Smart choices

Building an AIDS Free Generation

Parenting Workshop Guide for Adult Facilitators

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Building an AIDS Free Generation

Parenting Workshop Guide for Adult Facilitators

Dedication

To all the parents who bravely choose to help their children make Smart Choices and build an HIV free generation.

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Acknowledgment

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In particular we wish to thank Samwiri Mukuru and Nageeba Hassan for their help developing the content for this guide.

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➔ Introduction to the Guide

INTRODUCTION TO THE GUIDE

Parenting Workshop Guide Objectives

- To educate parents on adolescent reproductive health and HIV/AIDS
- To promote two-way communication between parent and child on matters of sexuality

Audience

- Parents of children ages 10 to 24.

Purpose of Guide

The Smart Choices Parenting Workshop Guide provides valuable information to equip participants to effectively manage a variety of complex parenting issues, including the important task of protecting their children from HIVAIDS and other STIs. Through diverse learning strategies including small group activities, group discussion, case studies, and role play, they can expand their knowledge and strengthen their skills to become more effective parents

Structure of the Guide

This curriculum manual for Adult Facilitators provides step-by-step instruction to successfully conduct interactive and informational parenting sessions.

Each session features Learning Objectives and Facilitator Notes that will guide the group leader through each portion of the workshop. A materials list is included where applicable. The Facilitator has the option to verbally give the information, or to use handouts. Each activity actively engages the participants, and the follow-up questions and answers further assist in processing the information. At the conclusion of each lesson, a homework assignment is provided through the “Personal Challenge” so that parents have an opportunity to apply what they have learned in the session.

Preparation for the Workshops

If presented in a single parenting workshop, the suggested length of the session is three hours. But because of the amount of content to be discussed, it may be adapted to longer or shorter sessions. The Facilitator should ensure that the room has adequate seating and adequate space for different groups to discuss without disturbing each other.

Take note of the following materials and ensure that they are available:
- Flip Charts
- Note books
- Pens and markers

Tips to consider before the workshops:
- Read the entire guide prior to planning and facilitating the workshops.
- Arrange the room before each workshop, so no time is wasted hanging signs or moving chairs. Avoid classroom-style chair arrangement, if possible. If the room is small, arrange chairs in a circle.
- Prepare all materials ahead of time, such as flip charts, photocopies, and other items that may be required.
- Review instructions for each activity until you feel comfortable with all of the steps.

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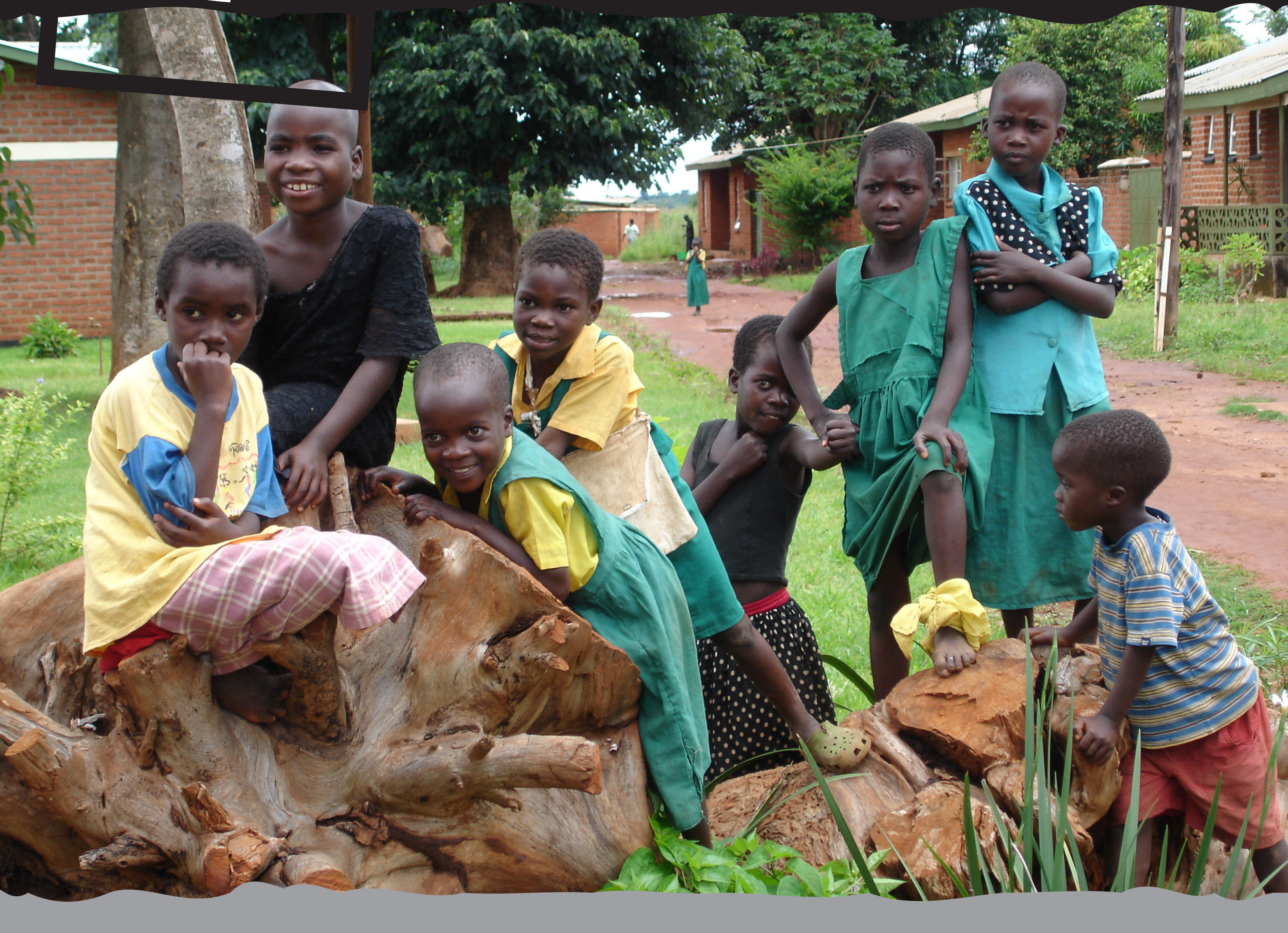
Session One:



Introduction to the Workshop

Introduction to Workshop

1. Introduction to Workshop

Duration: 20 Minutes

Methodology:
Icebreakers

Materials:
Two sets of playing cards or sheets of paper with patterns drawn on them. There must be two identical sheets.

Activities:

Activity 1:
Finding a Friend (15 min)

Activity 2:
The Little Known Fact (15 min)

Activity 3:
True or False (15 min)

Activity 4
The Last Time I…(15 min)

Welcome the participants and introduce yourself and any other team members present. Explain the following to the participants:

We are here today because we care about our children and want to become more effective parents. Our children are important to us, to our communities and to our future; if any of us do not understand that fact now, then we hope that will change by the end of the workshop.

Our children are facing a great danger. That danger, that threat, is HIV/AIDS. If they are to escape then we must help them in this as we would in all other aspects of their lives. The question is not whether we want to help, but how can we do a better job? We, as a group, shall explore that and, through sharing ideas and knowledge, find an answer to that question.

Objectives
During the session, the facilitators will:
- Welcome participants to the workshop
- Help participants get to know each other

Icebreakers

Facilitator Note: Below are some possible icebreakers that can be used in the workshop. If the icebreakers are inappropriate for your group dynamics (the characteristics of your participants) then find an alternative. What is important is that the parents get to know each other and are comfortable speaking freely.

Activity 1: Finding a Friend

Materials:
Two sets of playing cards on sheets of paper with different patterns drawn on them (there must be two identical sheets)

❶Step 1
Randomly distribute the playing cards or sheets of paper to the participants.

❷Step 2
Ask the participants to find the person who has a matching card or sheet.

❸Step 3
When they have all found the person they should spend 5 minutes getting to know them.

❹Step 4
They must return to their seats and then introduce the person they met to the entire group.

Activity 2: The Little Known Fact

Facilitators Note: This “little known fact” becomes a humanizing element that can help break down differences such as grade / status in future interaction.

❶Step 1
Ask participants to share their name, occupation, one little known fact about themselves, and one little known fact about their children.

Activity 3: True or False

Facilitator Note: In addition to getting to know each other as individuals, this ice breaker helps to promote interaction within the group.

❶Step 1
Ask your participants to introduce themselves and to state three or four facts about themselves, one of which is false. Ask the rest of the group to vote on which fact is false.

Activity 4: The Last Time I…

❶Step 1
Ask participants to introduce themselves and complete the following sentence: "The last time I really…."

Tell the participants that they can say (1) The last time I really cried…. (2) The last time I really laughed… (3) The last time I really sighed….

❷Step 2
Make sure every participant has a chance.

Session Two: 2

Role of the Parents

2. Role of the Parents

Duration: 1 Hour

Methodology:
Small Group Activity, Group Discussion

Materials:
Flip Chart, Markers

Activities:

Activity 1:
Understanding your Role (20 min)

Activity 2:
Parenting Challenges (20 min)

Activity 3:
Behaviors to Encourage and Discourage (10 min)

Activity 4:
Being a Single Parent (10 min)

At one time or another, parents/guardians/caregivers feel inadequate in many aspects of the early training of children. In the apparent absence of instructions, they question how this wonderful and beautiful gift can be correctly nurtured in the complexities of life! In this session, participants will examine a variety of parental roles, and learn valuable skills to support them in raising healthy and responsible children.

Through interactive discussions, people involved in bringing up youth will be relieved to discover that issues they believed were specific to their child or family are actually experienced by others. This results in an increased level of solidarity within the group as they realize they are not alone in their situations.

Explain the following:

We are all aware that parents wear many "hats"—teacher, provider, counselor, disciplinarian, protector, role model, to name but a few. In this session, we will take a closer look at these challenging roles and learn how strengthening these areas can help to build healthy relationships with children and protect them from becoming infected with HIV/AIDS.

Objectives

Following the session parents will:
- Understand their role in their child's development
- Understand the kinds of behavior to encourage/discourage in their child

Activity 1: Understanding Your Role

Materials:
Flip Chart
Markers

❶**Step** 1
Ask the participants to define the role of a parent and list their answers on a flip chart.

❷**Step 2**
Ask them to get into groups and arrange the list in order of importance (most important to least important). They should prepare to explain their order to the entire group.

❸**Step 3**
Ask the participants which of the roles is most crucial in protecting their children from HIV/AIDS. They should explain how and why.

❹**Step 4**
Explain the following to the participants:

The following are important roles of a parent:

A. Provide basic needs: As a parent it's your responsibility to provide your child with the things they need. This includes food, clothes, education, medical care, shelter, security, love, etc.

B. Help them to be disciplined (guidance & counseling): Many times parents will scold or talk to the children when they are in the wrong or in trouble. Try to guide them whenever you have a chance.
Try to be more thoughtful when you find them doing something you don't like. For example, if you found your child playing with rubbish or dirty things, tell them that they will get germs that cause diseases and warn them of the consequences, (they will be in pain and go to a hospital for injections, it will cost you money.) Don't tell them not to play with rubbish without an explanation.

Children, being naturally curious, will want to find out what happens when they do.

True story: A father reminded his five children not to enter a certain room when carrying a paraffin lamp. One day the children were in good spirits and were playing in the compound. The eldest told the parents that they were going to look for a ghost and the parents were not concerned. The children went into the forbidden room and suddenly there was an explosion! There was petrol in this room. If the father had explained the danger of fire and getting burnt, they would not have entered the room to look for a ghost!

Q&A

1. Is the father to blame for the tragedy? If yes, why? If no, why not?
2. How would you discourage your children from entering a room that has petrol while carrying a paraffin lamp?
3. Do you have any ‘forbidden rooms’ in your house? If so, how do you keep your children out?

C. Be assertive with them: Loving children does not mean we let them do or say things that will harm them in the long run. For expample, if you do not allow your child to go dancing or watch a film in a Kibanda, and he/she sulks, throws a tantrum, or refuses to talk or eat, don’t feel guilty and don’t give in.

D. Sex education: This topic is avoided by most parents for one reason or the other. However if we don’t talk to our children about the physical, emotional, and social aspects connected to the reproductive system, they will be curious or confused. Tell them what will happen to their bodies and the dangers of having sex when still young. Talk about their body changes and hygiene.

Q&A

1. Have you talked to your children about sex and the reproductive system?
2. How did you learn about sex and the reproductive system?
3. What dangers threaten youth who have sex when still young?

E. Pass on values: As a parent you are a role model to your child. It is important that you practice faithfulness if you want them to value it. It is also important that you talk to them about abstaining to live a risk free life.

Q&A

1. Are you aware that your children perceive you as a role model? What will they learn based on your behavior?
2. How can a parent pass on values?
3. Who were your role models when you were growing up? How did they

affect your life?

<u>F. Protect your children from HIV/AIDS by telling them the facts</u>.

Q&A

1. What do you know about HIV/AIDS?
2. Do you feel you have enough information to talk to your children about HIV/AIDS? If not, who should you turn to?
3. What other ways can you protect your children from HIV/AIDS?

Activity 2: Parenting Challenges

❶Step 1
Ask the participants to get into their groups and list the parenting challenges they face. Next to the challenges, they should list possible solutions.

❷Step 2
Ask them to present their findings.

❸Step 3
Give them the following challenges (if not previously mentioned):

<u>A. Working policies (many hours, weekends)</u>: The working policies today keep parents away from their children for very long hours. Most parents work away from home. Even on weekends, the children go to study and parents go to the office; this prevents families from spending time together. If someone tells you about your child's bad behaviour, you may not believe them because they are good when you are around.

True story: A family in one village at the Island had two daughters whom they loved very much. The people reported to the parents that the daughters met with men in the evenings, but the parents didn't believe it. One day, as the girls went out on their rendezvous, the man they were 'detoothing' decided to rape them. The younger one ran to get help, and as she did she met some men. She explained what was happening to her sister and instead of helping her, she was also kidnapped and raped by that gang of men. The parents regretted not having followed up when they were warned by the people. Later, both girls tested HIV positive and the elder was pregnant.

Q&A
1. What could the parent have done differently?
2. Is it necessary to have one parent quit a job to keep the children safe? Why or why not?
3. Have you heard any similar stories from your community? What happened?

B. One's ability to be reachable/ approachable: Parents sometimes can be very tough, violent or abusive so that the children are afraid of them. For example, a parent who is tough and abuses the child or beats them will cause them to hide from him/her and will never discuss or share anything with them because of fear.

C. The way one was parented: A parent may tell you that he/she will not talk to his/her children because he/she doesn't think it necessary; he/she was never talked to in any special way and he/she knows they are good and successful.

Activity 3: Behaviors to Encourage and Discourage

❶Step 1
Ask the participants to get into their groups and create a list of parent behaviors to "Encourage" and "Discourage".

❷Step 2
The list may look like this:

Behaviors to Encourage	Behaviors to Discourage
Supports and encourages child	Ridicules child or puts them down (saying they are stupid or useless)
Gives child attention and listens to them	Spanks child in public
Shows child affection	Embarrasses child in public or in front of their friends
Praises child	Doesn't respect child as a person
Comforts child	Violates child's privacy (entering their room or going through their things)
Respects child's sense of freedom	Tries to make child feel guilty for something they've done
Understands child	Expects too much of child (never living up to their expectations)

Behaviors to Encourage	Behaviors to Discourage
Trusts child	Unfairly compares child to someone else
Gives child advice and guidance	Ignores child
Provides for child's necessities	
Has open communication with child	
Spends time with child	
Supports child in his/her school work	
Knows their child's friends	
Knows where child goes at night	
Knows how child spends their money	
Knows where child is most afternoons after school	

❸ Step 3

Ask the participants to discuss ways to encourage their husbands or wives to be better parents. They can discuss in groups and then present their findings.

Activity 4: Being a Single Parent

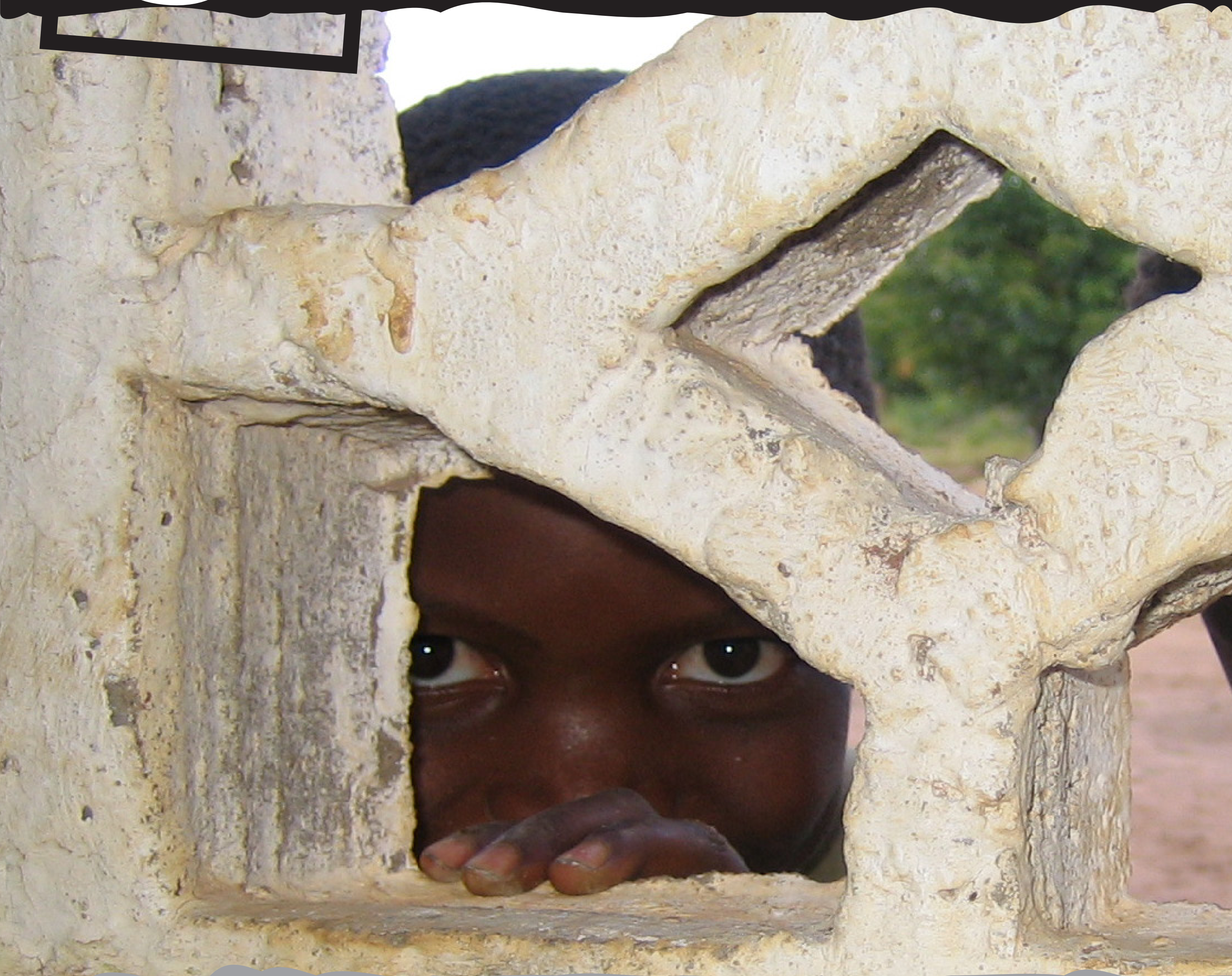
❶ Step 1

Ask the following questions:
1. What are the challenges in being a single parent?
2. What can communities do to help a single parent?
3. Where should single parents go to seek advice/counseling?
4. How have single parents in your community managed to cope?

Discuss

PERSONAL CHALLENGE
Ask parents to write their own personal list of behaviors that they would like to encourage or discourage in themselves. After two weeks, they should ask their children or their spouse if they have noticed anything different.

3 Session Three:



Looking Back

3. Looking Back

Duration: 1 Hour

Methodology:
Personal Reflection, Group Discussion, Small Group Activity

Materials:
Paper, Pencils, Markers, Flip Charts

Activities:

Activity 1:
Your Childhood (30 min)

Activity 2:
A ‘Good Home (30 min)’

Has anyone ever suggested to you that you might view things differently if you walked a mile “in their shoes”? In this lesson you will lead parents in an exercise to reflect upon their childhood. As they recall happy and sad times, fears, and worries of their growing years, participants will find it easier to relate to what their own children might be experiencing. Through this brief mental journey, parents’ will have increased understanding of their children’s concerns and behaviors.

Although there will most likely be many similarities, participants will recognize that young people today face incredible issues that were nonexistent in their parents’ day. Armed with this knowledge, parents can equip their children with vital information and skills, as well as provide a living environment that is nurturing and will help young people protect themselves from HIV/AIDS.

Explain to the group:

As busy adults, we sometimes forget what it was like to be a child. In this lesson, we will take a walk down “memory lane”, and revisit our childhood. This activity will help us to connect with our children’s world, to relate to their concerns, and improve our ability to meet their needs. With a greater understanding of the challenges in today’s culture, we can responsibly fulfill our roles as parents, and provide a nurturing and protective home.

Objectives
During this session, parents will:

- Reflect on their own childhood to better grasp the issues facing the youth
- Contemplate what it means to have a ‘good home’

Facilitator's Note: Before beginning this section it is a good idea to break into groups. Ask participants to count off from one to three or four (depending on group size) and have them form groups based on their number. Inform them that from this point on when you ask them to get into groups, they should join that same group.

Activity 1: Your Childhood

Facilitator Note: The purpose of this activity is for participants to take time to remember their own childhood and to compare it to their own children's.

❶ Step 1
Ask the participants to think about their youth. Explain the following:

I would like you to think back to your youth. I want you to remember what it was like for you at your children's age. Take the time to really visualize this time in your life.

❷ Step 2
Ask participants to answer the following questions:

Facilitator Note: They can write the answers to the questions, and then share their answers.

1. What were the important issues for you at that age?
2. Who were your role models?
3. What challenges did you face?
4. Who did you confide in?
5. How difficult was puberty for you?
6. Looking back, what assistance did you really need that you did not get?
7. Were sexually transmitted infections an issue for you?

❸ Step 3
Ask them to discuss the challenges confronting their children and compare that with their own childhood. After they have finished, they can present their findings.

Activity 2: A 'Good Home'

Facilitator Note: The purpose of this activity is to have the participants consider what it means to have a 'good home'. They need to come to some agreement of the definition of a 'good home' and whether they, in fact, meet that standard.

❶**Step 1**
Ask the participants to get into their groups and list characteristics of a good home.

❷**Step 2**
Ask them to present their findings.

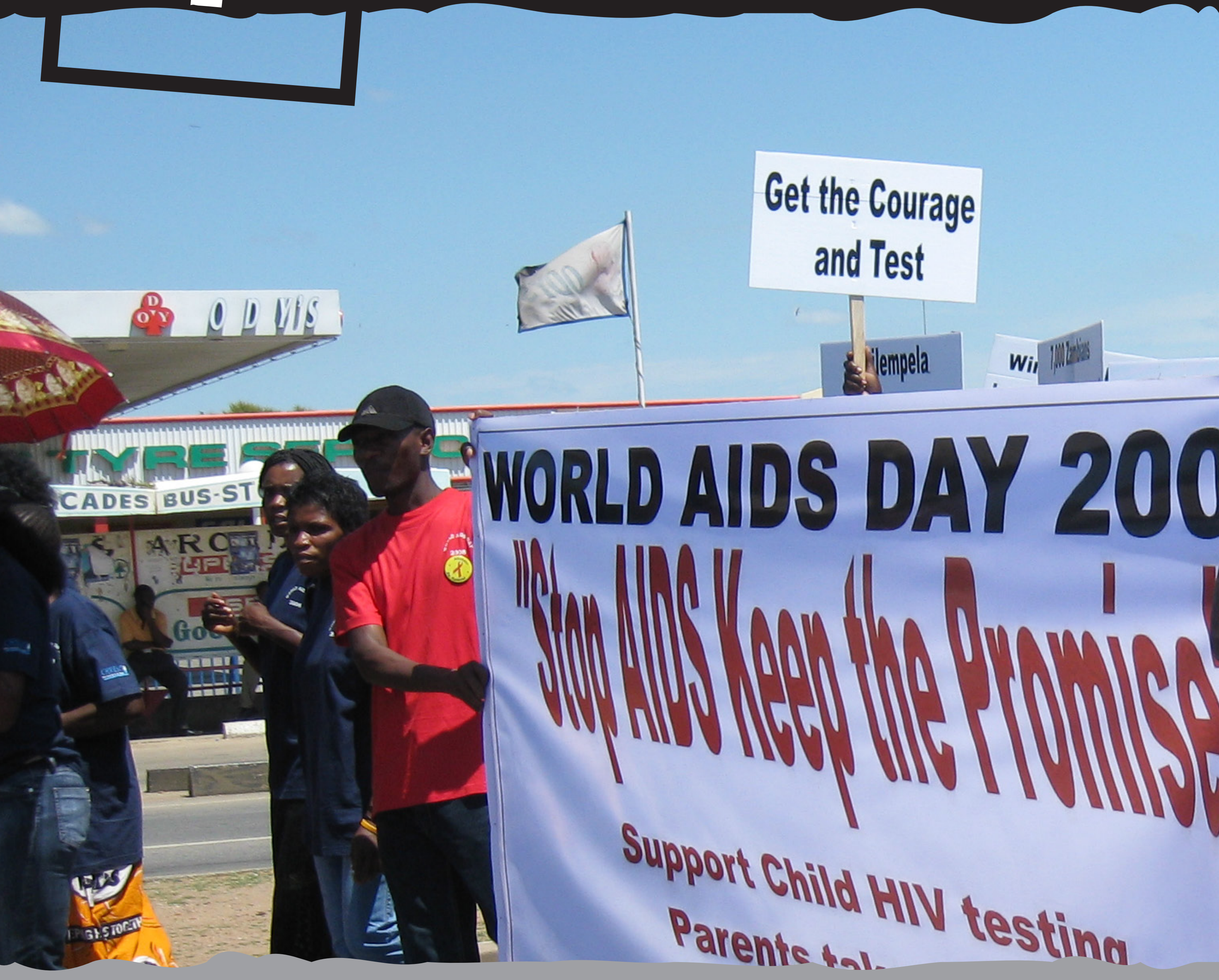
❸**Step 3**

Ask the participants the following question:
1. What are the challenges you face in fulfilling the list of qualities of a good home?
2. How can having a good home help you protect your children from HIV/AIDS?

Discuss.

PERSONAL CHALLENGE
A. If they are alive, talk to your parents about how you behaved as a child. Quite often we don't remember things as accurately as we would like to think! B. Ask your children to list the qualities of a good home. Compare this list to the qualities of your home. Determine honestly, where your children think you are falling short and where you are succeeding.

4 Session Four:



Understanding HIV/AIDS and STIs

4. Understanding HIV/AIDS and STIs

Duration: 1 1/2 Hours

Methodology:
Group Discussion & Activity,
Small Group Activity

Materials:
Flip Charts (4), Markers,
Handouts (if desired)

Activities:
Activity 1:
Growth and Development (20 min)
Activity 2:
Understanding STIs (15 min)
Activity 3:
The History of HIV/AIDS (5 min)
Activity 4:
Understanding HIV/AIDS (15 min)
Activity 5:
HIV Transmission (10 min)
Activity 6:
HIV and the Youth (10 min)
Activity 7:
HIV Prevention (10 min)
Activity 8:
Myths and Facts About Sex (5 min)

For as long as anyone can remember, many parents have been reluctant to talk with their children about sexuality. Although the reasons vary, the importance of parental guidance in this area cannot be overemphasized. If parents neglect this responsibility, children are likely to receive incorrect or incomplete information, and may suffer life-threatening consequences as a result.

To assist parents in discussing this issue, participants will learn essential facts related to human growth & development, with special emphasis on HIV/AIDS and sexually transmitted infections. They will be prepared to dispel common myths and learn why abstinence before marriage and faithfulness in marriage is key to reducing the spread of HIV/AIDS and STIs.

Explain to the group:

Sometimes, parents do not talk with their children about certain issues because they think they will not listen, or that another adult will discuss it with them. Regardless of the reason, this lesson on human growth & development and HIV/AIDS will convince you of the importance of discussing this topic with your child, and equip you with the necessary facts. After this session, you will have greater knowledge and confidence as you talk about the physical and emotional changes they may be experiencing, distinguishing myths from facts, and guarding against HIV/AIDS.

Objectives

During this session, parents will learn:
- The physical and emotional changes that youth experience as they develop from adolescents into adults
- Knowledge on HIV/AIDS and STIs
- The importance of abstinence and faithfulness in preventing HIV

Facilitator's Note: The workshop emphasizes parenting skills that can help parents protect their children from HIV/AIDS and other STIs. It is important to give background knowledge as you will be referring to HIV/AIDS and STIs throughout the workshop.

Activity 1: Growth and Development

❶Step 1
Explain the following to the participants:
There are many physical, emotional, and psychological changes that take place as children develop from adolescence to adulthood. These changes can be very scary if your child is unaware of them and does not realize they are normal.

❷Step 2
Ask the participants what they think of when they hear the words 'sexuality' and 'reproductive health'?

❸Step 3
After participants have answered explain the following:
Sexuality is about more than just sex. It is a basic part of everyone's life. It includes many things such as emotions, beliefs, relationships, and how you feel about yourself and your body. Reproductive health deals with the physical, mental, and social aspects of the reproductive system. The reproductive system is the system of organs that works together for the purpose of reproduction. We hope parents will openly discuss these issues with their children. One of the major barriers in educating youth about sexuality and reproductive health is the reluctance of adults to talk about it.

❹Step 4
Ask the participants to list some reasons adults may not want to talk about these issues. Some reasons could include:
- They do not know the information well themselves.
- Their children will know more information than they do.
- It is inappropriate or culturally taboo to talk about sex.
- Their children will not listen.
- Talking about sex with their child will encourage them to have sex.

❺ Step 5

Place four flip charts around the room labeled: Boys 10-14, Boys 15-24, Girls 10-14, Girls 15-24. Allow ten minutes for participants to write on each chart as many physical and emotional changes they can think of.

Read the flip charts one by one. Review answers not identified through the activity.

Facilitator's Note: The following information could also be given as a handout.

Physical Changes for Boys Ages 10 to 14
- Growth spurts occur
- Shoulders become broader
- Muscles enlarge
- Voice deepens and may crack
- Skin become oily and acne sometimes develops
- Sperm matures, wet dreams begin

Emotional Changes for Boys Ages 10 to 14
- Values and beliefs primarily determined by family
- Experience mood swings, behavior driven by feelings
- Confused about emotional and physical changes
- Begin to have sexual feelings and curiosities
- Begin to seek acceptance by peers through competition and achievement

Physical Changes for Boys Ages 15 to 24
- Development continues
- Genitals enlarge
- Hair grows on the legs, face, around the pubic area, under arms, and on chest

Emotional Changes for Boys Ages 15 to 24
- Challenge rules and test limits
- Feelings contribute to behavior but do not control it, can analyze potential consequences
- Compare own development to peers, concerned with self-image
- Peers influence leisure activities, appearance, substance use, and initial sexual behaviors
- Struggle with adult roles and responsibilities, modern versus traditional values

Physical Changes for Girls Age 10 to 14
- Grow taller, bigger (often before boys)
- Breasts begin to enlarge
- Hips widen
- Skin becomes oily and acne develops
- Hair grows on legs, around pubic area and under arms
- Ovaries mature, menstruation begins

Emotional Changes for Girls Ages 10 to 14
- Values and beliefs primarily determined by family
- Experience mood swings, behavior driven by feelings
- Confused about emotional changes, preoccupied with physical appearance
- Self-esteem determined by others
- Seek acceptance by fostering relationships

Physical Changes for Girls Ages 15 to 24
- Development continues.
- Breasts continue to enlarge and hips continue to widen

Emotional Changes for Girls Ages 15 to 24
- Compare their development to peers, determine self-image
- May challenge rules and test limits of gender norms, desire more control over life
- Increased interest in sex, aware of own sexuality
- Desire to be loved may influence decision-making in sexual relationships
- Peers influence leisure activities, appearance, substance use, and initial sexual behaviors
- Cope with the competing demands of school, family, spouse, community, livelihood, and self

❻ Step 6

Explain the following to the participants:
Age groups are divided because children experience different emotional and physical changes at different times. Our role is to help them understand what is normal about their development and support them emotionally. Children will develop physically and emotionally at their own rates, some faster and some slower. This is normal and should not be a concern. As parents, you do not need to be experts on sexual development. Doctors, nurses, and other professionals are available.

Children can become confused by the changes in their bodies as they reach puberty. To help prevent any worry, talk to your child not only about their current stage of development, but also about what they should expect in the next stages as well. The most important thing is to listen to your child, help them understand the changes, and provide them with emotional support. Talking simply and accurately to your child as they go through physical and emotional changes will help them better understand their development, reinforce normalcy, and build self-esteem.

Activity 2: Understanding STIs

❶Step 1
Explain the following to the participants:
- STIs are sexually transmitted infections that spread by sexual contact from one person to another. They can cause pain, infertility, and death if not treated.

❷Step 2
Ask participants if they can think of any long-term effects of STIs.
List responses on flip chart.

Inform them that while STIs may have many long-term effects, there are four crucial ones that they need to know.
Write the following on the flip chart:
1. Tubes become blocked, leading to infertility or pregnancy in the tube wall
2. 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.

❸Step 3
Inform the participants that there are some common symptoms associated with STIs.
Ask if they can name any of the symptoms. List their responses on the flip chart.

Write the four major symptoms on the flip chart:
1. Urethral discharge (men)
2. Genital ulcers (men or women)
3. Vaginal discharge (women)
4. Lower abdominal pain

Facilitator Note: The facilitator must be clear and explain that having any one or more of these symptoms does not necessarily mean that the cause is an STI. Instead, the presence of the symptoms makes it highly advisable to go to a medical centre for tests.

❹ 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 (Nieserria 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 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 four 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 mus cles 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.

❺**Step 5**

Ask the participants if they know how ‘AB’ prevents 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.

❻**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 opinions.
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 STI – 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.

Activity 3: The History of HIV/AIDS

❶**Step 1**

Explain the following to participants:

HIV stands for the human immunodeficiency virus. It is a very small virus or germ that destroys a person’s immune system. AIDS is a collection of diseases that results from weakening of the immune system by HIV. You cannot tell by looking at someone if they are infected with the virus. HIV can only be detected by a medical test. You can see that a person is sick once their immune system is destroyed and they begin to contract many other illnesses. This can take many years to show up.

❷**Step 2**

Explain the following to the participants (perhaps give as a handout):

A Brief History of HIV/AIDS

HIV/AIDS first got the world's attention in 1981 when hospital emergency rooms in New York City began to see an occurrence of seemingly healthy young men presenting with fevers, flu like symptoms, and a pneumonia called Pneumocystis. A year later, the CDC (Centers for Disease Control) finally linked the illness to blood and coined the term AIDS (Acquired Immuno-deficiency Syndrome). In that first year, over 1600 cases were diagnosed with close to 700 deaths.

As the number of deaths soared, medical experts scrambled to find a cause and, more importantly, a cure. In 1984, Institute Pasteur of France discovered what they called the HIV virus, but it wasn't until a year later a US scientist, Dr. Robert Gallo confirmed that HIV was the cause of AIDS. Following this discovery, the first test for HIV was approved in 1985. Over the next several years, medications to combat the virus were developed as well as medicines to prevent infections that flourish when the immune system is damaged by HIV. Anti-retroviral drugs (ARVs) and early medical care have helped to reduce the amount of AIDS related deaths in some parts of the world (the United States, Canada, etc.). Unfortunately, this has not been the case in other parts of the world. For example, in the sub-Sahara region of Africa, some estimate that 40 percent of persons are HIV infected. With no money available for expensive HIV drugs, the epidemic is expected to get much worse, with estimates of 20,000,000 infected over the next five years.

HIV/AIDS In Uganda

In 1982, the first HIV/AIDS case was identified in Uganda along the shores of Lake Victoria. The initial government response was muted and people immediately reacted with talk of superstition and witchcraft. Doctor's were already aware of cases of severe wasting, commonly known as 'slim disease', that was on the rise in the area. Finally, in 1982, the connection between 'slim disease' and AIDS was acknowledged but Uganda did not have a clear HIV/AIDS prevention program until the end of the civil war in 1986.

In 1987, the government reacted to HIV/AIDS by setting up the first control program. The program endorsed the ABC approach (abstain, be faithful, use condoms), ensured the safety of the blood supply and started HIV surveillance. Small community-based organizations were also formed during this period. One in particular, TASO, began with just sixteen volunteers and is now one of the largest indigenous AIDS service organizations in Uganda.

From 1992 to 2000 the HIV prevalence fell dramatically, from a peak in 1991 of around 15% among all adults, and over 30% among pregnant women in the cities, to around 5% in 2001.The reasons for the drop in prevalence are a matter of debate but it is clear that both the government and the community-based programs were consequential. The Ugandan government's prevention initiatives continued throughout the '90s with high levels of funding from both the government and international donors such as the World Bank.

The 2004/05 National HIV/AIDS Sero and Behavior survey by the Ministry of Health Surveillance Unit estimated about 915,400 adults and children were living with HIV/AIDS in 2005. Prevalence among adults aged 15-49 yrs was estimated at 6.4%, 0.7% among children less than five years, and 5.8% among those ages 50-59. The Ministry of Health estimated 132,500 new infections in 2005 alone.

Free antiretroviral drugs have been available in Uganda since 2004. It is thought that the availability of drugs to treat HIV may have led to complacency as AIDS is no longer an immediate death sentence; this may have contributed to the suspected rise in new HIV infections.

There are currently an estimated 940,000 people living with HIV in Uganda, and a 1.2 million children who have been orphaned by AIDS.

Q&A
1. Based on this information, how serious is HIV/AIDS?
2. Why is it important for both you and your children to know as much as possible about HIV/AIDS?

Activity 4: Understanding HIV/AIDS

❶ Step 1
Ask the participants if they know the difference between HIV and AIDS. Ask them to define HIV and AIDS.

Explain the following:
HIV stands for human immunodeficiency virus. It is the virus that causes AIDS. AIDS stands for acquired immunodeficiency syndrome. HIV is a virus that invades the immune system and slowly destroys it. This reduces the body's ability to fight off infections and cancer. Without treatment, people with

HIV develop AIDS, which is fatal.

❷**Step 2**
Ask if they know the four important attributes of HIV. Write any responses on the flip chart.

Then name the first attribute: Fragility. Ask if anyone knows what we mean by 'fragility'. Give them time to respond.

Fragility: Given its simplicity (it has only nine genes) and dependence on the human host (it can't live outside our bodies) the virus is extremely fragile. It cannot survive on its own and can only be transmitted in ways that give it direct access to cells, especially immune cells.

Ask them what this says about HIV? What does it say about how it is transmitted? Direct them towards understanding that we must go out of our way to get infected; it is not like a cold.

❸**Step 3**
Name the second attribute: High production and turnover rate. Ask if any knows what we mean by that attribute. Give them time to respond.

High production and turnover rate: In a typical HIV-infected person, about 10 billion HIV viruses may be produced and destroyed each day.

❹**Step 4**
Name the third attribute: High mutation rate. Ask if anyone knows what we mean by that attribute. Give them time to respond.

High mutation rate: A high number of mutations (changes) occur in the process of HIV replication. The high production rate increases the chances of mutation. Such mutations can sometimes confer resistance to antiretroviral drugs (ARVs).

❺**Step 5**
Name the fourth attribute: Latent reservoir. Ask if anyone knows what we mean by that attribute. Give them time to respond.

Latent reservoir: HIV "hides" within the DNA of a small proportion of infected cells in something of a dormant state for long periods of time. Thus, drugs and the immune system, cannot typically get at all the virus, and currently cannot “cure” HIV.

Explain that this simply means the virus hides itself and then reappears, so drugs or the immune system just can’t get at it all.

❻Step 6

Ask if they know why it is important to understand these facts about HIV/AIDS. Listen to responses then ask:

1. If the virus is fragile, can I get it through sharing food, washing hands, sneezing on someone, etc.? [No]
2. If it has a high production rate, does that make it harder for drugs and the immune system to fight? [Yes]
3. If it keeps changing, does that also make it harder to fight? [Yes]
4. If it can play “hide and seek”, does that also make it harder to fight? [Yes]
5. Does all of this information make it easier to explain when someone asks you why there is no cure for AIDS? [Yes]

Activity 5: HIV Transmission

❶Step 1

Ask participants the following questions and write the answers on a flip chart:
1. What are the different ways HIV/AIDS can be transmitted?
2. Is sexual contact the only means of transmission?
3. How should a person act around someone infected with HIV?

❷Step 2

Present the following information to the group:

HIV is most commonly transmitted by sexual contact with an infected person. This, however, is not the only means of transmission. HIV can also be transmitted by sharing piercing or sharp instruments with someone who is infected, or through transfusions of infected blood or blood clotting factors. There is also mother-to-child-transmission (MTCT) in which babies born to HIV-infected women become infected before or during birth or through breast-feeding after birth.

❸Step 3

Ask the participants to get into their groups and discuss the following questions:

1. How do you think HIV spreads in a community?
2. What advice would you give your child to protect themselves 100% from HIV?
3. What advice would you give people in your community who are at high risk of HIV infection?
4. Are you 100% sure of your HIV status? How did you find out?
5. Where can one go for HIV testing and counseling?
6. What are the signs and symptoms of someone who is HIV positive? Can you tell if someone is HIV positive?
7. How can the the community help those who are HIV positive?

Activity 6: HIV and the Youth

❶ Step 1

Ask how HIV/AIDS affects the youth. Ask them to get into their groups and brainstorm.

❷Step 2

Ask each group leader to write their response on a flip chart. Discuss the responses.

❸Step 3

Give the following information (collected from www.globalhealthlearning.org**):**

- 6,000 young people (ages 15-24) become infected every day, about half of all new infections worldwide.
- Young females are disproportionately affected by HIV/AIDS in sub-Saharan Africa; rates in the hardest hit areas are two to six times higher than for boys of the same age.
- Young people from AIDS-affected homes—especially the estimated 14 million AIDS orphans—face severe economic problems, and many forgo schooling.
- Young people also suffer stigma and discrimination from being HIV positive, or by having parents who have died from AIDS. Young people in this situation are often singled out for abuse, denied access to schooling and health care, and left to live/die in the streets.

Activity 7: HIV Prevention

❶Step 1
Present the following:

Though many may have heard of different methods that can reduce the risk of HIV infection, the only way your children can avoid HIV infection is to abstain from sex until marriage.

❷Step 2
Ask them the following:
1. How can parents help their children abstain?
2. How can parents help their children surround themselves with good friends?
3. How can parents help their children choose better role models?

Activity 8: Myths and Facts About Sex

❶ Step 1
Define myths and facts.
Myths are opinions, beliefs, and traditional stories that are thought to be fact.
Facts are known truths or events that actually occurred, have been proven, or can be shown physically.

❷Step 2
Ask parents to think of a myth they have heard from other adults or young people about sex, sexuality, or HIV/AIDS. It should be in the form of a statement, not a question. On a flip chart, draw a line down the middle. At the top of one column, write the word 'myth'. On the other, write the word 'fact'. Ask for parents' responses and write some of the myths on the flip chart. Leave the 'fact' side empty so you can discuss them together as a group.

Examples of myths and facts are included in the table below.

Myths	Facts
Talking about sex with young people encourages them to have sex.	Talking about sex with young people does not encourage them to have sex. Research shows that when youth are exposed to comprehensive information they are less likely to have sex than youth who are given only limited information.
Youth ask about sex because they plan to have sex.	Not all young people are asking about sex because they are planning to have sex immediately. Some are just curious.
A girl cannot become pregnant the first time she has sex.	It is possible for a girl to become pregnant the first time she has sex, even if she has not had her first menstruation. Her period is the first visible sign of fertility, but before her first menstruation, an egg has been released and could unite with sperm.
When a boy has an erection, he has to have sex.	When a boy has an erection, he does not need to have sex or ejaculate. If he waits, his erection will go down.
Having sex with a virgin can cure AIDS.	Having sex with a virgin will not cure AIDS. There is no cure for AIDS at this point. Medicines have been developed that prolong the life of people infected by HIV, but people taking these medicines can still transmit it.
Once you begin having sex, you cannot stop.	Anyone can stop having sex whenever they choose. Sometimes young people decide to stop having sex – often referred to as secondary abstinence or "reclaiming one's virginity."
If you remain a virgin too long, you will get sick.	Remaining a virgin will not negatively affect your health. Virgins simply do not have sex, which ultimately protects them from the emotional and physical stress of unintended pregnancy, STIs, and HIV. Practice abstinence until you are ready for marriage and a family.

❸ Step 3

Ask the participants to discuss the following in their groups:

- What are the dangers of these myths and misinformation?

- What are the sources of these myths? Do they come from the community, radio, or television?
- How can you share the facts with young people or others in your community?

Personal Challenge
A. Share the list of myths and misconceptions about sex with your children. Find out what other myths they would add to the list, and discuss them. Share the 'new' myths with other parents.
B. Have an open and frank discussion with your children about HIV/AIDS and how it is transmitted.
C. Be aware of the music your child is listening to; does it encourage sex or abstinence? Does your child listen to the same music that you do? Try to make sure that in your home, the messages in the music or movies encourage abstinence.

5 Session Five:

Parenting Skills

Role of Parents

5. Parenting Skills

Duration: 1 1/2 Hours

Methodology:
Group Discussion, Communication Game, Case Studies,
Small Group Activity, Role Play

Materials:
Flip Charts (2), Markers

Activities:
Activity 1:
Communication Skills (5 min)
Activity 2:
Case Study (10 min)
Activity 3:
Passing Judgment (10 min)
Activity 4:
Talking Money (10 min)
Activity 5:
Rules and Punishment (15 min)
Activity 6:
Handling Sexual Abuse (20 min)
Activity 7:
Role Play (20 min)

Most would agree that the need for effective communication is universal for people everywhere. Depending on the situation, lack of communication or miscommunication can lead to hilarious, frustrating, or even disastrous results. In this session, parents will learn specific skills for effective communication, and what to guard against to keep the lines of communication open. Although it is not possible to address every issue confronting parents, we will briefly discuss money, rules and punishment, and sexual abuse.

Explain the following:

In this session, we will learn how to be more effective communicators. Strong communication skills will not only improve our ability to talk with our children, but will be helpful in every area of life. To be successful, our message should be understood, and we must respond in a manner that makes us “approachable”, encouraging ongoing dialogue. If our children feel judged or ridiculed, the potential for future conversations may be lost. In this final segment, we will also talk about the importance of teaching your child about money, establishing reasonable rules and punishments, and handling sexual abuse

Objectives

During this session, parents will:
- Learn necessary skills to communicate effectively with their children
- Understand the difference between positive and negative communication skills
- Learn to tackle sensitive issues like sexual abuse and human development with their children

Activity 1: Communication Skills

❶Step 1
Ask the participants about the importance of communication skills in parenting.

❷Step 2
Ask for a definition of communication and why it is important.
What is necessary for effective communication?

❸Step 3
Sit in a circle (if not already doing so). Think of a message, like “The rain in Spain is mainly on the plain.” Any message will do.

❹Step 4
Tell them that we are going to send a message around the circle by whispering it to each other. It will start on one side and continue around to the end. You can only whisper the message once. Start the message.

❺Step 5
When the message arrives at the end, have the last person say it out aloud. Then reveal the real message. Ask:
1. Why did the message change?
2. What does this say about the need for effective communication?
3. What are some of the barriers to effective communication? [making assumptions, needing to be right, physical barriers(background noise, volume)]

Discuss.

Activity 2: Case Study

❶ **Step 1**
Explain that you are going to read two stories about how youth and adults communicate. Then ask participants to reflect on the processes.

❷ **Step 2**
Read the first story:

The Story of Anna

Anna is 11 years old. One day, she saw blood on her underwear and was nervous. She was afraid to mention it to her mother, because her mother taught her it was rude to talk about her private parts. Once when Anna asked her mother about her (Anna's) breasts and how she felt they were too small, her mother just laughed and walked away. Anna did not talk to her mother about her bleeding and used an old dirty cloth to put in her panties. Soon after her bleeding stopped, she got a yeast infection that became severe before she told anyone. Instead of speaking to her mother about it, she told her auntie.

❸ **Step 3**
Ask participants to identify what happened in this story:
1. What did Anna's mother say or do?
2. What was positive or negative about it?
3. What happened to Anna?

❹ **Step 4**
Read the next story:

The Story of David

David is 12 years old. He noticed that at night he sometimes had something come out of his penis. He was not sure what was happening and was a little nervous about it. His father worked on a farm for part of the year and came home very rarely. David played soccer on his church's team and had a close and trusting relationship with his coach.

One day after a game, David approached his coach and asked if he could ask some very personal questions. The coach assured him that what they talked about would be kept private. He listened closely to make sure he understood what David wanted to know. The coach then explained in simple language what was happening to David and asked him if he had other questions about young men developing into adults. David thanked him and walked away feeling better about the changes he was experiencing and good about having someone he could talk to.

❺ Step 5

Ask participants to identify what happened in the story of David:

1. What did his coach say or do?
2. What was positive or negative about it?
3. What happened to David?

❻ Step 6

Post two flip charts — one titled "Positive Communication Skills," the other titled "Negative Communication Skills." Invite participants to list positive and negative communication skills on the flip charts. They can use personal experiences or continue to reflect on the stories of Anna and David.

Activity 3: Passing Judgment

❶ Step 1

Ask the participants to break into groups and discuss the following issues:

1. When you ask for advice, are you afraid that people will judge you? Why or why not?
2. When you were a child, were you afraid to ask your parents questions because they would judge you? If so, who did you turn to? If not, how did your parents make you feel comfortable?
3. As a parent, what can you do to make sure your children know that you will not judge them, no matter what the question is?
4. Should you wait for your children to ask you the questions they have burning inside or should you bring up the subject? If so, what is the best way to begin discussing HIV/AIDS, sex, and other youth issues?
5. How can you learn not to pass judgment on your children when they come to you with questions?
6. What advice would you give other parents about passing judgment?

❷ **Step 2**
Ask the groups to come forward and present their answers

Activity 4: Talking Money

❶ **Step 1**
Ask the participants to discuss the following questions in their groups:
1. Do you give your children an allowance?
2. What are the positives and negatives in giving an allowance?
3. Do you teach your children about saving money?
4. Is there a connection between your child not having money and Something-for-Something Love?

❷ **Step 2**
Read the following case study to the participants:

Nageeba's Son

Nageeba's son gets 200shs and must save 100shs in his tin. When they go to the market and he wants something Nageeba didn't plan to buy, he has to use his money. If the item costs more than the money he brought, he cannot borrow from her. He will have to return home and add from the tin. If he doesn't have enough, he puts the money back in the tin and continues to save. He also has a book where he records who borrows from him and when they pay it back. Nageeba also teaches him to share some of his money without expecting money to be paid back. He can decide to buy something as a gift for someone in his family.

❸ **Step 3**
Ask the questions following:
1. What skills are Nageeba teaching her son?
2. Is this something that you would try? Why or why not?
3. What are some alternative ways to teach the same skills to your children?

Activity 5: Rules and Punishment

❶ **Step 1**
Ask each participant to write the rules they have established in their home and the punishment for breaking the rules.

❷ **Step 2**
Ask them to get into their groups and compare their list of rules and punishments.

❸ **Step 3**
Ask them to discuss the following:
1. Do you think some punishments are too harsh? Why?
2. Do you think some rules are unfair? Why?
3. Will you change any of your rules after hearing the rules of the others in the group?
4. Will you change your punishments? How?

❹ **Step 4**
Explain to participants:
Parents should agree on rules and punishments. If they agree on the expectations and the consequences, they will react in a consistent way. When children misbehave, a parent should not threaten to tell their father or mother who will punish them. The children will then not obey the one disciplining them and will resent the other.

Parents should avoid punishing children when they are angry. They should first calm down and give a rational punishment.

Activity 6: Handling Sexual Abuse

❶ **Step 1**
Present the following information to the group:
At the national level, according to statistics from African Network for Prevention and Protection against Child Abuse and Neglect (ANPPCAN), child sexual abuse is the most common form of abuse in Uganda and is on the increase.

"Sexual abuse is unacceptably increasing in Uganda. In 2006 alone, Uganda Police recorded 5,693 cases of defilement. This is alarmingly high considering that most sexual abuse cases are never reported," said Topher Mugumya, Programme Officer at ANNPPCAN.

"We have on our hands children with ruptured sexual organs, STIs including HIV and AIDS, children begetting children, children with low self-esteem and innumerable school dropouts," Topher continued.

Q&A

1. Is sexual abuse an issue in your community? If so, what is being done about it?
2. How do you protect your children from sexual abuse?
3. How would you advise children to protect themselves from sexual abuse?

❷Step 2

Ask the parents to break into groups and discuss how they would handle the following situations (they should choose one or two):

1. Your 8 year old daughter is showing signs of an STI infection (painful urination, odor, discharge) and has changed her behavior (emotionally fragile, suddenly shy around adults). How would you handle the situation?
2. Your friend tells you that her 12 year-old child is being sexually abused by her teacher. How would you advise her?
3. Your son or daughter tells you that your spouse is sexually abusing them. How would you handle the situation?

❸Step 3

Groups should present and then have a general discussion.

Activity 7: Role Play

❶Step 1

Give each group one of the following scenarios and ask them to role play their response:

- An 11-year-old girl shares that she is scared because she is bleeding in her underwear.
- A 17-year-old boy shares that he really likes a girl in his school, and they have talked about having sex. He wants to, but questions if it is the right thing to do.

- A 20-year-old girl tells you it burns every time she urinates. She doesn't know what is wrong.
- A 12 year-old girl tells you that she is being sexually abused by a teacher at school.

❷ Step 2
Ask the participants if they would have handled the situations differently from the other members.

Personal Challenge
A. Using some of the strategies suggested by others in your group, make it clear to your children that they can ask you anything and you will not pass judgment.
B. Talk to your children about money and then try to give them an allowance. If after some time, you notice that it works well, share the plan with fellow parents.

Wrap Up

❶ Step 1
Review the workshop objectives.

❷ Step 2
Give a post-workshop assessment.

6 Appendix

6. Appendix

Ten Tips for Raising Girls

1. As parents, be coaches, not judges. Coaches encourage, have high expectations, praise, criticize, and set limits. Children accept coaching because they believe coaches are in alliance with them and on the same team. Judging parents direct their efforts at finding misdoings and punishing appropriately. Parents who are continuously judgmental alienate their children because children feel like they are against them.

2. Emphasize intelligence, hard work, independence, sensitivity, and perseverance in your daughters. De-emphasize the importance of appearance. Relationships that are appearance-based fade as may pretty appearances. Relationships based on shared interests and values have much more potential for depth.

3. Set high expectations for both your daughters and your sons. Regardless of whether you've attended University, expect post-high school education for your children.

4. Teach healthy competition. Encourage the exhilaration of winning, but don't always let girls win. Winning builds confidence; losing builds character.

5. Don't pressure your daughters to fit in socially. Many girls feel different during adolescence. Help them to feel comfortable with their differences and redirect their energies toward positive activities like music, drama, debate, science, sports, or religious activities.

6. Encourage your daughters to be involved in all-girl activities like Girl Scouts. Consider all-girl classes or schools if boys cause them to lose confidence or distract from their learning.

7. Encourage your daughters to read stories about successful women. The successful women in the study found such stories inspiring. Help girls to be comfortable with math beginning in preschool on, including counting, measuring, and scoring. Teach spatial skills through puzzles, games, and building activities.

8. Don't let birth order get in the way of giving each of your daughters leadership opportunities, responsibilities, and time alone for just the two of you.

9. Consider traveling with your daughters—the whole family, mother-daughter, or father-daughter excursions. By high school, encourage independent trips with school groups. Travel provides a spirit of adventure, enrichment, family bonding, and self-confidence.

10. Be an active role model for learning and developing your own career. Regardless of how busy you are, preserve time to talk with and listen to your daughters daily.

Children Live What They Learn

When children live with criticism,
They learn to condemn.

When children live with hostility,
They learn to fight.

When children live with ridicule,
They learn to be shy.

When children live with shame,
They learn to feel guilty.

When children live with tolerance,
They learn to be patient.

When children live with encouragement,
They learn confidence.

When children live with security,
They learn to have faith.

When children live with fairness,
They learn justice.

When children live with praise,
They learn to appreciate.

When children live with approval,
They learn to like themselves.

When children live with acceptance and friendship,
They learn to find love in the world.

7 Glossary

7. 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: Honouring 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, through 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 behaviours 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.

HIV (Human Immunodeficiency Virus): a virus that 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 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 include 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. being male and female.

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.

Smart choices

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