

Take Home Message

No matter how terrible the situation, no matter how deep the hole you seem to have fallen into, sex is not the answer to your problems. When you use sex as a solution, your troubles will only multiply.

Personal Challenges

Go to the local authorities and/or the LC 1 of your community. Ask them if they could create a locked box where children could anonymously report sexual abuse. Perhaps the box could be located in schools and churches. Next session, tell the participants about the reaction you received.

Session Six:

6

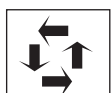


Sexually Transmitted Infections (STIs)

Introduction



Duration: 1 hour



Methodology:

Game, Group Discussion,
Small Group Activity



Materials:

Question Box
Sweets or pieces of coloured paper
Flip Charts, STI brochures



Activities:

Activity 1:

Review (5 min)

Activity 2:

Sweet Game (15 min)

Activity 3:

Identifying STIs (30 min)

Activity 4:

Review (10 min)

With all the attention HIV has received in Uganda over the past years, it is not unusual for many people to think that it is the only incurable and fatal STI.

This is a very serious misconception that has resulted in exposure to STIs for many youth. Some couples who test negative for HIV mistakenly think it is completely safe to have sex. This session warns the youth about all the other common STIs that may be contracted through premarital sex.

Objectives:

During this session, the youth will:

1. Learn about the common STIs acquired through premarital sex
2. Explore signs, symptoms and effects of common STIs

Facilitator Reference Information

In this session, participants are introduced to issues regarding sex and its consequences. This is not meant to be shocking, but rather an informative dialogue between the Facilitator and the group at large. It is vital that the Facilitator learn all the relevant facts included in the **Smart Choices** manual.

While it is important that the participants learn about the physical aspects of STIs, they must also be aware of psychological consequences of premarital sex.



Activity 1: Review of Previous Session

Review and answer questions

① Step 1



Ask the group the following questions:

- What do you remember from our last meeting?
- What qualities would you look for in a long-term friend? Allow them to present these either individually or in groups.
- Listen to several responses and affirm learners for sharing.
- Answer any questions from the Question Box.



Activity 2: Sweet Game

① Step 1

Count out enough sweets or pieces of coloured paper for each person in the group. Make sure there are two different colours, packaging or types of sweet.

Select two volunteers to distribute the sweets or paper – each one will distribute one type or colour.

Direct the entire group to stand up and mingle while the two people with the sweets or pieces of paper distribute them freely to everyone.

② Step 2

After the sweets or pieces of paper have been distributed, ask the participants to return to their seats. Tell the group they can eat their sweets now (or pretend to eat them, if you are using coloured paper), or save them for later. Explain that this activity demonstrates how easily STIs can spread. The sweets represent the opportunity for a sexual encounter and the blue sweets (for example) represent HIV infection. Those who ate the blue sweets represent those who were infected by AIDS through this encounter. Ask everyone who received and immediately ate those sweets to stand.



Ask the following:

- How do you feel knowing that the sweet you ate represented HIV?
- Listen to several responses. Then ask those who received an “HIV” sweet but did not eat it, to stand.

Even though you encountered the sweet that represented HIV, you did not eat it. This represents what happens when you do not have sex.



Ask the participants:

- How does this make you feel?
- Ask the volunteer who distributed the sweets or paper representing HIV how it felt to represent the one who infected others?



Activity 3: Identifying Sexually Transmitted Infections (STIs)



Note to Facilitator

The purpose of this activity is to help the participants recognize STIs by the typical symptoms they exhibit. It is important to emphasize that they are NOT doctors nor are they being trained to act as doctors; rather, this knowledge may help them convince a friend or relative to seek medical assistance.

There are many terms here that may be confusing to your participants (depending on their age and level of maturity). Try to make everything as simple as possible WITHOUT compromising the accuracy of the information.

① Step 1



Ask the participants, “What do you know about STIs?”

Acknowledge correct responses; then present these facts about STIs. Gonorrhea, syphilis and herpes are examples of sexually transmitted infections, because the main way they are contracted is through sexual activity.

Symptoms of STIs

Some symptoms of STIs are:

- Sores on private parts
- Unusual discharge from private parts with a bad smell or itching burning pain when passing urine

Most Common STIs

- HIV
- Gonorrhea
- Syphilis
- Chancroids
- Herpes

② Step 2

Introduce STIs briefly by writing the following on the flip chart:

Sexually transmitted infections are infections that spread by sexual contact from one person to another. They can cause pain, infertility, and death if not treated. Each year there are more than 330 million new cases of curable STIs, one million new cases of HIV infection, and millions of other viral STIs such as herpes and hepatitis B.

② Step 3



Ask participants:

Can you think of any long-term side effects of STIs?

List responses on the flip chart.

Inform them that while STIs have many side-effects, there are four crucial ones they need to know.

Write the following on the flip chart:

- Tubes become blocked leading to infertility or pregnancy in the tube wall
- Miscarriage or stillbirth due to transmission of the STI during pregnancy or childbirth
- Genital cancers
- Higher risk of HIV transmission due to wounds, open sores, etc.

③ Step 4

Tell the participants that STI's have some common symptoms.
Ask if they can think of any common symptoms. List their responses on the flip chart.

Write the four common symptoms on the flip chart:

- Urethral discharge (men)
- Genital ulcers (men or women)
- Vaginal discharge (women)
- Lower abdominal pain



Note to Facilitator

The Facilitator must clearly explain that having one or more of these symptoms does not necessarily mean that the cause is an STI. Instead, the presence of the symptoms make it highly advisable to go to a medical centre for tests.

④ Step 5

Explain each symptom in more detail. Provide the participants with the following information:

1. Urethral Discharge

Can be seen primarily in men.

Most commonly caused by either gonorrhea (*Neisseria gonorrhea*) or chlamydia (*Chlamydia trachomatis*).

Common symptoms:

- Mucus-like discharge from penis
- Pain on urination (dysuria)
- Pain in testicles or scrotum
- Symptoms usually appear within 3-5 days (gonorrhea) to 7-14 days (chlamydia) after sexual exposure to organisms
- Untreated urethral discharge can lead to permanent narrowing and obstruction of the urethra and difficulty in urinating.

2. Genital Ulcer

Can be seen in either men or women.

Can be caused by several specific organisms, each a separate STI:

Herpes

- Caused by herpes simplex virus
- One or more very painful small blisters around the vagina, on the penis, or around the anus
- Blisters burst open and dry up to become scabs.
- Sores can last for 3 weeks or more with first infection and disappear.
- Recurrent blisters usually appear from time to time, although they last a shorter time than on primary infection.

Syphilis

- Caused by *Treponema pallidum*
- Painless ulceration (chancre) on the penis, vagina or anus. Ulceration may last only a few days, usually goes away without treatment, and a woman may not notice it.
- Ulceration usually has raised, indurated edges, clean base, and is not painful or tender.
- Weeks or months later, after the ulceration has disappeared, the person may have a sore throat, skin rash, or mild fever.
- All these symptoms may disappear without treatment, however, syphilis eventually causes heart disease, paralysis, insanity, and eventual death.
- A pregnant woman can pass syphilis to her child before birth.

Chancroid

- Caused by *Haemophilus ducreyi*
- Begins with painful papule or ulceration in genital area
- Associated with large, swollen lymph nodes in the groin that may ulcerate and drain
- May be difficult to distinguish from syphilis except by RPR test

3. Vaginal Discharge

- Seen only in women
- Discharge may be painless, or associated with vaginal burning or irritation, painful urination, or painful sexual relations
- Primary difference in treatment is to distinguish infection of vaginal mucosa alone (vaginitis); from bacterial infection of cervix (cervicitis)

4. Lower Abdominal Pain

- Can be caused by many problems, such as appendicitis, pregnancy in tubes, ovarian cyst, kidney stone; but can also be caused by STI – Pelvic Inflammatory Disease (PID).

- PID is bacterial infection of the uterus, fallopian tubes, or ovaries caused by gonorrhea, chlamydia, and/or mixed bacteria
- Main task is to differentiate possible PID from other potential causes of lower abdominal pain – this can be done with 4 specific questions in history and brief examination of the abdomen.
- Pelvic examination and other studies are very helpful to confirm diagnosis, but not necessary to initiate treatment in the Health Center.

5 Step 6



Ask the participants if they can guess the “AB” way to prevent STIs.

List their answers on a flip chart.

Write the AB’s on the flip chart:

A – Abstain from sex; this is the only guaranteed protection.

B – Be mutually faithful.

6 Step 7



Divide the participants into groups.

Ask them to discuss what someone should do if they have an STI.

Give them a few minutes and ask each group to present their answers.

Record their statements on the flip chart.

The final list should include, but not be limited to, the following:

- Seek medical attention quickly
- Do not spread the STD – abstain from sexual relations
- Take all your medication to cure your infection
- Your partner is probably also infected. Help them get treatment.
- Return to the doctor if symptoms persist after seven days.

7 Step 8

Divide participants into four groups.

Give each group a scenario and ask them to identify (if they can) the STI.

Choose a different scenario for each group from those below:

Scenario 1

Sue's best friend Janet came to her with a problem. She has a constant stomach ache. She admits that she recently had sex with her boyfriend and thinks that is why her stomach hurts. When Sue presses her lower stomach and suddenly releases, there is no rebound and Janet shouts in pain. What STI should Janet probably be tested for?

Scenario 2

Abdullah pulls John aside and asks him for advise. For the last few days whenever Abdullah goes for a short call, it hurts so much he wants to cry. He tells John that the pain came three to five days after he had sex with his girlfriend. What STI should Abdullah be tested for?

Scenario 3

Stella went to visit her cousin Mary. After they talked for sometime, Stella told Mary about something strange that had happened. One day she noticed an ulcer on her private parts and she was very scared that she was sick. Then, suddenly, after a few days it disappeared. There was no pain and Stella thought maybe it was a sign that she should never have sex again. Mary looked down and sighed; she was very sad. What STI does Mary think Stella should be tested for?

Scenario 4

Susan told her older sister about a yellow, itchy vaginal discharge that she has had for the past four days. Susan says she has no stomach pain or pain during short-calls. Shyly, she discloses that she had sex with her friend a week ago. What STI should Susan be tested for?

⑧ Step 8

Groups present their findings.

Take Home Message

Although you have learned some of the common symptoms of STIs, you are not a doctor! It is important that if any person suspects they may have an STI, they should go to the testing centre immediately!

Personal Challenge

Ask participants to visit a testing centre and talk to a doctor or counselor. Tell them to ask the doctor or counselor to come to their school, religious centre or community centre and talk to people about the importance of testing.

Session Seven:

7



HIV/AIDS

Introduction



Duration: 1 Hour



Methodology:

Game, Role Play,
Group Discussion



Materials:

Question Box
Brochures about HIV, if available;
Flip Charts



Activities:

Activity 1:

“Who Am I” Game (5 min)

Activity 2:

Guard the Palace (20 min)

Activity 3:

True or False Game (25 min)

Activity 4:

HIV Voluntary Counseling and
Testing (VCT) (10 min)

There was a time when two sentences could not pass from a person’s lips without the word “slim” sliding in somewhere. There was a state of panic, which turned to shock and finally left a blistering numbness in the Ugandan consciousness. Then something happened; people seemed to stop dying. It went from a funeral a week, to once a month, and so on. Then we stopped talking about HIV/AIDS, but not because it no longer exists but because we became complacent about it.

Today, with ARVs and free treatment available the prevailing notion seems to be “who cares?.” This is unfortunate since the pandemic remains strong and continues to infect people around the world, including Uganda. Yes, ARV treatment is available, but it is very strong medicine with often difficult side-effects. To be effective, pills must be taken daily for the rest of an individual’s life. The best protection against HIV/AIDS is still to avoid risk and remain HIV free.

Unfortunately, most people think they understand HIV/AIDS; they feel they have heard enough about it and most attempts to educate them are met with annoyance. Yet while people assume they know about HIV/AIDS, in reality they comprehend little beyond the name, readily accepting myths over facts. For example, it has become a common belief that after some time, ARVs will actually cure HIV.

The session will introduce behaviour change as a preventative method. By providing youth with the knowledge of risk behaviors, we hope to help them save themselves. As human beings, we tend to blame others for our predicament. However, more often than not, HIV/AIDS spreads because people put themselves in harm’s way. This session aims to do more than inform the participants about HIV/AIDS. It will raise awareness regarding the lack of complete information, and how close the youth may have come to becoming HIV+. Perhaps with that information, they will be motivated to share what they have learned with their peers and other members of the community.

Objectives:

During this session, the youth will:

1. Learn about HIV and how it is spread
2. Learn the difference between HIV and AIDS
3. Learn ways to protect themselves

**Note to Facilitator**

The session contains many facts. It is important to present them in an uncomplicated manner, and that the youth remain actively engaged in the learning process. In some cases, presentations will start with a question to find out how much the youth know already.

Talking about AIDS can raise many questions. At the end of the session, encourage the youth to ask questions or put them in the Question Box if they do not want to ask them publicly. Free brochures about STIs may be available from government health offices or other organizations. They can be distributed to the youth, if appropriate.

**Activity 1: “Who Am I?” Game****① Step 1**

Read the following facts to the participants:

- I like to kill, and prefer women and girls most of all.
- I like hanging out everywhere. You can find me in brothels, churches, hospitals and schools.
- It's very rare for me to force my way into someone's life; usually they open the door and let me in.
- I used to be a household name, but these days not enough people talk about me.
- I am responsible for making 1.2 million children orphans. There are 940,000 people in Uganda living at my mercy.
- I have already killed more than one million people.

**Ask the participants, “Who am I?”**

After several guesses, explain that many people erroneously think they know HIV/AIDS, but don't really know that much.

② Step 2



Ask the youth:

Define HIV and AIDS.

Encourage participation and affirm correct answers.

Present the following facts to them:

HIV stands for the human immunodeficiency virus. It is a very small virus or germ that destroys a person's immune system.

The immune system is a part of our bodies that we cannot see, but it is very strong and fights off diseases. It keeps us healthy by recognizing, attacking and destroying germs that enter the body and cause illness.

The immune system works like an umbrella that protects you from rain. But if the umbrella has holes, you will get wet – protection from the rain is gone.

When a person is infected with HIV, it is possible for that person to infect others.

Once HIV gets inside the body, it never leaves. But it takes time to develop. At first, when people are infected, they still appear healthy, but they can pass the virus on to others.

HIV slowly destroys the immune system so that it cannot protect the infected person from illness. When this happens the person has AIDS – Acquired Immunodeficiency Syndrome.



Activity 2: Guard The Palace

① Step 1

How does HIV attack the human body?

Use the following activity to show how HIV affects the body.
Choose 8 volunteers to come to the front.

Assign one person (a girl if possible) to represent the body.

Assign 4 of the volunteers (preferably the largest and strongest) to be the body's immune system. They are to act like bodyguards and protect the body.

Select 2 volunteers as germs. These represent common diseases like malaria or TB.

Assign one volunteer as HIV.

Explain that the female volunteer is the body and must be protected. She must stand still at all times.

Position the bodyguards around the "body." It is their responsibility to keep anyone from touching her.

Tell the germs to try to touch her arms, while the bodyguards do their job.

The guards are to keep the germs away from the body. They can use a gesture to show they are killing the germs; the germs should retreat when this happens.

② Step 2

Next send HIV, but instruct HIV to go up to the bodyguards one by one and touch them, nicely at first, but then use the symbol of killing them. One by one, HIV kills each off bodyguards. Then tell HIV to go and stand back-to-back with the "body" person. This shows that HIV is in the body.

Ask the germs to attack the body again. This time they are able to touch the arms of the girl easily, thus infecting the body with these diseases. The body should act like it is getting weak and fall down.

Explain that this is how HIV affects in the body – it kills the protectors of the body, so it becomes easier for other germs to make the body sick.

Emphasize that:

HIV infection means the virus is present in the body and could develop into AIDS.

AIDS is the final stage of HIV infection, when the body's defenses have been destroyed by the virus and the person has no resistance to the germs it is exposed to.

③ Step 3

How HIV is spread



Ask participants to discuss how a person becomes infected with HIV.

- Listen to responses and affirm correct responses.
- Then continue giving information.

For example;

HIV can spread through contact with the following human fluids and secretions, if they come from an HIV positive person:

- **Blood**
- **Semen** – Fluid that a man ejaculates when sexually excited
- **Vaginal fluids** – Fluid that a woman releases when sexually excited
- **Breast milk**



Note to Facilitator

These body fluids make it possible for the HIV virus to spread from person to person. All these fluids have white blood cells which HIV attacks or infects. If any of these four fluids come in contact with the body, a person is at risk of HIV infection. The virus can enter the body through:

- Lining of the vagina
 - Thin skin on the penis
 - Lining of the rectum (anus)
 - Veins, cuts, wounds, or open sores on the skin
 - Mouth (through sores or cuts)
 - Lining of the esophagus (e.g., in a newborn baby)
- (Adopted from “Men and HIV/AIDS” manual, pg. 41`)

④ Step 4



Ask participants how could someone else’s blood could come into contact with your blood? Listen to responses.

Answers could include:

- Sharing unsterilized needles
- Cutting from the witch doctor
- Tattoos and ear piercing with unsterilized instruments
- Removal of false teeth

HIV can be spread by:

- Sharing skin piercing instruments, e.g. unsterilized needles and syringes shared between people who inject themselves with drugs.
- Knives, needles, razors blades or other sharp instruments used for scarring, tattooing, ear piercing, circumcision, etc.
- Mother-to-child: Sometimes (but not always) infected mothers pass HIV to their babies while the baby is inside the womb, when it is being born, or during breastfeeding.
- Sex: The most common way that someone contracts HIV is through sex with an HIV infected person. Adolescent girls are especially susceptible to STD infections and HIV because their reproductive organs and immune systems are not fully developed.
- Along with HIV there are other infections that can be spread during sex. These are known as sexually transmitted infections or STIs.

**Activity 3: True or False Game****Note to Facilitator**

This activity combines the “True and False” game with a discussion about HIV/AIDS. It is very important that you read the HIV fact sheet below to familiarize yourself with the information on HIV/AIDS before beginning this session. For every statement and answer given, share a fact and correct any misconception. As you do, you will be covering the different aspects of HIV/AIDS like transmission modes, definitions, misconceptions, etc. When a transmission mode is referred to in one of the statements, ask participants to name any other transmission modes they know.

① Step 1

Write the words ‘True’ and ‘False’ on two separate flip charts and put them in opposite corners or areas of the training area.

② Step 2

Call the participants to the front of the room or training area and tell them to stand in a group in the middle.

Explain that when you read a statement, they should decide whether it is true or false and run to the chart that represents their answer.

When they get there, ask one or two people from each side to explain why they chose that answer.

Correct any misconception and instruct them to return to the centre. Repeat this until all the questions are answered.

Statement Comment

(A): Difference between HIV and AIDS

1. **HIV is a disease that kills.** False (Refer to comment #4 below)
2. **HIV is a virus.** True (Refer to comment #4 below)
3. **HIV stands for Human Immunodeficiency Virus.** True
4. **HIV is the same as AIDS.** False (HIV is the virus that attacks the bodies defense system. AIDS is the condition in which several diseases attack the weakened body's immune system because of HIV infection.)
5. **AIDS stands for Acquired Immunodeficiency Syndrome.** True

(B): How HIV/AIDS is spread

1. **Hugging an infected person.** False (HIV is transmitted only through the contact of body fluids like blood and semen. There are no fluids exchanged in a hug.)
2. **Sexual intercourse with an infected person.** True (HIV is an STI. Since HIV is transmitted through the exchange of body fluids, it is transmitted through sex because semen and vaginal fluids are exchanged between the infected person and the healthy one).
3. **Eating at the same table with an infected person.** False (Refer to Comment B1)
4. **Sleeping in the same room with an infected person.** False (Refer to Comment B1. If the people don't have sex or don't mix their bodily fluids, they can't infect each other with HIV.)
5. **Holding hands with an infected person.** False (Refer to Comment B1).

6. **Helping an infected person clean out a cut wound.** It depends. (If you also have a wound, then their blood can mix with yours and infect you. If you have no wounds, you can't get infected.)
7. **Sitting next to an infected person in a taxi or bus.** False (Refer to Comment B1)
8. **Sharing food with an infected person.** False (Refer to Comment B1)
9. **Using an infected person's toothbrush.** Perhaps. (HIV is rarely transmitted through saliva. However if both of you have tiny wounds in your mouths, then you can get infected.)
10. **Cleaning up vomit when an infected person has been sick.** It depends. (If you have a wound on your hands, you could get infected. Wear gloves.)
11. **Open mouth kissing with an infected person.** Perhaps. (Refer to Comment B9)
12. **Coughing or sneezing in the same room.** False. (HIV is not an air borne disease like flu.)
13. **Swimming in the same river with an infected person.** False. (No body fluids are directly exchanged.)
14. **Sharing a razor.** True. (The person could have cut her/himself and left infected blood on the razor. If you cut yourself, you could get infected.)
15. **HIV/AIDS can be transmitted by mosquitoes and bed bugs.** False. (Insects don't transmit HIV/AIDS.)
16. **HIV/AIDS can be transmitted by sharing unsterilized needles with an infected person.** True. (Needles carry body fluids like infected blood that can infect you if you pierce yourself and the infected blood mixes with yours.)

(C): Protecting ourselves against HIV/AIDS

1. **Abstinence is 100% safe.** True. (Not bodily fluids are exchanged and

therefore no danger exists.)

2. **If you wash your private parts with soda immediately after having sex with an infected person, you cannot get HIV.** False. (The fluids are exchanged inside the vagina during sex, not after you have sex. So, the infection may already have occurred by the time you wash. Soda is not a germ or virus killer.)
3. **If you withdraw before you ejaculate, you cannot infect each other with HIV.** False. (In preparation for sex, the woman releases fluids to lubricate her vagina. These can infect you. The man also releases some semen before the final ejaculation. This too may infect the woman.)
4. **Contraceptives like pills, injectaplan and spermicides can protect you from HIV.** False. (These contraceptives are for the purpose of preventing pregnancy and DO NOT PROVIDE PROTECTION FROM HIV OR ANY STI.)
5. **A woman can only contract HIV if she has sex when she is bleeding during her periods.** False. (Everyone is vulnerable 100% of the time, if they have an infected partner.)
6. **If you have sex with an infected person in a swimming pool, you cannot become infected because the water washes away the virus.** False. (The fluid exchange occurs inside the vagina where the water does not enter. This means that you may still get infected.)
7. **Condoms are completely safe.** False. (Condoms are only 80-90% safe IF YOU USE THEM CORRECTLY, 100% OF THE TIME. However, it is difficult to be certain that you have used it 100% correctly, therefore increasing the chances of infection. When many people are in a relationship, they may not use condoms 100% of the time because they trust the person. On such occasions, you could get infected.) If condoms are pierced, stored incorrectly, or used less than 100% of the time they are ineffective.



Activity 4: HIV Voluntary Counseling and Testing (VCT)



① Step 1

Ask the group:

- Why do you think it is important to know if you are HIV positive?
- What do you think is the best way to avoid getting HIV/AIDS?

Listen to several responses and note them on a piece of paper. Affirm participants when they mention abstinence.

Explain to participants:

Waiting until marriage to have sex (abstinence) is 100% effective in preventing sexual transmission of HIV and other sexually transmitted diseases. It also prevents pregnancy. Abstinence works every time!

Emphasize to the participants that:

It is important to understand this so that we do not fear interacting with people living with HIV/AIDS.

If there is no transfer of sexual fluids or blood between an HIV-infected person and someone who is healthy, then the healthy person cannot become infected with the virus.

HIV is NOT an air-borne virus. That means that a person can NOT get HIV from visiting someone with HIV/AIDS who has a cough or a sneeze.

HIV is NOT transmitted through water. You can NOT get HIV from: sharing the same well or cup with someone who has HIV/AIDS, or swimming or bathing with someone with HIV/AIDS.

HIV is NOT transmitted through common touch. You can NOT get HIV from: shaking hands, hugging, sharing plates, cups, bowls or utensils, or sitting in the same seat or bus.

HIV is also NOT spread through any other fluids except blood and sexual fluids. You can NOT get HIV from:

- Tears
- Sweat
- Urine
- Vomit that contains no blood saliva
- HIV is NOT spread by insects. HIV is a virus that lives in humans. It cannot be transmitted through mosquito bites, bed bugs or the bites or stings of other insects.



Ask participants:

- What did you learn today that you didn't know before?

Listen to several responses and affirm the youth.

Remind participants to put their questions in the Question Box.

Explain that the next time you meet, you are going to talk about common misconceptions about sex, puberty and AIDS.

Ask the youth to make a list of the most ridiculous, outrageous things they have ever heard about sex, puberty or HIV/AIDS. They can share their lists at the beginning of the next session.

Quick Test



Ask participants:

- Can you get HIV/AIDS from holding hands with someone with HIV/AIDS? (No.)
- Can you get HIV/AIDS from drinking from the same cup as someone with AIDS? (No.)
- Can you get HIV/AIDS from wiping someone's tears? (No.)
- Can you get HIV/AIDS from having sex with someone who is HIV positive, even if they look healthy? (Yes.)

Take Home Message

You can't tell by looking at a person whether they are HIV +. They may appear to be perfectly healthy, but can still pass the virus. Many people transmit HIV without even knowing it. It is OK to touch, hug and care for people with AIDS. They need your help, your love and your support.

Personal Challenge

Ask participants to identify an individual in their community who is suffering with AIDS. Ask them to volunteer one or two hours a week to help that person with basic chores.

8

Session Eight:



Sex and Gender Roles

Introduction

Building an AIDS Free Generation

Many of the youths' attitudes about sex and abstinence are based on the gender roles assigned to them by the culture and society. Some females believe that they should be submissive to men's demands and easily submit to sex.

Some males believe that having sex is a sign of being a man. It is very important to correct misconceptions about gender if the youth are to be convinced to change their sexual behaviour.

Objectives:

During this session, the youth will:

1. Learn the difference between sex and gender
2. Explore the gender roles placed on males and females by society
3. Explore how these gender roles influence their sexual behaviour

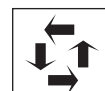
Facilitator Reference Information

Gender roles are prescribed by the culture that we live in; therefore, it becomes difficult to challenge or confront them. Most of the participants have already decided their roles as a result of observing the behaviour of others of the same sex. It is important that the Facilitator not directly dispute the norms but, instead, offer alternatives.

The Facilitator should address all issues that arise regarding HIV/AIDS. It is apparent that some young girls think they must obey adult males and this leads to a silent acquiesce of defilement. In addition, some pubescent males believe that sexual conquest is a rite of passage. These are difficult norms to untangle and care must be taken not to offend the youth and their culture.



Duration: 1 Hour



Methodology:
Game, Group Discussion



Materials:
Question Box,
Ball,
Signs for Game



Activities:

Activity 1:

Review of previous session (10 min)

Activity 2:

Defining Sex and Gender (10 min)

Activity 3:

Run Around Game (30 min)



Activity 1: Review of Previous Session

① Step 1

To elicit answers, ask a question and throw a ball to the participant who has raised their hand. After they answer the question, ask another question and the participant throws the ball to the next person with their hand raised.



Ask the questions below:

- Why is it important to be tested for STIs?
- Name an STI and list its symptoms.



Activity 2: Discussion – Defining Sex and Gender

① Step 1



Ask participants to give one-word answers to these questions:

- What is a man? What is a boy?
- What is a woman? What is a girl?
- List the answers for each question on separate charts.

Possible responses:

- What is a man? What is a boy?
Strong, handsome, courageous, serious, provider, etc.
- What is a woman? What is a girl?
Delicate, beautiful, submissive, emotional, etc.

② Step 2



Ask participants:

- “Of the answers given, which ones describe the sex and which ones describe the gender of both the man and woman?”
- List a few of the responses under the headings “Sex” and “Gender”

③ Step 3

Share the definition of sex and gender:

Definition of Sex

Sex is the biological difference between males and females.

Definition of Gender

Gender refers to the social, economic and cultural attitudes and opportunities associated with being male or female in a particular setting at a particular point in time.

Definition of Gender Roles

These are the roles (jobs, functions, tasks) we prescribe (recommend, set) to a person based on their gender.

Definition of Gender Norms

These are the stereotypical characteristics, traits, etc. that we prescribe to a person based on their gender.

**Activity 3: Run Around Game****① Step 1**

Choose three different positions of the training area and label them 'True', 'False' and 'I don't know'.

Instruct the participants to come up to the front.

Explain that you are going to read several statements. If they think a statement is true, they should run and stand in the area marked 'true'. If they think it is false, they should run to the area marked 'false', and if they don't know the answer, they should run to the area marked 'I don't know'.

When they get to the area, choose one or two people in each area to explain why they chose that response.

After their explanation, ask the rest of the group if they agree with the answer. Get a maximum of two opinions to save time. Correct any misconceptions if they are not solved by the two opinions, and then ask them to quickly move back to the centre.

Repeat this procedure until all the statements are read.

STATEMENTS ABOUT GENDER NORMS AND ROLES	
1. Men are better at making decisions than women.	1. False: The brains of men and women are fundamentally the same. Given the same education and skills, one cannot determine who would make the best decisions.
2. Men are more logical than women.	2. False: The biological differences between men and women do not determine which sex would be more logical.
3. Real men never show fear or weakness.	3. False: This is a stereotype that is simply untrue. It is incorrect to say that you are not a male if you show weakness.
4. Men are unfaithful because it is difficult for them to control their desire.	4. False: All humans can choose to control their sexual urge.
5. Men are more reliable than women.	5. False: Reliability of men and women is not governed by biological factors.
6. Only women can cook and clean.	6. False: Men and women are equally capable of cooking and cleaning.
7. Men should be providers in a home.	7. Men and women are equally capable of being a provider.
8. Women should fear their husbands.	8. Healthy relationships are based on mutual respect and understanding, not fear.

① Step 1



Read the statements and ask the participants:

- How does this influence the way you treat men or women in a relationship?
- What effect does it have on decisions related to sex in a relationship?

Reminder

Remind participants to drop questions in the Question Box.

Take Home Message

Each individual is special regardless of their sex. We should treat all people, male and female, with respect and not be quick to judge their behaviour before we know the facts. Take note of how people behave in your home, school or community. Are people treated differently because of their sex?

Personal Challenge

Try counting the number of advertisements relating to alcohol that you see between now and the next session. Also take note of any advert you really liked!

9

Session Nine:



Drugs, Alcohol and the Influence of Media

Introduction

Building an AIDS Free Generation

Young people may desire to make good choices, but there are many influences and temptations that can persuade them to make poor decisions. Drugs, alcohol, and premarital sex places youth in risky situations that threaten their life and health. Unfortunately, these behaviours may be regarded by youth as rites of passage, and even be encouraged by adults. This session sensitizes the participants to the dangers of these behaviors.

Objectives:

During this session, the youth will:

1. Learn about the dangers of drug and alcohol use and how this can affect their health, goals and decisions
2. Learn about the dangers of negative peer influences and build life skills to overcome peer pressure

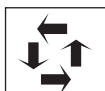
Facilitator Reference Information

The youth spend much of their time listening to or watching the media; the results, for some, are devastating. Through media, many youth determine their role models and attempt to emulate celebrities of little ethical values. The Facilitator should be aware of the danger when the cocktail of drugs and alcohol is mixed. Inhibition results in poor decisions; they must know that the path to HIV/AIDS is lined with bottles and needles.

Choose a few popular songs that a majority of the youth enjoy. Deconstruct the song; show them exactly what message is being sent. Remember, garbage in garbage out.



Duration: 1 hour



Methodology:

Group Discussion, Case Study, Small Group Activity, Demonstration



Materials needed:

Question Box, copies of posters or adverts of alcohol, cigarettes, and musicians smoking marijuana
A bottle of water, three glasses, soil and a small basin, Ball



Activities:

Activity 1:

Review (5 min)

Activity 2:

Case Study: Okello and Ssali's Story (20 min)

Activity 3:

Media Review Exercise (20 min)

Activity 4:

Garbage In, Garbage Out Demonstration (15 min)

Activity 5:

Alcohol, Drugs and HIV/AIDS (5 min)

Activity 6:

Session Review (5 min)



Activity 1: Review

① Step 1



Ask participants:

- What do you remember from the last session?
- Answer questions from the Question Box or from the group.

The last time we met, I asked you to count the advertisements you saw relating to alcohol.

- How many did you find?
- Encourage the youth to share this information with the group. Who would like to tell us which advert they liked best and why they liked it?
- Allow the youth to share what they liked without passing judgment on them. If they have examples of positive media, point out that the media is also used to promote healthy actions.

If not, ask the following yes/no (closed) questions:

- Did you see any advertisements that talked about how many people die from alcohol-related accidents?
- Did any of the advertisements warn the youth about the dangers of drinking and not being in control of their actions?
- Did any of the adverts warn that if a pregnant woman drinks alcohol, it can harm her baby?

Point out that media and advertisements can be used both positively and negatively to influence people to do healthy or harmful things.



Okello and Ssali's Story

Okello lived with his family. He was in primary 6 and a very good student. All of his teachers praised him for his intelligence. Every day on his way to school, Okello met his friend Ssali, and they would walk the rest of the way together. Ssali was also one of the best students in grade 6. One morning Okello noticed that Ssali was coming from a different direction and that he looked lost and very tired, as if he had not slept for a few days. "What happened to you?" asked Okello. "Can we sit down?" asked Ssali. "I'm not feeling too well."

After some time, Ssali explained that the day before he had gone to a party at his aunt's house. There he met Mulindwa who was well known in the community and had a reputation for always having drugs and alcohol. He liked to impress the youth with stories about the international drug trade, famous people he knew, and all the drugs he had taken. Mulindwa showed them films about boxing and karate, with famous actors drinking alcohol and surrounded by beautiful women.

"So you went to the party; what happened next?" asked Okello. "Mulindwa invited me to watch a film, and he gave me a strong drink." Ssali talked about the film and explained that then Mulindwa gave him a famous drug that the movie stars use at parties. "I don't remember what happened after that," said Ssali.

All of this sounded very exciting to Okello, especially the part about the movie stars. "Can I go with you when you see Mulindwa again?" asked Okello. "Sure," said Ssali. "He said to bring some friends next time."

Okello got up to go to school, but Ssali just sat there, unable to move. He had second thoughts. "Ssali looks really bad," he thought to himself. "And sometimes he didn't make any sense when he was telling me what happened at the party. He's usually so quick minded. What is wrong with him?" he asked himself. "I don't want to end up like Ssali. I've been promised a place at university if I continue to do well in school. There is an exam today, and Ssali is in no shape to take it. I need to help him stay away from Mulindwa."

Okello took Ssali to his house and gave him a place to sleep until the effects of the drugs and alcohol went away. But when Okello came back from school, Ssali was gone. Later Okello learned that he had gone back to find Mulindwa. Okello mentioned what had happened to his older brother. His brother explained that drugs and alcohol can negatively affect a person's judgment.

Okello tried again and again to convince Ssali that Mulindwa's drugs were not a good thing, but he refused to listen. Ssali continued going to Mulindwa's parties and spent less and less time at school. Soon he became addicted to the drugs and alcohol, and couldn't go one day without having them. Most of the time, Ssali didn't know where he was and couldn't remember anything from the day before. He did not even remember his dreams to go to university and to become an engineer.

① Step 1

In past sessions we talked about making good decisions that will keep us safe and healthy. Even though we may want to make wise choices, there are things that can affect our judgment. Like the advertisements we just heard about, some things are presented as positive when they really have negative sides as well. Listen to this story about Okello and Ssali, two friends who made decisions that took them down very different roads.



Ask the participants:

- Why do you think Ssali was attracted to Mulindwa?
- Why do you think he continued to take drugs?
- After Mulwindu gave him drugs the first time, what should Ssali have done?
- How did the media (movies, in this case) influence Mulindwa's and Ssali's decision to take alcohol and drugs?
- What would you say about Okello's decision?

② Step 2

Ask the class to think about radio stations, TV channels and their favorite programs. Before the next session, ask them to write down why they like or dislike the programs or channels.

Tell them to think about how these programs affect their actions and decisions.



Activity 3: Media Review Exercise



Note to Facilitator

The goal of this session is to equip the participants with critical thinking skills.

These skills will help to increase awareness of media messages by

examining reports more closely and not accepting them at face value. This skill could also be applied to making judgments in other vulnerable situations, such as whether or not to give in to sex.

① Step 1

Inform the participants that they are going to briefly look at some pictures, and then answer a few quick question.

Show them quick views of a few of the adverts, or posters you collected.



Ask the following questions:

- What do you like about the picture?
- What message does it send to you?
- What action do they want you to take after seeing the advert or poster?
- Take as little time on this as possible.

② Step 2

Divide the participants into 3 groups.

Give each group one of the pictures of adverts of alcohol, cigarettes, posters, musicians smoking marijuana, etc.

Allow 5 minutes to discuss the following questions:

- What do you like about the picture?
- What message does it send to you?
- What action do they want you to take after seeing the advert or poster?
- List the dangers associated with the product or action they want you take.
- Which of those dangers does the advert or poster directly warn you about.
- Is the person who designed the poster or advert concerned about your wellbeing?

③ Step 3

The groups present their answers. Each group has only 5 minutes to present. Review and take action.



Activity 4: Garbage In, Garbage Out



Note to Facilitator

This is a follow-up activity to the preceding one, emphasizing that youth should control what their minds are exposed to as it could easily influence their decisions. The ability and discipline to control what enters one's mind is a very critical skill in empowering the youth to choose a safe life through abstinence.

1 Step 1

Put a basin, two glasses and a bottle/ container of water on the table where everybody can see.

Ask for two volunteers.

Ask the volunteers to put clean water into two glasses.

Tell one of these two volunteers to put a bit of soil in their glass of water. Let him keep adding soil little by little till the water becomes brown.

Ask the second volunteer to hold up their glass of clean water.

Ask the first volunteer to stir their glass and pour half of the contents into the second volunteer's glass of clean water.



Ask the following questions:

Imagine that the glasses represent your minds:

- What would the water represent?
- What would the soil represent?
- What happens when you let dirty information or substances into your mind?
- What does this teach you about the substances or information you should take in?
- How can you protect your mind and body from contamination?
- What would happen if the second volunteer poured his water into another glass of clean water after it had been contaminated?

- How does the information you share affect your friends?
- If the contamination represented HIV or STIs, how could the second volunteer protect himself from contamination?

**Note to Facilitator**

As the participants answer the above questions, probe for how drugs and alcohol can lead to wrong decisions. Share with them that alcohol and drugs cloud the proper working of the brain, and as a result cause us to do things we normally would not have done.



Activity 5: Alcohol, Drugs and HIV/AIDS

① Step 1



Ask the participants if any one has ever made a decision when their mind was not focused. For example, have you ever been unable to answer a question in class because you couldn't concentrate? Maybe you had to go to the toilet or were really hungry. Listen to their responses and then explain:

- That is what it is like to be on drugs or to be drunk. You can't think properly; you are incapable of making the right decisions.

② Step 2



Have a group discussion on alcohol, drugs and HIV/AIDS. Ask the following questions:

- What do you think would happen if you were drunk and your girlfriend/boyfriend wanted to have sex?
- Do you think it would be easy to say no? Why or why not?
- [Especially for the women] If someone is buying you drink after drink, do you think they are doing that so that you can have a great conversation? Why or why not?
- [Especially from a man] Usually people say they would never pay for sex but why do you think that after enough alcohol or marijuana they are ready to pay for it? Do you think a drunk/high person can remember to think about HIV?



Activity 6: Session Review

Have participants to stand in a circle.

Throw a ball to different participants to get answers for the following questions



Ask the following questions:

- What things have you identified in this session that can contaminate your mind and cause you to make wrong decisions?
- What specific actions will you take to avoid being a victim of drugs, alcohol and negative media influence?

Take Home Message

Always be careful what you watch. Remember if you take in garbage, only garbage will come out!

Personal Challenge

Ask participants to make a list of movies, books or songs that can help educate youth about abstinence and/or HIV/AIDS. When they return next session, they will present their list.

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Session Ten:

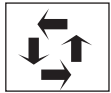


Goals and Dreams

Introduction



Duration: 1 hour



Methodology:

Game, Case Study
Large & Small Group Activity



Materials needed:

Question Box, Ball, Paper & Pen, small pieces of scrap paper, chart, papers w/qualities



Activities:

Activity 1:

Review and questions (5 min)

Activity 2:

Case Study: Kayemba and Nakiwunga's Story (20 min)

Activity 3:

Goal Setting Exercise (15 min)

Activity 4:

Dodge Ball (15 min)

Activity 5:

Evaluation (5 min)

All young people have aspirations for the future. However, they live in the present moment, often not considering the consequences of their actions or what will be necessary to achieve their goals and dreams. It is important that the youth understand that every choice they make today will impact their future, either positively or negatively. With this realization, youth can use their life goals to motivate and reinforce healthy choices and actions.

Objectives:

During this session, the youth will:

1. Identify their future goals and aspirations
2. Identify what will be required to achieve those goals and dreams

Facilitators Reference Information

In this session, the Facilitators must remember that all goals and dreams are relevant to the participants; no matter how far-fetched the dream may sound, each must be given its due respect. This view must also be conveyed to the participants as they listen to each other.

Depending on the maturity level of your group, you may want to exchange the Dodge Ball Game for the Blindfold Game. In this game, the money is taped on a wall and the participant who touches the face on the paper money takes it! The catch is they are blindfolded!

There may be some confusion with the SMART (simple, measurable, attainable, reasonable, time bound) theory. Remember to apply it to examples that are HIV/AIDS related. For example, use the scenario of a person who wants to become a mother of six. Ask them if the idea would still be SMART if they had HIV/AIDS?



Activity 1: Review

① Step 1



Ask Participants

- Do you have a different reaction to the media since the last session?
Answer questions from the Question Box.



Activity 2: Story Telling



Read “Kayemba and Nakiwunga’s Story” and discuss the following questions:

- How did Kayemba’s decisions about how he used his leisure time determine his future?
- Why do you think Nakiwunga studied hard in school?
- If you were giving a bursary, which of these children would you have given it to and why?

Please encourage participation. Affirm youth in their positive responses.

Kayemba and Nakiwunga's Story



Brother and sister, Kayemba, 12, and Nakiwunga, 14, lived in a small town, not far from the capital city. Kayemba was a rather disorganized and lazy child who didn't like to study. After school, he wanted to have fun and would meet with his friends, who were like him. Kayemba loved the cinema and parties, and his greatest ambition was to go to discos and dance. Although he was young, he was very adventurous.

His sister Nakiwunga loved to study and took her schoolwork seriously. She was careful how she spent her free time and the friends she chose. Nakiwunga was active in her church youth group and had dreams of attending university.

Kayemba and Nakiwunga's father and grandfather were well respected in the town and their grandfather had many influential friends. Their father was not a wealthy man and could not continue to send both of his children to school. He was concerned about their future.

He knew that education was important and was sad that he did not have the funds to ensure a good education for his children. Knowing this, his father's friends decided to provide a bursary for the child who showed the most promise.

Kayemba heard about this and assumed it would be him. But he also knew that he would not pass his exams because he hadn't studied for them. The day the marks were posted, Kayemba went to a party with his friends and didn't even look to see if he had passed. Later he arrived home very excited and told his father that he had passed. The family had a big party to celebrate and told him about the bursary. Nakiwunga was happy for her brother, but surprised he had passed the exams.

It didn't take long for Kayemba's father to discover that his son had not told the truth about his marks. The bursary went to Nakiwunga, who continued to succeed in school.

② Step 2

As we discussed in previous sessions, the decisions we make today, especially our choices about having sex, can determine our future and whether we achieve our dreams and goals.

Display a chart with advice to help one achieve their dreams.

Here are some suggestions that may help you:

Know what you believe – Think about what is really important to you. Write down what you believe about sex and morality. Be clear about your beliefs, review them often and express them to others.

Focus on building strong friendships – True friends are there when times are tough. They will watch out for you and protect you if you are in trouble. Choose friends who will support the good choices you make.

Set boundaries in relationships – It is not wrong to find a particular person attractive and to want to focus some of your time and attention on him or her. However, it is necessary to set limits for those relationships, to keep them from leading to sexual activity and emotional and physical pain.

Anticipate difficult situations before they happen.

Think about what sort of messages you send by your actions and the clothes you wear.

Do not put yourself in a situation where you are alone with the person for a long period of time, especially at night or in the dark.

Stay away from drinking alcohol and using drugs because they will lower your will power and self control.

Seek the help of others – Seek the support of others who understand your commitment to delay sex. You could choose a group of 2 or 3 friends who have made the same commitment and agree to encourage one another to stick to it.

Identify your personal goals and work towards them – Think about your goals and dreams for the future. One wrong choice can have a big impact on your chances of achieving them.



Activity 3: Goal Setting Session



Note to Facilitator

This activity will teach participants basic skills in goal setting. Since they are still young, they should be encouraged to set very ambitious goals. No one should be allowed to make fun of another's goal, or to suggest that it is impossible for one to achieve their goals. Don't let your personal limitations of what you think is possible influence the participants. Let the youth dream!

① Step 1

Ask participants to imagine what their lives could be if there were no financial, social or cultural limitations.

Give each one a piece of paper and a pen.



Ask them to list what they would like to achieve if they knew they could not fail. This could include things:

- Various careers – teacher, nurse, engineer, mechanic
- Houses, farms, apartment complexes
- Bicycles, motorbikes, cars, aeroplane
- Leisure activities
- Relationships

After they have written their lists, ask them to indicate (beside their goals) when they want to achieve them. They should write a brief description of the goal, and the date/ month/year when they think they could accomplish it.

Explain that people who write their goals with specific dates for completing them are more likely to achieve them than those who don't write them down or who do not specify a date.

Ask participants to:

- To share their dreams with their parents or guardians and best friends.
- Tell them to make several copies of their plans and pin them up where they can see them everyday.



Activity 4: Dodge Ball (Kwepena)



Note to Facilitator

This activity teaches the skill of focusing on personal goals and the value of teamwork with dependable people. These people will help them achieve their goals as well as provide support to deal with distracting peer advice.

① Step 1

Tell participants that they are going to play a game that is locally known as Kwepena (Dodge ball).

Ask for three volunteers at a time to participate.

Two volunteers at opposite ends of the room try to hit the third one in the middle with a small soft ball.

The person in the middle has to make sure she/he is not hit by the ball.

The rest of the participants can cheer the players.

② Step 2

Tell the participants to think about how the Kwepena game represents their lives. The youth throwing the ball represent the participants as they aim for their life goals. The one dodging the ball represents real life situations that may arise.

Tell them to think about the goals they have just written.

Ask the participants to divide into groups of five people each. Discuss the following:

- What does the game teach you about goals?
- What do the people cheering represent in your real life?
- Who encourages you to achieve your goals? Who are those who discourage you?

- What are some things that can prevent you from achieving your educational or career goals ? (For example: death of parents, no school fees, HIV/AIDS)
- How can sex before marriage prevent a boy or a girl from achieving their goals?
- What are some of society's beliefs/myths about whether girls or boys can achieve their goals?

③ Step 3

On small pieces of paper, write the following qualities that could help one achieve their goals and place them in a container. Leave some papers blank.

Ensure that the total number of papers equals the number of participants.

Possible qualities that could help one achieve their goals:

- Focus
- Being confident
- Hard work
- Being disciplined
- Honesty
- Good health
- Humility
- Good communication
- Perseverance
- Supportive friends, parents and family
- Good morals/ethics
- Good values
- Knowledge
- Respect

④ Step 4

Ask all the participants to come to the front and choose a paper from the container.

After they look at their paper, ask those whose papers are blank to return to their seats. The rest will remain in the front.

5 Step 5

Ask each person to read the quality on their paper and explain what it means to the rest of the participants.

They should give examples of how to apply that quality to achieve their goals. After they have read their paper, they may sit down. Correct any wrong interpretations.

6 Step 6

Ask two people to tell real-life stories of people they know who got into trouble because they did not have a goal.

SMART Goals must be:

Simple

Measurable

Attainable

Reasonable

Time bound



Activity 5: Evaluation

Make sure participants understand the following:

To succeed in life, you must set specific goals. In the Dodge Ball Game (Kwepena) the specific goal is to hit the person/target in the middle.

When your goal/target changes due to circumstances, you must also change to find other ways to achieve it. In Dodge Ball, when the person in the middle moves, you change position and try again to hit them.

There will always be crowds around you. Some will encourage you, others will laugh at you, and some will try to persuade you to do things that can destroy your goals. You must always concentrate on your goal and only listen to those who are on your side cheering you to success.

Take Home Message

To achieve your goals, you must have identified goals, know what will be necessary to reach them, and aim for them. (Calculate, consider and aim.)

Personal Challenge

Ask participants to discuss their goals and dreams with their parents, mentors or guardians. Do they have SMART goals? Why or why not?

11

Session Eleven:



Why Wait?

Introduction



Duration: 1 Hour



Methodology:

Group Discussion



Materials:

Question Box, Flip Chart

Markers



Activities:

Activity 1:

Review (5 min)

Activity 2:

Defining Abstinence and Virginity
(10 min))

Activity 3:

Who are you really having sex with?
(15 min)

Activity 4:

Group Discussion (10 Min)

Activity 5:

Risk Perceptions (5 Min)

Although young people may be aware of the negative consequences of premarital sex, they may decide to become sexually active despite the known risks to their health and well-being. The need for acceptance, admiration and affection from their peers are powerful influencers. All young people are faced with the pressure to gain recognition from peers and adults in their lives.

The concepts of primary abstinence and primary virginity are examined in this session, defining and describing its advantage over premarital sexual activity. Realizing that some of the participants may already have become sexually active, secondary virginity/secondary abstinence is presented as a viable choice.

Objectives:

During this session, the youth will:

1. Identify the advantages of abstinence until marriage.
2. Communicate doing what is right when pressured by others

Facilitator Reference Information

The youth have a suitable argument to present to anyone willing to listen. Why on earth should they wait? They may recite religious verses or simple common sense reasons. The Facilitator's role is to correct all myths and misconceptions; let them make decisions on facts and facts alone.

This is the appropriate time to remind participants about the statistics they learnt about HIV/AIDS. They should be aware that the youth are at a higher risk. The Facilitator should also inform them of the cost of being infected. Review the costs of the drugs, etc.



Activity 1: Review of Previous Session



Ask participants:

- What information have you learned that has been useful in your daily life?
- Listen to several responses and encourage the youth.
- Answer questions from the Question Box.



Activity 2: Defining Abstinence and Virginity



Note to Facilitator

This activity defines abstinence, virginity, and secondary virginity.

① Step 1



Write the word “Abstinence” on a chart. **Ask what it means. Ask a volunteer to record the answers on another chart.**

Definition of abstinence

It is a deliberate choice not to have sex.

② Step 2



Write the words ‘primary virginity’ and ‘secondary virginity’ on a chart. **Ask the participants to explain the difference. Ask a volunteer to record the answers on another chart.**

Definition of primary virginity and primary abstinence

Primary virginity refers to a situation where a person has never had sex in his or her lifetime.

Primary abstinence refers to remaining a virgin until you are married. In other words, you have decided not to have sex until you are married.

Definition of secondary virginity and secondary abstinence

Secondary virginity and secondary abstinence refers to a situation where someone who has previously been sexually active decides not to have sex again until he or she gets married.



Activity 3: Who are you really having sex with?



This activity demonstrates that when a person has sex with someone who has had previous sexual partners, it is as though they have had sex with all of that person's sexual partners. For example, if Lawrence has sex with Sarah, and Sarah has sex with David, it is like David having sex with Lawrence and anyone else Sarah has had sex with. The greater the number of sexual partners, the greater the risk of acquiring an STI. This knowledge may cause the participants to think twice about whether they want to have sex.

② Step 2

Draw two stick pictures of a girl and a boy near each other and ask for names or name them Jack and Juliet.



Ask the following:

When Jack and Juliet have sex, how many people are involved in the act? (The answer is likely to be “two”)

③ Step 3

Draw two more stick pictures of a girl and a boy on the same chart. Place the new girl behind Jack with an arrow connecting them, and the new boy behind Juliet with an arrow connecting them.



Ask the group:

How many people are now involved when Jack and Juliet have sex?

③ Step 3

Keep adding stick pictures to the line on each side until you have about 10 people on each side and repeat the question as above.

When you have sex with someone, it's actually like having sex with all the people in the sexual network of that person. All the people behind Jack and Juliet are connected to the two of them. This is because the last two people behind them brought all the diseases, characteristics, and emotional involvement of all the people behind them. Thus Jack and Juliet are the receivers of all those people's diseases and characteristics.

**Ask the group:**

Are you sure you want to have sex with an unknown network of sexual partners and place your life in possible danger?



Activity 4: Group Discussion

① Step 1

Ask youth to form small groups of 3-5 people.

Give them 5 minutes to discuss the main reasons for saving sex until marriage.

**Ask the group:**

What are some of the benefits of waiting to have sex until after you are married?

Some of the responses may include:

- It fosters respect from friends and other people.
- To avoid losing one's virginity
- To avoid HIV/AIDS and other STIs
- To avoid becoming pregnant
- To remain true to one's religious beliefs

② Step 2

Make a list from their ideas, titled, "Our Reasons to Save Sex for Marriage," and post it on the wall. Remind youth that sex has physical, emotional, mental and spiritual effects. These effects can be positive in the proper context, or negative if sex is misused.

③ Step 3

How do you say “no” to a friend’s idea without harming the friendship?
Explain to participants that:

There may be times when you want to say “no” to something a friend wants you to do. You don’t want to lose the friendship, but you don’t think it is right to do this particular thing. It will help if you sandwich your “no” between two positives, like this:

“I really like you, and I’m glad you are my friend. But I don’t want to do that. Why don’t we go to the youth group with our friends instead?”

By doing this, you can keep the friendship while standing firm in your decision.



Activity 5: Risk Perceptions

① Step 1



Ask the participants the following:

- How many think you are at risk of contracting HIV/AIDS? Why or why not?
- How many have friends that may be at risk? Why or why not?
- How many have family members that could be at risk? Why or why not?

Take note of the number of participants who think they are at risk.

① Step 1

Have the participants form groups of four or five and brainstorm who, in their age group, would NOT be at risk to contract HIV/AIDS and why. They should describe the kind of person who would be completely risk free. Share the following information to help in their discussion:

1. Young women in Uganda are nine times more likely than young men to contract HIV. (Gutmacher Institute, 2008 'Protecting the next generation in Uganda: New evidence on adolescent sexual health and reproductive health needs'.)

2. Women are particularly affected by the epidemic in Uganda, representing 59% of those infected with HIV/AIDS in the country. (UNAIDS 2008 Report on the Global AIDS Epidemic.)

3. The Population Council did a study (funded by USAID) on adolescents born with HIV. In a sample of 732 people in the 10-19 age group, the study showed that many are dating, and desire to love and be loved. The results indicate that 39 percent of these young people are in a casual relationship, yet 51 percent of the entire study sample are afraid to disclose their HIV status.

Further, 61 percent of the sexually active people surveyed said they did not use any protective method during first time sex. It also emerged that 62 percent of those in a relationship have never discussed their HIV status with their current partner, while 67 percent do not know the status of their current partner. [This basically means that you may be dating a person who was born with HIV but has not disclosed his/her status].

Group Leaders will come and present.

Take Home Message

To achieve their dreams, participants must have goals, know what it is necessary to reach them, and aim for them. (Calculate, consider and aim.)

Personal Challenge

The decision to abstain will depend on your perception of your personal worth, your future goals, and the knowledge of the consequences of sex before marriage. This information has been provided for you, but it may be necessary to review your notes with your family and friends. Remember: **An informed mind will make an informed decision.**

Session Twelve:



Making Smart Choices

Introduction

Building an AIDS Free Generation

In this session, the youth are encouraged to take immediate action to commit to abstain from sex until marriage. A public commitment is recommended, as it greatly strengthens their decision. When confronted with temptation, they will remember that people are observing them, watching to see if they will remain steadfast in their choice. Some people will be supportive of their decision and will encourage them if they waiver, while others will not agree and will ridicule them if they fail. Knowing that others are watching is a strong motivator for human behaviour.

The youth will learn practical skills to help them maintain their commitment to abstinence. These skills are applicable to both primary and secondary virgins. Additionally, many of the skills are useful in confronting other challenges such as alcohol and drug abuse, domestic violence and pursuit of healthy living.

Objectives:

During this session, the youth will:

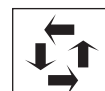
1. Explore practical ways to help them abstain
2. Learn the qualities necessary for a healthy relationship based on mutual love and respect

Facilitator Reference Information

This is an opportune time to further challenge the youth, stressing that their future is in their hands. Each person's success is dependent upon their willingness to make smart choices that will move them closer to their goals. Temptation is everywhere; the need to serve desires is a tantalizing plate that must not be consumed.



Duration: 1 Hour



Methodology:

Role plays, Brainstorming
Small Group Discussion



Materials:

Question Box,
Flip charts
Markers



Activities:

Activity 1:

Review of previous sessions
(5 min)

Activity 2:

Discussion: The ideal normal and healthy relationship (15 min)

Activity 3:

Role Plays (15 min)

Activity 4:

Brainstorm: My Pot of Gold
(15 min)

Activity 5:

It Could Be You (10 min)

The second activity is a perfect opportunity to introduce the idea of 'love' versus 'lust'. Some may use the term 'infatuation' instead of lust, but they are basically the same thing. If the youth are not grasping the notion that love and lust are different, create a chart and describe situations where they will decide. For example, give them a situation in which a boy is pressuring his girlfriend to have sex with him. Ask if it is love or lust and then ask why.



Activity 1: Review of Previous Sessions



Note to Facilitator

This activity helps participants clarify their views on sexual abstinence as they prepare to make a commitment in this session.

① Step 1

Have participants take a moment to reflect on the goals and dreams they have set for themselves. As they reflect, ask them to silently consider whether premarital sex will assist them in achieving those goals or place those goals in jeopardy.

Remind them that abstinence is the only 100% safe way to protect themselves against all the consequences of premarital sex.

Answer any questions from the Question Box.



Activity 2: Discussion: The ideal normal and healthy relationship



Note to Facilitator

This activity explores three aspects of normal healthy relationships. First, participants will identify characteristics of healthy relationships, and visualize desirable traits in an ideal partner. This builds on an earlier exercise related to qualities of a good friend. Some of the participants may be sexually active and need advice on health seeking behaviors such as VCT and how to protect oneself against infection. Finally, we will examine conflicts that may occur in normal relationships, as well as the issue of gender based violence (GBV). Through finding possible solutions, the youth gain skills in conflict resolution.

1 Step 1

Divide participants into 3 groups and give them 5 minutes to discuss the following questions:

Questions

- **What are the characteristics of a normal healthy premarital relationship?**

[Possible answer: A healthy relationship is based on mutual respect and understanding.]

- **If a person is in an unhealthy premarital relationship, what should they do to rectify the situation?**

[Possible answer: First, one should assess the problem areas in the relationship. This can only be accomplished through effective communication. Note that in this instance listening may be more useful than talking. It is important to arrive at a mutual decision about how best to solve the issues. Finally, each partner should agree to abide by what was decided.]

- **How can two people in a normal premarital relationship ensure they are free of HIV and other STIs?**

[They should abstain from sex until marriage.]

- What are some of the conflicts one might experience in a relationship?
[There are many different types of abusive relationships. It may be financial (the withholding of funds), physical (beating of one's partner) or emotional/spiritual (verbal abuse and humiliation).]
- What can be done to avoid such conflicts?
[Communication is key in most healthy relationships. It is also important to recognize problems early and seek counseling immediately. Lastly, a fair number of conflicts arise from drug and alcohol abuse. Abstaining from intoxicants is advised.]

② Step 2

Group leaders present their findings.

Share the following information

It is important for everyone to go to a health centre for an STI test. This is because some diseases like syphilis can actually be transmitted from mother to child. If a person is diagnosed with STIs, they should take a full dose of the medication prescribed by the medical personnel.

If diagnosed with an STI and HIV in particular, it is important to seek proper counseling from a trained counselor. This service is available at most health centers, especially those with family planning services.

Both partners should be tested to avoid re-infection. When tested, it is critical that the partners disclose their results to each other. There are cases where one partner may have an STI while the other does not (normally referred to as discordant relationships). If results are not shared, then it is easy for the healthy partner to become infected, too.

Be wary of situations where there is any type of violence. Specifically, watch out for **Gender Based Violence** (GBV). This refers to any form of violence against a person because of their gender.

In relationships, this can manifest as sexual violence (e.g. rape, sexual abuse); economic violence (where one of the partners refuses to provide financial help because they want to make their partner suffer); physical violence (beating, pouring acid) and emotional violence (abusing, belittling, too much suspicion, etc.).



Activity 3: Role Plays



Note to Facilitator

This activity equips participants with practical skills to handle situations where they may be tempted to have sex, strengthening their ability to maintain their pledge to abstain and make healthy choices. The youth will practice being assertive and saying 'no' to compromising situations.

① Step 1

Have the participants form 6 groups of three people each to act out the following scenarios. (5 minutes each)

Scenario 1

A boy is trying to convince a girl to have sex with him. The girl finds ways to refuse while remaining polite and respectful since the boy is actually her classmate.

Scenario 2

A girl and boy are deciding how to spend the weekend. The boy suggests several options like going to his place for the night, watching some romantic movies, watching football, going for a drink, etc. The girl should find ways to refuse all the activities that may increase their chances of having sex.

Scenario 3

A group of girls surround a boy and chastise him because he is still a virgin. He defends his sexual status with pride and dignity.

② Step 2

After each skit, encourage 2 or 3 comments from the audience about how the actors communicated the message. They could suggest alternative ways to have handled the scenario.

Share some of the following information

Tips on saying “no” to sex:

Sometimes your boyfriend, girlfriend or another person will want you to do something that challenges your values. Saying “NO” can be difficult, especially if you have strong feelings for that person.

It will help you to surround your “NO” with two positives. First affirm the person in some way. Then, state clearly what you want or do not want. Follow this with a positive suggestion. For example:

“I really like you and enjoy spending time with you.”

“But because I know I am attracted to you, I don’t think we should be alone in the house.”

“Why don’t we go to the soccer game with our friends instead?”

More tips on how to maintain abstinence in your relationship:

- Know what you believe. Review your faith statements about sex and morality.
- Identify your personal goals and work towards them. Think about your dreams for the future. One wrong choice can greatly impact on whether you achieve those dreams.
- Focus on building strong friendships. True friends are there when times are tough. Romantic relationships can seem strong at the time, but often don’t last. Even when you have fallen in love and marry, you will still need the support of friends and family. So invest in lasting friendships now.
- Set boundaries in relationships. It is not wrong to find a particular person attractive and want to focus your time and attention on him or her. It is necessary, however, to set some boundaries in those relationships to keep them from leading to sexual activity and emotional and physical pain. Talk to your friends, boyfriend or girlfriend about your boundaries and your commitment to abstinence.

- Anticipate difficult situations before they happen.
- Be aware of your body language. Think about your lifestyle and what messages you are sending through your actions and the clothes you wear.
- Avoid tempting or risky situations. Do not put yourself in a situation where you are alone with the person for a long period of time, especially at night or in the dark.
- Stay in control. Avoid drinking alcohol and using drugs because they will lower your self control.
- Seek the support of others who understand your commitment to delay sex. E.g. friends who are practicing abstinence.
- Be ready to run. Sometimes, in spite of all you do to avoid having sex, you might find yourself in a difficult situation.
- Be prepared to firmly say “No.” If necessary, run away. If it is not possible to run away and someone is forcing sex on you, scream as loud as you can and try to get other’s attention.



Activity 4: Brainstorm: My Pot of Gold



Note to Facilitator

A young person’s desire for money is a major reason why they engage in “Something for Something Love”. Sugar daddies, in particular, take advantage of young girls who are lured by their immense wealth. Often, youth have low self esteem leading them to believe they will never be able to accumulate wealth. This faulty reasoning causes them to fall prey to quick money schemes, many of which involve the exchange of sex. As one might expect, poverty was found to be one of the drivers of HIV.

This exercise demonstrates that the potential for making money and becoming successful are hidden in very simple things around us. Within each person are “hidden pots of gold” (natural talents, abilities, and hobbies) that can become a source of income. The youth will brainstorm entrepreneurship ideas, planting the seed in the youths’ minds that each one is naturally endowed with qualities and gifts that can be result in marketable skills. When they realize that earning money is not as difficult as they think, they will be less vulnerable to manipulation by people who lure them into sex in exchange for money and gifts.

① Step 1



Introduce the brainstorming session by asking the participants:

- Do you know that you are sitting on money...Do you know that you are worth millions...do you know that each of you can become the Bill Gates (ask for local examples of tycoons)?
- Some will probably doubt you and ask ‘how’, while others may say ‘yes’. Build the suspense with the aim of demonstrating how each person is actually as valuable as you claim.
- Tell them that you are going to prove that each of them was created with the potential to succeed. Each one is valuable beyond measure.

② Step 2



Ask participants what talents, interests, hobbies or things they enjoy doing in their free time. Write their answers on a flip chart until you have a list of about 10 hobbies.

Possible Responses

- Watching movies
- Reading novels
- Making friends

- Playing games e.g. football, netball, volleyball, chess, etc
- Traveling
- Listening to music
- Singing
- Dancing
- Debating
- Agriculture, etc.

③ Step 3



Ask the youth to brainstorm how each of these hobbies could be used to earn money.

For example,

Movie lovers could set up video libraries, act, venture into videography for functions, make documentaries, write movie reviews for newspapers and magazines, etc.

Novel readers could write novels, review them for the media, do editing work for different organizations, venture into the printing industry, write short stories and plays, etc.

④ Step 4

Emphasize that we were all created with unique gifts and talents, and should not be intimidated by anyone who seems wealthier or more successful than us. Money should never be used to coerce us to do something we don't want to do, because we all have the ability to make it.



Activity 5: It Could Be You (Helping the Vulnerable Child)

① Step 1

Have the participants count off in fours, resulting in four groups. Ask each group to imagine the following scenario and then decide how to help the girl:

You are walking down the street and a girl comes up to you. She is dirty, smells terrible, and is begging for help. You try to brush her off and continue on your way. She grabs your hand and explains that her mother is making her do terrible things. She had to run away and needs a place to hide, as they are looking for her. She has been to the police and they chased her away.

What would you do?

Each group should think of a solution that is both creative and realistic.

Personal Challenge

Ask participants to tell their parents, friends, mentors and siblings that they are going to wait until marriage to have sex (whether they have decided to or not). Tell them to record and analyze the people's reactions. They should be ready to talk about the reactions next session.

Bibliography

This curriculum is adapted from other training materials including:

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Glossary

Abstinence: The act or practice of refraining from indulging an appetite or desire, especially for alcoholic drink or sexual intercourse.

Abuse, Sexual - Contact(s) between a child and an adult, or person significantly older, or in a position of power or control over the child, where the child is being used for sexual stimulation of the older person.

Adolescent: A young person who has undergone puberty but who has not reached full maturity; a teenager.

Aggressiveness: Inclined to behave in an actively hostile fashion.

AIDS (Acquired Immunodeficiency Syndrome): A disease caused by a retrovirus, HIV (human immunodeficiency virus), and characterized by failure of the immune system to protect against infections and certain cancers.

Antibody: A substance in the blood formed in response to invading disease agents such as viruses, fungi, bacteria, and parasites. Usually antibodies defend the body against invading disease agents, however, the HIV antibody does not give such protection.

Antiretroviral (ARV): A treatment that may prevent HIV from damaging the immune system.

Anxiety: A state of apprehension, uncertainty, and fear resulting from the anticipation of a realistic or fantasized threatening event or situation, often impairing physical and psychological functioning. (A state of uneasiness and apprehension, as about future uncertainties.)

Assertiveness: Honoring your wants, needs and values and seeking appropriate forms of their expression in reality. In other words, assertiveness is defined as an expression of your true self.

Asymptomatic: Having no signs or symptoms of a disease, yet able to transmit the causative agent.

Bacteria: Microscopic organisms that can cause disease.

CD4 (T4): A protein receptor embedded in the cell surface of T-lymphocytes, monocytes/macrophages, Langerhans cells, astrocytes, keratinocytes, and glial cells. HIV invades cells by first attaching to the CD4 receptor molecules.

Centers for Disease Control: (CDC) Federal health agency that is part of the U.S. Department of Health and Human Services; provides national health and safety guidelines and statistical data on AIDS and other diseases.

Communication: The exchange of thoughts, messages, or information, as by speech, signals, writing, or behaviour.

DNA: (deoxyribonucleic acid) A complex protein that carries genetic information. HIV can insert itself into the DNA molecules inside human cells and establish dormant infection.

Ego: The self, especially as distinct from the world and other selves. Appropriate pride in oneself; self-esteem.

Fact: Knowledge or information based on real occurrences.

Faithfulness: Faithfulness or devotion to a person, a cause, obligations, or duties: allegiance, constancy, fealty, fidelity, loyalty, steadfastness.

Gender: Refers to the economic, social and cultural attributes and opportunities associated with being male or female in a particular social setting at a particular point in time.

Gender constructs: Constructions of society about a man or woman.

Gender equality: Giving equal opportunities to men and women in all aspects of social, political, psycho-social, and economic settings.

Gender equitable behavior: Treating others with fairness and justice.

Gender equity: Means fairness and justice in the distribution of benefits and responsibilities between women and men. It often requires women-specific programmes and policies to end existing inequalities.

Gender norms: Socially acceptable behaviors and roles for men and women.

Hepatitis B: A viral infection that affects the liver and is transmitted only through blood-to-blood and sexual contact.

Herpes Virus: A family of viruses that cause herpes simplex (cold sores), herpes zoster (shingles), Epstein-Barr (infectious mononucleosis), and cytomegalovirus. These viruses tend to occur in a severe form in an immunocompromised person, such as one with HIV.

Human Immunodeficiency Virus (HIV): HIV is the virus that causes the Acquired Immunodeficiency Syndrome (AIDS). HIV attacks and slowly destroys the immune system by entering and destroying the cells that control and support the immune response system. After a long period of infection, usually 3-7 years, enough of the immune system cells have been destroyed to lead to immune deficiency. The virus can therefore be present in the body for several years before symptoms appear. When a person is immunodeficient, the body has difficulty defending itself against many infections and certain cancers, known as “opportunistic infections”.

It is possible to monitor the development and degree of immunodeficiency, and while the impacts of the disease can be mitigated with proper treatment, there is no cure for AIDS once a person is infected with HIV.

There are three main ways in which HIV is transmitted among people:

- (i) By sexual contact.
- (ii) When infected blood is passed into the body (e.g., through blood transfusion or use of non-sterilized material).
- (iii) From an infected mother to her child during pregnancy, childbirth or breastfeeding.

Masculinity: Is the state of being male, and a collection of beliefs about what a man should be and how to behave.

Menstruation: the monthly discharge of blood from the uterus of non-pregnant women from puberty to menopause.

Myth: Popular belief held to be true by the uninformed.

Non-verbal communication: This refers to any form of communication in which no actual words are used. People use actions, symbols and signals. This includes facial expressions, body gestures, dress code, accent, etc.

Norms: Beliefs, behaviours, and attitudes set by society for both men and women.

Plenary: General discussion.

Puberty: Puberty is the period of human development during which physical growth and sexual maturation occurs.

Retrovirus: A class of viruses which includes HIV. Retroviruses are so named because they carry their genetic information in RNA rather than DNA, and the RNA information must be translated “backwards” into DNA.

Self-awareness: Aware of oneself, including one’s traits, feelings, and behaviours.

Self-worth: Pride in oneself; self-respect.

Sex: (a) Is the biological difference between males and females (b) a physical act between two people when a man’s private part (penis) enters a woman’s private part (vagina).

Sexual relationship: Relationship where two people are sexually involved as partners.

Sexuality: The way we behave, think, feel towards ourselves and the people we relate to as a result of being male and female.

Skill: Proficiency, facility, or dexterity that is acquired or developed through training or experience.

Socially prescribed: Instructions that society puts in place.

Something for Something Love: When sex is given in exchange for favours, money, or material goods. With this kind of sex, the two people may both be willing, or one of them may feel they are being forced.

Stereotype: A conventional, formulaic, and oversimplified conception, opinion, or image.

STI: Sexually transmitted infection.

Verbal Communication: This refers to any form of communication in which actual words are used. This includes conversations, letters, emails, etc.

Vulnerable: Susceptible to physical or emotional injury; liable to succumb, as to persuasion or temptation.

