

UNIT 4: ADOLESCENT BEHAVIOR AND SOCIAL ISSUES: CONCERNS AND SKILLS

INTRODUCTION:

Adolescents experience many sources of pressure, both internal and external. Pressure can be both positive and negative, and sources of pressure include self-perceptions; friends, family and romantic partners; and even social norms and expectations about how to look and how to behave. These pressures can influence both the choices and decisions they make and in turn, affect their sexual and reproductive health. By understanding the pressures young people face, while also understanding the types of skills that they need to develop, providers can help adolescents to learn and apply skills that contribute to healthy development.

UNIT TRAINING OBJECTIVE:

To help providers recognize and understand adolescent psychosocial and behavioral concerns and support adolescents to develop life skills necessary for healthy development.




SPECIFIC LEARNING OBJECTIVES:

By the end of the unit, participants will be able to:

1. Describe the internal and external factors that influence the behaviors of adolescents.
2. Explain why assertiveness and decision-making skills support healthy adolescent development.

TOTAL TIME: 4 HOURS

UNIT OVERVIEW:

Session	Methods 	Materials 	Time 
4.1	Trainer presentation Talk show role play	Slides 4.1-4.11 Participant Handout 4a	2 hours 15 minutes
4.2	Trainer presentation Role play	Slides 4.12-4.18 Small ball or other object	1 hour 40 minutes

	Small group work	Participant Handout 4b Flipcharts and markers	
Unit Summary	Reflection	Paper	10 minutes



WORK FOR TRAINERS TO PREPARE IN ADVANCE:

- Review Slides 4.1-4.18
- Review Participant Handout 4a: Gender Role Case Studies to make sure the situations listed are relevant and/or add others that are meaningful to the group.
- Prepare copies of Participant Handouts 4a and 4b
- SO 4.2: Obtain a small ball for the assertiveness practice exercise



REFERENCES AND TRAINING MATERIALS:

Gates, S., Lippman, L., Shadowen, N., Burke, H., Diener, O., and Malkin, M. (2016). Key Soft Skills for Cross-Sectoral Youth Outcomes. Washington, DC: USAID's YouthPower: Implementation, YouthPower Action.

SPECIFIC OBJECTIVE 4.1: DISCUSS PSYCHOSOCIAL AND BEHAVIORAL CONCERNS OF ADOLESCENTS



TIME

2 hours 15 minutes



METHODS

- Trainer presentation
- Talk show role play exercise



MATERIALS NEEDED

- Participant Handout 4a: Gender Role Case Studies
- Slides 4.1-4.11



STEPS

Time: 15 minutes

1. Start by explaining the unit objectives to the participants. Introduce the trainer presentation **Content: Internal and External Factors that Influence Adolescent Behaviors** (Slides 4.1-4.11) below by explaining that self-perception, as well as certain social relationships, can exert significant pressure during adolescence. These pressures wield significant influence on decision-making and sexual and reproductive health.

Content: Internal and External Factors that Influence Adolescent Behaviors (Slides 4.1-4.11)

Slide 4.1: Gender Roles

When we talk about the social and cultural norms that proscribe the “expected” behaviors of men and women we are talking about gender roles. Gender roles are:

- **Learned** They are passed on from families, peers and friends, media and stories, and societies.
- **Variable** What it means to “act like a woman” or “act like a man” differs from culture to culture. Gender roles can even change over time and be expressed in different ways at different points in our lives, based on things like age, disability, marital status or parity.
- **Stereotypical** Gender roles are based on assumptions about how “all women” or “all men” should behave, rather than an understanding and acceptance of individuals.

Slide 4.2-4.4: Gender Roles (cont)

Societies and communities powerfully promote accepted gender roles during later childhood, puberty, and adolescence. While experiences vary, for many young people,

adolescence is a time when options expand for young men and become more restricted for young women. For example:

- Boys may be allowed more autonomy, mobility, and power.
 - Girls may be expected to remain home and take on more household responsibilities.
 - Boys are expected to express dominance in social and sexual relationships. This sometimes leads to interpersonal or sexual violence.
 - Girls are expected to defer to men both in and out of the home, to be passive and “virginal” and to not express any sexual feelings. They are expected to be in control of their sexual feelings as well as those of men. They are expected to be responsible for sexual health which includes actions that prevent STIs or HIV and unintended pregnancy.
 - Boys are expected to take, and to be more logical and rational. They are given more power in sexual decision-making when compared to girls and can more openly express their sexuality and desires.
 - Girls are expected to give, be accommodating, and be more emotional.
 - According to the circumstances, perceptions of disability and stereotypes may or may not reinforce gender roles and expectations. For example, as mentioned in unit 2, adolescent boys with physical disabilities may be considered less able to meet expectations around sexual prowess and dominance while a physical disability in girls may reinforce the expectation of female passivity and deference. Moreover, when disability prevents adolescents from performing common and widespread gender roles, this may increase the risk of violence and abuse. This is the case, for example, of girls with physical disabilities who may be less at ease to take on household responsibilities and, for this reason, mistreated by their family members or in-laws in case of early marriage.
2. Pause here. Ask participants to think about and provide some examples of common gender stereotypes and expectations in their community. Ask participants how these common stereotypes and expectations might affect the ability of adolescents to make good choices and decisions and how this in turn could affect their health and wellbeing.

Time: 1 hour 30 minutes

3. Pass out **Participant Handout 4a: Gender Role Scenarios** (below). Ask for 10 volunteers (if possible, 5 women and 5 men) and ask male volunteers to play female roles, and female volunteers to play male roles. Ask for a final volunteer to be the “host” of a reality show these characters will be appearing on.
4. Tell the volunteers that they will be appearing as their characters on a reality show to discuss the events described in their scenario. Give the volunteers **5 minutes** to review the scenarios. Volunteers should interpret their characters in their own way (traditional, stereotypical, progressive, or otherwise), as long as they are able to explain their interpretation. While they are doing this, set up three chairs at the front of the room and ask the “host” to sit in one.
5. Begin with the first scenario. (**Content: Aunt Rekha**, below). Ask the participant playing Aunt Rekha to spend **10 minutes** discussing/debating her scenario with

the talk show host. Give the “host” permission to take audience questions if there is time.

Content: Aunt Rekha

Aunt Rekha wants to give a doll as a present to her young nephew. She says that dolls will help teach her nephew about taking care of someone and how to be loving. Her husband thinks it is a bad idea, because a doll will not teach their nephew how to be manly.

6. When the participant has finished their discussion, ask them: How did it feel to be asked to assume a particular gender role?
7. Continue to the next volunteers and the second scenario, Esther and David. Allow **10 minutes** for their discussion. When they finish, ask them the same question: How did it feel to be asked to fit into a particular gender role?

Content: Esther and David

Esther and David are the two oldest children in the family. Both attend the same boarding school, but they each have their own circle of friends. Esther is concerned that David’s friends are a bad influence on him. She has heard various rumors that his friends bully and beat up other boys, that they are disrespectful of girls, that they force girls to have sex, that they are gay, and that they are in a cult. She doesn’t know what to make of the rumors. When she tries to talk to David about what she’s heard, he dismisses her and tells her it’s none of her business. She is considering telling their parents about what she has heard when her parents come to visit, but is worried that David will never speak to her again.

8. Repeat with the next three scenarios, one by one.

Content: Sonia and Ron

Sonia and Ron have known each other since childhood, and are good friends, but are not romantically involved. Sonia wants to go see a popular movie and decides to ask Ron to go with her. Although Ron is interested in going to the movie with Sonia, he turns her down because he believes he should have been the one to do the asking.

Content: Jose and Maria

Jose and Maria have been seeing each other for a year. Their relationship is good – and even their parents approve! But lately Jose has been putting pressure on Maria to have sex, and she is not ready for that. But she feels like any time she expresses any sort of affection to Jose, even just wanting to hold his hand, he takes that as permission to push for more. She believes she should be able to say “no” without being accused of not loving him or putting

stress on their relationship. He says she is giving him “mixed messages” and that, as a woman, she should try harder to please him.

Content: Maggie and Ali

Maggie is in her third year of university, and she has a minor physical disability. She feels uncomfortable about it and she always tries to hide it. She idealizes boys without disabilities as handsome and perfect. She dreams about dating and marrying someone who does not have a disability but she is always reminded by her friends that boys without disabilities usually look down at girls “like her”. When Maggie succeeds in dating Ali, a boy without a disability, he puts pressure on her to have sex. Maggie is not ready for that, but she is afraid that by rejecting Ali she will lose the opportunity to have the partner she has been dreaming of.

Content: Femi

Femi is in his second year of university, and his family is struggling financially since his father died last year. He has been thinking about dropping out of university and getting a job to help his mother and younger siblings. And now, just last week, his girlfriend told him that she is pregnant. Femi is feeling very stressed over his responsibilities to his mother and his girlfriend, and it is affecting his studies. When he raises the topic with his mother, she insists that he should complete university so that he can get a better job. She also suggests that perhaps his girlfriend is lying about the pregnancy or that maybe he is not the father. Femi doesn’t know which way to turn.

Content: Nadia

Nadia is 17 years old. She was born with a hearing disability and she knows sign language. She is in love with her classmate Willy. They attend the same special school. Nadia’s parents are worried about her future and often discuss the importance of finding a man without a disability who agrees to marry Nadia and look after her once they are gone. One day, while alone at home, Nadia receives a visit from her neighbor Hans, who is 45 years old and unmarried. He rapes her. Nadia gets pregnant and Hans proposes to Nadia’s parents. They put pressure on her to marry Hans and secure her future.

Content: Jim and Jane

Jim is a boy with a visual disability who attends a mainstream school. He spends a lot of time with his female classmates who are always available to support his learning or assist him in doing homework. Among them there is Jane, who is Jim’s favorite. Jim and Jane start dating but Jane’s parents are not happy about their daughters’ decision to date a boy with a disability. They put pressure on Jane to stop their relationship because, as they say, he will never be able to take care of Jane as a man should do.

9. When volunteers have acted out/discussed all five case studies, have them discuss the following questions together:
 - a. For those who played male roles, ask if there were things they felt their

characters could do as men that they wouldn't have been able to do as women. Ask if there were things their male characters couldn't do because they were men.

- b. For those who played female roles, ask if there were things they felt their characters could do as women that they wouldn't have been able to do as men. Ask if there were things their female characters couldn't do because they were women.
- c. For those who played the role of a girl with a disability, ask if there were things they felt their characters could do as a girl with a disability that they wouldn't have been able to do as a girl without a disability. Ask if there were things their female characters couldn't do because of their disability.
- d. For those who played the role of a boy with a disability, ask if there were things they felt their characters could do as a boy with a disability that they wouldn't have been able to do as a boy without a disability. Ask if there were things their male characters couldn't do because of their disability.

- 10. Invite the volunteers to rejoin the rest of the participants. Ask the audience what they observed. How do gender and gender roles affect sexual and reproductive health? How do gender roles affect our expressions of sexuality? How might gender norms and gender roles affect adolescents differently than adults?
- 11. How does having a disability affect a young person's expression of sexuality?
- 12. How does having a disability affect a young person's sexual and reproductive health? (i.e. are there greater/different risk factors)
- 13. How does having a disability affect the way a young person is perceived as a sexual being/potential partner by parents/caregivers, peers, community members, etc.?
- 14. Ask participants if there were other aspects of the case studies that might affect adolescent behaviors and health, and why?

Time: 30 minutes

- 15. Resume presentation with **Slide 4.5: Peer Relationships** below.

Slide 4.5: Peer Relationships

During adolescence, relationships with friends and peers become increasingly important. Adolescents develop close relationships with their peers, and demonstrate their group association through dress, language, and behaviors. Their relationships with their peer group help them develop a sense of belonging and security but can at times can make young people vulnerable to negative peer pressure around certain behaviors, including sex. The way that adolescents understand and perceive the sexual behavior and activity of their

friends, such as when they think their peers start having sex and whether or not they use condoms or contraception, often has a large influence on their own choices and decision. Due to discrimination and social exclusion, young persons with disabilities may be more inclined to develop close relations with other peers with disabilities rather than peer without disabilities. While giving them a sense of security and mutual understanding, this may also increase their isolation and exclusion.

Slide 4.6-4.8: Relationships with Parents and Family

As adolescents build their peer relationships and networks, they also become more independent from their parents, guardians, and/or adult caregivers. It is normal for adolescents to test limits and boundaries, but this can create strained relationships between parents and their adolescent children.

Supportive parent/child relationships or relationships with caring adults are still important to adolescents, however. Research suggests that these types of relationships are important to adolescent development especially when adults show respect for and demonstrate confidence in adolescents' abilities.

Parents/guardians tend to be extremely protective of young persons with disabilities and often become a barrier to their healthy development. There is also a widespread inclination among adults to consider young persons with disabilities as unable to make decisions about their sexual and reproductive health. As a result, parents/ guardians tend to make decisions on their behalf. When it comes to girls with intellectual and developmental disabilities this often translates into forced sterilization or abortion. When dealing with the sexual development of their children with disabilities, parents may rely on the advice and support of outside sources such as health providers and peer parent groups. However, to ensure their children's wellbeing, it is critical to first consider their individuality and unique needs.

Health providers can help parents/guardians to understand these changes and provide suggestions on how parents can support their own adolescent children to develop independent thinking skills, decision-making skills and resilience, as well as self-esteem and self-efficacy. Health care providers trained on disability inclusion can also support parents to understand that young persons with disabilities have the same sexual rights and needs of their peers without disabilities.

Slide 4.9: What is Self-Esteem?

The ability to feel confidence in, and respected for, oneself. It is a feeling of personal competence and worth.

Involves how one feels about one's self, and is affected by our interactions with family, friends, and our social circumstances.

Plays a key role in a young person's sense of how well s/he can deal with life's opportunities and challenges.

May be strained during adolescence because of rapid physical and social changes and because adolescents are examining and creating their own systems of values and beliefs

As a result of discrimination, exclusion or over-protection of the family, young persons with disabilities often lack self-esteem more than their peers without disabilities.

Influences how young people make judgments about relationships, sex, and sexual responsibility.

Slide 4.10 – What is Self-Efficacy?

Self-efficacy is the belief in one's ability to perform and succeed at tasks. Such tasks could include daily activities such as self-care, schoolwork, and leisure activities or they could be more specific to sexual and reproductive health such as the ability to delay sexual debut, or use a condom or contraceptive method. As a result of discrimination, exclusion or over-protection from the family, young persons with disabilities often lack self-efficacy more than their peers without disabilities.

We can help adolescents develop self-efficacy by:

- Supporting them to understand the outcomes of their behaviors.
- Encouraging mastery, competence and learning from experiences.
- Encouraging adolescents to believe they have what it takes.
- Helping them to break down large tasks into small, manageable steps.

Ask participants what characterizes resilience in adolescents. After a few responses, summarize and define resilience as follows:

Slide 4.11 What is Resilience?

Resilience is the ability of an individual to function competently in the face of adversity or stress. An **adolescent** who is **resilient** is likely to enter adulthood with a good chance of coping well— even if he or she has experienced difficult circumstances in life.

Close the presentation by asking participants for examples of strategies to build adolescent clients' self-esteem, self-efficacy and resilience and discuss how to support parents and young people to develop decision-making and communication skills.

PARTICIPANT HANDOUT 4A: GENDER ROLE CASE STUDIES

1. Aunt Rekha wants to give a doll as a present to her young nephew. She says that dolls will help teach her nephew about taking care of someone and how to be loving. Her husband thinks it is a bad idea because a doll will not teach their nephew how to be manly.
2. Esther and David are the two oldest children in the family. Both attend the same boarding school, but they each have their own circle of friends. Esther is concerned that David's friends are a bad influence on him. She has heard various rumors that his friends bully and beat up other boys, that they are disrespectful of girls, that they force girls to have sex, that they are gay, and that they are in a cult. She doesn't know what to make of the rumors. When she tries to talk to David about what she's heard, he dismisses her and tells her it's none of her business. She is considering telling their parents about what she has heard when her parents come to visit but is worried that David will never speak to her again.
3. Sonia and Ron have known each other since childhood, and are good friends, but are not romantically involved. Sonia wants to go see a popular movie and decides to ask Ron to go with her. Although Ron is interested in going to the movie with Sonia, he turns her down because he believes he should have been the one to do the asking.
4. Jose and Maria have been seeing each other for a year. Their relationship is good – and even their parents approve! But lately Jose has been putting pressure on Maria to have sex, and she is not ready for that. But she feels like any time she expresses any sort of affection to Jose, even just wanting to hold his hand, he takes that as permission to push for more. She believes she should be able to say “no” without being accused of not loving him or putting stress on their relationship. He says she is giving him “mixed messages” and that, as a woman, she should try harder to please him.
5. Maggie is in her third year of university, and she has a minor physical disability. She feels uncomfortable about it and she always tries to hide it. She idealizes boys without disabilities as handsome and perfect. She dreams about dating and marrying someone who does not have a disability, but she is always reminded by her friends that boys without disabilities usually look down at girls “like her”. When Maggie succeeds in dating Ali, a boy without a disability, he puts pressure on her to have sex. Maggie is not ready for that, but she is afraid that by rejecting Ali she will lose the opportunity to have the partner she has been dreaming of.

6. Femi is in his second year of university, and his family is struggling financially since his father died last year. He has been thinking about dropping out of university and getting a job to help his mother and younger siblings. And now, just last week, his girlfriend told him that she is pregnant. Femi is feeling very stressed over his responsibilities to his mother and his girlfriend, and it is affecting his studies. When he raises the topic with his mother, she insists that he should complete university so that he can get a better job. She also suggests that perhaps his girlfriend is lying about the pregnancy or that maybe he is not the father. Femi doesn't know which way to turn.
7. Nadia is 17 years old. She was born with a hearing disability and she knows sign language. She is in love with her classmate Willy. They attend the same special school. Nadia's parents are worried about her future and often discuss the importance of finding a man without a disability who agrees to marry Nadia and look after her once they are gone. One day, while alone at home, Nadia receives a visit from her neighbor Hans, who is 45 years old and unmarried. He rapes her. Nadia gets pregnant and Hans proposes to Nadia's parents. They put pressure on her to marry Hans and secure her future.
8. Jim is a boy with a visual disability who attends a mainstream school. He spends a lot of time with his female classmates who are always available to support his learning or assist him in doing homework. Among them there is Jane, who is Jim's favorite. Jim and Jane start dating but Jane's parents are not happy about their daughters' decision to date a boy with a disability. They put pressure on Jane to stop their relationship because, as they say, he will never be able to take care of Jane as a man should do.

SPECIFIC OBJECTIVE 4.2: EXPLAIN WHY ASSERTIVENESS AND DECISION-MAKING ARE NECESSARY FOR HEALTHY ADOLESCENT DEVELOPMENT



TIME

1 hour 40 minutes



METHODS

- Trainer presentation
- Role play
- Small group work



MATERIALS NEEDED

- Participant Handout 4b: Decision-Making Scenarios
- Ball or small object
- Flipcharts and markers
- Slides 4.12-4.18



STEPS

Time: 10 minutes

1. Start with the trainer presentation **Content: Life Skills for Healthy Development** (Slides 4.12-4.18) below.

Content: Life Skills for Healthy Development (Slides 4.12-4.18)

Slide 4.12: Why Life Skills?

Adolescents need skills to:

- Clarify their needs, values and rights.
- Set goals for themselves.
- Express themselves effectively.
- Decide upon a course of action.
- Practice independent critical thinking and decision-making.

Slide 4.13-4.14: Which Life skills?

A recent review of life and soft skills found five key life skills contributed to better SRH outcomes among adolescents. These are:

- Positive self-concept
- Self-control
- Higher order thinking skills
- Communication
- Goal-setting

Source: YouthPower

Youth programs play a key role in supporting adolescents developing these life skills. Many young persons with disabilities have fewer opportunities than their peers without disabilities to learn about life skills and, due to discrimination and exclusion, often lack in positive self-concept and communication skills and/or encounter different communication barriers. Moreover, they are often considered unable to make decisions in relation to their sexual and reproductive health and adults tend to make decisions on their behalf. For many adolescents, especially young women and young persons with disabilities, it is important to learn how to communicate with confidence and assertiveness. Health care providers can help adolescents to develop and practice positive self-concept and good communication skills as part of education and counseling. They can also support the empowerment of young persons with disabilities to become more autonomous and to make decisions regarding their SRH.

Slide 4.15-4.16: Assertive Communication

Assertive communication involves expressing beliefs, thoughts and feelings in a direct, clear way at an appropriate moment. To communicate assertively implies the ability to say “yes” or “no” depending on what one wants. For example:

“No, I don’t want to have sex.”

“Yes, I want to have sex, but only if we use a condom.”

Being able to communicate one’s true feelings can positively influence adolescent sexual and reproductive health. Communicating clearly and assertively may enable youth to:

- Feel less guilt.
- Feel more self-respect.
- Resist pressures to engage in unhealthy or dangerous behaviors.
- Negotiate contraceptive and condom use.
- Resist unwanted sexual advances or sexual coercion.
- Identify and obtain the right sexual and reproductive health services such as:
 - Contraception
 - Safe abortion
 - Post-abortion care
 - Care for sexual violence
 - Antenatal and postpartum care
 - STI/HIV diagnosis, counseling and treatment

Time: 40 minutes

2. Introduce the assertive communication practice exercise. Explain that this exercise will help participants understand how adolescents can develop and use assertive communication skills.
3. Ask participants to sit in a circle. They will be playing the role of adolescents, ages 14-19. Two of them will play the role of adolescents with disabilities. You will read statements and participants will communicate assertively. Hold up the ball or small object and explain that after you read the statement, you will throw/roll the ball to the participant whose turn it is to respond. After they respond, they can throw/roll the ball to the next participant.
4. Toss the ball to the first participant and read the first statement from **Content: Assertive Communication Statements** below. After his/her response, ask the other participants to assess how assertive the response was. Participants can also provide other suggestions.
5. Repeat with another participant and statement until you complete the list of statements.

Content: Assertiveness Statements

1. "There's nothing wrong with spending the night together."
2. "Why are you asking about contraception? You shouldn't even be thinking about these things until after you are married."
3. "I'll leave you if you don't sleep with me."
4. "If you were a real man, you'd take a girl to bed."
5. "Come on, baby, just this one time."
6. "You're not a real man until you've been in a fight."
7. "Try some, it won't hurt you."
8. "Don't worry, we don't need a condom. You trust me, right?"
9. "Someone your age doesn't need contraceptives, you need self-respect."
10. "I'll give you this money if you do what I say."
11. "Getting this excited with no release can cause me to get very sick."
12. "Everyone else is fine with having sex, what's wrong with you?"
13. "You know you want to."

6. Ask the group if it was difficult to communicate assertively, and, if so, why. Also ask if the group found the topic and dynamics useful for working with adolescents.

Time: 10 minutes

7. Invite participants to return to their original seats. Suggest that providers can also help young people to develop skills around **decision-making and self-control**. Return to the presentation with **Slide 4.17: Decision-Making and Self Control** below.

Slide 4.17-4.18: Decision-Making and Self Control

One aspect of good self-control is the ability to make good decisions.

Decision-making is a process of actions and conclusions to achieve desired results.

Young people's abilities to make decisions varies depending on their culture and sense of self-efficacy, among other factors.

Young persons with disabilities are often considered unable to make decisions about their sexual and reproductive health.

Adolescents make decisions frequently. Some are simple with no major consequences. What are some examples of simple decisions we all make regularly?

Other decisions can be large and potentially consequential. What are some examples of potentially consequential decisions that adolescents might make?

Some cultures explicitly define social expectations for adolescent behavior that limits their decision-making options.

Some laws and policies are aimed at making decisions for young people about their body and health, such as age of consent laws for sexual activity or health services, policies that require parental or spousal consent to services, or restrictions on services based on marital status. Some people may believe that fate or luck determine what happens to them, while others believe that their own knowledge, skills, and efforts determine their fate.

Young people with a sense of self-efficacy and self-control will be more likely to make their own decisions and may feel greater commitment to and satisfaction with these decisions.

8. Stop and ask if participants have any questions. Leave time for discussion before moving to the next exercise.

Time: 40 minutes

9. Explain that this next exercise will help participants understand a variety of challenging situations that young people may face. (Note: Review the exercises beforehand to make sure they are relevant and/or add others that are meaningful to your group.)
10. Break participants into small groups of 4 to 6 people, explaining that each group will discuss consequences for different decisions adolescents might make. Give each group a copy of **Participant Handout 4b: Decision-Making Scenarios** (below).
11. Ask the groups to think about each decision and predict the three most likely consequences. Once they have listed three, the group should circle the "best" possible consequence and put a line through the worst possible consequence. Allow **15-20 minutes** for this process.
12. Bring participants back together in the larger group. Using a flipchart and markers, write the number of the first scenario on the board and ask the groups for their best possible consequence. List the responses, then ask the whole group to review and select the "best" option. Repeat with the negative consequences and each of the scenarios in turn.

- 13.** Conclude the activity with discussion on the following questions:
- a. How similar or different were the groups' predictions? Why do you think that happened?
 - b. Is it possible for two people to make the same decision and experience very different consequences? How could that happen?
 - c. What assumptions do we make about people's decisions based on their gender and disability as well as our understanding of the consequences? How do these assumptions affect our interactions with adolescents?
 - d. Which decision had a negative consequence you hadn't thought of?
 - e. Are there other positive consequences you hadn't thought of?
 - f. How can we help adolescents think through consequences and make decisions without making the decision for them?

PARTICIPANT HANDOUT 4B: DECISION-MAKING SCENARIOS

List three likely consequences for each of the following decisions. Then circle the **best possible** consequence and put a line through the **worst possible** consequence for each. Discuss if and how disability plays a key role in shaping the consequences for each of the decisions and if yes, why.

1. A. Amina decides to steal a skirt from the store.

B. Amina, a girl with Down syndrome, decides to steal a skirt from the store.

2. A. Kojo is late for his curfew and decides to beg a ride with someone he doesn't know very well.

B. Kojo, a boy with a psychosocial disability, is late for his curfew and decides to beg a ride with someone he doesn't know very well.

3. A. Maria agrees to start a relationship with a wealthy friend of her father's, who offers to pay for clothes and school costs.

B. Maria, a girl with a physical disability, agrees to start a relationship with a wealthy friend of her father's, who offers to pay for clothes and school costs.

4. A. Teresa decides to go to a party with a new friend, Robert, but she doesn't know him very well. Robert thinks Teresa is romantically interested in him.

B. Teresa, a girl with a visual disability, decides to go to a party with a new friend, Robert, but she doesn't know him very well. Robert thinks Teresa is romantically interested in him.

5. A. Daniel and Lucy have several drinks and decide to find an empty room at a party.

B. Daniel and Lucy have several drinks and decide to find an empty room at a party. Lucy is a girl with cerebral palsy.

6. A. Pamela has decided to leave her home in the village and move to the capital to look for work.

B. Pamela, a girl with a hearing disability, has decided to leave her home in the village and move to the capital to look for work.

7. A. Carlene decides that she wants to start having sex with her steady boyfriend and goes to the chemist to get condoms.

B. Carlene, a girl with a visual disability, decides that she wants to start having sex with her steady boyfriend and goes to the chemist to get condoms.

8. A. Kaseem decides to drop out of secondary school in the middle of his final year.

B. Kaseem, a boy with depression, decides to drop out of secondary school in the middle of his final year.

UNIT 4 SUMMARY



TIME

10 minutes



METHODS

Reflection



MATERIALS NEEDED

None



STEPS

1. Ask participants to take out a blank sheet of paper and write down the following three questions:
 - a. What did I like about today and why?
 - b. What did I not like about today and why?
 - c. What did I learn and experience today that I will be able to use?

2. Give participants **10 minutes** to reflect and jot down their thoughts for themselves.