *Small ping or gong.*

Awanatu: We're going to take 30 seconds for everyone to sit quietly and reflect on what we've discussed today. Students, please think about what you liked most about today's session. Was there anything that you found interesting or that you didn't know before? Was there something that you'd like more clarification on? Something you have a question about? If so, please write your questions down and given them to your Club Leaders.

Awanatu: Okay everyone, please be quiet now and enjoy your 30 seconds of Reflection Time.

SFX: *Reflection Time music (30 seconds – should be different from intro/transition music)*

Awanatu: Okay, everyone, thank you for reflecting. Remember, if there was something that you liked from today's session – share what you learned with others. If there was something that you have a question about, I hope you wrote it down.

Mohammed: Great! We can now do question time.
Students, if there are any questions you may have, you can give the question to the club leader. The club leader can read the question out loud and the group can try to answer your

question. If nobody knows the answer, the club leader can take the question to the school mentor for help.

Awa: If you cannot finish answering all the questions during these four minutes, feel free to continue after the session if there is time. Ready? Club Leaders, please read out the first question!

SFX: Background activity music for 2 minutes

Mohammed: Club Leaders, we have 2 minutes left!

SFX: Background activity music for 1 minute

Mohammed: Club Leaders, we have 1 minute left!

SFX: Background activity music for 50 seconds

Mohammed: Club Leaders, we have 10 seconds left! We will start our countdown now. 10...9...8...7...6...5...4...3...2...1! Stop Question Time!

Awanatu: Great. I think it is time to wrap up the session now. Did you have any final points to make?

Mohammed: I want to make sure that everyone promises to *come to the next club session on time!*

Awanatu: Agreed.

Mohammed: Club Leaders, could you please remind us of the day, time and place for our next session?
(pause for 3 seconds)

Mohammed: Thank you. Students, do you promise to be on time?
(pause for 2 seconds)
I didn't hear you!
(pause for 2 seconds)
Great. See you then!

Awanatu: Okay, thank you again for your participation and we look forward to seeing you for our next session, which is called: Menstruation and contraception – let's learn more! Although we talked a little bit about both today, we will discuss more next session.

Mohammed: Great. I will definitely be there.

Awa: See you all soon! (in Krio)

SFX: *Closing music*