

# Part

# 4



This part of the kit provides background information on issues around sex, pregnancy and STIs, including HIV/AIDS. It gives examples of how gender affects young people's reproductive and sexual health.



## Gender, sexual and reproductive health— including HIV/AIDS and other STIs

Even when young people know the facts about HIV (Human Immunodeficiency Virus), other STIs (Sexually Transmitted Infections) and the risks of getting pregnant and how to avoid these risks, many young people do not consider themselves to be at risk. Injecting drug use, which is rising in young people in some countries, increases the risk of HIV transmission through sharing contaminated needles and syringes.

### Finding out information

Many young people are not given enough information, or accurate and appropriate information, about sexual and reproduction, in particular, sex, pregnancy and STIs including HIV/AIDS (Acquired Immune Deficiency Syndrome). They do not learn about these things at school. They may feel too shy to ask their friends in case their friends laugh at them or tell other people. Their friends may have incorrect information. Young people may be embarrassed to discuss sex with their parents or other adults, or afraid to ask questions about sex in case they become angry. Their parents may not have been given the information themselves.

Do young people in your programme agree with these quotes?

*'I feel embarrassed and uncomfortable talking to adults because they may tell someone else about you or judge you.'* 18-year-old, Ghana

*'It is difficult for me to talk frankly to adults because I fear their reaction and am conscious of the age difference. Also, adults are not usually interested in young people's point of view.'* 20-year-old, Algeria

*'Most often our parents do not initiate the discussion on these issues except if a girl in the community gets pregnant and they start telling us that she sets a bad example.'* 20-year-old boy, Lesotho

Many adults think that giving young people information about sex will encourage sexual activity, but this is not true (see box below).

#### Sex education does not lead to more sex

A review by the World Health Organization (WHO) of programmes around the world found that sex education does not lead to earlier or increased sexual activity contrary to what many adults think. In fact the review showed that good sex education programmes, which emphasise learning life skills, personalising risk and giving young people options, can help young people to delay first intercourse and protect those who are already sexually active from pregnancy, HIV and other STIs. Source: *Impact of HIV and sexual health education on the sexual behaviour of young people: a review update*, Ann Grunnett, 1997. Geneva: UNAIDS



Young people can also receive confusing messages about sex from adults. While parents, religious leaders and others may emphasise strict moral codes of sexual behaviour—such as abstinence from sex before marriage—their own behaviour is often different.

Because sex is a private and personal matter, it is hard to talk about it in public and there is little public information that gives the facts plainly and accurately. The most common sources of information on sexual and reproductive health are friends or the media, which often shows images of sex as romantic, glamorous and risk free. But many young people find themselves in more serious situations, where they end up having unsafe sex.

- ✿ More than half of new HIV infections (see FACT SHEET 5 *HIV and AIDS* page 99) are in young people aged under 25 living in developing countries. Most are infected through unprotected sexual intercourse. Every day, over 7,000 young people are infected with HIV<sup>1</sup>.
- ✿ Approximately 13% of all births worldwide are to young women aged 15 to 19 years<sup>2</sup>.
- ✿ Pregnancy in young women under 19-years-old can be dangerous and they are five times more likely to die in pregnancy or childbirth than women aged 20-24 years.

*'Since I had my first child at the age of 12, I have not been able to hold my urine. My husband has taken a second wife.'* 18-year-old, Pakistan

- ✿ Early pregnancy is also associated with abortion. It is estimated that each year young women have between one and four million abortions, often illegally, and the number may be much higher. Many have abortions in unsafe conditions, even in countries where abortion is legal, because of fear of seeking abortion services.

- In Malawi, one quarter of people with AIDS are aged 15-24 years.
- In Brazil, one in four girls report having their first sexual experience before the age of 13.
- In Nigeria the average age of first intercourse for girls is 16 years.
- In Zimbabwe, a third of pregnant 15-19 year olds attending antenatal clinics were infected with HIV.
- In Papua New Guinea, first intercourse has been reported as early as 11 years of age.
- In Tanzania, 71 per cent of patients admitted to public hospitals for complications following abortions were adolescents.
- In India, it is estimated that a third of abortions are in adolescents.

Source: Medical Research Council Programme on AIDS in Uganda, in *Force for change, World AIDS campaign with young people*, UNAIDS and Shireen J Jejeebhoy "Adolescent sexual and reproductive behaviour: A review of the evidence from India", *Social Science Medicine*, Vol 46, pp 1275-1299, 1998

**Abused adolescents** Young people are vulnerable to exploitation by adults, through sexual abuse, rape and coerced sex, sex work, and relationships where adults abuse their power. Young working people, especially girls in domestic work, are open to sexual abuse and often cannot talk to adults because they are not allowed to leave their homes.

- In Cambodia, a third of sex workers aged 13-19 years are infected with HIV.
- In India, 20% of sex workers are adolescents.



### Lack of access to services and counselling

Few services are designed especially for young people, partly because of adults' attitudes and partly because young people were never thought to need sexual and reproductive health services until they were married. Young people find it hard to use existing services because of lack of money, inconvenient opening times, shame and embarrassment, concerns about privacy and confidentiality, laws that prevent unmarried boys or girls using contraception or requiring parental consent and negative and judgmental attitudes of service providers. Young people will avoid seeking STI treatment, contraception or condoms if they believe that service providers will not treat them with respect.

*'Often they can't get condoms because clinic staff tell them they are too young to be involved in sex. So they feel ashamed and give up trying to get condoms.'* Youth leader, Teenage Mothers and Girls Association of Kenya

### Gender and sexual behaviour

Girls and boys grow up learning different ideas about sex and about sexual behaviour and with 'double standards' about male and female sexual behaviour.

- ✿ Men should be able to have sex whenever they want; women's sexual desire does not exist or needs to be controlled.
- ✿ Men are responsible for initiating sex and relationships; women are passive.
- ✿ Men should be sexually experienced; women should be sexually ignorant.
- ✿ Young men should gain sexual experience and have as many partners as possible; young women must 'save themselves' for marriage.
- ✿ Men are not responsible for contraception; women who carry condoms are 'not respectable'.

*'The aspect which I condemn is that, on one hand, men want to have sex before and outside marriage, which they do, and on the other hand they want to marry a girl who is a virgin. It is very contradictory.'* Unknown source

*'Would I allow my sister to have a boyfriend? No way, she is only 15. OK, I started having sex myself when I was 15, but that was different, I'm a boy and can handle myself.'* 18-year-old, Nigeria

*'When we are tired and refuse to have sex, we are told to sleep on the floor.'* Unknown source

### Young people and HIV/AIDS

*'Most young people do not have to cope with the experience of death. Being diagnosed with HIV when you are in your teens or early twenties means you are suddenly forced to see a different reality. I decided early on that I needed to get support from other people living with HIV. I also joined Positive Youth as I felt the need to be around other young people who were going through similar experiences.'* Emma, 25-years-old, UK

*'Today it is not surprising to find widows as young as 18 in Uganda. For a young woman living with HIV life is never plain sailing. Society always looks at you with suspicion. You are perceived as a source of danger and death.'* Beatrice Were, Uganda

*My mother said, 'If you know you are carrying AIDS, please let us know so we don't have to go on spending on your education.'* Daisi, Nigeria

### Gender and HIV/AIDS

Young girls who are orphaned because of HIV/AIDS in the family are more vulnerable to HIV—they may be sexually exploited by relatives or sugar daddies, or have to work as sex workers to earn money to support their younger siblings.

The fact that HIV can be passed from mother to child through pregnancy, birth or breastfeeding puts the responsibility directly onto women. Women are often blamed for infecting their child.

*'Sangeta has just given birth to a son. She was delighted but when her husband came to see her the doctor told him she had tested HIV positive. After her diagnosis her husband would not let her touch their son and the medical staff left her alone.'* Suniti Solomon, YRG Care, Chennai, India

**Young women** are at risk of HIV, STIs and other sexual and reproductive health problems because of:

**Expectations about female behaviour** In societies where young women are supposed to be ignorant about sex, it is difficult for girls to seek information and to take action to protect themselves against pregnancy and STIs. Young women may not see themselves as sexual until they have intercourse and therefore will not be prepared to practise safer sex. Young women who carry condoms are commonly seen as 'loose' rather than as being responsible about sex.

*'Well, it would be nice if it was easier for girls to initiate things with men without feeling difficult about it.'* Young woman, UK

**Lack of treatment of STIs**, increasing the risk of HIV transmission. Some STIs do not show symptoms in women and so they often do not seek treatment. Even if a young woman or girl thinks that she might have an STI, she may avoid treatment because of fear of being blamed for spreading HIV and other STIs. Often women have limited access to health care or require permission from male members of the family.

**Limited education**, which restricts access to information about sexual and reproductive health and limits employment opportunities.

*'What would you have done?' asks 18-year-old Caro, who started selling sex after leaving school when she became pregnant. Both her parents were dead and she had to support six younger brothers and sisters.*

■ In Botswana, the YMCA found that teenage mothers had become pregnant because of pressure to have sex, lack of assertiveness and poverty. Many had also been ignorant about reproduction believing, for example, that it was not possible to get pregnant the first time you have sex or if you have sex standing up or if you drink lots of water before and after having sex.

**Limited employment opportunities**, which result in economic dependence on men. For married women economic dependence makes it difficult to refuse sex or insist on protected sex, and for unmarried girls, especially adolescent mothers, or girls who have to pay their own school fees, there may be few alternatives to exchanging sex for money.

*'School girls are told they are grown up and should find their own school fees. This often means that they have to raise the money through sex.' Unknown source*

*'Many young girls like me were forced to go and look for employment in town. Because you are employed as a domestic worker you are paid a low salary, and you end up having affairs to get money to help your family.' Young woman, Malawi*

*'It isn't so hard for a girl not to have sex while still at school, but the big temptations come after she leaves. If she can't get a job she is seen as a burden to her parents. She has no money, but wants to go out and buy nice things. When a man offers her money to buy those things if she'll be his girlfriend it is hard to say no.' Secondary school student, Kenya*

**Early marriage** In very young girls sexual intercourse is more likely to cause tearing, increasing the risk of infection. Early marriage often also means early pregnancy, which in girls who are not fully formed physically can be dangerous and increase the risk of complications.

**Unequal power** in relationships means that girls and young women often lack the power and ability to refuse sex or to negotiate safer sex.

*'In most cases in our African society, the man is the decision maker, so he can insist whereas a woman cannot.' Unknown source*

**Traditional practices**, such as cutting girls genitals (where the external genitalia are cut off and the entrance to the vagina is sewn up), increases the risk of HIV infection as well as other complications. Because unsterilised cutting instruments are often used, there is tearing and bleeding when sex is attempted and obstructed delivery at childbirth. In some cultures sexual practices, such as dry sex (where herbs and other substances are put into the vagina to make it dry), increase the risk of damage to the vagina, making it easier for HIV infection to occur.

**Sexual practices** Some young women practise anal sex to avoid pregnancy and maintain virginity. However, there is a high risk of HIV transmission during anal sex.

**Older sexual partners** In many cultures young women have older sexual partners. These men are usually more sexually experienced and therefore at greater risk of having HIV and other STIs. Men may seek younger female partners because they believe they are not infected with HIV. The men in such relationships often make all the decisions—including when and how to have sex.

**Rape, sexual abuse and exploitation** Girls and young women are more likely to be raped or sexually abused than boys. Forced sex increases the risk of HIV transmission. Young women and girls are also at risk through sexual exploitation—in some countries poor families sell their daughters to the sex industry because they need the money, in others young girls are sexually exploited by older men in exchange for money and gifts. Violence and the fear of violence makes it difficult for women to refuse sex or to discuss safer sex.

*'I was kidnapped at the age of 13 and forced to work as a sex worker. When I finally escaped and went home to my village, I found that my family had been forced to leave in disgrace because it was rumoured that I had eloped with a boy.' Jaya, India*

*'I am 19-years-old and live in a home for HIV-positive people. I cannot return to my village as the villagers might stone me to death. I was married to a truck driver. He became very ill and found out that he was HIV positive. He did not reveal his status to me or his family and I was blamed for my husband's illness and had to leave.'* Rani, India

■ In Fiji, 8 in 10 young female domestic workers reported that they had been sexually abused by their employers.

■ In a South African study, many young women reported physical assault and rape from boyfriends. Reasons given included: refusing sex, questioning their boyfriends faithfulness and rejecting declarations of love.

**Young men** are also at risk of HIV and other STIs, because of:

**Expectations about male sexual behaviour** Young men typically start having sex younger than women. They are often encouraged to start having sex young and to have lots of sexual partners to prove their manhood. Young men face a lot of pressure to have sex from friends and their society.

*'I made friends with four boys who tried to persuade me to do what they were doing by sending me different girls. I usually had fears and shyness. I didn't know how to start. What would she think of me? How would I engage in intercourse? The other boys were not happy with me, they started to tease me and eventually deserted me.'* Unknown source

**Lack of information** Young men are embarrassed about seeking accurate information from reputable sources and fear showing their ignorance, but many have limited knowledge about male and female sexuality. Mothers are less likely to talk to their sons than their daughters about sexual issues and few fathers talk to their sons about sex.

*'I was curious about sex and taken by an older boy at school to have sex with different women. I became infected with HIV and realise that it was because of my lack of knowledge about sex and STIs. My advice is to ask someone who will tell you the facts about sex, don't be secretive and don't ask someone who will just add to the myths already in your mind.'* Suresh, India

*'I learned about sex from watching videos. I don't think my girlfriend has another boyfriend, but I don't know. We've never used condoms.'* David, Nigeria

**Lack of access to services** While mothers sometimes take their daughters to clinics for family planning, it is rare for parents to take their sons to clinics for condoms to protect them from HIV/STIs. Boys and young men often think that clinics are for women not for men. Men's sexual health is given a low priority in many countries.

**Sexual practices** Young men sometimes practise anal sex with young women, or with other boys or men. However, there is a high risk of HIV transmission during anal sex.

**Concerns about sexual performance and pleasure** Men are often expected to know everything about sex, which is not true. Using a condom, especially for the first time, is difficult. Young men may be worried about their sexual performance and think that they are expected to

know what to do. Male sexual pleasure, which many men believe is reduced by using condoms, is commonly considered more important than safer sex.

**Poor communication skills** In many cultures boys are not expected to talk about their feelings and emotions and find it very difficult to communicate in relationships.

*'Girls are running away from us because they do not trust us.' Young man, Zambia*

**Use of alcohol** Other expectations about male behaviour, such as drinking alcohol, also increase the risk for young men and boys.

*'When drunk, young men easily lose control of themselves and can easily get involved with a women without considering protective measures such as using a condom.' Young men, Zambia*

<sup>1</sup> 1998 World AIDS Campaign briefing paper, UNAIDS.

<sup>2</sup> Medical Research Council Programme on AIDS in Uganda, in *Force for change, World AIDS campaign with young people*, UNAIDS. Most of the statistics used in Part 4 come from this briefing paper and to make this kit more readable have not been included as further footnotes.





# Fact sheet

# 3



## How our bodies develop

During puberty, girls' and boys' bodies develop and become capable of having children. This change usually starts at 9-12 years of age and continues until 16-18 years. Girls usually start puberty a year or two before boys. Some changes are visible and others happen inside. Changes are emotional as well as physical. They include:

**Girls and boys** Grow taller quickly, underarm hair starts growing, pubic hair starts growing, skin becomes more oily.

**Girls** Breasts develop, hips widen, uterus and ovaries mature, ovulation begins, menstruation begins.

**Boys** Voice deepens, facial hair starts growing, chest hair may start growing, penis and testes mature, sperm production begins, ejaculation occurs, including release of semen during sleep (wet dreams).

### Girl's and women's bodies

Every girl's and woman's body looks different. In areas where female genital mutilation (circumcision) is practised, women's reproductive parts will look different. They may not have the clitoris, and the inner and outer labia may look different.

**Pubic hair** Grows around the vulva after puberty.

**Clitoris** Small bump at the top of the inner labia, filled with nerve endings. It is very sensitive to touch. Stimulating the clitoris can be pleasurable and lead to orgasm.

**Vulva** The different parts of the vulva make up the woman's outside reproductive organs:

*Outer labia* Two folds, or lips, of skin which protect the vulva

*Inner labia* Two smaller folds, or lips, of skin which lie between the outer labia

**Urethral opening** Small opening below the clitoris through which urine passes out of the body

**Vaginal opening** Opening below the urethral opening and above the anus. It leads to the vagina, cervix and uterus. It is through the vaginal opening that menstrual blood passes out of the body, the penis may enter during sex, and babies are born.

**Anus** Opening between the buttocks and below the vulva. Faeces (body waste) leave the body through it.

**Uterine (fallopian) tubes** Two tubes that connect the uterus to the ovaries. An egg is released from one of the ovaries each month, and passes along a uterine tube into the uterus.

**Ovaries** Two glands, one at the end of each uterine tube, which produce eggs and female sex hormones.

**Uterus or womb** Hollow sac of muscle, shaped like an upside-down pear, where an embryo develops into a baby during pregnancy.

**Cervix** Mouth of the uterus, connecting it to the vagina. It has a very small opening and is kept moist by mucus.

**Vagina** A moist tube of muscle, normally about 8cm long, which connects the vulva to the inner reproductive organs. It is very flexible. It secretes slippery mucus during sexual arousal.

The vagina and cervix are the lower reproductive tract. The uterus, uterine tubes and ovaries are the upper reproductive tract.



# Fact sheet

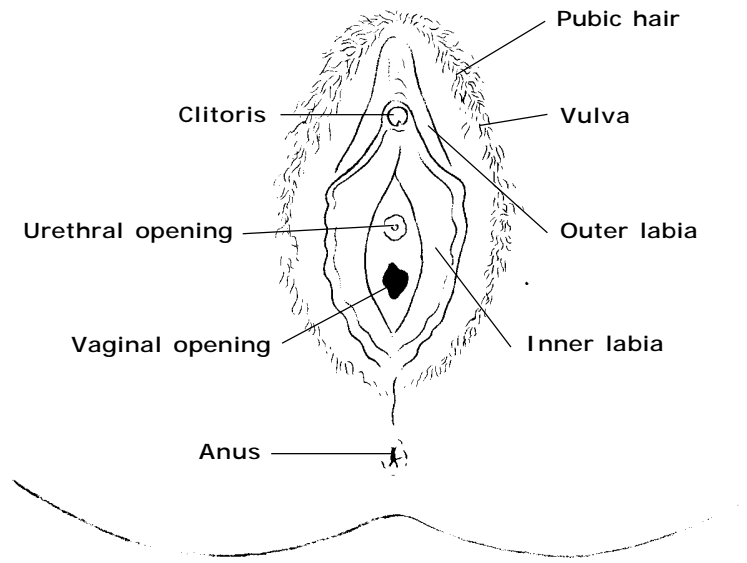
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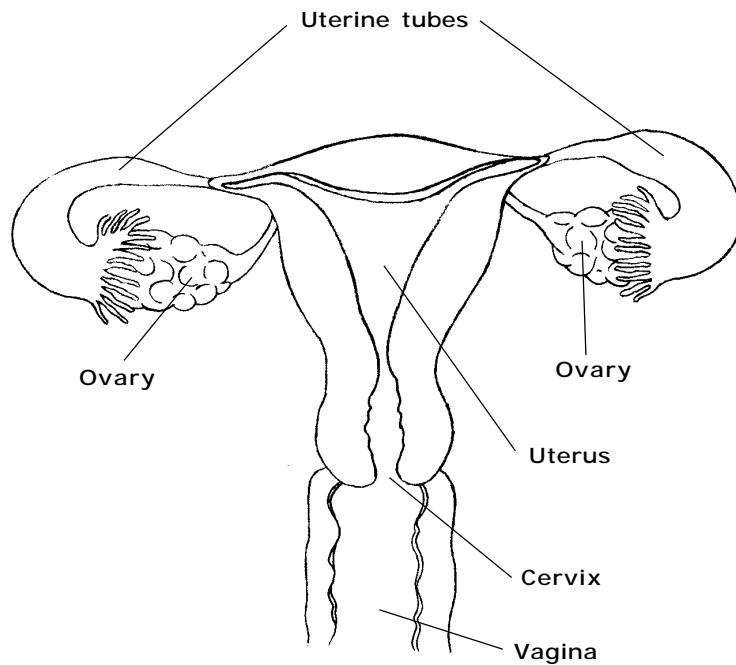
FACT SHEET 3



## How things look outside



## How things look inside



# Fact sheet

# 3



## Boy's and men's bodies

Every man's reproductive organs look slightly different. If a man is circumcised, his foreskin is removed. Penises may vary slightly in shape and size. Many men have concerns about the shape or size of their penis. However, all penises function the same way regardless of their shape or size.

**Pubic hair** Grows around the penis after puberty.

**Penis** Made up of spongy tissue. Normally soft, but fills up with blood and becomes stiff (erect) when a man is sexually excited.

**Foreskin** Small piece of skin which covers the glans. It is removed when a man is circumcised.

**Scrotum** Sac that holds the two testicles.

**Glans** Head of the penis. Sensitive to touch.

**Urethral opening** Opening through which urine and semen pass. Unlike women, men have the same opening for urine and sexual fluids. It is not possible for urine to pass through the urethra at the same time as semen is being ejaculated.

**Vas deferens** Tube that carries sperm from the testicles to the urethra before the man ejaculates.

**Prostate gland** Small gland which produces a thin fluid which forms part of the semen.

**Seminal vesicle** Small sac at the back of the prostate gland where the thick milky fluid in semen is produced.

**Urethra** Tube through which urine and semen (including sperm) pass out of the body.

**Testicles** Glands, that feel like two small balls, which produce sperm and the male sex hormone.

**Epididymis** Area where sperm are stored in the testicles.



# Fact sheet

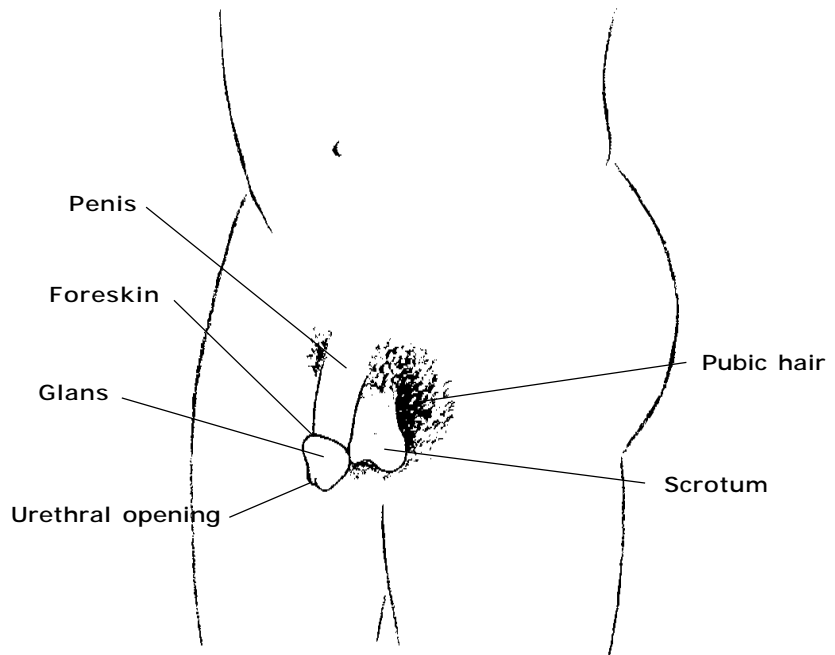
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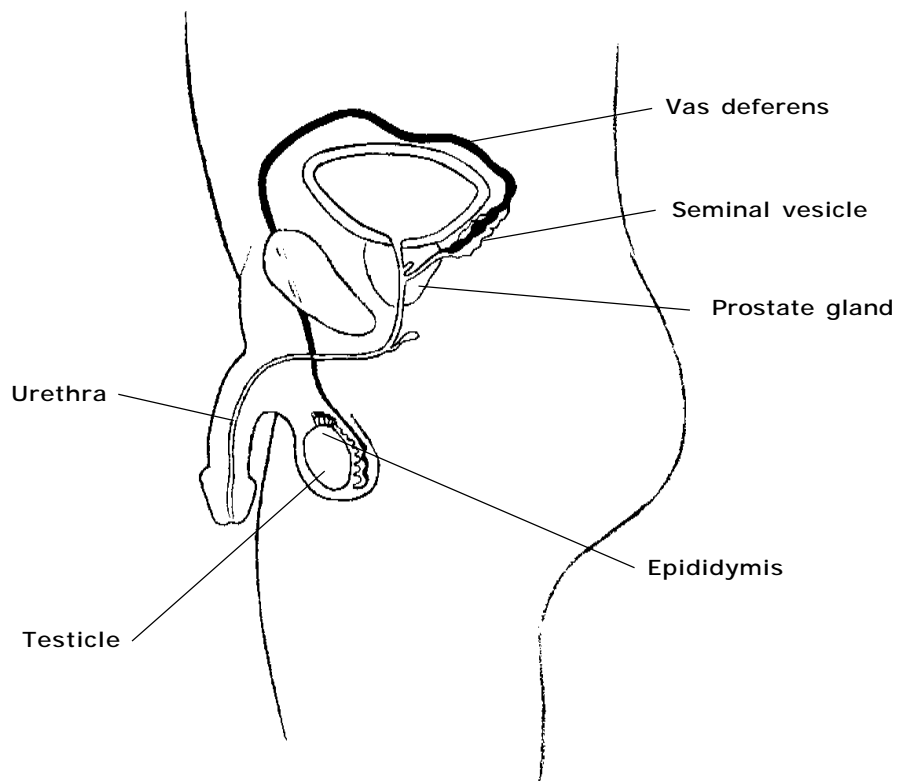
FACT SHEET 3



How things look outside



How things look inside



# Fact sheet

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## Reproduction, pregnancy and family planning

### Reproduction

Each month an egg in one of the ovaries ripens and is released. This is ovulation. Ovulation usually occurs 12-16 days before the next period. The egg travels down the uterine tube into the uterus. This takes about three to five days. At the same time, the uterus develops a thick lining of tissue and blood to protect and nourish a fertilised egg.

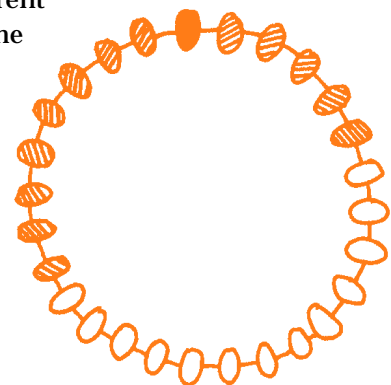
If vaginal intercourse takes place around ovulation and no contraceptive is used, the egg may become fertilised by a man's sperm. This is conception. Occasionally two eggs are released at the same time, or one egg divides into two. If both are fertilised they produce twins. If the egg is not fertilised, the egg and the lining of the uterus pass out of the body through the vagina. This is menstruation (period or monthlies). Menstruation usually lasts four to eight days.

Many women get signs each month before they start their period—gaining a little weight, having mild stomach pain, getting facial spots or feeling tense. During their period they may have backache or stomach cramps. Regular exercise and rubbing the lower back or stomach can sometimes soothe the discomfort.

In most societies, women know that regular periods are a sign of good health. However, in some societies, periods are felt to be embarrassing or shameful, and women are expected to behave differently when menstruating. For example, they may have to avoid saying prayers, cooking, or eating certain foods. However, there is no physical reason why women should stop their normal activities.

### Activity to teach women about their cycle Beads to count the days

Make a necklace of 28 beads, using different colours to represent different stages of the cycle: a red bead for the first day of their cycle (first day of menstruation), brown beads for the days immediately before and after their period (when they are least likely to be fertile), and blue beads for the days around ovulation (when they are most likely to be fertile). Mark off the days with a piece of string or an elastic band. Use the necklace for demonstration and discussion.



Explain that each woman's cycle is slightly different. Emphasise that counting days alone is not a reliable method of preventing pregnancy.

Women may find it useful to make their own necklaces to keep track of their cycle.



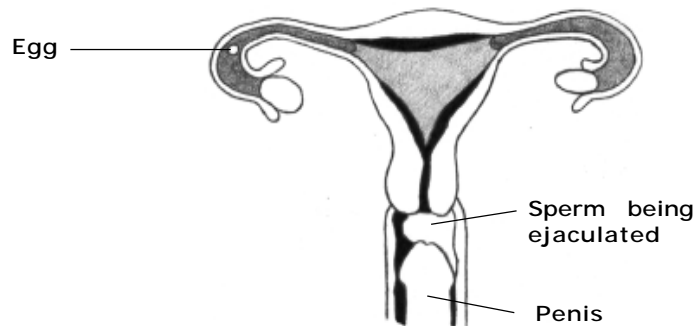
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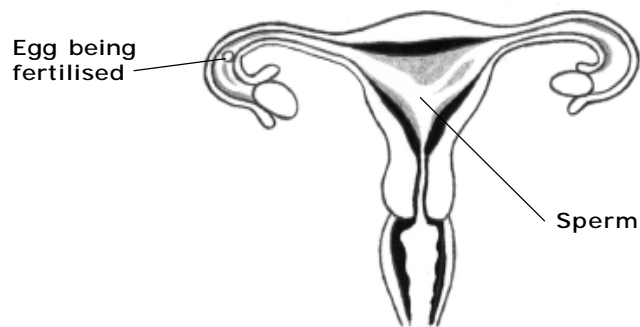


## Pregnancy

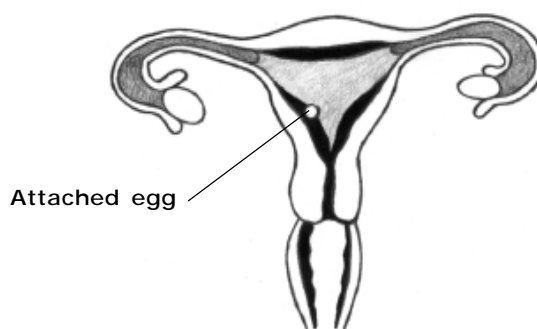
1. During sexual arousal, a man's penis becomes hard, and a woman's vagina produces more mucus, which acts as a lubricant. During vaginal intercourse, semen containing millions of sperm is ejaculated from the penis into the vagina. Sperm can live for up to nine days inside a woman's body.



2. All the semen leaks out of the vagina. Some sperm swim up into the uterine tubes. During the woman's fertile stage, cervical mucus allows them through easily. If a sperm meets an egg in one of the uterine tubes, they join together. This is fertilisation. A woman is fertile for about 24 hours after an egg leaves an ovary and is in the uterine tube.



3. During the next few days, the fertilised egg moves down the uterine tube into the uterus. It attaches itself to the thick lining and develops into an embryo. The embryo gradually develops into a baby during the nine months of pregnancy.



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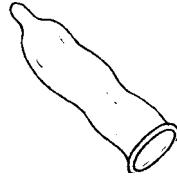
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## Family planning

### Condom

Latex tube which is rolled onto the man's erect penis before having sex.



The man ejaculates into the condom. The condom is more effective in preventing conception if used with a spermicide. Sometimes condoms are already lubricated with a spermicide. If not, they can be lubricated with a water-based lubricant.

**Protection from pregnancy**

Very good if used properly and consistently.

**Protection from HIV/STIs**

Very good. HIV and other infections cannot pass through.

**Availability**

Widely available in most countries from bars and shops as well as clinics. Inexpensive.

**Advantages**

Rarely any side effects (a few people get irritation from latex). Only need to use when having vaginal or anal sex. Some people choose to use condoms during oral sex.

**Disadvantages**

Can be difficult to use without teaching. Men need to agree to use. Can break if used wrongly or beyond use-by date, or if there is a lot of friction (for example, during 'dry sex'), or if an oil-based lubricant is used.

### Female Condom



A soft, thin polythene tube which covers the inside of the woman's vagina, similar to the male condom. It can be used with a spermicide.

**Protection from pregnancy**

Very good if used properly and consistently.

**Protection from HIV/STIs**

Very good. HIV and other infections cannot pass through.

**Availability**

Not widely available. Expensive in most places.

**Advantages**

No side effects. Only need to use when having sex. Some women can use without men knowing.

**Disadvantages**

Not easily available in most countries. Expensive. Can be difficult to insert.



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## Diaphragm and Cap

Rubber 'cap' that fits over the woman's cervix to prevent sperm entering.



Needs to be fitted initially by a health worker. A diaphragm or cap is put into the vagina before having sex and left in for at least six hours, but not more than 24 hours, after sex.

It is then washed for re-use. It should be used with spermicide.

Protection from pregnancy

Very good if used properly.

Protection from HIV/STIs

No protection against HIV. Some protection against some STIs such as genital warts.

Availability

Not available in every country.

Advantages

Only need to use when having sex. Can be re-used for several years. Does not need access to health workers after initial fitting.

Disadvantages

Needs trained health worker to fit. Some women find it difficult to insert and take out. Needs to be refitted every two years, after pregnancy, or if the woman gains or loses weight.

## Spermicides

Chemicals designed to kill sperm in the vagina and prevent sperm from entering the cervix. Available as foam, vaginal film, cream, gel or pessaries. Should be used with barrier methods (condom, female condom, diaphragm or cap).



Protection from pregnancy

Poor if used on own.

Protection from HIV/STIs

No evidence yet of reducing HIV risk. Some protection against bacterial infections.

Availability

Widely available.

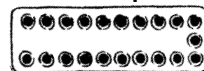
Advantages

Only need to use when having sex. Do not need access to health workers.

Disadvantages

Some people are allergic.

## Contraceptive Pill (the pill)



Daily pill containing hormones that prevent ovulation (release of an egg from an ovary).

Protection from pregnancy

Excellent if taken correctly.

Protection from HIV/STIs

None.

Availability

Available in most areas from family planning clinics.

Advantages

Do not need to think about it while having sex. Can switch to another method if necessary.

Disadvantages

Needs to be prescribed by a health worker. Needs to be taken daily. Some side effects. Many conditions in which it should not be prescribed.

# Fact sheet

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## Hormonal implant (often known as Norplant)

Six small, thin tubes inserted under the skin in the woman's upper arm.



The tubes slowly release a hormone which prevents ovulation.

They must be inserted and removed by trained health workers.

Effective for up to five years.

Protection from pregnancy

Excellent.

Protection from HIV/STIs

None.

Availability

Widely available in some countries.

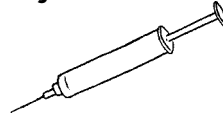
Advantages

Women do not need to think about contraception. Women can use without men knowing. Long-lasting.

Disadvantages

Can cause irregular periods. Some conditions in which it should not be used. Must be removed by trained health worker.

## Injectable Contraceptives



The most common injectable is DMPA (or

DepoProvera). Injection given at a clinic every three months. It prevents ovulation.

Protection from pregnancy

Excellent.

Protection from HIV/STIs

None.

Availability

Widely available in some countries.

Advantages

Do not need to think about it while having sex. Can be used without man knowing.

Disadvantages

Can cause irregular periods. Need access to health worker every three months. Cannot stop immediately if side effects. Many conditions in which it should not be used.



# Fact sheet

# 4



## Intrauterine device (IUD)



Small piece of plastic or copper that is put in the uterus (womb) by a trained health worker. It has a fine string attached to it so that the woman can feel to ensure that it is still in place. The IUD prevents fertilisation.

Protection from pregnancy  
Excellent.

Protection from HIV/STIs

None. Increased risk of PID following insertion or via the string.

Availability

Available in most areas from family planning clinics, but often only to women who have had children.

Advantages

Do not need to think about it while having sex. Woman can check that it is in place herself.

Disadvantages

Heavier periods for some women. Needs access to health worker to insert or remove. Some conditions in which it should not be used, especially history of STIs.

## Natural family planning

This means only having sex during the stages of the menstrual cycle when the woman cannot get pregnant. It involves recognising these stages, including observing body temperature and changes in cervical mucus.

Protection from pregnancy

Good, if properly used.

Protection from HIV/STIs

None.

Availability

Can be used by any couple that know about the woman's cycle.

Advantages

No side effects. Couples share the responsibility for family planning. No expense.

Disadvantages

Requires commitment of both partners. Requires careful observation and record keeping.

# Fact sheet

# 4



## Fertility awareness

This means using a woman's knowledge of her menstrual cycle to decide when to use a contraceptive device and when to have unprotected sex. A woman who wishes to become pregnant may have unprotected sex at the stage in her cycle when she can become pregnant, but using a barrier method (condom, female condom, diaphragm or cap) at other times to protect her against HIV/STI transmission.

**Protection from pregnancy**  
Good, if properly used.

**Protection from HIV/STIs**  
Very good when using a barrier method. None during unprotected sex.

**Availability**  
Can be used by any couple that know about the woman's cycle.

**Advantages**  
No side effects. Couple share the responsibility for family planning. No expense.

**Disadvantages**  
Requires commitment of both parties. Requires careful observation and record keeping.

## Breastfeeding

Breastfeeding on demand can reduce the risk of pregnancy in the first six months by delaying ovulation. Most breastfeeding women start to ovulate after six months, even if they have not had a period.

**Protection from pregnancy**  
Good if breastfeeding exclusively on demand for the first six months.

**Protection from HIV/STIs**  
None.

**Availability**  
Almost all women who have given birth can breastfeed if given support.

**Advantages**  
Free.

**Disadvantages**  
Not reliable after six months. Women who may have HIV may prefer not to breastfeed.

## Withdrawal

This is when the man takes his penis out of the vagina before ejaculating (coming).

**Protection from pregnancy**  
Poor, because sperm may be released before ejaculation and enter the cervix.

**Protection from HIV/STIs**  
None. HIV has been found in semen released before ejaculation.

**Availability**  
Available to all men.

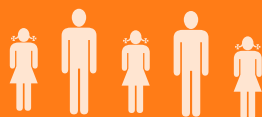
**Advantages**  
Useful, if no other method available.

**Disadvantages**  
Man needs to think about it while having sex. May not be able to withdraw before ejaculating.



# Fact sheet

# 4



## Sterilisation

This involves cutting the vas deferens in men to prevent sperm joining the semen, or cutting or blocking the uterine tubes in women to prevent the egg and sperm from meeting.

Protection from pregnancy  
Excellent.

Protection from HIV/STIs  
None.

Availability  
Available from some health clinics by trained doctors.

Advantages  
Do not need to think about it while having sex.

Disadvantages  
Requires an operation under local anaesthetic (men) or general anaesthetic (women). Not easily reversible. Small chance of infection after operation.

## Emergency contraception



Can be used after unprotected sex if the woman may have become pregnant. It takes the form of pills or an IUD. Pills should be taken within 72 hours of unprotected sex. The IUD can be inserted up to five days after unprotected sex.

Protection from pregnancy  
Excellent, if taken within time limits.

Protection from HIV/STIs  
None.

Availability  
Not widely available.

Advantages  
Important option after safe sex 'accidents'.

Disadvantages  
Either method must be given by a trained health worker. May not be acceptable for some people who regard emergency contraception as abortion.

# Fact sheet

# 5



## HIV and AIDS

### What is HIV?

HIV stands for Human Immuno-deficiency Virus. HIV only infects humans. It attacks the body's immune system, which protects the body against illness.

Most people who become infected with HIV do not notice that they have been infected. Soon after being infected, some people may suffer flu-like symptoms for a few weeks. Otherwise there are no signs of early HIV infection. However, the virus remains in the body and can be passed on to other people.

### What is AIDS?

AIDS stands for Acquired Immune Deficiency Syndrome. Getting (acquiring) HIV leads to a weakened (deficient) immune system. This makes a person with HIV vulnerable to a group of illnesses that a healthy person without the virus would be unlikely to be affected by (opportunistic infections).

### What is the difference between HIV and AIDS?

A person infected with HIV can remain healthy for many years with no physical signs or symptoms of infection. A person with the virus, but no symptoms is 'HIV positive' or has 'asymptomatic HIV disease' (having no symptoms).

If symptoms develop, the person is said to have 'symptomatic HIV infection', 'symptomatic HIV disease', 'advanced HIV disease' or 'AIDS'.

### Where does HIV come from?

Nobody knows where HIV came from, exactly how it works or how to get rid of it. In each country when AIDS first appeared, people who were already marginalised—and therefore usually more vulnerable to HIV infection, because of poverty and lack of access to services or information—were blamed for AIDS. Blame is often put on people from 'other places' or who look and behave 'differently'. This leads to people believing that only people in these groups are at risk of HIV and that 'it can't happen to me'. Confusion about where AIDS comes from and who it affects also makes many people willing to deny that it even exists.

### What is an HIV test?

An HIV test detects antibodies to HIV in the blood. These are produced by the immune system in response to infection with the virus. If there are no antibodies, the person is antibody negative (seronegative or HIV negative). If the person has been infected only recently, the test result may be negative because it can take up to three months from the time of infection for the antibodies to develop. This is called the 'window period'. Anyone who might have become infected in the last three months should take a second test three months after the first test.

A person should always have counselling before and after an HIV test. HIV tests should never be carried out without their consent.



# Fact sheet

# 5



## How is HIV transmitted?

HIV is found in an infected person's blood (including menstrual blood), breast milk, semen and vaginal fluids.

- ✱ During unprotected sexual intercourse, HIV can pass from someone's infected blood, semen or vaginal fluids directly into another person's bloodstream, through the mucous membranes lining the inside of the vagina, penis or rectum.
- ✱ HIV can be transmitted by HIV-infected blood transfusions or contaminated injecting equipment or cutting instruments.
- ✱ HIV can be passed from an HIV-positive mother to her baby during pregnancy, delivery and breastfeeding. About a third of all babies born to mothers with HIV become infected themselves.

## How is HIV not transmitted?

The virus can live only inside a living human body and survives for just a few hours outside the body.

- ✱ HIV cannot be transmitted through saliva, tears, vomit, faeces and urine, although very small amounts of the virus have been found in these fluids. HIV has not been found in sweat.
- ✱ HIV cannot pass through unbroken skin and is not spread through casual contact such as touching someone with HIV, or something they have used; sharing eating or drinking utensils; or using the same toilet seats or washing water.
- ✱ Nursing or caring for someone with HIV is not risky if the person follows sensible precautions such as disposing of sharp needles safely and keeping cuts covered.
- ✱ HIV is not transmitted by mosquitoes or other blood-sucking insects. Most insects do not pass blood from one person to another when they bite humans. The malaria parasite enters the bloodstream in mosquito saliva, not blood.

## What is unsafe or high risk behaviour?

This is doing something that involves a high risk of infection for you or someone else. Most people do not know who has HIV and who does not, including themselves, so the following activities are high-risk:

- ✱ having penetrative vaginal or anal sex (where the penis enters the vagina or anus) without using a condom. Men can infect both male and female partners through unprotected anal sex
- ✱ using unsterilised needles and syringes, or cutting instruments, on yourself or someone else, that are likely to be contaminated by another person's blood
- ✱ receiving an infected blood transfusion.

## What is safer sex?

Safer sex is any sexual activity which does not involve semen, vaginal fluids and blood entering another person's body or coming into contact with broken skin, such as:

- ✱ non-penetrative sex—stimulating your own or your partner's genitals (masturbation), thigh sex, massage or kissing
- ✱ using a condom for vaginal or anal sexual intercourse
- ✱ oral sex (mouth contact with male or female genitals) is less risky than unprotected vaginal or anal sex
- ✱ no sex (abstinence) is safe.

# Fact sheet

# 6



## Other STIs

### Gonorrhoea (the clap)

Transmitted through unprotected vaginal, anal or oral sex.

#### Symptoms

In men: yellow-white discharge from the penis, rash around the genitals, pain when urinating, and sometimes flu-like symptoms. The symptoms may disappear after a few days, but the person remains infectious. If left untreated, gonorrhoea can inflame testicles, causing abscesses, which can lead to the loss of a testicle. It can also lead to infertility.

Women may have symptoms similar to men or, often, no symptoms, and can lead to upper reproductive tract infections. Gonorrhoea can cause infertility and can cause infection to babies during birth, leading to eye infections or blindness.

#### Treatment

Treated with a single dose of antibiotics. Many people with gonorrhoea also have chlamydia (see below), which has similar symptoms.

### Chlamydia

Transmitted through unprotected vaginal, anal or oral sex.

#### Symptoms

In men: include thin watery discharge from the penis and burning sensation when urinating or during sex.

In women: Symptoms in women may include bleeding after sex and pain in the abdomen. Often there are no symptoms so it goes undetected and untreated, increasing the risk of reproductive tract infections. Chlamydia can cause infection in babies during birth, leading to eye infections or blindness.

#### Treatment

Treated with a short course of antibiotics. Chlamydia is often present in people who have gonorrhoea. It is advisable to treat men and women with gonorrhoea for chlamydia as well. If a woman has no symptoms, chlamydia can be detected by a blood test or sample taken from the area that may have been infected.

### Syphilis

Transmitted through unprotected vaginal, anal or oral sex. Can be transmitted through skin contact if someone has an ulcer after being newly infected with syphilis.

#### Symptoms

Painless ulcers on the penis or anus appear two to four weeks after infection. Without treatment they disappear after six to eight weeks. Then the secondary stage develops. Symptoms include: fever, enlarged lymph glands, headache and rash. If the disease is still left untreated, it eventually attacks the nervous system causing blindness, heart problems and dementia (confusion).

#### Treatment

Treated with short course of antibiotics.



# Fact sheet

# 6



## Chancroid

Transmitted through unprotected vaginal, anal or oral sex.

### Symptoms

Painful ulcers on the penis or anus, similar to syphilis ulcers.

### Treatment

Treated with short course of antibiotics.

## Genital herpes

Caused by the *Herpes simplex* virus. Transmitted through close bodily contact. This includes vaginal, anal or oral sex or skin contact if blisters are present. Can be transmitted to a baby during birth if the mother has blisters.

### Symptoms

Small, painful blisters on the penis, vagina, rectum or mouth which fill with a liquid and then burst; flu-like symptoms; itchiness around genitals. Ulcers heal within two to three weeks. Many people have no further symptoms. Others experience frequent occurrences, perhaps less severe than the first one. Herpes is only infectious when ulcers are about to appear or are present.

### Treatment

Once someone has the herpes virus, there is no way of getting rid of it. Acyclovir ointment or tablets can help ulcers heal faster. Rest, sleep and a good diet make ulcers less likely to come back.

## Genital warts

Caused by *human papilloma* virus. Transmitted through close bodily contact, most commonly vaginal, anal or oral sex.

### Symptoms

Small, flat bumps (usually dark brown) which appear on their own or in clumps. Sometimes the warts are difficult to see. They can cause irritation and discomfort. It can take several months for the warts to appear after a person becomes infected.

### Treatment

External warts treated by a paint-on ointment. Internal warts need freezing treatment at hospital. If left untreated, the warts spread rapidly. It is thought that the virus increases risk of cervical cancer in women.

## Non-specific urethritis (NSU)

Transmitted through unprotected vaginal or oral sex. May be present without symptoms for some time and reappear without fresh infection.

### Symptoms

Pain when urinating or pus from the end of the penis and pain during sex. Left untreated, NSU can damage the testicles and prostate gland. It is caused by a number of different bacteria and is often a warning sign of other possible infections.

### Treatment

Treatment varies with the cause of the inflammation.

# Fact sheet

# 6



## Trichomoniasis (Trich)

Caused by bacteria. Transmitted through close bodily contact and unprotected vaginal intercourse, but not anal or oral sex.

### Symptoms

Thin, greenish discharge from penis or vagina, sometimes pain when urinating. Men can have no symptoms and still be infectious. Trich is not dangerous if left untreated, but many people with trich also have gonorrhoea, which can lead to serious problems if left untreated. There is some evidence that infection with trich increases the risk of co-infection with other STIs.

### Treatment

A short course of antibiotics.

## Thrush

Yeast infection caused by *Candida albicans*, which occurs naturally in women's vaginas but which sometimes grows more than normal. Commonly occurs in babies, and in adults who are tired or stressed, diabetic or with a damaged immune system because of HIV infection. Men can get the yeast trapped under their foreskin and then pass it on during sexual intercourse.

### Symptoms

White coating growing in moist parts of the body, such as the vagina or throat, or under the foreskin. Causes redness and itching.

People with HIV often get severe, recurring thrush in the mouth, digestive tract and genitals. Can be serious as it can interfere with eating or breathing.

### Treatment

Treated with anti-fungal drugs in tablet or cream, such as fluconazole. Live yoghurt applied to affected areas can prevent and treat thrush. Some people recommend avoiding sweet or starchy foods.

Risk of thrush can be reduced in HIV-positive people if they take weekly doses of fluconazole.

## Pubic lice ('crabs')

Small insects that lay their eggs in pubic hair. Pass between people during close bodily contact, including sex. Cannot be caught through oral sex.

### Symptoms

Small brown lice and white eggs visible in pubic hair. Cause severe itching.

### Treatment

Lice killed with liquid solution applied to the pubic area, left on for a short time and then washed off. Bedding and any clothing that may be infested should be boiled.



# Fact sheet

# 6



## Scabies

Small parasites that live on moist areas of the body, such as pubic area, groin and arm pits. Passed from person to person by close bodily contact, including sex, sleeping next to a person with scabies, or from contact with infected clothes or bedding.

### Symptoms

Causes a red, very itchy rash around the genitals. If left untreated, scabies will spread rapidly over body and be very uncomfortable. Can lead to sores.

### Treatment

Whole body is treated with lotion left on for 24 hours and then washed off. Sheets and clothes should be boiled.

## Hepatitis B

Virus which can be transmitted through vaginal, anal or oral sex, or through exchange of blood (such as sharing needles or syringes or blood transfusion). It is much more infectious than HIV.

### Symptoms

Symptoms may never develop, or may develop after some time. Liver becomes inflamed, causing jaundice, vomiting and loss of appetite. Symptoms can be mild to very serious, and can cause death.

### Treatment

There is no cure, but symptoms can be relieved with medication. There is an effective vaccine for those who might be at high risk of coming into contact with the virus, such as health workers.



# Activity set

# 10



Talking about sexual and reproductive health and gender



## Exercise

# 1

## Talking about our bodies and sexual activity

**PURPOSE** Helping young people to understand their bodies and to feel comfortable talking about sex

**TIME** 60 minutes

**MATERIALS** Pictures of male and female bodies and reproductive organs, paper, pens or chalk

1. Write up a list of words of male and female body parts—for example, *breast, vagina, penis, masturbate, orgasm, sexual intercourse, pregnant, testes*—and ask the group, in pairs, to brainstorm other words they use.
2. Ask the group to call out some of the local or slang words they have come up with and write them on the large sheet of paper. Note any words that young people find difficult, funny or objectionable, but make sure that they are all written up.
3. Divide the group into smaller groups of four or five. Give each group a picture of the male and female reproductive systems and ask them to label the parts. Or you can get them to draw body maps—ask one young man and one young woman in each group to lie on the ground and for other people in the group to draw an outline of their body in chalk. Ask each group to label the parts of the body on these body maps.
4. Pin the pictures up, or walk around the body maps on the ground, and with the whole group correct any misinformation.
5. Next, ask the small groups to draw another outline of a male and female body, or draw outlines of their own bodies again and to draw or write the changes that happen in puberty. Emphasise that what is important is to share what you know about the changes that happen in your body, not how well you can draw.
6. Repeat 1 and 2, this time for sexual activities.

### Discussion points

*Is there a difference between the words used for male and female body parts?*



# Activity set

# 10



Talking about sexual and reproductive health and gender



Exercise  
**2**

## Talking about sexual and reproductive health concerns

**PURPOSE** To help adolescents identify and talk about their concerns

**TIME** 60 minutes

**MATERIALS** Cards or pieces of paper, pens

1. With the whole group, brainstorm male sexual and reproductive health concerns and then female sexual and reproductive health concerns (if you are in a mixed group and it is acceptable to do this). Write these on a large sheet of paper.
2. Ask the group to discuss the concerns that have been raised. Is there a difference between male and female concerns? If so, why? Allow about 15-20 minutes for the brainstorm and discussion.
3. Next, give each participant a piece of paper and a pen and ask them to write down one question they have about sexual and reproductive health.
4. Collect the papers. Read out the questions one at a time, asking the group to answer each question.

An alternative method is to prepare a set of questions and answers on different cards.

1. Hand out the cards and then ask participants to find the person with the question or answer that they think best matches their own question or answer.
2. When everyone has found a match, ask each pair to read out the question and the answer. Ask the rest of the group if they agree.
3. Ask people who have not been able to find a matching question or answer to move to another part of the room. At the end ask them to reread their cards and ask the group to match the questions and answers.

# Activity set

# 10



Talking about sexual and reproductive health and gender



## Exercise

# 3

## Talking to parents

**PURPOSE** To think about the role of parents and how we can improve communication with parents about sexual issues

**TIME** 60 minutes

1. Explain that parents are influential actors in our lives, shaping what we know, how we think and what we do. (And that they have been shaped by their parents and society as a whole). Ask the group to brainstorm answers to the following question: *What do you think is a parent's role in young people's sexual and reproductive health?*
2. Lead a discussion using the following questions:  
*What role do you think your parents play in gender issues?*  
*Do they ever discuss sex, sexuality or gender issues with you?*  
*Are they supportive of other actions in the community or opposed?*  
*Is their role the same for your brothers or sisters? Do they treat boys and girls differently?*  
*What kind of role would you like your parents to play?*  
*What information and help would they need to be able to fulfil this role?*  
*Would they be willing to receive this kind of support?*  
Encourage the group to think about practical support that they could ask from their parents or other care givers and which is realistic in their society.
3. Next, ask the group to divide into pairs. Ask one person to play the role of the parent, the other the role of a young person. Ask the person playing the young person to start a conversation with his or her 'parent' or to ask a question about a sexual issue. After five minutes swap roles.

### Discussion points

*Bring the group back together and ask them the following questions.*

*How easy was it to start talking about sexuality?*

*Could you discuss these topics with your real parents?*

*What makes it difficult for you to do this?*

*How would it help you if you could talk to your parents?*

*In what situations might the subject of sex and sexuality come up in your home?*

*What words would be appropriate to use when talking to parents?*

*What would make it easier to discuss these things with your parents?*

### Notes to facilitators

You could add the following ideas: Hold family meetings. Ask a respected relative to talk with your mother or father. Find a quiet time to talk with parents. Show you are willing to listen and understand your parents' perspective. Explain your ideas in a non-confrontational way. Seek support from a brother, sister or cousin



# Activity set

# 11



Checking what you know



## Exercise

# 1

## Puberty

**PURPOSE** To find out about growing up

**TIME** 45 minutes

**MATERIALS** Copies of FACT SHEET 3: *How our bodies develop* (page 87), and the statements below cut into cards

1. Write the following statements on separate sheets of card but without the answers which are given in brackets (B = boys, G = girls, B/G = both).

*Hair starts to grow on your face (B)*

*Periods start (G)*

*Sperm start being produced (B)*

*Breasts begin to grow (G)*

*The body starts to grow faster (B/G)*

*Hips become wider (G)*

*The penis and testes get bigger (B)*

*The body changes shape (B/G)*

*Eggs start to mature in the ovaries (G)*

*Shoulders become broader (B)*

*Moods seem to change a lot (B/G)*

*Sexual feelings begin (B/G)*

*The clitoris grows a bit bigger (G)*

*Wet dreams may start (B)*

*Facial spots start appearing (B/G)*

*Hair starts to grow under your arms (B/G)*

*Hair starts to grow around the penis (B)*

*Hair starts to grow around the opening to the vagina (G)*

*A white liquid might start coming out of the vagina (G)*

*Your voice changes and gets deeper (B/G)*

*You start to sweat more and smell differently (B/G)*

Write on three separate cards or pieces of paper:

*It only happens to boys*

*It only happens to girls*

*It happens to both boys and girls.*

2. Divide participants into small groups of two to four.
3. Give each group a copy of FACT SHEET 3 *How our bodies develop* (page 87). Ask them to look at the pictures and to talk about the differences between them as the children get older. Ask what changes are there in boys and girls bodies.
4. Divide out the cards to the group (without the answers written on them). Ask each person to put their card onto one of three headed pieces of paper: '*It only happens to boys*', '*It only happens to girls*' and '*It happens to both boys and girls*'.
5. Correct any misinformation and add any changes that the group can think of that are not included.
6. Discuss with the group any traditions or practices that they know about that are carried out when girls and boys reach puberty. *Are they different for boys and girls? Do they think that they are good practices or not?*

# Activity set

# 11



Checking what you know



Exercise

## 2

## Check your knowledge about pregnancy

**PURPOSE** To check understanding about pregnancy

**TIME** 30 minutes

**MATERIALS** Large sheet of paper

1. Write the following statements up on a large sheet of paper:  
*A girl cannot get pregnant the first time she has sex.*  
*A girl cannot get pregnant if she has sex standing up.*  
*If the boy wears a condom and uses it correctly the girl cannot get pregnant.*  
*A girl cannot get pregnant if she is using contraceptive pills, but she can still get HIV infection.*  
*If a girl washes immediately after sex she will not get pregnant.*
2. Read out the statements, one by one.
3. After reading each statement, ask the group to call out True or False.
4. Correct any misinformation and discuss any questions the group has.

Exercise

## 3

## Contraceptive methods

**PURPOSE** To teach participants about contraception and give them practical experience of handling contraceptives

**TIME** 60 minutes

**MATERIALS** A collection of the contraceptive methods that are used locally, and drawings of methods that do not need contraceptives, such as the calendar or 'rhythm method', non-penetrative sex and withdrawal

1. Ask the group to sit around one large table or in a circle on the floor.
2. Lay out all the contraceptives. Encourage the group to pick them up.
3. Ask the group members to say what they know about each one.
4. Ask volunteers to say who they think would use each contraceptive method and why, for example, unmarried men or older women with several children.
5. Ask the group their thoughts on abstinence—choosing not to have sex—and ways that young people can delay starting to have sex.

### Notes for facilitators

There may be much embarrassed laughter during this activity, but this is all part of the process of getting used to contraceptives. However, you may find that it is better to do this in mixed-sex groups, or that, if you are working in a mixed group, the boys and girls both have an opportunity to ask questions and talk without feeling embarrassed or teased. You can refer to FACT SHEET 4 *Reproduction, pregnancy and family planning* (page 91). It is important to communicate to young people that many people get pregnant using the calendar method and withdrawal and that there is a lot of risk with these methods.





# Activity set

# 11



Checking what you know



## Exercise

# 4

## Check your facts about HIV/AIDS

**PURPOSE** To check how much you know about HIV/AIDS

**TIME** 30 minutes

**MATERIALS** Large sheet of paper and a pen

1. Brainstorm with the group everything that they know about HIV transmission, who is at risk of HIV, what happens to people with HIV infection.
2. Write the group's ideas on a large sheet of paper and draw two columns with the headings *True* and *False*.
3. Ask the group to call out True or False for each idea.
4. Correct any misinformation and discuss any questions the group has.
5. Give each of the participants a copy of FACT SHEET 5 *HIV and AIDS* (page 99).

## Exercise

# 5

## Check your beliefs and attitudes about HIV/AIDS

**PURPOSE** To find out about beliefs and attitudes and correct misinformation

**TIME** 45 minutes

**MATERIALS** Pieces of card or paper, large sheet of paper

1. Write down common beliefs on separate pieces of card or paper. You can use the ones below. Add any others that are common in your area.  
*You can't get HIV from a person who looks healthy.*  
*Young people don't get AIDS.*  
*If you stick to one partner you won't get HIV.*  
*Sex with a condom protects you against HIV.*  
*You can get HIV from anal sex.*
2. Divide the group into pairs.
3. Give each pair a card with a common belief or attitude written on it.
4. Ask the pairs to discuss their views about what is written on the card for about five minutes.
5. Bring the group back together and ask each pair to give feedback to the whole group.
6. Open up the discussion to the group after each pair has given their feedback. Make sure that you include any beliefs that relate to gender, for example, *Women are responsible for passing on HIV to their babies, Men have sex with younger women because they are 'safer'.*

# Activity set

# 11



Checking what you know



Exercise

# 6

## Check your knowledge about STIs

**PURPOSE** To check understanding of STIs and correct misinformation

**TIME** 30 minutes

**MATERIALS** Copies of quiz questions

1. Write the quiz questions.
  1. *Can all STIs be cured easily?*
  2. *Can you catch an STI again, even after you have been treated for an STI and cured?*
  3. *Will symptoms sometimes go away without treatment if you wait long enough?*
  4. *Can all STIs be cured?*
  5. *Are men more likely to know if they have an STI than women?*
  6. *Does a condom give a lot of protection against STIs?*
  7. *Do you have to have sexual intercourse to catch an STI?*
  8. *Can some STIs be passed through oral sex?*
  9. *Can women taking the pill get an STI?*
  10. *Can women have an STI without knowing it?*
  11. *Are women responsible for spreading STIs?*
2. Give out the quiz questions. Participants can answer the questions alone or in pairs.
3. Read out the correct answers at the end and each pair or individual can mark their own quiz. Explain that this is not a test!

### Answers

1. *No, some STIs, such as gonorrhoea or syphilis, can be cured easily, if the person takes the full course of treatment. However, some STIs such as HIV and hepatitis B have no cure.*
2. *Yes, you can catch an STI again, even after you have been treated for an STI and cured.*
3. *Yes, but it does not mean that the person is cured. Untreated STIs may have long-term effects such as causing sterility.*
4. *No, HIV, hepatitis B and genital herpes cannot be cured.*
5. *Yes, men are more likely to know if they have an STI than women.*
6. *Yes, a condom does give a lot of protection against STIs*
7. *No, sometimes girls and women can catch infections such as thrush without having had sex.*
8. *Yes, STIs such as gonorrhoea, herpes and syphilis can be passed through oral sex.*
9. *Yes, women taking the pill can get an STI.*
10. *Yes, women can have an STI without knowing it.*
11. *No, women are not responsible for spreading STIs.*



# Activity set

# 11



Checking what you know



## Exercise 7

# Understanding risk and checking attitudes towards people with HIV

**PURPOSE** To help participants to understand the risk of HIV and how it might feel to be infected themselves

**TIME** 45 minutes

**MATERIALS** Small cards folded into four, one for each person. Three cards have 'X' written on the inside, and three other cards are marked with a 'C'

1. Give each person a card. Take care to give the X cards to people in different areas of the room.
2. Ask people not to look at their cards. Explain that a few cards are marked with an X, and that during this exercise, the people with X cards are infected with HIV.
3. Remind everyone that, just as nobody knows who has an X card, it is impossible to tell if someone has HIV. Explain that during this exercise, exchanging cards with someone represents having sexual intercourse with them. Show what you mean by exchanging cards—give your card to a person and take theirs.
4. Ask everyone to exchange cards with someone. Repeat this twice.
5. Ask people:
  - What did it feel like to know that you might have got an X card? Would you tell anyone? Did anyone refuse to exchange cards?*
6. Ask everyone to look at their cards, and those with an X to stand up. If you handed out three X cards then three people should stand up.
7. Ask them to describe their response to having an X card.
  - Would they tell anyone? Would they try to change their behaviour and have safer sex? How easy or difficult might this be? How do the women feel? How do the men feel? Are there any differences?*
8. Ask anyone who exchanged cards with the people standing to stand up as well. Explain that they are also now infected with HIV. Repeat this once or twice. By the end most people will be standing up.
9. Wait a moment so people can see how the number has increased. Then ask if anyone in the standing group has C on their card. If they do, it means that they have used condoms to protect themselves and do not have HIV, so they can sit down again. Ask these three people to describe their reactions to this news.
10. Ask the group how this activity made them feel about people with HIV. People often experience strong emotional reactions to this activity. Remind everyone that this was only a training exercise.

### Discussion points

*At the start only three people had X cards, but these were soon passed around the room. Each person had several partners, which is realistic given that many people have more than one partner over a few years. Just as no-one knew that they had an X card, most people with HIV don't know they are infected, because they are still healthy and have not had an HIV test.*

*HIV does not spread as easily in real life—sometimes a person may not be infected by having unprotected sex with someone with HIV—but the risk is high.*

# Activity set

# 11



Checking what you know



Exercise

## 8

## The three boats

**PURPOSE** To choose ways to keep safe from HIV and STIs that are appropriate for the individuals own beliefs

**TIME** 60 minutes

1. Ask the group to brainstorm the ways that HIV can be passed from one person to another. Correct any misinformation (see Fact sheet 5: HIV and AIDS).

2. Ask the group to brainstorm how HIV transmission can be prevented. Make sure that they include: no sex (abstinence), sticking to one uninfected partner who has no other partners (faithfulness) and condoms.

3. Tell the following story (you can adapt it from this Christian explanation to another locally or culturally appropriate story):

In the Old Testament, Noah kept himself safe from the flood by getting into a boat, the Ark. Today there are three boats that can keep us safe from AIDS:

The **NO SEX** boat

The **FAITHFULNESS** boat—having sex only with one faithful person who is not infected with HIV

The **CONDOM** boat—using a new condom correctly every time you have sex.

*Who will decide for you about getting into one of these boats?*

*How easy is it to get on to a boat? Do we need help? What kind of help?*

*Is it possible to help another person to get on a boat, and stay on a boat?*

*Which boat or boats should a young person be on?*

4. Choose three different places in the room and call them the three boats: abstinence, faithfulness and condoms.

5. Choose a member of the group to be the first character in the exercise, a boy aged 8 years. Ask the person to tell the rest of the group his name, and something about himself and his family. Ask the boy:

*Are you on one of these three boats, or are you in the sea of HIV? Show us where you are. You can choose.*

Let the character choose one of the boats, or else to stay in the sea.

Then ask him to explain his choice to the group. Ask the others if they agree.

6. Repeat the exercise, giving other characters to different members of the group, for example:

Old farmer

Sex worker

Drunkard

Young girl in the village

The farmer's wife

A good Muslim man

A businessman

A Catholic sister

A male university student

**Discussion points**

*Is it possible to change from one boat to another?*

*When can a person jump from one boat to another?*

*Some people say: 'You do not just catch HIV, you let someone give it to you.'*

*What do you think?*





# Activity set

# 12



## Exploring safer sex



### Exercise

## 1

## Gender differences in attitudes to safer sex

**PURPOSE** To explore differences in how men and women feel about safer sex

**TIME** 60 minutes

**MATERIALS** Large sheet of paper, pens

1. With the whole group brainstorm different ideas about what safer sex means (for example, non-penetrative sex, using a condom, saying no) for about 5-10 minutes until you have a list of ideas.
2. Ask the young women to form one group and the young men to form another group.
3. Ask the female group to discuss the ideas on the list and to decide whether each is easy or difficult for women to do and why.
4. Ask the male group to decide whether the items on the list are easy or difficult for men to do and why.
5. Ask each group to choose one person to report back. Allow about 15-20 minutes for discussion
6. Bring the groups back together and ask each small group to report back. List the feedback from the young men and young women separately on the large sheet of paper.
7. Discuss the differences and similarities between what men and women are saying, and ask the group to consider how they could make it easier to practise safer sex.

### Exercise

## 2

## Safety and romance

**PURPOSE** To help young people think about how to talk about safer sex and condoms as part of the language of romance

**TIME** 45 minutes

1. Ask the group to think about romantic scenes in films, television programmes and magazines. *Do these scenes ever mention safe sex, using condoms or contraception? Did the scene include any discussion about pregnancy, STIs or HIV? Can anyone remember seeing a romantic scene where a couple makes a decision about safer sex?*
2. Divide into pairs (a boy and a girl if possible) and give each pair a picture of a man and woman in a romantic situation.
3. Ask each pair to create a brief dialogue between the man and the woman in the picture in which they talk about safer sex. Allow about 10-15 minutes.
4. Ask each pair to put their dialogue up on the wall and to act it out.
5. Discuss with the whole group how the different pairs did this.

### Discussion points

*Was it difficult to imagine how a couple would talk to each other about this issue? Did the conversations sound realistic? Would anyone really talk like this? In how many of the dialogues did the boy take the lead in the discussion? In how many did the girl?*

*What ideas do you have about how boys and girls can discuss these things more easily?*

## Activity set

# 12



Exploring safer sex



Exercise

## 3

### Preventing HIV transmission

**PURPOSE** To explore barriers stopping young people from preventing HIV transmission

**TIME** 45 minutes

**MATERIALS** Large sheet of paper

1. Ask the group to identify all the methods they can think of for preventing HIV transmission. Write these up on a large sheet of paper.
2. Then ask them to identify the barriers preventing them from using these methods. Are the barriers different for young women and young men? (For example, peer pressure on young men to have sex without a condom or to have several partners, economic reasons that make it hard for young girls to say no to sex or to insist on condom use.)
3. Divide into small groups and ask these groups to brainstorm solutions to each barrier and to rank them in importance and according to how easily they could do something about it.

Exercise

## 4

### Condom challenges

**PURPOSE** To explore difficulties in obtaining and talking about using condoms

**TIME** 30 minutes

**MATERIALS** Large sheet of paper

1. List the following on a flipchart:  
*Buy condoms in a shop*  
*Get condoms from a family planning clinic*  
*Talk to partner about using condoms*  
*Go to a doctor for condoms*  
*Admit to yourself that you might have sexual intercourse and need condoms*
2. Ask the group if there are any other places where condoms are available.
3. Divide the group into separate groups of boys and girls.
4. Ask the groups to rank the list in order—from the least to the most difficult to do. Allow about 10 minutes for this and then bring the groups back together.
5. Write up the rankings from the boys and from the girls on a large sheet of paper. Ask the group if there are any differences between the boys and girls rankings. Ask them to tell you why girls and boys might find different things more difficult and to suggest ways to make it easier to obtain and talk about condoms.



# Activity set

# 12



## Exploring safer sex



### Exercise

## 5

## Exploring barriers to condom use

**PURPOSE** To get young people to think about what barriers girls and boys face when using condoms and how to overcome these barriers

**TIME** 45 minutes

**MATERIALS** 10-15 large sheets of paper, small sheets of paper, pens

1. Brainstorm with the group all the reasons they can think of why young people do not use condoms. Ask the group if the reasons why young men do not use condoms are different from the reasons why young women do not use condoms. Allow about 10-15 minutes for this.
2. Write each reason on a separate sheet of paper and put the sheets of paper up on the wall in different parts of the room.
3. Give an example of how someone could answer if their partner gave one of these reasons for not using a condom.
4. Then ask participants to walk round the room in pairs, to think of a response to each reason and to write down their responses.
5. When everyone has finished, ask each pair to read out their responses.
6. Bring the group back together and discuss the reasons and the responses.

### Exercise

## 6

## What to do when he or she says no?

**PURPOSE** To help young people think about what to do when a partner refuses to use a condom

**TIME** 30 minutes

**MATERIALS** Copies of the following condom case studies

- A A boy meets a girl at the disco. She is from the city and he has not met her before. He wants to have sex with her. She refuses to use a condom. What should he do?*
- B A boy and a girl have been dating for two years. She finds out that he has been seeing another girl and decides she wants him to use a condom. He refuses. What should she do?*
- C A young man wants to use a condom when he has sex with his girlfriend, but is afraid to go to the clinic. What should he do?*
1. Ask three young men and three young women to volunteer for a role play. Divide the volunteers into three boy-girl pairs.
  2. Ask each pair to choose one role play and practise it.
  3. Ask the first pair to perform their role play for rest of the group. Stop the role play after one or two minutes, at a key point. Ask the audience if there is another way of playing the scene or influencing the outcome. Ask another volunteer to come up and take over the role play.
  4. You could also suggest that a new character joins the scene—for example, in role play A the girl's friend arrives, in role play B the other girlfriend arrives.

## Activity set

# 12



### Exploring safer sex



Exercise

## 7

### Challenging people who don't want to use condoms

**PURPOSE** To help young people, especially girls, to think of how to encourage people to agree to use condoms

**TIME** 45 minutes

**MATERIALS** Large sheets of paper

1. Brainstorm with young women all the lines used by young men to pressure girls into having sex without a condom. For example,  
*I'll be very careful.*  
*Everyone else does it without condoms.*  
*I'll buy you something nice if you let me.*  
*Don't you know I'm a clean person. I won't give you a disease.*  
*We don't need to worry about AIDS. I haven't got it.*  
*If we don't do it now it will damage my health.*  
*You don't trust me.*  
*If you loved me you would do it.*
2. Put the lines up around the room and ask the group, in pairs, to take one line each and think about how they would respond to the line, and practise responding in their pairs.
3. Bring the group together and discuss the strategies the pairs used.

Exercise

## 8

### Safer sex in relationships

**PURPOSE** To encourage young people to think about difficulties of condom use in relationships

**TIME** 45 minutes

**MATERIALS** Copies of the two scenarios below

1. Divide the participants into two groups. Give one group scenario A.  
*A Sara and Andrew are both 16-years-old. They have been seeing each other for six months and have been having sex for two months. They have always used condoms. They are alone at Andrew's house. He has forgotten condoms, but wants to have sex.*
2. Ask the group to think about the following questions:  
*Whose responsibility is it to make sure there are condoms available?*  
*Should they take a chance this once? What would be the risks?*  
*When does a relationship become a long-term commitment?*  
*How can you tell if your partner is faithful to you?*
3. Give the other group scenario B.  
*B Anna, aged 16, is dating a guy called Steve who is 21. They have started having sex but without using condoms.*
4. Ask the group to think about these questions:  
*What might make it difficult for her to discuss condom use with him?*  
*What should she do if he refuses?*  
*How might this affect their relationship?*
5. Bring the two groups together. Ask them to describe the scenarios and what they discussed. *Is it more difficult to talk about using condoms with a steady partner? Why? How can they address this problem?*





# Activity set

# 13



Thinking about sex, risk and relationships



## Exercise

# 1

## Ideas about sex

**PURPOSE** To explore ideas about sex

**TIME** 30 minutes

**MATERIALS** Large sheet of paper, pens

**PREPARATION** Write the list of statements below on a large sheet of paper, and prepare copies of the list for all participants

1. Hand out the list of statements.  
*When someone says no to sex it means they do not like the other person.*  
*A real man is one who has had sex with a woman.*  
*Someone who dresses in a sexy way wants to have sex.*  
*If a girl or a boy accepts an invitation to go to someone's house alone she or he would be expected to have sex.*  
*It is the woman's responsibility to decide how sexual a relationship is.*
2. Ask each person in the group to write 'A' if they agree with the statement and 'D' if they disagree.
3. Collect the papers and add up how many participants agree and how many disagree with each statement. Write the totals next to the statements on the large sheet of paper.
4. Ask the participants why they agree or disagree with the statements. Are there differences between the boys and the girls? If so, why?

## Exercise

# 2

## Good and bad reasons for having sex

**PURPOSE** Exploring the reasons why young people have sex

**TIME** 45 minutes

**MATERIALS** Large sheet of paper

1. Ask the group to brainstorm all the reasons they can think of why people have sex. (For example, to prove they love each other, fear that the relationship will break up, money and presents, fear of being laughed at, proving virility or fertility, because both are comfortable with the decision.) Write the reasons up on a large sheet of paper.
2. Divide the participants into smaller groups of young women and young men.
3. Ask the groups to discuss which of these reasons apply to girls and which to boys, and which to both. Which of these are good reasons and which are not good reasons for having sex? Allow about 20 minutes.
4. Bring the groups back together. Ask the girls first to go through the reasons and tell the group what they decided. Then ask the boys to do the same.
5. Discuss the feedback with the whole group. What do boys and girls share in common? Are there some reasons why girls have sex which are not reasons why boys have sex, and some reasons why boys have sex that are not reasons girls use for having sex? How can we make sure that both girls and boys only have sex for positive reasons?

# Activity set

# 13



Thinking about sex, risk and relationships



Exercise

## 3

### Taking risks

**PURPOSE** To help young people consider their own risk behaviour  
**TIME** 30 minutes

1. Ask people in the group to think on their own about a time when they took a risk. *What factors influenced them? What were their feelings at the time? What was the outcome? What might have happened?*
2. Ask the group to divide into pairs and to share their thoughts.

Exercise

## 4

### Identifying who is at risk of HIV

**PURPOSE** To get young people and communities to think about who is at risk  
**TIME** 45 minutes  
**MATERIALS** Large sheets of paper, pens and seeds or pebbles

1. Divide the group into smaller groups of 8-12 people.
2. Ask each small group which group they identify with, for example, young men. Then divide this group into as many subgroups as possible, for example, young men could be boys at school, unemployed youth, youth with a paid job, those working informally, those working away from home, or those who are away studying.
3. When everyone is satisfied with the categories, ask the groups to rank these subgroups in terms of their risk of contracting HIV and why. Ask them to put three pebbles to the three groups most at risk.
4. Then ask participants to look at the groups again and try to make connections between them, identifying relationships between them.

Exercise

## 5

### Identifying who is at risk

**PURPOSE** To get young people and communities to think about who is at risk  
**TIME** 45 minutes  
**PREPARATION** Make enough copies of the chart below for each person

1. Give everyone a copy of the chart and ask them to vote individually, giving one answer for each question.
2. Collect the charts and write a summary chart of all the answers.
3. Ask the group if the results accurately reflect the situation in the community.

	Man	Old man	Young girl	Young boy	Woman	Old woman	All of them
Who is most likely to get an STI or HIV?							
Who is responsible for AIDS prevention?							
Who is responsible for family planning							
Who is responsible for family health?							





## Activity set

## 13



Thinking about sex, risk and relationships



## Exercise

## 6

## Risky situations

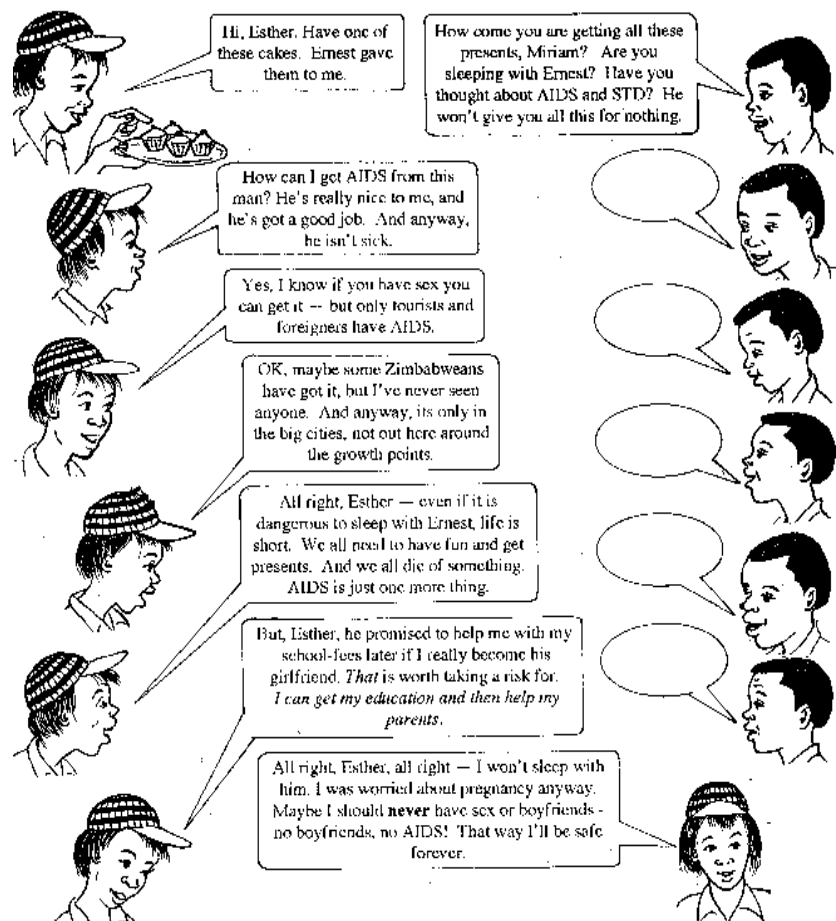
PURPOSE Helping young people to think about risk

TIME 45 minutes

MATERIALS Copies of *Esther and Miriam* and of *Nyarai and the Gwanda Rock Band*

1. Explain that Esther is worried about her friend Miriam. Esther knows that one of the men in the District Council Office has bought Miriam a new dress and has started taking Miriam out to bars.
2. Divide the group into pairs. Give each pair a copy of *Esther and Miriam*. Ask them to decide how Esther should reply to Miriam.
3. With the whole group discuss what replies the pairs came up with.

## Esther and Miriam



# Activity set

# 13

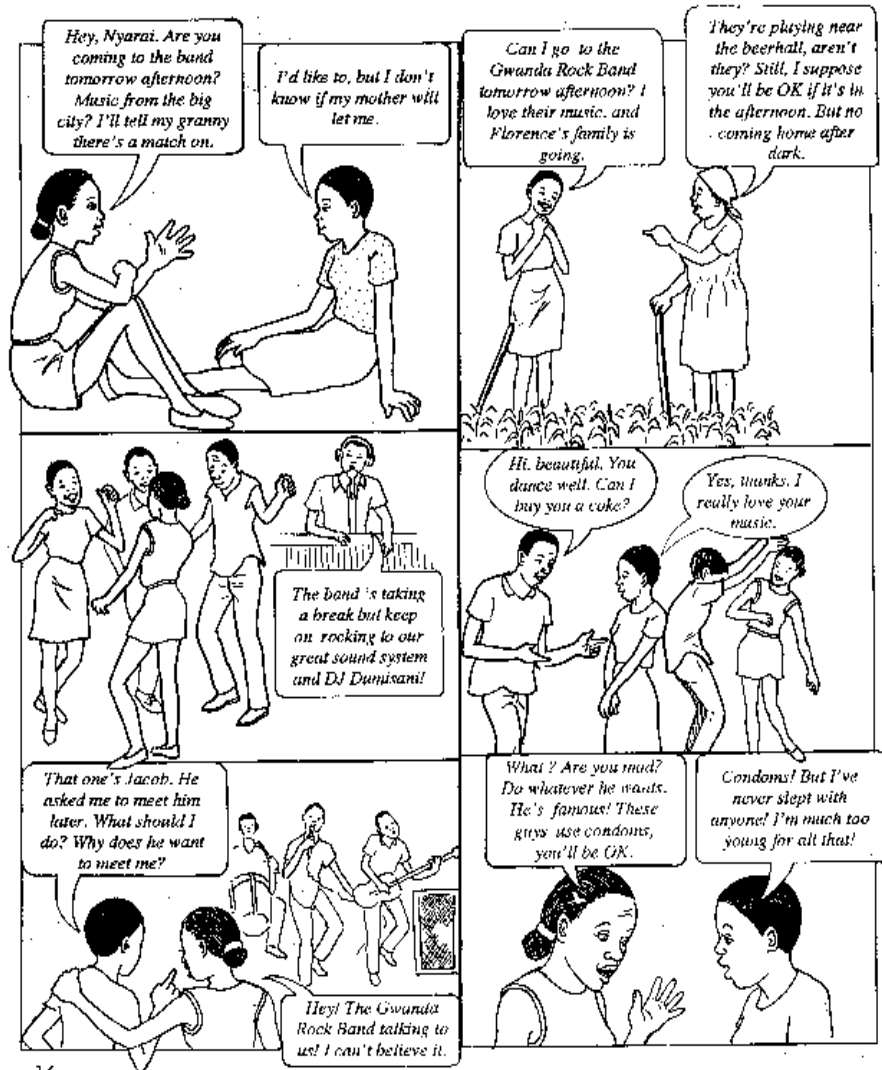


Thinking about sex, risk and relationships



4. Give the participants a copy of the picture story Nyarai and the Gwanda Rock Band and give them a few minutes to read it.
5. Ask the group the following questions: *What lie does Nyarai tell? Why is her mother worried that the band is playing near the beer hall? How does the musician make friends with Nyarai? Why does she accept a coke? What would you advise her to do? Do you agree with Florence's advice? Does Florence know as much as she seems to? How would you persuade Nyarai to take your advice?*

## Nyarai and the Gwanda Rock Band



16



# Activity set

# 13



Thinking about sex, risk and relationships



## Exercise

# 7

## Danger zones

**PURPOSE** To help young people identify places and times when they might be at risk of unsafe sexual behaviour

**TIME** 45 minutes

**MATERIALS** Two large sheets of paper, pens

1. Divide the people in the group into a group of young women and a group of young men. Give each group a large sheet of paper.
2. Explain that you would like them to draw a map of their community showing the main features, for example, river, church, mosque, market, school, bars, truck stop.
3. Ask them to mark the places where potentially risky sexual behaviour could take place. Allow about 15 minutes to do this and then bring the two groups back together.
4. Ask the young women to describe what they have drawn, which risky places they have marked and why. Ask the young men to do the same.
5. Are there differences between their maps and risky places? If so ask the group why this is.
6. Divide the participants back into separate groups of young men and women.
7. Ask each group to look at the map they have drawn and to think about who causes the problems, what can be done about the problem and who can help to solve it.

# Activity set

# 13



Thinking about sex, risk and relationships



Exercise

## 8

## Being placed in risky situations

**PURPOSE** To explore how adults put young people at risk

**TIME** 30-45 minutes

**MATERIALS** Copies of the picture story

1. Show the group the picture of the mother and the daughter.
2. Ask the group to divide into smaller groups of five or six and to make up a story about what is happening in the picture, and what happens next. Allow about 15 minutes.
3. Bring the group back together and ask one person from each small group to tell the story they have made up.
4. Ask the group to discuss these questions: *Who is responsible for the situation? What could any of the people in the picture have done differently to prevent it? What choices did the daughter have? How can the community support girls?*



# Activity set

# 13



Thinking about sex, risk and relationships



## Exercise

# 9

## Sexual health and self-esteem

**PURPOSE** To explore how the way we feel about ourselves affects how we behave in sexual relationships

**TIME** 60 minutes

**MATERIALS** Case study below (adapt for your local situation)

1. Divide the group into three small groups. Give one of the characters (Liz, Rachel or Susie) to each group.

*Rachel and Elizabeth are 15-year-old students at the local school. One day Rachel asks if she can talk to her friend Elizabeth in private. She says that she is really worried about Rachel's friend, Susie, who has had unprotected sex with three boys this year and is frightened that she may be pregnant or have HIV. Susie has told Rachel she is desperate for a boyfriend and thinks there must be something wrong with her, because they always leave her once they have had sex. A boy in their class has told Rachel there is something written in the boys' toilets saying that anyone can have sex with Susie. Rachel wants Liz to talk to Susie about this.*

2. Read out the story and then give each small group a piece of paper, divided into three sections headed *Feelings*, *Issues* and *What we would like to see happen at the end*.
3. First of all they should write down all the feelings they can think of which their character may be experiencing. Allow at least three minutes for this.
4. Then ask the groups to discuss and write down the issues and then the outcomes that they would like to see happening (if you like, they can divide these into 'immediate', 'soon' and 'long-term').
5. Bring the three groups back together and go through the sections one by one, starting with feelings. In the group, compare and contrast the different character's feelings.
6. Ask the group if they can think of a way forward that takes into account the wishes and perspectives of all three characters?

# Activity set

# 14



Talking about sexual violence and abuse



## Note to facilitators

Many of the people in the group will have some experience of physical or sexual or mental abuse. Abuse is likely to be one of the hardest issues that you will face as a facilitator. It is important to be prepared and to take time to think about what you may say or do.

- Discuss your feelings about sexual or physical violence with friends. Think about what you might feel and do in such situations.
- Think how you might react if someone tells you they are being abused or are abusing someone.
- If you have been raped, or abused, consider what support you may need if someone tells you about their experiences or treats it lightly.
- Discuss what you may do if someone tells you that they have been abused.
- Find out the legal situation.
- Find out if other people or organisations deal with violence or abuse and whether they can support you or you can refer people to them.

**Remember** It is better to contact someone for help, rather than try to do more than you are able.

## Exercise

# 1

## Sexual abuse

**PURPOSE** To identify forms of sexual abuse and community attitudes toward abuse

**TIME** 30-45 minutes

**MATERIAL** Large sheet of paper, paper, pens

1. Explain that not all sexual expression is wanted. Unwanted sexual contact is sexual abuse and includes harassment, rape, incest and violence.
2. Divide the group into smaller groups. Ask them to make a list of the different forms of sexual abuse that exist in their community. Collect the lists and write them up on a large sheet of paper. Ask the group: Does everyone in the community acknowledge that these forms of sexual abuse exist?
3. Then ask the small groups to select one type of abuse and describe events leading up to and following an incident of sexual abuse, including what happens to the victim and the abuser.
4. Bring the group back together and ask them to think of ways to help prevent sexual abuse, support those who are abused, and help abusers change their behaviour.





# Activity

# 14



Talking about sexual violence and abuse



## Exercise

# 2

## Tanya's story

**PURPOSE** To explore the issue of sexual abuse in the community

**TIME** 45 minutes

**MATERIALS** Copies of Tanya's story

1. Explain that Tanya is 9-years-old and one day she passes by the borehole on her own to fetch some water. She met one of her uncles at the borehole. Ask participants to look at the story in small groups of four or five.

2. Ask the group to talk about Tanya's feelings about her Uncle John.

3. Ask people in small groups to discuss what Tanya might have said to her mother when she got home:

*Tanya:* I..

*Mother:* You...

*Tanya:* ...

Ask some people to act out the dialogue they have written.

4. Ask the whole group how Tanya protected herself from Uncle John. Think about ways to avoid people who want to do things to you that you don't like.



# Activity set

# 14



Talking about sexual violence and abuse



Exercise

## 3

### Discussing feelings about rape

PURPOSE To discuss rape  
TIME 30 minutes

1. Make the following statements.  
*Women have learned to see themselves as weak and men as strong. As a result women do not feel they have the power to do anything about rape.*  
*Rape is not about sex. It is about power and violence.*  
*Not all men rape women.*
2. Ask the group whether they agree or disagree with these statements.
3. Ask young women how they feel if they are walking home alone at night and see a man walking towards them?
4. Ask young men how they feel in the same situation.

Exercise

## 4

### Suniti's story

PURPOSE To think about avoiding risky situations  
TIME 45 minutes  
MATERIALS Copy of Suniti's story

1. Tell the group Suniti's story, or ask one of the participants to read it out.  
*Suniti had agreed to go for a walk along a village path with Rajesh. After they had been walking for while and were a long way from the village, Rajesh started flirting and touching Suniti and talking about having sex. She was not prepared for this and was silent and embarrassed. This encouraged Rajesh to think that she felt alright about having sex. Nobody was nearby and although Suniti kept saying no, Rajesh forced her to lie down and he was too strong for her. They had sex and Suniti was left crying and worried.*
2. Ask the group: *Do you think Suniti could have been aware of what was going to happen? What clues might have told her? What could she have suggested when she had realised they were going far from the village? What can she do now? Should she keep it secret? Should she talk to Rajesh? What do you think about Rajesh? What should he have done? Why did he do what he did?*





# Activity set

# 14



## Talking about sexual violence and abuse



### Exercise

## 5

## Talking about sexual abuse

**PURPOSE** To raise the issue of rape and sexual abuse of young girls and what can be done about it

**TIME** 45 minutes

**MATERIALS** Choose a newspaper article from a local paper or Chido's story

Chido is 9-years-old. This is what happened to her.

*Last year I stayed with my aunt and uncle. On Sunday morning my aunt got up early and left me sleeping. As soon as she went my uncle woke up, pulled the blanket off me and tried to take off my clothes. I said 'No, uncle please don't do that'. I was so afraid I could not talk. I did not know what he was doing. He took his trousers down, pulled my legs apart and lay on top of me so I couldn't breathe. He was hurting me very much but he kept saying be quiet or I'll beat you. When he stopped he made me go and wash, gave me money for sweets and told me to go home. He said if I told anyone he would kill me. When I got home I couldn't tell my mother because I felt so sick and was afraid of what my uncle would do to me. I did not go to school for a week. Then my mother got angry and beat me, so I had to tell her what had happened.*

1. Read the newspaper story or Chido's story.
2. Ask the group what they think about the story and how they feel about it.
3. Divide the participants into groups of four or five. Ask them to discuss whether this type of problem occurs in their community. When and where? How is it dealt with? Why does it happen? What can be done about it?
4. Bring the groups back together and ask them to share their ideas. Ask them who they could turn to for help in their family or community.
5. Ask the group what could be done in their community to help reduce sexual abuse.

#### **Note to facilitators**

Be aware that there may be girls or boys in the group who have been sexually abused, discussing this topic may be very difficult and it can raise powerful emotions for them. It is important that the group understands that Chido is not at fault.

# Activity set

# 14



Talking about sexual violence and abuse



Exercise

## 6

## Eve teasing

PURPOSE To discuss sexual harassment  
TIME 30-45 minutes

1. Explain that 'Eve teasing', as it is called in India, is a form of sexual harassment.
2. Ask two girls in the group to act out the following scene:  
*Girl 1: Why do boys behave like that? Do they have no decency?*  
*Girl 2: Yes it is a big nuisance. Last time a boy touched me I was very upset for several days and I changed my route to school.*  
*Girl 1: My parents wouldn't let me to go to school if they knew about it.*  
*Girl 2: If we tell anyone about it they will think it is our fault and that we invited it.*  
*Girl 1: But it is it not our fault. Why should we suffer for it? What can we do about it?*
3. Ask the group: *Why does such harassment occur? What effects did it have on the girls? How could these two girls avoid it? What can be done about such sexual harassment?*



# Activity set

# 14



Talking about sexual violence and abuse



## Exercise

# 7

## Wife abuse

**PURPOSE** To raise the topic of domestic violence and attitudes towards it  
**TIME** 30 minutes

1. Show the group the pictures.
2. Ask them what they think about the women's reactions.
3. Other possible questions for discussion include: *What kinds of domestic violence do women suffer? Why do men beat their wives and girlfriends? Why do girls and women stay with men who beat them? What situations cause a man to beat his wife or girlfriend? Do you think women are to blame? What would you do if your boyfriend or husband abused you?*

