

# Section Three:

## How Am I Going to Get There?



# LIFE PLANNING SKILLS

## A CURRICULUM FOR YOUNG PEOPLE IN AFRICA UGANDA VERSION

### SECTION THREE: HOW AM I GOING TO GET THERE?

#### UNIT 8: TEENAGE PREGNANCY

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## UNIT 8: TEENAGE PREGNANCY

### PURPOSE AND OBJECTIVES

This unit describes the different ways an unwanted pregnancy can be avoided. It also explains how early pregnancy affects teenagers and their families. The unit explores the options a teenager has to consider when pregnancy happens and the social and health consequences of early pregnancy, including the health risks of illegal abortion.

**By the end of this unit, participants should be able to:**

- Understand and explain how pregnancy occurs.
- Understand and explain how to prevent an unwanted pregnancy.
- Explain family planning and family planning methods suitable for young people.
- Speak more comfortably about family planning and contraception.
- Explain the social and health consequences of early pregnancy and the available options for pregnant teenagers.
- Describe the danger of illegal or unsafe abortion.

**ACTIVITIES** 

Warm Up—Robot Testing	<i>10 minutes</i>
Bag of Dreams	<i>20 minutes</i>
Consequences of Teenage Pregnancy	<i>135 minutes</i>
Good Decision Making	<i>60 minutes</i>
How Pregnancy Happens	<i>45 minutes</i>
How Family Planning Methods Work	<i>90 minutes</i>
Discussing Family Planning	<i>45 minutes</i>
Options Available to Pregnant Teenagers	<i>45 minutes</i>
Conversation Circle & Commitment	<i>20 minutes</i>

**7 hours 50 minutes**

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**ACTIVITY 8.1****WARM UP—ROBOT TESTING**

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**Purpose:** To get participants moving around the room in a relaxed way.

To have fun before engaging in intense discussions.

**Time:** 10 minutes

**Steps:**

1. Divide the participants into groups of three.
2. Two people in each group should act as robots and the other as a “robot tester.”
3. Let all the robots start moving at the same time, walking in the same direction.
4. The testers should follow her or his two robots and control the robots’ movements by simply touching either their right or left shoulders.
5. The tester must try to stop her or his own robots crashing into obstacles such as walls, chairs, or other robots.
6. Stop the game when it is clear that participants are having fun and are relaxed.
7. If time allows you can let the “robots” and “testers” change places or do the activity at another time during the training programme, so that each person gets a chance to be a “robot” and a “tester.”

**ACTIVITY 8.2****BAG OF DREAMS**

**Purpose:** To examine how our behaviour affects our plans.

To acknowledge that today's actions affect us in the future.

**Time:** 20 minutes

**Materials Needed:**

- Paper bags that cannot be seen through—one per participant

**Steps:**

1. Write the following statements on two separate pieces of paper and place one inside a paper bag:
  - a. You just found out that your girlfriend is pregnant.
  - b. You just found out that you are pregnant.
2. Label each bag “F” or “M” for each female or male participant.
3. Divide participants into pairs and give each one a paper bag. Tell them not to open the bags. Make sure that participants get the right one according to their sex.
4. Ask participants to do the following:
  - a. Close their eyes and think about their hopes, dreams, and plans for the future. Tell them that what is in the bag is something that could have a big influence on their hopes, dreams, and plans for the future.
  - b. Share their hopes, dreams, and plans for the future with their partner. Allow five minutes each for this sharing to take place.
  - c. Open the bags and read the statement inside.
  - d. Discuss the effect of the statement on their hopes, dreams, and plans.
5. After five minutes bring the group back together and encourage general discussion around point “d.” Add any additional information and clarify issues.

**ACTIVITY 8.3****CONSEQUENCES OF TEENAGE PREGNANCY****Purpose:**

To discuss the effects of teenage pregnancy as shown in the video “Yellow Card” and relate these to real life.

**Time:**

135 minutes (2 hours 15 minutes)

**Material Needed:**

- “Yellow Card” Video

**Steps:**

1. Show the “Yellow Card” video or adapt it into a story.
2. After the first 45 minutes, ask participants if they would like a “stretch break.” If yes, take a five-minute break.
3. Take a short ten-minute break at the end of the video/story, before the discussion.
4. When the group is back ask them to raise any comments or questions that they have about the video and discuss these, or use the following questions to stimulate discussion:
  - a. From the video/story, what are the consequences of teenage pregnancy?
  - b. Why do you think that Tiyane and Linda:
    - i. Decided to have sex?
    - ii. Did not use protection?
  - c. What were the challenges or difficulties that Tiyane faced in the video?
  - d. How did the decisions that he made affect his life? Others?
  - e. How do the issues shown/mentioned in the video relate to real life?
  - f. What key lessons can we learn from the story?
  - g. Are there any stereotypes that you noted in the story?

**NTF:**

**If pressed for time, ask the questions in bold only to stimulate effective discussion.**

5. Summarise and highlight the following points.

**Key points:**

- **People do not always plan to have sex. Sometimes they find themselves in situations where it seems like the right thing to do.**
- **Young people need to consider the consequences of their actions seriously, before engaging in sexual intercourse.**
- **Sexual intercourse has many risks. We must think carefully before deciding to have sex.**

**LINKING SENTENCE**

Teenage sexual activity is risky. Remember that avoiding or postponing sexual intercourse is always the most effective way to prevent sexual risks. If and when a person decides to have sex s/he should bear in mind the possible consequences and make responsible decisions for herself/himself and her/his partner.

**ACTIVITY 8.4****GOOD DECISION MAKING****Purpose:**

To understand the (unconscious) process we go through when we make decisions.

To practise applying the good decision-making model to real life situations.

**Time:**

60 minutes

**NTF:**

If this activity was done in an earlier unit, skip steps 1 through 9 and do the following:

- Remind participants about the model, referring to the particular unit where it was done.
- Start with step 10.

**Steps:**

1. Ask the group the question, "Under what situations or conditions does a person make a decision?"
2. List the responses on the chalkboard or flipchart paper. These may include statements such as:
  - a. When faced with a difficult situation.
  - b. When faced with more than one choice.
  - c. When faced by a challenge/challenging situation.
  - d. When there is a problem.
3. Use the following "Presentation Notes" to introduce the decision-making model. Write out each letter step by step on the chalkboard or flipchart as you introduce and describe it. Copy each letter exactly as in the following notes, so that the word **DECIDE** is spelt vertically. Emphasise the 3Cs: Challenges, Choices, and Consequences.



## PRESENTATION NOTES

We make decisions every day of our lives without always being aware of how we come to those decisions. Whenever we face a problem that requires us to make choices, there is a certain thought process we go through. This is sometimes done so quickly that we are not aware of it. Every decision-making process is made up of the following steps.

**D**efine the problem or **challenge** you are facing.

**E**xplore the **choices** that you have.

**C**hoose one of the explored choices.

**I**dentify the **consequences** of this choice.

**D**o—Act out the choice you have made.

**E**valuate—Look back at your decision and see if it was a good

one. If not, choose another one and repeat the process.

4. Ask participants if they have any comments or questions and discuss these.
5. Tell participants that they will now practise using the model and ask them to turn to **page 68** in their workbooks.

### NTF:

For semi-literate youth, do the following:

- Choose and brief youth to role-play the scenario.
- Ask participants to get into pairs or small groups of three and do the activity.
- Each pair or small group should present its decision as a short skit.



**WORKBOOK ACTIVITY**

**GOOD DECISION MAKING**

Read through the scenario below and use the **3Cs model** (Challenges, Choices, and Consequences) previously discussed to come to a decision.

**Scenario**

You and your boy/girlfriend had unprotected sex some time ago. You are both worried that she may be pregnant because she has not yet had her menstrual period since then, and it has been a month already. What should you do?

1. What is the **CHALLENGE** that you are faced with?
  
2. What are your **CHOICES**? Think about these and write three of them in the space below.

**Choice 1:** \_\_\_\_\_

\_\_\_\_\_

**Choice 2:** \_\_\_\_\_

\_\_\_\_\_

**Choice 3:** \_\_\_\_\_

\_\_\_\_\_

3. What are the **CONSEQUENCES** of each choice you have written down? Write these in the spaces below.

Choice	Positive Consequences	Negative Consequences
1		
2		
3		

4. What is your decision?

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5. Why did you make this decision?

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6. How did your values influence the decision you made?

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6. Take participants through the good decision-making model using the following instructions. Write the relevant part of the model as you discuss it.
  - a. First, identify the problem or **challenge** that you are faced with.
  - b. Next, think of the **choices** that you have and write at least three of these down.
  - c. Next, identify both the possible negative and positive **consequences** of each choice.
  - d. Look at the choices and consequences that you have listed and make a decision.
  - e. Lastly, evaluate the decision you made. Ask yourself why you made this decision and if it is the best one to make. If you are not happy with the decision you have made, make another choice and go through the process again.
  
7. Clarify that decision making is usually done alone, but people may seek other people's opinions before making a decision.
  
8. Ask participants to share their responses to the questions in the workbook activity. Let one person share her or his responses to the questions before moving on to another participant.
  
9. At the end, ask participants to discuss briefly how easy or difficult they found the model to use. Allow general discussion about the model.

10. Summarise and highlight the following points.

**Key points:**

- **The best decisions are made when we have all the facts.**
- **We must think of all the consequences of any choice, but especially any negative consequences there may be.**
- **People make wrong decisions sometimes. The important thing is to realise this and take steps to correct it.**
- **It is not always easy or possible to go through this thought process when making a decision. Sometimes we do not have time to think of consequences, and we have to make a quick decision to ensure our safety or survival. It is therefore up to us to weigh this and do what is appropriate for the time and situation.**

**LINKING SENTENCE**

Decisions about sexual relationships and sexuality are amongst the most difficult ones to make. Young people need to take time to get the facts about how engaging in sexual intercourse may affect them. Let us now look at how pregnancy happens.

**ACTIVITY 8.5****HOW PREGNANCY HAPPENS****Purpose:**

To understand the facts about conception and the role that the male and female reproductive organs play.

To discuss special cases of pregnancy and what causes them.

To dispel common myths and misconceptions related to pregnancy.

**Time:**

45 minutes

**Steps:**

1. Divide participants into three or four small groups. Give each group flipchart paper and assorted markers.
2. Tell each group to do the following:
  - a. Look at the posters showing the male and female reproductive organs. (Unit 2: Adolescent Development)
  - b. Think back to the discussions we had before about the reproductive organs and how they function.
  - c. Discuss and show on flipchart paper how you think pregnancy happens.
  - d. You have ten minutes to complete this.
3. Choose one person from the group to present at the end.
4. After ten minutes bring participants back together and let each group present the outcome of their discussion. Ask participants to hold their comments for general discussion at the end of all the presentations.
5. When all the groups have finished, invite questions and comments from participants. List questions that are raised and inform participants that you will try to address these in the presentation. Now invite them to mention any rumours related to pregnancy that they have heard. Use the information provided to cross check and provide appropriate responses.
6. Use the following “Presentation Notes” to explain each step.



## PRESENTATION NOTES

### HOW PREGNANCY HAPPENS

About once a month, one ovary releases an egg. This is called **ovulation**. This is the time that a woman is fertile and most likely to become pregnant if she has sexual intercourse. Because it is very difficult to know in advance when ovulation will happen, it is possible to get pregnant any time a woman has sexual intercourse.

Once the egg leaves the ovary, it begins to travel through the Fallopian tube, making its way to the uterus (womb). When a male and female have sexual intercourse, a fluid called semen comes from the male's body. The semen carries **sperm** in it. A sperm is very small. If the male ejaculates during sex, the sperm are left in the vagina. If he does not ejaculate, sperm may still be in the vagina from the sexual fluid that comes out of the penis. This is called "pre-ejaculation." Sperm can move on their own. They swim up through the cervix, into the womb and into the tubes, looking for the female egg. If a female's egg(s) is/are in the tubes at this time, the sperm may find it/them. When one sperm joins with one egg, this is called **fertilization**. A fertilized egg can grow into a foetus, and that is **pregnancy**. Pregnancy can happen whenever there is unprotected sexual intercourse between a man and woman. Unprotected means when no method of contraception is used to prevent pregnancy.

Because the Fallopian tube is small, only the joining takes place there. The fertilized egg then travels into the womb and settles into the soft part on one side of the womb. This is called **implantation**.

7. Ask participants if they have any questions and discuss these. Be sure to check that questions raised during the first discussion have been addressed.
8. Use the following "Presentation Notes" to describe special cases of pregnancy.



## PRESENTATION NOTES CONTINUED

### HOW PREGNANCY HAPPENS

#### Special Cases of Pregnancy

**Ectopic pregnancy** happens when the joined sperm and egg remain in the tube and begin to grow. This may be for different reasons, such as when the tube is blocked. The foetus begins to grow in the Fallopian tube, but because the tube is small, it can burst without warning. This is very dangerous and needs to be treated as an

emergency in a hospital. In most instances the foetus dies and the woman stands to lose that Fallopian tube. It is still possible to become pregnant with one tube.

**Twins** are formed in two ways. Sometimes one fertilised egg splits into two foetuses resulting in identical twins. They are called identical because they come from the same egg. Sometimes the two foetuses do not separate completely, but remain joined at some part. The babies are then born joined to each other and are called conjoined or “Siamese” twins. When this happens, the babies will have to be separated by an operation. Twins may also be formed when the woman’s body releases two eggs at once. If both eggs are fertilised separately, two foetuses can develop and are called fraternal twins.

If a woman is having trouble conceiving, a doctor may suggest artificial insemination, in which sperm from a man is put into the woman’s vagina. A more complicated technique is called “in vitro” or “test tube” fertilisation. It is when sperm is taken from the male and an egg is taken from the female, and fertilised in a laboratory—outside of the mother’s uterus. Once the egg has been fertilised, it is then put into the uterus so that the foetus can grow normally.

9. Remind participants to beware of the many myths and misconceptions about how pregnancy can be avoided. Tell participants:

*There are many myths and misconceptions circulating amongst the youth in Uganda about the many ways that one can avoid unwanted pregnancy. Many of these have no basis at all. Let us examine the most common ones.*

10. Use the following “Presentation Notes” to explore common rumours as well as offering the facts and explanation.

 <b>PRESENTATION NOTES</b>		
<b>PREGNANCY: MYTHS AND RESPONSES</b>		
	<b>MYTH</b>	<b>RESPONSE</b>
1	A girl cannot get pregnant if she is having sex for the first time.	THIS IS NOT TRUE. Any girl can get pregnant even if it is the first time if both partners are fertile and neither of them is using contraception.
2	A girl cannot get pregnant if she plays sex while standing, since sperm cannot swim upwards and they will just flow out.	THIS IS NOT TRUE. Sperm have the power to swim upstream in the female reproductive system and if they meet with the egg, pregnancy can occur.
3	If a girl drinks a concentrated tea solution immediately after sex, she cannot conceive.	THIS IS NOT TRUE. Concentrated tea has no effect whatsoever on sperm or eggs.

4	If a girl plays sex immediately before/after her menstrual period, she cannot get pregnant.	THIS IS NOT TRUE. The fertile period of a female depends on the length of her menstrual cycle.
5	A girl cannot get pregnant if the man just “beeps” (plays around the outer part of the vagina).	THIS IS NOT TRUE. “Beeping” or playing around the outer part of the vagina is no safeguard against pregnancy. If a man releases sperm in the process, they can easily find their way inside and pregnancy can still occur.
6	A woman cannot get pregnant if she thoroughly washes her vagina immediately after sexual intercourse.	THIS IS NOT TRUE. Sperm move fairly fast. Sometimes even if the woman washes immediately, the sperm will already have gone far and can cause pregnancy.
7	A girl cannot get pregnant if she takes a few painkillers (paracetamol) immediately after playing sex.	THIS IS NOT TRUE. Paracetamol (painkiller) tablets have no effect on sperm or eggs.
8	Oral contraceptive pills prevent pregnancy if swallowed immediately before playing sex, even if a girl/woman has not taken them before.	THIS IS NOT TRUE. For the pills to prevent pregnancy they must be taken every day at the same time of the day, and be taken for a certain number of days or weeks before having sex (ask your trained provider).

11. Summarise and highlight the following points.

**Key points:**

- **Pregnancy happens if a female and male have unprotected sexual intercourse and the sperm from the male’s body meets an egg in the female’s body. This is called fertilisation.**
- **As long as a male’s reproductive system is producing sperm he can make a fertile female pregnant. It does not matter what age he is.**
- **Female eggs are released once a month. If the egg meets a sperm and becomes fertilised it will normally attach itself in the womb and grow into a baby.**

**LINKING SENTENCE**

It is important to note that if a fertile male and female have unprotected sexual intercourse, it can result in pregnancy. Apart from the risk of unwanted pregnancy, there is also the danger of contracting an STI if one of the partners is infected. The use of family planning methods helps prevent unwanted pregnancy. In addition, the correct and consistent use of condoms also prevents STIs, including HIV.

**ACTIVITY 8.6****HOW FAMILY PLANNING METHODS WORK****Purpose:**

To look at family planning methods that are suitable/appropriate for young people.

To discuss how family planning methods work to prevent pregnancy and discuss different methods of family planning.

**Time:**

90 minutes

**NTF:**

**You should have as many samples as possible of different methods of family planning for this activity.**

**Invite a family planning service provider to give the factual presentation. S/he could also address questions related to the advantages and disadvantages of each method.**

**If conducting the activity alone (in case you have not been able to invite a family planning service provider), ensure that you know the facts about the different methods so as to address participants' questions properly.**

**Steps:**

1. Ask the group how pregnancy can be prevented, then brainstorm as a group on the common (known to them) methods of available family planning.
2. List these on the chalkboard or flipchart paper and discuss those that are scientifically proven methods and those that are myths.
3. Encourage discussion about these methods and give factual information. Clearly distinguish which methods are scientifically proven and which are myths.
4. Ask participants to share their views on how each method works and which, if any, they think are most suitable for young people. Make a note of key words from the responses.
5. Use the following "Presentation Notes" to clarify and give factual information.



## PRESENTATION NOTES

### SUITABLE FAMILY PLANNING METHODS FOR YOUNG PEOPLE

Family planning, or contraception, is birth control. Unwanted pregnancy can be avoided in three main ways:

- a. Complete avoidance of sexual intercourse: abstinence.
- b. Hormonal methods: interfere with either the ovulation process, the sperm, or the egg.
- c. Barrier methods: Prevent the sperm and egg from meeting.

There are a number of family planning methods recommended for young people to use. These include:

- Abstinence.
- The pill (oral contraceptives).
- Injection.
- The male condom.
- The female condom.
- Spermicide.
- Emergency contraception.

No method is completely effective, except abstinence. Therefore, there is a risk involved when using any method. Ideally, the choice of a contraceptive method should be made with the partner's involvement.

All of these methods are reversible. That means a woman can get pregnant when she and her partner stop using it. None of them are permanent, and none cause a woman or man to be sterile.

**Abstinence:** Completely avoiding sexual intercourse. It is an important choice for those young people who are not ready for sexual intercourse and its risks of pregnancy, STIs, or emotional challenges. This method does call for self-discipline and respect for each other's wishes. The responsibility rests with both partners.

**The Pill (oral contraceptives):** These are hormonal methods including the combination and mini-pill. The mini-pill is not advisable for teenage use. These pills contain hormones that change the body in a number of ways to prevent pregnancy, e.g. suppress and prevent ovulation and alter the movement of the fallopian tubes. Oral contraceptives do not protect against STIs, including HIV and AIDS.

**Family planning injections:** This is also a hormonal method, and works similarly to the pill. There are two types of injections—one that gives protection for eight weeks and another for 12 weeks. Injections do not protect against STIs, including HIV and AIDS.

**Male condom:** The rubber sheath rolled onto the erect penis before sexual intercourse prevents the sperm from entering the vagina. It is most effective if used correctly and consistently. Used properly, male condoms can effectively protect sexual partners from STIs, including HIV and AIDS. Condoms fit all sizes of erect penises.

**Female condom:** This is inserted into the woman's vagina before sex. A ring holds the condom in place during intercourse and catches the man's sperm so that it does not enter the vagina. Used properly and consistently, female condoms can effectively protect sexual partners from STIs, including HIV and AIDS.

**Spermicides:** These kill or immobilise sperm so that they are prevented from moving towards the egg. It should be inserted into the vagina before sexual intercourse. Spermicides do not protect against STIs, including HIV and AIDS. WHO recommends that spermicides not be used for contraception when a woman has intercourse frequently or when she is at high risk of HIV.

**Emergency contraception:** This is a special dose of oral contraceptive pills that is taken within 72 hours of unprotected sexual intercourse. This pill dose may cause a disruption in the menstrual cycle. It is highly effective. It is especially useful in the following situations:

- Rape.
- Contraceptive method failure, e.g. a broken condom.
- A single act of unprotected sex.

With all contraception it is important that the partners are counselled, especially in cases where the sexual intercourse was either unplanned or unprotected. Each person must get the facts and make her or his own decisions, considering the disadvantages of each method against an unwanted pregnancy.

Family planning methods may have side effects and symptoms. These vary with the different methods but, particularly with hormonal methods such as pills or injections, girls or women may experience:

- Headaches.
- Irregular menstrual cycles.
- Stomach cramps.
- Nausea (sometimes vomiting).
- Weight loss or weight gain.

It is therefore important to get counselling from a qualified service provider before using any family planning method.

6. At the end of the presentation, invite questions and comments from participants and discuss these.
7. Divide participants into small groups according to the number of samples of contraceptives that you have.
8. Give each group one of the samples and ask them to discuss:

- a. How this method prevents pregnancy.
  - b. What the advantages and disadvantages are of using this method.
  - c. How this method prevents a woman from becoming pregnant in the long term.
  - d. What fears or concerns they have about this method.
9. Bring all the groups together. Ask each group to select one participant to report to the whole group about the method the small group has just discussed.
  10. Make sure the participants understand this activity well. Be sure to correct any misinformation. Ask for questions or clarifications from other participants.
  11. If possible, organise a visit for the whole group to a local clinic where they can see and examine these methods.
  12. Summarise and highlight the following points.

**Key points:**

- **Abstinence is a form of family planning method.**
- **Other family planning methods are generally hormonal, barrier, or surgical methods.**
- **Different people experience different effects of contraception, and many have none at all.**
- **The safest form of contraception is one that provides protection against unwanted pregnancy and STIs. That means either abstinence or condoms alone or condoms with another method (such as oral contraceptives or injections).**

**LINKING SENTENCE**

It is important to know the different methods of family planning available and how they work. But it is not easy to raise the issue of contraception with your partner or parents. Sex is still considered “taboo” in many communities and this makes it difficult to talk about. For this reason, many young people find themselves in difficult situations. Let us now look at some of these situations and explore what we can do.

**ACTIVITY 8.7****DISCUSSING FAMILY PLANNING****Purpose:**

To look at how to raise the issue of family planning with partners and parents.

To dispel common myths about family planning methods.

**Time:**

45 minutes

**NTF:**

**Depending on the number of participants and the time, choose only some of the scenarios to do. You can select the groups and give them their scenarios beforehand.**

**Steps:**

1. Divide participants into single sex groups of three or four people and give each group one of the following scenarios and instructions.

**NTF:**

**Copy and cut scenarios to distribute to groups.**

**Instructions**

In your groups do the following:

- a. Read through the scenario.
- b. Discuss how you would deal with or discuss the problem/situation.
- c. Prepare a skit to show the scenario and solution.
- d. You have 20 minutes to do this.

**Scenario 1: Girl group**

You are a 15-year old teenage girl who is experiencing painful menstrual cramps. A health worker who visited your school told you that sometimes using the contraceptive pill stops the cramps or makes them less painful. You want to talk to your parents about starting to use the pill, but you are worried that they might think that this is an excuse to have sex.

**Scenario 2: Boy group**

You and your girlfriend have been having sex regularly for a few weeks. You do not use a condom every time but you hope that she is using the pill or something else so that she does not become pregnant.

**Scenario 3: Girl group**

A number of your teenage friends have become pregnant. Your mother takes you to the family planning clinic and tells the provider to put you on contraception. You are a virgin and did not expect this from your mother, plus you are not planning to have sexual intercourse anytime soon.

**Scenario 4: Boy group**

Your father finds a condom in the pocket of your trousers that are waiting to be washed. He calls you and starts questioning you about your sexual activities. He knows you have a girlfriend but does not think that you should be having sex. You and your girlfriend are not having sex and have decided that you are not ready for sex until you finish school. Still, you always keep a condom just in case you should find yourself in any unplanned situation.

2. After 20 minutes bring the groups back together. Let each group take turns to present its scenario.
3. At the end of each scenario invite questions and comments from the observing participants about the approach and solutions presented.
4. After all the presentations/scenarios have been done, have a general discussion. You may use the following questions to get the group started:
  - a. Do most young people want to be able to discuss issues of family planning with parents or partners?
  - b. Why is it difficult for young people to raise these issues with parents or partners?
  - c. How can these problems be addressed?
  - d. What are the common myths that discourage the would-be users from using family planning methods?
5. Use the following “Presentation Notes” to address and dispel myths.

 <b>PRESENTATION NOTES</b>		
<b>CONTRACEPTIVES: MYTHS AND RESPONSES</b>		
	<b>MYTH</b>	<b>RESPONSE</b>
1	The use of contraceptives promotes promiscuity.	FALSE. An individual's attitudes and behaviour are not determined by contraceptives. Promiscuity is a matter of values.
2	Contraceptives cause chronic sickness.	THIS IS VERY UNLIKELY IF ONE IS ATTENDED TO BY A TRAINED SERVICE PROVIDER. Some contraceptives provide protection against diseases like cancer. People have different reactions to substances that enter their bodies. People who want to try a new contraceptive method should seek medical advice to help them choose one suitable for them, and should seek medical attention right away if they experience anything abnormal. Some methods, such as condoms, can be adopted without a medical examination.

3	Use of contraceptives early in life can cause infertility (unable to have children).	THIS IS NOT TRUE. Contraceptives do not cause sterility. Some, such as condoms, actually protect one's fertility by preventing infections that lead to infertility. To get a suitable choice, or to obtain answers to questions about side effects of contraceptives, a person should go to a family planning clinic. Many people in Uganda begin using contraceptives early but are able to make babies at the time of their choice.
4	Use of contraceptives leads to the birth of children with abnormalities.	THIS IS NOT TRUE. All methods have been tested, found to be safe, and are universally used. The incidence of abnormal babies is the same in both the users and non-users of contraceptives.
5	Promoting contraceptive use is a government ploy to reduce the population of some tribes/areas.	THIS IS NOT TRUE. In Uganda, the use of contraceptives is a <u>voluntary</u> decision by the individual user. It is the benefits that motivate the users. Government is only concerned with ensuring the provision of safe family planning products and services. The use of contraceptives/family planning has advantages for the baby, mother, father, family, community, and the country as a whole.
6	Some contraceptives cause cancer while others infect the womb.	THIS IS NOT TRUE. All methods have been tested, found to be safe, and are universally used. In fact there are methods that can protect against certain types of cancer. <u>Remember:</u> One should always seek proper medical advice before choosing a method.

6. Summarise and highlight the following points.

**Key points:**

- **Family planning is the responsibility of both partners.**
- **Although difficult, it is good if parents can be included in discussions about family planning.**
- **The use of a condom has a dual purpose: it prevents unwanted pregnancies and at the same time protects partners from STIs, including HIV.**
- **Apart from the male and female condom, no other family planning method protects those engaging in sexual intercourse from contracting STIs.**
- **Abstaining from sexual intercourse is the most effective way of avoiding unwanted pregnancies and protecting ourselves from STIs, including HIV.**
- **The use of contraceptives in Uganda is a matter of individual and personal choice. Contraceptive use should be preceded by self-reflection, and counselling and be prescribed by a trained service provider.**

**LINKING SENTENCE**

There are various family planning methods that young people can use to prevent unwanted pregnancies and STIs. It is however advisable that young people seek counselling and guidance from a trained family planning service provider before they use a given method. In this way they can avoid using unsuitable methods and can cope with expected side effects of the method of their choice.

Most parents find it difficult to accept that their child is now a young man or woman and might be having sexual intercourse. If necessary, it may be helpful for us to ask another member of the family or a health/social worker to help us talk to our parents, rather than hiding or doing risky things.

Also, bearing in mind that apart from abstinence no method is 100 percent safe, it is good to have our partners' and parents' involvement in our decisions to use family planning methods. That way, should we or our partners accidentally become pregnant we will know that our parents and partners will be able to help us discuss our options and support the decision that we make.

**ACTIVITY 8.8****OPTIONS AVAILABLE TO PREGNANT TEENAGERS**

**Purpose:** To discuss the different choices that a pregnant teenager may have and look at the advantages and disadvantages of each.

**Time:** 45 minutes

**Steps:**

1. Ask participants to brainstorm on the choices a pregnant teenager has.
2. List the responses on flipchart paper and encourage general discussion.
3. If the word “fostering” comes up, discuss what it means. If it does not, add it to the list and ask participants to share their understanding of the word.
4. Use the following “Presentation Notes” to provide some possible options that a pregnant teenager has to consider.

**PRESENTATION NOTES****OPTIONS AVAILABLE FOR PREGNANT TEENAGERS**

There are options available to teenagers who become pregnant. These include:

- a. Termination of pregnancy/abortion. (This is illegal in Uganda.)
- b. Adoption.
- c. Marriage.
- d. Single parenthood.
- e. Fostering.

**a. Termination of Pregnancy/Abortion****Facts to Consider**

- Abortion can sometimes evoke emotional responses.
- Abortion is illegal in many countries, including Uganda.
- Many religions do not support abortion.
- Some people have very strong feelings for or against abortion.

Some reasons for choosing abortion include:

- To finish education.
- To save the family name.
- To keep the pregnancy a secret.
- To please the boyfriend.
- To pursue other goals.
- To not raise a child in poverty.
- To protect the mother's health.
- In cases of rape or incest.

Illegal termination of pregnancy, sometimes called “back street abortion,” is more common than some people realise. Health risks include maternal death and infertility. The physical and emotional risks are higher and the girl is less likely to be counselled before and after the procedure.

### **b. Adoption**

There are two types of adoption: adoption in which the teenage mother or parents know the identity of the adoptive parents, and adoption in which the teenage mother or parents do not know the identity of the adoptive parents.

#### **Facts to Consider**

- Giving up a child for adoption may be a very traumatic decision for the mother and family.
- Agencies involved with adoption are not there to “take the baby away” but to help people make the right decision for themselves.
- The ultimate decision rests with the teenage mother; whether 11 years old or 18, she has to sign the legal papers.
- Once legal papers are signed, adoption becomes final. This usually takes three to four months after delivery.
- The young mother may go to a home for unmarried mothers that may help her make her decision.
- She may experience emotional stress or hardships after the adoption if she:
  - Was forced into a decision.
  - Kept it a secret and is later found out.
  - Is rejected by her family or community.

Some reasons for choosing adoption include:

- Termination of pregnancy is against the girl's principles.
- She wishes to keep the pregnancy a secret.
- She wants to finish her education.
- She wants to please her family.
- The child may have a better life with another family.
- The girl may be able to start a new life for herself.

### **c. Marriage**

Marriages that take place because of unplanned or unwanted pregnancy are often referred to as “shotgun marriages” because they happen so fast, and often under pressure from the girl's or boy's family.

**Facts to Consider**

- Few teenagers realise the enormous responsibility of parenting.
- Poor employment opportunities can cause financial difficulties for young parents.
- A child may be resented and seen as a cause of isolation from friends.
- The young parents may mourn the loss of missed opportunities.
- Young parents may feel trapped.
- If the young couple lives with their own parents, they may have no privacy.
- Emotional immaturity contributes to an inability to cope and to instability in the relationship.
- The pressures of young parenthood may lead to marital conflict.

Some reasons for choosing marriage include:

- Parents force it on the young people.
- The young parents want to give the child a name.
- The young parents feel it is their payment for making a mistake.
- The young parents want to leave their unhappy homes.
- The young parents may think it was “meant to be.”

**d. Single Parenthood**

This is a more common choice amongst teenagers but often they find that their education, career, and marriage opportunities may be restricted by being a single parent.

**Facts to Consider**

- A child is a 24-hour responsibility—this is often not seriously considered by young people.
- A young parent’s earning capacity can be limited, resulting in a lower socio-economic lifestyle.
- A young parent is frequently unable to afford babysitters and entertainment, which often results in social isolation and loneliness.
- The child may become disadvantaged, neglected, or abused.
- If the adolescent mother continues living at home, it may result in confusion of roles with her own parents and eventually lead to conflict.
- The adolescent father may:
  - Experience conflict regarding his rights.
  - May be the forgotten factor.
  - Must decide on the child’s maintenance payments.

Some reasons for choosing single parenthood include:

- Thinking it is a more acceptable choice.
- The girl’s own parents may help raise the child.
- Either the boy’s or girl’s parents may want a grandchild.
- The young mother has unrealistic ideas about having and supporting a baby.
- The young parent may think it is her or his “payment” for making a mistake.

**e. Fostering**

This is not usually considered a favourable option, mostly because some people think it is traumatic for both the child and the foster parents when the biological mother retrieves the baby.

Some reasons for choosing fostering include:

- The teenage mother is able to finish her education.
- The young mother is able to take responsibility when she is more mature and prepared or ready for the responsibility of parenthood.

5. At the end of the presentation ask if there are any comments or questions and discuss these.
6. Tell participants that the presentation is on **page 70** in their workbooks and encourage them to read through it when they have more time.
7. Summarise and highlight the following points.

**Key points:**

- **Pregnant young people have several options to choose from.**
- **Everyone involved (the adolescent parents and their immediate families) must consider the different choices and consequences, and make their decision based on this.**
- **The final decision rests with the pregnant teen (sometimes with the consent of her partner and/or parent/s).**

## CONCLUDING NOTES UNIT 8: TEENAGE PREGNANCY

Teenage pregnancy is just one of the consequences of unprotected sexual intercourse and, as discussed, it brings a number of problems and difficulties for both teenagers and their families. Adolescents therefore need to give more thought to the consequences of their actions before engaging in sexual intercourse and to avoid having unplanned and unprotected sex. Abstinence is the most effective method of contraception. There are other contraceptive methods that are suitable for young people as well. Most importantly, youth should communicate about their desire to abstain or to contracept before engaging in sexual intercourse. Another major result of unplanned or unprotected sex is the risk of getting an STI, including HIV.

**ACTIVITY 8.9****CONVERSATION CIRCLE & COMMITMENT****Purpose:**

To reflect on the unit and note the key facts and skills learnt.

To show how the new knowledge and skills gained will be used by making a commitment to change one thing about ourselves in terms of our choices about getting involved in early sexual activity.

**Time:**

20 minutes

**NTF:**

**This activity works best with groups of 12 or less. If working with larger groups, first divide them into smaller groups, then get a report back from each group.**

**Make sure to give each group the questions that they should answer or write them where the entire group can see them.**

**This activity can be done in a number of ways. For literate groups, do the following.**

**Steps:**

1. Ask participants to sit in a circle and discuss the following:
  - a. What is one very important piece of information that you learnt from this unit?
  - b. How or why is this important to you?
  - c. How does this information influence you to change your behaviour?
2. Ask participants to think about one commitment they are going to make in terms of their choices about getting involved in early sexual activity.
3. Ask participants to turn to **page 73** in their workbooks.

**WORKBOOK ACTIVITY****KEY LESSONS LEARNT**

Based on the information discussed and the learning that has taken place, give answers to the following:

1. What is the most important piece of information that you have learnt from this unit?
2. Why or how is this information important to you?
3. How does this information influence you to change your behaviour?

**MY COMMITMENT**

4. Write the commitment that you are going to make to yourself in terms of what you have learnt about teenage or unwanted pregnancy. You will not be asked to share this with the group.

**NTF:**

**For semi or low-literate groups do steps 1 through 3 above, then continue as follows.**

4. Close your eyes and make a promise to yourself—something that you will do to change your behaviour based on what you learnt about teenage pregnancy.

## UNIT 9: SEXUALLY TRANSMITTED INFECTIONS

### PURPOSE AND OBJECTIVES

This unit aims to help participants understand sexually transmitted infections (STIs)—also known as STDs to some—and encourages them to delay their first sexual activity. Those who are already sexually active are encouraged to use condoms correctly each time they have sex. The unit also helps to build important communication skills that young people need to be able to discuss and negotiate their sexual needs or preferences. It also looks at other ways to express sexual feelings other than sexual intercourse, and how high or low self-esteem affects the ability to protect oneself. If time allows, the participants are given an opportunity to visit a local sexual and reproductive health service provider.

**By the end of this unit, participants should be able to:**

- Explain basic facts about STIs.
- Correct misinformation about unprotected sexual intercourse and its consequences.
- Explain how to use abstinence and condoms to reduce the risk of STIs.
- Practise communication skills related to STI prevention.
- Discuss the importance of self-esteem for behavioural change.
- Identify where in the community sexual health services are located.
- Explain, through field experience, how it feels to seek services, condoms, and other methods of risk reduction in the community.

**ACTIVITIES** →

Warm Up—Front to Front/Back to Back	<i>15 minutes</i>
Myths About STIs	<i>35 minutes</i>
Facts About STIs	<i>90 minutes</i>
Telling Our Partners	<i>60 minutes</i>
Condom Use	<i>90 minutes</i>
Saying “No” to Peer Pressure	<i>90 minutes</i>
Conversation Circle & Commitment	<i>20 minutes</i>
Teen Services Safari (Optional)	<i>240 minutes</i>

**6 hours 40 minutes  
(plus 4 hours optional)**

**ACTIVITY 9.1****WARM UP—FRONT TO FRONT/BACK TO BACK**

**Purpose:** To acknowledge young people’s right to question and challenge things, especially if they are uncomfortable about something, so that they can make clear choices for themselves.

**Time:** 15 minutes

**Steps:**

1. Divide the group into pairs.
2. Start by calling out points of contact for partners to make with each other, e.g. “knee to knee” or “ear to ear.”
3. Participants must do as instructed.
4. When the facilitator calls out the word “change,” everyone has to find a new partner, including the facilitator.
5. The person left without a partner becomes the new caller and the game continues.

**NTF:**

**The game will come to a stop on its own if someone calls out something uncomfortable like “nose to nose” or “lips to lips.” If not, call out something that you know the participants will be reluctant to do and stop the game at that point.**

6. Allow a few minutes to discuss how participants felt about the activity, especially when asked to touch parts of the body that they did not feel comfortable about touching.

**ACTIVITY 9.2****MYTHS ABOUT STIs**

**Purpose:** To assess participants' understanding, knowledge, and beliefs about STIs.

**Time:** 35 minutes

**Materials Needed**

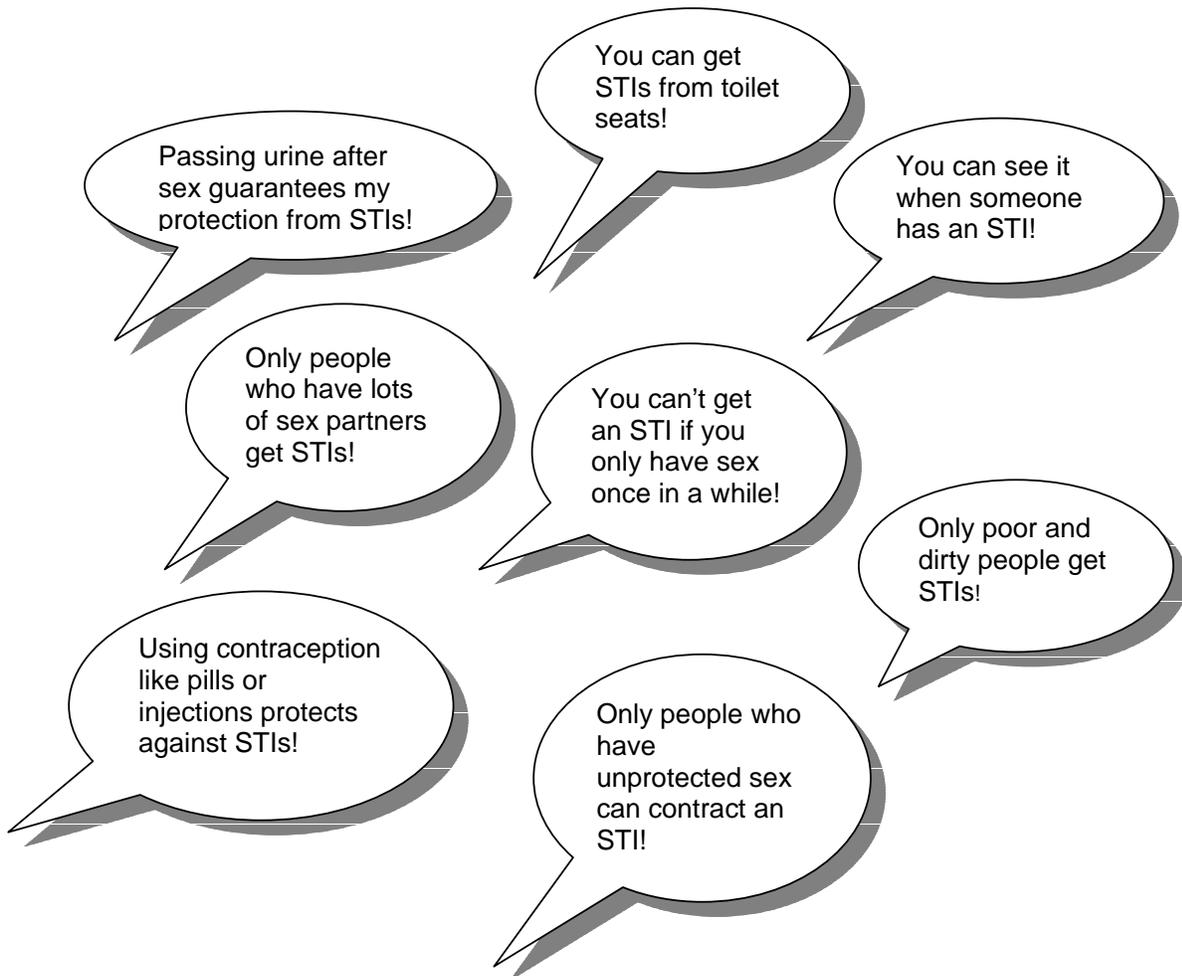
- Three signs marked "True," "False," and "Don't Know/Unsure"
- Sticky tape

**NTF:**

Before starting the activity write the words **SEXUALLY TRANSMITTED INFECTIONS** (or **STIs**) and **SEXUALLY TRANSMITTED DISEASES** (or **STDs**) on the flipchart or chalkboard. Ask participants to share their understanding of what the two terms mean. Clarify by explaining that they both refer to the same thing—infections that are passed through sexual activity—but that **STI** is the preferred term because you can have an infection even though there are no signs or symptoms of disease. Also, the word "infection" is thought to carry less stigma than the word "disease" (see Activity 10.2 for an explanation of "stigma").

**Steps:**

1. Brainstorm on the question, "What are myths?" Discuss for a short while and give examples.
2. Write the letters **STI** at the top of a sheet of flipchart paper.
3. Ask for volunteers to say what the letters stand for and write their answers. Affirm the participants' responses if correct or give the correct information if the responses are incorrect.
4. Place the three signs marked "TRUE", "FALSE" and "DON'T KNOW/UNSURE" at different places around the room.
5. Explain to participants that you are going to call out a list of statements, and that they should move to the sign that shows what they think about each statement.
6. Call out one of the following statements and give participants time to move. You can also substitute any of the following for other statements that you are used to or have used before.



7. When participants have gathered around the signs they should talk amongst themselves and discuss, "Why do I feel this way about the statement?"
8. Call out a second statement and repeat the process for as many of the statements as time allows.
9. After ten minutes bring participants back together and encourage general discussion around the statements and feelings of the group.
10. Refer participants to the discussion of myths at the start of the activity and ask them to mention other myths they know of that relate to STIs.
11. Discuss these and any other questions or comments. Use the "Presentation Notes" as a reference for the discussion.



### PRESENTATION NOTES

**Passing urine after sex guarantees my protection from STIs!** Myth. Germs (bacteria and viruses that cause STIs) enter the body very quickly. Urinating does not eliminate them.

**Only poor and dirty people get STIs!** Myth. Anyone who engages in unprotected sexual intercourse can get an STI—rich or poor.

**Only people who have lots of sex partners get STIs!** Myth. Anyone who has sexual intercourse can get an STI.

**You can see it when someone has an STI!** Myth. Many STIs have no signs or symptoms.

**You can get STIs from toilet seats!** Myth. Most germs that cause STIs cannot live in the open air or outside the human body.

**Using contraception like pills or injections protects against STIs!** Myth. Only condoms protect against both STIs and pregnancy.

**You can't get an STI if you only have sex once in a while!** Myth. Any time you have unprotected sexual intercourse you can get an STI.

12. Summarise and highlight the following points.

**Key points:**

- **A myth is a story that people believe about something or someone but is not based on any fact. In most cases it has been passed on through generations and from community to community.**
- **We need to know the facts about STIs, not the myths, so that we can make the right choices and decisions.**

**LINKING SENTENCE**

STIs are common. They are easy to get if people engage in unprotected sexual activity. If detected early enough, most STIs can be cured and all of them can be treated. It is therefore important that we know the facts so that we can avoid getting STIs and know what to do if we get infected.

**ACTIVITY 9.3****FACTS ABOUT STIs**

- Purpose:**
- To learn how STIs are transmitted.
  - To learn how STIs can be prevented.
  - To identify signs and symptoms of STIs.
  - To discuss the effects and consequences of STIs.

**Time:** 90 minutes

**Steps:**

1. Brainstorm with the group:
  - a. Examples of STIs.
  - b. Common names for STIs.
2. List the responses on flipchart paper.
3. Divide participants into four groups and ask each group to discuss the following:
  - a. How does a person know if s/he has an STI?
  - b. What should a person do if s/he suspects s/he may have an STI?
  - c. What may happen if an STI goes for a long time without being treated?
  - d. How can STIs be prevented or avoided?
4. While groups are working, prepare a sheet of flipchart paper as below:

Signs and Symptoms	What To Do	Consequences of Untreated STIs

5. After ten minutes bring the groups back together. Ask each group to report back.
6. Use the following information to give key facts about common STIs, especially those that are common amongst youth. If participants bring up HIV or AIDS, acknowledge that it is an STI, and tell them they will learn much more about it in the next unit.
7. Go through the information in the table and allow questions and discussions as you go. Check that the group understands any words that look like THIS.
8. Make sure that participants understand the infections presented and that any concerns and/or fears are addressed.

**SEXUALLY TRANSMITTED INFECTIONS (STIs)** have been around for a long time, but in recent years new ones, such as HIV, have been discovered and the number of people suffering from STIs has increased. The table below lists some of the most common STIs and information about each of them.

	<b>Syphilis</b>	<b>Gonorrhoea</b>	<b>Chlamydia</b>	<b>Candida (yeast)</b>	<b>Pubic lice</b>
<b>How do you get it?</b>	Sexual contact	Sexual contact	Sexual contact	Can occur in women who have not had physical contact	Sexual contact, close physical contact, sharing the same bed or clothing
<b>Common names</b>	The pox	Drip, clap, dose		White, Oedepua	Crabs
<b>How long before infection starts to show?</b>	<b>Stage 1:</b> 1-3 months <b>Stage 2:</b> 3-6 months <b>Stage 3:</b> Many years	1-10 days	1-3 weeks	No set timeframe	Immediately
<b>What are the symptoms?</b>	<b>Stage 1:</b> a painless sore called a chancre <b>Stage 2:</b> fever, headache, and a rash <b>Stage 3:</b> very ill and the cause is not always easy to find	<b>Women:</b> Many have pelvic pain, painful urination, vaginal discharge, or fever, <b>or no symptoms</b> <b>Men:</b> Painful urination, <u>DISCHARGE</u> , or drip from penis <b>or no symptoms</b>	<b>Women: No symptoms or</b> pelvic pain, vaginal discharge, painful and frequent urination, bleeding after sexual intercourse <b>Men: No Symptoms or</b> <u>DISCHARGE</u> from penis, painful urination	<b>Women:</b> Thick white discharge, swelling of vulva, painful and frequent irritation, itching around genitals <b>Men:</b> Swelling, redness, itching of the penis	<ul style="list-style-type: none"> <li>Itching in the area of the chest or genital hair</li> <li>Lice crawling and small eggs (nits) on hair and clothing</li> </ul>
<b>Treatment</b>	Antibiotics	Antibiotics	Antibiotics	<ul style="list-style-type: none"> <li>Vaginal cream for women</li> <li>Cream for men</li> </ul>	Special shampoos or lotions, and all bedding and clothing must be washed in hot soapy water
<b>What are the effects if untreated?</b>	<ul style="list-style-type: none"> <li>Severe infection</li> <li>Infertility</li> <li>Paralysis</li> <li>Mental illness</li> <li>Skin diseases</li> <li>Arthritis</li> <li>Facilitation of HIV transmission</li> <li>Baby may be born blind or <b>STILLBORN</b></li> </ul>	<ul style="list-style-type: none"> <li>Pelvic infection</li> <li>Infertility</li> <li>Blindness in baby</li> <li>Sterility in men</li> <li>Risk of tubal pregnancy</li> <li>Facilitation of HIV transmission</li> </ul>	<ul style="list-style-type: none"> <li>Severe infection of reproductive organs</li> <li>Facilitation of HIV transmission</li> </ul>	<ul style="list-style-type: none"> <li>Severe itching</li> <li>Burning when weeing</li> </ul>	Skin irritation

UNIT 9: SEXUALLY TRANSMITTED INFECTIONS

	<b>Genital Herpes</b>	<b>Hepatitis B</b>	<b>Venereal Warts</b>	<b>Scabies</b>
<b>How do you get it?</b>	<ul style="list-style-type: none"> <li>Sexual contact</li> <li>Direct contact with a sore</li> </ul>	<ul style="list-style-type: none"> <li>Sexual contact</li> <li>Body fluids</li> </ul>	<ul style="list-style-type: none"> <li>Skin-to-skin contact with venereal warts</li> <li>Sexual contact</li> </ul>	<ul style="list-style-type: none"> <li>Sexual contact</li> <li>Close physical contact</li> </ul>
<b>Common names</b>	Blisters	Jaundice	Warts	
<b>How long before the infection starts to show?</b>	2-20 days	1-6 months	1-6 months	1 month
<b>What are the symptoms?</b>	<ul style="list-style-type: none"> <li>Painful blisters break into open sores</li> <li>Sores on the mouth or sex organs</li> <li>No symptoms</li> </ul>	<p><b>Stage 1:</b> Flu, fatigue, weight loss, painful joints</p> <p><b>Stage 2:</b> Jaundice – the skin and whites of the eyes are yellow</p> <p><b>Stage 3:</b> Gradual recovery</p>	<ul style="list-style-type: none"> <li>Small painless bumps grow on the genitals, with a slight itching or burning</li> <li>Inside the vagina in women and inside the urethra in men</li> <li>There may be no outward signs; women need a <u>PAP SMEAR</u> to tell</li> </ul>	<ul style="list-style-type: none"> <li>Itching at night</li> <li>Red lines in the skin as the scabies burrow</li> <li>Ulcers develop after scratching</li> </ul>
<b>Treatment</b>	Once infected the virus stays in the body for life, however there are antiviral medications that can prevent the sores from reappearing, but they are not widely available	<ul style="list-style-type: none"> <li>Life-long infection</li> <li>Rest and healthy food</li> <li>A vaccine can be given to prevent this infection</li> </ul>	Removed by burning, freezing, or minor surgery, but this does not cure the infection	Special cream (all clothing and bedding to be washed before applying the cream), and repeat after three days
<b>What are the effects if untreated?</b>	<ul style="list-style-type: none"> <li>Sores will go away without treatment, but often reappear when the person is ill or stressed</li> <li>Facilitates HIV transmission</li> </ul>	<ul style="list-style-type: none"> <li>Associated with liver cancer</li> <li>Can cause liver disease and death</li> <li>Can be passed on to a baby</li> </ul>	<ul style="list-style-type: none"> <li>Grow large and spread</li> <li>Can lead to cervical cancer</li> <li>Can be passed on to a baby</li> </ul>	Spreads all over the body

9. Refer participants to **page 76** in their workbooks.



**WORKBOOK ACTIVITY**

**GOLDEN RULES OF STI MANAGEMENT**

If you think you may have an STI, you should:

- a. Go for treatment as soon as you think something is wrong or you notice something that is not right or normal with your body.
- b. Tell your anyone that you have unprotected sex with that you may have an STI. Any sexual partners must be treated to avoid re-infection.
- c. Finish the course of medicines given. Go back for a check-up to make sure the infection is gone.
- d. Avoid sex or use a condom properly each time you have sexual intercourse.
- e. Go back to the doctor if you do not feel better.

10. Spend a few minutes discussing this and address any questions or comments that come up.

11. Summarise and highlight the following points.

**Key points:**

- **Anyone can get an STI.**
- **STIs can be spread through unprotected sexual intercourse or sexual activity.**
- **Some STIs do not show any signs and symptoms especially amongst females. So it is very important to have both partners tested before engaging in any unprotected sex.**
- **Both partners must be treated to prevent re-infection.**
- **Abstinence or properly and consistently using condoms are the only ways to prevent STI transmission.**
- **Most STIs can be cured, but some, such as herpes and HIV, have no cure.**

**LINKING SENTENCE**

STIs happen because people engage in unprotected sexual intercourse. STIs are common amongst young people. If a person suspects that s/he may have an STI, s/he should go for treatment rather than leave it untreated. It is a fact that a person with an STI is more likely to get HIV or spread HIV more easily. Some people with STIs may not show any signs and symptoms at all. The best way of knowing one's status is to be tested.

Although we may feel scared or nervous to go to a clinic, it is the best thing to do to make sure that we are properly treated. It is not easy to practise the golden rules but we must try so that we can protect ourselves and our partners.

**ACTIVITY 9.4****TELLING OUR PARTNERS****Purpose:**

To identify the importance of informing your partners if you have an STI.

To look at skills and ways of informing partners about STIs.

**Time:**

60 minutes

**Steps:**

1. Refer participants to the golden rule of STIs #2 “Tell anyone that you have had unprotected sex with.” Ask them to explain why this is important.
2. Divide participants into four to six same-sex groups and give them paper to write on.
3. Ask them to turn to **page 77** in their workbooks.

**WORKBOOK ACTIVITY****HARD TALK**

Read the following scenario and follow the instructions below.

**Scenario**

You have been itching around your genitals for a few days and now you have a slight discharge as well. You went to the clinic and were told that you have an STI. The doctor has given you medicine and says you should bring your partner for treatment as well. How would you raise this with your sex partner?

**Instructions**

- a. Imagine that you are now going to tell your partner.
- b. Discuss how you would tell your sex partner that you have an STI.
- c. Choose one person from your group to role-play your responses. S/he will team up with a participant from the other group and present the role-play.
- d. You have 15 minutes to do this.

4. Mix a male and female group together to share their discussion. Each group should:
  - a. Decide which partner (male or female) has an STI and will be telling the other partner.
  - b. Talk about what they shared in the single sex group and prepare their role-play to show this.
5. The two actors from each group should do the role-play at the front of the room. Other participants should observe and listen without interruption.
6. At the end of the role-plays encourage general discussion around how easy or difficult it is to talk to your partner about STIs as shown in the role-plays. Ask participants to discuss how they would like to be told by their sex partner that s/he has an STI.
7. Summarise and highlight the following points.

**Key points:**

- **Although difficult, it is important to let our partners know if we have an STI so that s/he can be treated as well.**
- **A person may have an STI and not have any signs or symptoms for a long time.**

**LINKING SENTENCE**

It is difficult to talk about sex as well as STIs. Even though we can see why it is important to let our sex partners know if we are infected, it still does not make it any easier to do. It is therefore important that we practise talking freely and honestly with our partners about anything, including our fears or feelings about our relationship with them. This makes it easier to develop the trust and mutual understanding needed to discuss sexual issues.

**ACTIVITY 9.5****CONDOM USE****Purpose:**

To examine the effectiveness of condoms as a means of protection against STIs.

To learn how to use a condom properly.

To dispel common myths about condoms.

**Time:**

90 minutes

**Materials Needed:**

- Male and female condoms—one male and two female per participant
- Wooden willies (penis models)—one per participant
- Model of female reproductive system (if available)

**Steps:**

1. Brainstorm with the group on reasons why people use or reject condoms. List the responses on the blackboard or flipchart paper.
2. Briefly discuss and compare the reasons given.
3. Divide participants into pairs and ask them to turn to **page 78** in their workbooks.
4. Assign one statement to each pair (or as many as you can according to how many pairs there are).
5. You can add or change any of the statements to suit the group.



**ACTIVITY**

**WHY NO CONDOMS**

- Below is a list of common reasons that many young people give for not wanting to use a condom.
- With your partner, read through and discuss ways that you could reply about why you should use a condom.
- Choose one reply that you both feel is a good one and write it in the space provided.

Statements	Answers
a. I know I'm clean; I haven't had sex with anyone in months.	
b. I'm on the pill so you don't need a condom.	
c. I'm a virgin.	
d. I can't feel anything; it's like eating a sweet in its wrapper.	
e. I'll lose my erection by the time I stop and put it on.	
f. By the time you put it on I'm out of the mood.	
g. Condoms turn me off.	
h. What? Do you think I have a disease or something?	
i. None of my other boyfriends ever used a condom. Don't you trust me?	
j. Do I look like I have a disease?	
k. Just this once—I promise to use one next time.	
l. I won't have sex if you want us to use a condom.	
m. I don't have a condom with me.	
n. You carry a condom around with you? You were planning to have sex with me!	
o. I love you. Would I give you an infection?	

- When participants are finished bring them back together to share their responses. Participants can write the responses or key points in the spaces provided.

**NTF:**  
**If there is not enough time to do all the statements, choose a few to report back to the group and have a general discussion around the others.**

7. Explain to the group that they will now have a chance to demonstrate how to use the male and female condom.
8. Show a male condom package, and open it. Give each participant a condom and encourage each person to touch, smell, and even taste the condom.
9. Once the group is feeling comfortable about openly touching condoms, discuss how they felt about the exercise. There may be some participants who do not want to participate and should not be made to feel awkward if they opt out. If they are uncomfortable, let them talk about their feelings.
10. Using the “wooden willies” (penis models) give a demonstration of how to put on and take off a male condom properly. Remember to talk about proper disposal as well.

**NTF:**

**If there are not enough “willies” for each participant, encourage participants to share. Be sure each person has a chance to put a condom on the willy.**

11. Give each participant a penis model and a condom and let them practise putting on and taking off the condom.
12. Demonstrate the female condom as well, then give each participant a female condom to let each see how it works (or practise if a model is available).
13. Tell participants that steps to using a condom properly are on **page 80** of their workbooks.
14. Encourage general discussion, including discussion of buying and storing condoms.
15. Refer participants to **page 81** in their workbooks.

**GOLDEN RULES OF CONDOM USE****Learn the following tips on how to use a condom properly:**

- Have a condom with you before you need it.
- Check the manufacture or expiry date on the packet. Never buy a condom that has no date stamp or is more than five years old.
- Feel the packet to check if it is air tight.
- Use a condom only once. A new condom should be used every time you have sex<sup>2</sup>.

<sup>2</sup> The World Health Organization (WHO) recommends use of a new male or female condom for every act of intercourse where there is a risk of unplanned pregnancy and/or sexually transmitted infection,

- Do not have “a little sex first” before putting on a condom.
- Buy latex condoms that have a teat or nipple at the tip, as this acts as a reservoir for the semen, and helps keep the condom from bursting.
- If the condoms are not lubricated, do not use lubricants with an alcohol, oil, or petroleum base such as baby oil or Vaseline® as this will cause the condom to break.
- Use water-based lubricants such as K-Y Lubricating Jelly®.
- Do not use or buy condoms if the wrapper is broken or dried out.
- Do not cut the condom pack with scissors or rip it with your teeth as this could tear the condom. Find the part of the packet that guides the opening and use your fingers to open the wrapper.
- Store the condom in a cool, dry place.
- Never leave condoms in the glove compartment of a car, or in a wallet, or pocket that is close to the body, as sunlight and heat destroy them.
- If condoms are kept in a bag or pocket as a precaution, regularly check the expiry date and condition, and replace them when necessary.
- Put the condom on an erect/stiff penis before any sexual activity.
- Remove the penis from the vagina, anus, or mouth immediately after ejaculation (when it is still stiff).
- Have two separate pieces of cloth/tissue for cleaning yourselves (i.e. one for each partner).

***REMEMBER: If the condom is not on then the penis is not in!***

16. Go through the points one by one then check if there are any questions or comments and discuss these.
17. Remind participants to use the **Question Box** or **Anonymous Wall** if they have questions that they do not wish to raise in the group.
18. Ask participants to brainstorm on the most common rumours about condoms in Uganda that they have heard. Using the following “Presentation Notes” to offer participants the correct information regarding common rumours.

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including HIV. Since access to female condoms may be limited and reuse of female condoms has been reported, WHO has convened two consultations to address considerations regarding such reuse. Based on these consultations, WHO does not recommend or promote reuse of female condoms. Recognising the urgent need for risk-reduction strategies for women who cannot or do not access new condoms, the consultation developed a draft protocol for safe handling and preparation of female condoms intended for reuse. This protocol is based on the best available evidence, but has not been extensively studied for safety and has not been evaluated for efficacy in human use. Given the diversity of cultural and social contexts and personal circumstances under which female condom reuse may be acceptable, feasible, and safe, and since the balance of risks and benefits varies according to individual settings, the final decision on whether or not to support reuse of the female condom must ultimately be taken locally. (<http://www.who.int/reproductive-health/rtis/reuse.en.html>)



## PRESENTATION NOTES

**CONDOMS:  
MYTHS AND FACTS**

ISSUE	MYTH	FACT
1	Condoms get stuck in women and need to be surgically removed.	Condoms, when used correctly, are very effective and cannot get stuck in a woman. They should be put on an erect penis before sexual intercourse, and the penis must be withdrawn when it is still stiff, immediately after ejaculation. <b>ALWAYS LEARN THE CORRECT WAY TO USE A CONDOM BEFORE APPLICATION.</b>
2	Condoms reduce sexual urges, prowess, and satisfaction.	THE PROBLEM IS NOT THE CONDOM ITSELF BUT ONE'S ATTITUDE TOWARDS USING A CONDOM. The mind set plays a large part in ensuring sexual satisfaction and performance. If one's mind is plagued with fear, anxiety, prejudice, and embarrassment, a person's level of satisfaction (and performance) will be adversely affected. <i>Remember: Avoid the biases. Think about the many benefits.</i>
3	Condoms are too big for young men and too small for Ugandan men.	CONDOMS COME IN DIFFERENT SHAPES, SIZES, AND FLAVOURS. There is an appropriate and fitting condom for anybody, regardless of the size of his penis.
4	Condoms perform better and are more satisfying if first rubbed with a jelly.	ON THE CONTRARY, PETROLEUM JELLY CAN MAKE CONDOMS BREAK. Usually, no additional "oiling" for condoms is required (see the "golden rules") before use. Most condoms have their own lubrication. If lubrication is needed, use a water-based one.
5	Some young men cannot ejaculate when they use a condom.	POSSIBLE. The reason is not he condom, but what the young man <u>thinks</u> about using it: having a negative attitude towards condom use can affect ejaculation. Further counselling by a trained service provider should be done in such a case.
6	Most condoms are full of pores.	NEW CONDOMS ARE ELECTRONICALLY TESTED AND THEN PACKED IN AIR TIGHT PACKETS AND HAVE NO PORES WHATSOEVER. <i>Remember: Always check the condom for the expiry date and any breakages before use.</i>

19. Summarise and highlight the following points.

**Key points:**

- **Abstinence and condoms are the only prevention against both pregnancy and STIs.**
- **Always check the expiry date when buying condoms and before using them.**
- **Keep condoms in a cool, dry place.**
- **Read the golden rules and practise using a condom properly.**
- **Always throw condoms away in toilets (pit latrines) or bins. Never throw them on open ground or flush them.**

**LINKING SENTENCE**

If we are to prevent the spread of STIs we must stop having unprotected sex. It is a fact, not a myth, that STIs are common amongst many young people. If we cannot avoid sex altogether then we must protect ourselves and our partners by using a condom each time we have sexual intercourse.

Remember that it is our choice to use a condom correctly and consistently to prevent infections, or to engage in unprotected sex and risk infection. We should not let friends or others influence us to make the wrong decisions, as it will be us who must bear the physical, psychological, emotional, and social consequences of having an STI.

**ACTIVITY 9.6****SAYING “NO” TO PEER PRESSURE**

**Purpose:** To examine pressure situations that young people may find themselves in and practise saying “no.”

To demonstrate skills of resisting negative peer pressure.

**Time:** 90 minutes

**Steps:**

1. Choose participants to act out the following scenarios.

**NTF:**

**Copy and cut out scenarios to give to participants.**

**SCENE 1**

**Actor 1 (male):** You are at a party with your good friend Tabu. He offers you a smoke and you can smell that it is marijuana. You are not sure that you want to smoke marijuana. Use every way you know how to say “no” to Tabu.

**Actor 2 (male):** You offer Peter a smoke of your marijuana. You can see he is not sure and you keep pushing for him to try some. Stop trying to force him if he manages to convince you that he really does not want to.

**SCENE 2**

**Actor 1 (female):** Your two best friends both have sexual intercourse with their boyfriends. You know this because they are always telling you what they did over the weekend. Your boyfriend has been pressuring you lately to go all the way. You enjoy the kissing and touching, but you do not think that you want to have sexual intercourse. Your girlfriends tell you that if you do not give in soon he will find a new girlfriend to “do it” with. Use every way you know to say “no” to your boyfriend.

**Actor 2 (male):** You and Kelele are boyfriend and girlfriend. She lets you kiss and touch her but always stops you when you start to get serious. She says she is scared to have sex but you know that all your friends are doing it and you really want to “get it on” with her. Try to convince Kelele to have intercourse with you.

**SCENE 3**

**Actor 1 (female):** You and Birungi are good friends. Her boyfriend Jake drives a nice car and takes you both to bioscope and parties. You know that Jake likes you because he has told you so. One Easter weekend Birungi goes to visit her aunt in Nairobi. Jake invites you to go to a party with him but you do not think it is a good idea, so you refuse. You tell your two closest friends at school who try to change your mind. Use every way you can think of to get your friends to understand why you said “no” and to realise that you are not going to change your mind.

**Actors 2 and 3 (females):** Your friend Debbie has told you many times how Jake looks at her and passes comments about how nice she is. Now she has told you that Jake invited her out and she refused. You know that Debbie and Birungi, Jake's girlfriend, are good friends but you think that Debbie should still go out with Jake. After all, Birungi's gone away for four days. Try to convince Debbie to go to the party with Jake.

2. Give each actor her or his role only. They must not know who the other actor or actors are playing in the given scene.
3. Let each scene play out and ask the observing participants to be the judges. They should pay special attention to body language.
4. At the end of each act invite general questions and comments and discuss these. Use the following questions to stimulate discussion about each act:
  - How convincing was the person saying "no"?
  - What did s/he do that could be done differently?
  - What was the relationship between the verbal and non-verbal communication that the person saying "no" showed?
5. Brainstorm:
  - How can a person say "no" verbally, with words? List the responses.
  - How can a person say "no" non-verbally, with facial and body expressions? List the responses.
6. Ask all the participants to stand.
7. Call out the verbal and non-verbal ways to say "no" that the group brainstormed and ask them to act these out. The following are some that you can use as well.

#### **Verbal**

- Say "no" and leave it at that.
- Say "no" and repeat it.
- Say "no" and give a reason.
- Say "no" and give an excuse.
- Say "no" and suggest an alternative.
- Say "no" and laugh it off with a joke.

#### **Non-Verbal**

- Use your body to signal "no" (e.g. stand back, hold up your hands, shake your head).
- Use your face to signal "no" (e.g. make a face, frown, grimace, look disgusted with the idea).
- Leave—walk away and make it clear you want nothing to do with the situation.

8. At the end ask if there are any questions or comments and discuss these.
9. Summarise and highlight the following points.

**Key points:**

- **There are many different ways to say “no.”**
- **Youth need to practise saying “no” so that it gets easier to do.**
- **Verbal and non-verbal communication should send the same message.**

## **CONCLUDING NOTES, UNIT 9: SEXUALLY TRANSMITTED INFECTIONS**

Unfortunately STIs are very common among young people, and they are taking an ever-greater toll on health. Although most can be cured, others, such as HIV cannot. You cannot tell if someone has an STI by looking at them. Prevention is the best measure—if we cannot avoid sexual intercourse altogether, we must protect ourselves and our partners by using a condom each time we have sexual intercourse. Although it is sometimes easy to give in to pressure from friends, we must always try to think for ourselves and make the right choices and decisions that are good for us.

**ACTIVITY 9.7****CONVERSATION CIRCLE & COMMITMENT****Purpose:**

To reflect on the unit and note the key facts and skills learnt.

To show how we will use the new knowledge and skills gained by making a commitment to change one thing about ourselves in terms of STIs.

**Time:**

20 minutes

**NTF:**

**This activity works best with groups of 12 or less. If working with larger groups, first divide them into smaller groups, then get a report back from each group.**

**Make sure to give each group the questions they are answering or write them where the entire group can see them.**

**This activity can be done in a number of ways. For literate groups, do the following.**

**Steps:**

1. Ask participants to sit in a circle and discuss the following:
  - a. What is one very important piece of information that you learnt from this unit?
  - b. How or why is this important to you?
  - c. How does this information influence you to change your behaviour?
2. Ask participants to think about one commitment they are going to make in terms of STIs.
3. Ask participants to turn to **page 82** in their workbooks.

**WORKBOOK ACTIVITY****KEY LESSONS LEARNT**

Based on the information discussed and the learning that has taken place, give answers to the following:

1. What is the most important piece of information that you have learnt from this unit?
2. Why or how is this information important to you?
3. How does this information influence you to change your behaviour?

**MY COMMITMENT**

4. Write the commitment that you are going to make to yourself in terms of what you have learnt about STIs. You will not be asked to share this with the group.

**NTF:**

**For semi or low-literate groups do steps 1 through 3 above, then continue as follows.**

4. Close your eyes and make a promise to yourself—something that you will do to change your behaviour to be more in line with what you learnt about STIs.

**ACTIVITY 9.8****TEEN SERVICES SAFARI (Optional)**

**Purpose:** To explore the kind of sexual and reproductive health services available to young people in the community.

**Time:** 4 hours

**NTF:**

**This activity can be done at the end of the training on STIs if there is enough time. Some preliminary research into available STI service centres in the communities, e.g. STI clinic, should be done before sending the youth out to do this activity. Use the findings to assign youth to a particular facility. You can also assign youth to visit chemist shops or other places that sell condoms.**

**Steps:**

1. Divide participants into pairs. Make sure that there is one assertive person and mix the sexes if possible.
2. Ask each pair to turn to **page 84** in their workbooks.


**WORKBOOK ACTIVITY**

**TEEN SERVICES SAFARI**

When you go to the facility you have been assigned, use the questions below to gather information. Both of you can write the responses in your own workbooks.

Name of place visited \_\_\_\_\_

Date of visit \_\_\_\_\_

Hours services available \_\_\_\_\_

Time spent at place visited \_\_\_\_\_

Are services available specifically for teens? \_\_\_\_ Yes \_\_\_\_ No

If special teen services are available, what are they? List them below:

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYEE INTERACTION**

Title of staff member or employee interviewed \_\_\_\_\_

Male/Female \_\_\_\_\_

Response to questions: \_\_\_\_\_ Positive \_\_\_\_\_ Negative

**LOCATION AND ACCESS**

Where is the facility located? Tick those that apply.

- Near public transportation  
 In an easy to get to area  
 Near the village  
 Near where youth hang out  
 Other: \_\_\_\_\_

Does it have a separate youth section from adult section?  Yes  No

If yes, is youth area located in a space that gives a teen full privacy?  Yes  No

Are there any signs to identify services?  Yes  No

If yes, what does the sign say?

\_\_\_\_\_

2. Were any of the signs made especially to attract teens for programmes, contraceptives, or services?

\_\_\_\_\_

3. Are all services and programmes found in one place?  Yes  No

4. How did the receptionist and/or staff treat you when you asked for information or special teen services?

NOTES:

3. When the group comes back together ask the participants to share their experiences.
4. Use the following guiding points to stimulate discussion:
  - a. How do you feel about seeking out these services? Were the facilities “youth-friendly”?
  - b. How were the girls’ experiences different from those of the boys?
  - c. If you ever needed treatment for STIs, or contraceptives such as condoms, would you go to any of these facilities?
  - d. Would you recommend any of these facilities to other teens? Why?

**CONCLUDING NOTES**

Not many facilities offer “youth-friendly” services, but there are many organisations that do. Young people need to remember that it is their right to access basic health services, and they must assert their right to these services.

## UNIT 10: HIV AND AIDS



### PURPOSE AND OBJECTIVES

This unit aims to promote understanding about HIV as an STI and about AIDS, the disease caused by HIV. The unit examines facts and myths about HIV and AIDS and helps to equip young people with relevant skills and knowledge that they can use to make informed choices and educate their peers. The unit also puts great emphasis on living positively with HIV and addressing the stigma that is associated with being HIV-positive.

**By the end of this unit, participants should be able to:**

- Explain basic facts about HIV and AIDS.
- Dispel rumours and provide correct information about transmission and prevention of HIV infection.
- Understand and be able to explain safer sex behaviours.
- Know and explain how to live positively with HIV and AIDS.
- Advocate for necessary youth services to help young people live better lives.

**ACTIVITIES**

Warm Up—Lifeboat	<i>10 minutes</i>
Marking Time	<i>15 minutes</i>
Understanding HIV and AIDS	<i>45 minutes</i>
HIV and Unprotected Sexual Activity	<i>60 minutes</i>
How HIV Makes You Sick	<i>45 minutes</i>
Risky Behaviours	<i>50 minutes</i>
Saying “No” to Peer Pressure	<i>90 minutes</i>
Safe and Safer Sex Practises	<i>45 minutes</i>
Condom Use	<i>90 minutes</i>
Showing Care and Support	<i>40 minutes</i>
Conversation Circle & Commitment	<i>20 minutes</i>

**8 hours 30 minutes**

**Note: Resource notes on HIV and AIDS can be found at the end of the unit.**

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**ACTIVITY 10.1****WARM UP—LIFEBOAT**

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**Purpose:** To have fun and move around the room.

**Time:** 10 minutes

**Steps:**

1. Ask participants to stand and form a circle.
2. Explain that they are on a sinking ship. They have to get into lifeboats, but there may not be enough room for everyone.
3. Explain that the lifeboats can only carry small groups of people.
4. They have to listen carefully for the number of people who need to group themselves, and do so quickly so as not to miss the boat.
5. Announce that the first lifeboat is leaving and call out the number that should be in a group, e.g. "The lifeboat is taking groups of threes, or fives, or sevens." Choose numbers according to the size of the entire group.
6. Give the participants five seconds to get into groups. Anyone left outside a group, or any groups that are more or less than the number you called, are then out of the game.
7. You then make a new announcement for the next lifeboat and call a new number for participants to form new groups.
8. Continue until participants are relaxed and they have all had fun playing the game.

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**ACTIVITY 10.2****MARKING TIME**

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**Purpose:**

To help participants realise that anyone can be infected with HIV.

To start to think positively about the letters H, I, and V.

**Time:**

15 minutes

**Steps:**

1. Using a red marker go around the group and write one of the letters H, I, or V on the palm of each participant's hand. Write H on the first person's palm, I on the next, V on the next, H on the next, and so on until each person is marked.
2. Ask participants to think about HIV, study the mark and take turns describing what they thought and felt while studying it.
3. Point out that the original meaning of the word "stigma" is a "mark on the skin ... made by cutting, branding, burning, pricking, or puncturing," drawing blood, and therefore red.
4. Conclude the activity by having participants cross their arms across their chests to hug themselves, while closing their eyes and making a silent wish.

**ACTIVITY 10.3****UNDERSTANDING HIV AND AIDS**

<b>Purpose:</b>	To assess participants' general knowledge and understanding of HIV and AIDS.
	To provide factual information about HIV and AIDS.
<b>Time:</b>	45 minutes

**NTF:**

You can get a co-facilitator who is experienced in the field of HIV and AIDS to assist you with the factual information, or you can invite someone from the local clinic or another relevant institution to assist. Also, read the Background Information for Facilitators on page 330 before beginning this unit.

**Steps:**

1. Divide participants into small groups and ask each group to discuss what HIV is, and what AIDS is.
2. After five minutes bring the large group back together and ask the small groups to give their responses. List these on the chalkboard or flipchart paper.
3. Acknowledge participants' responses and give a presentation on HIV and AIDS.
4. Start the presentation by writing the letters **HIV** and **AIDS** on the chalkboard or flipchart paper. Discuss and explain the terms.
5. Use the following "Presentation Notes" to give factual information on HIV and AIDS.

**PRESENTATION NOTES****FACTS ABOUT HIV AND AIDS****What is HIV? What is AIDS?**

AIDS is a disease that happens when the body's immune system is too weak to fight off infection. AIDS is caused by a germ or virus called human immunodeficiency virus (HIV). The HIV germ is too small to see and lives in humans.

AIDS stands for "acquired immune deficiency syndrome." AIDS is a disease that happens to someone infected with HIV. It occurs when the body's immune system, the body's defence against infection and disease, is so damaged by HIV that it is too weak to fight off any infection.

**How is HIV Transmitted?**

HIV is spread from one person to the next in three ways:

- Through unprotected sexual activity with a person infected with HIV.
- Through contact with blood that is infected with HIV, for example, through sharing needles or blades, or a blood transfusion of infected blood.
- From an HIV-positive mother to her unborn or newborn child.

**Where Does HIV Live in the Body?**

HIV is found in large numbers in sexual fluids, blood, and breast milk. HIV can be passed from one person to the next through coming into contact with sexual juices during unprotected sexual intercourse, contact with infected blood, or from an infected mother to her unborn or newborn baby. Not all babies born to HIV-infected mothers get HIV. Medicines called antiretrovirals (ARVs) can be given to an HIV-positive woman during pregnancy (and sometimes to the newborn baby as well) to reduce the chance of the woman passing HIV to her baby.

**How Does HIV Make You Sick?**

Our bodies have many different parts, and every part has an important job to do. For example, the heart pumps the blood around, the brain controls thought processes, the lungs breathe air, the breasts make milk, etc. We have a very important system in our bodies called the immune system. The job of this system is to protect and defend the body against germs and diseases. It also helps to heal the body after sickness or injuries. The immune system is like our body's army. We cannot defend ourselves against germs when this army gets weak.

The HIV "germ" slowly damages the immune system if it gets into a person's body. This means that the body starts to lose its power to defend itself against other germs, such as tuberculosis (TB). It also loses its power and strength to heal itself. Slowly the HIV germ gets stronger and stronger, while the immune system gets weaker and weaker.

The person starts to feel sick when the HIV germ has broken down most of her or his immune system. This may take many years to happen. This person with a very weak immune system is then said to have the disease AIDS.

A person with AIDS is very weak and can get sick from many different germs. These germs can cause many problems: weight loss, severe diarrhoea, sores, coughs, pneumonia, TB, brain and nerve disease, fevers, etc. These do not usually get better because the immune system is too weak to fight the illness.

**How to Tell if a Person is HIV-positive?**

HIV-positive means the person is infected by HIV, as shown by an HIV test. It is impossible to know if a person is infected with HIV just by the way the person looks. The only way to know is to have a special test done that will show whether or not there is HIV infection. Voluntary counselling and testing (VCT) for HIV is the best way for a person to learn her or his HIV status.

VCT is **voluntary**: a person should never be forced to be tested for HIV as a condition for employment or for any other reason. VCT includes **counselling** before and after the blood test. Before the test, the counsellor will explain the procedure and talk to the person to be sure she or he is ready for the test. If the person is found to be HIV-negative, after the test the counsellor will give the person advice about how to stay HIV-negative. If the person is found to be positive, the counsellor will help her or him cope with the news, discuss steps the person can take to avoid passing the infection to someone else, and refer the person to available services and treatment. VCT is **confidential**, which means the counsellor must not reveal the test results to anyone else but the person who was tested.

### Signs and Symptoms

Many people who are infected with HIV do not know they are infected because they feel and look healthy. It takes many years for the signs of HIV infection to show up, and this usually happens when a person becomes sick from other diseases. Some of the most common signs include:

- Weight loss.
- Severe diarrhoea.
- Sores in the mouth.
- Thrush.
- Coughs that take a long time to get better.
- Swellings.
- Fever.
- Night sweating.

### How Can HIV Be Prevented?

HIV infection can be prevented by:

- Not having sexual intercourse.
- Only having sex with one partner when both you and your partner have been tested to determine that neither of you has HIV.
- Not sharing needles for intravenous drug use.
- Using a condom correctly every time you have sex.
- Not having body piercing or tattooing, or getting cut with needles, razors, or other sharp objects that may not have been sterilized.
- Avoiding direct contact with blood by using gloves or plastic bags.

### STIs, Including HIV and AIDS

Most STIs can be treated at any clinic, but AIDS cannot. It is important to treat STIs because a person with an STI can more easily get HIV or pass HIV on to someone else.

There is no cure for AIDS, but many people infected with HIV live long, healthy lives. These are the basic facts about HIV. It is important to read more and find out as much as possible because the information about HIV and AIDS keeps changing every day.

6. Tell participants the preceding "Presentation Notes" can be found on **page 88** in their workbooks.

7. Use the following “Presentation Notes” to educate participants on the country-specific HIV and AIDS situation (as of December 2001).

 <b>PRESENTATION NOTES</b>		
<b>HIV AND AIDS IN UGANDA, FACTS AND FIGURES</b>		
	<b>FACT</b>	<b>FIGURES</b>
1	Since the onset of the HIV and AIDS epidemic in Uganda, there have been new cases reported every year.	Current estimates indicate that there are about 1million people living with HIV and AIDS in Uganda.
2	The HIV prevalence is still very high in spite of showing a downward trend.	Average HIV prevalence in Uganda is 6.1 percent. This means that a little more than 6 of every 100 people are HIV positive or 6.1 percent.
3	The number of people living with AIDS is relatively high.	At least 100,000 people are living with AIDS.
4	There are more females than males living with AIDS.	Of all the reported AIDS cases, 54 percent are females, while 46 percent are males.
5	Although there are far more people living with HIV in the urban areas than in the rural areas, the infection rate is high either way.	Eight percent of the urban population and 4 percent of the rural population is living with HIV.
6	AIDS has surpassed other common causes of death as the number one killer amongst individuals aged 15-49 years.	AIDS is responsible for 12 percent of all annual deaths and has surpassed malaria and other common conditions.
7	Over one million people are living with HIV and AIDS; with women being more affected than men.	As of December 2001, the estimated number of people infected was 1,055,555. Of these 531,909 were women, 413,591 were men, and the rest (105,055) were children below 15 years.
8	Drugs are now available for treatment of opportunistic infections of AIDS. However, the costs of the drugs though going down, are still very high for the average Ugandan.	Estimated monthly cost for treating one person is US\$100 (about Ug. Shs 200,000/= ) yet the annual expenditure per capita is US\$12 (about Ug. Shs 24,000/=)

HIV AND AIDS: FACTS ON FILE	
ITEM	FACT
1	Amongst youths aged 15 to 19 years, there is still a disproportionately higher number of females compared to males infected with HIV.
2	Sources from the AIDS Information Centre (AIC) indicate that, over the past years, there has been a consistent decline in HIV prevalence amongst first time testers aged 15 to 24 years. This, amongst other things, could be attributed to increased awareness and responsible sexual behaviour.
3	There is more awareness about HIV and AIDS prevention amongst males than females. According to the Uganda Demographic Health Survey (UDHS) Report of 2000/2001, 90 percent of the males interviewed were aware of two or more programmatically important way of avoiding HIV and AIDS compared to 78 percent of the females.
4	Fifty percent of the new HIV infections around the world occur amongst young people aged 15 to 24. Girls are more affected, disadvantaged, and at risk because they have less access to information, resources, and skills to negotiate condom use or other safer sex matters.
5	The most significant ways of avoiding HIV and AIDS infection are abstaining from sex (if you have the power, will, and determination to do so); using condoms (consistently and correctly, every time, all the time), and limiting the number of sexual partners (to <b>only</b> the one you trust, who has been tested and found to be HIV-negative).

8. At the end of the presentation, check if participants understand. Ask if there are any questions or comments and discuss these.
9. Summarise and highlight the following points.

**Key points:**

- **HIV is spread mainly through unprotected sex.**
- **There is no cure for AIDS.**
- **It is impossible to tell if a person has HIV by looking at her/him. Only a blood test can tell. Someone who wants to know her or his HIV status should go for voluntary counselling and testing (VCT), which is confidential.**
- **Having an STI makes it easier to spread or get HIV.**
- **HIV can be prevented by not having sexual intercourse, or using a condom properly every time we have sexual intercourse.**

**LINKING SENTENCE**

Just like the flu is caused by a virus, AIDS is caused by a virus called HIV. Though most people recover from the flu, AIDS has no cure. For a long time people did not know the difference between HIV and AIDS, and that is one reason why there is so much fear and stigma associated with HIV and AIDS. Another reason why there is so much shame and fear is because HIV is spread mainly through sexual activity.

**ACTIVITY 10.4****HIV AND UNPROTECTED SEXUAL ACTIVITY****Purpose:**

To understand how HIV is spread, especially through unprotected sexual activity.

**Time:**

60 minutes

**Materials Needed:**

- Index cards and pencils—one per person (or a piece of paper per person)

**Preparation**

Write each of the following statements on one index card only:

**Z: Shake hands with any three people in the room.**

**Get any three participants to put their signatures on your card.**

**X: Shake hands with any three people in the room.**

**Get any three participants to put their signatures on your card.**

Prepare no more than three index cards with the following statement:

**W: Do not shake hands with anyone but try to get at least three signatures.**

Write the statement below on the remaining index cards. Put a small “c” on the bottom right of some of these (at least three or four cards should have a “c” listed.)

**Ask any three participants to put their signatures on your card.**

**NTF:**

**Z = Infected with genital herpes, an incurable STI**

**X = HIV infected**

**W = Choose to abstain**

**c = Used a condom**

**Steps:**

1. Give the card marked “**Z**” to one participant and the card marked “**X**” to another participant.
2. Give the cards marked “**W**” to three participants.
3. Tell participants to keep the special instructions on their cards a secret and to follow the instructions. Give the remaining cards to the other participants.
4. Ask the group to stand, move around the room and follow the instructions on their card.

5. Tell participants that when they have achieved the task on their card they should return to their seats.
6. When all the participants are back at their seats, ask the people with “Z” and “X” written on their cards to stand up. Ask them to call the names of the three people who signed their cards and get these people to stand up.
7. Ask everyone who shook hands with these persons to stand up. Ask everyone who shook hands with a person who is standing to stand up and so on.
8. Continue with this until all the participants are standing except for the three who received cards marked “W: **Do not shake hands with anyone, but try to get at least three signatures.**”
9. Now tell the group to pretend that the person with the card marked “X” was infected with HIV and that instead of shaking hands, that person had unprotected sexual intercourse with the three people whose signatures s/he collected.
10. Do the same for the card marked “Z” (genital herpes).
11. Ask those who are still seated why they did not stand up. Someone should say/read what the instruction was on their card. Explain that these people had chosen to abstain from sexual intercourse, and were therefore protected from HIV and STIs.
12. Ask participants to check if they had a “c” written on their card. If so, tell them they can sit down.
13. Explain that fortunately these people used condoms properly during sexual intercourse and therefore were not at great risk of being infected.
14. Let the participants sit down and remind them that this was just a game.
15. Use the following “Presentation Notes” to encourage discussion and clarify facts about how HIV is spread.
16. Ask participants if they have any questions or comments and address these.



## PRESENTATION NOTES

### HOW A PERSON CAN CONTRACT HIV

#### 1. Unprotected sexual intercourse or activity

This is the **most common way** that HIV is spread. The HIV germ is found in the semen or vaginal fluids of a person who is HIV-positive. During sex, the virus can

pass into the other person's sexual fluids or through the thin membrane in the sex organs. It can also pass through any sores, cuts, or scrapes that a person may have on their sex organs, for example, a person with an STI may have sores, which will make it easier for the HIV germ to get into the body during sex.

### **2. From Mother to Child**

HIV can pass to the baby if a pregnant woman is HIV-positive; the mother may pass the infection on to her child during pregnancy, childbirth, or breastfeeding. There are now medicines, called antiretrovirals (ARVs), available to help prevent the spread of HIV from the mother to the baby.

### **3. Through Contact With Contaminated Blood**

The HIV germ can pass from one person to another through her or his blood. This refers to the sharing of razor blades or other cutting tools that are not properly cleaned, or by injecting drugs and sharing needles. If blood is not tested before a blood transfusion, it is possible to get HIV, but most places test blood before it is given to sick people.

### **HOW HIV IS NOT SPREAD**

Many people are scared of HIV because they still do not understand how it is passed from one person to the next. Everyday contact with people is safe. HIV is not spread in the following ways:

- Kissing
- Hugging or touching
- Sneezing or coughing
- Sharing plates, cups, spoons, etc.
- Sharing toilets, baths, or showers
- Swimming pools
- Shaking hands

17. Allow participants to share their feelings about the activity and stimulate discussion. The following guiding questions can be used:
  - Did anyone not want to exchange signatures or shake hands but felt pressured to do so? Why?
  - How does this activity relate to real life?
  - How did person "X" and person "Z" feel when they found out they were infected? How did others feel towards them?
  - How did the people with "W" manage to get signatures without shaking hands?
  - How did the people feel who discovered they escaped infection because they used condoms?
  - How did others feel at the thought that they might be infected?
18. Ask if there are any questions or comments and discuss these. Check that participants are feeling OK after the activity. Remind them again that it was only a game.
19. Distribute blank index cards to each participant and remind them that they can either use the **Anonymous Wall/Question Box** to post sensitive questions or statements, or they can find time to talk to you later on.

20. Give the following information on safer sex.

### **SAFER SEX**

Safer sex means being sure that neither partner is infected, remaining mutually faithful, and using a condom if in doubt.

### **A GUIDE TO SAFER SEX**

- The best way to avoid HIV and AIDS is to stay in a mutually faithful relationship with an uninfected person.
- The more sex partners you have, the greater the risk of having sex with someone who is infected.
- The more partners your partner has, the greater the risk that you will be infected.
- Unless you and your partner have sex only with each other, and are sure you are both uninfected, you should protect yourselves by using a condom.

The following kinds of sex are more risky than others:

- Anal intercourse (in which the penis enters the rectum or back passage).
- Any sexual practice which causes even slight bleeding.
- Sex with male or female prostitutes.
- Sex with any person who injects themselves with drugs (drug abusers).

21. Summarise and highlight the following points.

### **Key points:**

- **HIV is spread mainly through unprotected sexual intercourse.**
- **Many people often choose or decide to have sex without thinking of the consequences.**
- **The spread of HIV can be greatly reduced if people practise safer sex behaviour.**

### **LINKING SENTENCE**

HIV continues to spread fast because people are still having unprotected sex. Remember that no one can tell if a person has HIV by just looking at the person. Many times people with HIV do not even know themselves that they have the virus, and so they unknowingly pass it on to others. Once a person is HIV-positive then that person has the virus for life, and will need to change their lifestyle to keep the immune system strong enough so that s/he does not get full blown AIDS.

**ACTIVITY 10.5****HOW HIV MAKES YOU SICK****Purpose:**

To understand the immune system and how it works.

To examine what HIV does in the body and how it causes illness.

**Time:**

45 minutes

**NTF:**

**If working with a small group (12 to 15 participants), reduce the number of body soldiers to two and the flu virus to one.**

**Steps:**

1. Ask for nine volunteers to play the following parts in the drama:
  - a. One healthy young woman or man—Liz/John
  - b. Three body soldiers
  - c. Two flu virus
  - d. One TB germ
  - e. One health worker or nurse
  - f. One HIV virus
2. Narrate the story as follows, and ask the actors to play their parts as you read.

**DRAMA****HOW HIV WORKS IN THE BODY**

**Actor:** Liz/John

**Narrator:** This is Liz/John. S/he loves partying with friends and enjoys life to the fullest.

**Actor(s):** Body soldiers

**Narrator:** These are Liz/John's body soldiers. They are part of the immune system. They are armed to the teeth and always on the lookout for any germs that want to attack. They fight them off with everything they have so that Liz/John does not get sick.

**Actor:** Flu virus

**Narrator:** With the change of season and everybody getting sick, it is hard for Liz/John not to get the flu. Here comes the flu. But the body soldiers fight back and fight hard. They know the flu virus and know exactly what to do to get rid of it. After a while the flu virus goes away and Liz/John is back to her/his healthy self again.

**Actors:** TB, health worker/nurse

**Narrator:** One day Liz/John gets TB. The immune system also fights off the TB and with a bit of medicine from the local clinic, Liz/John's body is able to win the fight and TB is defeated.

**Actor:** HIV

**Narrator:** Liz/John does not know it, but the person they are about to have unprotected sex with is HIV-positive.

There it goes. HIV enters the body silently—there is nothing whatsoever to tell Liz/John that they have just been infected. The body soldiers know though and they start to fight, but this is a new virus and they are not sure how to beat it.

Liz/John continues to enjoy life, partying and having fun, while her/his body soldiers continue trying to fight off the HIV with everything they can think of. They have been fighting for a long time now and nothing seems to work. HIV continues to slowly win the fight and the body soldiers start to get weak.

**Actor:** Liz/John

**Narrator:** After a while Liz/John starts to suspect that something is wrong because s/he has had a runny nose and a slight temperature. It must be the flu again so she/he buys some flu medicine at the pharmacy.

**Actor:** Flu

**Narrator:** But then here comes the real flu virus. The body soldiers see it coming and try to fight it off but they are just too weak.

**Actor:** TB

**Narrator:** Then TB attacks again and it is just too much for the body soldiers. They can no longer fight off all these germs because HIV has weakened them too much. They eventually die.

**Actor:** Liz/John

**Narrator:** With all these germs in her/his body, Liz/John is not well at all. S/he starts to feel really sick and cannot seem to get better. Sometimes s/he has diarrhoea, sometimes fever, sometimes there is a rash. S/he just does not know what is wrong.

With the body soldiers dead, Liz/John has no way to fight off any germ at all and s/he eventually dies.

3. At the end of the drama remember to de-role the actors by reminding the group that they were only playing roles, and are not viruses, body soldiers, or HIV-positive people.
4. Ask participants to share their understanding of the drama and the key messages they learnt. Also discuss what they think people with HIV can or cannot do.
5. Ask participants to turn to **page 91** in their workbooks.



## WORKBOOK ACTIVITY

### FROM HIV TO AIDS

Read through the following facts on HIV and AIDS. The facilitator will give you time to ask any questions that you have.

A person who is HIV-negative has a lot of healthy body cells called CD4 or T-cells (our body soldiers) in her or his immune system. This person is said to have a high “CD4 count.” A person who is infected with HIV also has a high CD4 count in the beginning, but this gets lower as HIV starts to attack and destroy the immune system.

A person with HIV can have the virus for a very long time before starting to feel sick. Some people may feel a bit sick soon after being infected and may think that they have the flu, but many people can be HIV-positive for as long as eight years or more and not know that something is wrong.

From 2 to 12 weeks after a person is infected with HIV by having unprotected sex with an HIV-positive person (or other ways, such as sharing needles), a blood test will **not** show that the person is HIV-positive. This is because there are not enough special cells that the body produces to fight off infections (called antibodies) in the body to be detected by the test. During this time however the person can continue to spread the virus through unprotected sexual activity. The virus also continues to destroy the CD4 cells, weakening the immune system in the process.

Although the person does not feel or look ill, the body is getting weaker and it is becoming difficult to fight off infection. The longer the person stays without knowing that s/he is HIV-positive, the more likely it is that s/he will develop AIDS sooner, because s/he is less likely to take extra care of her or his body.

A person who is HIV-positive should avoid smoking and drinking because cigarettes affect the lungs directly and alcohol affects the bloodstream. This helps to weaken the immune system.

A person who is HIV-positive can get sicker and sicker as the virus reproduces itself (multiplies) and continues to destroy the immune system. The more viruses are in the body, the less healthy body soldiers there are. When there are many HIV virus particles in the body and the number of CD4 cells is low, the person is said to have a high “viral load” and low “CD4 count.” This is when the person starts to get AIDS.

When there are not enough CD4 cells to fight infection it is easier for other sicknesses like TB and pneumonia to attack the body. When this happens it is likely that the person will eventually die from AIDS.

6. Invite general comments and questions and discuss these. Make sure that participants' concerns have been addressed and that they understand the immune system and how it works.
7. Remind participants to post any sensitive questions in the **Question Box** or on the **Anonymous Wall**.
8. Summarise and highlight the following points.

**Key points:**

- HIV attaches itself to healthy cells and destroys them.
- The more HIV there is in the body, the fewer healthy cells there are.
- A weak immune system makes it easier for other infections and diseases to happen.
- A person can live with HIV for a long time and look and feel healthy.
- The longer HIV is in the body without the person knowing, the greater chances of that person spreading the virus or developing AIDS.
- There are medicines that a person can take to slow down the spread of HIV in the body, and to strengthen the body cells. This can delay the person from developing AIDS. But, these medicines can be very costly and are not always available.
- There is no cure for HIV and AIDS.
- There is no vaccine to prevent HIV infection.

**LINKING SENTENCE**

Most people who contract HIV do so because they have unprotected sex. Changing this behaviour is the only thing that will protect us from getting infected. We need to stop engaging in risky sexual behaviours so as to protect ourselves from HIV and other STIs.

**ACTIVITY 10.6****RISKY BEHAVIOURS****Purpose:**

To examine different sexual behaviours and discuss the levels of risk involved.

To look at how much at risk there is when engaging in certain behaviours.

**Time:**

50 minutes

**Materials Needed:**

- Four signs: “Definitely a Risk”, “Probably a Risk”, “Probably not a Risk”, “Definitely not a Risk”
- Index cards or pieces of paper
- Sticky tape
- Pens/pencils

**Steps:**

1. Prepare the four signs that say “Definitely a Risk,” “Probably a Risk,” “Probably not a Risk,” and “Definitely not a Risk,” as well as index cards or pieces of paper with the following behaviours written on them (one on each card):
  - a. Abstaining from sexual intercourse.
  - b. Sharing needles for drug use.
  - c. Sharing needles for ear piercing.
  - d. Having intercourse without condoms.
  - e. Kissing.
  - f. Getting a blood transfusion.
  - g. Donating blood.
  - h. Using a public telephone.
  - i. Shaking hands with an HIV-infected person.
  - j. Hugging a person with AIDS.
  - k. Being close to a person with HIV who is coughing.
  - l. Going to school with a person who has AIDS.
  - m. Being born to a mother who is HIV-positive.
  - n. Sharing a toothbrush or comb with a person who is HIV-positive.
  - o. Being bitten by a mosquito.
  - p. Having sexual intercourse with a person using a condom.
  - q. Being breastfed by a mother who is HIV-positive.
  - r. Deep or French kissing.
  
2. Explain to participants that assessing the risk of transmitting HIV from an infected to a non-infected person is based on the following facts:
  - a. If person A is infected with HIV, s/he has sufficient quantities of HIV in her/his sexual fluids (semen or vaginal fluids), and her/his blood to infect a sexual partner.

- b. The virus is also found in other bodily fluids such as saliva and tears, but not in sufficient quantities to infect another person, for example, through mouth-to-mouth kissing.
  - c. In order to infect another person, the virus in A's sexual fluids and/or blood has to enter the bloodstream and/or pass through the mucous membranes of that person (e.g. inside the person's penis or vagina).
  - d. HIV cannot pass through unbroken skin, or through unbroken latex condoms.
3. Give a few participants a statement each (no more than three at a time). After reading the card aloud, ask them to tape the card under one of the signs "Definitely a Risk/not a Risk," etc.
  4. Ask them why they have put the card under that particular sign. Check if the group agrees.
  5. Give another two or three participants a different statement each and follow the above procedure, correcting any misinformation until all or as many as possible of the cards have been placed. Refer to the following guidelines for clarification.

**Definitely a Risk**

- Sharing needles for drug use.
- Sharing needles for ear piercing.
- Having intercourse without condoms.

**Probably a Risk**

- Getting a blood transfusion (the risk here will be specific to the location—find out about your local blood transfusion HIV testing procedures).
- Being breastfed by a mother who is HIV-positive.

**Probably Not a Risk**

- Deep or French kissing (if both mouths are healthy, not bleeding).
- Sharing a toothbrush or comb (no blood involved).
- Kissing.
- Having intercourse with a person using a condom (if used correctly and if it is unbroken).

**Definitely Not a Risk**

- Being close to a person with HIV who is coughing.
- Not having sexual intercourse.
- Giving blood.
- Using a public telephone.
- Shaking hands with an HIV-infected person.
- Hugging a person with AIDS.
- Going to school with a person who has AIDS.
- Being bitten by a mosquito.

Remember that there is a degree of risk with almost all activities that involve any kind of intimate or sexual interaction. This of course depends on a number of factors like whether or not there is broken skin, etc.

6. Encourage discussion for a few minutes then ask participants to turn to **page 92** in their workbooks.



**WORKBOOK ACTIVITY**

**AM I AT RISK?**

1. Read through the following sentences and ask yourself the following questions. Write a “Y” for yes, an “N” for no, or a “U” for unsure on the line next to each question according to what you believe.

2. Explain how you can reduce your personal risk of getting an STI, HIV, or of having an unwanted pregnancy. Write in the space below.

***Am I at risk if ...***

I hug, kiss, or massage a friend? \_\_\_\_\_

I do not protect myself when handling blood? \_\_\_\_\_

My sexual partner has unprotected sex with others? \_\_\_\_\_

I drink beer or other kinds of alcohol? \_\_\_\_\_

I masturbate myself? \_\_\_\_\_

Mosquitoes bite me? \_\_\_\_\_

Semen or vaginal fluid touches my outer (unbroken) skin? \_\_\_\_\_

I have unprotected sex with more than one person? \_\_\_\_\_

I have been treated and cured of an STI in the past? \_\_\_\_\_

I share a razor with someone? \_\_\_\_\_

I only have sex with one partner? \_\_\_\_\_

I do not always use a condom when having sex? \_\_\_\_\_

I do not know if my sexual partner is HIV-infected or not? \_\_\_\_\_

I can reduce my chances of being at risk of STIs, including HIV and AIDS, or unwanted pregnancy by doing the following:

7. When all are finished bring participants back together. Go through the list of statements and ask participants to indicate what their responses were.
8. Clarify and give factual information where necessary and use the following questions to stimulate discussion:
  - a. Does knowing that some things are definitely or probably a risk worry you?
  - b. Did you learn any new information? Do you have any questions about any behaviours we did not list today?
  - c. If you were explaining information on risky or non-risky behaviour to a friend, what would you say first?
9. Summarise and highlight the following points.

**Key points:**

- **Abstinence is the only completely safe sex behaviour.**
- **There is a degree of risk with most sexual activities that we do, especially sexual intercourse.**
- **Having unprotected sex with one partner is risky because we cannot be 100 percent sure that that person has only one partner—you.**
- **Knowing our own HIV status helps minimise the risk of HIV transmission, if we take actions to avoid spreading it.**

**LINKING SENTENCE**

Sometimes it is difficult to tell just how much at risk we may be. Not all behaviour is clear-cut and so we may find ourselves doing something that unknowingly exposes us to risk of HIV infection. Remember that as long as a person has unprotected sex with someone whose HIV status is unknown, that person is putting herself or himself at risk. It is therefore important not to give in to peer pressure and end up engaging in sexual activity that puts us at risk.

**ACTIVITY 10.7****SAYING “NO” TO PEER PRESSURE**

**Purpose:** To look at pressure situations that young people may find themselves in and practise saying “no.”

**Time:** 90 minutes

**NTF:**

There is no need to repeat this activity if it was covered in Unit 8 with the same group of participants. Just refer and refresh participants' knowledge using the key points.

**Steps:**

1. Choose participants to act out the following scenarios.

**SCENE 1**

**Actor 1 (male):** You are at a party with your good friend Tabu. He offers you a smoke and you can smell that it is weed. You are not sure that you want to smoke weed.

**Actor 2 (male):** You offer Peter a smoke of your weed. You can see he is not sure and you keep pushing him to try some. Stop trying to force him if he manages to convince you that he really does not want to.

**SCENE 2**

**Actor 1 (female):** Your two best friends both have sexual intercourse with their boyfriends. You know this because they always tell you what they did over the weekend. Your boyfriend John has been pressuring you lately to go all the way. You enjoy the kissing and touching, but you are not sure if you want to have sexual intercourse. Your girlfriends tell you that if you do not give in soon he will find a new girlfriend to “do it” with. Use every way you know to say “no” to your boyfriend.

**Actor 2 (male):** You and Kelele are boyfriend and girlfriend. She lets you kiss and touch her but always stops you when you start to get serious. She says she is scared to have sex but you know that all your friends are doing it and you really want to “get it on” with her. Try to convince Kelele to have intercourse with you.

**SCENE 3**

**Actor 1 (female):** You and Birungi are good friends. Her boyfriend Jake drives a nice car and takes you both to leisure clubs and parties. You know that Jake likes you because he has told you so. One Easter weekend Birungi goes to visit her aunt in Nairobi. Jake invites you to go to a party with him but you do not think it is a good idea, so you refuse. You tell your two closest friends at school, who try to change your mind. **Actors 2 and 3 (females):** Your friend Tendo has told you many times how Jake looks at her and passes comments about how nice she is. Now she has told you that Jake invited her out and she refused. You know that Tendo and Birungi, Jake's girlfriend, are good friends but you think that Tendo should still go out with Jake. After all, Birungi's gone away for four days. Try to convince Debbie to go to the party with Jake.

2. Give each actor her or his role only.
3. Let each scene play out and ask the observing participants to be the judges. They should pay special attention to the body language shown.
4. At the end of each scene, invite general questions and comments and discuss these. Use the following questions to stimulate discussion about each act:
  - a. How convincing was the person saying "no"?
  - b. What did s/he do that could be done differently?
  - c. What was the relationship between the verbal and non-verbal communication that the person saying "no" showed?
5. Brainstorm:
  - a. How can a person say "no" verbally, with words? List the responses.
  - b. How can a person say "no" non-verbally, with facial and body expressions? List the responses.
6. Ask all the participants to stand.
7. Call out the verbal and non-verbal ways to say "no" that the group brainstormed, and ask them to act these out. The following are some that you can use as well.

**Verbal**

- Say "no" and leave it at that.
- Say "no" and repeat it.
- Say "no" and give a reason.
- Say "no" and give an excuse.
- Say "no" and suggest an alternative.
- Say "no" and laugh it off with a joke.

**Non-Verbal**

- Use your body to signal "no" (e.g. stand back, hold up your hands, shake your head).
- Use your face to signal "no" (e.g. make a face, frown, grimace, look disgusted with the idea).

- Leave—walk away and make it clear you want nothing to do with the situation.
8. At the end ask if there are any questions or comments and discuss these.
  9. Summarise and highlight the following points.

**Key points:**

- **There are many different ways to say “no.”**
- **Young people need to practise saying “no” so that it gets easier to do.**
- **Verbal and non-verbal communication should send the same message.**

**LINKING SENTENCE**

It is so easy to have unprotected or unplanned sex. This is the main way that HIV and AIDS is being spread and more young people are becoming infected. It is hard for some people not to have any sexual activity at all so the next best thing is to know which activities are relatively safe and protect yourself.

**ACTIVITY 10.8****SAFE AND SAFER SEX PRACTISES****Purpose:**

To discuss what sexual behaviours or practises are considered safe in terms of STIs, including HIV.

To examine the degree of risk involved in practising certain behaviours.

**Time:**

45 minutes

**Steps:**

1. Write the words **SAFE** on the chalkboard or sheet of flipchart paper.
2. Ask participants to discuss what the word means to them with the person sitting next to them. Ask them to share with the group and write down the key points.
3. Write the word **SAFER** on a different space on the chalkboard or a separate sheet of flipchart paper.
4. Ask participants to discuss what the word means to them with the same person.
5. Divide participants into two groups to discuss the following:
  - a. Group 1: What sexual behaviour is considered “safe”? Why?
  - b. Group 2: What sexual behaviour is considered “safer”? Why?
6. Bring the groups back together to discuss and share their responses. Make a list of the activities presented under “safe” and “safer.”

**NTF:**

**Be sure to discuss the ABC message “Abstain, Be faithful, and Condomise” if it is not raised, and let participants examine what each part of the message means and how safe it is.**

7. Facilitate a general discussion and intervene to give factual information as needed.
8. Use the following “Presentation Notes” to clarify and summarise “safe” and “safer” sex.



## PRESENTATION NOTES

### SAFE AND SAFER SEX

The word “safe” means no risk or negative consequence. The word “safer” means the reduction of risk or negative consequence.

In general, there are several risks or negative consequences linked to sexual intercourse of any kind. These include pregnancy, STIs (including HIV), cervical cancer, and emotional hurt or exploitation. As long as there is sexual intercourse, there is a measure of risk involved. Condoms reduce the risk of transmission of STIs, including HIV, if used properly, but there is no guarantee.

Emotional hurt and exploitation is probably the most difficult to prevent, but entering into a sexual relationship for the right reasons and at the right time, rather than to please others, can reduce this risk.

Safer sex includes remaining faithful to only one lifetime partner who is faithful to you, or using other forms of sexual expression, such as mutual masturbation in the place of sexual intercourse. The benefits of safer sex behaviours or practises are that they provide a chance to:

- Get to know each other better, and to develop trust and affection, so that each individual can do what s/he feels is right for her/him, rather than doing what is “expected.”
- Explore the whole body as a source of pleasure.
- Experience romance and courtship.

Therefore, one can conclude there is no such thing as truly safe sex. In sexual relationships therefore people are encouraged to practise safer sex.

9. Check if there are any questions or comments and discuss these.
10. Ask participants to brainstorm different ways to practise safer sex and list these on flipchart paper.
11. Summarise and highlight the following points.

**Key points:**

- **Sexual intercourse involves emotional, psychological, and physical risks.**
- **Absolute abstinence is the only way to be completely safe from risk.**
- **Being faithful is only safe if both partners are completely faithful to each other, and are not HIV positive.**
- **Condoms reduce the risk of pregnancy and STI infection (including HIV) but only if used properly and consistently.**

**LINKING SENTENCE**

Part of practising safer sex is being able to negotiate for condom use. Let us now look at people's attitudes towards condoms and talk about the myths related to these. We will also demonstrate using the male and female condom so that each of us knows how to do this.

**ACTIVITY 10.9****CONDOM USE**

**Purpose:** To examine the effectiveness of condoms as a means of protection.

To learn how to use a condom properly.

**Time:** 90 minutes

**Materials Needed**

- Male and female condoms—one male and two female per participant
- Penis models—one per participant
- Model of female reproductive system (if available)

**NTF:**

**If you have already done this activity with the same group in Unit 9, you do not have to do it again. You can ask them to repeat the golden rules of condom use and re-emphasise that apart from abstinence from sexual intercourse, condoms are the only protection against STIs, including HIV and AIDS.**

**Steps:**

1. Brainstorm with the group on reasons why people use or reject condoms. List the responses on the chalkboard or flipchart paper.
2. Briefly discuss and compare the reasons given.
3. Divide participants into pairs and ask each participant to turn to **page 94** in their workbooks.
4. Assign one statement to each pair (or as many as you can according to how many pairs there are).
5. You can add or change any of the statements to suit the group.



**WORKBOOK ACTIVITY**

**WHY NO CONDOMS**



1. Below is a list of common reasons that many young people give for not wanting to use a condom.
2. With your partner, read through and discuss ways that you could reply to say why you should use a condom.
3. Choose one answer that you feel is a good one and write it in the space provided.

Statements	Answers
a. I know I'm clean; I haven't had sex with anyone in months.	
b. I'm on the pill, so you don't need a condom.	
c. I'm a virgin.	
d. I can't feel anything; it's like eating a sweet in its wrapper.	
e. I'll lose my erection by the time I stop and put it on.	
f. By the time you put it on I'm out of the mood.	
g. Condoms turn me off.	
h. What? Do you think I have a disease or something?	
i. None of my other boyfriends ever used a condom. Don't you trust me?	
j. Do I look like I have a disease?	
k. Just this once—I promise to use one next time.	
l. I won't have sex if you want us to use a condom.	
m. I don't have a condom with me.	
n. You carry a condom around with you? You were planning to have sex with me!	
o. I love you. Would I give you an infection?	

6. When participants are finished, bring them back together to share their responses. Participants can write the responses or key points in the spaces provided.

**NTF:**

**If there is not enough time to do all the statements, choose a few to report back to the group and have a general discussion about the others.**

7. Explain to the group that they will now have a chance to practise using the male and female condom.
8. Show a male condom package, and open it. Give each participant a condom and encourage each person to touch, smell, and even taste the condom.
9. Once the group is feeling comfortable about openly touching condoms, discuss how they felt about the exercise. There may be some participants who do not want to participate and should not be made to feel awkward. If they are uncomfortable, let them talk about their feelings.

10. Using the “wooden willies” (penis models) give a demonstration of how to put on and take off a male condom properly. Remember to talk about proper disposal as well.

**NTF:**

**If there are not enough “willies” for each participant, encourage participants to share. Be sure each person has a chance to put a condom on the willy.**

11. Give each participant a penis model and a condom and let them practise putting on and taking off the condom.
12. Demonstrate the female condom as well then give each participant a female condom and let each one see how it works, or practice if a model is available.
13. At the end let participants say how they feel about being able to use a condom properly, including a discussion on buying and storing condoms.
14. Refer participants to **pages 80 and 81** in their workbooks for information on proper condom use and golden rules.
15. Remind participants to use the **Question Box** or **Anonymous Wall** for any questions or comments they may have.
16. Summarise and highlight the following points.

**Key points:**

- **Condoms are the only prevention against STIs.**
- **Always check the expiry date when buying condoms and before using them if you have had them for a while.**
- **Keep condoms in a cool, dry place.**
- **Read the golden rules and practise using a condom properly.**
- **Always throw condoms away in toilets (pit latrines) or bins. Never throw them on open ground or flush them.**

**LINKING SENTENCE**

If we are to prevent the spread of HIV and AIDS, we must stop having unprotected sex. It is a fact, not a myth that this is the fastest way that the virus is spreading, and we can see that more and more people are being infected, especially young people.

We need to protect ourselves and to give care and support to those who are already infected. Let us now look at what kind of support an HIV-infected person needs.

**ACTIVITY 10.10****SHOWING CARE AND SUPPORT****Purpose:**

To look at what an HIV-infected person needs to do to live positively with the virus.

To examine how we can support a person living with HIV or AIDS.

**Time:**

40 minutes

**Steps:**

1. Ask participants the following question: "What should you do if someone you know, a family member, or a friend is HIV-positive?"
2. List the responses and discuss these. Remind participants to be sensitive as they do not know who in the group may be living with this situation.
3. Use the following "Presentation Notes" to clarify any misconceptions and give factual information.

**PRESENTATION NOTES****CARE AND SUPPORT OF PEOPLE LIVING WITH HIV AND AIDS**

First you must know that you cannot get AIDS from living with someone who is HIV-positive unless you have unprotected sex with her or him, or expose yourself to her or his blood.

A person who is HIV-positive needs:

**a. To be encouraged to live positively.** S/he needs to feel that there is hope for a good life and that being HIV-positive is not the end of life. Friends and family members play a key role in keeping the person's hope alive.

**b. Love and support.** S/he needs to know that s/he is still part of a family and will not be pushed away or rejected. It is good for the person if s/he continues to live with the family and carry on with normal activities.

**c. To practise safer sex (protected sex).** S/he needs to know how to use a condom properly and to understand the need to always have protected sex. In addition to protecting sexual partners from infection, this prevents the person from becoming re-infected with another strain of HIV, or getting an STI which will make her or him sicker and could cause her or him to get AIDS quicker. It also protects the person with whom s/he is having sex.

**d. Voluntary counselling, testing, and medical care.** There are many other things that the person needs to do to live positively with HIV. S/he should talk to a counsellor, medical doctor, or social worker who will be able to offer the information s/he needs and tell her or him where to go for more help.

**e. To continue being part of community.** It is important that the person is given the chance to continue work, training, or study so that s/he does not feel useless. S/he should try to live a normal life and do the things that s/he likes to do as this keeps her/his self-esteem up and helps build a positive outlook on life.

**f. To be protected from stigma and discrimination.** All of the above will help an HIV-positive person cope well if there are no undertones or overtones of stigma and discrimination. It is very important that the family, relatives, friends, and the community close to an HIV-infected person make a conscious effort not to stigmatise and/or discriminate against her/him.

4. At the end ask if there are any questions or comments and address these. Remind participants about the **Question Box** or **Anonymous Wall** so that they can post any other questions they may have.
5. Summarise and highlight the following points.

**Key points:**

- **You cannot get HIV through casual contact, so it is OK to be friends with a person who is HIV infected.**
- **A person living with HIV should not be isolated or rejected. This breaks the spirit and makes it difficult for that person to have hope or believe that s/he is worth being alive. Stress from this kind of mistreatment may contribute to the breakdown of the immune system and the rapid development of AIDS.**
- **More than anything, having someone to talk to is very important to a person living with HIV or AIDS.**

## CONCLUDING NOTES UNIT 10: HIV AND AIDS

HIV infection and AIDS are serious challenges facing youth today. There is no cure for the deadly disease AIDS, so prevention is the only solution. Fortunately, AIDS is an avoidable disease. You can avoid AIDS by abstaining from sexual intercourse. If you are already having sex, use a condom correctly with each and every act of intercourse, and you will greatly reduce your risk.

Knowing that people respect and care for us is such an important thing, but especially to a person living with HIV. It is not a good thing to shun or avoid a person with HIV. Remember, anyone can get HIV, and this does not make her or him any different. We need to treat people with HIV just as we treat everyone else. The illness will be with us for a long time, and we need to give support to our friends and family especially if they become ill.

**ACTIVITY 10.11****CONVERSATION CIRCLE & COMMITMENT****Purpose:**

To reflect on the unit and note the key facts and skills learnt.

To show how the new knowledge and skills gained will be used by making a commitment to change one thing about ourselves in terms of HIV and AIDS.

**Time:**

20 minutes

**NTF:**

**This activity works best with groups of 12 or less. If working with larger groups, first divide them into smaller groups, then get a report back from each group.**

**Make sure to give each group the questions that they should answer or write them where the entire group can see them.**

**This activity can be done in a number of ways. For literate groups, do the following.**

**Steps:**

1. Ask participants to sit in a circle and discuss the following:
  - a. What is one very important piece of information that you learnt from this unit?
  - b. How or why is this important to you?
  - c. How does this information influence you to change your behaviour?
2. Ask participants to think about one commitment they are going to make in terms of HIV and AIDS.
3. Ask participants to turn to **page 96** in their workbooks.

**WORKBOOK ACTIVITY****KEY LESSONS LEARNT**

Based on the information discussed and the learning that has taken place, give answers to the following:

1. What is the most important piece of information you have learnt from this unit?
2. Why or how is this information important to you?
3. How does this information influence you to change your behaviour?

**MY COMMITMENT**

4. Write the commitment that you are going to make to yourself in terms of what you have learnt about HIV and AIDS. You will not be asked to share this with the group.

**NTF:**

**For semi or low-literate groups do steps 1 through 3 above then continue as follows.**

4. Close your eyes and make a promise to yourself—something that you will do to change your behaviour based on what you learnt about HIV and AIDS.

### **BACKGROUND INFORMATION FOR FACILITATORS**

The topic of HIV and AIDS can seem overwhelming. It seems like every day the newspapers report a new development about the disease. This material provides basic background information about HIV and AIDS, as of 2002.

Fortunately, although scientists and epidemiologists keep generating information that refines our understanding of the disease, the basic information about how the virus works and how infection can be prevented has remained the same for quite some time.

The term “HIV infection” is used to describe infection with the virus that causes AIDS. Someone who is HIV infected and has no symptoms is termed “asymptomatic.” People infected with HIV can be asymptomatic for many years, but are still able to pass the virus on to others without knowing it. A person who is HIV-infected and has some symptoms of illness related to this infection, but is not yet diagnosed with AIDS, is said to have “symptomatic” infection. A person is considered to have AIDS only when they have a certain group of opportunistic infections that add up to the proper medical diagnosis of AIDS, such as certain types of pneumonias or cancers, or if their T-cell/CD4 cell count (a laboratory test which indicates how healthy the body's immune system is) has fallen below a certain level (often around 200).

### **Tips for Teaching About HIV and AIDS**

Teaching young people about HIV and AIDS is likely to be professionally and personally challenging. Everyone has feelings and values about the concerns the AIDS epidemic raises. You may not be comfortable with some of the issues that participants raise. Examine your discomfort but try to put this aside during the activities. The most important thing is to assess how the young people are thinking and feeling, and start with that—correcting misinformation and providing helpful information for all their current or potential situations.

It is important to acknowledge the wide range of sexual experience in a classroom or group of young people. Some will be dating, while others may not yet be interested in romantic relationships. Some young people will have had intercourse, and some will never have kissed anyone. Others may have good reasons to fear that they have been exposed to HIV, while some may believe they contracted it from mosquitoes. Young people may have friends or relatives with AIDS, and some may have parents or partners whose behaviour puts them at risk.

Many young people are afraid of AIDS and that fear may keep them from protecting themselves. Reduce this fear by emphasising that AIDS can be prevented; not becoming infected is within their control. Teens can feel empowered by understanding they have the ability to practise behaviours that prevent them from becoming infected.

One simple, yet powerful, way to help youth consider delaying sexual intercourse is to change the language when discussing sexual behaviour. Young people who are having sexual intercourse are usually described as being “sexually active.” The message conveyed to a young person (who may see “sexual activity” as an

important part of their passage into adulthood), is that only sexual intercourse (placing the penis inside the partner's vagina or anus) really constitutes the behaviour of a “sexually active” person! Try to be specific when talking about sex, and use the term “sexual behaviour” to describe the range of sexual expression from fantasy to social interaction, from touch, to masturbation that do not risk unwanted pregnancy and STIs.

Young people need explicit information about the specific sexual behaviours that put them at risk of HIV infection. Since most young people experiment with some types of sexual behaviour, you can help them to understand which ones are safer and which ones are risky.

You can help young people understand the risk of becoming infected and how to practise safer sex. Any type of sex between two **uninfected** partners is safe from HIV transmission. The difficulty is that most people, teenagers or adults, do not know if they have been exposed to the virus. “Knowing someone well” or “asking your partner about AIDS” is an unrealistic way to assess potential risk, especially for young people. They need to understand that it is impossible to tell if someone is infected just by looking at her or him. Avoid emphasising that “monogamous” relationships are safe (i.e. those where both partners are faithful to each other); since young people think each time they have a relationship with one person, and they are faithful, they are being monogamous. Having one faithful relationship after another is called **serial monogamy**, and each new partner can be a risk to the other.

Help young people to understand that there are many ways to express sexual feelings—ways that do not risk unplanned pregnancy or STIs, including HIV. These include touching, fantasising, caressing, massaging, and masturbating. Talking, kissing, whispering, hugging, singing, dancing, and holding hands are also ways of showing and receiving affection from a partner.

Strategies for avoiding penetrative sexual intercourse (abstinence) are an important component of AIDS education. Young people need to know that putting the penis into the vagina is not the only way to give or receive sexual pleasure. You do not have to come up with the ideas; ask the youth themselves to come up with their own ideas. Try to assess what lies behind the young people's need to have sex or desire to have sex (if they express this desire). Does it have more to do with their need for basic affection, or attention? Young people also need guidance on expressing affection, and receiving it, through non-sexual ways.

Be realistic about the numbers of young people in the programme who are having sexual intercourse. In a group of 16-year-olds, half are likely to be virgins and half are likely to be having sex. Those who have sexual experience need explicit information about how to protect themselves. Those who are virgins need to be empowered to remain virgins as well as to prepare for the eventuality of sexual intercourse.

Young people need to know that most protected sexual activities are called “safer sex,” not “safe sex,” because, even with precautions, only avoiding all contact between partners of vaginal or seminal fluid or blood is 100 percent effective. Using condoms with an infected partner, or a partner who does not know her or his HIV status, can only be considered “safer.”

Latex condoms have been proven to be an effective barrier to HIV. They can, however, break or leak, especially when used incorrectly. Although condoms are not a 100 percent safeguard against the spread of HIV or for preventing pregnancy (since they may break or slip off if used incorrectly), they do offer the best protection there is during penetrative sexual intercourse. Most of the problems associated with condoms have to do with incorrect use—so spend time on this section of the unit.

People can lower their risk of becoming infected with HIV or other STIs by understanding exactly how to use a condom correctly, and being certain to use one every time they have sex. Many young people feel even safer if they use another method of contraception, besides a condom, to increase the effectiveness against pregnancy.

When teaching young people about HIV and AIDS, there will be many opportunities for reassessing your personal beliefs and values. Explore your own feelings and seek the support of another youth leader if necessary.

If your discomfort with the subject of HIV and AIDS makes it difficult to help young people, find another person in your organisation, school, or community who could more appropriately facilitate the HIV and AIDS education activities in this unit. Remember, even if we try to tell all the young people in our community about the risk of HIV and AIDS, and we encourage young people to abstain from sexual intercourse, many will still go ahead and have sex before marriage, or before they are emotionally ready.

Between the two alternatives—pre-marital sex with risk of HIV, or teaching young people to use a condom to avoid HIV—the more responsible alternative is the latter, to empower young people to protect themselves and their current and/or future sexual partners from death.

—Adapted from *Advocates for Youth's Life Planning Education: A Youth Development Program* (Washington, DC: 1995).

### **The State of HIV and AIDS**

There are over 40 million people living with HIV and AIDS worldwide, and more than 24 million of them live in sub-Saharan Africa. AIDS is an incurable disease that eventually kills the infected person. It is a disease that can now be controlled with special drugs that restrict the activity and multiplication of HIV, the virus which causes the disease, AIDS. However, many of these treatments require very costly drugs, and are thus not available to most people.

HIV stands for Human Immunodeficiency Virus. The name indicates that it is found in humans, that it makes our immune system deficient (lacking in something) and therefore weakens it. The immune system is the body's defence against disease.

With a damaged defence system the body is vulnerable to a whole range of infections and diseases. The person becomes weaker and eventually dies.

AIDS stands for Acquired Immunodeficiency Syndrome. “Acquired” refers to the fact that a person gets the disease from elsewhere—a person does not just develop it spontaneously. A person gets it from another person who is infected, through contact with that person's infected blood and/or sexual fluids. “Immune” refers to the body's defence system for fighting off disease, and “deficiency” indicates a weakness in that system. “Syndrome” means a specific collection of symptoms and diseases. AIDS is a term used to indicate the most serious stage of a person's infection with HIV. It means that the person has a particular collection of symptoms and diseases defined medically as AIDS. An AIDS diagnosis usually means that, in order to continue to live, the person will need special care and medical support.

When AIDS emerged as a potential threat to human health some 20 years ago, it was difficult to predict how the epidemic would develop. We now know from experience that AIDS can ruin and destroy social, economic, and family life in whole villages, and in whole regions. It can throw national development into decline, make poorer nations poorer, and make the lives of already stigmatised and disadvantaged groups even more desperate.

#### **Why is AIDS so Important for Young People?**

AIDS is spreading amongst young people in Africa more than in any other age group. AIDS stands to kill more than half of the young adults in the countries where it has its firmest hold (such as the southern cone of sub-Saharan Africa), most of them before they finish the work of caring for their own children, or providing for their elderly relatives.

While East and West Africa are relatively less affected by HIV than the southern cone, prevalence rates (particularly amongst young people) are creeping up in many places. Nearly five adults in every one hundred in Uganda are already infected as of the end of 2001 (5 percent prevalence amongst people aged 15 to 49).

In general, the infection rates in young African women are far higher than those in young men, as much as three to five times higher. This is due in part to young girls having sex with older men, and so having a greater risk of becoming infected at an earlier age than their male peers. It is also because infected men more easily infect women or girls during vaginal intercourse, than vice versa.

However, the picture is not all gloom and doom. Young people have shown themselves capable—with the right support and information—of lowering the general rates of infection. A large community-based study in Uganda has shown that the HIV prevalence rate amongst 13 to 19 year old girls has fallen significantly since 1989.

AIDS is an avoidable disease. If a young person decides not to have sex, s/he cannot become infected with HIV (unless it is contracted by other means, such as through sharing needles used for injections where one or more person sharing is infected, or receiving a transfusion of infected blood). Other than not having sex (being abstinent), a young person can reduce the risk of HIV by always using condoms the correct way, every time s/he has sex.

### How Does HIV Make a Person Sick?

It is helpful to think of HIV infection as a continuum, starting from the moment of infection, through the first signs of sickness, to the final appearance of AIDS. This is an important concept because it means:

- Someone can be infected for a long time (even up to and over ten years) and have no symptoms and feel healthy.
- Someone can be infected and feel poorly, but not be diagnosed with AIDS.

This means that an infected person can unknowingly pass the virus on to other people through sexual contact, or an infected mother may pass the infection on to her child during pregnancy, childbirth, or breastfeeding. HIV slowly weakens the immune system, which is the body's defence against infection and illness.

Eventually the body is unable to fight off even mild infections and the infected person eventually dies of one or more infections or diseases. It is unclear whether everyone who is infected with HIV will develop AIDS, but researchers estimate that a very high percentage of HIV-infected people will develop AIDS. Eventually, people with AIDS die of one or more of the opportunistic infections that invade their bodies.

As with other infections, when HIV enters the body, the immune system produces a response to try to fight off the infection, by producing “antibodies.” However, these are insufficient to battle against the growth and multiplication of the virus, which slowly destroy key cells in the immune system itself.

### What Does HIV-positive Mean?

HIV-positive means that an HIV test has shown that a person has been infected with HIV. There are several kinds of HIV tests. The most common tests require a sample of blood, urine, or inner cheek cells. Usually, it takes several days or weeks for a test's result. Some newer tests give results within minutes. The tests show whether the person has produced antibodies to HIV, but they do not show the presence of the virus itself (these tests are rarer and more expensive).

A negative test result indicates that the body is not creating antibodies to the virus. Therefore, it is assumed that the person is not infected with HIV. It is important to understand, however, that there is a “window period” between the time when a person is infected with HIV and when the immune system begins producing antibodies in a great enough number to be detected. So, it is possible for someone to test HIV-negative during the window period, yet still be infected with HIV and be able to transmit it to someone else. Scientists are unsure about the length of the window period; it is probably between two weeks and six months but in rare cases may be as long as three years.

It's very important for a person to be counselled by a trained counsellor before and after an HIV test. This is called **voluntary counselling and testing** for HIV, also known as **VCT**, and is available in many places. VCT is voluntary: a person should never be forced to be tested for HIV as a condition for employment or for any other reason. Before the test, the counsellor will explain the procedure and talk to the person to be sure s/he is ready for the test, and ask about recent sexual activity to determine whether the person could be in the window period.

If the blood test shows the person to be HIV-negative, after the test the counsellor will give advice about how to stay HIV-negative. If the person is found to be positive, the counsellor will help her or him cope with the news, discuss steps the person can take to avoid passing the infection to someone else, and refer the person to available services and treatment. VCT is confidential, which means the counsellor must not reveal the test results to anyone else.

### **When Are People With the Virus Infectious to Others?**

People with HIV are infectious to others as soon as they are carrying the virus, even before antibodies are produced. People with HIV may not know they are infected and may look, act, and feel healthy for a long time, possibly longer than ten years. It is impossible to tell from looking whether or not a person is infected. Knowing a person well does not tell you anything about her/his HIV-positive or HIV-negative status.

### **How is HIV Transmitted?**

HIV is transmitted from person to person through contact between the blood or mucus membranes of one person, with the infected blood, semen, vaginal fluids, or breast milk of another. Ways to get the virus include:

- Exchanging blood, semen, or vaginal secretions during sex with someone who has HIV.
- Sharing circumcision knives, or needles used for injecting drugs (including steroids), tattooing, or ear piercing, with someone who has HIV.
- A baby getting the virus from an HIV-positive mother through the umbilical cord while it is still inside the mother, through contact with vaginal fluids and blood during birth, or through breast milk.

HIV cannot survive in air, water, or on things people touch. You cannot get HIV infection from:

- Touching, hugging, talking to, or sharing a home with a person who is HIV-infected or has AIDS.
- Sharing plates, glasses, or towels used by someone with HIV infection or AIDS.
- Using swimming pools, hot tubs, drinking fountains, toilet seats, doorknobs, gym equipment, or telephones used by people with HIV infection or AIDS.
- Having someone with HIV or AIDS spit, sweat, or cry on you.
- Being bitten by mosquitoes.
- Donating blood.

### **What is “Safer Sex”?**

Safer sex describes a range of ways that sexually active people can protect themselves from infection with all STIs, including HIV. Practising safer sex also provides protection from pregnancy. There are many ways of loving and satisfying sexual feelings that are not risky. Some of them include:

- Hugging.
- Holding hands.
- Massaging.
- Rubbing against each other with clothes on.
- Sharing fantasies.
- Masturbating your partner or masturbating together, as long as males do not ejaculate near any opening or broken skin on partners.

There are other activities that are probably safe such as deep kissing, as long as none of the partners has any sores or cuts in the mouth, and correctly using a latex condom for every act of sexual intercourse. However, having any kind of sexual intercourse without using a condom is very risky. It leads to exposure of bodily fluids where HIV lives.

### **What About Kissing?**

There are no reported cases of people becoming infected with HIV just from deep kissing. It might be risky, however, to kiss someone if there is a chance for blood contact—if the person with HIV has an open cut or sore in the mouth or on the gums. It would be even more risky if both people had bleeding cuts or sores in their mouths. People should use common sense and should wait until any sores or cuts have healed before kissing.

### **Why is Sharing Needles Risky?**

Sharing needles for injecting drugs, shooting steroids, tattooing, or ear piercing is risky because blood from the first user often remains on the needle or in the syringe. It can then be directly injected into the bloodstream of the next user. So far, injecting drugs is not a big problem in Africa as it is in Europe and North America. Of course, it is safest not to share needles and syringes but, if shared, they should be cleaned between each use with bleach and water. Bleach (such as Clorex or JIK) kills HIV. The correct procedure for cleaning needles and syringes used for drug injections is to refill the syringe with bleach, then flush the bleach through the needle into a sink, toilet, or container, and repeat. Then, fill the syringe or needle with water and flush the water through the needle into a sink, toilet, or container, and repeat this again.

—Source: Life Planning Education, *Advocates for Youth, Washington D.C., 1995. Updated data from UNAIDS 2002 Update.*

# UNIT 11: SUBSTANCE ABUSE, INCLUDING DRUGS AND ALCOHOL



## PURPOSE AND OBJECTIVES

This unit discusses how young people get involved in using drugs, alcohol, and other substances and looks at ways to deal with this. It also describes how drugs and alcohol affect people and helps participants apply decision-making techniques to avoid drug use by providing an opportunity to practise assertive refusal skills.

**By the end of this unit, participants should be able to:**

- Explain the risks involved in substance use and abuse.
- Explain the effects of tobacco, alcohol, and other drugs on a person's health.
- Practise decision-making and assertiveness skills needed to avoid the use of alcohol and other drugs.

**ACTIVITIES** →

Warm Up—Copy Cat	<i>10 minutes</i>
Myths and Facts About Drugs, Alcohol, and Other Substances	<i>90 minutes</i>
Good Decision Making	<i>60 minutes</i>
Resisting Peer Pressure to Use Drugs, Alcohol, and Other Substances	<i>45 minutes</i>
Conversation Circle & Commitment	<i>20 minutes</i>

**3 hours 45 minutes**

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**ACTIVITY 11.1****WARM UP—COPY CAT**

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**Purpose:** To highlight how easily we do what others do and the need for us to start doing what is right for us.

**Time:** 10 minutes

**Steps:**

1. Tell each participant to pair up with a partner.
2. Each person should take turns being the leader.
3. Everything the leader does, the other person copies.
4. Participants should change roles after five minutes.
5. Ask participants to share what lessons they have learnt from this activity. Keep this short.

**ACTIVITY 11.2****MYTHS AND FACTS ABOUT DRUGS,  
ALCOHOL, AND OTHER SUBSTANCES****Purpose:**

To discuss the effects of substance use and abuse.

To understand the facts about drugs and alcohol.

**Time:**

90 minutes

**Material Needed:**

- Basket

**NTF:**

You will need to explain the physical, emotional, and health effects of alcohol and drugs, with specific focus on the impact they have on study, work, and relationships. You may ask a co-facilitator trained in this field to assist you with this.

**Steps:**

1. Explain to participants that this activity will test their knowledge and understanding of how drugs and alcohol (or substances) affect them.
2. Brainstorm:
  - a. What is a drug?
  - b. What is alcohol?
3. List responses on the chalkboard or flipchart paper and discuss briefly. Use the following notes to explain and define the term “drug.”

**Definition of Drug**

A chemical or natural substance that when used alters the person in some way. It is something that changes the body's natural processes and may affect a person's normal thought and behaviour processes.

4. Ask participants to list other substances that people take. Responses should include vitamins, medicines, etc. List these and tell the group that we are now going to look at truths versus myths about drugs and alcohol use.
5. Ask participants to list names of common drugs that they know. They can mention names of local drugs as well. Encourage discussion around how these drugs affect youth.
6. Divide the group into pairs and ask them to sit together. Let each pair take a statement from the basket.

**NTF:**

**Copy and cut the statements and put them in a basket. If participants do not read, then read each statement to the pair.**

7. The pair must discuss and decide if the statement is true or false.
8. After a few minutes invite participants to share their responses with the group and give reasons for their answers. Encourage discussion at the end of each report to give participants a chance to share their view on the statement.

**Statements**

1. Alcohol is not a drug.
2. Alcoholism is a disease.
3. More young people use alcohol than weed (marijuana).
4. Young people are often introduced to drug use by their friends.
5. Coffee, tea, and sodas contain drugs.
6. It is rare for a teenager to be an alcoholic.
7. Cigarette smoking can be addictive.
8. Drugs help people to deal with difficult situations better.
9. Misusing contraceptives is not at all dangerous.
10. Substances like glue (inhalants) are basically harmless.
11. A cup of coffee and a cold shower will sober up a drunken person.

9. Use the following notes to give the participants the correct answers.

**Myths and Facts About Drugs and Alcohol**

**Alcohol is not a drug.**

**Myth.** Alcohol is a drug as is any substance that affects the mind or body.

**Alcoholism is a disease.**

**Fact.** Alcoholism is a disease; just as diabetes or epilepsy are diseases. It is a common disease in many parts of the world, including Africa. It is especially common amongst males. It can respond to treatment, which includes eliminating alcohol consumption completely.

**More young people use alcohol than weed (marijuana).**

**Fact.** Alcohol is the most frequently abused substance. Substances also abused by young people (as well as other people) include tobacco, valium, saccharine, akpeteshie, weed, and glue.

**Young people are often introduced to drug use by their friends.**

**Fact.** Almost half of young people are initiated into drug use by their peers.

**Coffee, tea, and sodas contain drugs.**

**Fact.** They all contain caffeine, which is a stimulant. Caffeine is addictive; headaches are a common sign of caffeine withdrawal.

**It is rare for a teenager to be an alcoholic.**

**Myth.** Definitely not. Many young people use alcohol regularly and many of them are addicted to it.

**Cigarette smoking can be addictive.**

**Fact.** Cigarettes contain nicotine, which is addictive. Cigarette smoking is harmful to health. It has been found that smoking is directly linked to cancer, especially lung cancer. It is especially dangerous for pregnant women to smoke, as this may affect the lungs as well as the breathing of the foetus and the development of its brain.

**Drugs help people to deal with difficult situations better.**

**Myth.** Drugs do not help people forget about their problems or reduce the pain caused by problems. They may be a temporary distraction only. The problems do not go away; in fact, they often get worse as a person under the influence of drugs makes no attempt to solve her/his problems.

**Misusing contraceptives is not at all dangerous.**

**Myth.** Some young people are misusing the pill and Depo-Provera as a way of “indefinitely” postponing menstruation. They think that this is a smart and harmless way of getting rid of menstrual problems. However, contraceptives or family planning methods, especially hormonal methods such as the pill and injections, are medications that should only be used as they are prescribed by a doctor or trained service provider.

**Substances like glue (inhalants) are basically harmless.**

**Myth.** Substances like glue or petrol can be extremely dangerous. Inhalants can cause permanent damage to organs like the liver or brain.

**A cup of coffee and a cold shower will sober up a drunken person.**

**Myth.** Only time will cause a person to become sober. It takes one hour for the liver to process one gram of pure alcohol.

**NTF:**

**If working with a group larger than 20 people you can use the following additional statements.**

**Alcohol affects some people more than others.**

**Fact.** Factors that influence how alcohol affects the individual include: body weight, amount of alcohol consumed, the presence of other drugs in the system, the general health of the individual at the time, and how recently she or he has eaten.

**Alcohol is a sexual stimulant.**

**Myth.** Alcohol, like cocaine and other drugs, can actually depress a person's sexual response. The drug may lessen inhibition with a sexual partner, but it causes problems such as inability to have an erection, loss of sexual feeling, or inability to feel pleasure.

**When people stop smoking cigarettes, they can reverse some of the damage to the body.**

**Fact.** If there is no permanent heart or lung damage, the body can begin to heal itself when a person stops smoking.

**Drinking only beer will prevent problems with alcohol.**

**Myth.** Ethyl alcohol affects drinkers and ethyl alcohol is present in beer, as well as wine and spirits.

**Smoking cigarettes every now and then is not harmful.**

**Myth.** As soon as people start smoking, they experience yellow teeth stains, bad breath, and shortness of breath that may affect their physical performance. Addiction to nicotine is quick. People who smoke for any period of time have a greater risk of lung cancer and other lung diseases, tongue and throat cancer, and heart diseases.

**Weed gets you high but is not harmful.**

**Myth.** Although research is ongoing, many experts believe that long-term use of marijuana is potentially dangerous and may lead to: a decrease in motivation, memory loss, damage to coordination, impaired judgement, damage to the reproductive system, and throat and lung irritation.

**Alcoholism tends to run in families.**

**Fact.** Children of alcoholics are much more likely to be alcoholics than children of non-alcoholic parents. Some theories state that alcoholics have a different chemical make-up that might be passed from one generation to the next. Others argue that children imitate their parents' or other adults' behaviour, and therefore children of alcoholics become alcoholics themselves.

10. Ask participants if they have any other general comments or questions and discuss these.
11. Ask participants to get into three or four small groups and come up with a list of guidelines they could use to convince their friends not to use drugs or abuse alcohol.
12. Each group should choose a representative and share their guidelines with the others.
13. Start the feedback by letting one group give their guidelines. List these then ask the other groups to add any others that they have. Steer participants towards coming up with one list of guidelines or take a vote to decide which group list all the participants accept.
14. Ask participants to turn to **page 100** in their workbooks.

**WORKBOOK ACTIVITY****GUIDELINES FOR AVOIDING DRUGS AND ALCOHOL**

Copy the list that the group came up with. Learn these so that you can teach your friends how they can stay away from drugs and alcohol.

**Guidelines:**

15. Ask participants if there are any questions or comments and address these.
16. Summarise and highlight the following points.

**Key points:**

- **Substance abuse can cause emotional and psychological problems.**
- **Drugs and alcohol have addictive tendencies.**
- **Prescribed drugs should be taken as they are prescribed (be cautious of self-medication).**
- **Herbal and other preparations should be taken very carefully.**
- **Most young people are introduced to drugs and alcohol by friends and family members.**
- **Using alcohol and drugs is a major contributor to broken relationships and families.**
- **Respect yourself; do not harm yourself by abusing substances.**
- **Do something healthy and positive instead of using drugs or alcohol.**

**LINKING SENTENCE**

Knowing information about drugs and their dangers is not enough to help young people resist pressure to start using them. Young people need certain skills to be able to cope with peer pressure. These skills include decision making, communication, and assertiveness. Let us now look at good decision-making skills.

**ACTIVITY 11.3****GOOD DECISION MAKING****Purpose:**

To understand the (unconscious) process we go through when we make decisions.

To practise applying the good decision-making model to real life situations.

**Time:**

60 minutes

**NTF:**

**If this activity was done in an earlier unit, skip steps 1 through 9 and do the following:**

- **Remind participants about the model—referring to the particular unit where it was done.**
- **Start with step 10.**

**Steps:**

1. Ask the group the question, “Under what situations or conditions does a person make a decision?”
2. List the responses on the chalkboard or flipchart paper. These may include statements such as:
  - a. When faced with a difficult situation.
  - b. When faced with more than one choice.
  - c. When faced by a challenge or challenging situation.
  - d. When there is a problem.
3. Use the following “Presentation Notes” to introduce the decision-making model. Write out each letter step by step on the chalkboard or flipchart as you introduce and describe it. Copy each letter exactly as in the following notes, so that the word **DECIDE** is spelt vertically. Emphasise the 3Cs: Challenges, Choices, and Consequences.



## PRESENTATION NOTES

We make decisions every day of our lives without always being aware of how we come to those decisions. Whenever we face a problem that requires us to make choices, there is a certain thought process we go through. This is sometimes done so quickly that we are not aware of it. Every decision-making process is made up of the following steps:

**D**efine the problem or **challenge** you are facing.

**E**xplore the **choices** that you have.

**C**hoose one of the explored choices

**I**dentify the **consequences** of this choice.

**D**o—Act out the choice you have made.

**E**valuate—Look back at your decision and see if it was a good one. If not, choose another one and repeat the process.

4. Ask participants if they have any comments or questions and discuss these.
5. Tell participants that they will now practise using the model and ask them to turn to **page 101** in their workbooks.

### NTF:

For semi-literate youth, do the following:

- Choose and brief youth to do the role-play.
- Ask participants to get into pairs or small groups of three and do the activity.
- Each pair or small group should present its decision as a short skit.



**WORKBOOK ACTIVITY**

**GOOD DECISION MAKING**

Read through the scenario below and use the **3Cs model** (Challenges, Choices, and Consequences) previously discussed to come to a decision.

**Scenario**

Your best friend drinks a lot of alcohol and is often drunk at parties. One weekend at her/his house s/he is really drunk and starts trying to force you to drink with her/him. You feel really uncomfortable but do not want to lose the friendship. What should you do?

1. What is the **CHALLENGE** that you are faced with?
  
2. What are your **CHOICES**? Think about these and write three of them in the space below.

**Choice 1:** \_\_\_\_\_  
 \_\_\_\_\_

**Choice 2:** \_\_\_\_\_  
 \_\_\_\_\_

**Choice 3:** \_\_\_\_\_  
 \_\_\_\_\_

3. What are the **CONSEQUENCES** of each choice you have written down? Write these in the spaces below.

Choice	Positive Consequences	Negative Consequences
1		
2		
3		

4. What is your decision?

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5. Why did you make this decision?

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6. How did your values help you make this choice?

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6. Take participants through the good decision-making model using the following instructions. Write the relevant part of the model as you discuss it.
  - a. First identify the problem or **challenge** that you are faced with.
  - b. Next, think of the **choices** that you have and write at least three of these down.
  - c. Next, identify both the possible negative and positive **consequences** of each choice.
  - d. Look at the choices and consequences that you have listed and make a decision.
  - e. Lastly, evaluate the decision you made. Ask yourself why you made this decision and if it is the best one to make. If you are not happy with the decision you have made, make another choice and go through the process again.
7. Clarify that decision making is usually done alone, but people may seek other people's opinions before making a decision.
8. Ask participants to share their responses to the questions in the workbook activity. Let one person share her/his responses to the questions before moving on to another participant.
9. At the end, ask participants to briefly discuss how easy or difficult they found the model to use. Allow general discussion about the model.

10. Summarise and highlight the following points.

**Key points:**

- **The best decisions are made when we have all the facts.**
- **We must think of all the consequences of any choice, but especially any negative consequences there may be.**
- **People make wrong decisions sometimes. The important thing is to realise this and take steps to correct it.**
- **It is not always easy or possible to go through this thought process when making a decision. Sometimes we do not have time to think of the consequences but have to make a quick decision to ensure our safety or survival. It is therefore up to us to weigh this and do what is appropriate for the time and situation.**
- **Good decisions are not easy to make. We can make extra efforts to succeed or achieve our goals.**

**LINKING SENTENCE**

It is not always easy to make the right choices and decisions, especially when we are influenced by what our friends are doing. When facing a tough challenge, and unsure of the decision to take, we can talk to someone whose opinion we respect, such as a friend, elder, auntie, teacher, etc. The final decision, however, is ours to make so we must be clear about the consequences of our actions. Let us now practise making decisions about drug use.

**ACTIVITY 11.4****RESISTING PEER PRESSURE TO USE DRUGS, ALCOHOL, AND OTHER SUBSTANCES**

**Purpose:** To use real-life situations to discuss how to deal with being pressured to use drugs or alcohol.

**Time:** 45 minutes

**NTF:**

**Prepare each of the following as separate letters. You can copy them and cut them so that each group gets only the one they are working on.**

**Steps:**

1. Divide participants into three groups.
2. Give each group one of the letters below. Write the instructions on the chalkboard or flipchart paper so that all the groups can see them.

**Group 1**

Dear Aunt Charity

My friend has begun to hang around with older boys who sell drugs. He comes to me and tells me that he makes a lot of money doing nothing except “keeping” some drugs for his new friends. He tells me that he can get me in on the action, and that there is little or no danger to me. He’s always flashing lots of cash around and lately was wearing a nice gold watch and chain. I could use some extra money because I don’t get much money from my parents, but I am not sure about selling drugs. What should I do?

Mukisa

**Group 2**

Dear Aunt Charity

I am 16 years old and my best friend is 20. We get along very well even though she is so much older than I—we have a lot of fun together. There is only one thing that I don’t like and that is, my best friend smokes weed. Whenever I visit her at her home or we go to a party she’s always trying to get me to smoke. I’ve told her that I don’t want to but now she’s starting to avoid me and makes excuses when I say let’s go out. She even called me a chicken the other day and said I was acting like a kid. I really like her and wouldn’t like to lose her as a friend. What should I do?

Ayesiga

**Group 3**

Dear Aunt Charity

My cousin and I are very close—her parents died when she was five and she's been living with us ever since. Some people even think we are brother and sister because we go everywhere together. Recently my cousin made a new friend at school and now spends a lot of time with her. I caught the two of them sniffing cocaine at the back of the house one day, and since then, my cousin's been trying to get me to try it. She keeps telling me how good it makes you feel and says that if I continue to be so “goody goody” she won't hang out with me anymore. What should I do?

Jerry

**Instructions:**

- Using the good decision-making model in your workbook, try to reach a decision that your group agrees on.
  - When your group has reached a decision, write a letter responding to the one you read, advising the person what to do and why. Be sure to list at least three choices that s/he has.
  - Choose a representative from your group to report back to everyone. S/he will be asked to read the letter that your group wrote and to describe how the group came to the decision.
  - You have 15 minutes to do this activity.
3. When the groups are finished let each one give its presentation.
  4. Encourage general discussion at the end of each presentation before moving on to the next group.
  5. Use the following to stimulate discussion:
    - a. How difficult or easy was it to make these decisions?
    - b. Which one do you think was the toughest decision to make?
    - c. What were the “worst-case consequences” for each of the situations?
  6. Summarise and highlight the following points.

**Key points:**

- **Many young people get involved in drugs and alcohol, or are influenced to try drugs and alcohol, through their friends.**
- **Resisting peer pressure calls for a strong love of ourselves and a commitment to be true to ourselves and our values.**
- **Our decisions and choices affect us first, so it is important to make the right decisions for ourselves.**

## **CONCLUDING NOTES, UNIT 11: SUBSTANCE ABUSE, INCLUDING DRUGS AND ALCOHOL**

Anything that affects the mind or body is a substance. Drugs and alcohol are substances that are often abused, causing physical, emotional, and psychological problems and addiction. It is too easy to get involved in drugs and using alcohol excessively, because so many people around us are doing it. Remember that these substances are not good for the body or the mind. They may make a person feel good, but this is only for a short while, and they create a dependency that makes it hard to quit.

Although peers are important in our lives, like in everything else, we are responsible for ourselves and the decisions we make. We have to know and love ourselves enough to not want to do anything to hurt ourselves in anyway. We need to be our own best friends and be able to say “no” to peer pressure.

**ACTIVITY 11.5****CONVERSATION CIRCLE & COMMITMENT****Purpose:**

To reflect on the unit and note the key facts and skills learnt.

To show how the new knowledge and skills gained will be used by making a commitment to change one thing about ourselves in terms of drugs, alcohol, and substance abuse.

**Time:**

20 minutes

**NTF:**

**This activity works best with groups of 12 or less. If working with larger groups, first divide them into smaller groups, then get a report back from each group.**

**Make sure to give each group the questions that they should answer or write them where the entire group can see them.**

**This activity can be done in a number of ways. For literate groups, do the following.**

**Steps:**

1. Ask participants to sit in a circle and discuss the following:
  - a. What is one very important piece of information that you learnt from this unit?
  - b. How or why is this important to you?
  - c. How does this information influence you to change your behaviour?
2. Ask participants to think about one commitment they are going to make in terms of avoiding drugs, alcohol, and substance abuse.
3. Ask participants to turn to **page 103** in their workbooks.



## WORKBOOK ACTIVITY

### KEY LESSONS LEARNT

Based on the information discussed and the learning that has taken place, give answers to the following:

1. What is the most important piece of information that you have learnt from this unit?
2. Why or how is this information important to you?
3. How does this information influence you to change your behaviour?

### MY COMMITMENT

4. Write the commitment that you are going to make to yourself in terms of preventing drug, alcohol, and substance abuse in the space below. You will not be asked to share this with the group.

### NTF:

**For semi or low-literate groups do steps 1 through 3 above then continue as follows.**

4. Close your eyes and make a promise to yourself—something that you will do to change your behaviour to be more in line with what you learnt about drugs, alcohol, and substance abuse.

## UNIT 12: PLANNING FOR THE FUTURE



### PURPOSE AND OBJECTIVES

This unit helps teens think about setting clear goals for their futures, and to identify obstacles that may keep them from achieving their goals. The unit will help young people recognise the link between personal values and vocational choices. It also helps them to learn what a resume (Curriculum Vitae [CV]) is and how to prepare one.

**By the end of this unit, participants should be able to:**

- Recognise their short-term and long-term goals.
- Identify how their own personal values relate to potential vocational choices.
- Explain how to and be able to prepare a resume/CV.
- Define advocacy and identify how young people can get involved in advocating for youth issues.

**ACTIVITIES** →

Warm Up—The Letter	<i>10 minutes</i>
Understanding Short-Term and Long-Term Goals	<i>30 minutes</i>
Setting Goals	<i>45 minutes</i>
Understanding Values	<i>25 minutes</i>
Values and Vocations	<i>30 minutes</i>
The Career Path	<i>45 minutes</i>
Start With What You've Got	<i>40 minutes</i>
Preparing for Work	<i>50 minutes</i>
Understanding Advocacy	<i>40 minutes</i>
Advocating for Youth Issues	<i>30 minutes</i>
Conversation Circle & Commitment	<i>20 minutes</i>

**6 hours 5 minutes**

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**ACTIVITY 12.1****WARM UP—THE LETTER**

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**Purpose:** To have fun and move around the room.

**Time:** 10 minutes

**Steps:**

1. Ask participants to sit in a circle.
2. Explain that you are the postman and you have a letter for certain people in the group.
3. Start by saying, “I have a letter for all participants wearing jeans, or T-shirts, or black shoes (choose something common to most people in the group).”
4. Those people who fit the description then have to move and find another seat. You should also find a seat which means that someone will be left standing.
5. The person left standing becomes the postman and the game continues.

**ACTIVITY 12.2****UNDERSTANDING SHORT-TERM AND LONG-TERM GOALS****Purpose:**

To understand the difference between short-term and long-term goals and discuss which is easier to achieve, and why.

**Time:**

30 minutes

**NTF:**

**Prepare a list of short-term goals and a list of long-term goals for this activity. Some examples are given in step 5 below. Make sure that there are enough goals that each participant can have one.**

**Steps:**

1. Write the word “goal” on a flipchart and ask participants to brainstorm on what they think the word means.
2. List the responses on the flipchart.
3. Work towards getting the group to agree on one common definition.
4. Explain that a goal is something a person works to accomplish. It may be any of the following:
  - a. Something to do.
  - b. Someplace to go.
  - c. Something to have.
  - d. Some personal development.
5. Divide participants into two groups. Write each short-term and long-term goal on a separate piece of paper and label it “A” or “B.” For example:

**“A” Goals: Short Term**

I want to go to the movies on Saturday.  
 My sister wants to buy a bicycle.  
 I want to get a new pair of shoes.  
 My mother wants to go to Kenya next weekend.

**“B” Goals: Long Term**

My brother wants to get married.  
 I want to work as a computer programmer.  
 My sister is in Form 1 and wants to go to university.  
 I want to have my own business.

6. Give each participant one of the goals—there can be “A” and “B” goals in each group. You may need to develop more goals if you have a larger number of participants.
7. Ask each participant to:
  - a. Read out her or his goal so that the group can hear.
  - b. Say what is common about the “A” goals and the “B” goals.
  - c. Discuss which of the two are more easily achievable and why.
8. When each group has finished, let participants return to their seats.
9. Use the following notes to give a presentation on short-term and long-term goals.



## PRESENTATION NOTES

### SHORT-TERM AND LONG-TERM GOALS

A goal that can be accomplished in a short period of time, such as a day, or even a month, is called a **short-term goal**. Goals to be accomplished over a longer period of time, six months or several years or more, are **long-term goals**. Both short-term and long-term goals do all of the following:

- Give direction and purpose to life.
- Make life more interesting.
- Guide decisions in life.

When a person is setting goals s/he should consider setting **SMART** goals. This means the goals are:

**Specific.** The goals are clearly stated to show what is required.

**Measurable.** Easy to monitor progress and success.

**Achievable.** Each goal is realistic and can be reached.

**Realistic.** Goals are based on a person's abilities, resources, etc.

**Time specific.** There is a given time frame for achieving each goal.

Most goals are achieved step by step and not all at once.

10. At the end ask for questions or comments and discuss these.

11. Summarise and highlight the following points.

**Key points:**

- **Setting goals is a good way to focus our energy and efforts.**
- **Short-term goals are easier to achieve.**
- **Long-term goals call for more planning.**

**LINKING SENTENCE**

Goals are part of life. We all set different goals for ourselves at different stages of our lives. Understanding the difference between short-term and long-term goals makes it easier for us to set the right goals for ourselves, at the right time.

**ACTIVITY 12.3****SETTING GOALS****Purpose:**

To practise setting goals.

To analyse possible obstacles to goals and how to plan for them.

**Time:**

45 minutes

**Steps:**

1. Divide participants into small groups, and ask them to think about one long-term goal that they would like to achieve in the next five years.
2. Ask them to discuss the following:
  - a. What could delay or prevent me from achieving my goal?
  - b. How would this affect my plan?
  - c. How would I deal with this problem? What would I do?
  - d. How can I still achieve my goal or what new goal would I have to set?
3. After 20 minutes bring the groups back together and let them share their responses.
4. Use the following questions to stimulate discussion:
  - a. Many adults think they can control what happens to adolescents. How do you feel about this? Who is actually in control of your life during adolescence? Who decides what goals you want to achieve?
  - b. When it comes to life plans, which years are more difficult to think about? Why?
  - c. Which points on your future timeline would change if you became a parent this year, or next? Describe how your goals would change and why, and who or what would be in control then.
  - d. How can you plan for unforeseen incidents?
5. Summarise and highlight the following points.

**Key points:**

- **We should be flexible in planning so that if we cannot achieve a certain objective, we can focus on another. Have alternative plans.**
- **We should remember the S.M.A.R.T. way to set objectives.**
- **We can also imagine the obstacles that could come up and plan for these.**

**LINKING SENTENCE**

Setting goals is like making decisions for the future. This is usually influenced by what values we have, so understanding ourselves and our values will make it easier to understand why we make certain decisions and plans.

**ACTIVITY 12.4****UNDERSTANDING VALUES**

**Purpose:** To look at the different meanings of the word “value” and come to an understanding of what it means in the context of planning for the future.

**Time:** 25 minutes

**Materials Needed:**

- Uganda shillings notes and coins
- Flipchart headed “Values Are”

**NTF:**

**There is no need to repeat this activity if it was covered in Unit 1 with the same group of participants. Just refer and refresh their knowledge using the key points.**

**Steps:**

1. Place several Uganda shillings notes of different values on the table.
2. Ask for two volunteers to come to the table and to choose a note.
3. Ask each person to say why s/he chose that particular note.
4. Thank both participants and let them return to their seats.
5. Write the word “value” on a flipchart or on the board and explain that in this situation, value refers to the **worth of each Uganda shilling note**.
6. Ask the group to give more examples of what has value. If the group only lists material or physical things, ask for examples of something that cannot be physically seen or touched but has value. (Possible answers may include things like: respect, love, honesty, friendship, kindness, hard work, and talent.)
7. List the responses on the flipchart or board and add any of your own.
8. Use the following “Presentation Notes” to explain the meaning of “values” to the group.



## PRESENTATION NOTES

### VALUES

The word “value” means different things. One meaning is the actual worth of an object or an item in monetary terms. Another meaning involves a more personal aspect of worth, such as how important certain beliefs or ideas are to a person. Different things are worth more or less to different people, meaning they have more or less value. The things, ideas, beliefs, and principles that are of worth to you shape your values. Our values help to define who we are and help determine the choices we make, also called our behaviour. For example: a man who values his family cares for and takes care of his wife, children, and home life. A person who values health will try to have a healthy diet, avoid behaviours that can put her or him at risk of STIs, and avoid alcohol, tobacco, and other drugs. People who value their education will try to study hard, get good grades, and pass examinations.

9. Ask for one or two more examples from the group.
10. Put up the flipchart headed “Values Are” and go through each statement giving examples and explaining how a person can tell what her or his values are.

**VALUES ARE:  
(Prepare this on a flipchart beforehand)**

- a. Things you are for (you support) or against (you do not support).
- b. Things you have chosen on your own, with no outside pressure; i.e. no-one has forced you to choose your values, although your family, friends, teachers, the media, and traditional and religious leaders have certainly influenced you.
- c. Things you believe in and are willing to stand up for before others.
- d. Things that you use to make choices and that can guide your behaviour in life.

11. Ask participants to turn to **page 106** in their workbooks.



## WORKBOOK ACTIVITY

### UNDERSTANDING VALUES

#### MY VALUES

In the space below, write two values that are important to you.

Two values that are important to me are:

1.

2.

12. Invite participants to share their responses with the group.

13. Encourage general discussion about the responses, focusing on who or what was the most influential person or factor in the values presented.

14. Summarise and highlight the following points.

#### Key points:

- **Values are things we believe in or support.**
- **Our values are shaped by everything and everyone around us.**
- **Values often influence the decisions and choices we make.**

#### LINKING SENTENCE

Values are influenced by a range of things such as religious teachings, culture, friends, and media, but family is one of the most important and powerful sources of messages about values. These values play an important role in shaping our lives as they influence the choices and decisions we make as we grow and develop. It is therefore important to make decisions and live life according to personal values.

**ACTIVITY 12.5****VALUES AND VOCATIONS**

**Purpose:** To look at how our values influence the choices we make in the areas of study, further training, or employment.

**Time:** 30 minutes

**Steps:**

1. Ask participants to turn to **page 107** in their workbooks.



**WORKBOOK ACTIVITY**

**VALUES AND VOCATIONAL CHOICES**

Here are some values you may want to consider when choosing a job.

Circle three that are important to you in choosing a job. Then draw a line through those that are not as important to you.

Helping other people	Earning a lot of money
Having job security	Adding beauty to the world
Being creative or artistic	Becoming famous
Working when you want	Influencing other people
Having a daily routine that changes	Finding adventure
Having job satisfaction	Learning new things
Working with people all the time	Working with new technology
Helping to make the world a better place	
Being known as a thinker or intelligent person	

2. Tell participants to form small groups of three or four and talk about jobs they like and how the values they have circled relate to these.
3. After 15 minutes, ask volunteers to share one value they circled and to give examples of jobs that reflect that value.
4. Now ask participants to turn to **page 108** in their workbooks.



## WORKBOOK ACTIVITY

### **JOBS THAT REFLECT MY VALUES**

Based on the discussion that you had in the small group, list three jobs that might interest you, because they reflect values that are important to you. Write these in the space below:

**Job 1:**

**Job 2:**

**Job 3:**

5. When participants are finished use the following guiding questions to stimulate discussion:
  - a. How difficult was it to think of jobs that relate to the values you consider important?
  - b. Were you surprised by the jobs that fit your own personal values? If so, why?
  - c. Which work-related values are most important to your parents or friends?
  - d. Are there jobs that interest you but that are not listed under values you initially chose? Think of ways that your values can still be expressed in other jobs not listed under those values.
  - e. Ask participants to list as many different jobs as they can think of and allow discussion around these for a few minutes.
  
6. Summarise and highlight the following points.

#### **Key points:**

- **Our values influence how we feel about certain types of work.**
- **It is more satisfying to be in a job that is in line with our values than one that we are doing for reasons that do not coincide with our values.**

### **LINKING SENTENCE**

There are many jobs that a person can do. If we choose a job or career that is “close to our heart” it is more likely that we will succeed in it, than if we choose to do something for reasons that are not really of value to us. Knowing our value areas is key to choosing a successful career. It is also useful to have certain basic skills and knowledge about the world of work. Let us now look at the different work options that a person has.

**ACTIVITY 12.6****THE CAREER PATH****Purpose:**

To explore the career choices that young people have.

To identify what young people need to be suitable for different career choices.

**Time:**

45 minutes

**NTF:**

The acronym **EEV**, pronounced “eve,” represents **Employment, Entrepreneurship, and Volunteerism**.

**Prepare the three sheets of flipchart paper beforehand.**

**Steps:**

1. Write the words **EMPLOYMENT, ENTREPRENEURSHIP, and VOLUNTEERISM** on the chalkboard or flipchart paper. Ask participants to share their understanding of what the words mean.
2. Use the following “Presentation Notes” to clarify the three words. At the end of each description ask participants to give examples of the kind of job or work that falls into that category.



**PRESENTATION NOTES**

**THE EEV OF A CAREER**

There are three main areas to think of in terms of developing a career. These are:

**Employment:** You work for someone else. You are an employee and receive a regular salary. You may also receive certain benefits such as a pension fund, medical aid, travel, study, and car allowance, etc.—although not all employers provide all of these benefits. Your normal daily hours are usually 08h00 to 17h00 and there are times when you are required to work weekends and public holidays.

**Entrepreneurship:** You are self-employed. You have your own business and are your own boss. You sell your services or goods to people who need and can pay for them, and you set your work hours.

You may be in a partnership with someone but have the power to make decisions about the finances and operations of the business. You either pay your own salary or negotiate what you expect to be paid for a certain job or service for yourself. Anyone who uses her/his skills or talent to earn money for herself/himself can be considered an entrepreneur.

**Volunteerism:** You carry out certain duties because you enjoy them and not because you are earning any pay or benefit. You get involved in different activities that are important to you, e.g. youth development or health issues. There is no payment for the services or assistance you offer, but sometimes you may get a small allowance. You gain valuable experience and skills through the different projects and activities that you are involved in.

3. At the end of the presentation divide participants into three groups.

**NTF:**  
Give each group one sheet of flipchart paper divided as below and instruct them to write their points under the different headings.

**Group 1**

Advantages		
Employment	Entrepreneurship	Volunteerism

**Group 2**

<b>Disadvantages</b>		
<b>Employment</b>	<b>Entrepreneurship</b>	<b>Volunteerism</b>

**Group 3**

<b>Qualities/Skills Needed</b>		
<b>Employment</b>	<b>Entrepreneurship</b>	<b>Volunteerism</b>

4. After two minutes ask each group to:
  - a. Leave their flipchart.
  - b. Move left to the next flipchart.
  - c. Read through and add any additional points.
  
5. Let the groups rotate again after two minutes until each group has had a chance to write on all three sheets of flipchart.
  
6. Let participants return to their seats and sit in their groups when they are done. Discuss the points written on the flipchart and then ask them to discuss the following in their groups:
  - a. Do I have the qualities or skills needed for any of these three career areas right now?
  - b. Which of these three am I most suited for right now or when I complete school? Why?
  - c. What skills and qualities do I need most to be suitable for the others?
  - d. Do I need to have all the skills and qualities to be suitable for any of the three areas? Can I learn them? How?
  
7. Bring participants' attention back to the big group and let them share their discussions. Spend more time on question (c) and list the responses to this on a flipchart with the following heading.

<b>Career Development—Adolescents' Needs</b>

8. Stimulate general discussion by asking, “How can you achieve the skills, knowledge, etc. that you identified in question (c) above?” List responses on a flipchart. Allow a few more minutes for general discussion. Let participants share their concerns, worries, fears, or anxieties about their future options.
9. Ask participants to turn to **page 109** in their workbooks and copy the list of identified needs.



**WORKBOOK ACTIVITY**

**MY CAREER NEEDS AND HOW TO ACHIEVE THEM**

Copy the list of career needs discussed in the group and the suggestions made on how to achieve them.

<b>Need</b>	<b>How To Achieve It</b>

10. Summarise and highlight the following points.

**Key points:**

- **It is hard to get employment without skills and experience.**
- **A person needs money and business skills to start her or his own business.**
- **A lot of experience and skill can be gained through volunteerism.**
- **Many employers recognise volunteer activities.**

**LINKING SENTENCE**

From this exercise it is clear that we need a lot of different things in order to be successful in employment or entrepreneurship. It is natural to feel downhearted if we think that we do not have the skills or training needed, and that it would be difficult to get these. But it is not as hard as we may think.

Let us now look at how each of us can gain more knowledge and skill without being a paid employee.

**ACTIVITY 12.7**

**START WITH WHAT YOU'VE GOT**

**Purpose:** To help us identify the natural abilities and qualities we already possess that could help us achieve our goals.

**Time:** 40 minutes

**Steps:**

1. Review the meaning of “ability” and “quality.” Ask for examples of each and check participants' understanding.
  - a. Ability is a skill, or a competence, or a talent. It may come through training or education or it may be from natural abilities.
  - b. Quality is a personal characteristic, such as enthusiasm or persistence.
2. Clarify what the two terms mean.
3. Ask participants to turn to **page 110** in their workbooks.
4. Read through the instructions and make sure that participants understand the activity before they begin. Give an example of one of your abilities and qualities before the group starts.

 <p><b>WORKBOOK ACTIVITY</b></p>	
<b>START WITH WHAT YOU'VE GOT</b>	
1. Think about yourself for a few minutes then fill in the blocks below:	
<b>A. My Abilities (List 3 below)</b>	<b>B. My Good Qualities (List 3 below)</b>
Things I can do well or am great at:	
2. Choose one item from block “A” and write how you could use this to either earn money or gain more skills or knowledge.	
3. Look at the qualities listed in block “B” and decide if you have what it takes to achieve the task you wrote in step 2. If “yes,” set one goal for yourself using one of the abilities from block “A.”	

4. If no, repeat steps 2 and 3. Do this until you have set one goal that is realistic and achievable.
5. When you are happy with your choices, write the goal you have set for yourself in the space below. You will be asked to share this with the group.

**Goal:**

5. When participants are finished, invite them to share their qualities and abilities.
6. Encourage general discussion around the following:
  - c. How do you feel about yourself when you look at your abilities and qualities?
  - d. How do you feel when you compare your qualities and abilities with the career development needs from the previous activity? (Refer participants to **page 109** in their workbooks.)
7. Summarise and highlight the following points.

**Key point:**

- **Each person has natural gifts or talents that can be used to earn money.**

#### **LINKING SENTENCE**

Knowing our areas of strength is important because it helps us make realistic choices in terms of work or training, and set goals that we can achieve. In addition, there are also some basic “work tools” that are useful when planning for the world of work. Let us now take a look at what these are.

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**ACTIVITY 12.8**

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**PREPARING FOR WORK**

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**Purpose:**

To examine and discuss the application letter and curriculum vitae (CV).

To practise preparing both documents.

**Time:**

50 minutes

**Steps:**

1. Explain the purpose of the activity and brainstorm on the following question: “What is an application letter?”
2. Discuss this briefly and summarise the explanation that an application letter is “a letter that a person writes when s/he is asking to be considered for a certain position. This may be for either employment or training.”
3. Ask participants to turn to **page 112** in their workbooks.
4. Go through the different parts of the application letter (mainly indicated by an arrow) and let participants raise any questions that they may have.

**SAMPLE APPLICATION LETTER**

Your address and contact numbers

**P.O. Box 389  
Kampala  
Tel: (041) 312 989  
Fax: (041) 312 999  
Email: [sonia.m@hotmail.com](mailto:sonia.m@hotmail.com)**

2 June 2003

Date that you write the letter

The Personnel Manager  
Modern Electronics  
P.O. Box 2198  
Kampala

Company and person to whom the letter is going

Dear Sir/Madam:

Use the name of the person if you know it

**RE: APPLICATION FOR TRAINEE ELECTRICIAN**

Body of your letter

Draws readers' attention to what the letter is about

I am applying for the position of Trainee Electrician as advertised in the Monitor on March 25, 2003.

I completed my Electrical Technician Diploma with Kyambogo Polytechnic in 2002 and have been seeking employment since then.

For the past year I have done small jobs with different companies, but I am willing and ready for full-time employment. I have also done a lot of volunteer work in my community, at schools and centres that needed my service.

I feel that this job will help me build on the skills that I have gained so far, and believe that I meet the requirements mentioned in the advertisement. Please find attached copies of my academic credentials and testimonials.

I am ready and willing to attend an interview at your convenience and can be contacted at the above number anytime after 14h00 daily.

I look forward to your response.

Yours faithfully,

Your signature goes here

Sonia Muganzi

5. Tell participants to turn to **page 114** in their workbooks.



**WORKBOOK ACTIVITY**

**WRITING AN APPLICATION LETTER**

Using the sample application letter as a guide, write an application letter for the position advertised below.

**Advertisement**  
 WANTED!! Young man or woman to do basic office work. Will receive training on the job so no previous experience needed. Duties will include answering the phone, filing, sorting and posting mail, deliveries, and collections. Send all application letters to:  
 The Manager  
 Benny's Office Supplies  
 P.O. Box 1345  
 Kampala

**Write your application letter in the space below.**

6. At the end, allow participants to share how easy or difficult they found the activity. Invite a few of them to share their letters with the group and have a general discussion.

7. Now ask participants to explain what a CV is. Discuss this for a few minutes and explain that "CV" stands for curriculum vitae. This is a short description about yourself that is given to someone when you are applying for a certain position. There are many ways to write a CV but the general information usually consists of:

- a. Personal details.
- b. Education and work history.
- c. Hobbies and interests.
- d. Voluntary work.
- e. References.

8. Ask participants to turn to **page 116** in their workbooks.



## WORKBOOK ACTIVITY

### SAMPLE CURRICULUM VITAE (CV)

There is more than one way to prepare a CV. The important thing is that it has the right information in a way that is easy to read and follow. This is one way of writing a CV:

#### Personal Details

Name: Sonia Muganzi  
 Date of Birth: 19.10.1965  
 Citizenship: Ugandan  
 Street Address: Plot 26 Kampala Road  
 Postal Address: P.O. Box 389, Kampala  
 Telephone No: (041) 312 989 or 077 417872  
 ID No: BB 196550120

#### Formal Education

Tertiary: **(any studies or training that you had since leaving secondary school)**  
 2002 Diploma in Electrical Engineering, Kyambogo Polytechnic, Uganda

Secondary:  
 1981-1982 Progressive Secondary School—O Levels

#### Work Experience **(what work you have ever done that you were paid for)**

2002 to present Freelance worker—I have done work with different households and businesses on a short-term or contract basis. **(Mention organisation you worked for, the job description, and the responsibilities you had)**

#### Voluntary Service **(what work you have done that you were not paid for)**

I have worked with a number of schools and community/youth centres in my area. I helped to repair damaged cables, install electrical fittings, and make sure that circuits were working properly.

**References: (This is where you write the names, addresses and contact details of three people who are not family. These should be people who know you well and can say the type of person you are and what your work, character, and abilities are like)**

Ms Jacky Seiko  
 Teacher, Kampala CJSS  
 P.O. Box 1678  
 Kampala

Mr John Bakulu  
 Manager, General Trading Store  
 P.O. Box 2877  
 Kampala

Ms Gorret Akello  
 Youth Director, Nagulu Youth Centre  
 P.O. Box 1222  
 Kampala

9. Go through the CV in detail and explain each part of it. Allow participants to raise any questions or comments that they might have.
10. Ask participants to turn to **page 118** in their workbooks.



**WORKBOOK ACTIVITY**

**WRITING A CURRICULUM VITAE (CV)**

Using the sample CV as a guide, write your own CV in the space below.

**My CV**

11. At the end allow participants to share how easy or difficult they found the activity. Invite a few of them to share their CVs with the group and have a general discussion.
12. Summarise and highlight the following points.

**Key points:**

- **An application letter is used when we are applying for a certain position—either a job or to be accepted for training or study.**
- **A CV is the story of our school and work life, in an easy to read format.**
- **All information on a CV must be true and honest as people usually check with references.**
- **A S.M.A.R.T. CV is one that is written for a specific position. CVs can be changed to suit the particular position that we are applying for instead of putting all general information into it.**

**LINKING SENTENCE**

The world of work can be a scary place if we do not feel ready enough. We need to look for opportunities to learn as much as possible about different things, so that we can develop a range of skills and get new knowledge to use when we are preparing to be part of the workforce. We also need to support and encourage each other by getting involved in activities that focus on the overall improvement of life for young people and the development of youth in general.

**ACTIVITY 12.9****UNDERSTANDING ADVOCACY**

**Purpose:** To discuss and understand what advocacy means.

To identify how young people can get involved in advocacy.

**Time:** 40 minutes

**Steps:**

1. Write the word **ADVOCACY** on the chalkboard or flipchart paper and ask participants to share what they know or understand by this word.
2. Explain that advocacy has different meanings in different situations, but the key meaning is “to influence behaviour and attitude change by standing up for an issue on someone else's behalf.”
3. Give the following two scenarios to two participants to read aloud for the group.

**NTF:**

**Copy and cut to give to participants.**

**Scenario 1**

A teenage girl went to the local family planning clinic in her village to ask for information about contraceptives. The nursing sister told her that she was too young to ask for such information and sent her away. She told her that young girls her age who want contraception are promiscuous and that she should just concentrate on her bible studies. She did not give the girl any information.

**Scenario 2**

A young boy went to the doctor because he suspected he had an STI. The sister there shouts at him as she treats him, telling him that a boy his age has no right to be having sex. She says, “It is people like you who keep spreading HIV and AIDS.” She treats him very rough the whole time that he is there and when he leaves she tells him to make sure to use a condom so that he does not make anybody sick. The boy is embarrassed because everyone heard what she said.

4. Divide participants into three small groups and give each group one of the following questions:
  - a. What is wrong in both scenarios?
  - b. In each scenario, what could the boy or girl do?
  - c. What could others do to help them?
5. Bring the groups back together to share their responses. Discuss these for a while and explain that when others get involved and help people to know and understand their rights, and when they help people to stand up for their rights, it is called advocacy.

6. Use the following “Presentation Notes” to give a presentation on advocacy.



## PRESENTATION NOTES

### WHAT IS ADVOCACY?

Advocacy means speaking up about issues that are important and pushing for positive change. This can be done by drawing the community’s attention to an important issue and influencing social or other behaviour in a specific way. Advocacy involves working with other people and organisations to make a difference and directing decision makers toward a solution. In the case of improving the lives of youth, we advocate for a cause or an issue because we want to:

- Assist youth, family, community, and policy makers to understand key issues facing youth.
- Change or improve something for youth.
- Build support for that cause or issue.
- Influence others to support that issue by developing organised programmes.
- Influence or change legislation that affects youth.

Successful advocacy depends on a full understanding of all the issues being debated, including the rights of youth, and the strategies that can be used to support these issues. It also depends on the commitment of those advocating for change.

7. At the end of the presentation discuss any questions or comments.
8. Ask participants to discuss the following briefly:
- a. What have you learnt from this activity?
  - b. What role can you play as an advocate for youth issues and rights with your family, your school, and in your community?
9. Summarise and highlight the following points.

#### Key points:

- **Advocacy is about challenging the way things are so as to bring about positive change.**
- **Advocacy addresses an issue—not a person.**
- **Young people have to stand up for each others’ rights.**

### LINKING SENTENCE

Standing up for issues we feel strongly about is a real challenge. It is not always easy as we have to convince people to listen to what we have to say, and to believe in what we are saying ourselves. We may also face the situation where elders and adults think that we are behaving badly or are troublemakers. Remember, it is important that we know our facts and are able to put them across convincingly.

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**ACTIVITY 12.10****ADVOCATING FOR YOUTH ISSUES**

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**Purpose:** To identify what issues young people can advocate for and discuss ways to do this.

**Time:** 30 minutes

**Steps:**

1. Brainstorm on youth issues that participants think they should advocate for and write these on the chalkboard or flipchart.
2. Include the following issues if they are not mentioned and get participants views on whether or not they are relevant:
  - a. Preventing early marriage.
  - b. Allowing pregnant girls to return to school after delivery.
  - c. Needing accurate information on how youths can abstain from sex and/or protect themselves from STIs, including HIV.
  - d. Providing equal opportunities for both boys and girls at home, in school, and in the community.
  - e. Eliminating harmful traditional practices such as FGM, early and/or forced marriages, wife inheritance, bride price, and son preference.
  - f. Protecting young girls and boys from abuse such as rape, domestic violence, and sexual exploitation.
  - g. Offering better employment opportunities for youth.
  - h. Providing more youth programmes that address the real issues of youth.
3. Encourage general discussion on the points raised and try to come up with a list that all the participants agree on and accept as issues that young people can and should advocate for.
4. Refer participants to **page 120** in their workbooks



**WORKBOOK ACTIVITY**

**PERSONAL ADVOCACY PLAN OF ACTION**

1. Choose one of the youth issues listed on flipchart paper that you feel strongly about and write it here:
2. Using the information you just learnt about advocacy and what it means, think about how you can advocate for the issue you wrote above.
3. Answer the following questions:

What can I do myself?

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What can I do within my family?

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What can I do within my school?

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What can I do in the community?

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5. When participants are finished, ask a few to share their plans.
6. Encourage general discussion for a few minutes.
7. Summarise and highlight the following points.

**Key points:**

- **Each one of us can advocate for some issue we feel strongly about.**
- **No matter how small our efforts, we each have a role to play.**
- **Remember to “start with what you’ve got.” Family and friends are easy to reach, and it will most likely be easier to get them to listen to us.**

## CONCLUDING NOTES, UNIT 12: PLANNING FOR THE FUTURE

Adolescence is an exciting and challenging time. It brings many opportunities and many challenges. It is also a time to explore our long-term career goals, think about the strengths we have, and plan what we need to do to achieve our goals. We need to be familiar with “work tools” such as the CV and the application letter.

As young people, we also need to be involved in standing up for issues that are important to youth, our community, and our nation.

Remember that most of our peers are experiencing the same things we are, and we should find time to talk about what we feel so that we can build strong relationships with each other. Also remember that what we do today will have an impact on the future, so we should always think ahead and try to make the best decisions that will help us maintain a healthy mind and body, and be a positive influence on those around us.

**ACTIVITY 12.11****CONVERSATION CIRCLE & COMMITMENT****Purpose:**

To reflect on the unit and note the key facts and skills learnt.

To show how the new knowledge and skills gained will be used by making a commitment to change one thing about ourselves in terms of planning for the future.

**Time:**

20 minutes

**NTF:**

**This activity works best with groups of 12 or less. If working with larger groups, first divide them into smaller groups, then get a report back from each group.**

**Make sure to give each group the questions that they should answer or write them where the entire group can see them.**

**This activity can be done in a number of ways. For literate groups, do the following.**

**Steps:**

1. Ask participants to sit in a circle and discuss the following:
  - a. What is one very important piece of information that you learnt from this unit?
  - b. How or why is this important to you?
  - c. How does this information influence you to change your behaviour?
2. Ask participants to think about one commitment they are going to make in terms of planning for their future.
3. Ask participants to turn to **page 122** in their workbooks.

**WORKBOOK ACTIVITY****KEY LESSONS LEARNT**

Based on the information discussed and the learning that has taken place, do the following:

1. What is the most important piece of information that you have learnt from this unit?
2. Why or how is this information important to you?
3. How does this information influence you to change your behaviour?

**MY COMMITMENT**

4. Write the commitment that you are going to make to yourself in terms of what you have learnt about planning for your future. You will not be asked to share this with the group.

**NTF:**

**For semi or low-literate groups do steps 1 through 3 above then continue as follows.**

4. Close your eyes and make a promise to yourself—something that you will do to change your behaviour based on what you learnt about planning for your future.



# ANNEXES

## ANNEX 1

**SEXUAL AND REPRODUCTIVE RIGHTS****1. The Right to Information and Education**

As they relate to sexual and reproductive health and to ensure the health and the well being of persons and families.

**2. The Right to Health Care and Health Protection**

This includes the rights of health care clients to information, access, choices, safety, privacy, confidentiality, dignity, comfort, continuity, and opinion.

**3. The Right to Freedom and Thought**

This includes freedom from the restrictive interpretation of religious texts, beliefs, philosophies, and customs as tools to curtail freedom of thought on sexual and reproductive health care and other issues.

**4. The Right To Decide Whether or When To Have Children****5. The Right to Life**

This means, amongst other things, that no woman's life should be put at risk or endangered by reason of pregnancy.

**6. The Right to Liberty and Security**

The recognition that all persons must be free to enjoy and control their sexual and reproductive life and that no person should be subject to forced pregnancy, sterilisation, or abortion.

**7. The Right To Be Free From Torture and Ill-Treatment**

Including the rights of children to be protected from sexual exploitation and abuse, and the right of all people to protection from rape, sexual assault, sexual abuse, and sexual harassment.

**8. The Right to Scientific Progress**

This includes the recognition that all clients of sexual and reproductive health services have the right of access to new reproductive technologies that are safe and acceptable.

—Adapted from: International Planned Parenthood Federation. *IPPF Charter on Sexual and Reproductive Rights*. IPPF, London (2000).

## ANNEX 2

**GLOSSARY**

<b>Abdomen</b>	The trunk of the body below the ribs, containing the stomach, liver, guts, and reproductive organs. Also called the belly.
<b>Abortion</b>	The ending of a pregnancy. It can happen on its own (spontaneous abortion or "miscarriage"), or it can be caused by a medical procedure (induced abortion).
<b>Abstain</b>	To avoid doing something. For example, you can decide to abstain from sex, from drugs, or from alcohol.
<b>Acne</b>	A skin problem found chiefly in adolescents and marked by a lot of pimples (spots), especially on the face.
<b>Acquaintance rape</b>	A rape committed by someone who is known by the victim, such as a neighbour, friend, relative, etc.
<b>Addiction</b>	A dependency on a substance (drug or alcohol). A person with a substance addiction cannot function without taking the substance.
<b>Aggression</b>	Forceful, unkind, or hostile behaviour towards other people.
<b>Alcohol</b>	Beer, wine, and "hard" liquors are types of alcohol. Alcohol can make people feel relaxed and less self-conscious. It removes their inhibitions and slows down reactions. Alcohol is addictive and can cause long-term health problems.
<b>Allergy</b>	A bad reaction of the body to a food, drug, or other substance. When a person is allergic to something, s/he may have reactions such as itching, sneezing, rashes, difficulty breathing, or shock.
<b>Anaemia</b>	A health condition in which the blood is weak and thin. It is often caused by lack of iron in the diet. Signs include tiredness, pale gums, tongue, eyelids, palms, and soles of the feet, and lack of energy.
<b>Anaesthetics/ Anaesthesia</b>	A painkiller medicine used to ease pain and discomfort during an operation.
<b>Antenatal</b>	The period before birth. For example, antenatal care is the care needed by a woman throughout pregnancy/before birth.
<b>Anti-fungal cream</b>	A medicated cream that kills fungi, which are certain parasites that can grow and live in or on your body, such as in the vagina or on the feet.
<b>Antiseptic</b>	A medical substance that prevents the growth of bacteria. Antiseptics are used to prevent infections.
<b>Anus</b>	The opening of the body where waste (faeces) comes out.

<b>Areola</b>	The ring of darker-coloured skin around the nipple of the breast on males and females.
<b>Aspirations</b>	Dreams for the future, including ambitions, long-term goals, and hopes of doing something great and being someone successful.
<b>Assert (assertiveness, assertive)</b>	To state clearly, confidently, and strongly without being hostile, rude, or nasty. To assert oneself is to stand up for oneself.
<b>Assumption</b>	A belief that is not necessarily based on complete factual information. If you make an assumption, you arrive at a belief based on whatever information you have. However, your assumption may be proven wrong by additional information.
<b>Awkward</b>	A feeling of being uncomfortable, ill-at-ease, embarrassed, clumsy, or self-conscious.
<b>Bladder</b>	The organ in which urine is stored before leaving the body.
<b>Buttocks</b>	The round, fleshy part of the body a person sits on.
<b>Caesarean section</b>	A medical operation to take the baby out of the uterus by making a cut in the woman's abdomen (belly). This operation is performed when a woman is not able to deliver the baby through the vagina.
<b>Calorie</b>	A unit that measures the amount of energy in foods.
<b>Candidiasis</b>	A yeast infection in the vagina. Symptoms of candidiasis include itching and increased discharge from the vagina.
<b>Cannabis (also called marijuana, banghi, hash, weed)</b>	Cannabis is a drug that comes from the leaves of a cannabis plant. People smoke the leaves, but sometimes there is a stronger version made from the stems of the plant. Cannabis can make people feel relaxed, happy, and sleepy. Cannabis can limit your ability to make decisions and can cause intense feelings of panic or fear.
<b>Cavity</b>	A hole in the tooth caused by decay or rot.
<b>Cervix</b>	The opening or neck of the womb.
<b>Circumcision</b>	In a man: when the loose fold of skin (foreskin) at the end of a man's penis is removed.
<b>Clitoris</b>	The small, pea-shaped organ in a woman's genitals that is a centre of sensation and sexual pleasure. It is located just in front of the opening of the urethra.
<b>Cocaine</b>	An illegal drug that makes a person high. It is extremely addictive.
<b>Condom (rubber, protector)</b>	A soft tube made of rubber that is put on a man's penis before sexual intercourse. Condoms provide protection against pregnancy and STIs.

<b>Criticise</b>	To find fault with or to say negative things about something or someone.
<b>Crush</b>	A feeling of intense admiration and liking for someone. Crushes usually last a short time, unlike love, which may last for a long time.
<b>Dandruff</b>	Flakes of dry skin on the head.
<b>Date rape</b>	Rape committed by a boyfriend or a date. For example, when a boyfriend forces his girlfriend to have sex against her will, it is considered date rape.
<b>Deodorant</b>	A product that prevents or hides strong underarm odour.
<b>Depression</b>	A feeling of being extremely sad and hopeless. Depression is a serious illness, which may result in difficulty thinking and sleeping, as well as thoughts about suicide (killing oneself), and loss of appetite (desire to eat). It can be treated.
<b>Detergent</b>	A strong cleansing soap, usually used for cleaning laundry.
<b>Ejaculation</b>	The release of semen from a man's penis.
<b>Embryo</b>	The term used to refer to the mass of cells, between the second and eighth week of pregnancy, that will become a foetus.
<b>Emergency contraception</b>	A contraceptive method that can be used to prevent pregnancy after unprotected sex, such as if a condom broke or slipped. To be effective in preventing pregnancy, emergency contraception must be taken within a few days of unprotected intercourse. Emergency contraception does not cause abortion.
<b>Empathy</b>	The ability to understand someone else's concerns, worries, fears, and needs. Being empathetic means that you can imagine yourself in the shoes of someone else and understand how the person feels.
<b>Erection</b>	When the penis becomes hard and stiff as a result of sexual excitement.
<b>Exploit</b>	To use someone or something (usually negatively). To take advantage of someone.
<b>Fallopian tubes</b>	The two tubes that lead from the female ovaries to the uterus (womb). After an egg is released from one of the ovaries, it travels down one of these tubes to the uterus.

<b>Female genital mutilation-(FGM (also called female circumcision)</b>	A traditional practice in which all or part of the female genitals are removed. This practice has negative health consequences and is considered by many people to be a violation of girls' and women's rights.
<b>Fluid</b>	A liquid. Sexual fluids are a woman's vaginal secretions or a man's semen.
<b>Foaming tablets</b>	A method of contraception. The woman puts foaming tablets into her vagina just before sexual intercourse. The foaming tablets contain a substance that kills sperm.
<b>Foetus</b>	The term used to refer to a baby in the uterus (womb) from the ninth week of pregnancy until birth.
<b>Follicles</b>	Tiny holes in the skin out of which hair grows.
<b>Foreskin</b>	A fold of delicate skin that covers the tip of the penis of an uncircumcised man.
<b>Genitals</b>	The private parts; the external sexual organs.
<b>Genital warts</b>	A sexually transmitted infection (STI) that causes fleshy bumps to grow in the genital area.
<b>Glands</b>	Cells in the skin that perform a certain function. For example, sweat glands produce sweat or perspiration, which helps cool the body.
<b>Gonorrhoea</b>	An STI that usually causes discharge from the vagina or penis.
<b>Growth spurt</b>	A period during which an adolescent's body grows quickly.
<b>Haemorrhage</b>	Heavy bleeding.
<b>Hallucinations</b>	Visions of strange things and hearing voices that others do not see or hear. Hallucinations can be caused by taking drugs.
<b>Heroin</b>	An illegal drug that can cause hallucinations and is extremely addictive and dangerous.
<b>Herpes</b>	An STI that is caused by a virus and cannot be cured. It causes small painful blisters, usually on or around the genitals or around the mouth.
<b>Heterosexuality</b>	Sexual attraction toward members of the opposite sex (men being attracted to women, and women being attracted to men).

<b>HIV/AIDS</b>	HIV, or Human Immunodeficiency Virus, is the virus that causes AIDS. The term "HIV/AIDS" is often used because infection with HIV eventually leads to AIDS, which stands for Acquired Immune Deficiency Syndrome. A person has AIDS (rather than just being infected with HIV) when the immune system gets so weak it can no longer fight off common infections and illnesses.
<b>Homosexuality</b>	Sexual attraction between people of the same sex.
<b>Hormones</b>	Natural chemicals that are produced by the body and that serve as messengers that tell the body how and when to do things, such as grow.
<b>Hygiene</b>	The practice of keeping clean.
<b>Hymen</b>	A delicate piece of tissue inside the vagina. Because the hymen can be stretched or torn during sexual intercourse, hymens are seen as a sign that a girl is a virgin. However, some girls are born with no hymen at all. For others, the hymen can become stretched or torn during sports or for no obvious reason at all. Therefore, not having a hymen is not necessarily a sign that a girl is not a virgin.
<b>Implants (Norplant)</b>	A contraceptive method in which small tubes containing hormones are put under the skin in a woman's upper arm by a specially trained health worker. Implants prevent pregnancy for about five years, but can be removed sooner if the woman wants to become pregnant.
<b>Implantation</b>	When a fertilised egg attaches itself to the lining or wall of the uterus (womb). This is the beginning of pregnancy.
<b>Incest</b>	Sexual contact between members of the immediate family.
<b>Infibulation</b>	A form of FGM in which the external genitals (the labia) are cut away and the opening to the vagina is sewn almost completely closed, which can lead to severe health problems.
<b>Inflammation</b>	Swelling caused by injury or infection.
<b>Inhibitions</b>	Self-imposed restrictions on one's behaviours. Often feelings of shyness or embarrassment that stop you from saying or doing something you believe might shame you.
<b>IUD (or coil)</b>	The IUD (intrauterine device) or coil is a method of contraception. It is inserted into the uterus by a health worker to prevent pregnancy.
<b>Khat (quat, miraa, mairungi)</b>	A drug that is chewed in the horn of Africa and in much of East Africa. It can make the person feel more energetic and confident, and less hungry. It can cause anxiety attacks, aggression, and hallucinations.
<b>Labia</b>	The inner and outer folds of skin that protect the vagina. Also called the "lips."

<b>Labour</b>	The work that a woman's body does during childbirth to push the baby out of the body.
<b>Lubricant</b>	A cream or substance used to make dry surfaces wet and slippery. Lubricants are often used on condoms during sex, but oil-based lubricants should never be used with a condom, as they can cause the condom to break.
<b>Masturbation</b>	Touching one's own body for sexual pleasure.
<b>Menarche</b>	The beginning of menstruation; the first menstrual period.
<b>Menopause</b>	The time a woman stops having monthly periods, usually between the ages of 45 and 55.
<b>Menstruation, menstrual period, monthly period</b>	The flow of blood and tissue from the uterus (womb) out of a woman's body, usually occurring every 28 days. Menstruation starts during adolescence and ends during menopause between the ages of 45 and 55.
<b>Monogamous</b>	The state of being committed emotionally and/or sexually to only one person at a time.
<b>Mucus</b>	A thick, slippery fluid that the body makes to protect the inside of the vagina, nose, throat, stomach, and intestines.
<b>Nausea</b>	A feeling of being sick to the stomach and wanting to vomit. This often happens during the first 12 weeks of pregnancy and is also called "morning sickness." Many drugs and illnesses may also cause a person to feel nausea.
<b>Nervous</b>	A feeling of being anxious, easily excited, or irritated.
<b>Nicotine</b>	Nicotine is the active ingredient in cigarettes. It makes a person feel energetic, and it reduces the appetite. Nicotine is highly addictive. Smoking cigarettes causes many cancers, and damages the heart and blood vessels.
<b>Oestrogen</b>	The female sex hormone produced by the ovaries. Oestrogen causes the monthly changes in the uterus, as well as the development of the breasts and the growth of hair in the female private parts.
<b>Orgasm</b>	The peak or height of sexual pleasure.
<b>Ovaries</b>	Two small egg-shaped organs on each side of the uterus (womb) that release an egg each month during a woman's reproductive years.
<b>Ovulation</b>	The release of an egg from one of the ovaries. It usually occurs 14 days before the next menstrual period.
<b>Ovum, Ova (plural)</b>	A female egg. A cell that, when released from a woman's ovary, may be fertilised by a man's sperm.

<b>Pap smear</b>	A test in which some cells are taken from the cervix and examined. This test is used to detect the early signs of cervical cancer.
<b>Paranoia</b>	Extreme and unreasonable worries and fears; often caused by taking drugs.
<b>Pelvis</b>	The area of the hips that surround the reproductive organs.
<b>Penis</b>	The male sex organ, also used to pass urine.
<b>Periodic abstinence</b>	A method of preventing pregnancy by avoiding sex during the days a woman thinks she may be fertile.
<b>Perspire</b>	To sweat or release water through the skin.
<b>Petrol, glue, industrial products in spray cans</b>	Substances that can be inhaled for drug-like effects. These substances can make the user feel warm, comfortable, and happy for a short period of time. They can reduce fear and hunger, and can cause nausea, vomiting, disorientation, and confusion. They can also cause brain damage and are very harmful.
<b>Physical</b>	Of or relating to the body.
<b>Pills (oral contraceptive pills, family planning pills, birth control pills)</b>	A method of contraception that prevents the monthly release of an egg from the woman's ovaries. Each pill contains a small dose of hormones that prevent ovulation (the release of an egg). The pills must be taken every day.
<b>Pores</b>	Tiny openings in the skin. If pores become blocked with dirt, sebum, or sweat, a person may develop pimples or acne.
<b>Postnatal, postpartum</b>	The time after childbirth or delivery.
<b>Pre-ejaculate</b>	A small amount of fluid at the tip of his penis as it becomes erect. This small drop is called pre-ejaculate because it appears before ejaculation. It can contain sperm and can cause pregnancy.
<b>Premature</b>	Happening too early or before the proper or usual time. For example, a premature baby is one born too early.
<b>Promiscuous</b>	Being too loose or too free, especially regarding sexual activity. Someone who is promiscuous has many sexual partners.
<b>Protein</b>	A body-building substance found in various types of foods, such as meats, eggs, milk, beans, and some vegetables. It is essential for growth and development of the body.
<b>Psychological</b>	Related to the mind or brain.

<b>Puberty</b>	The period of life when a person changes physically from a child into an adult. Most girls and boys enter puberty between the age of 10 and 16 years.
<b>Pubic hair</b>	The hairs that grow in the genital area or private parts.
<b>Pus</b>	White or yellow fluid that is the result of infection.
<b>Rape</b>	Forced sexual intercourse that takes place against a person's will. Females and males can be raped, but most often rape occurs to females.
<b>Saliva</b>	A person's spit or the fluid in one's mouth.
<b>Scars</b>	A mark left on the skin after a deep cut, wound, or burn has healed.
<b>Skeptical</b>	Feeling doubt and disbelief about something.
<b>Scrotum</b>	The bag or sac of skin that contains a man's testicles.
<b>Sebum</b>	An oily substance that is produced by the skin. Too much sebum can cause pimples or acne.
<b>Self-awareness</b>	An awareness and understanding of one's own feelings and emotions.
<b>Self-confidence</b>	A feeling of trust in oneself and in one's own skills and abilities.
<b>Self-esteem</b>	Feeling good about oneself and respecting oneself.
<b>Semen</b>	A sticky, whitish liquid, containing sperm and seminal fluid, which comes out of a man's penis during ejaculation.
<b>Seminal vesicles</b>	Two glands in the male reproductive system where seminal fluid is excreted, to keep sperm alive and help them move.
<b>Sexual abuse</b>	Any type of unwanted sexual contact, touching, or fondling.
<b>Sexual harassment</b>	Any type of unwanted sexual attention, such as unpleasant sexual comments or physical gestures.
<b>Sexual intercourse</b>	The act by which a male's erect penis is placed inside the vagina of a female.
<b>Sexually transmitted infections (STIs)</b>	Also known as sexually transmitted diseases (STDs). Infections that are passed from one person to another through sexual contact.
<b>Smegma</b>	The white lubricating substance under the foreskin of the penis. Smegma helps the foreskin slide back smoothly over the head of the penis.

<b>Sperm</b>	The male's reproductive cells. They are tiny cells that can fertilise a woman's egg, leading to pregnancy.
<b>Spermicides</b>	A slippery cream or gel that kills sperm. Spermicides are used as a method of contraception.
<b>Sterilisation</b>	A permanent method of contraception for either males or females. It is done through an operation, vasectomy for men and tubal ligation for women.
<b>Sterilised instruments</b>	Medical instruments that are clean and free of bacteria that might cause infection.
<b>Stimulate</b>	To excite, arouse, make awake.
<b>Stunt</b>	To hinder or block normal growth or development.
<b>Syphilis</b>	A sexually transmitted infection that causes small sores in the genital area. Later stages are marked by fever, headaches, and pain in the bones and muscles.
<b>Tampons</b>	Small hard pieces of cotton that are put inside the vagina to absorb or catch menstrual blood as it leaves the body. A string is attached to the tampon so that it can be pulled out.
<b>Tendency</b>	A habit or common practice.
<b>Testes, testicles</b>	Part of the male reproductive organs inside the scrotum where sperm and male hormones are produced.
<b>Testosterone</b>	The male hormone produced in a man's body.
<b>Trait</b>	A recognisable feature; an inherited characteristic.
<b>Tranquilizers</b>	Types of drugs that make a person feel very calm, relaxed, and sleepy.
<b>Unprotected sex</b>	Sexual intercourse without any protection against pregnancy or STIs.
<b>Urethra</b>	A short tube that carries urine from the bladder to the outside of the body.
<b>Uterus (womb)</b>	The muscular organ inside a woman's belly in which a baby grows.
<b>Vagina</b>	The passage that goes from a woman's womb to the outside of the body. It is also called the birth canal.
<b>Vaginal fluid</b>	The discharge or fluid that comes out of a woman's vagina. Strangely coloured or bad smelling discharge may indicate an infection.
<b>Vas deferens</b>	The tube through which sperm travels from the testicles to the urethra.

<b>Vessels</b>	Small tubes through which a body fluid (such as blood) travels around the body.
<b>Vulnerable</b>	At risk of being physically or emotionally wounded; easily hurt or damaged.
<b>Vulva</b>	The external female genitals.
<b>Wet dream</b>	The release of semen (ejaculation) during sleep. A wet dream is a way for the male body to get rid of excess sperm and semen.
<b>Window period</b>	The time between the moment when HIV enters a person's body and the moment when testing can detect the antibodies to HIV (usually three to six months). During this window period, a person may test negative, even though he/she is infected with HIV and can infect others.
<b>Withdrawal</b>	When the man pulls his penis out of the vagina before he ejaculates.
<b>Withdrawal symptoms</b>	The bad reaction the body when a drug to which it is addicted is taken away.
<b>Womb</b>	See uterus.
<b>Zygote</b>	An egg that has been fertilised by a sperm.

—Adapted from: Watson C and Brazier E. *You, Your Life, Your Dreams: A Book for Adolescents*. New York: Family Care International (2000).