

Session 26 HIV and AIDS

Learning Objectives

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

- Define HIV and AIDS
- Explain modes of transmission of HIV
- Identify risky and non-risky behaviours
- Describe the common symptoms of AIDS

Materials Required

- Index cards
- Large sheets of paper

Time 105 minutes

Background Notes

There are over 40 million people living with HIV and AIDS worldwide and over 24 million of them live in sub-Saharan Africa. A survey in 2003 found that 7 percent of Kenyan adults are infected. Over half of all new infections are in young people 24 and under. AIDS is spreading among young people in Africa faster than in any other age group. Young women are even more vulnerable.

HIV stands for Human Immunodeficiency Virus. HIV is a virus that is passed between people through contact with infected blood, semen, vaginal fluids and breastmilk. HIV weakens the immune system, making it easier for people to become sick. When a person with HIV becomes sick with many illnesses that do not respond to treatment, he or she is said to have AIDS. AIDS stands for Acquired Immunodeficiency Syndrome. Acquired refers to the fact that you get the disease from somewhere else; it does not develop on its own. Immunodeficiency means the immune system is weak and unable to fight off infections and illnesses. Syndrome means a specific collection of symptoms and diseases, such as weight loss combined with skin cancer and pneumonia. AIDS is a term used to indicate the most serious stage of a person's infection with HIV. It means that they have a particular collection of symptoms and diseases defined medically as AIDS.

After years of living normally with HIV, a person's immune system begins to weaken and they start developing AIDS and become vulnerable to opportunistic infections, which can attack any part of the body. Opportunistic infections are infections that take attack the body when the immune system is weak. These infections could range from simple medical conditions like fungal infections and colds to more serious diseases like tuberculosis or cancer. Though the person is HIV positive, these conditions can be treated and often cured. There is no cure for HIV or AIDS.

How is HIV Transmitted?

HIV is passed between people in three ways:

Sex. Penetrative sex with an HIV-infected person where the penis enters the vagina, anus, or mouth of another person.

Blood to blood. From an HIV infected person's blood to another person's blood through an opening in the body such as a cut, from a transfusion or by sharing something that cuts or pierces the skin (knife, razor, needle). This includes sharing circumcision knives, needles, tattooing or ear piercing, with someone who has HIV.

Mother to child. HIV can be passed from a mother who is HIV infected to her baby during pregnancy, at the time of birth, or through breastfeeding.

The majority of people are infected with HIV by having sex with someone who is HIV infected. It is important to note that people with other STIs are more likely to contract HIV.

You cannot get HIV infection from:

Touching, hugging, talking to or sharing a home with a person who is HIV infected or has AIDS.

Sharing plates, utensils, glasses or towels used by someone with HIV or AIDS.

Using swimming pools, toilet seats, doorknobs, telephones or other items used by people with HIV or AIDS.

Having someone with HIV or AIDS spit, sweat or cry on you.

Being bitten by mosquitoes.

Donating blood.

Being sneezed at or coughed on by a person with HIV or AIDS.

Protecting Yourself Against HIV

The only certain way to protect yourself against HIV transmission is to abstain from sexual activity.

What is Safer Sex?

People who have decided to be sexually active can make choices to practice safer sex. Safer sex describes a range of ways that sexually active people can protect themselves from infection with all sexually transmitted infections, including HIV infection. Practicing safer sex also provides protection against pregnancy. There are many ways for loving and sexual feelings to be shared that are not risky. Some of them include:

Hugging

Holding hands

Kissing

Massaging

Rubbing against each other with clothes on

Sharing fantasies

Touching your partner's genitals, if males do not ejaculate near any opening or broken skin

Using a latex condom correctly for every act of sexual intercourse is called protected sex because when used correctly for each sexual act, condoms can significantly reduce the risk of HIV infection. However, condoms are not 100 percent effective in preventing HIV infection. Unprotected sexual intercourse (without a condom) exposes people to the bodily fluids in which HIV lives.

What Does HIV-Positive Mean?

When the body's defence system (immune system) comes into contact with a disease, it produces germ fighters, called antibodies, which fight off and destroy various viruses and germs that invade the body. An antibody is found in the blood and it tells us that the person has been infected with a particular germ or virus.

HIV tests look for HIV antibodies. If the body is making antibodies to fight HIV, then someone is considered HIV positive. However, there is a "window period" between when a person is infected with HIV and when a blood test shows that a person is HIV-positive, because it takes the body a little while to start producing antibodies to fight the virus. It is possible for someone to test HIV-negative during this window period but be infected with HIV, this is called a false negative. During this time, people who are HIV infected are able to transmit the virus to others. The window period is generally three months but in very rare cases could be six months. People who have a negative test result and have had unprotected sex during the past three months are advised to go for another test in three months. While waiting through the window period, they must avoid being exposed to HIV.

When are People with HIV Infectious to Others?

People with HIV can infect others as soon as they are infected with the virus. People with HIV may not know they are infected and may look, act and feel healthy for a long time, possibly longer than 10 years. It is impossible to tell from looking at someone if he or she is infected.

From HIV to AIDS

As with other infections, when HIV enters the body, the immune system produces a response to try to fight off the infection, by producing antibodies. However, these are insufficient to battle against the growth and multiplication of the virus, which slowly destroys key cells in the immune system. HIV slowly weakens the immune system and eventually the body cannot fight off even mild infections. At this point, people become very sick from a range of different illnesses, including the common cold, fungal infections, cancer, or tuberculosis.

Most people who have HIV do not become sick right away. In some cases, it can take as many as 10 years or more for a person to develop AIDS. People can stay healthy longer by eating well and getting prompt treatment of illnesses and infections. The most common signs that someone has AIDS are diseases such as tuberculosis or pneumonia. However, the following can also be signs that someone has AIDS:

- Sudden, unexplained weight loss
- Fever for more than one month
- Diarrhoea for more than one month
- Genital or anal ulcers for more than one month
- Cough for more than one month
- Enlarged lymph nodes
- Skin infections that are severe or recurring

Although the above can all be symptoms of AIDS, the only way to tell if a person is infected with HIV is by testing, because the above can be symptoms of other illnesses or diseases.

What is Stigma?

People who are HIV-positive may be discriminated against or shunned in their communities because of misunderstandings or misconceptions about HIV and AIDS in the community. Adolescents may be particularly susceptible to negative attitudes and may be forced out of their school or home. They are typically less aware of their legal rights, more vulnerable to financial hardships, and less able to find and purchase care.

Tips for Teaching about HIV and AIDS

The topic of HIV and AIDS can seem overwhelming. It seems like everyday the newspaper reports a new fact about the disease. This curriculum provides basic background information about HIV and AIDS to help you teach about HIV prevention and transmission. If your discomfort with the subject of HIV and AIDS makes it difficult to help young people, find another person in your school or community who can conduct the HIV and AIDS education activities in this session. Remember that even if we try to tell all the youth in our community about the risk of HIV and AIDS or to abstain, many will still go ahead and have sex. It is more important to inform sexually active adolescents about how to prevent HIV and how to protect themselves than to avoid talking about the topic because it makes people uncomfortable. When teaching young people about HIV and AIDS, there will be many opportunities for reassessing your personal beliefs and values. Explore your own feelings and seek the support of another teacher if necessary.

It is important to acknowledge that there will be a wide range of sexual experiences in any group of young people. For example, some will be dating; others may not yet be interested in romantic relationships. Be realistic about the numbers of young people in your group who are having sexual intercourse. In a group of 16 year olds, half are likely to have not yet had sexual intercourse and half are likely to be engaging in sexual intercourse. You can help those who are not sexually active delay sexual activity and help those who are already sexually active practice safe sex.

You can help young people understand the risk of becoming infected and how to practice safer sex. Any type of sex between two uninfected partners is safe. The difficulty is that most people, teenagers and adults, do not know if they have been exposed to the virus. 'Knowing someone well' or 'asking your partner about AIDS' is an unrealistic way to assess potential risk, especially for young people. They need to understand that it is impossible to tell if someone is HIV-infected just by looking at her or him. Avoid emphasizing monogamous relationships as safe, since young people think each time they have a relationship with a person, they are being monogamous. Emphasize that abstaining from sexual intercourse is the only way to completely avoid the risk of infection.

Help young people understand that there are many ways to express sexual feelings that do not risk unplanned pregnancy or sexually transmitted infections. Touching, fantasizing, caressing, massaging, masturbating, talking, kissing, whispering, hugging, singing, dancing, and holding hands are ways of showing and receiving affection from a partner. Abstinence from all types of sexual intercourse is the best and only certain way to prevent HIV infection.

Latex condoms have been proven to be an effective barrier of HIV. They can, however break or leak especially when used incorrectly. It is important for older, sexually active adolescents to understand how to use a condom correctly and that they must be used for every act of sexual intercourse to protect against HIV infection. Condoms offer the best protection against the spread of HIV during sexual intercourse with a partner whose HIV status is unknown.

Instructions

HIV and AIDS (20 minutes)

Advance preparation: Prepare a small piece of paper for each learner in the group. Each paper will have some thing marked on it:

One piece with a small 'x' in the corner

One piece with a small 'z' in the corner

Three pieces with a small 'c' in the corner

Three pieces with the instructions 'Don't follow any of my directions until I say return to your seats'

On the rest of the pieces write 'follow all of my directions'

1. Distribute one piece of paper to each learner. Tell them to keep the special instructions on their paper a secret and to follow the instructions. Ask the group to stand and shake hands with three people and ask each to sign the piece of paper. Make sure they move around the room.

2. When all the learners have collected three signatures, have them take their seats. Ask people with the 'z' and 'x' on their papers to stand up. Ask everyone who shook hands with those persons to stand up. Ask everyone who shook hands with a standing person to stand up and so on until everyone is standing, except for the designated non-participants with pieces reading 'do not follow any of my instructions.'

3. Tell them to pretend that the person with the paper marked with an 'x' was infected with HIV and that instead of shaking hands that person had unprotected sexual intercourse with the three people whose signatures she or he collected. Do the same with the paper marked 'z' (genital herpes).

4. Ask those that are still seated why they haven't been standing. Someone should say they were told 'do not follow my directions...' Explain that these people had chosen to abstain from sexual intercourse, and were therefore protected from these STIs.

5. Ask learners to check if they had a 'c' marked on their paper. If so, tell them they can sit down. Explain that fortunately, these people had used condoms and were not at significant risk for infection. Tell all the learners to sit and remind them that this was only a game.

6. Facilitate a discussion with the following questions:

How did person 'x' feel? Person 'z'? How did you feel towards others when you found out they were infected?

How did people who were instructed not to participate in the exercise feel at beginning? How did those feelings change during the course of the exercise? How did the group feel towards those people initially? And then later?

Who had a 'do not follow my instructions' paper but got signatures anyway? Why? What does this tell us about people's behaviour?

How did the people who discovered they had used condoms feel?

How did the people feel to find out they might have been infected?

Is it possible to know who is infected and who is not by looking at them?

HIV and AIDS Overview (20 minutes)

1. Give two slips of paper to each learner and ask them to write something they have heard people in their community say about HIV or AIDS (this does not have to be something they agree with) on each slip of paper. Collect all the cards and shuffle them.

2. Divide learners into groups and deal out the cards at random. Ask each group to sort out the slips of paper into three groups: 'AGREE', 'DISAGREE' and 'DON'T KNOW'.

3. When all the groups are finished, reassemble. Ask each group to present any statement they found difficult to agree on. The main group can offer opinions on the difficult statements. Or suggest they hold their questions to see if the rest of the discussion answers some of the misinformation.

Definition of HIV and AIDS and Modes of Transmission (45 minutes)

1. Ask learners to explain what HIV is.

Human Immunodeficiency Virus (HIV) - The name indicates that it is a virus found in humans, that makes the immune system deficient (lacking in something) and therefore weakens the system. The immune system is the body's defence against disease. With a damaged immune system the body is exposed to a range of infections and diseases. The person becomes weaker and eventually develops AIDS.

2. Ask learners to explain what AIDS is:

Acquired Immune Deficiency Syndrome (AIDS) - Acquired means that it is passed from one person to another; it does not just develop spontaneously. It is passed from exposure to an infected person's blood, sexual fluids or breastmilk. AIDS is a condition where the body's immune system is destroyed by HIV. It has no cure and eventually kills the infected person. It can be controlled with drugs, but they are costly and not widely available.

3. Ask for 5 volunteers to conduct a role-play. Outside the room, explain the scenario below to the volunteers.

A group of people are sitting around discussing the following rumours about HIV and AIDS. In the course of the discussion, the correct information gets presented. The rumours are:

You cannot get HIV if you only have sex one time.

You can get HIV from kissing someone.

You can tell if someone has HIV by looking at them.

Once you have become HIV positive you can feel it in your body.

4. Ask the volunteers to conduct the role-play above making sure that the correct information is discussed.

5. Ask learners what specific behaviours can expose you to HIV. The following should be mentioned:

- Having unprotected sex with an infected person
 - Sharing knives, needles, syringes (for circumcision or drug use)
 - Having a blood transfusion with infected blood (donated blood is now screened)
 - Mothers can pass the virus to their babies during pregnancy, childbirth, or breastfeeding
6. Ask learners whether HIV is easy or difficult to catch and to explain why.
7. Explain that HIV is different from most other diseases because it is difficult to catch, because:
- It does not pass through the air
 - We cannot catch it from being in the same room as an infected person
 - We cannot catch it by touching or hugging
 - We cannot catch it from an infected person coughing or sneezing on us or by drinking from the person's cup
8. Emphasize that we can choose not to become infected:
- Abstaining from sex
 - Never having sex without a condom
 - Being in a mutually faithful relationship with an uninfected person
 - Never sharing needles or other equipment such as razors, circumcision knives

Risky and Non-Risky Behaviours (20 minutes)

1. Tell the learners they will have the chance to assess their own risk of being infected with HIV, if they do certain things. Read out loud the following questions, one by one. Before each statement, ask the learners "If I do this, am I at risk of being infected with HIV?" Ask volunteers to share their opinions and discuss with the group.

- If you hug, kiss or massage your friend.
- If you don't protect yourself when handling blood.
- If your sexual partner has sex with others.
- If you drink beer or other kinds of alcohol.
- If you masturbate.
- If you are bitten by mosquitoes.
- If you allow semen or vaginal fluid to touch your normal skin (not your mucus membranes around the penis, vulva, anus or the mouth).
- If you have sex with more than one person.
- If you or your partner has had an STI in the past.
- If you share a razor with a person with HIV or AIDS.
- If you only have sex with one partner.
- If you live, work or play with a person with HIV or AIDS.
- If you don't know if your sexual partner is HIV positive or has an STI.
- If you have injections, tattoos, or piercings.

2. Facilitate a discussion with the following questions:

- Does knowing that some things are definitely or probably a risk worry you?
- Did you learn any new information? Do you have any questions about any behaviours we did not talk about today?
- If you were explaining information on risky or non-risky behaviours to a friend, what would you say first?

Risky and Non-Risky Behaviours

Definitely a Risk

Having sexual intercourse with multiple partners without condoms.

Sharing needles for drug use.

Sharing needles for circumcision or ear piercing.

Probably a Risk

Being born to a mother who is HIV positive.

Getting a blood transfusion.

Probably Not a Risk

Sharing a toothbrush.

Having sexual intercourse with a person using a condom.

Deep or (open mouth) kissing.

Definitely Not a Risk

Abstaining from sexual intercourse.

Kissing.

Being close to a person with HIV who is coughing.

Donating blood.

Using a public telephone.

Shaking hands with a person with HIV.

Hugging a person with HIV or AIDS.

Living with a person with AIDS.

Going to school with a person who has AIDS.

Being bitten by a mosquito.

Having a mutually monogamous and faithful relationship with a person who has tested negative for HIV.

Optional Activities

#1 HIV and AIDS in Kenya

1. Ask learners to describe the situation of HIV and AIDS in Kenya or in their community.

Some people still refuse to accept that the disease exists.

There is no cure for it.

It ends in death.

It is killing people in their 20s, 30s, and 40s, when they are most productive.

It kills couples and leaves many orphans.

Because so many people are sick with the disease, the hospitals cannot help them all.

Even those who know about the disease have not changed their behaviours.

The impact of HIV and AIDS affects everybody.

2. Facilitate a discussion with the following questions:

Why is it that relatives of those who die of AIDS do not wish to talk about it? (stigma)

Are people generally reluctant to talk about HIV and AIDS? Why do you think so? (fear)

3. Explain that fear leads people to not think clearly, run away from things, get angry, deny that it can happen to them or the people they love. Emphasize that there is no need to fear or be scared of AIDS because:

We know a lot about HIV and AIDS. We do not have a cure but we know what causes it.

We know that HIV infection can be prevented by making healthy decisions and avoiding risky behaviours.

We know how people become infected with HIV and we know how to keep ourselves safe.

#2 If Someone Says...

In advance, write the following statements on the board.

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"I'm not worried about having sex with Mary – she's a nice girl and her mother is a teacher. You only have to worry about dirty girls."

"You hugged that guy with AIDS. Are you crazy?"

"I don't believe James has HIV. He looks so healthy."

"I feel sorry for people who got AIDS from a blood transfusion. But most other people have brought it on themselves."

"I know you're not supposed to be able to get HIV from eating with someone, but I'm not eating any food with Jomo, especially if he has cooked it. Suppose these doctors are wrong and two years from now they find out you can get AIDS that way."

"If we really wanted to get rid of AIDS, we'd test everybody and take everyone who was HIV positive to a deserted island."

1. Divide learners into groups of six. Explain that they will practice being HIV and AIDS peer educators who are responding to inaccurate or judgemental statements about HIV and AIDS.
2. Explain that each member of their group will take turns reading a statement from the list above and practice responding to it as if they were a peer educator. After each response, other group members can react to the response by answering the following questions: What part of the statement did you react to? How did you feel about the peer educator's response? Continue until each group member has had a chance to answer a question and ask a volunteer to respond as a peer educator.

3. Facilitate a discussion with the following questions:

Which statements were difficult to respond to? Which statements made you angry?
Embarrassed? Confused?

Does the statement try to make other people angry or embarrassed? If not, why would people say these kinds of things?

What kind of statements about HIV or AIDS do you hear from your friends and acquaintances?
How will you respond to these statements?

Answering Sensitive Questions

Young people today receive a lot of information on HIV and AIDS from many different sources. People can misunderstand even the best messages. It is important for adults to remain open to the questions of young people so that we can help them understand accurately. However, it is not always easy to answer some questions, especially on topics that are socially restricted. Below are some tips on answering adolescents' questions.

You might want to think about a question for a while before giving an answer. But, do not leave the answer for more than a day, as young people will look for the answer somewhere else.

Sometimes it is better to have a colleague, parent or health specialist answer a question.

Even if a question is asked in front of the group, it might be best to answer it in a smaller group depending on the group's experiences.

Always find out what the young people already know or think is the answer before you answer the question. Then you can build on what they have told you and explain what they do not understand.

In your answer use the words the young people have used either in their question or when they have explained to you what they know.

Be honest and ready to explain.

Frequently Asked Questions on HIV and AIDS

Where did AIDS come from?

No one really knows for sure where AIDS came from or how long it has been around. What is important to understand is that it affects people from all over the world, regardless of how much money or education they have or what religion they are. It is draining the resources of families, communities and countries. AIDS is an issue that demands the attention of each and every one of us.

What is the immune system?

All people are born with an immune system to protect the body from disease. Some people have stronger immune systems than others. During a lifetime, a person's immune system may be stronger or weaker at different times. The immune system is sometimes referred to as a defence system. In the way that a country's defence system protects it from enemies, the immune system protects the body from diseases. The immune system works like an army by first detecting the enemy, then by sounding the alarm, and lastly by attacking the enemy. A healthy body has its own way to attack invading germs and viruses that make the body sick. The HIV virus works to weaken the body's ability to attack other germs and viruses. Eventually the body becomes unable to fight off other diseases, which overwhelm the body and cause the HIV positive person to finally die.

Is HIV passed through kissing?

HIV is not transmitted through saliva. It might be risky, however, to kiss someone if there is a chance for blood contact if the person with HIV has an open cut or sore in the mouth or on the gums. It would be even more risky if both people had bleeding cuts or sores in their mouths. People should use common sense and should wait until any sores or cuts have healed before kissing.

Can a person get HIV infection from a mosquito?

No. When mosquitoes bite someone they do not inject the blood of the previously bitten person into the next person. They use their saliva as a lubricant. Diseases like malaria are spread through mosquito saliva. HIV gets digested in the mosquito's stomach before it can find its way to the saliva.

What is the 'window period'?

Most HIV tests do not detect HIV but the HIV antibodies produced by the immune system. It is assumed that if a person has the HIV antibody, then they are infected with the virus. It can take as little as 6 weeks or as many as 18 weeks before the body has enough HIV antibodies to be detected by an HIV test. Until this time, tests will give a false negative result. The period between infection by HIV and the presence of enough HIV antibodies to be detected by an HIV test is known as the 'Window Period'. The majority of HIV infections are believed to be transmitted during this period.

Does a person with HIV have AIDS?

The difference between HIV and AIDS is that one is a virus and the other is a condition or syndrome. A person with HIV may or may not have AIDS. However a person with AIDS will always have HIV in his or her blood. An HIV positive person who does not yet have AIDS may feel and look perfectly healthy, have an active and effective immune system, can work and support his or her family. A person with AIDS may have the symptoms of various diseases which he or she has acquired such as TB, meningitis and cancer. A person with AIDS may be weak and thin and may feel sick. The immune system of a person with AIDS is rapidly become less and less able to protect his or her body.

If a person tests negative for HIV does it mean they cannot catch it?

No. It only means they have not got it now or possibly that they have the infection and it is still in the window period. They can still catch it when they have unprotected sex.

Is there a cure for AIDS?

There is still no cure for AIDS. Many healers and unscrupulous people have claimed over the years to be able to cure AIDS. All their claims have proved false. We often hear of people who have developed a cure for AIDS. People should be very cautious about claims that a "cure" for AIDS has been discovered unless they have been medically proven.

Session 27 Voluntary Counselling and Testing (VCT)

Learning Objectives

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

- Define Voluntary Counselling and Testing
- Explain why people should be tested for HIV
- Explain the VCT process
- Explain what it means to test positive and to test negative
- Define the window period

Time 40 minutes

Background Notes

It is not possible to know if a person has HIV by looking at him or her. The only way for people to know if they have HIV is to have a test for HIV. In Kenya, HIV testing is accompanied by counselling, which usually refers to in-depth discussions with a trained person who can help individuals cope with their HIV status. Individuals learn how to take care of themselves if they are positive or prevent the disease if they are negative. This process is called voluntary counselling and testing, or VCT. The test is reliable, accurate, safe and painless. The health worker takes a small amount of blood from an individual's finger. The person tested cannot get weak from blood loss because so little blood is taken. Depending on the type of test used, the result may be available in just 30 minutes or after a week.

In order for an individual to know whether they are truly free from HIV, they will also be asked to come back in another 3 to 6 months for another test when the window period is over. The window period is the time between when HIV enters the body and the moment when the test can detect HIV antibodies. Usually the test can detect antibodies within three months of infection and in rare occasions, up to six months. This means that for months after infection, the test may not be able to tell whether or not someone is infected. These months are known as the window period. During this window period, it is possible to infect others with HIV. There are many reasons to get tested for HIV. If a person has had unprotected sex and is worrying constantly about HIV infection and is nervous about every spot or cough, the only way to put his or her mind at ease might be to have an HIV test. If a person has had sex with someone who has fallen sick and has AIDS, then that person will also worry. Perhaps the only way for that person to put his or her mind at ease is to go for VCT. People should never assume that they are infected or that they are not infected. They should always go for a test.

HIV testing is recommended for people who engage in high risk behaviour including:

- Sexual activity with multiple partners
- Encounters with sex workers
- STI infection
- Blood transfusions
- Anal sexual activity (male or female)
- Injection drug use
- Sexual activity with partners having any of the above
- Children born to women with any of the above

Instructions

Note: Identify the nearest VCT centre, its opening times and other information before this session.

Define Voluntary Counselling and Testing (10 minutes)

1. Ask if anyone knows what VCT is. If anyone says yes, ask if he or she can explain it to the group.

VCT stands for Voluntary Counselling and Testing. It is the process by which a person can learn whether or not he or she is infected with HIV, the virus that causes AIDS. A person is always counselled before and after the test regardless of the results. The decision to go for testing and to receive the results is voluntary.

If the test is negative, the counsellor will discuss the importance of prevention of HIV and other STIs in detail with the person in order to reduce his or her risks of infection in the future. The discussion will cover not only the methods available but the person's individual situation, concerns and attitudes which may influence whether or not these methods are acceptable and will be used. Remember: Testing does not prevent you from contracting HIV but what you do between tests does.

If the result is positive, the counsellor will discuss with the person all of the behaviours to avoid in order that he or she avoids infecting his or her partner (or children). In addition to this, the major task for the counsellor will be to offer compassion, support, and practical advice, including referral to appropriate medical services, to enable him or her to cope with stress and anxiety and to make personal decisions. Follow-up sessions to ensure meaningful and long-term support will be necessary.

Why Get Tested for HIV? (30 minutes)

1. Ask learners to list advantages of being tested for HIV. Write the reasons on the board. The following should be included:

If your result is negative, you know you were not infected three months before the test.

Some of us think we would feel better if we knew our HIV status even if the result is positive.

If we have a family we may want to know our status so we can plan for our children's future.

Some of us want to know our status in order to make changes in our lives that will help us preserve our health and ensure that we live longer, better lives.

It allows for early treatment of HIV and of HIV associated infections like TB or pneumonia.

It helps infected people protect others from being infected and to live positively.

2. Ask learners to list disadvantages of being tested. These could include:

Learning that a person is infected with HIV can be very upsetting. The degree of distress depends on how well the person is prepared for the news, how well the person is supported by family and friends, and the person's cultural and religious attitudes towards illness and death.

A person who learns he or she is infected with HIV is likely to suffer from feelings of doubt, fear, grief, depression, denial and anxiety.

Partners and family members are likely to suffer from the consequences of an HIV-positive test result as well as the infected person; regardless of their status, they are affected.

A person who has tested positive for HIV may be discriminated against if others find out.

3. Ask learners to brainstorm the benefits of VCT to the community. Possible answers could include:

It encourages discussion on prevention, testing, risk reduction, and living with HIV.

It reduces stigma as more people go public about being HIV positive.

It serves as a catalyst for the development of care and support services like (aid to orphans).

It generally reduces the rate of transmission of HIV.

Optional Activity

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#1 Talking to Your Partner about VCT

1. Explain that talking with your partner, family and others about HIV and AIDS prevention can bring up strong emotions and issues. Although it is difficult, it is important to have open and honest conversations about HIV and AIDS with people who are important to you. If you, or someone important to you, has practiced high-risk behaviours, it is important to be tested. Often it is best to get tested together with your partner. There are four steps to agreement that may help you make a decision together with your partner:

Step 1: Say what you feel and want.

Step 2: Listen to what the other person feels and wants.

Step 3: Restate your point. Do not get distracted on other points of conflict.

Step 4: Agree to what each of you will do.

2. Read the following story to the group while focusing on the steps above:

Mary's Story

My name is Mary. I know my boyfriend, Thomas, has other partners, so I decided to talk to him about HIV and AIDS in order to protect myself. One day, when Thomas was relaxed and in a good mood, I said to him: Thomas, I have been hearing about HIV and AIDS, and I feel afraid. I want us to protect ourselves from getting it. What do you feel we should do?

I listened respectfully to Thomas. 'What do I feel?' he said, 'I think you are trying to cover up the fact that you have other boyfriends!'

His words were painful to me, but I did not get angry. Instead, I restated what I felt and what I wanted. 'Thomas, I can see you are upset, but we must talk about this. I am afraid and do not want you or me to die. What can we do to protect ourselves?'

I continued to listen respectfully to Thomas' response. 'You are just changing the subject!' he said to me in a loud voice. 'You have other boyfriends! Next you will be wanting me to use a condom!'

I restated what I felt and wanted and said to Thomas, 'Because I am so worried about getting AIDS – believe me, I will be faithful! I really want to protect both of our lives.'

While Thomas was listening to me, I suggested what we could do. I said to him: 'Would you use a condom until we both get tested and make sure we do not have HIV? Then we can talk about what we need to do after that. How do you feel about that?'

Thomas and I finally agreed. 'I do not like it,' Thomas said, 'but I will wear a condom until we know we do not have the virus.'

3. Review the four steps to agreement once more. Divide learners into pairs and ask them to role-play the same scenario using the four steps.

4. After the pairs finish role-playing, ask the larger group:

What suggestions do you have to make the chances of reaching an agreement more likely?

In what other situations could you use these steps to resolve conflicts and problems?

Session 28 Care and Support for People with HIV

Learning Objectives

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

- Understand the care and support needs of people living with HIV and AIDS
- Describe stigma and ways to reduce it
- Define positive living
- Explain the use of anti-retroviral treatments



Time 70 minutes

Background Notes

A Positive HIV Test

Many people who learn that they are HIV positive are unaware that it can be many years before their infection turns to AIDS. Thinking that they will die soon, they may give up on life. In Kenya, thousands of young men and women who test positive stop working, leave home, abandon their families, begin living recklessly, or commit suicide because they feel they have nothing to live for. With support from family and friends, and continued counselling, an HIV-positive person can overcome his or her feelings, and return to life with new determination and optimism.

Testing HIV positive can be a shattering experience. Studies have shown that people who have received news of their imminent death go through five emotional stages:

Denial: Refusal to accept the result. Asking for a re-test, refusing to talk about it, or telling themselves and others that it is surely a mistake.

Depression: Spend a lot of time alone, and behave as though they have opted out of life.

Anger: A strong, aggressive reaction may blame other people for his or her infection.

Negotiation: Bargaining with God, pleading for more time in return for living a good life.

Acceptance: With guidance and counselling during these difficult times, the person could begin to accept what it means to be positive, decide to make the best use of their time left, make healthy choices, and seek prompt treatment for illnesses and infections.

It is important for people with HIV to understand that it is normal to have a variety of different feelings. With counselling and support, a person can begin to accept his or her condition and make the best of the remaining time. Acceptance means adding more life to your days rather than trying to add more days to your life.

Treatment

A cure means that the germ that causes a disease has been completely killed or eliminated from the body and will not return unless a person is re-infected. There is no cure for AIDS, however there are ways to treat the symptoms. Treatment means the use of a drug, injection, or intervention that can cause symptoms to become less painful or pronounced or cause them to disappear altogether. A treatment may not always lead to a cure (in the case of HIV and AIDS, it will not lead to a cure).

When looking at health in a broader sense, physical health is only one component of total well-being and is influenced by the other components. Treatment in its broadest sense can mean any intervention that helps improve any aspect of our well-being. There are many strategies people can use to prolong their life and improve its quality even if they are infected with HIV. This concept is very important, especially for those struggling to cope with HIV without access to anti-retroviral therapy.

Well-being is determined by four different aspects. The table below lists ways to improve the overall well-being of people living with HIV and AIDS:

Physical	Psychological	Social	Spiritual
Proper nutrition	Having a positive attitude	Supportive family and friends	Having faith or a belief system
Rest	Building self-esteem		
Exercise	Counselling	A social system that protects one from discrimination	Prayer
Preventing and treating infections and illnesses	Reducing stress	Continuing productive work	Meditation
Avoiding drugs and alcohol		Being involved in advocacy	
Proper hygiene			
ART			

People with HIV and AIDS can live long, healthy lives if they take care of themselves by eating well, practicing good hygiene, staying active, and going to the doctor as soon as they have symptoms of infection or fall ill. The goal of living positively is to be free of illness, to be productive, and to stay emotionally and physically healthy.

Staying Healthy

It is important for people with HIV and AIDS to eat a nutritious diet to fight infection and disease and to stay energetic, strong, and productive. Nutrition and HIV are strongly related to each other. People who are malnourished are more likely to progress faster to AIDS, because their bodies are weak and cannot fight infection. People with HIV and AIDS are at risk of malnutrition because they eat less, have infections that require more energy, and their bodies do not use food properly. People with HIV and AIDS need to eat more than people who are not infected. Eating small meals often and a variety of food can help people with HIV and AIDS to get all the energy and nutrients they need.

People with HIV should:

- Eat at least three meals a day, and have snacks between meals.
- Eat even when they are sick or have no appetite. Eating small but frequent meals can help.
- Eat plenty of fruits and vegetables of different colours.
- Eat fats, oils and sugars in small amounts and limit processed foods, salt, coffee, tea, and sodas.
- Avoid alcohol, smoking, raw eggs, raw fish, and partially cooked meat.

Practicing good hygiene is important for everyone to avoid infection. It is especially important for people with HIV and AIDS because they have weak immune systems and are more vulnerable to infection.

- Handle and store food and water properly to avoid contamination and further infection.
- Only use water from a clean source, and store it in a container with a lid.
- Boil water for at least 5-10 minutes to kill germs before drinking it.
- Always wash hands with soap before and after touching food.
- Cook all animal products (meat, chicken, fish, and eggs) completely using high temperatures.
- Thoroughly wash utensils and surfaces used for preparing and cooking foods.
- Use clean water to wash all fruits and vegetables that will be eaten raw or remove the skin.
- Store cooked food at most for one day and re-heat before eating.
- Use bowls, plates, glasses, and utensils that have been cleaned and well dried.

Infections can be avoided by practicing good personal hygiene:

- Take baths everyday to keep the body clean.
- Wear shoes to avoid small injuries that could result in infection.
- Brush teeth after meals.
- Wash hands with soap after going to the toilet and after handling pets and animals.

Anti-retroviral therapy

ART (anti-retroviral therapy) is a combination of medicines that slow down HIV from spreading in the body. ART helps the immune system get strong so it can fight infections and illness. ART is not a cure for HIV. ART reduces the numbers of HIV in the blood, but cannot eliminate it. ART does not prevent against re-infection from HIV.

Although anti-retroviral therapy can prevent some of the serious illnesses that often come with AIDS, there are some challenges that HIV-positive individuals must be prepared for:

Duration: ART is a lifetime commitment. People on ART will need to swallow pills every day according to a strict schedule.

Adherence: Skipping only a few of these pills can trigger the development of new strains of HIV that are immune to these drugs. These new strains could eventually lead to death.

Costs: Anti-retroviral drugs can be very expensive and many people cannot afford them.

Side Effects: headaches, dry mouth, skin rash, diarrhoea, anaemia, dizziness, hair loss, tingling in the hands and feet, nausea and vomiting, unusual or bad dreams, feeling tired, and feelings of sadness or worry.

AIDS in the Home

The home is a very important place for a person with AIDS. If a person with AIDS has a caring and supportive family it can be very helpful. A person with AIDS will need both moral support and physical care. As there is no cure for AIDS, relatives can often give the best care. The person will feel more secure at home where he or she is among loved ones.

Instructions

Care and Support (25 minutes)

1. Ask learners what would be the most difficult feeling or issue if a friend or a relative of theirs had AIDS.
2. Ask learners to discuss what some of the difficulties would be for the person with AIDS.
3. Looking at the list, ask participants to describe the kinds of support they could give to a friend or relative with AIDS.
4. Review the progression of HIV to AIDS. HIV is the first phase. A person can live with HIV for a long time without being sick or looking unhealthy. When HIV progresses to AIDS they may look sick and have colds, TB or pneumonia. They may need additional care and support at this time. Ask participants to think about the difference in the kinds of support someone with HIV needs compared with someone with AIDS? Emphasize that:

People with **HIV** need emotional support and should be encouraged to eat healthy, stay active and practice good hygiene to prevent infections. They should also be encouraged to go to the doctor as soon as they have any symptoms of infection or illness. During this time people with HIV should try to maintain a healthy and strong immune system.

People with **AIDS** need emotional support and physical support, as well, but their physical support needs will be much greater since they will be suffering from a variety of infections and illnesses.

It is important for people with HIV and AIDS to have emotional support to encourage them to stay healthy and seek treatment.

5. Ask learners the following questions: Have they heard of any treatments for HIV and AIDS? Can they name any? What treatments do people in their community use when they are HIV-positive? Is there a cure for AIDS?
6. Ask learners to brainstorm the common symptoms of AIDS and write them on the board. Remind them that many people won't show symptoms for a very long time. Make sure they mention:

General: general weakness, weight loss, swollen lymph nodes, swelling of the limbs, hair loss, shingles or herpes zoster

Skin and Hair: itching, boils, rashes, wounds, infections due to bacteria, thinning of the hair, early graying of hair

Chest: cough, chest pain, difficulty breathing, tuberculosis (TB)

Digestive system: diarrhoea, difficulty swallowing, poor appetite, sore mouth, nausea, vomiting, abdominal pain

Head and nervous system: headache, memory loss and confusion, tingling and numbness of limbs, convulsions, confusion, coma, weakness of one side of the body, anxiety and depression, meningitis

Reproductive System: genital discharge, genital ulcers, pain when urinating

Cancers: cancer of cervix, Kaposi's sarcoma, lymphomas

NOTE: The above symptoms are a general guide. Many people have these symptoms but do not have HIV or AIDS. The only sure way to know if someone is HIV positive is to have an HIV test.

7. Ask learners what influences how long a person can live with HIV and AIDS.

Getting medical care and anti-retroviral drugs (medicines for treatment not cure)

Abstaining from sexual activities or using condoms to prevent re-infection of HIV of another strain or type

Eating a balanced diet and exercising

Living positively

Avoiding of pregnancy

Avoiding of drugs and alcohol

Genetic make-up of the individual

8. Divide participants into three groups and ask them to think about how they can support someone who is HIV positive. Assign each group one of the following kinds of support: emotional, physical, or caregiving. Ask each group to present what they discussed. Ensure that the following are mentioned:

Physical Support

Appetite loss: Ask what they would like to eat and drink, when and how much. Eat with them when possible. Physical exercise helps improve appetite.

Nausea, vomiting and diarrhoea: Smaller meals with little fat or spice may reduce vomiting and diarrhoea. Encourage eating dry foods like toast or biscuits. Sucking on a lemon may reduce nausea. Encourage drinking liquids between meals if they cannot eat. Notice when nausea occurs and avoid foods at this time. Use gloves to clean up vomit and wash hands with soap after using the restroom.

Sores in the mouth: Gargle with warm, salty water. Avoid acidic foods. Eat warm soft foods. Use mouth washes.

Persistent cough: Rest in a well-aerated room. Seek medical treatment.

Fevers: Sponge bath. Drink extra fluids. Panadol may be used. See a doctor.

Weakness: Encourage activity. Have rest periods. Use a bath chair.

Skin problems: Change sleeping positions to avoid sores. Encourage short walks. Wash sores but use gloves if sores are open. Apply soothing lotions to dry skin.

Confusion and forgetting: AIDS and depression may affect the brain, causing confusion. Keep clocks and calendars and remind the person of the day, time and where they are. Make sure all safety precautions are taken. For example, remove loose rugs, stairs, medicines and sharp objects.

Emotional Support

Ask the person to talk about how he or she feels and what they can do for themselves and what they need help with.

Encourage him or her to do as much as possible for themselves. Do not do for the ill person what they can do for themselves.

Give support and praise when deserved.

Ask the person how they prefer to have things done (food preparation or cleaning).

When feelings of anger and crying occur, encourage them to express them.

The most common feelings are fear, anger, hopelessness, sadness, and loneliness. Let them know you are there to listen and talk to them, and their feelings are normal.

Caregiver Duties

Garbage: Things for cleaning (gloves and other soiled things) should be burned or placed in a double plastic bag. Tie the bag well.

Washing: Wash with warm, soapy water before and after contact.

Laundry: If soiled with body fluids wear gloves, use bleach and soap, keep separate from other laundry. If not soiled, wash as normal.

Instruments: If injections are given, sterilize needles and syringes by boiling them; store them in a plastic or metal box that will not puncture. Used disposable needles and syringes should be placed in thick cardboard, glass, plastic or metal containers and thrown away. Wash thermometers with soap.

Cleaning: Cover open wounds with a bandage or cloth. Clean bathroom area often, using gloves and bleach. Wash dishes with hot soapy water.

Stigma (15 minutes)

1. Read the following story that describes a situation caused by HIV and AIDS:

When Anna's husband died, she thought that he may have died from AIDS. She was very worried that she may also be infected. After several weeks of worrying, she went for VCT. Anna learned that she was HIV-positive. It was difficult to know the truth about her status but it was better than worrying about it. Anna was determined to work hard while she was still strong and to save as much money as she could.

Right after her husband died, Anna had had joined a group that helped her start her own business. Her business is important because it is her family's only source of income. When Anna joined the group, everyone was friendly and helpful. She was chosen as a group leader. However, after they began to suspect that Anna was HIV-positive, they acted differently. Some of the women whispered when Anna came in and no one would sit near her at the meetings.

Anna's son, Peter told her that everyone in the village knew that his father, Paul, had died of AIDS. Some of them were saying that Anna gave the disease to her husband! She often thought, "How can they think this? I have always been a faithful wife. Paul was the only man I have ever had sex with in my life!"

Worse yet, Anna's business was not going well. Even her best customers stopped buying from her. People who used to greet her warmly now turn away when they see her. It seems they are afraid to be near her, afraid they will get AIDS if they touch anything she has touched.

2. Ask learners to think about how they would feel if they were treated this way. Ask several learners to take turns pretending to be Anna and share how they would feel.
3. Ask one of the volunteers who played Anna to sit in front. Ask the others to think about supporting Anna. Ask for volunteers to come up and visit with her and tell her some practical things she can do to comfort and help her. Treat her as you would like to be treated if you were in her situation.
4. Ask all of the volunteers to return to their places. Thank the volunteers for their comments and suggestions.

Positive Living (30 minutes)

1. Ask two volunteers to role play a person who is giving her HIV positive friend encouragement and advice on how to take care of herself and live positively with HIV.

2. Tell the learners that positive living is the conscious decision that even though one has tested positive for HIV, life can and should go on. This is accompanied by determination to do all the positive things one needs to do to stay healthy longer. The five Ls of positive living include:

BeLieve in yourself – you can do it

Learning all you can

Listening to your doctor

Leaning on others – counselling, support from friends and families

Letting be – accepting the situation you are in.

3. Tell learners that people that have recently been tested positive should:

Not believe people who say they can cure HIV and AIDS. Do not waste money on false cures.

Take simple medications that can help your symptoms, such as aspirin for fever and medicines that control diarrhoea. Treat infections as soon as they develop.

Follow a healthy diet with fresh fruits, vegetables, and protein (meat, fish, eggs). Drink lots of clean water.

Exercise to improve physical fitness, improve appetite, improve immune system function and increase feeling of well being.

Avoid stress.

Get enough rest.

Session 29 Sexually Transmitted Infections (STIs)

Learning Objectives

By the end of the session, learners will be able to:

- Describe the most common sexually transmitted infections
- Describe the “typical symptoms” of common STIs
- Explain the treatment and management of STIs



Time 60 minutes

Background Notes

What are Germ, Viruses, and Bacteria?

Germ is a tiny living organism, or thing, that cause disease when they enter the body. They are so tiny you cannot see them. Bacteria and viruses are both types of germs.

Viruses are the smallest germs known to man. In order to multiply, viruses must find a home inside a living organism, like a human cell. Some of the diseases caused by viruses include measles, polio, hepatitis, chicken pox, the common cold (homa) and HIV.

Many bacteria are useful, such as those that ferment beer or turn milk into yoghurt. However, many also cause disease in humans. Some diseases caused by bacteria include gonorrhoea, syphilis, meningitis, diarrhoea, pneumonia, and leprosy.

What are STIs?

Sexually transmitted infections (STIs) are infections transmitted by having unprotected sex with an infected partner. STIs are some of the most common communicable diseases in Kenya, particularly among young people aged 15-24. The human immunodeficiency virus (HIV) is an STI that leads to AIDS, which is fatal. (See Module 26 for more information on HIV and AIDS). In addition to HIV, there are more than 20 other diseases that can be transmitted sexually, including chancroid, chlamydia, gonorrhoea, genital herpes, the human papilloma virus, syphilis, and trichomoniasis, among others.

A sexually transmitted infection occurs when bacteria, viruses, or other disease-causing organisms pass from one person to another. STIs can have devastating health consequences, including pelvic inflammatory disease, infertility, chronic abdominal pain, cervical cancer, and in some cases, death. In addition some STIs can be transmitted to infants during pregnancy or birth.

It is possible to catch an STI even after only one act of sexual intercourse with an infected person. Some STIs can no longer be treated successfully with the medicines that were used in the past, because the germs that cause the disease are now resistant to the medicines.

Why are Girls More at Risk?

Women are at higher risk for and more affected by STIs than men for several reasons. Differences in their bodies make detection more difficult in women, infection has more serious consequences for women than for men, the risk of transmission is greater from a man to woman, and many women have little power to protect themselves in sexual situations. Additionally, because a man's sexual fluids stay inside a woman's body after sex, she is more likely to get an infection. Younger girls are even more at risk for getting an STI because they are more likely to suffer from tears in the vagina during sex.

Signs and Symptoms of STIs

Most men can tell when they have an STI because there are usually clear signs. Women, however, often have an STI without knowing it, because there are often no signs that they have the disease. Sometimes only an experienced and trained health care provider can find signs of an STI in a woman. This is especially true during pregnancy, when many STI symptoms (for example, an increase in the amount of fluid produced in the vagina) are mistaken for side effects of pregnancy. Sometimes it is necessary to examine samples of a woman's blood or vaginal discharge to find out if she has an STI, and which type of STI she has. For this reason, it is important to recognize the signs of an STI and to visit a doctor as soon as possible if you see any of the signs or suspect that you have been exposed to an STI.

Risk factors for STIs include:

- Having a partner with an STI
- Having more than one partner
- Having had a new partner during the last three months
- Suspecting a partner has other partners

Many STIs can be cured or treated. A health provider will give medicine to a person who has been diagnosed with an STI. It is essential that a person with an STI finish all the medicines that the health worker gives and abstain from sexual activity or have protected sex until the health worker says they are cured. If a person finds out that they have an STI, they should also make sure that their partner (or partners) goes for treatment.

Any of the following may be a sign for a person who has had sexual intercourse that she or he may have an STI and should consult a doctor or clinic:

- Redness or soreness of the genitals
- Pain at urination or cloudy or strong-smelling urine
- A sore or blisters on or around the genitals, near the anus, or inside the mouth
- Excessive itching or a rash
- Abdominal cramping/pain
- A slight fever and an overall sick feeling
- A sexual partner with symptoms

Note: Both men and women can have an STI without physical symptoms. However, women are more likely to be symptom free. The complications from STIs are more severe in women than in men.

STI Prevention

The only completely effective way to prevent STIs is to abstain from oral, anal, and vaginal sexual intercourse. Contact with another person's body fluids can result in STI infection.

For people who have decided to engage in sexual activity, condoms can protect against many, but not all, STIs. For minimal protection, inspect your partner's genitals, wash your genitals after sexual intercourse, use contraceptives jellies, limit your sexual partners to one person, avoid partners who have sex with other partners, talk to your partner about his or her sexual habits and health. Get tested for sexually transmitted infections with your partner if you have worries or suspicion.

Men can play a particularly important role in preventing STIs by maintaining a monogamous relationship or using condoms to protect their partner and themselves. Maintaining a mutually monogamous relationship – one way of preventing STIs – requires the commitment of both partners. Men can show respect for their partners' health by limiting their sexual relations to one partner.

If You Have an STI

Seek medical treatment immediately and complete your treatment. Do not share your medicine with a partner or anyone else.

Inform your sexual partner(s).

Strongly encourage your partner(s) to get treatment.

Abstain from sexual contact while infectious.

Abstain from sex or protect yourself every time you have sex.

Instructions

STI Symptoms and Prevention (60 minutes)

1. Divide learners into groups. Give each group a sheet of paper and pen. Ask learners to write down signs of STIs, both things you can see and things you can feel ways. Ask: How do these STIs differ for men and women? Do they know any names for these infections (either common names or medical names)? How do people get STIs?

2. Call everyone back into the main group and ask someone from each group to present their discussions. Ask: Does everyone agree? Are there any other ways of telling if someone has an STI?

3. Make sure the group covers the following ideas:

Seeing: a sore on penis, vagina or opening of vagina (or any part of the body near by), pus coming from penis, seeing brown insects slowly moving in pubic hair and small white eggs on hairs (pubic lice), end of penis being red, small cauliflower-like growths on or near the genitals (men and women), swollen glands at the top of the legs (men and women), heavy and smelly discharge on a woman's panties.

Feelings: Itchiness inside vagina or itchy pubic hair (men and women), burning pain when passing urine and feeling like you have to urinate the time (men and women), pain in the womb and lower part of the abdomen, sometimes also with fever, pain when having sex, and painful swollen testicles.

Names: The learners will definitely know some names, these may be medical, such as syphilis or gonorrhoea, or these may be street names like Dafrau, radi, moto, break.

4. Explain that unfortunately STIs often have no obvious signs, particularly in women, which is why they are so easy to catch and pass to others. Many people only discover that they have an STI when they are told by a partner, or are examined by a doctor for the cause of infertility or when they have a routine syphilis test in pregnancy.

Make sure learners understand that not all of these signs mean that someone has an STI. For example, any type of urinary infection may cause it to burn when you pass urine, you may get swelling at the top of your leg if you have an infected cut or sore on the leg, and women can get itching in their vagina and a thick discharge which looks like sour milk from yeast infections which are not sexually transmitted.

5. Ask learners to list ways to prevent STIs and what people should do if they think they have an STI. Record their answers on the board. Ask learner to think about why people often do not go for treatment and why they often stop their tablets before they are finished.

The only way to prevent STIs is to abstain from sexual activity or to practice safer sex by using a condom when you have sexual intercourse. Condoms can protect against most, but not all STIs.

It is very important to get treatment as soon as we think we may have an STI or if a sexual partner tells us that he or she has an STI. We should first go to a health centre or hospital for treatment. It is not possible to treat yourself. It is also important to take all of the medication given by the health provider.

It is important tell our partners if we have an STI and ensure that they are treated too. Otherwise we can catch the STI from them again later on.

There are many negative consequences of getting an STI. If STIs are not treated a man or woman may become infertile, if a woman gets pregnant she may miscarry or her baby may die, and they may give it to others. If a person has an STI and has sex with someone who has HIV, he or she is much more likely to be infected with HIV than someone who did not have an STI. Sores or wounds caused by STIs can make it easier for HIV to be transmitted.

6. Remind learners that:

STIs can affect both sexes.

A person can get an STI even after a single unprotected sexual act with an infected partner. The more a person exposes him or herself, the more likely he or she is to get infected.

You cannot tell if a person has an STI just by looking at him or her as she or he will probably look normal.

There are no vaccines or immunity against STIs.

Optional Activities

15-19

#1 Talking to your partner about STIs: Role-play

1. Divide the group into male-only and female-only groups. Ask each group to discuss: 'What would you do or say, if you noticed that your sexual partner had sores or an unusual discharge or smell in the genital area?'

2. Ask the groups to explore this through role-play, and practice the best ways of discussing sexual health with their partners.

3. Allow 20 minutes for this activity. Then allow time for the male and female groups to share their role-play and discuss.

4. Facilitate a discussion with the following questions:

What are the three most effective ways to avoid STIs?

Abstain from sexual intercourse of any kind

Use condoms every time you have any kind of intercourse

Be faithful to one partner who is also faithful to you

What three things should you do if you think that you have been infected with an STI?

Seek proper medical treatment right away

Inform your sexual partner(s)

Abstain from sexual contact until there are no signs of infection and the medicine has been finished.

STI Symptoms and Consequences

STI	Symptoms	Consequences
HIV	<p>Symptoms begin several months to years after infection and may include:</p> <ul style="list-style-type: none"> Persistent tiredness Loss of over 10% of body weight Persistent diarrhea Persistent fever 	<p>There is no cure</p> <p>You can give HIV to your sexual partner or someone with whom you share a needle.</p> <p>Can be passed from a pregnant woman to her unborn child</p>
Gonorrhea	<p>Symptoms begin 2-21 days after infection:</p> <ul style="list-style-type: none"> Discharge from penis or vagina Pain/burning sensation during urination or bowel movement Difficulty urinating Lower abdominal pain (pelvic area) <p>Most women and some men have no symptoms</p>	<p>Damage to reproductive organs</p> <p>Sterility</p> <p>Blindness in babies of infected mothers</p> <p>You can give gonorrhea to your sexual partner</p> <p>Heart trouble, blindness, skin disease, arthritis</p>
Syphilis	<p>1st Stage</p> <p>Symptoms begin 1-12 weeks after infection:</p> <ul style="list-style-type: none"> Painless, open sore on the mouth or sex organ Sore goes away after 1-5 weeks <p>2nd Stage</p> <p>Symptoms begin 1-6 months after sore appears:</p> <ul style="list-style-type: none"> Non-itchy rash on the body Flu-like symptoms 	<p>Increased risk of ectopic pregnancy</p> <p>You can give syphilis to your sexual partner</p> <p>Heart disease, brain damage, blindness, death</p> <p>Can be passed from pregnant woman to her unborn child</p>
Herpes	<p>Symptoms begin 2-30 days after infection:</p> <ul style="list-style-type: none"> Painful blister-like lesions on or around the genitals or in anus or mouth Flu-like feelings Itching and burning around the sex organs before the blisters appear Blisters last 1-3 weeks Blisters disappear but the individual still has herpes Blisters may recur 	<p>There is no cure for herpes</p> <p>Recurring outbreaks of painful blister occur in 50% of those who contract herpes</p> <p>May be transmitted to sexual partner</p> <p>May be transmitted to a baby during childbirth</p> <p>May increase the risk of cervical cancer</p>

STI Symptoms and Consequences (continued)

STI	Symptoms	Consequences
Chlamydia	<p>Symptoms begin 7-21 days after infection:</p> <p>Discharge from the sex organs Burning or pain while urinating Unusual bleeding from the vagina Pain in the pelvic area Most women and some men have no symptoms</p>	<p>You can give chlamydia to your sexual partner</p> <p>Damage to reproductive organs</p> <p>Sterility</p> <p>Passed from mother to child during childbirth</p>
Genital Warts	<p>Caused by the human papilloma virus (HPV)</p> <p>Small, painless, fleshy bumps on and inside the genitals and throat</p> <p>Often no visible symptoms</p>	<p>Some strains are associated with cervical cancer and some other genital cancers; these strains may not produce visible warts</p> <p>Can be detected during gynecologic exam</p> <p>Can be removed by physical or chemical means but virus cannot be cured and warts often reappear</p>
Hepatitis B	<p>Spread by sex, exposure to infected blood, and to child during pregnancy or delivery.</p> <p>Mild initial symptoms: headache and fatigue Later symptoms: dark urine, abdominal pain, jaundice</p> <p>Often no visible symptoms</p>	<p>Can develop chronic liver disease</p> <p>Causes inflammation of liver and sometimes leads to liver failure and death</p> <p>No cure</p>

From CEDPA's *Choose a Future: Issues and Options for Adolescent Girls*, 1996.

Session 30: Myths and Facts on STIs

Learning Objective

By the end of the session, learners will be able to differentiate between facts and myths about STIs

Time 50 minutes

Background Notes

Adolescents may think they are too young or too sexually inexperienced to get STIs. They may also think they are not at risk, because they incorrectly believe that STIs only occur among people who are promiscuous or who engage in 'bad' behaviours. You can play an important role in helping them learn about the myths around STIs. Young people are particularly at risk of STIs because:

- They lack information about how to prevent STIs.

- They are less likely to seek information or treatment due to fear, ignorance, or inexperience.

- The risk of acquiring an STI is greater at first exposure.

- Adolescent females are more susceptible to infections than older women due to their immature reproductive organs.

- Early sexual experience can result in trauma to vaginal tissue, increasing adolescent women's vulnerability to STIs.

- Adolescents who begin sexual activity early are likely to have a greater number of lifetime sexual partners

Other risk factors for STIs are:

- Unprotected sex (without a condom)

- Sex with multiple partners

- Having a partner with STI symptoms

- Sex with a new partner or more than one partner in the last three months

- Sex with strangers

- Sex in exchange for money or gifts

- Vulnerability to sexual violence and abuse

- A history of STIs or pelvic inflammatory disease (PID)

Instructions

Facts and Myths (50 minutes)

1. Divide learners into four or five groups and have each group sit together. Explain that they are going to play a game. Each team will be read a statement (from the list below) and they must answer it. The team must decide whether the statement is true or false (they will receive 1 point for a correct answer). The team must explain why the statement is true or false (and can receive another point for a correct answer). If the answer or explanation is incorrect, another team can try for an extra point. Continue until all the statements have been read. When the game is over, announce the points and winning team.

1. A person can always tell if she or he has an STI.

False. People can and do have STIs without having any symptoms. Women often have STIs without symptoms because their reproductive organs are internal, but men infected with some diseases like Chlamydia may also have no symptoms. People infected with HIV generally have no symptoms for years after infection.

2. With proper medical treatment, all STIs except HIV can be cured.

False. Genital warts and herpes, STIs caused by viruses, cannot be cured at the present time.

3. The organisms that cause STIs can only enter the body through either the woman's vagina or the man's penis.

False. STI bacteria and viruses can enter the body through any mucus membranes, including the vagina, penis, anus, mouth, and in some rare cases, the eyes. HIV can also enter the body when injected into the bloodstream from shared needles. It can also be passed from mother to child during pregnancy, delivery or through breast-feeding.

4. You cannot contract an STI by masturbating, holding hands, talking, walking, or dancing with a partner.

True. STIs are only spread by close sexual contact with an infected person. Anyone can be infected by having oral, anal, or vaginal intercourse with a partner who is infected.

5. Practicing good personal hygiene after having intercourse should be encouraged.

True. While personal cleanliness alone cannot prevent STIs, washing away your and your partner's body fluids right after intercourse is good hygiene. Washing does not, however, prevent pregnancy or stop HIV from entering the body through the mucus membranes in the mouth, anus, penis, or vagina.

6. It is possible to contract some STIs from kissing.

True. It is rare, but possible to be infected by syphilis through kissing if the infected person has small sores in or around the mouth. The herpes virus can be spread by kissing if sores are present. HIV is not passed through saliva, and could only be transmitted through kissing if both people had open sores in their mouths or bleeding gums.

7. The most important thing to do if you suspect you have been infected by an STI is inform your partner.

False. The most important thing to do is seek immediate medical treatment. Symptoms of an STI may never appear, or may go away after a short time, but the infection continues inside the person's body. After starting medical treatment, the person should inform his or her sexual partner(s). In the meantime, it is also important for the infected person to abstain from any sexual contact until the treatment has been completed.

8. Only people who have sexual contact can contract an STI.

False. Babies can contract STIs such as herpes, gonorrhoea, and HIV during pregnancy or delivery or through breastfeeding.

9. Condoms are the most effective protection against the spread of STIs.

False. Abstinence from sexual intercourse is the best way to prevent the spread of STIs. Condoms are the next best thing, but only abstinence is 100 percent effective.

10. Using latex condoms will help prevent the spread of STIs.

True. Latex condoms can help prevent the spread of STIs, but they must be used correctly for every sexual act. Latex condoms are not 100 percent effective because they can occasionally break or come off during intercourse. Lambskin condoms are ineffective for protection from STIs and should not be used.

11. A woman using oral contraceptives should insist that her partner use a condom to protect against STIs.

True. Oral contraceptives do not prevent STIs, so a condom would be necessary for protection unless both partners know they are faithful to one another and are currently infection-free.

12. Abstinence is the only method of contraception that is 100% risk free.

True. Avoiding sexual activity is the only way to absolutely prevent pregnancy or STIs.

13. Once you have had gonorrhoea, you cannot get it again.

False. A person can get gonorrhoea as many times as he or she has sex with an infected person. It is important that anyone who is treated for gonorrhoea or any other STI make sure that his or her sexual partner is also treated.

14. There is still a significant risk of HIV transmission with condoms, since the pores in the condoms are large enough for the virus to pass through.

False. HIV cannot pass through latex condoms. The reason condoms are not 100 percent effective in preventing HIV infection is because they can sometimes come off or break during intercourse because they are not being used properly. Condoms provide over 10,000 times more protection against HIV infection than not using a condom. There is a strict manufacturing process that is followed when making condoms and HIV is too big to pass through latex.

15. There is no known cure for genital herpes.

True. While there are drugs available to treat the symptoms of genital herpes, there is no cure for the disease.

16. Condoms have been laced or coated with HIV that causes AIDS.

False. Condoms are scientifically tested by the companies that manufacture them. There is strict quality control. Many more people who use condoms would have already become sick or died if condoms had HIV inside them.

17. You will not get HIV if your girlfriend or boyfriend is clean.

False. A person's risk of HIV cannot be determined by looking at a person and checking her or his reputation. Some people get HIV when they have only had sex once or with one partner.

18. It is women who are spreading HIV and STIs.

False. Both women and men may have HIV and may pass it to their sexual partner. Our society often blames women for spreading sexually transmitted infections, but a woman must first become infected from her partner before she can pass it to someone else.

19. Having sex with a virgin cleans a man of HIV and cures him.

False. There is no cure for HIV. Having sex with a virgin only risks giving HIV to that person and will not cure the man.

20. If you have unprotected sex with a person who has HIV you will definitely catch it.

False. Not everyone who has unprotected sex with someone with HIV will become infected. Some people can stay in a relationship with a person who has HIV for a long time and not become infected, others catch it the first time they have sex with someone who is infected. Becoming infected with HIV is always a risk but it is important not to assume that just because a person's partner has HIV that he or she will have it too.

21. STIs are a curse from god.

False. STIs are caused by germs, which are transmitted during sexual contact and can be prevented by abstaining from or practicing safe sexual practices.

2. Conclude the activity by facilitating a discussion with the questions below:

What are the signs and symptoms of STIs? (Answers include: redness or soreness of the genitals, pain when urinating (mostly with men), strong smelling or cloudy urine, unusual discharge from the penis or vagina, sores or blisters on or around the genitals, mouth or anus, a sexual partner with symptoms)

What are the two most effective ways to avoid STIs? (Answers include: abstain from sexual intercourse of any kind, use condoms every time you have intercourse or be faithful to one faithful partner)

What things should you do if you are worried that you have been infected with an STI? (Answer include: seek medical treatment right away, inform your sexual partner (s), and abstain from sexual contact until there is no evidence of infection)

How could you talk about using condoms if you were to have sexual intercourse with a partner you cared about? How would you feel if your partner brought up condom use when you were about to have sex? What would you say to him or her?

What would be most difficult about having an STI?

Facilitator Resources

Resource 1 Facilitation Techniques

This section provides an overview of facilitation techniques and approaches for participatory training. It contains information on the following:

- Principles of Experiential Learning
- Four participatory training techniques
- Ways to encourage participation
- Setting ground rules
- The art of asking questions
- Principles of responding to learners questions
- How to respond to learners responses
- How to deal with learners behaviours
- Time management in participatory training



Experiential Learning

The principles behind experiential learning is:

- What I hear, I forget.
- When I hear and see, I remember a little.
- What I hear, see, and talk about with others, I begin to understand.
- What I hear, see, discuss, and do allows me to acquire knowledge and skills.
- What I teach to another, I master.

Experiential activities are designed to help the learner gain information, examine attitudes, and practice skills. Experiential learning is learner-oriented.

The learner chooses what to participate in, based on their needs and usefulness of what is offered

The learner asks questions and weighs the pros and cons of what they are told. Such participation and reflection contributes to their learning and is to be encouraged.

Young people have experience. Ignoring their experience (treating them like children) may create resistance to learning.

Young people face real problems. If training cannot help them to resolve these problems, they may feel their time has been wasted.

In experiential learning, involving learners in their own education is essential. Each learner goes through four stages:

- Do a task (experience)
- Identify what happens
- Analyze what happened - identify principles learned from the exercise
- Discuss the application to their lives

To enhance this process of learning there are some end of lesson wrap up exercises that can be useful. The activities assist the learner to think about what they learned from the lesson and to review the usefulness of what they have learned.

Daily Wrap-Up Exercise 1

Divide learners into two groups and ask them to write down key learning points from the day. Ask the two groups to share their lists and compare them.

Review the objectives list posted earlier and ask learners to comment on whether the activity met the objectives.

Daily Wrap-Up Exercise 2

Ask learners to think about their personal key learning points from the day.

Ask learners to form a circle.

Explain that you want each of them to offer a single brief response to the sentence stem you will give in a whip-like or round-robin fashion.

Show the following sentence stem: "My biggest learning point today was..."

After everyone has contributed, comment on the common themes.

Daily Wrap-Up Exercise 3

Write the words, "After today's session, I will...." on the board.

As a group, ask learners to brainstorm things that they will do as a result of the new information they have learned in the session.

Four Participatory Learning Techniques

Because experiential learning is learner-oriented, it is important that the learner participates in the process. There are several techniques that enhance participation and which are used in this curriculum. They include the Mini-Lecture, Group Discussion, Role Play, and Brainstorming. Here is a description of these techniques.

MINI - LECTURE

What is it? A brief presentation given for the purpose of assisting learners to acquire certain knowledge, or to expose them to a principle, process or situation relevant to their learning.

Teacher characteristics

Uses several presentation techniques (oral as well as visual)

Indicates if learners should take notes (or if handouts will be provided)

Shares the objectives of the lecture

Links this session to the preceding session

Often begins with a question

Follows a plan

Cites references as appropriate; uses diagrams to show relationships between ideas and to show processes and procedures

Defines new terms

Mini-Lectures are used to:

Introduce an activity/group experience (if the activity/experience needs an introduction.

Note: one should never share in advance the principles to be drawn from the experience before doing the experience. The principles must come out of the discussion that follows the experience [respect the experiential learning cycle!]

Explain and/or resume a particular point during the summary of a group activity/experience (especially in the case of a concept which is new to the group)

Provide additional information

ADVANTAGES	DISADVANTAGES
<p>Economize on time</p> <p>Present facts in an orderly manner</p> <p>Reinforce the relationship between a learning experience and complex concepts or principles or application to learners' life.</p>	<p>Can be boring</p> <p>May not solicit group participation</p>

How to use a mini-lecture

Preparation

Ensure that the mini-lecture:

1. Is relevant, that it responds to the learning needs of the group; that it corresponds to their level of knowledge and experience, and to the activities they have just done as well as to those that follow.
2. Is well-prepared.
3. Is brief (less than 30 minutes). Do not give more material than the group can assimilate.
4. Encourages group participation by asking and answering questions and encouraging learners to share experiences and examples.
5. Is supported by visual aids.

Instructions

1. Pay attention to the reaction and the understanding of the group as well as the ambiance. It may be necessary to go a bit faster, a bit slower, introduce certain activities or solicit learner input or examples in order to ensure effective understanding of the material presented
2. Present the material in an organized and clear manner, using simple words, concrete examples, and a logical sequence. Visual aids reinforce principal points. Handouts (distributed at the end of the day) give essential points and eliminate the need for learners to take notes (which can be distracting to them)
3. Change the tone of voice, maintain eye contact with the group, and use gestures to support the message.

GROUP DISCUSSION

What is it? Group discussion is a part of nearly all training activities. It is used for:

- Learning facts, concepts and principles
- Discussing issues, solving problems and sharing experiences
- Developing attitudes
- Developing communication skills

Group discussions can be used to:

- Introduce an activity
- Bring out learners' knowledge
- Draw a link between an activity or concept and a previous session and/or another skill already taught
- Orient the group to a task
- Analyze the activity and its application to learners' work

ADVANTAGES	DISADVANTAGES
Active participation of everyone Brings out the knowledge, experience and attitudes of participants	The discussion may completely sidestep the subject to the point that it even loses its purpose

How to use group discussion

Preparation

1. Prepare discussion questions based on session objectives; note key points to discuss.
2. Plan for summary of the discussion that includes a conclusion and how the new information can be applied to their lives.

Instructions

1. Introduce the subject and draw a link between it and the last session and/or its relevance to the work of the learners.
2. Ask open and relevant questions.
3. Ensure that everyone is given the possibility to express themselves and that no one dominates the discussion. Ask questions to those who participate/respond less and ask others to allow everyone to participate.
4. If there are differences of opinion, ensure that the different opinions are freely expressed.
5. Do not judge the learners.
6. Do a summary at the end.

ROLE-PLAY

What is it? A teaching method in which the trainers or learners act out roles in a simulated situation. There are three types of role-plays:

1. Spontaneous: the trainer or a learner decides spontaneously to demonstrate something through a role play
2. Structured - Open: all of the information is known to all the learners/players (in the role play): there are no unknowns, hidden facts nor special instructions. The role play occurs in an organized fashion; the players coordinate their efforts to arrive at a predetermined ending (often to show a particular situation to the audience).
3. Structured - Blind: the trainer gives to each player individual instructions that are not shared with the other player. Each player follows his/her instructions (plays his/her role) without knowing what the other player's specific instructions are. (This type of role play is often used for the purpose of teaching certain competencies in interpersonal communication).

Role-plays are used to:

- Practice competencies in interpersonal communication
- Examine a problem or situation in order to learn how one could have reacted to it better
- Become more aware of the effects of attitudes and/or behavior on others in order to facilitate changes in attitude and/or behavior
- Evaluate the performance of personnel in certain interpersonal situations (to improve them)
- Facilitate reflection about a difficult decision (by acting it out)

ADVANTAGES	DISADVANTAGES
<p>Active participation of participants</p> <p>A key method for developing interpersonal communication skills</p> <p>May reduce the threat of learning certain interpersonal competencies. (In a role play, one can experiment with certain behaviors in a safe situation without the risk of embarrassment)</p> <p>Provides an occasion to learn by observation and feedback</p>	<p>Participants may not take the learning seriously. The trainer can minimize this problem by asking participants to submit the cases to be used for the role play</p> <p>The roles sometimes reinforce existing stereotypes</p> <p>Roles must be realistic and players must portray them accurately</p> <p>When role plays are conducted before a passive audience, learning may be minimal. Members of the audience must have an active role of observation. In order for participants to master the specific competencies, role plays must be conducted in small groups of three to four learners.</p> <p>Role play may personalize a particular situation too much. The players may perceive the roles and the feedback too personally; or reveal things that they later regret. The trainer must clearly define the learning environment.</p>

How to conduct a role-play

Preparation

1. Ensure that the role-play:

- Responds to the learning objectives for the session
- Is realistic in terms of the identified problems of the learners
- Is interesting
- Offers a challenge to the player as well as to the audience

2. To write up the scenario:

- Describe the situation
- Describe the role of each player
- Prepare an observation guide to help the players and audience analyze the role play

3. Prepare a plan for the discussion following the role play, in order to be sure of developing the essential points.

Instructions

1. Give the instructions to the group:

- Goal of the role play
- Structure of the role play (who plays which role? How much time is allowed?)
- Post the observation questions and rules for feedback
- Distribute the cases to the players (according to the type of role play)

2. Conduct the role play (10-15 minutes maximum)
3. Facilitate a discussion, including the reaction of the players followed by that of the observers, based on the observation questions and the experiential learning cycle

Problems

Questions raised

Effectiveness of the intervention and alternative strategies

4. Have learners de-role by saying, "I am no longer x (name used in the role-play/character), I am y (the learners name). This is particularly essential, because role-plays can involve a lot of emotions that can remain with the players for hours or days.

Brainstorming

What is it? A teaching method used to help learners to reflect in a creative manner. This technique is composed of two steps:

The brainstorming of ideas: the group puts forth all the ideas and/or solutions possible relative to a given subject/problem. One person writes all the ideas on the board. No one comments on the ideas nor indicates whether they are good or bad, relevant or irrelevant.

The analysis: when the group has exhausted their ideas, the group proceeds to the analysis of the ideas. The group discusses the ideas and decides which of them are valid.

Brainstorming is used to:

Help a group think of the largest number possible of new ideas

Help persons who are extremely practical to think in a more creative manner

Resolve a difficult problem when the traditional problem solving techniques have failed

ADVANTAGES	DISADVANTAGES
May be effective for the resolution of a problem when the group is blocked	People who like to be practical may be uncomfortable
Engages the participation of everyone	Many of the suggestions may not be useful
	Criticizing ideas during the analysis step makes some people uncomfortable

How to brainstorm

1. The trainer introduces the subject to be discussed
2. The trainer explains the goal and the process of brainstorming (including why and how it will be used)
3. The group shares all of their ideas related to the subject
4. The ideas are written on the board without comment. No one indicates whether the ideas are good or bad
5. When the group has exhausted its ideas, the trainer leads a discussion of the ideas one by one. The group decides which are valid/relevant in relationship to the objectives/subject. They eliminate the rest
6. The trainer helps the group to summarize the subject

Ways to Encourage Participation

Many young people are accustomed to classroom-type lectures in which the teacher is the expert and the learners are the recipients. Participatory activities might limit their willingness to fully participate in discussions and other activities.

The following tips can encourage participation.

Nonverbal encouragement

Eye contact: Be attentive in making eye contact with all learners.

Head nodding: Nod your head to show understanding and to encourage learners to continue.

Posture: Avoid defensive postures, such as folded arms.

Body movement: Move toward people to draw them into discussion. Avoid distracting movements such as too much walking or pacing.

Smile: Concentrate on smiling to encourage and relax the group.

Verbal encouragement

Praise or encouragement:

“I’m glad you brought that up”

“Tell me more”

“Good point. Who else has an idea?”

“I would like to hear your thoughts about...”

Accept and use ideas suggested by another learner:

“To build on your point, Mary...”

“As Fatma mentioned earlier...”

Accept feelings, using statements that communicate acceptance and clarifications of feelings:

“I sense that you are upset by/in disagreement with what I just said.”

“You seem to feel strongly about this issue.”

Setting Ground Rules

Setting ground rules for the activities is essential for managing group discussions. Before starting any of the sessions, conduct a session on the ground rules of participation. Ask learners to brainstorm a list of rules they think will make the sessions more successful. Write these rules on the board. Feel free to add any important rules that learners may have omitted (see below). These rules should be kept visible for all sessions and referred to as needed throughout the modules.

The following are some sample ground rules:

- Listen to what other people say.
- No talking when someone else is talking.
- Be kind and give support.
- If people do not want to say anything, they do not have to.
- Do not laugh at what other people say.
- Insults are not allowed.
- The opinions and statements of boys and girls are valued equally.
- All experiences will be shared in a climate of privacy and trust.
- If you wish to speak, raise your hand and wait to be called upon.
- Questions are encouraged and may be asked at any time. There is no such thing as a stupid question.
- It is okay for the facilitator and learners to blush, feel embarrassed, or not know the answers to all of the questions.
- The facilitator also may choose not to answer a question in front of learners.
- Things shared will be kept strictly confidential. They will not be discussed outside the group.
- Do not judge people because of what they do or say.

Explain to the learners that they might also have questions that they are afraid to ask in front of their peers and friends. Let them know that they can write questions anonymously and place them in a designated spot (Question Box, Teacher's pigeon hole, etc) that has been set up especially for their questions. Explain how you will answer these questions, either after each session or when appropriate.

The Art of Asking Questions

The ability to ask meaningful questions that stimulate discussion, and relate to the objectives of the learning session, is an important skill for a facilitator. Effective, stimulating questions are open-ended and can start with "what" and "how." Questions that start with "why" may put learners on the defensive. There are four types of questions:

- 1) Close-ended questions: At what age do boys begin puberty?
Closed-ended questions solicit yes or no responses or very short answers.
- 2) Open-ended questions: What are some physical changes that occur during puberty?
Open-ended questions solicit more information.
- 3) Probing questions: Can you tell me what you know about menstruation.
Probing questions solicit more in-depth information and encourage in-depth thinking.
- 4) Leading questions: Isn't it normal for boys to have wet dreams?
Leading questions lead the respondent to say what they think you want them to say and not what they really think or feel.

A facilitator asks questions in order to:

- Verify the learners understanding of the topic
- Clarify a point or reinforce essential points
- Stimulate learners thinking
- Encourage group participation and maintain interest and attention
- Assist learners to review topics/concepts what they have not mastered well
- Draw relationships between classroom learning and application to learners' life

The purpose of asking questions is not to interrogate. Questions are directed at the learners and therefore the facilitator should not jump in to answer the question. Even when faced with some silence, the facilitator should be patient and remain silent for at least 10-15 seconds. It is likely that someone will break the silence and attempt to answer the question.

The facilitator should ask questions:

- During the introduction of the lesson (to help learners make the connection between the content of the session and their own experience/needs).
- Throughout the session (to encourage participation)
- At the end of the session (to draw conclusions and application of the learning process).

Questions should require thought, allow the group to draw their own conclusions, and encourage reflection so the information can be applied to their lives.

Responding to Learners' Questions

In participatory learning, learners should be encouraged to ask questions. It is important for the facilitator to keep the following principles in mind when responding to questions:

- Listen carefully to understand the purpose of the question/what's behind the question.
- Do not answer too quickly. Take a moment to reflect on your answer.
- Ask the question in a different way to be sure you have understood it.
- Thank the person asking the question.
- Choose words carefully and think about the impact they have on an individual.
- Never belittle or embarrass someone for asking a question.
- If you do not know the answer, admit it, and promise to look for more information.
- Ask a learner, or the group, to respond to the question or to give their point of view.
- Make an effort to take questions from all parts of the group (right, left, center).

Responding to Learner Responses

Once the facilitator asks a question, it is important to listen to the responses very carefully. There are four types of responses that a facilitator can expect:

Correct Response: Repeat the learner's response to positively reinforce it and ensure that everyone heard the response. Comment positively on the response to encourage the learners. The facilitator can also ask the learner to repeat the response loudly enough to ensure all learners have heard.

Partially Correct Response: Compliment the learner for the correct part, and then reformulate the rest of the question to the same learner or someone else. Or ask, "Is there anyone who wants to add more information?"

Incorrect Response: Indicate in a constructive way that the response is not quite correct and reformulate the question to put the learners on the right track.

A response that adds a rich but unexpected idea: Thank the learner and recognize his/her idea.

How to Deal with Difficult Behaviours

Every group will have people with different personalities who behave differently, some of whom may disrupt the learning process. A few of these behaviors and how to deal with them are listed below:

1. **Talkative:** Has something to say about everything. Always volunteers to be group leader, answer questions, and offer suggestions.

Say, "I appreciate your comments but let's hear from some other people." Suggest further discussion outside of class, "In order to stay on schedule, let's discuss this further during break."

2. **Clueless:** Seems to have no idea what is going on, misunderstands the question or topic.

Say, "Something I said must have led you off track. What I was trying to say is..."

3. **Rambling:** Talks about things that do not relate to the topic. Differs from clueless because they know what is going on but prefers to follow their own agenda.

Say, "I don't understand. How does this relate to what we're talking about." Use the car park.

4. **Hostile:** Acts and says things to challenge and argue. Questions the facilitator's knowledge.

Do not become hostile as well. Say, "I understand and appreciate your point of view. What do some of the rest of you think?" (Gives others opportunity to exert peer pressure.)

5. **Stubborn:** Refuses to see anyone else's point of view. Is difficult to deal with in groups.

Say, "I appreciate your point of view, but for the sake of the activity/discussion, I'm going to insist that we move on. We can talk about this more."

6. **Silent:** Seems attentive and alert but will not comment or answer questions; happy to listen.

Say, "I know you have some experience in this area. It would be helpful if you would share your thoughts with the group". Putting participants in small groups often encourages shy people to participate more.

7. **Know-it-all:** Views self as authority on every subject and knows more than the group and facilitator.

Do not let your annoyance show. Acknowledge his/her contribution by saying, "That's one point of view. However, there are other ways of looking at it." May ask other participants for their opinions and move on.

8. **Class clown:** Makes a joke out of everything and tries to get attention.

Say, "We all enjoy a little fun. But right now, let's get serious and concentrate on the topic."

9. **Negative:** Complains about everything and may frown, keep arms crossed, and look away.

Say, "I understand your point. What suggestions do you have to change the situation?"

10. **Indifferent:** Makes no attempt to participate or contribute. May engage in activities separate from the group. (Often has been forced to attend).

As for the silent type, say, "I know you have some experience in this area. Please tell us about it."

11. **Personality clashes:** Some people in a group may not get along: engage in verbal battles, directly or indirectly, with personal and hurtful remarks.

Address personality clashes early by having ground rules or saying, "I suggest that we keep personalities out of the discussion. Let's get back to the topic."

12. **Side conversations:** Two or more learners have their own conversation while another learner or the facilitator is talking.

Sometimes just walking over to the individuals will cause them to stop their conversation. If not, try saying, "(persons' names), we were just talking about. . . What are your thoughts?"

Time Management in Participatory Training

In successfully facilitating participatory training, the group dynamics and processes can in many ways threaten time management and one great challenge is to manage the time reserved for a session.

The following are some suggestions to deal with time management threats:

- Make sure group work is timed and the learners know the time allocated. Stick to it.
- Supervise group work and individual exercises to make sure learners are on track.
- Make sure that learners know “which groups they belong to.”
- Make sure the instructions are clear and understood by all learners.
- Use the guidelines for addressing difficult behaviours to avoid distractions.
- Make sure you follow to the session guides and do not divert unnecessarily.
- Prepare all the materials you need before the session and keep them in an orderly manner.
- Use a “car park.” If you do not have enough time to address all comments and questions, write them down on the board or piece of paper and call them the car park. Explain to learners that you will talk about these at another time and they will not be forgotten.

Energizers and Games

Energizers and games are an important part of participatory training. They are used to keep the level of motivation of the learners high and to raise their energy levels (eg. to wake up learners in the morning, to renew concentration after lunch or when changing from one topic to another). Energizers are supposed to be quick and must be well prepared with clear instructions. The following are short descriptions of energizers. Learners may also have some energizers that they can contribute to the group.

The Human Web

Learners form a wide circle facing inward. They then stretch out and cross their arms in front of them. They are asked to close their eyes, slowly advance towards the middle of the circle and grasp one person with each of their hands. The facilitator should ensure that three hands do not join and that the hands are grasps not wrists. When everyone has grasped two other hands firmly, the facilitator tells the learners to open their eyes and the human web has to be entangled. The web may end up in a number of smaller circles of learners, sometimes intertwined. This exercise brings people close together and makes them feel like equals.

Life Boat

The learners are told they are on a ship that is sinking. They have to get into life boats, but their capacity is limited. Depending on the size of the group the facilitator calls out the life boats are only 2, 3 or 5 people, for example. Then in five seconds, learners have to form groups of 2, 3 or 5. The facilitator eliminates those who have drowned, groups which are bigger or smaller than the announced numbers. The facilitator then announces new numbers so that regrouping is necessary until there is only one group left. This exercise allows people to move around quickly, interact with each other and make quick decisions.

The Mail

Learners and facilitator sit in a circle on the exact number of chairs minus one. One person (the facilitator to begin with) stands in the middle and announces, “I have a letter for those who (for example): are wearing black shoes, don’t like fish, are wearing a white shirt. The learners who are wearing black shoes, for example, have to change chairs. The person in the middle seizes the opportunity to sit on one of the empty chairs. The one who is left without a chair now stands in the middle and delivers another letter. This exercise gets people to move around and to discover things about each other.

Simon says...

All stand in a circle. The facilitator says: Simon says, e.g. touch your nose with your left hand, hold up two hands, form a fist, say hello, etc., demonstrating the action at the same time. Everyone is asked to follow the orders as demonstrated. But if the facilitator does not mention “Simon” and some learners follow the orders, those learners are out. The game goes on until only a few learners are left and the facilitator cannot trick them any longer. This exercise increases concentration and energizes the learners for the next task.

Bang

The learners sit in a circle on the floor, counting out loudly, beginning with “one” and going around the circle, each person saying the next number. However, every time they come to a number which can be divided by 3, such as 12, or contains a 3, such as 13, the person whose turn it is has to say “bang” instead of the number. If the person fails, he/she is removed from the group. This exercise demands concentration and is useful at the beginning of serious group work.

Person A and Person B

Each person privately selects one person out of the group as “Person A” and another as “Person B”. No one else should know their choice. Then everyone tries to get as close to their “person A” as possible. Once that has happened, and the learners have stopped moving, the facilitator tells them to get as far away as their “person B”. The group will do two opposite movements: contracting and expanding. This is a quick humorous exercise. The learners should not be asked to reveal who they picked for some may feel left out.

Association

The group sits in a circle. Someone says the name of a fellow learner and a word, whatever comes to mind. The next says the name of another learner and a word he/she associates with the first word. The next person does the same and so on. If someone does not answer quickly he/she is removed from the game. This exercise helps with creative thinking and gets the learners to call each other by name. Negative word associations should be discouraged from the beginning of the game.

Question Box

Setting up a question box in a school is an way for students to anonymously ask questions that are important to them that they may not be comfortable asking in front of their peers or teachers. A question box is a box where students are able to ask questions about health, HIV and AIDS, STIs, decision making, relationships, or other challenges they are facing. Students are able to write their questions and place them in the question box without embarrassment. The answers can be posted on a bulletin board, discussed at a school assembly, or addressed through another forum. It is important that the method for answering questions is well understood by the students and that it is followed consistently so that students feel that their questions are being answered in a timely way.

The question box should be located in a place that is accessible to all students at anytime.

Questions should be collected on a regular schedule (every day or once a week).

Answers should be posted or shared on a regular schedule (one a week or every two weeks).

One person should be responsible for collecting the questions.

A team of people should be responsible for answering questions.

A health worker should be identified to help answer questions.

Questions should be answered in an honest and informative way, without judgement.

Ten Suggestions for Improving a Lecture

Lecturing is one of the most time-honoured yet ineffective ways to teach. By itself, it will never lead to active learning. For a lecture to be effective, the trainer should build interest first, then maximize understanding and retention, involve learners during the lecture, and reinforce what has been presented. There are several ways to do just that.

Building interest

1. Lead-off story or interesting visual. Provide a relevant anecdote, fictional story, cartoon, or graphic that captures the audience's attention.
2. Initial case problem. Present a problem around which the lecture will be structured.
3. Test question. Ask learners a question (even if they have little prior knowledge) so that they will be motivated to listen to your lecture for the answer.

Maximizing Understanding and Retention

4. Headlines. Reduce the major points in the lecture to keywords that act as verbal subheadings or memory aids.
5. Examples and analogies. Provide real-life illustrations of the ideas in the lecture and, if possible, create a comparison between your material and the knowledge and experience that the learners already have.
6. Visual backup. Use handouts and demonstrations that allow learners to see as well as hear what you are saying.

Involving Learners During the Lecture

7. Spot challenges. Interrupt the lecture periodically and challenge learners to give examples of the concepts presented thus far or to answer spot quiz questions.
8. Illuminating activities. Through the presentation, intersperse brief activities that illuminate the points you are making.

Reinforcing the Lecture

9. Application problem. Pose a problem or question for learners to solve based on the information given in the lecture.
10. Learner review. Ask learners to review the contents of the lecture with one another or give them a self-scoring review test.

From Silberman 1995

Ten Tips when Facilitating a Discussion

Your role during a group discussion is to facilitate the flow of comments from learners. Although it is not necessary to make a comment after each learner speaks, periodically assisting the group with their contributions can be helpful. Here are ten tips to use as you lead group discussions.

1. Paraphrase what a learner has said so that he or she feels understood and so that the other learners can hear a concise summary of what has been said.

So, what you're saying is that you have to be very careful when talking about sensitive issues like sexual health. You also told us that it is important to sensitize parents and other community members before you begin talking about these issues with young people.

2. Check your understanding of learners' statements or ask them to clarify what they are saying.

Are you saying that this plan is not realistic? I'm not sure that I understand exactly what you meant. Could you please explain it to us again?

3. Compliment an interesting or insightful comment.

That's a good point. I'm glad that you brought that to our attention.

4. Elaborate on a learner's contribution to the discussion with examples, or suggest a new way to view the problem.

Your comments also provide an interesting point from the parent's perspective. It could also be useful to consider how a young person would view the same situation.

5. Energize a discussion by quickening the pace, using humour, or, if necessary, prodding the group for more contributions.

Oh my, we have lots of humble people in this group! Here's a challenge for you. For the next two minutes, let's see how many ways you can think of to incorporate adolescent reproductive health activities into your schools.

6. Disagree (gently) with a learner's comments to stimulate further discussion.

I can see where you are coming from, but I'm not sure that what you are describing is always the case. Has anyone else had an experience that is different from John's?

7. Mediate differences of opinion between learners and relieve any tension.

I can see that Margaret and Mary are not really disagreeing with each other but are just bringing out two different sides of this issue.

8. Pull together ideas, showing their relationship to each other.

As you can see from Juma and Carole's comments, personal goal setting is very much a part of time management. You need to be able to establish goals for yourself on a daily basis in order to more effectively manage your time.

9. Change the group process by altering the method for obtaining participation or by having the group evaluate ideas that have been presented.

Let's break into smaller groups and see if you can come up with some examples of counselling skills that were identified during the presentation this morning.

10. Summarize (and record, if desired) the major views of the group.

I have noted four major reasons that have come from our discussion as to why you think that young people do not abstain: (1) peer pressure, (2) low self esteem, (3) wanting to show their love for their partner, and (4) wanting to feel like an adult.

From Silberman 1995

Ten Steps to Use when Facilitating Experiential Activities

Experiential activities help to make training active. It is often better for learners to experience something rather than to hear it talked about. Such activities typically involve role-playing, games, simulations, visualization, and problem-solving tasks. The following ten steps will help to make your experiential activities a success.

1. **Explain your objectives.** Learners like to know what is going to happen and why.
2. **Talk about the benefits.** Explain why you are doing the activity and how the activity connects with any preceding activities.
3. **Speak slowly when giving directions.** You might also provide visual backup. Make sure the instructions are understood.
4. **Demonstrate the activity** if the directions are complicated. Let the learners see the activity in action before they do it.
5. **Divide learners into the groups before giving further directions.** If you do not, learners may forget the instructions while the subgroups are being formed.
6. **Inform learners how much time they have.** State the time you have allotted for the entire activity and then periodically announce how much time remains.
7. **Keep the activity moving.** Do not slow things down by endlessly recording learner contributions on the board and don't let a discussion drag on for too long.
8. **Challenge the learners.** More energy is created when activities generate a moderate level of tension. If tasks are easy, learners will get tired and lose interest.
9. **Always discuss the activity.** When an activity has concluded, invite learners to process their feelings and to share their insights and learning.
10. **Structure the first processing experiences.** Guide the discussion carefully and ask questions that will lead to learner involvement and input. If learners are in subgroups, ask each person to take turns sharing his or her responses.

Resource 2 Guidance and Counselling

Adolescence is an exciting, yet challenging time for students, their parents, and their teachers. During this time young people are deciding who they are, what they do well, and what they will do when they finish school. They begin to evaluate their strengths, skills, and abilities. The biggest influence is their peer group. They are searching for a place to belong and rely on peer acceptance and feedback. They face increased pressures regarding risk behaviours involving sex, alcohol, and drugs while exploring the boundaries of more acceptable behaviour and mature, meaningful relationships. They need guidance in making decisions.



Guidance and counselling teachers can respond to the challenges faced by today's students by providing academic skills support; organizational, study and test-taking skills; education in understanding themselves and others; communication, problem-solving, decision-making and conflict resolution skills; education in adolescent reproductive health; career awareness, exploration and planning; substance abuse education; goal-setting; and academic and career planning.

What is Guidance and Counselling?

Guidance means giving direction, helping, advising, caring, providing information, encouraging, giving assurance, and instilling confidence. When done effectively, guidance can:

- Give knowledge
- Influence behaviour
- Help with goal planning
- Offer emotional support
- Change behaviour
- Identify and develop talents in individuals
- Help make correct choices
- Help live a fulfilling life
- Build confidence
- Explore different professions and jobs available

Counselling is one person helping another by talking person-to-person. When you help someone make a decision or solve a problem, you are counselling. Through counselling, you help people make choices based on their own needs and wants. Young people face many decisions and make many decisions that can impact their lives; they can make better decisions with your help.

Counselling has two basic goals: 1) Help them manage a specific problem, and 2) help them become better at helping themselves in their every day lives.

The difference between guidance and counselling is that counselling helps people make decisions but does not tell them what to do, whereas guidance tells people what they need to do in order to achieve a certain goal.

Everyone can learn good counselling skills. You counsel well when you:

- Show that you understand and care about them.
- Build trust.
- Give useful, correct information and help students understand what this information means to them.
- Help them make choices, based on clear information and their own feelings, situation, and needs.
- Help them remember what to do.

Although counselling is a skill that can be learned and improved with practice, it is important to realize when a problem or situation is beyond your experience and ability. Be familiar with other services and refer students as needed.

How to Counsel

The six elements of counselling can be remembered with the letters in the word GATHER. Not everyone will need to be counselled in this order and not everyone will need all six GATHER steps. Some may need a step repeated. Counselling can change to fit individual needs.

G - Greet: Give your full attention immediately; be polite, friendly, and respectful; tell them that you will not tell others what they say.

A - Ask questions: Ask about their reasons for coming to you; help them identify the decisions they face; keep questions open, simple, and brief; look at them; ask them what they want to do; show your interest and understanding at all times; and avoid judgments and opinions.

T - Tell them about their choices: To make informed choices and good decisions, people need clear, accurate, specific information about their options that relates to their own lives.

H - Help them choose: Explain that the choice is theirs; offer advice, but do not make decisions for them; encourage them to think about their future plans; help them think about the results of their options; finally ask, "What have you decided to do?"

E - Explain what to do: After they made their decision, explain how they can do what they have decided; mention additional support services that are available to them, let them know they can come back anytime, but agree on a time to return for a follow-up visit.

R - Return for follow-up: Ask if they have any questions or anything else to discuss.

Counselling Young People

Often young people face more and different issues than adults. Thus, counselling young adults requires being even more open, more flexible, more knowledgeable, and more understanding. Counselling young adults can be challenging, but it can be very rewarding to help young people make wise and healthy decisions.

Be open. Let young people know that no question is wrong, and even embarrassing topics can be discussed.

Be flexible. Talk about whatever issues the young person wants to discuss.

Give simple, direct answers in plain words. Learn to discuss puberty and sex comfortably.

Be trustworthy. Honesty is crucial to young people. You, and the information you give, need to be believable. If you do not know an answer, say so. Then find out.

Stress confidentiality. Make clear that you will not tell anyone about your discussion or their decisions.

Be approachable. Do not get upset or excited. Keep calm.

Show respect. Do not talk down to young people.

Be understanding. Recall how you felt when you were young. Avoid judgments.

Be patient. Young people may take time to talk or reach a decision. Sometimes several meetings are needed.

Guidance and Counselling Teachers

Young people may not always say aloud what they are feeling, so guidance and counselling teachers need the ability to listen - to words, body language, unspoken words, and attitudes. Guidance and counselling teachers can help students by really listening to them whether they are talking or not.

Empathy, along with listening, is a key skill needed to effectively counsel and provide guidance. Empathy is the ability to experience the feelings of others as if they were your own, and the ability to understand why others do what they do and think the way they do. Without the ability to understand what the young person is experiencing, a guidance and counselling teacher cannot do an effective job. Empathy leads to good listening and a better ability to help young people find solutions. It also helps them feel more comfortable and willing to open up to a guidance and counselling teacher.

The ability to build trusting relationships with students and other members of the school community is important for the success of guidance and counselling teachers. They must be approachable, inviting, and trustworthy. Students must want to seek out that person when they are in need. Students need to feel that there are adults who they can turn to and will be there for them without passing judgement. Students can tell if we are warm and inviting and whether or not they can trust us with their stories.

The Role of Guidance and Counselling Teachers

Guidance and counselling teachers support all students in their educational, career, personal and social development thus enabling them to become life-long learners and productive citizens in our communities and around the world. Guidance and counselling teachers can meet the needs of all students by:

- Assisting students with career development and planning for the future

- Presenting life skills and adolescent reproductive health lessons in the classroom, small groups and individually

- Counselling students individually and in small groups

- Consulting with other teachers, administrators, school support personnel, parents, and community agencies

- Referring students to appropriate services when circumstances are beyond their capacity

- Working with parents in teaching effective parenting skills, creating a positive environment, and encouraging parent participation

- Providing staff development in areas related to life skills, adolescent reproductive health, and guidance and counselling



Resource 2 Condoms

Learning Objectives

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

- Use a condom correctly
- Negotiate condom use with a partner
- Explain how to use a female condom

Materials Required

Cards or small pieces of paper

Time 130 minutes

Background Notes

Condoms

Abstinence is the best and only certain way to prevent HIV infection and unwanted pregnancy. However, if young people have decided to have sexual intercourse and are sexually active, they should have information about how to use condoms correctly to reduce, but not eliminate the risk of HIV transmission. Using condoms correctly for every act of sexual intercourse can significantly reduce the risk of HIV transmission, STIs, and unwanted pregnancy.

There are currently two types of condoms available for use: a male condom and a female condom. A male condom is a soft, tube-like sheath made out of latex (a type of rubber) that is put on a man's erect penis before sexual intercourse. When the man ejaculates, the sperm is deposited in the condom. Because the sperm is collected in the condom, there is no contact between the man's and the woman's body fluids and this reduces the risk of STIs, including HIV, and unwanted pregnancy.

A female condom is a plastic pouch that covers the cervix, the vagina, and part of the external genitals. A woman uses the female condom during intercourse to prevent HIV, STIs, and unwanted pregnancy. The female condom is a relatively new form of contraception, which is still not available in many areas. It is a thin polyurethane (a kind of plastic) sheath with two flexible rings, one attached to each end. One ring, at the closed end of the sheath, is placed inside the woman's vagina and serves as an anchor. The other ring at the open end of the sheath stays outside the vagina and partially covers the lips of the vagina. It is used once and then thrown away. The condom catches the man's sperm so that it does not enter the vagina.

Many men and women are afraid to use condoms because they do not know how to use them or because they are uncomfortable or worried about talking with their partner about using them. There are many excuses people use to not use a condom. For example, a man may tell a woman that she should trust him, and that she has nothing to worry about. He might try to make her feel guilty by asking her why she does not trust him, whether she thinks he has other girlfriends, or whether she thinks that she is infected with HIV. It is important to remember that either person could have an STI or be infected with HIV from a previous relationship without noticing any symptoms. Therefore, it is in everyone's best interest to use condoms. Condoms offer protection to both people involved. Using a condom is a sign of trust, respect, and caring for your partner.

Correct and Consistent Use

To be effective, condoms must be stored properly and used correctly for every act of intercourse. Condoms effectively prevent STIs that are transmitted through body fluids including HIV, gonorrhoea, and chlamydia. They are less effective against STIs that are transmitted through skin-to-skin contact like genital herpes or warts because the condom may not cover the affected areas.

Most condoms for sale are latex. Condoms made of natural products such as sheepskin are effective as contraceptive methods but do not prevent HIV or other STIs.

Condoms can break, leak and slip. Condom failure can be caused by not being used correctly, or can result from manufacturing defects or poor storage conditions. All condoms are tested in the factory for defects to reduce the risk of breaking. Even accounting for these failures, condoms provide the best protection against HIV and other STIs after abstinence.

Important facts about condoms:

No penis is too big or too small for a male condom. Male condoms can be stretched to fit over a forearm.

Asking a partner to use a condom does not mean you do not trust your partner. You are making a responsible statement about both your futures by using condoms.

HIV cannot pass through LATEX or RUBBER condoms; however, the virus can pass through sheepskin or animal skin condoms.

Most condoms are lubricated. However, if extra lubrication is desired, use a water-based lubricant such as KY jelly. Water and saliva are good substitutes. Never use any lubricant that is oil or petroleum based like Vaseline, valon or any other petroleum jelly in the market. This will immediately start to weaken the rubber, and the condom can break.

Condoms are tested in the factory. When stored properly, the risk of a condom breaking is very low. Keep them away from heat or sunshine. Never leave condoms near a window or in a wallet in your back pocket that you sit on continuously. All these places will cause the condom to tear or lose its lubrication.

There is a correct way to use condoms. Emphasize that using a condom incorrectly may lead to pregnancy or infection with a disease.

Instructions

He Said, She Said: Role Play (60 minutes)

Write the following statements on small pieces of paper:

What's that?

I don't like using them.

It doesn't feel as good.

But we've never used a condom before.

Don't you trust me?

I'll pull out in time.

Only prostitutes use condoms.

Condoms aren't romantic.

It just isn't as sensitive.

It's like taking tea without sugar.

It's like eating a banana with the peel on.

I don't stay hard when I put on a condom.

I guess you don't really love me.

We're not using a condom, and that's it.

1. Explain that in this activity we will explore condom negotiation skills using role-plays. In each role-play, one person will play the male, and the other a female part of a couple. The female's task is to persuade the male to use a condom. The male will be given a card containing a line that he must say when the female tries to introduce the condom into the conversation.
2. Select two learners at random, and ask them to choose a male role and a female role. Give one of the cards to the male (or read one of the responses), and ask them to perform a skit lasting between 3 and 4 minutes, showing a successful condom negotiation.
3. After the role-play, have a brief discussion with the learners about their reactions to the quality of the role-play, the realism, and the effectiveness of the negotiation strategy. Ask them what did you see? What did you hear the two characters say? Does this happen here in our community? What else could she/he have said to strengthen the negotiation? Ask them to suggest ways the negotiation could have been improved.
4. Repeat steps 2 and 3, using different cards for each. Switch so that for some role-plays boys are trying to convince girls to use condoms and in other role-plays it is girls trying to convince boys. Continue with additional role-plays for the time allotted.
5. Ask learners which of the role-play situations are common in real life. Which strategies have been most successful in real life? Are there any situations in which negotiation is not possible? What are the woman's options in such cases? Note: Someone may mention the option of a female condom. If not, the teacher should introduce it, and say that will be discussed next.

Using Condoms Correctly (50 minutes)

1. Ask for volunteers to come forward and give each one a piece of paper onto which you have written the following points (mix up the order first).

Steps for using a male condom:

Discuss condom use with partner.

Have condoms with you.

Have an erection.

Check expiry date and open the condom wrapper carefully (do not use teeth, nails, or other sharp objects).

Squeeze out the air from the tip of condom while rolling the condom down the shaft.

Roll condom on erect penis all the way down to the base of the penis.

Have sexual intercourse.

Immediately after ejaculation, withdraw penis from partner, holding on to condom at base of penis so it does not fall off.

Be careful not to spill semen.

Remove condom from penis away from partner.

Dispose of condoms in a place outside of children's reach (pit latrine, dustbin, or burn it).

Never flush a condom down a toilet.

Open another condom (if you have sex again). Never try to wash or re-use a condom. You must use a new condom each time you re-enter your partner (if you come out for a while), or start to have sex again.

Female Condom (20 minutes)

1. Ask learners if women have other options for protecting themselves if their partners refuse to use a male condom. Allow learners to share their views. Note: If the idea of using a female condom does not come from the learners, introduce it.

2. Ask learners what they know about female condoms, using the following questions as a guide:

How are female condoms different from male condoms?

Are female condoms available in Kenya?

How are female condoms supposed to be used?

What are the advantages of the female condom?

Is a female condom preferable to a male condom for protection?

What is the cost of a female condom?

What are the disadvantages of a female condom?

Optional Activities

#1 Condom Demonstration

1. Demonstrate proper condom use with a penis model (broom handle, test tubes, or bottle). Follow these steps, explaining what you are doing at each step:

Discuss condom use with partner.

Have condoms with you.

Have an erection.

Check expiry date and open the condom wrapper carefully (do not use teeth, nails, or other sharp objects).

Squeeze out the air from the tip of condom while rolling the condom down the shaft.

Roll condom on erect penis all the way down to the base of the penis.

Have sexual intercourse.

Immediately after ejaculation, withdraw penis from partner, holding on to condom at base of penis so it does not fall off.

Be careful not to spill semen.

Remove condom from penis away from partner.

Dispose of condoms in a place outside of children's reach (pit latrine, dustbin, or burn it).

Never flush a condom down a toilet.

Open another condom (if you have sex again). Never try to wash or re-use a condom. You must use a new condom each time you re-enter your partner (if you come out for a while), or start to have sex again.

2. Divide the group into pairs and give each pair a condom and a penis model. Ask the pairs to take turns demonstrating and explaining how to use the condom correctly.

3. Facilitate a discussion with the following questions:

How easy or difficult was it to demonstrate condom use?

How do men feel when they get or buy condoms? What about women?

What would you say to a friend who said it was not cool to get and use condoms?

Which behaviour is more comfortable, having unprotected sex and risking STIs, HIV, and pregnancy or using a condom?

#2 Female Condom Demonstration

1. Pass around female condom packs, and ask learners to follow you step by step as you open it. Take the following steps:

Check the expiry date.

Locate the notch along the edge that makes it easy to open the packet. To avoid accidentally tearing the condom, do not use sharp objects (like fingernails or a knife) to open the packet.

Open the packet and take out the condom.

Point out that one end is closed, and the other open and that there are two rings: the outer ring at the open end, and the inner ring near the closed end.

Explain that the inner ring is meant to be inserted into the vagina, and the outer ring is to remain outside.

Frequently Asked Questions about Male Condoms

What are male condoms made of?

Male condoms are made of latex, polyurethane, or natural animal membranes.

What condoms are recommended for preventing HIV transmission?

Only latex condoms are recommended for HIV prevention.

Is wearing two condoms safer than wearing one?

Wearing two condoms is not safer than wearing just one. The friction between the two condoms could cause them to tear.

How long does a latex condom last?

Latex condoms expire 5 years after the date they are manufactured, unless they are packaged with spermicide. Latex condoms with spermicide expire after 3 years. Always check the expiry date before using a condom.

Should circumcised men use condoms in the same way as uncircumcised men?

Men who are not circumcised should push their foreskin back before putting on a condom. By pushing back the foreskin before putting on a condom, uncircumcised men can allow the fore-skin to move without breaking the condom.

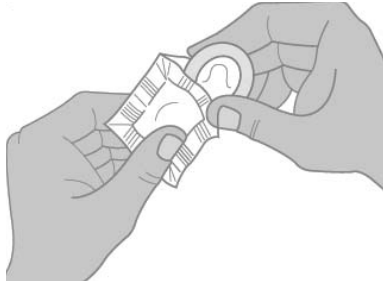
How should condoms be disposed of?

After use, condoms should be thrown away. Used condoms can be burned, buried, or wrapped in tissue and placed in a closed container or pit latrine. Do not flush down a toilet. Never reuse a condom.

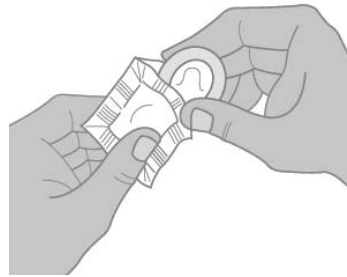
How effective are condoms in preventing HIV infection?

Even in couples where one partner is infected with HIV, if they use condoms correctly and consistently the HIV infection rate is less than 1 percent a year. In couples where one partner is infected with HIV and if they do not use condoms consistently the HIV infection rate is about 10-15 percent a year.

How to Use a Male Condom



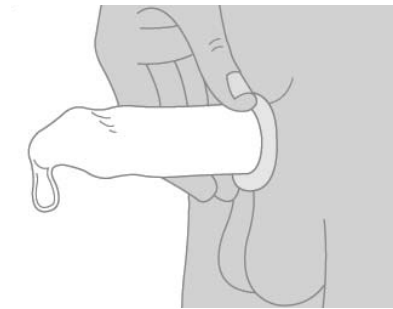
1. Open the packet carefully. Do not use anything sharp like a knife or nails. Ensure that the part to be unrolled is on the outside.



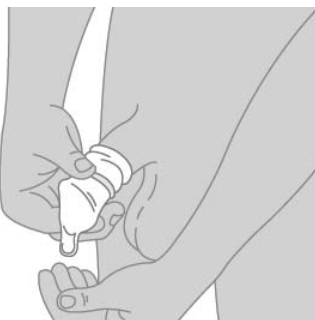
2. Pinch the tip of the condom. Place it on the hard penis.



3. Unroll the condom all the way to the base of the penis.



4. After ejaculation, hold the condom at the base of the penis so it does not slip off.



5. While still holding the base, pull off the condom gently so as not to spill the contents.



6. Wrap condom in tissue paper and throw it away in a latrine or somewhere out of reach of children. Never flush a condom down the toilet.

Frequently Asked Questions about Female Condoms

What are female condoms made of?

They are made of a thin plastic called polyurethane, which is stronger than rubber or latex.

What is the purpose of the soft rings inside the female condom?

The ring at the closed end is used to insert the female condom inside the vagina and hold it in place during sex. The ring at the open end stays outside the vagina and is where the penis enters during intercourse.

Are there any side effects from using the female condom?

No. The female condom does not have any side effects.

Why is the female condom bigger than the male condom?

The female condom is wider than the male condom, but it is the same length. This is so it will stick to the vaginal wall during intercourse. Many men report they like this width because it does not constrict the penis.

How many sizes do female condoms come in?

The female condom comes in only one size and will fit all women.

Can I use the female condom without my partner's knowledge?

Some women have reported using the female condom without their partners' knowledge. However, in most cases the female condom requires communication with and cooperation from a woman's partner.

Can I use more than one female condom to increase the effectiveness?

No. Only one female condom should be used at a time. Using more than one can cause them to move out of place or break.

When am I supposed to insert the female condom?

The female condom can be inserted right before sex, or up to eight hours before. Most women insert it 2 to 20 minutes before actually engaging in sex.

Can a couple use the male and female condoms at the same time?

No. If you use the male condom and the female condom at the same time, neither will work properly. If either the female condom or the male condom is used properly, no additional barrier is necessary.

Can I use the female condom during my period?

The female condom can be used when you have your period. However, it should be inserted right before intercourse.

Can the female condom get lost in the vagina?

The outer ring holds the female condom in place even with intense movements. But if the female condom does get inside, it can be removed with two fingers and a new female condom should be used.

How do I remove the female condom?

The female condom should be taken out before the woman stands up to avoid the semen spilling out. The outer ring should be twisted, to seal the condom so that no semen comes out and then gently pulled out.

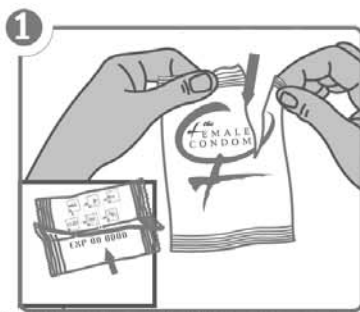
How do I dispose of female condoms?

Female condoms can be disposed of in the same clean and private way as sanitary pads. The female condom can be wrapped in the packet it came in or in tissue and then disposed of in waste containers or pit latrines, or burned. It should not be placed in a toilet.

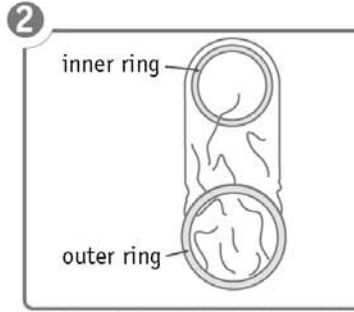
What kind of lubricant can I use with the female condom?

You can use water or oil-based lubricants with the female condom. The female condom is made from a thin plastic (polyurethane), so oil-based lubricants will not damage it.

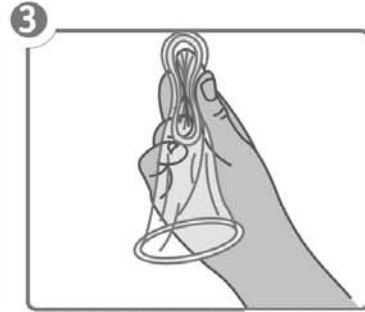
How to Use a Female Condom



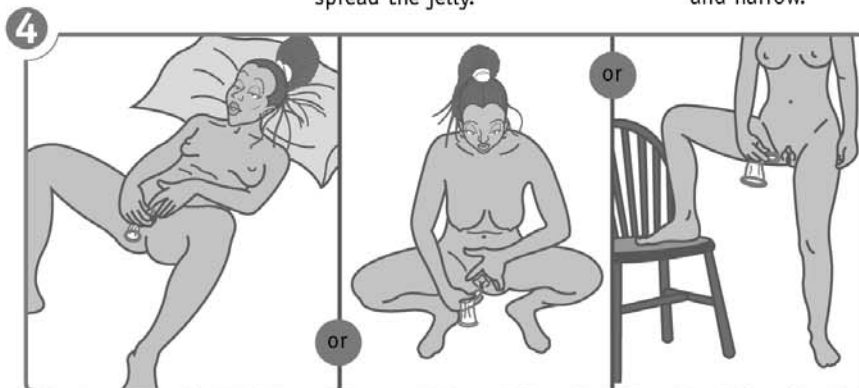
1 Check expiry date then open packet. Do not use sharp objects or teeth.



2 Remove the female condom from the packet. Rub the condom to spread the jelly.



3 Hold the female condom as shown above, making the inner ring long and narrow.



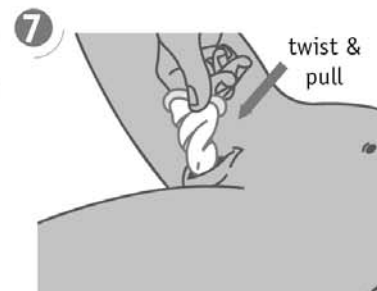
4 Choose a comfortable position and insert the closed end of the female condom into the vagina.



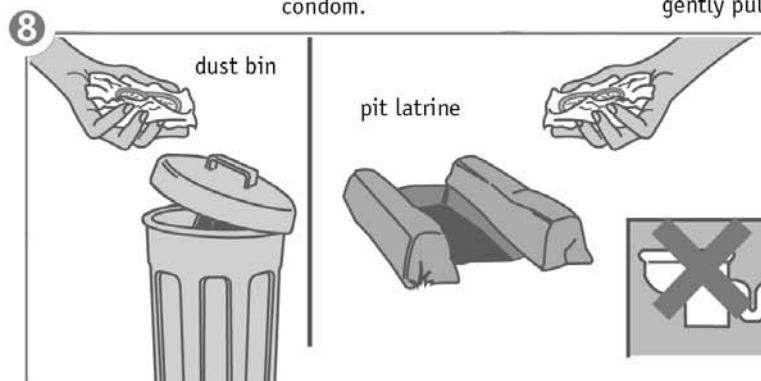
5 Push the inner ring up into the vagina as far as it will go. Do not twist it.



6 Hold the outer ring outside the vagina and guide penis into female condom.



7 Immediately after intercourse, twist the outer ring to avoid spillage and gently pull condom.



8 Do not re-use the female condom. Wrap it in tissue and throw it in a dust bin or pit latrine. Never throw it in a flush toilet.

Resource 3 Other Ways to Prevent Pregnancy

Learning Objectives

By the end of the session, learners will be able to:

- Explain some of the methods for preventing unwanted pregnancy
- Identify myths about sexual intercourse and conception

Time 130 minutes

Background Notes

As you begin to talk with adolescents, you may find that you do not share the same values. You may want to encourage adolescents to delay sexual activity, but young people may already be sexually active when you begin presenting this material. It is important to guard against letting personal biases influence professional behaviour. You can play an important role by providing them with factual information and supporting young people to make their own decisions and good choices for their future, based on their knowledge and reproductive goals. Adolescents can safely use any contraceptive method. However, while all methods are medically safe for young people, some may be more appropriate than others. Sterilization is not recommended for young people because it is permanent and could lead to regret.

What is Contraception?

Contraception means preventing pregnancy. A contraceptive is a drug, device, or a method used to prevent pregnancy or reduce the chances of getting pregnant without avoiding sexual intercourse. There are many different contraceptive methods. Most are reversible; that is, a woman is able to become pregnant after she has stopped using the method. Some methods, such as surgical sterilization, are permanent, meaning a woman cannot become pregnant ever again. All methods are designed to work in one of two ways: either they prevent the man's sperm and the woman's egg from coming together, or they prevent the fertilized egg from implanting in the womb. Contraception allows women and men to determine the number and spacing of their children freely and responsibly.

Contraceptive Choices

Many family planning methods exist, including condoms, implants, injectables, IUCDs, natural family planning, oral contraceptives, spermicides, vaginal barrier methods, voluntary surgical sterilization, and withdrawal. Each of these has their advantages and disadvantages. Some provide temporary contraceptive protection while others are permanent. Some, such as the male and female condom, protect against sexually transmitted infections while others do not. Some are for women and some for men. Some must be used at the time of sexual intercourse, others can be used independently of intercourse. Some contraceptive methods are highly effective at preventing pregnancy, while others are only moderately effective. Effectiveness is closely linked to correct and consistent use for some methods, such as condoms, injectables, natural family planning, oral contraceptives, spermicides, vaginal barrier methods, and withdrawal. Health workers can help clients use their chosen methods effectively by providing information on correct method use and counselling about issues that may prevent consistent use, such as how to talk to a partner about condoms.

Men's Responsibility in Family Planning

Men can participate in family planning by sharing in decision-making about contraceptive use. Men can take responsibility for using some methods of contraception and can support their partners in using other methods. Although the overwhelming majority of contraceptive methods are designed for use by women, a few require the active cooperation of men. Methods that require active participation by men include male and female condoms, vasectomy, natural family planning, and withdrawal. Men also can participate in women's use of other methods. For instance, men can help their partner remember to take the pill everyday or to return to the clinic for regular injections. Men also can help their partners by organizing transportation to the clinic and paying for family planning methods and services.

Teaching Contraception

Keep the following suggestions and guidelines in mind as you begin to teach this material:

The subject of contraception is a sensitive one for many. Teaching contraceptive information to adolescents can be controversial. Some adults believe young people should not have sexual intercourse and they fear that giving them information about contraception encourages young people to experiment sexually. There is no evidence to suggest that teaching this material causes young people to have sexual intercourse. In fact, studies from many countries show that good family life education classes actually postpone or delay sexually activity.

Do not assume that anyone in the group is having sex or that no one in the group is having sex. Make it clear that since most people have sexual intercourse at some point, it is important to know about contraception.

Always present abstinence as the most effective and most appropriate method of contraception for young people. Stress that when young people do choose to have sexual intercourse, they have a responsibility to themselves, their partner(s), and future children to keep themselves safe from unintended pregnancy and disease. Make it clear that unprotected intercourse is neither safe nor smart.

Always keep the diversity of religious and cultural values in mind. As you talk about making decisions about contraceptives, remind students that couples must always consider their personal, family and religious values.

Use the third person. For example, say things like 'If a couple goes to a family planning clinic...' or 'when two people decide to have intercourse...' Refrain from saying 'If you decide....' or 'When you go to a family planning clinic'.

Keep your personal values regarding contraception out of the discussion. Provide factual information about all the different methods and continue to reinforce the concept that people who choose to have sexual intercourse should act responsibly and use contraception.

Do not share your own personal experience with contraceptive use. You can say things like 'Many women(couples, men) who use this method find...' or 'One of the problems I've heard about it is...' Sharing personal sexual experience with the group is inappropriate.

Instructions

Methods of Contraception (60 minutes)

1. Ask learners to brainstorm all the methods they have heard of for preventing pregnancy. Write these on the board. If they mention traditional methods such as the calendar method or using lemon juice, ask the person suggesting it to explain how it is used. Refer to the tables below to be sure each of the methods were listed.

2. Divide learners into pairs and assign each pair one of the medical methods of contraception. Ask each pair to discuss what they know about the method and how it is used, how effective it is, and whether it would be appropriate for an adolescent. Some pairs may be assigned a contraceptive they know nothing about; tell them not to worry and that they should make suggestions for how it might be used and work.

3. Bring the group together. Each pair reports back. Does everyone agree? Does anyone know anything else about the method being discussed? Does anyone have any worries or concerns or questions about the method?

NOTE: It is important, as far as possible, to allow learners to share what they know. Correct misleading information and give additional information, especially on questions such as side effects and correct usage.

Advantages and Disadvantages of Contraceptives (40 minutes)

1. Explain that this exercise is about making choices about contraceptives and that we are going to look at factors that might influence our decisions. Say that everyone recognizes that there is no perfect contraceptive and different contraceptives are better for some people at some times in their lives than others.

2. Ask the group to divide into 3-4 groups. Give each small group one of the following life situations (add your own as appropriate) and ask the learners what might be important to these people in making their decision about a contraceptive method:

An adolescent schoolgirl not in a stable relationship

A breastfeeding woman

A person in a stable, monogamous relationship

An older woman with several children

A woman who sees her husband four times a year

An older woman who has no regular partner

A person not on contraceptives who is raped

3. Bring the learners together. Ask each group to share what they thought were most important. Draw a table on the board with the contraceptives mentioned in the previous exercise along the top and the criteria given by the group along the side.

	Pills	Injectables	Condoms	IUCD
Easy to use				
Effective				
Secret				
Doesn't affect menstruation				
Protects against STIs, including HIV				
Overall Choice				

4. Starting with each criterion, ask the group what score they would give each contraceptive method. Use this to generate a discussion about the pros and cons of contraceptive methods at different life stages by probing further as to the reasons for the choices made by the groups.

5. Remind learners that sexual health is sex that is pleasurable and free from infection, unwanted pregnancy and abuse. Thinking about this: which method or combination of methods is best for achieving sexual health?

6. Add up the scores for each method. What would the score be if a person used a condom and another method?

Myths and Misconceptions about Contraceptives (30 minutes)

1. Ask learners to talk about the different rumours or myths they heard about how to prevent pregnancy. After each learner brings up one myth they have heard for avoiding pregnancy, ask them if what they have heard is true or false, and why, and correct any misinformation with facts. (For instance some learners feel that using witchcraft; using pawpaw leaves in the vagina or using herbs from elders or from an herbalist can prevent pregnancy. Other myths about preventing pregnancy include use of prayer, not being able to get pregnant the first time you have sex, not getting pregnant if you have sex while standing up, or not even knowing that unprotected sexual intercourse is what causes pregnancy.)

2. Ask learners to stand up from their seats. Explain to learners that you will read the following statements. If the learners believe the statements are true ask them to continue standing. If they believe the statements are false ask them to sit down. Read each statement one at a time and wait for the learners to move. For each question, ask a couple learners to share why they think the statement is true or false. Go through each statement and respond with the correct answer after the learners have shared their reasons. All of the statements below are myths that are false.

Oral contraceptives can accumulate in a woman's body and make her sick.

A condom can get lost in a woman's body.

Oral contraceptives can cause cancer.

An IUCD can leave the uterus and travel through a woman's body.

Use of contraceptives makes a woman not want to have sex.

Use of contraceptives makes a woman promiscuous.

Learning about contraceptive methods makes young people want to have sex.

Using a condom makes a man less of a man.

The first time you have sex you cannot get pregnant.

You cannot get pregnant if you have sex in water.

If you pray before and after you have sex you can't get pregnant.

Contraceptive Methods Overview

Method	Effectiveness	Advantages	Limitations
Abstinence: Do not engage in penetrative sexual activity. To prevent pregnancy avoid vaginal intercourse. To prevent STIs and HIV avoid anal, vaginal and oral sex. Can engage in hand holding, hugging, massaging, kissing, and mutual masturbation.	100% with consistent use	Most effective method for preventing pregnancy and STIs. Can be used by those who have already had sexual intercourse (secondary virginity).	Requires high level of motivation and self control.
Male condom: Fits over erect penis and prevents sperm from entering vagina. Most are made of latex rubber. Also known as socks, gum boots, rubbers, raincoat, daddy's coat.	97% with correct and consistent use; 88% with normal use	Easy to buy. Easy to use, easy to carry. Immediately effective. Latex condoms are highly protective against HIV and other STIs.	Must be put on during sex. Some men say it reduces sexual feelings. Condoms with spermicide may irritate vagina and penis.
Female condom: Made of thin, transparent soft plastic and inserted into the vagina.	95% with correct and consistent use; 79% with normal use	Immediately effective. Woman controlled. Easy to use with a little practice. Highly protective against HIV and STIs.	Requires insertion before sexual intercourse. Is expensive.
Spermicides: Immobilize and kills sperm. Not recommended for use alone. Not recommended for frequent use.	94% with correct and consistent use; 74% with normal use	Effective immediately. Women controlled. Easy to use. Protects against some STIs.	Local irritation possible. Does not protect against HIV.
Diaphragm with spermicide: Small rubber cup fits inside vagina, over the opening to the womb. Used with contraceptive cream or jelly that kills sperm. Must be fitted by clinician.	94% with correct and consistent use; 80% with normal use	Woman controlled. Can be put in 2 hours before sex. May help protect against STIs.	Requires initial fitting. More bladder infections for some women. May be hard to put in and take out. Spermicide may irritate vagina and penis.
Pills: Made of artificial hormones. Stop ovaries from releasing an egg each month. Must be prescribed by a clinician.	More than 99% with correct and consistent use; 97% with normal use	Simple and easy to use. Doesn't interfere with sex. Less bleeding and cramping during period. Protects against Pelvic Inflammatory Disease, ovarian and endometrial cancers.	Small chance of blood clots, heart attacks, strokes and high blood pressure. May have weight changes, moodiness, spotting, more vaginal infections. Must be taken every day.
Emergency contraceptive pills: Provide emergency contraception when taken within 5 days of unprotected sexual intercourse. Prevents ovulation and inhibits transport of the egg and/or sperm through the fallopian tubes.	85%	Provides emergency contraception if used within 120 hours after unprotected sex. Can be purchased over the counter.	May cause nausea vomiting. Use with care with women with cardiovascular complications, angina, migraines and liver disease. Not meant for repeated use.

Method	Effectiveness	Advantages	Limitations
Injectables: Artificial hormones injected by a clinician. Stop ovaries from releasing egg each month. Thicken mucus so it's hard for sperm to enter the womb.	More than 99%	Does not interfere with sex. Lasts 3 months. Can be used while breastfeeding.	Should not be used by women with liver disease, heart disease, breast cancer, blood clots. Irregular bleeding, amenorrhoea and weight gain may occur. May affect bone development in women under 18. May be delay in getting pregnant after stopping use.
Implants: Tiny capsules of artificial hormones put under skin of arm by a clinician. Capsules slowly release hormones into bloodstream and stop ovaries from releasing an egg each month. Also, thickens mucus so it's hard for sperm to enter the womb.	More than 99%	Can stay in for 5 years. Can be removed anytime. Pregnancy possible immediately after removal. Always in place. Does not interfere with sex.	For the first few months, may have irregular periods. Beginning costs are high. Minor surgery required to insert or remove. Should not be used by women with liver disease, heart disease, breast cancer or blood clots.
IUCD (Intrauterine Contraceptive Device): Small device put inside womb by a trained service provider. Stops sperm from joining egg or fertilized egg from implanting and growing in womb.	97-99%	Always in place. Does not interfere with sex.	Increased chance of tubal infection (which may lead to sterility) for women with more than one partner or whose partner has other partners. Can puncture womb. May have more bleeding and cramping during period or spotting between periods.
Lactational amenorrhea method (LAM): Temporary method for the 6 months following childbirth, for women who are not menstruating and are fully or nearly fully breastfeeding.	98% during 6 months after childbirth, if used correctly	No cost. No side effects. Provides proper nutrition for baby.	It is temporary.
Natural family planning: Methods to determine when woman can and cannot get pregnant (includes charting temperature, vaginal mucus, menstrual bleeding); can abstain from sex or use contraceptives during fertile time.	91-97% with correct and consistent use. 80% with normal use.	Improved knowledge of reproductive system. No cost. No devices or chemicals.	Need cooperation of the couple. Requires daily record keeping and training. Requires periods of abstinence or use of other methods. Cannot use with irregular periods or temperature patterns.
Withdrawal: Man interrupts intercourse and withdraws his penis from his partner's vagina before he ejaculates.	81%	No cost. Is a back-up contraceptive that is always available.	Difficult to practice.
Sterilization: Operation that makes a person unable to have a baby. Both men and women can be sterilized.	99.6%	No other method will ever be needed. No physical effect on sexual desire or ability.	Permanent. Small risk of infection or bleeding after surgery. Chance of tubal pregnancy.

Resource 4 Accommodating Youth with Special Needs

The sexual development of special needs youth is often overlooked under the assumption that youth who have disabilities are not able to or should not be allowed to engage in loving, sexual relationships. It is important, however, to give special attention to these youth in order to provide them with correct and easy-to-understand information so that they make the best choices when faced with decisions about sexuality.

Sexual education for special needs youth should be tailored to each individual with particular attention to his or her disability. This is a decision that should be made with much involvement from parents or guardians. It is important to encourage an open discussion in order to make parents and youth comfortable providing information about the youth's disability.

Some factors to consider when providing sexual education to youth with disabilities include:

How the adolescent's disability may affect his or her sexuality and sexual development. Young people with disabilities may go through puberty much later or much earlier than their peers or may experience different changes during puberty.

How the adolescent's disability may affect his or her ability to understand sexual and reproductive health education. For example, some young people with disabilities may perform better with different types of learning materials, such as lower-literacy or large print materials.

Any additional information that may be needed to address the specific disability of the individual adolescent with regard to his or her development. For example, some disabilities could prevent young people from becoming pregnant.

Sexual education for youth with special needs should cover anatomy and reproductive physiology, changes during puberty, information about sexually transmitted infections, and knowledge about the correct way to use contraception to prevent pregnancy and STIs, including HIV. Life skills, such as decision-making, self-esteem, negotiating skills, and setting goals should also be incorporated into any sexual education program for special needs youth.

Tips for Talking with Special Needs Youth

Encourage them to speak openly about their disability and to share any concerns they have about changes they are noticing in their bodies.

Present information in a simple and clear format.

Be sure to use pictures to help explain the information (if appropriate).

Use repetition to help young people understand important information.

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