

STDs are sexually transmitted diseases

Some Common Symptoms of STIs:

- Sores on and around private parts
- Unusual discharge from private parts
- A bad smell, itching burning pain when passing urine
- Enlarged and painful lymph
- Swelling genital areas
- Severe abdominal pain

③ Step 3

Count out enough red and blue sweets or pieces of colored paper for each person in the group to have one. Make sure there are two different colors of paper or types of sweets.

Select two volunteers to distribute the red and blue sweets or paper (one to pass out each type of sweet or color of paper).

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

④ Step 4

After the sweets or pieces of paper have been distributed, ask the participants to return to their seats.

Tell the groups they can eat their sweets now (or pretend to eat them if you are using colored paper) or they can save them for later.

Explain that this activity shows how easily STIs can spread.

The red sweets (or red colored paper) represent the opportunity for a sexual encounter and the blue sweets (or blue colored paper) represent an STI. Those who ate the blue sweets were infected with an STI.

Ask everyone who received and immediately ate the blue sweets to stand.



Ask the participants:

How do you feel knowing that the sweet you ate represented an STI?

5 Step 5

Ask those who received a blue sweet (representing an STI) but did not eat it, to stand.

Tell those standing that by not eating the sweet, they avoided an STI. This represents abstaining.

Ask them how they feel knowing they dodged an STI.

Ask the volunteer distributing the blue sweets 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 the knowledge they will gain may help them convince a friend or relative to seek medical assistance.

There are many terms here that may or confuse 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 you are giving them.

1 Step 1

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.

② Step 2



Ask participants if they know any long-term effects of STIs and, even worse, effects of not treating STIs.

List responses on a flip chart.

Tell them that while there are many effects from having an STI, there are four crucial ones that they need to know.

Write the following on the flip chart:

1. Tubes may become blocked leading to infertility or pregnancy in the tube wall
2. Can result in miscarriage or stillbirth due to transmission of the STI during pregnancy or childbirth
3. Genital cancers
4. Higher risk of HIV transmission due to wounds, open sores, etc.

③ Step 3



Tell the participants that STIs exhibit some common symptoms.

Ask if they can name any of the common symptoms. List their responses on the flip chart.

Write the four common symptoms on the flip chart:

1. Abnormal urethral discharge (men)
2. Genital ulcers (men or women)
3. Abnormal vaginal discharge (women)
4. Lower abdominal pain



Note to Facilitator

The Facilitator must be clear and 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 4

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: sore throat, skin rash, 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 *Hemophilus 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 an 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. Examination of the abdomen should look for specific diagnostic criteria (both point toward significant abdominal infection which should be evaluated by a surgeon or other specialist):

Guarding on palpation – significant tightness of the abdominal muscles because of pain of palpation

Rebound tenderness on palpation – slowly pushing into abdomen, and suddenly releasing pressure causes significant increase in pain

Pelvic examination and other studies are very helpful to confirm diagnosis, but not necessary to initiate treatment in the Health Center.

5 Step 5**Ask the participants if they know how “AB” prevents STIs.**

List their responses 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 6

Divide the participants into groups.

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

Give them a few minutes. Then ask each group to present their responses.

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.
- Seek a test after treatment to confirm a full cure.

7 Step 7

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 told her she has a constant abdominal pain. She admits that she recently had sex with her boyfriend and thinks that is why her stomach hurts. When Sue presses her lower abdomen 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 advice. 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 began 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 some time, Stella told Mary about something strange that had happened. One day she noticed an ulcer on her private parts and 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 abdominal pain or pain during short-calls. Shyly, she discloses that she had sex with her friend a week ago, and that she did not use a condom. What STI should Susan be tested for?



Activity 4: Session Evaluation

Ask for a volunteer to share a story (from their personal experience or that of someone they know) about someone who faced consequences of premarital sex.

Take Home Message

STIs may be curable if they are treated early. STIs that go untreated can render a woman unable to have children and increase the risk of HIV/AIDS infection!

Personal Challenge

Share the symptoms of STIs with your friends. Ask them if they have ever experienced any of them. If so, direct them to the nearest health centre for testing!

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Session Seven:



HIV/AIDS

Introduction

Building an AIDS Free Generation

Despite the increased awareness about HIV since 2000, the HIV prevalence rate in Uganda has not decreased. Some researchers argue that the messages about HIV created an information fatigue, meaning people got tired of hearing them, and as a result, they lost their effectiveness. Others believe that the increase is due to more young people having their first sexual encounter at an earlier age and thus increasing their exposure to infection. With information fatigue and an early sex debut, it seems the youth no longer perceive HIV/AIDS or other STIs as a grave risk to them. Research has shown that while there is broad awareness about basic HIV information, there is a low level of comprehensive knowledge about HIV. This means that many people know too little about HIV and as a result have many myths and misconceptions, putting them at a much greater risk of contracting the disease. Self-efficacy and levels of risk perception regarding HIV are too low to enhance adoption of safe choices and decisions by young people.

This session, and the curriculum as a whole, aims to tackle these issues by making the participants aware that HIV does not discriminate. It also provides the youth comprehensive information about HIV/ AIDS and other STIs, while dispelling many of the common myths about them. It is hoped that this double-pronged approach will go a long way in reducing the prevalence of HIV/AIDS and STIs among the youth, as both are easily spread when youth are sexually active and have multiple sexual partners.

Objective:

During this session, the participants will:

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



Duration: 1 hour



Methodology

Role Play, Case Study, Group Discussion, Game, Small Group Activity



Materials:

Question Box, Flip Charts, Markers, Play Script, Paper



Activities:

Activity 1:

Review (5 min)

Activity 2:

Learning about HIV/AIDS
(25 min)

Activity 3:

Case Study (10 min)

Activity 4:

HIV Transmission Game (10 min)

Activity 5:

HCT Services (5 min)

Activity 6:

Session Evaluation (5 min)

Facilitator Reference Information

The session contains many important facts. Keep the facts simple and clear, and engage the youth in the learning process. In some cases, presentations will start with a question to find out how much the youth know already.

Talking about HIV/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 want to ask them privately.

According to recent HIV/AIDS studies, it was found that approximately 70-78% of people acquire HIV/AIDS through sexual intercourse with someone infected with the virus. Another 20-24% are children born to an infected mother (this is known as Mother to Child Transmission). It is important that participants understand that 99% of people who become infected acquire HIV/AIDS through some form of sexual activity.

Women are particularly affected by the epidemic in Uganda, representing 59% of those infected with HIV/AIDS in the country. Ugandan women tend to marry and become sexually active at a younger age than their male counterparts, and often have older and more sexually experienced partners. This (plus various biological and social factors) puts young women at greater risk of infection; in fact, young women in Uganda are nine times more likely than young men to contract HIV. This is a staggering figure and the Facilitator must make sure that everyone understands young women's vulnerability to infection.

People living with HIV & AIDS in Uganda not only face difficulties related to treatment and management of the disease, but they must also deal with AIDS related stigma and discrimination. Stigma and discrimination are visible at all levels of society from families and local communities to the government. Youth also need to be supported to realize that some of their peers were born with HIV and to support them to cope.

The above information should probably be shared during discussions or when questions are raised. Rather than overwhelming the participants with too much information at once, give it in small doses.



Activity 1: Review

① Step 1

Ask participants to describe the various STIs.

② Step 2

Answer questions from the Question Box.



Activity 2: Learning About HIV/AIDS

① Step 1



Ask the participants:

Imagine that you learned that a man planned to break into your house and kill your family. What kind of questions would you ask?

Questions may include:

- Who is it?
- How will he get in?
- Through the window, the door?
- What weapons will he use?
- How can this be prevented?

To be prepared, you would want to know as much as possible. Make the comparison that HIV also kills. It is important to know all the facts and how to protect against it.

② Step 2

Ask for two volunteers to perform the following play. (It would be better if you wrote the script earlier to give them a day to practice.)



Note to Facilitator

The play may seem too basic for the 15-24 age group, but you should consider that some may have no clue about HIV/AIDS. Giving information in an instructive manner may just overload them. So whether or not some participants think it is childish, do the play.

Learning About AIDS: A Play

Jane: [Laughing] Hey little brother, why do you look so serious?

John: [grumbling] Leave me alone.

Jane: [Serious] What's wrong... maybe I can help!

John: David didn't come to school today.

Jane: Why not?

John: His father is sick. Some said AIDS, some said HIV. I don't know what is true.

[Jane holds John by the hand and they sit down]

Jane: No one was lying...well not exactly.

John: What do you mean?

Jane: OK, listen. HIV stands for the Human Immunodeficiency Virus. It is a virus that destroys the body's immune system.

John: Ahh! How can I understand all that!

Jane: Sorry. HIV is a virus, OK? It's like this little germ that destroys the immune system.

John: Wh...

Jane: Don't worry I was getting to that. The immune system is a part of us that we can't see, but it's there and it fights for us.

John: Like Uncle!!

Jane: [laughing] What?

John: A soldier!!

Jane: [Laughing louder] OK. If that helps. It is a soldier that attacks all the germs. Now, HIV germs are really sneaky and it sneaks past the soldiers. Once it gets in, it doesn't leave.

John: Ever?

Jane: Ever. Instead it slowly kills the soldiers, one by one. Why, someone might not even know it is there.

John: So what is AIDS?

Jane: Well, when the germs are slowly attacking the immune system....the soldiers, well, they can't fight for the body anymore and the person gets AIDS or Acquired Immunodeficiency Syndrome. They get sicker and sicker because any germ that comes can walk right in!

John: So, will his father die?

Jane: No, There are these ARVs. When he takes them they will act like reinforcements for the soldiers and help keep him strong.

John: But it can't happen to David, can it? He is young and strong, not like his old father.

Jane: [sighing] John, it can happen to anyone. It can happen to you or it can happen to me.

③ Step 3



Ask the youth to define HIV and AIDS based on the information in the play. Encourage participation and affirm correct answers when they respond.

Present the following facts to them:

1. HIV is a virus that destroys the body's defense (immune) system.
2. HIV stands for the human immunodeficiency virus.
3. 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 can enter the body and cause illness.
4. 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.
5. Once a person is infected with HIV, it is possible for that person to infect others.
6. Once HIV gets inside the body, it never leaves. But it takes time to develop.
7. At first, when people are infected, they still appear healthy, but they can pass the virus on to others.
8. HIV slowly destroys the immune system so that it cannot protect a person from illness. When this happens the person has AIDS – Acquired Immuno-deficiency Syndrome.

④ Step 4

How does HIV attack the human body?

Use the following activity to show how HIV affects the human 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 could 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.

Next send the 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 of the bodyguards. Then tell HIV to go and stand back-to-back with the “body” person. This represents that HIV is in the body.

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

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

⑤ Step 5

Explain the following:

AIDS is a collection of diseases that an HIV-infected person suffers when the immune system has been weakened by HIV. You cannot tell by looking at someone if they have the virus. HIV can only be detected by a medical test. But you can see that a person is sick once their immune system is destroyed and they start contracting many other illnesses. This can take many years to show up.

⑥ Step 6



Ask participants:

How is HIV spread? Listen to and affirm correct responses.

Then continue giving information:

HIV can spread in a number of ways:

Blood

Semen – Fluid that a man ejaculates when sexually excited

Vaginal fluids – Fluids found in the private parts of a woman.

Breast milk



Please note:

These body fluids make it possible to spread the virus from person to person. All of these fluids have white blood cells, which are the types of cells which HIV attacks or infects. For a person to be infected with HIV, the virus must enter the body. 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)

(Adopted from “Men and HIV/AIDS” manual. Page 41)

7 Step 7



Ask participants:

How do you think 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 unclean instruments.

HIV can be passed when:

Unsterilized needles and syringes are shared between people who inject drugs.

Unsterilized knives, needles, razors blades or other sharp instruments are used for scarring, tattooing or ear piercing.

Mother-to-child: Sometimes, but not always, mothers pass HIV to their babies while the baby is inside the mother, when it is being born, or during breast feeding.

Sex: The most common way that someone gets HIV is through sex with a person who is infected. HIV only needs to come into contact with white blood cells or membrane lining which act as both target cells and, subsequently, host cells for virus. Adolescent girls are especially susceptible to STD and HIV infection because their reproductive organs and immune systems are not fully developed. No cuts or abrasions inside the body openings are required for transmission to occur.



Chris's Story

Case Study:

These day Chris just lays in bed, too tired and sick to help himself. Even though he feels cold, he is too weak to pull up his blanket. He wishes he could recover his energy. Now he realizes that the freedom that comes with good health is a precious gift not to be taken for granted. Chris is twenty-four years old, but he will never know that freedom again. He is dying.

Chris never married, but had sex with several different women. All through his secondary and university years, he had a reputation as a 'playa' and the women loved him. Sometimes he didn't have to say a single word to entice women into his room. A few years ago, during a visit to the city, he went to an HIV testing centre. He was feeling healthy and strong, and although he knew he could be at risk, he didn't think he would test HIV positive.

When he returned to get his results, Chris learned he was infected with the virus. He was so afraid to have a virus that kills.

Life continued as normal for some time; he even had sex with more women. But then he started to become ill more often with fevers, coughing and diarrhea. Each time he got sick, it took longer to get better. He never told anyone else about his HIV status. At first it was easy to cover up his problem. As the illness became more obvious, he told people that he had a lot of malaria and typhoid. Only he knew the truth about his condition.



Activity 3: Case Study: Chris' Story

① Step 1

Ask the participants to gather into small groups.

They should read the case study and answer the questions that follow.

Questions

Based on the story, how do you think Chris might have contracted HIV?

Why didn't Chris tell anyone he had AIDS?

If you were Chris, what would you have done?

How does hiding from the truth and not talking about AIDS promote the spread of the disease?



Activity 4: The HIV Transmission Game



Note to Facilitator

This game demonstrates how easily and quickly HIV can be spread within a community if some of the members engage in concurrent multiple sexual relationships.

① Step 1

Distribute a blank piece of paper to each person and ask them to write the names of three people in the group who they like most.

② Step 2

Write HIV on two of the folded pieces of paper and place everyone's paper in a container. Ask each participant to select one.

When all have picked, ask them to unfold them and read them.

③ Step 3

Ask the two people who chose the papers saying “HIV” to come forward and stand next to each other, about 2 metres apart.

④ Step 4

Ask them to read out the names of the people they like most in the group. These people should come and stand in a line behind each of them. If there is anyone who belongs to both lists, the person(s) should stand between the two.

As a person’s name is read, they should also read their list of special friends who will also line up behind the reader. Again, if any person’s name is read more than once, they should stand in the middle.

**Note to Facilitator**

After a while, the participants will realize that many people have the same friends. Inform them that the shared friends represent people who have multiple sexual partners because they are all “loved” by more than one person.

Explain that since the two people who have HIV shared some of the same friends who also shared other partners, HIV in that community would spread very fast.

⑤ Step 5

Divide the participants into 3 groups and distribute the following questions among them, giving 5 to each group.

Give each group large charts and markers to write their answers.

1. How many are surprised that the people you secretly chose were also the favorites of several other people? (This shows how many in the group would be at risk of HIV infection)
2. If you were in a relationship with these people, what would be the implication?
3. Is there any way you could have known that these people had many other friends you never knew about if the lists had not been made public?
4. What do you think about the issue of trusting people enough to have sex with them just because you think you are the only one in a relationship?

5. From the exercise above, would you have contracted HIV if the scenario represented actual relationships in a community?
6. What does this tell you about how HIV spreads in a community?
7. How can you protect yourself 100% from HIV?
8. What advice would you give young people in this community who see to be at high risk of HIV infection?
9. How many are 100% sure of your HIV status? How did you find out?
10. Where can one go for HIV testing and counseling?
11. What can the rest of the community do for those who are already HIV positive?
12. If you were HIV positive, what specific steps would you take to ensure that you live much longer?
13. Now that you know how easily and quickly HIV can spread among sexually active people, how will you protect yourself from HIV infection?
14. What are the various ways HIV can further spread in this community?

⑥ Step 6

Have the group present their answers. Have a general discussion about issues that were raised.



Activity 5: HCT Services

① Step 1

? Ask participants if they know where to go for HIV testing. Take note of their answers; then provide the following information:

HCT is HIV Counseling and Testing. One can go to those centres for various reasons. They may have had unprotected sex with one or more partners; been ill for a long time without explanation; want to marry or have been the victim of sexual violence/abuse. The HCT has personnel who are trained professionals and maintain strict confidentiality.

② Step 2

Ask why they think people do not go for HCT. Note their responses and look for the following answers:

- (a) Fear of stigma, (b) Don't believe it will be confidential, (c) Poor access, (d) Fear of positive results, (e) "it couldn't happen to me"

Ask if they can name some benefits of HCT. Note their responses and guide them towards the following answers: If HIV positive (a) provides entry point for treatment (b) knowing how to plan for one's future, (c) eliminates anxiety of not knowing, (d) provides opportunity not to infect others, (e) emotional support, (f) provides opportunity to prevent HIV transmission to unborn child.

③ Step 3

Explain that they can get HCT services from any hospital or health centre nearest to them.

**Activity 6: Evaluation**

Ask if there are any questions about what they have learnt about HIV transmission and premarital sex. (HIV usually raises many questions.)

Answer as many of the participant's questions as you can.

Take Home Message

HIV/AIDS does not care how old, how rich, or how poor you are or if you have never had malaria a day in your life.

HIV/AIDS does not have a sense of humour. Don't joke around with it!!

Personal Challenge

If you have been tested, encourage a peer member who you know has been sexually active to get tested. Explain the HCT confidentiality to them. If you have not been tested, then convince a friend to join you and get tested together.

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Session Eight:



Abstinence & Faithfulness

Introduction

Building an AIDS Free Generation

Sex is good, sex is pleasurable, sex is powerful, sex is intimate, sex is bonding and sex creates new life. The best context for this deeply personal and profound act is within the bonds of a committed and faithful marriage where life and love can grow and benefit individuals and society.

To show youth the benefits of abstaining, it is important to make a comparison between abstinence and a sexually active premarital lifestyle. This session helps the participants to use common sense to make this choice.

Objectives:

During this session, the participants will:

1. Understand the concepts of primary and secondary abstinence and virginity
2. Understand the benefits of abstinence and faithfulness
3. Compare the benefits of abstinence with premarital sex.

Facilitator Reference Information

The only sure way to protect oneself against HIV/AIDS is to abstain from sexual activity. This must be made clear to the participants.

If there are no married couples in the group, the Facilitator will focus a great deal on abstinence. However, attention must be given to faithfulness. Faithfulness and abstinence are equally important in the fight against HIV. Consider the risks of being unfaithful: Infection to self, spouse and unborn child (mother to child transmission).

There is also a need to discuss serial monogamy--when a person moves from one relationship to another. While they are faithful in each of the relationships, they are still putting themselves and others at risk by having multiple sexual partners. This is a topic that, while not directly addressed, can be inserted by the Facilitator.



Duration: 1 hour



Methodology:

Games, Group Discussion, Small Group Activity, Case Study



Materials:

Pancakes, Polythene bag, Flip Chart, Markers



Activities:

Activity 1:

Review of Previous Session (10 min)

Activity 2:

The Pancake Game (30 min)

Activity 3:

Case Study (5 min)

Activity 4:

Being Faithful (15 min)

The facilitator should explain 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, 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 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.



Activity 1: Review

① Step 1



Remind the participants that you know they are intelligent and that an intelligent person needs the correct information to make the right decisions.

Ask the group:

In the last session, what did you learn about the idea of “safe sex”?
Collect a few answers.

② Step 2



Write the word “Abstinence” on a chart.

Ask what the word “Abstinence” means to them.

Ask a volunteer to record the answers on another chart.

Definition of abstinence

To choose to abstain, to make a conscious decision, to forego having sex.

③ Step 3



Write the words “primary virginity” and “secondary virginity” on a chart .

Ask the participants:

Explain the difference between primary and secondary virginity.

Ask a volunteer to record the answers on another chart.

Definition of primary virginity and primary abstinence

Primary virginity refers to a situation where someone has never had sex in their lifetime.

Primary abstinence refers to choosing to remain a virgin until you are married. In other words, you never have sex until you are married.

Definition of secondary virginity and secondary abstinence

Secondary virginity and secondary abstinence refer to a situation where someone who has previously had sex makes the decision not to have sex again until they are married.

④ Step 4

As they give the definitions, pass a pancake to the participants and ask them to simply pass it on to their neighbours until it gets back to you.



Activity 2: The Pancake Game

① Step 1

Remind the participants how much you respect their ability to consider the facts and make the right choices.

Explain that the focus of this session is to make a logical comparison between a premarital relationship based on abstinence, and the life of a youth who has been sexually active.

② Step 2



Ask them to give the pancake back to you.

Hold up the polythene bag with the other pancakes and shake it, asking them, “Who wants some pancakes?”

Walk to one of the people who have raised their hands, and instead of taking out the pancake that is in the polythene bag, offer them the one that has been touched by everyone.

The person is most likely to refuse it, preferring the one in the bag that has not been touched.

Ask why they don't want the one that has been touched. Possible answers are that it is now dirty since everyone has touched it or that it has germs from the various hands that touched it.

Ask them to show you the germs. They will tell you "Of course the germs are invisible."

Ask them, "How do you know that the one in the polythene bag was not also touched by several people before I put it in the bag?" Some may say they trust you.

③ Step 3



Pause then ask:

How many of you want to find a beautiful/handsome, kind, respectful, caring partner you can fully trust and marry? Most youth will say they do.

Would you be happy if you knew that your boyfriend or girlfriend had been 'passed around' to different boys or different girls, and had sex with all kinds of partners who may have been infected with invisible bacteria and viruses that you did not know about when you met? This should shock them a bit.

Point out that they did not want to eat the pancake because it had been handled by many dirty hands. Even though they could not see the bacteria, they knew that touching a pancake with bare hands is likely to spread germs.

Ask them, "Are you 100% sure that the other pancake was 'protected' or 'safe' (say this sarcastically to imply that you doubt that it was really protected) just because it was presented to you in a thin polythene bag?"

Does the thin polythene bag guarantee protection?

If you knew that any other hands had touched it before it was put in the polythene bag, would you still want it?

Have you checked the polythene bag under a microscope to ensure that there are no invisible holes through which germs can pass, or that there are no germs from the hands of the shop keeper or even from my own hands?"

Have you checked the pancake to see if there are invisible germs, or do you simply want to eat it because it looks nice, brown and hot?

Pause and ask:

Can you tell that a girl or a boy does not have an STD just by looking?

Pause for about 10 seconds as you look each one in the face.

Then move quickly towards them with the pancakes in hand asking, who wants to eat my beautiful pancakes!

④ Step 4

Point out that the only way to guarantee that the pancake is safe is to get it straight from the frying pan when no one else has touched it. (Stress these words)

In the same way, the only way to be sure that someone does not have an STI is if they have abstained from sexual activity.

In other words, abstinence and being faithful is the best protection against STIs and HIV.

⑤ Step 5

Remind them of the Sex Circle: When you have sex with someone, you share your emotional, mental, physical and spiritual selves with them. When you have sex with someone who has had sex with ten other people, you are actually having sex with all those people since each of them left a part of themselves with your partner. When you have sex with this person, you are exposing yourself to all their heart breaks, beliefs, and diseases from previous relationships.

⑥ Step 6

The Other Side of the Pancake

Briefly share the journey of a pancake from making it until it gets into your hands

Pancake Journey

Very ripe bananas are mashed and mixed with cassava flour to make dough. The dough is rolled on a flat surface and then cut into round pieces using a cup or any circular cutting object. The round pieces are then dropped into hot oil and deep fried until they turn brown.

The person frying them removes them from the pan and places them into another container to allow them cool. Someone then counts the pancakes, and carries them to the shop where they are to be sold. When they arrive at the shop, they are counted again. When you come to buy the pancake, it is handed to you.

7 Step 7

After you have gone through the pancake journey, ask:

Why did you refuse to eat the first pancake? (It was because too many hands had touched it and exposed it to germs)

Why were you willing to eat this pancake, as it has also been touched by several hands in the process of getting it to you?

Is it okay that the pancake maker touched the raw pancake before frying it? (They will probably point out that the deep frying killed the germs making the pancake safe to eat.)

So, if the first pancake you refused was deep fried again, how many of you would find it easier to eat it if you were hungry? (Some will probably say they would eat it since the germs would have been killed. If this is not brought out in their answers, point out that everyday we are willing to eat food because we are sure it has no germs after it has been thoroughly cooked)

Explain that the act of re-frying the pancake can be compared to a young man or woman who makes the tough decision (gets fried again) of deciding to begin secondary abstinence. This decision gives them a new level of purity that deserves a lot of recognition.

Explain:

In reality, it is rare to find a couple getting married today who are both virgins. Does that mean we are marrying bad spouses? Life is based upon change. Everything and everyone in life gets a second chance. If you fail your exams the first time, do you give up? No, you repeat. In the end, when both you and someone who did not have to repeat get jobs, the fact that they finished earlier may matter, but not always as much as we fear. Even though they may have an extra year of experience, you may have actually learnt a valuable lesson so that you will never repeat that mistake.

When a person loses their virginity, that cannot be erased. Perhaps the point of life is not to erase our past—it is to create our future. It is much harder for a person who has had sex to abstain until marriage. It takes much courage, determination and strength to fight temptation because they know what they are giving up. On one hand, it is easier for the primary virgin to abstain until marriage because he or she has not experienced sex. Much respect should therefore be given to secondary virgins for their strength and courage.

Answer any questions they may ask. To illustrate the impact of multiple sexual partners, show the following chart:

[illegible]

1 Step 1

Read the case study below.

Lisa and her friends share everything; clothes, shoes, advice, you name it.

One day, Lisa met Jacob and was instantly attracted to him. She told her friends about him and they were practically salivating at the mouth. That's how they came up with their plan: Lisa would get him for two weeks and then break up, then her friend Jane would get him, then Martha and so on and so on. Their plan worked and within two and a half months, they had all experienced a sexual relationship with Jacob. There was only one thing they hadn't counted on. Lisa was HIV positive and now all her friends had been exposed to this deadly disease.

② Step 2

Discuss the case study with the participants.

**Activity 4: Being Faithful****Note to Facilitator**

In this activity, the participants will create their own list of reasons to be faithful. They will consider why unfaithfulness occurs in relationships, and how they can prevent it in their lives.

① Step 1

Divide participants in half. One group will form a circle on one side of the room, and the other will do the same on the opposite side.

② Step 2**Ask one group to tackle the following questions:**

1. Why should a person be faithful in their relationship (choose one reason)?
2. What are some risks of being unfaithful in a relationship?
3. If your spouse is unfaithful, is it okay to be unfaithful as well?
4. What does it really mean to be faithful?

Ask the other group to tackle the following questions:

1. Why does unfaithfulness occur in relationships?
2. Who is usually to blame for unfaithfulness? The man or the woman?
3. Does a faithful marriage equal a happy marriage?
4. What does it really mean to be unfaithful?

② Step 2



Ask for a volunteer to draw the “sex circle”.

Ask participants how being unfaithful hurts the physical, mental, emotional and spiritual aspects of a person

Ask participants how being faithful benefits the physical, mental, emotional and spiritual aspects of a person

Take Home Message

Faithfulness is just as important as abstaining. If you have an affair and contract a disease, you will infect your partner and risk the lives of your spouse and unborn children. Is that fair?

Personal Challenge

Pick a favorite food or drink. Stop eating or drinking it for a month! Keep a diary of your progress and your setbacks!

Session Nine:

9



**Attitudes, Myths and
Misconceptions about Sex**

Introduction



Duration: 1 hour



Methodology:

Games, Group Discussion



Materials:

Question Box, Flip Chart, Markers



Activities:

Activity 1:

Review (10 min)

Activity 2:

Run Around Game (30 min)

Activity 3:

Love Vs. Infatuation (20 min)

Many youth engage in premarital sex because they believe that one cannot have a close relationship with a person of the opposite sex without having sex. There are common myths and misconceptions among the youth such as believing that having sex is the ultimate proof that you love a person; delaying sex causes impotence or infertility; abstaining until marriage sex will cause extreme pain and you will not know how to satisfy your spouse, etc.

To encourage the youth to abstain until marriage, it is important to dispel these myths and expose the reality about sex and love.

Objectives:

During this session, the participants will:

1. Dispel the myths and misconceptions surrounding sex and love
2. Learn that “true love” is willing to wait

Facilitator Reference Information

The Run Around Game demonstrates how many commonly held beliefs are untrue, or at least suggest there is more to the story. It would be wise for the Facilitator to be aware of the dominant myths in their community so that they can dispel them.

The Love Vs. Information activity shows that certain actions and behaviours have nothing to do with love. (There are three columns --love, lust, and not enough information). “Not enough information” is for instances when the participants need to know more before they can decide. This is an opportunity to bring out issues that might arise. If the statement is ‘he fixed my phone’, they may say, ‘Well, he could have done it out of love but it depends...’ Follow up, even if it means cutting time for other activities.



Activity 1: Review

① Step 1



Ask the participants what it means to be abstinent.

Ask the participants what it means to be faithful.

Ask the participants if they have chosen a favorite food or drink to give up.

② Step 2

Answer questions from the Question Box.



Activity 2: Run Around Game

① Step 1

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



Ask the participants to come up to the front.

Explain to that you are going to read several statements. If the statement is true, they should run and stand in the area marked 'true'. If 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 to explain why they chose that area.

After their explanation, ask the rest of the group if they agree with their explanation. Get a maximum of four 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 SEX AND LOVE	
1. If you don't have sex with your boyfriend or girlfriend, it means you don't love them enough.	1. False: Anyone who does not respect you enough to be patient until marriage is not showing you enough love. There are many ways of showing one's love without having sex.
2. HIV/AIDS has decreased in Uganda and so it is much safer to have sex now.	2. False: You can never tell who is infected with HIV so, you should never take the risk.
3. Having sex cures backache.	3. False: Backache is caused by many things like; lack of exercise, carrying very heavy loads, disease, etc. Sex does not cure backache.
4. Abstinence is being preached by the western world in order to wipe out Africa by discouraging us from producing more children.	4. False: Abstinence is the primary prevention messages taught to American children and youth related to HIV/AIDS and STIs, as well as many other nations around the world. Abstinence allows an individual to avoid risk, which is a primary public health prevention strategy employed in numerous health-related situations to limit the number of individuals infected by a germ or virus. The international response to SARS, for example, employed risk avoidance as the primary public health response.
5. Sex is a natural urge that you cannot fight.	5. False: Human beings have many natural urges (hunger, thirst, peeing, sex, talking, etc..) While some of these urges are important to health and even survival, individuals learn to control natural urges based on what is appropriate behavior in different social and cultural settings. In the same way, the natural urge to have sex can be controlled based on an individual's personal choice. Self-control is a cornerstone of all societies.
6. If you don't have sex for a long time, sperms collect in the brain and this can lead to madness.	6. False: Sperms are produced in the testicles and travel via the sperm duct to the penis. There is no other vessel through which they travel, and therefore there is absolutely no way they can reach the brain.
7. Abstinence is 100% safe.	7. True: If you avoid sexual activity, you will not contract a sexually transmitted infection.

STATEMENTS ABOUT SEX AND LOVE

9. When you have sex with someone, you create a deep physical, emotional, mental and spiritual bond. Therefore it is not something you should give to just anybody.	9. True: Sex begins in the mind; it is driven by the emotions of the heart and is transmitted through physical organs to achieve the spiritual purpose of creating children and a lasting marital union. When you have sex with someone, you give them a large part of your whole self. Sex outside marriage robs you of the power to bargain, negotiate and value your partner.
10. If you don't have sex before marriage, you will not know how to satisfy your spouse in marriage.	10. False: Sex is a natural instinctive act. No baby is taught how to breast feed; it just comes naturally when the right time comes. Marriage is for life. Surely, that is more than enough time to improve your sex life.
11. You earn more respect from your spouse when he/she discovers you are a virgin at marriage.	11. True: Remaining a virgin shows that you have self control, self respect, high self esteem, and high moral fibre. Your spouse feels very grateful that you waited to give yourself to them at marriage. Very few people who have premarital sex end up marrying the person who was their first sexual partner. Naturally, a person who breaks your virginity and is committed to you for a lifetime will value you much more than one who merely breaks it and forgets about you.
12. Delayed sex can lead to impotence and infertility.	12. False: Impotence and infertility are caused by genetic disorders, disease, accidents or other harmful circumstances. There is an endless production of sperm for men, and a large supply of eggs for women until they reach menopause. When women reach menopause and can no longer have babies, it is not because they are barren. It is because their bodies are no longer producing eggs.
13. If you insist on abstinence, prospective spouses will marry those who are willing to have sex before marriage	13. False: Men and women who share your values will respect virginity. A person who has proven their self control before marriage {abstinence} is more likely to show the same control {faithfulness} within marriage.

STATEMENTS ABOUT SEX AND LOVE	
14. Condoms are 100% safe.	14. False: Consistent and correct use of male latex condoms can reduce (though not eliminate) the risk of STD transmission. Inconsistent use can lead to STD acquisition because transmission can occur with a single act of intercourse with an infected partner. Similarly, if condoms are not used correctly, the protective effect may be diminished even when they are used consistently. When used consistently and correctly, male latex condoms are 80-95% effective in preventing HIV transmission.
15. Oral sex is safe.	15. False: Like all sexual activity, oral sex carries some risk of HIV transmission; there are documented cases where HIV has been transmitted through oral sex. In addition, other STDs can be transmitted through oral sex with an infected partner. Several co-factors may increase the risk HIV transmission including; oral ulcers, bleeding gums, genital sores, and the presence of other STDs.
16. Sex is called “making love” because it is the only way you can show love for your partner.	16. False: True love can only be proven by a commitment to one person for life. When you have done this, sex is truly ‘making love’. Anything outside this committed relationship is just “sex”.

② Step 2

- ?** Ask the participants to share any other statements or theories they have heard about sex and love. Write them on a chart and discuss them as a group.
After the discussion, clear any misconceptions that remain.

**Activity 3: Love vs. Infatuation****① Step 1**

Draw the following table on a flip chart and ask them to decide whether it is love or infatuation, or if there is simply not enough information (follow up on that):

Statement	Love	In-fatuation	Not Enough Info
She is willing to have sex with me!			
He bought me a car!			
She is willing to abstain!			
He introduced me to his family and friends!			
She said she would forgive me if I cheated!			
He drops me and picks me up from school daily!			
She walked two miles just to visit me!			
He gives me whatever I want whenever I want!			

② Step 2

- ?** Ask the participants:
Can you think of other statements? Discuss them as you did previously.

Take Home Message

What you need to understand about circumcision:

a) Risk compensation (increased sexual activity) after the procedure can neutralize the effects of circumcision; b) There are areas in the world where rates of circumcision are high, but vulnerability to HIV and STIs is not that significantly lower than comparable places where circumcision is not commonly practiced; c) Conditions matter (there is a risk of infection if circumcision is sought from unqualified doctors) d) Post-surgical transmission is a problem (if healing isn't completed, risk is elevated)

Personal Challenge

If you have a boyfriend or girlfriend, list all the things they have said or done for you. Put them in a chart like the one used in the session today. Have a friend review the list and check whether the actions are out of love or lust. Come ready to tell us your findings!

10

Session Ten:



Drugs, Alcohol and the Influence of Media

Introduction

Building an AIDS Free Generation

Even though many youth may want to abstain, they are exposed to situations and circumstances that make them vulnerable. These situations include alcohol, drugs, negative media, time alone with the opposite sex, discos, etc. Two of the strongest factors that influence youth to engage in premarital sex are alcohol and negative media. To remain abstinent, the youth must be aware of the dangers of exposing themselves to such risk behaviors, and learn skills to avoid them. That is the focus of this session.

Objectives:

During this session, the participants will:

1. Explore general situations that make them vulnerable to premarital sex
2. Identify specific examples of how the media is used to tell them lies
3. Explore how alcohol and the media increase their chances of engaging in premarital sex
4. Identify practical strategies to avoid risky situations

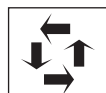
Facilitator Reference Information

It is clear that the youth (especially in the rural areas) listen to the radio more often than they watch television. In a survey by UMH and UAC in 2000, young men were found to be more likely than women to report exposure to three types of media (radio, television and printed media). In urban areas, 39% of young women and 48% of young men reported watching television weekly. Considering the advances in the Uganda media sector, this number has surely increased. In the past, there was only access to government sponsored television; now WBS and NTV are spreading their wings over Uganda.

All media is not negative. In fact, there are positive messages in the media (consider the campaign against child abuse). The goal of this lesson as it relates to media is to encourage youth to be more savvy when they watch movies or listen to songs.



Duration: 45 Mins



Methodology:

Small & Large Group Activity, Role Play,



Materials:

Flip Charts, Markers, Question Box, Paper, Pictures



Activities:

Activity 1: Review of previous session (5 min)

Activity 2: Movies (10 min)

Activity 3: Magazines (10 min)

Activity 4: Music (10 min)

Activity 5: Picture analysis (15 min)

Activity 6: Boozing you into Bed (10 min)

This session highlights the debilitating effects of alcohol. Many of the youth will have seen it for themselves (parents, walking past bars, etc.) but the temptation is always there. The activity on alcohol demonstrates that no matter what your intentions (abstaining, faithfulness, etc.) alcohol has the power to reverse those feelings. This is especially important for the women because men have used alcohol in the past as a means to sleep with women. There is one important point to be emphasized; if a man drugs a woman and then sleeps with her, it is rape. Make that clear.

Pictures needed for Activity 5:

Picture 1: Shows a group of youth at a beach party. These may be found in magazines, drawn, or acted by the group drinking alcohol and dancing, dressed in short, skimpy beachwear

Picture 2: Shows a young couple gazing at each other lovingly while sipping champagne in a romantic setting

Picture 3: Shows a girl alone with a boy in his room with the clock reading midnight

Picture 4: Shows boys and girls smoking (It could be cigarettes or marijuana). Some of the boys are dropping tablets into the girls' drinks



Activity 1: Review of Previous Session

① Step 1

Answer questions from the Question Box.

② Step 2

Ask those who did the Personal Challenge to share their findings!



Activity 2: Movies



Note to Facilitator

This activity will explore the messages and effects of various forms of media such as movies, beauty contests, songs, and pornography, etc. Ask the participants to give examples.

① Step 1



Ask “how many of have watched romantic movies where the couple was in love, got married and lived happily ever after?” Note the movies on a chart.

② Step 2



Ask the participants the following questions:

1. Out of 10 movies you have watched, how many contained romantic or sexual scenes?
2. In these movies, how many of the couples who engaged in sex were married?
3. Do you realize that watching too many sexual scenes can change your beliefs about sex?
4. What message is being given about sex?
5. It is possible that movies could be used to help youth abstain? How so?

**Note to Facilitator**

A number of the participants will have seen some Nigerian movies (which show the consequences of promiscuity and other similar themes). Use those as examples of positive movies.

5 Step 3

Divide the participants into three or four groups. Ask them to write a short summary of a movie they would make to help other youth abstain and be faithful after marriage.

**Activity 3: Magazines****1 Step 1**

Ask the participants if they have ever seen the pictures of models in magazines.

Ask them to describe the models.

Ask, “Are they beautiful?” “Are they sexy?”

Discuss this using the following questions as a guide:

1. How many of you look exactly like the models?
2. Does this mean you are not beautiful or sexy?
3. Who created this definition of beauty?
4. Do you want to let other people define beauty for you?
5. Are your mothers like those models? Does this mean that your mothers are not beautiful?
6. What does this reveal about the image the media portrays about beauty and being sexy?

2 Step 2

Divide participants into two groups. Tell each group to imagine they have their own magazine. Ask them to describe the beautiful woman they will feature on the cover.



Activity 4: Music

① Step 1



Ask them to identify their favorite songs as you note them on a chart.

Ask a volunteer to sing a verse or chorus from the song.

Ask someone to recite some of the words in the song. Write them on a chart.

Identify a love song that is fairly popular and discuss the song using the following questions as a guide:

1. What does the song say about love and sex?
2. From what you have learnt, is it telling the truth?
3. Do you know if the musician is happily married? If not, are they a good source to tell you about true love?
4. Are musicians the best examples of happy relationships? Why or why not?
5. What other values are being promoted in the song? Can we list them?



Activity 5: Picture Analysis

① Step 1

Divide the participants into 4 groups. Give each group one picture and ask them to discuss the following questions:

Questions:

1. What do you think happened a few hours after the scene in the picture?
2. What conditions are likely to make the characters vulnerable to having sex?
3. How could the situation have been avoided?

Points to probe from their answers:

The scenes could result in sex, rape, unwanted pregnancies, STDs, etc.

Alcohol gives people false courage to do things they normally would not have done. Some people drink alcohol to gain courage to approach the opposite sex.

Some men deliberately give girls alcohol to make them drunk so that they can have sex with them.

Alcohol clouds one's thinking and increases the chance of bad decisions such as engaging in sex.

"Beauty lies in the eyes of the beer holder." When under the influence of alcohol, you may be attracted to a person you otherwise would never have noticed.

Being alone with your partner in a secluded place increases the likelihood of having sex.

② Step 2

Each group should choose a leader. The leader pins up the picture and then proceeds to share their findings.

③ Step 3

Ask for volunteers to share examples of situations where they were tempted to have sex after drinking alcohol.



Activity 6: Boozing You Into Bed

① Step 1

Ask the participants to divide into groups of four. Give each group four pieces of paper. Each member should look at their paper secretly. One piece will say 'drunk'.

② Step 2

Tell participants that one member of their group is drunk and they must decide who it is. The rules for the 'drunk' person is that they must say the opposite of what they believe. If they want to say yes, they must say no, etc. The groups

can only ask questions that revolve around sex, abstinence and HIV/AIDS. They may not ask for the person's name or if they are Ugandan, etc. Don't make it easy.

③ Step 3



After each group has guessed the drunk person, ask that person, “How did it feel to say ‘yes’ to things when you wanted to say ‘no’?”.

Explain the following to the group: Alcohol and other drugs impair the ability to think properly and make rational decisions. The level of discomfort or unease the participants felt after saying ‘yes’ when they wanted to say ‘no’, is a small dose of the regret and remorse some feel after making wrong decisions while drunk. What can you do? As a general rule, avoid going to places that serve alcohol and do not go there on a date. Avoid friends who pressure you to drink. If a man or a woman insists on buying you alcohol, avoid that person at all costs.

④ Step 4



Discuss the following questions with the group:

- 1) What is it called when someone gets another person drunk to the point of incapacitation and then has sex with them? [date rape]
- 2) If you woke up after a long night of drinking and found yourself naked in someone else's bed, how would you feel?
- 3) If someone gives you a substance that stops you from thinking clearly, do you think they are interested in your mind or your body?
- 4) How can you have fun in your relationships without putting yourself at risk?

Take Home Message

Alcohol can be used as a weapon. Women especially must be on guard. Do not be lured by someone who offers one alcoholic beverage after another. Remember, they are literally trying to stop your thinking process. Now why do you think they would do that?

Personal Challenge

Ask the participants to consider how the media can be used positively. Can anyone come back with examples of the media encouraging the youth to lead risk free lives?

Alternatively, can you identify (or write?) a song that promotes abstinence and faithfulness?

11

Session Eleven:



Violence Vs. Respect

Introduction

Building an AIDS Free Generation

Violence and Gender Based Violence (GBV) is unfortunately, an issue confronting Ugandans. Incidents of gender based violence are increasing and are frequently reported in the news.

In this session, we will not only discuss violence but raise the point that respect for others and self-respect are ways to end the cycle of violence. Additionally, the lesson explores the link between violence, STIs and HIV/AIDS.

Objectives:

During this session, the participants will:

1. Identify and discuss the different types of violence that commonly occur in relationships
2. Reflect on the consequences of relationship violence
3. Discuss the use of violence in relationships, how to form relationships based on respect, and how to prevent violence in relationships.

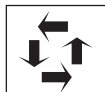
Facilitator Resource Information

Regardless of whether it is talked about, violence in Uganda is a very real thing. In a survey of 5,109 women of reproductive age in Rakai District of Uganda, 30% of women had experienced physical threats or physical abuse from their current partner—20% during the year before the survey. Three of five women who reported recent physical threats or abuse reported three or more specific acts of violence during the preceding year, and just under half reported injuries as a result. Analysis of risk factors highlights the pivotal roles of the male partner's alcohol consumption and his perceived human immunodeficiency virus (HIV) risk in increasing the prevalence of male against female domestic violence. Most respondents—70% of men and 90% of women—viewed beating of the wife or female partner as justifiable in some circumstances, posing a central challenge to preventing violence in such settings.

There are many challenges in this session, but the first hurdle is to underscore that there is never a situation where violence is justified.



Duration: 1 Hour



Methodology:

Large & Small Group Activities,
Role Play, Case Study



Materials:

Flip Charts, Markers,
Question Box



Activities:

Activity 1:

Review (5 min)

Activity 2:

Justifiable?(15 min)

Activity 3:

Role Play (25 min)

Activity 4:

Case Study (15 min)



Activity 1: Review

Answer questions from the Question Box.



Activity 2: Justifiable?

1 Step 1

Tell the participants that you are going to give them several situations, and in small groups, they will discuss whether the violence is justifiable or unjustifiable.

Situation	Justifiable	Unjustifiable
You've bought a certain woman many gifts, and she won't have sex with you.		
A man keeps jeering at scantily clad women when they pass by on the street.		
Your husband comes home drunk and urinates on the bed.		
A husband forces his wife to have sex with him.		
A teacher tells a girl that she won't get a passing grade unless she sleeps with him.		
A man defiles someone's daughter.		
A woman steals everything from her boyfriend's house while he is at work.		
You discover your spouse in bed with someone else.		

2 Step 2

Ask each group leader to come to the front, and state and defend their position. After every group leader has spoken, emphasize the following:

UNLESS IT IS IN SELF-DEFENSE, ALL FORMS OF VIOLENCE ARE WRONG AND UNJUSTIFIED.



Activity 3: Role play

① Step 1

Explain that the purpose of this activity is to discuss and analyze the various types of violence sometimes found in relationships and to discuss ways to build relationships based on respect.

② Step 2

Divide the participants into four groups and ask them to create a short role play or skit.

Ask two groups to role play a relationship – boyfriend/girlfriend or husband/wife – which shows scenes of disrespect. Explain that this can be physical abuse, but does not necessarily have to be.

Ask them to try to be realistic, using examples of people and incidents that they have witnessed or have heard about in their communities.

Ask the remaining two groups to role play a relationship – boyfriend/girlfriend or husband/wife -- based on mutual respect. The role plays should incorporate conflicts or differences of opinion that are settled without violence.

Allow 5 to 10 minutes to develop the story or the scenes and then ask them to present it to the large group.

③ Step 3

Allot five minutes for each group to present their skits. At the end of each skit, allow the other groups to ask questions.

④ Step 4

When all the groups have had their turn, thank the groups. Use the flip chart to make a list of the types of violence demonstrated in the role plays.

⑤ Step 5

Present a flip chart prepared in advance titled “Types of Violence” with 4 columns:

TYPES OF VIOLENCE			
Physical	Emotional	Sexual	Economic
Beating	Silence	Marital Rape	Withholding Money
Slapping	Coercion	Use of Objects	Separate Bank Accounts
Burning	Shouting		Extravagant spending on extra-marital affairs

⑥ Step 6

? Ask participants to provide other examples for each type of violence, either from the skits they've just performed or from their own experiences.

⑦ Step 7

? Lead a discussion around these questions:

1. How are partners disrespectful to each other?
Encourage the participants to reflect on the different forms of disrespect in relationships (emotional, sexual, economic, and physical).
2. How can partners show respect to each other?
3. Do we see these things in our daily lives?

⑧ Step 8

Now let's look at the different forms of respect:

Physical	Emotional	Sexual	Economic
Being gentle	Being understanding	Respecting the word 'no'	Sharing money

? Ask the participants to complete the chart based on what they have seen or experienced (ask for the source: parents, at school, with my boyfriend/girlfriend).



Amanda's Story

Case Study:

At eighteen years of age, Amanda Kabaseke was married to Kabaseke Ssalongo. For awhile, they were happy. "Ssalongo was so kind and gentle. He knew how to make me laugh. I always wanted to marry him. Even during my first pregnancy, he was supportive and

caring," she recollects. Then Ssalongo lost his job and things slowly fell apart.

"I was encouraging him and told him he would find another job, and until then, we would survive. Instead, he started drinking heavily and sleeping with other women," she sobs as she tells her story. "The beatings started suddenly and didn't make sense. He came back one night and accused me of having affairs. I said he was the one, but..", she stops and looks into the distance.

Ssalongo continued the beatings and sleeping around. He forced himself on Amanda because she feared disease and refused his advances. In spite of her efforts, she is now HIV positive and abandoned with her child.

We find Ssalongo in a small shack sipping on local brew. Telling a different story he says, "You see me drink and you want to judge, but the woman did this to me," he pauses to take a sip, "she infected me." He said when he lost his job, Amanda began sleeping with the rich men in town. When he went to bar, they would laugh and ridicule him. That is why the beating started. Later, he became ill and was diagnosed with HIV. He believes Amanda is responsible and doesn't want to see her again.



Activity 4: Case Study: Amanda Kabaseke's Story

① Step 1

Read the following case study:

② Step 2



Ask the following discussion questions:

1. What do you think are the causes of violence in relationships?
2. What role do alcohol and other drugs play in relationship violence?
3. What are the consequences of relationship violence—to the man, the woman, and their children?
4. How does relationship violence increase the husband or wife's risk of HIV?
5. What is the social/community response to relationship violence?
6. When you see couples using violence, what do you normally do?
7. What could you do? Where can you go to seek help?
8. What does a respectful relationship look like? Do we see examples of these in our families and communities?
9. What can we do individually to form respectful relationships?
10. How can we help other couples form respectful relationships?

③ Step 3

Conclude by noting that there is conflict in all relationships. How we handle the conflict makes all the difference. Finding appropriate ways to express and discuss our emotions is one way to reduce violence and build respectful relationships. Effective communication is key!

Take Home Message

Beating anyone--child, husband or wife-- is not a way to show that you love or care about them!

A kind word goes much farther than a sharp kick!

Personal Challenge

Ask your community and religious leaders what is being done about domestic violence. Write their responses and bring them to the next session.

Session Twelve:

12

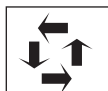


Making Smart Choices

Introduction



Duration: 1 hour



Methodology:

Role Play, Group Activity



Materials:

Question Box; small pieces of scrap paper, Flip Chart, Markers



Activities:

Activity 1:

Review of Previous Sessions (5 min)

Activity 2:

Discussion: The Second Chance (10 min)

Activity 3:

Role Plays (10 min)

Activity 4:

Brainstorm: "My Pot of Gold (15 min)

Activity 5:

Personal Commitment (10 min)

Activity 6:

Personal Journey (10 min)

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 who are not in agreement will ridicule them if they fail. Knowing that others are watching is a strong motivator of human behaviour.

We will also explore practical skills to help the youth maintain their commitment to abstinence. These skills are applicable to both primary and secondary virgins, and many of them are equally applicable to other challenges facing youth. These include alcohol and drug abuse, domestic violence and healthy living.

Objectives:

During this session, the participants will:

1. Be encouraged to make a commitment to abstinence
2. Explore practical ways to abstain and maintain their commitment
3. Revisit the idea of secondary virginity

Facilitator Reference Information

Now that the sessions are ending, one of the goals is to offer encouragement to the participants. There may also be an opportunity to discuss some significant areas in greater detail.

We have not discussed the availability of PMTCT services. PMTCT is the Prevention of Mother to Child Transmission. Mother to Child Transmission (MTCT) occurs when HIV is passed from an infected mother to her unborn child. The PMTCT program offers services that slow the HIV/AIDS transmission. With ARVs during pregnancy, there are chances that the baby will be HIV negative.

It is also important that the women realize the implications of being HIV positive and pregnant: a) It may lead to deterioration in health, b) May lead to onset of opportunistic infections, and c) May lead to premature delivery or death.



Activity 1: Review of Previous Sessions

① Step 1

? **Ask participants to take a moment and reflect on the goals and dreams they set for themselves.** As they reflect, ask them to silently consider whether premarital sex will help them achieve those goals or instead place them at risk.

Remind them of the Pancake Exercise and ask, ‘how many of you are willing to commit your lives to end the dirty pancake cycle by preserving your purity?’ Remind them that the only 100% safe way of protecting themselves against all the consequences of premarital sex is abstinence.

② Step 2

? **Ask those who talked to community leaders about domestic violence to share their information.**



Activity 2: Discussion: The Second Chance

This exercise revisits the idea of secondary virginity.

① Step 1

Ask the participants to sit down. Explain that to answer “yes” they will stand up, and to answer “no”, they will remain seated.

**Ask the following questions:**

- Have you ever had malaria?
- Do you agree that while you had malaria, before treating it, you could be considered dangerous to people living near you since mosquitoes that bite you could easily spread malaria to them?
- After you made the decision to take a full dose of treatment, were you cured?
- Did that change the fact that you have ever suffered from malaria?
- Before you got malaria, were you considered malaria free?
- After you were successfully treated, were you considered malaria free?
- Could we conclude that even though one has contracted malaria, a decision to receive treatment will provide a second chance to be malaria free?

② Step 2**Ask the following question:**

- How can we relate the above example to the issue of virginity?

In the same way that everyone who receives treatment has a chance to be malaria free, everyone can have a second chance at virginity. As in the malaria case, you will not be able to erase the fact that you once had malaria (had sex), but you get a second chance at being malaria free (abstaining from sex) when you decide to seek treatment and avoid mosquitoes (Make an abstinence pledge and avoid sex until marriage.)

**Note to Facilitator**

Continue to compare the malaria example to secondary virginity as shown in the parentheses in the paragraph above. Explain that the techniques or skills they will learn to help them remain abstinent apply to both primary and secondary virgins.



Activity 3: Role Plays

① Step 1

Ask the participants to form 6 groups of three people each to act out the following scenarios. Allow 5 minutes for each group.

Scenario 1

A boy is trying to convince a girl to have sex with him. The girl finds ways of refusing 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 such as 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 activities that may increase their chances of having sex.

Scenario 3

A boy tries to convince a girl that virginity is outdated and abstinence is not practical. He argues that condoms will keep them safe.

② Step 2

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

Share the following information:

Tips on saying “no” to sex

Sometimes your boyfriend, girlfriend or another person will want you do something that you know is not right. Saying “NO” can be difficult, especially if you have strong feelings for that person.

It will help if you 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.”

“Because I am attracted to you, I don’t think we should be alone in the house when no one is at home.”

“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.
Know 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 ability to live your 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 some of your time and attention on him or her. It is necessary, however, to set boundaries in those relationships to keep them from leading to sex and the resulting 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 the messages that your clothes and behavior send to the other person.
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 help of others - Request the support of those who understand your commitment to delay sex. E.g. friends who practice abstinence.
Be ready to run - Sometimes, in spite of all your efforts to avoid having sex, you might find yourself in a difficult situation.
Be prepared to firmly say “No” and run away if necessary. 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 attention from others.



Activity 3: Brain storm: “My Pot of Gold”



Note To Facilitator

In this exercise, the participants will learn that ideas to succeed and make money are hidden in very simple things around them. Discovering these hidden pots of gold (natural talents, abilities, and hobbies that can easily be a source of income) within each person reassures them of their ability to earn an income in the future. This realization will lessen their vulnerability to manipulation by people who may tempt them with offers of money and gifts in exchange for sex.

① Step 1



Introduce the brainstorming session by asking the participants:

Do you know that you are sitting on money--that you are worth millions?
Do you know that each of you can become the next Bill Gates? (ask for local examples of tycoons)
Some will probably doubt and ask “how”, while others may say “yes”.
Build the suspense with the aim of showing how each one is actually as valuable as you say they are.

Tell them that you are going to prove that each person possesses unique gifts and talents, and the potential to be very successful. Each one is valuable beyond measure.

② Step 2

Ask participants to name their 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 participants to brainstorm how each of these hobbies could be used to earn money. For example, movie lovers could set up video libraries, act, become a Videographer 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, work in the printing industry, write short stories and plays, etc.

④ Step 4

Emphasize that we are all very rich in unique gifts and talents, and that no one can buy us for any amount of money. We should never be intimidated by anyone who seems wealthier or more successful than us, since we all have the same potential to succeed. Money should never be used to coerce us to do something we don't want to do.



Activity 4: Personal Commitment



Note to Facilitator

This activity will help the participants take a long hard look at themselves.

1 Step 1

Ask each participant to sit quietly by themselves. They should answer the following questions:

Who am I?

What choices have I made in the past?

What choices can I make now?

2 Step 2

When they return to the group, ask for volunteers to share their answers. Some may feel it is too personal, so don't pressure anyone.

3 Step 3

Ask who is ready to abstain. Next, ask those who raised their hands why they have made that decision and what steps will be necessary to keep their commitment.



Activity 5: Personal Journey



Note to Facilitator

These suggestions will help them continue on their personal journey.

1 Step 1

Suggest the following activities to the youth, so that they can continue making smart choices:

- a. VCT: Organize a clinic visit for youths in your community
- b. Youth Clubs: Form a club for the purposes of reaching out to others, as a reading club, as a voluntary association, as a sports club, as an economic venture, etc.

- c. Peer Education: Become trained as peer educators with our program, either school-based, or as Facilitators.
- d. Peer Influence: Become advocates, particularly if you have a leadership interest or responsibility, but also through one-on-one counsel to friends and peers.
- e. Further Training: Volunteer to provide community sensitization and advocacy, or even home based care service, through trainings with AMREF, TASO, etc.

② Step 2

Take this opportunity to cover areas that have not been previously discussed

Glossary of terms in this manual

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: Fairness and justice in the distribution of benefits and responsibilities between women and men, often requiring women-specific programmes and policies to end existing inequalities

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

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

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

Plenary: General discussion

Sex: The biological difference between males and females

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

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

Socially prescribed: Instructions that society puts into place

Stereotype: A standardized mental picture held in common representing an oversimplified opinion, affective attitude or uncritical judgment.

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