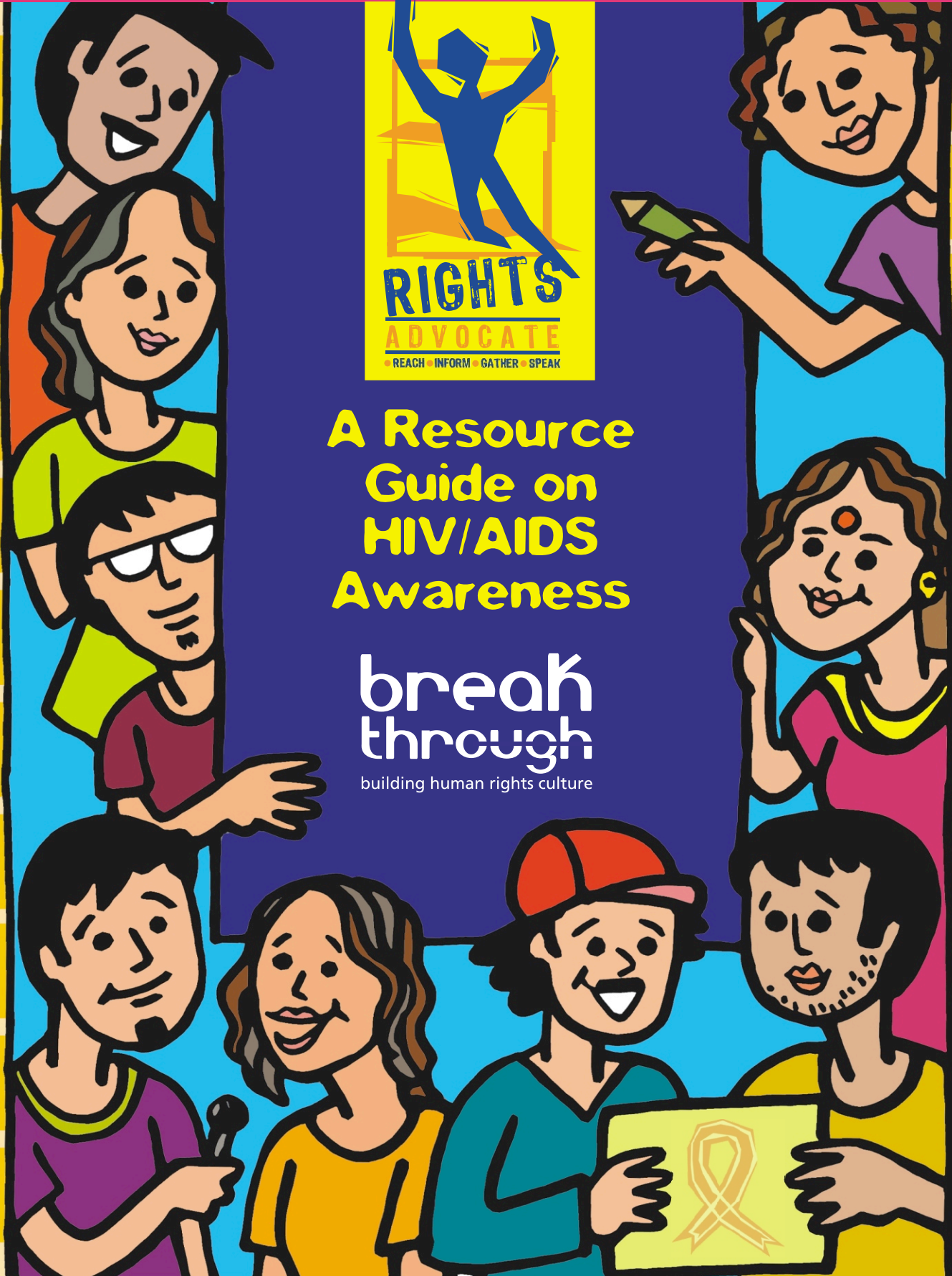




A Resource Guide on HIV/AIDS Awareness

break
through

building human rights culture



RIGHTS' ADVOCATE

Resource Guide on HIV/AIDS Awareness

About Breakthrough

Breakthrough uses education and popular culture to promote public awareness and dialogue about human rights. We encourage individuals and communities to get involved in promoting social harmony and building a culture of human rights through the media, internet forums and educational materials.

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introduction

TO THE RESOURCE GUIDE

Breakthrough's Youth Education Programme

In keeping with previous experience of success with youth education programme, Breakthrough in collaboration with DFID has launched its second youth education programme - "RIGHTS' ADVOCATE". This programme has been specially designed for the youth who are sensitive to social issues and are keen to increase HIV/AIDS awareness and understand the issues of sexuality in today's context.

Rights' Advocate - Resource Guide on HIV/AIDS Awareness is a guide to implementing HIV/STI prevention peer education programme in schools, colleges, AIDS service organizations, and community based organization working with youth. The guide is an adaptation and an Indian version of various training guides for peer educators developed to equip volunteers with skills for disseminating awareness on prevention of HIV /AIDS. The guide is intended for youth trainers who will in turn be expected to take up the challenge to educate their peers on HIV Prevention using the resource guide. The rights' advocate will facilitate a process for peer educators to engage in self examination, learn the basics of HIV/AIDS, improve their communication skills and plan for peer education. The Rights' Advocate will be leading peer educators to think and talk about values, attitudes, beliefs, risk behaviours, sexuality and relationships. They will learn about their minds and bodies and what they need to be aware of, and how they can encourage their peers to do the same. Also when they teach they learn twice by helping their peers.

The resource guide can help the planners to develop a programme tailored to any specific settings. Although each school, community or agency may differ in structure this resource guide identifies and covers the key components essential to creating a successful HIV/STI prevention youth education programme. This guide is divided into a series of sessions arranged so that the information and the development of skills is build upon previous material. If so planned the programme will have meetings lasting three hours or longer, participating youth will be able to complete more than one session in one meeting.

Through this interactive resource material the youth shall get an opportunity to:

- ▷ Gain knowledge on the issues of HIV/AIDS and sexuality from a rights based gender sensitive perspective.
- ▷ Help their friends and other people of the same age make safer decisions about sex and take responsibility of those decisions made.
- ▷ Discover their skills and attitudes and build upon them constructively and work as a team.
- ▷ Help them develop their communication and leadership skills.
- ▷ Use the resource material to bring about a positive change by encouraging responsible and safer sex behaviour.
- ▷ Be creative and produce cool and funky publicity products through the process.

This resource guide is a tool to be used after gaining sufficient information through trainings, workshops, interface and strategic assistance and exposure through the youth education programme which shall equip the youth to be effective facilitators.

Training

FROM THE RESOURCE GUIDE

Key concepts for training

Some of the key points to be emphasized during the training include:

1. Anyone who engages in unsafe sexual intercourse or injection drug use is at risk of infection with HIV or other STI.
2. No one becomes infected with HIV through casual contact, such as touching or sharing food with someone with HIV or by using telephones, restrooms or swimming pools that someone with AIDS has also used.
3. Youth can virtually eliminate their chances of becoming infected with HIV by abstaining from unprotected sexual intercourse and from injection use and also by knowing alternative ways of expressing their affection and sexuality.
4. Youth need skills to resist negative peer pressure and can also effectively reach out to their peers with HIV/STI prevention education



Section 1: Introductory Activities

Bingo- Activity A find someone WHO...



OBJECTIVE:

To introduce members to each other.

MATERIALS:

A copy of the Handout 1, Bingo: Find Someone Who, for each member.

Time:

20 minutes

PROCEDURE:

Distribute the handout and ask the youth to stand up, move around, and introduce themselves to each other. The goal of this activity is to find someone who will answer 'yes' to each question on the handout. Instruct the participants to ask the person who answers 'yes' to place her/his signature beside the question. Ask participants to collect as many signatures as possible in 10 minutes.

After 10 minutes, ask the group to be seated. Conclude, for not more than 10 minutes, with the discussion questions below.

DISCUSSION QUESTIONS:

1. How do you feel about being in this group?
2. Were any questions hard to ask? If so, which ones? Why?
3. Does this exercise say something about our society? What do you think it says?
4. Did anyone find a person who has had similar / different experiences?

Section 1: Introductory Activities

intro: Activity B To the programme and formulating ground rules

Objective:

To give participants an overview of the program and to establish an agreed-upon code of behaviour for the group so that each member feels safe and is able to rely on others in the group.

materials:

Chart paper, markers, tape, and a suggestion/comment box.

Time:

30 minutes

procedure:

Welcome everyone to the program. Introduce yourself and your role in the project as well as any other trainers present. State the objectives of Rights Advocate Programme towards HIV/ AIDS awareness and prevention.

This should be followed by preparation of ground rules for the meeting/workshop. Explain to the participants that as the discussions shall be of sensitive nature, the group should agree on points to create an atmosphere of learning. Ask the participants to come up with their own list of ground rules and list them on a chart paper and make sure everyone understands all the ideas.

Then add from the list of recommended ground rules the points you think have been missed out. Ensure that the list is hung up and adhered to through all the sessions. Eventually, the members will begin to remind each other when some behaviour breaks the rules and is counterproductive to the group process.



recommended ground rules:

1. **Respect** - Give undivided attention to the person who has the floor.
2. **Confidentiality** - What we share in this group will remain within the group.
3. **Openness** - We will be as open and honest as possible.
4. **No personal remarks** - No one shall disclose or discuss others' (family, neighbours, and friends) personal or private issues or lives. It is okay to discuss situations as general examples, but we won't use names or other identification. For example, we won't say, 'My older sister did ...'
5. **Non-judgemental Approach** - We can disagree with another person's point of view or behaviour without judging or putting him/her down.
6. **Sensitivity to Diversity** - We will remember that members in the group may differ in cultural background and/or sexual orientation. We will be careful about not making insensitive or careless remarks.
7. **Anonymity** - It is okay to ask a question anonymously (using the suggestion or comment box), and the coordinator will respond to all questions.
8. **Acceptance** - It is okay to feel uncomfortable. All of us, young and old, can feel uncomfortable when talking about sensitive and personal topics, including HIV and sexuality.
9. **Have a Good Time** - Youth Education program is also about coming together as a group and enjoy working with each other.

Section 1: Introductory Activities

Activity C

Self exploration: my identity



OBJECTIVES:

At the end of the session the participants would be able to:

- List out their multiple identities. The exercise enables the participants to clarify and identify perceptions of their own selves.
- Explain their contribution to the Rights Advocates program.

MATERIAL:

Pen/Pencil, Crayons, Chart Papers.

Time:

45 minutes

procedure:

1. Ask participants to form pairs and ask each other the question 'Who are you?' repeatedly for 5 minutes to each partner. Through the process each of the participants should come up with different identities that they associate themselves with, every time they are asked this question. These identities could range from being a sister, friend, singer, peace activist, book lover etc.
2. Their partners have to write each of these identities in separate chits of paper.
3. In the mean time the facilitators join four chart papers and form a large square where they draw a tree [which metaphorically represents the - Rights Advocate - youth education program]. All the participants individually write their names on the trunk of the tree and the separate chits form the foliage of the tree.
4. Each of the participant's then take turns to explain the various identities of their partners that emerged through the exercise.

DISCUSSION QUESTIONS:

1. Ask participants how they were feeling during the exercise.
2. Were they comfortable or was it easy to come up with different identities and sharing it? Why/ Why not?
3. Was there anything new that they learnt about themselves or their partners?
4. What were the common identities, characteristics, skills which emerged?
5. With their multiple skills and identities how can they contribute to the growth of the Rights Advocate Program?
6. What are the advantages of self-exploration?

Section 2: Sexuality and Gender

Activity A

gender roles & sexuality

part 1 - Difference BETWEEN gender and sex

OBJECTIVE:

To list the difference between sex and gender and establish the link between gender roles and access to rights.

MATERIALS:

Chart papers, Handout - 2 Sex and Gender and markers.

Time:

30 min

procedure:

Ask participants to list out statements which portray the characteristics of men and women, while the facilitator puts them up on the chart paper. One column is 'men are.....' and the other column is 'women are...'

Then the following points should be discussed:

1. Are any of the characteristics which are common to both men and women, or are the characteristics exclusive to a particular sex?
2. If there are any differences, what are they? For example, is having a beard or bearing a child biologically determined?
3. If non-biological qualities can be common to both sexes, then why does differentiation between the two groups happen?

CONCLUSION:

SEX:

- Is biological
- You are born with it
- Cannot be changed (without surgical intervention)
- Is universally the same

GENDER:

- Is socially constructed and learned
- It can change over time
- It varies in different societies, countries, cultures and historical periods.

Then give them out Handout - 2 / Sex and Gender where certain gender and sex statements are written and ask them to differentiate between the two.

OTHER POINTS OF DISCUSSION:

1. What is the role of the family, community, media, culture and traditions in perpetuating gender based stereotypes?
2. How do gender roles vary across age, classes, races, cultures and historical periods?
3. In what ways does our gender affect our enjoyment of rights? Can it make one, more vulnerable to violation of rights?



Section 2: Sexuality and Gender

Activity A

gender ROLES & SEXUALITY CIRCLES

part 2 - THE CIRCLES OF SEXUALITY

OBJECTIVE:

To develop and understand a broad definition of sexuality.

MATERIALS:

Chart papers and markers, board and chalk, Resource Guide 2: Circles of Sexuality, Handout 3: Sexuality Circles pens or pencils.

Time:

60 minutes

planning notes:

Review Circles of Sexuality and draw a large version of Handout 3 on the chart paper or the board.

procedure:

1. Write "Sexuality" in bold on the chart paper or white board and ask participants to come up with words or actions that come to their mind when they hear the word.
2. After this exercise explain that when many people see the word 'sexuality,' they most often think of sexual intercourse. Others also think of other kinds of physical sexual activities. Then tell the participants that sexuality is much more than sexual feelings or sexual intercourse. It is an important part of who every person is. It includes all the feelings, thoughts, and behaviours of being female or male, being attracted to others, looking attractive and being in love, as well as being in relationships that includes sexual intimacy and physical sexual activity.
3. Draw a box around the letters s-e-x. Point out that s, e, and x are only three of the letters in the word sexuality.
4. Display the five circles of sexuality. Explain that this way of looking at human sexuality breaks it down into five different components: sensuality, intimacy, identity, behaviour and reproduction, and sexualization. Everything related to human sexuality will fit in one of these circles.
5. Beginning with the circle labelled sensuality, explain each circle briefly. Take five minutes to read the definition of the circle aloud, point out its elements, and ask for examples of behaviours that would fit in the circle. Continue with each circle until you have explained each component of sexuality.
6. Ask if anyone has any questions. Then conclude the activity using the discussion questions



Discussion questions:

1. Which of the five sexuality circles feels most familiar? Least familiar? What do you think is the reason for the same?
2. Is there any part of these five circles that you never before thought of as sexual? Please explain.
3. Which circle is most important for young people to know? Least important? Why?
4. Which circle would you feel interested in discussing with your parent(s)/ teachers/partner? How would you bring it up?

Adapted from Life Planning Education, Washington, DC: Advocates for Youth, ©1995.

Section 2: Sexuality and Gender

Activity B

value clarification (perceptions)

OBJECTIVE:

To state and defend ones personal values and respect opinions of other group members.

MATERIALS:

Handout 4: *Value Clarification*, chart papers and markers and the Ground Rules that the group agreed on in Session One.

Time:

60 minutes

PLANNING NOTES:

Values can be a sensitive area to work with anyone, of any age. As young people express their values and learn about those of others, they may feel some anxiety or discomfort, and they will look to the coordinator for support. Remind the youth about the ground rules established by the group earlier. Its important is to allow time for adequate processing.

▷ Re emphasize that it is okay to disagree with someone but not to judge or put them down.

procedure:

This activity will give the youth a chance not only to express their individual values but also to discuss the relative merits of different values.

Explain to the group that you are going to read several statements and whether one agrees or not can depend on the value one holds. As you read each statement, ask them to think very carefully about how they feel about each statement and then move to a section of the room depending on whether they agree, disagree, or are unsure about that statement. Then ask them to identify what ideas led to that choice.

Be sure to mention that participants have the right to pass if they would rather not take a stand on a particular value. Also, point out that passing is not the same as being unsure. Let everyone know also that she/he can change a stand on any particular value at any time. They of course need to tell the group why they did so.

important mark up steps:

1. Designate three areas of the room to be called 'agree', 'unsure', and 'disagree'. You may want to put up signs to indicate the areas.
2. Ask the group to discuss and come up with their discussion points.
3. Emphasize that there are no right or wrong answers, only opinions.
4. Everyone has a right to express his or her opinion, and no one will put down another for having a different value.
5. Be sure to mention that participants have the right to pass if they would rather not take a stand on a particular value.

After the debate conclude with the 'Discussion Questions' which are given in the handout.



Section 2: Sexuality and Gender

Activity C

Demystifying reproductive organs



Objective:

To identify and list male and female genitalia and reproductive systems.

Materials:

An enlarged copy of the [Handout 5: Female Reproductive Organs](#), and [Handout 6: Male Reproductive Organs](#), chits enlisting the various reproductive organs, a copy of [Facilitator's Resource 3: Demystifying Reproductive Organs](#), stapler, and pens/pencils

Time:

45 minutes

Planning Notes:

Prepare enlarged illustrations of the male and female genitalia and reproductive organs. Review [Facilitator's Resource 3: Demystifying Reproductive Organs](#) until you feel comfortable with the material. You do not have to be an expert on human reproduction to conduct this activity, but you need to be comfortable with the terminology such as penis, vagina, anus, and sexual intercourse.

Procedure:

1. Divide the participants into groups and ask them to see how much they actually know about the female and male reproductive systems. Explain that no one will be graded on this quiz and that its purpose is to help the participants to associate genitalia and reproductive organs with their functions.
2. Give participants assorted chits with the correct name of different body parts. (You could also use local slang or language if people do not recognize medical terms for a body part.)
3. Ask the groups to put the chits at the appropriate places
4. After all of the participants have finished, display the enlarged illustration of the [Handout 5: Female Reproductive Organs](#). Ask the group to explain the organs function and add any missing information from the facilitator's resource. While explaining the female anatomy also explain the female reproductive process, beginning with ovulation and ending with the menstrual period.
5. Display the enlarged illustration of the [Handout 6: Male Reproductive Organs](#). Ask the group to explain the male reproductive process, beginning with sperm production and ending with ejaculation. Add any missing information from the facilitator's resource.

Discussion Questions:

- Which parts of male or female anatomy are same or similar?
- Why are men generally more comfortable than females about their genitalia?
- Why is it important to feel comfortable touching your own genitalia?
- Why is it important to understand how and when conception occurs?

Section 2: Sexuality & Gender

Activity D

Rating Behaviours & Sexual Abstinence

part 1 : Rating Behaviours

Objective:

To identify means of HIV transmission and those behaviours that are safer.

Materials:

A copy of the [Handout 7: Rating Behaviours](#)

Time:

30 minutes

Planning notes:

Review the [Handout 7: Rating Behaviours](#) and prepare three signs that say 'Definitely a Risk', 'Probably Not a Risk', and 'Definitely Not a Risk.' Place the signs in three different places on the room's walls.

procedure:

Tell participants that this exercise will help them understand which behaviours place people at risk for HIV/STI and which behaviours do not. Read behaviour from the list in the handout and ask the youth to stand near the sign that reflects what they believe. After each behaviour, discuss the following points:

1. Why is this behaviour risky or not risky?
2. Clarify any misconceptions.
3. How can the behaviour be modified to prevent transmission?

Conclude with the [Discussion Point](#) below.

Discussion point:

1. How important do you feel it might be to change the focus on youth's sexual behaviour from one that focuses on sexual intercourse to one that focuses on sexual expression? Why?

Optional activities:

Have the group brainstorm a list of sexual behaviours. Remember to emphasize the broad nature of sexuality as discussed in [Circles of Sexuality](#). Then rate the behaviours under the categories of 'no risk', 'low risk' and 'high risk'. Examples of risk free activities include talking, touching, massaging, and dancing. Low-risk activities include, among others, deep kissing and using a condom during vaginal intercourse. For more information on the broad nature of sexuality, see the [Facilitators Resource on Circles of Sexuality](#).

Adapted from [Educator's Guide to HIV/AIDS and Other STDs](#) © 2000. Available from Health Education Consultants, 1284 Manor Park, Lakewood OH 44107 or e-mail drssroka@aol.com.



Section 2: Sexuality & Gender

Activity D

RATING BEHAVIOURS & SEXUAL ABSTINENCE

part 2 : Defining sexual abstinence

OBJECTIVE:

To assist individuals to develop their definition of abstinence based on individual, family and community value systems.

MATERIALS:

Board and markers

Time:

50 minutes

PLANNING NOTES:

Before the session begins, prepare charts listing the behaviours from [Handout 8: Sexual Abstinence](#).

procedure:

On chart paper, write out SEXUAL ABSTINENCE.

1. Brainstorm with the entire group for a definition of sexual abstinence, writing down ideas as they are expressed. Do not attempt to edit or to limit these ideas.
2. Have the group count off to form small groups of three to six people, depending on group size. When the groups are formed, give each group five minutes to come up with its own definition of sexual abstinence.
3. After five minutes, display the list of behaviours from the [Handout 7](#).
4. Ask the small groups to work through the list of behaviours and decide (as a group) which behaviours are consistent with their group's definition of sexual abstinence. Say they will have 15 minutes to do this.
5. Have each group report back its definition, what the group discussed, and which behaviours are consistent with its definition of abstinence.



CONCLUSION:

Explain that the purpose of this exercise is to help young people develop their own, individual definitions of sexual abstinence and be able to communicate that definition to a romantic or sexual partner.

Section 3: HIV/AIDS Awareness

Activity A

quiz on HIV



Objective:

To gather baseline information on participants knowledge, attitudes, and behaviours related to HIV and AIDS.

materials:

A copy of the [Handout 9: Quiz on HIV](#).

Time:

20 minutes

procedure:

1. Divide the participants into groups of 4-5 members each or teams of two each depending on the number of participants attending. The facilitator then quizzes them one group at a time.
2. Which ever team gives out the correct answer gains 10 points, wrong answer would deduct 5 points. The facilitator could also ask the participants to explain their stance.

The facilitator will find it useful to note any areas in which the group had difficulties and to stress these areas during training or address the problem areas right away.

Section3: HIV/AIDS Awareness

Activity B

BASICS OF HIV/AIDS AND QUESTION CARDS ON HIV

OBJECTIVE:

- To provide basic information about HIV/AIDS.
- To allow participants to ask questions about HIV/AIDS.

MATERIALS:

Suggestion box, index cards/ post its and pens/pencils a copy of the booklet *Know HIV/AIDS Better*.

Time:

60 minutes

planning notes:

Most people have heard a great deal about HIV/AIDS, but many are confused by wrong information about transmission. Most people do not believe that HIV will affect them. Others believe they cannot avoid HIV infection. Either attitude can encourage them to engage in risky behaviours. Be prepared with current HIV facts and information. My HIV/AIDS Handbook will provide a start. However, for current statistics about the cumulative number of AIDS cases, total deaths of persons with AIDS and numbers of people known to be infected with HIV, visit NACO at www.nacoonline.org or UNAIDS at www.unaids.org for latest information.

Resources within the community can help you with these sessions that make you uncomfortable. Most community based AIDS service organizations have trainers available who can come and answer youth's questions. Be sure to inform the guest speaker before hand that the youth already have questions and that you only want him/her to come and answer them.

procedure:

1. Acknowledge that youth already know much of the information about HIV and AIDS, but say that this is an opportunity to clarify any questions and eliminate confusion. Put down the basics on a chart paper and elaborate (Details in *Know HIV/AIDS Better* Booklet);
 - HIV - Full form, how it enters the body, how it effects the body
 - AIDS - Full form, what stage is it, how does one get AIDS after HIV
 - Routes of transmission
 - Window period
 - Testing for HIV
 - Medication and Care for HIV
 - Some common myths
2. Give each participant an index card/ post it and ask her/him to write her/his queries about HIV/AIDS on it. Participants should not write their names on the cards.
3. Ask the participants to put their cards in the suggestion box. Using a suggestion box is a good way to enable participants to bring up issues that are important to them but are embarrassed to ask publicly.
4. At the end of the session, take the chits and answer all questions then give each member a copy of the My HIV/AIDS Handbook to keep for reference.

Discussion questions:

1. What did you learn that surprised you or was a new learning?
2. What did you learn that will impel you to action? What sort of action?
3. How easy do you think it could be to correct someone else's misinformation about HIV/AIDS? What could make it hard to correct misinformation?



Section 3: HIV/AIDS Awareness

Activity C

CONDOM DEMONSTRATION AND CARD Line-up

planning notes:

Get permission from relevant authorities where the program is being conducted before doing this exercise. If you do not receive clearance or permission, do not conduct this activity. If you decide that a condom demonstration is appropriate but you feel uncomfortable doing it, invite a speaker from a local agency to lead this session. Go through [Handout 10: Tips to Using a Condom](#) and [Handout 11: Condom Line up](#)

part i: condom demonstration

objective:

- To demonstrate how a condom should be used correctly to be effective and to reinforce that condom can provide protection and pleasure.
- To build comfort on handling a condom.

materials:

Condoms for each participant, wooden penis model or use the first two fingers of your hand. Also keep a copy of [Handout 10: Tips to Using a Condom](#)

time:

60 minutes



procedure:

Begin with an exercise where participants come up with the first thought that comes to their mind on hearing the word 'condom'. Discuss the views and clarify all misconceptions that arise during discussion. Also stress that it is important to know the correct procedure to use a condom for it to be most effective as a lot of people are shy to discuss these topics.

steps:

Have everyone sit in a circle. Everyone gets condoms and penis models. The facilitator first demonstrates how to put the condom on the penis mode (it can also be demonstrated on the first two fingers).

The facilitator should point out the various rules of using a condom. Then each participant conducts the exercise with their own condom.

Each person should then take the condom off following the correct procedure demonstrated by the facilitator. At the end of the session give each participant, handout on male condom.

part ii: condom stretch

As an interesting closure to the above exercise one can provide one condom to each participant. Ask them to stretch out the condom by pulling it gently, but firmly at both ends like you would prior to blowing up a balloon. Have participants stretch the condom over different body parts, e.g. head, arm, foot, or leg. This is good way of building comfort to handle a condom and also convincing people that the condom is durable and is able to stretch to fit even a large penis.

Section 3: HIV/AIDS Awareness

Activity C

CONDOM Demonstration and card Line-up

part iii: CONDOM CARD Line-up

OBJECTIVE:

- By the end of the session the participants will be able to use the correct words related to condoms and their use with comfort.
- The participants will be able to use as well as share information on correct use of condoms.

MATERIALS:

A copy of the [Handout 11: Condom Line up](#), large poster board cards, and markers

Time:

30 minutes

planning notes:

Write each step of condom use on a separate large card, one card for each step. There are 18 steps in all. There are extra repeated cards which are part of the exercise and needs to be included in the line up.

procedure:

1. Explain that you have prepared cards for all participants and that each card lists a different step in the process of using condoms.
2. Mix the cards up and pass them out to participants. Ask them, as a group, to arrange themselves in order so that their cards give sequential steps in the process of using a condom correctly.

[They may come to you for assistance, stating that there are repeated cards. Remind them that is part of the line up]

3. After the participants have established an order, have the entire group read through the steps. Everyone must become comfortable in saying words like condom, penis, erection, ejaculation, etc.
4. Process the activity, using the [Discussion Questions](#) in the Handout 11.



Section 3: HIV/AIDS Awareness

Activity D

Human rights issues in HIV and AIDS

OBJECTIVES:

- To identify the human rights of people living with HIV and AIDS (PLHAs).
- To recognize their roles in upholding the human rights of PLHAs and educating others to do the same.

Time:

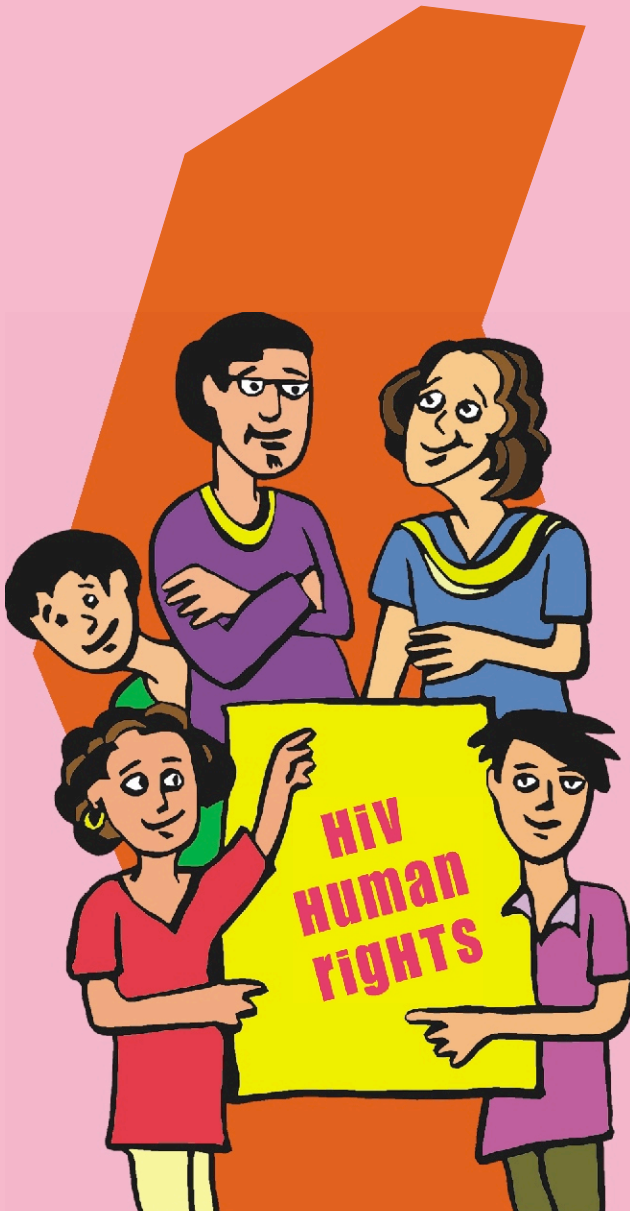
45 minutes

MATERIALS:

Four case studies, guidelines for analysis, flip chart and markers

PROCEDURE:

1. Present the session topic.
2. Ask participants to define or explain the term "human rights."
3. Note their responses and clarify as follows:
 - Human rights are certain things people should enjoy because they are human beings. They are universal in nature.
 - Human rights are the benefits that people should enjoy no matter who they are, where they are from or what they have. Rights cannot be divided and thus they are indivisible and intersectional i.e. people's identities have a certain influence in their access to rights.
4. Inform participants that people who are weak, poor or disadvantaged in any way often have their human rights infringed upon or abused more often than others. People living with HIV and AIDS often have their human rights abused.
5. Lead participants to identify some human rights
They could include:
 - a. The right to live
 - b. The right to shelter
 - c. The right to employment
 - d. The right to education
 - e. The right to healthy living
 - f. The right to have protected sexual relationship
 - g. The right to marry
 - h. The right to family life
 - i. The right to dignity
 - j. The right to body integrity and safety
 - k. The right to seek redress in court if maltreated because of sero status.
 - l. The right to participate in economic activities, including obtaining a loan to set up a project (socio-economic support)
 - m. The right to health care without discrimination
 - n. The right to freedom of worship
 - o. The right to vote and be voted for
 - p. The right to freedom of speech
6. Form participants into four groups. Distribute the case studies to each group.
7. Participants should analyze the cases by answering the Discussion Questions.
8. Have participants present in plenary the results of their analysis.
9. Lead a discussion on the roles and responsibilities of a youth peer educator in upholding PLHA human rights and in advocating for others to do the same.



Section 3: HIV/AIDS Awareness

Activity D

Human rights issues in Hiv and aids peer education

Case Studies

Give any three case studies to the participants and discuss the following questions.

Case Studies:

- A. Bala, a factory worker, was forcefully thrown out by his landlord after he was found to be HIV positive, despite having paid six months rent in advance.
- B. Angela has been taking paid leaves from office frequently as a result of her failing health. Her employer suspects that she might have been infected with HIV. Angela has now been given an ultimatum to go for HIV testing within a week or lose her job.
- C. Vinod and Meena have been married for ten years and have two children. Meena tested positive for HIV and told her husband about it. The husband's family forcefully throws her out of her matrimonial home and take the children to an unknown place.
- D. Bindu has been admitted to a general hospital with a twin pregnancy. On discovering that Bindu is HIV positive, the doctors and nurses start discriminating against her. During her labour, the hospital authorities gave excuses to discharge her, forcing her to go home for her delivery.

Discussion Questions:

1. Identify the human rights infringements in each case.
2. What could be the causes behind the infringement of these rights? Are the causes justified?
3. What do you think would be the impact of this violation on the affected people?
4. What steps can you as a peer educator take to affirm the PLHA's human rights?
5. What other issues can result from not upholding the rights of these individuals?



Section 4: Communication

Activity A

communication energizer



OBJECTIVES:

To understand the importance of correct information and the need to ensure the proper movement of the information for better impact.

Time:

45 minutes

materials:

Sheets of papers, sketch pens.

procedure:

Ask participants to sit in pairs with their back to each other. Ask them to take their sheets and pens and draw as instructed.

The only rules while drawing shall be that

- They shall not speak to each other and not look into each others drawings.
- They cannot ask counter questions to the facilitator providing the instruction for drawing.

Then ask them to draw the following:

Make a square; make three triangles on the upper side of the square. Round of the corners of the square and make a house. Make three flying birds and write your name.

Then the participants should exchange their drawings with their partners and observe each others drawing. The facilitator then draws his/ her concept of the same to the participants.

Discussion questions:

Ask them the reasons for the difference in the drawings?

What were the problems in the instructions?

How could the exercise have been made easier?

What are the points to keep in mind while communicating something to an audience? What could be the result of incomplete communication?

CONCLUSION:

- Every person has a different perception, thus they comprehend the same instructions differently.
- Communication is a two way process which involves a sender, a receiver and the medium and until and unless there is feedback the communication is not complete.
- As facilitators we have to ensure that all the information that we provide is correct and is also received by the audience in the correct manner.

Section 4: Communication

Activity B

role-plays and assertive communication

Objectives:

- To provide youth with the opportunity to practice communicating and develop skills related to resisting peer pressure and making decisions about HIV/STI prevention, safer sex options and ones choice to commit to a sexual relationship.
- To list common arguments for and against condom use, peer pressure, choice to abstain from intercourse etc and provide suggested solutions.

Time:

45 minutes

materials:

Handout 12: Role Plays, chart paper and markers.

planning notes:

Review the [Handout 12: Role Plays](#). Alter any or all of the role plays so they will fit the experiences and needs of members. Make sure that the role-plays are appropriate to the cultures, language (including slang), and environment of youth in your group. You might also consider changing the names of the characters to work better with the young people involved in your program.



procedure:

Explain that role-playing is an educational technique that allows people to take on the role of another person. They practice feeling, talking, and acting like someone else. Role-playing helps the players to increase their empathy for others and allows them to deal with difficult situations.

Read the case studies to the participants.

Divide the participants into groups. Give each group one of the case studies and ask volunteers from the group to play the roles in the scenarios with 5 minutes of discussion time to read over the situation, assume their roles, and work out the role-play. Tell the volunteers that the role-plays must end with positive and realistic behaviour for protection against HIV. Visit each group and discuss their ideas for the role-play. Help them with the ideas if necessary.

After the role plays ask each of the respective groups to discuss the following questions

- How do the characters behave in each of the cases? Which characters are more likable?
- Is there another way that the situation could have been handled?
- What were the difficulties faced by the characters in talking about condom use and/or HIV/AIDS?
- Who is being affected by the decisions taken by characters in the case study? Was the character considerate about his/her partner?
- Was it important to take up the issue? What would have happened if it were not addressed?
- What are the rights of each partner in the case studies and in what way are they responsible for protecting the rights of the other partner?

open discussions:

- What are the difficulties faced while negotiating matters of sexuality and in talking about intimacy, sex, condoms and STIs. Ask the participants in the larger group to come up with issues around sexuality that are common and yet difficult to talk about.
- Which of the situations was the easiest to deal with? The most difficult? Why?
- What personal skills are required to deal with these situations in real life?
- What skills or information do you need in order to protect yourself against HIV/STIs?

Section 4: Communication

Activity C

DEVELOPMENT OF PROGRAMME STRATEGY AND USE OF MEDIA MATERIAL



OBJECTIVE:

To plan a programme design and develop appropriate media tools to make a programme more effective.

Time:

45 minutes

materials:

Chart Papers, Pastels and sketch pens, *Facilitators' Resource: 5 Developing of Programme Design, Facilitators' Resource 6: Defining the Multi Media Tools.*

procedure:

Explain to the participants the basics of development of a programme design from the facilitators' resource.

Divide them into groups of four and assign them to develop a programme design on the issue of women's right, using any of the following media tools:

- Flip Chart
- A poster
- A leaflet
- A role play
- An advertisement

Give the participants about 20 minutes to develop the design and any of the tools. They then present their tools through group presentations.

The groups shall rank each other on the following:

- Gender Sensitivity
- Audience Appeal
- Creativity

Then take the participants through the main points of creating various multi media products from the *Facilitators' Resource: 5 Developing of Programme Design, Facilitators' Resource Guide 6: Defining the Multi Media Tools.*

facilitator's resource

Facilitators' Resource 1: Common Arguments against Implementing Sexuality and HIV / AIDS Education and Suggested Responses

Facilitators' Resource 2: An Explanation of the Circles of Sexuality

Facilitators' Resource 3: Demystifying Reproductive Organs

Facilitators' Resource 4: STI Facts: True or False?

Facilitators' Resource 5: Developing Programme Design

Facilitators' Resource 6: Defining Multi Media Tools

Facilitators' Resource 7: Energisers

Section 1: Introductory Activities

facilitator's resource 1

Common Arguments against Implementing Sexuality and HIV / AIDS education and Suggested Responses:

In order to advocate for sexuality education facilitators must be able to anticipate and respond to probable objections raised. Some of the commonly heard objections are listed here with some pointers to handling them.

Argument - Sexuality education encourages adolescents to have sexual experimentation.

Fact: Research has proven that a person who is aware and informed about sex is less likely to engage in risky behaviours. Education and knowledge empowers people with the option to make informed choices. **Fact:** Sex is a fundamental need of humans and thus they should know the facts correctly.

Fact: Sexual experimentation will happen with or without sex education.

Fact: Just because sex and sexuality are not discussed openly and correctly in India does not mean that people do not have sex.

Argument - Adolescents are not at risk for developing AIDS. It's a disease of adults.

Fact: It is true that only a small percentage of AIDS cases occur among teens. However, the real danger to teens is infection with HIV, the virus that attacks the immune system and eventually causes AIDS. The lengthy period between HIV infection and onset of AIDS - as much as 10 years - means that many of the young people in their twenties who are living with AIDS were probably infected with HIV when they were teens.

Argument - We know enough about sexuality. Why do we need to be taught all over again?

Fact: The majority of adolescents receive some form of sexuality education from various sources, yet very few receive comprehensive sexuality education, which is proven to be more effective.

Fact: Students need to learn HIV/STI prevention education within a larger context that includes making decisions, setting goals, and exploring values and gender roles. Students also need factual information about reproduction, physiology, contraception, and sexually transmitted infections. They cannot get this in one, two, or a few hours. The Programme will provide the larger context and ongoing reinforcement of important HIV/STI prevention skills and information.

Argument - Can sexuality education and HIV/STI prevention education change behaviour effectively?

Fact: Sexuality education programs that are comprehensive and that incorporate interactive exercises have been shown to be successful in changing sexual risk behaviours around the world and have been implemented by leading development agencies.

Fact: Through these programmes the participant's knowledge increases on the issue that are rarely discussed in broader context but are equally essential. It also increases sensitivity of people toward others on issues of gender disparity and discrimination against persons living with HIV.

Fact: Our program alerts youth to their need to protect themselves from HIV/STI. Promoting healthy behaviour among youth begins with changing youth's attitudes -which is our primary goal. Helping youth understand that they are vulnerable to HIV/STI is a significant first step in preventing HIV/STI.

Section 1: Introductory Activities

facilitator's resource 1

Argument - Youth are not interested in HIV/AIDS or other STI, nor do they care about their peers.

Fact: The Youth Cares. They care a great deal, and they are interested. They want to be recognized as responsible people and also want to be identified to something positive. In our programme the youth is not just the audience, but are designers, creators, managers, and performing artists. Thus they own the programme.

Argument - Youth will not listen to other youth because they have no authority.

Fact: Friends can influence friends the best as they have similar goals, outlooks, and share common interests in entertainment, subject and careers.

Fact: When youth have been trained with information, communication and leadership skills other youth listen, not because of authority but because of approachability. They'd rather approach their friend than some senior looking programme organisers. Thus they gain more from HIV/STI prevention education that is peer-led than from education led by adults.

Section 2: Sexuality and Gender

facilitator's resource 2

An Explanation of the Circles of Sexuality

Sexuality is much more than sexual feelings or sexual intercourse. It is an important part of who a person is and what she/he will become. It includes all the feelings, thoughts, and behaviours associated with being female or male, being attractive and being in love, as well as being in relationships that include sexual intimacy. It also includes enjoyment of the world as we know it through the five senses. Let us explore what forms sexuality.

Circle #1 - Sensuality

Sensuality is awareness and feeling about your own body and other people's bodies, especially of a sexual partner. Sensuality enables us to feel good about our bodies and allows us to enjoy the pleasure our bodies can give us and others. Sensuality encompasses:

Body image - Feeling attractive and proud of one's own body and the way it functions influences our lives especially during adolescence when one often chooses media personalities as the standard for how they should look, and try and develop mannerisms accordingly. They may be especially dissatisfying when the mainstream media portrays certain physical characteristics as ideals. This could be the colour of skin, type of hair, shape of eyes, height, or body shape.

Experiencing pleasure and release from sexual tension - Sensuality allows a person to experience pleasure when certain parts of the body are touched. People also experience sensual pleasure from taste, touch, sight, hearing, and smell as part of being alive.

Satisfying skin hunger - The need to be touched and held caringly by others is skin hunger. Adolescents typically receive considerably less touch from their parents than when they were younger. Many young adults satisfy their skin hunger through close physical contact with peers. Sexual intercourse among young adults may sometimes result from the need to be held, rather than from sexual desire.

Feeling physical attraction for another person - The centre of sensuality and attraction to others is not in the genitals (despite all the jokes). The centre of sensuality and attraction to others is in the brain, humans' most important 'sex organ.' The unexplained mechanism responsible for sexual attraction rests in the brain, not in the genitalia.

Fantasy - The brain also gives people the capacity to have fantasies about sexual behaviours and experiences. Adolescents often need help understanding that sexual fantasy is normal and that one does not have to act upon sexual fantasies.

Circle #2 - Sexual Intimacy

Sexual intimacy is the ability to be emotionally close to another human being and to accept closeness in return. Several aspects of intimacy include

Sharing - Sharing intimacy is what makes personal relationships rich. While sensuality is about physical closeness, intimacy focuses on emotional closeness.

Caring - Caring about others means feeling their joy and their pain. It means being open to emotions that may not be comfortable or convenient. Nevertheless, an intimate relationship is possible only when we care.

Liking or loving another person - Having emotional attachment or connection to others is a manifestation of intimacy.

Emotional risk-taking - To have true intimacy with others, a person must open up, trust and share feelings and personal information. Sharing personal thoughts and feelings with someone else is risky, because the other person may not feel the same way. But it is not possible to be really close with another person without being honest and open with her/him.

Section 2: Sexuality and Gender

facilitator's resource 2

Vulnerability - To have intimacy means that we share and care, like or love, and take emotional risks. That makes us vulnerable - the person with whom we share, about whom we care, and whom we like or love, has the power to hurt us emotionally. Intimacy requires vulnerability, on the part of each person in the relationship.

Circle #3 - Sexual Identity

Sexual identity is a person's understanding, of who she/he is sexually, including the sense of being a male or female. It includes sexual orientation and gender.

Gender consists of three 'interlocking pieces' that, affects the persons outlook and each 'piece' is important. These are:

Gender identity: is the knowledge of being male or female. Most young children determine their own gender identity by age two. Sometimes, a person's biological gender is not the same as his/her gender identity - this is called being transgender.

Gender role: Identifying actions and/or behaviours for a male and a female which are culturally determined. There are many 'social expectations' about what men and women can/should do and have nothing to do with the way their bodies are built or function. This aspect of sexuality is especially important for young adolescents to understand since peer, parent, and cultural pressures influence them to think on these lines. Both young men and young women need help sorting out how perceptions about gender roles affect whether they feel encouraged or discouraged in their choices about relationships, leisure activities, education, and career.

Gender bias means holding stereotyped opinions about people according to their gender. Gender bias might include believing that women are less intelligent or less capable than men or men cannot raise children without the help of women, that women cannot be analytical, that men cannot be sensitive. Many times, people hold fast to these stereotyped opinions without giving rational thought to the subject of gender.

Sexual orientation is the preference of a person's identity and whether a person's primary attraction is to people of the other sex (heterosexuality) or to the same sex (homosexuality) or to both sexes (bisexuality). Sexual orientation begins to emerge by adolescence. It is said that between three and 10 percent of the general population is probably exclusively homosexual in orientation, another 10 percent is exclusively heterosexual the other 80% fall in a range of category of bisexuality with preference for one or the other. Heterosexual, gay, lesbian, and bisexual can all experience same-sex attraction and/or activity around puberty. Such behaviour, including sexual play with same-sex peers, crushes on same-sex adults, or sexual fantasies about same-sex people are normal for pre-teens and young teens and are not necessarily related to sexual orientation.

Circle #4 Reproductions and Sexual Health

These are a person's capacity to reproduce and the behaviours and attitudes that make sexual relationships healthy and enjoyable.

Factual information about reproduction is necessary to understand how male and female reproductive systems function and how conception and/or STI occur. Youth often have inadequate information about their own and/or their partner's body. Teens need this information so they can make informed decisions about sexual expression and protect their health. Feelings and attitudes is wide-ranging when it comes to sexual expression and reproduction and to sexual health-related topics such as STI, HIV and AIDS, contraceptive use, abortion, pregnancy, and childbirth.

Sexual intercourse is one of the most natural behaviours among humans. Sexual intercourse is a behaviour that may produce sexual pleasure that often culminates in orgasm in females and in males. Sexual intercourse may also result in pregnancy and/or STI. Thus youth need accurate information about three types of sexual intercourse - vaginal, oral, and anal intercourse.

Section 2: Sexuality and Gender

facilitator's resource 2

Reproductive and sexual anatomy - The male and female body and the ways in which they actually function is a part of sexual health. Youth can learn to protect their reproductive and sexual health. This means that youth need information about all the effective methods of contraception currently available, how they work, where to obtain them, their effectiveness, and their side effects. This means that youth also need to know how to use latex condoms to prevent STI. Even if youth are not currently engaging in sexual intercourse, they probably will do so at some point in the future. They must know how to prevent pregnancy and/or disease.

Finally, youth also need to know that traditional methods of preventing pregnancy may be ineffective in preventing it and may, depending on the method, even increase susceptibility to STIs. **Sexual reproduction** - The actual processes of conception, pregnancy, delivery, and recovery following childbirth are important parts of sexuality. Youth need information about sexual reproduction - the process whereby two different individuals each contribute half of the genetic material to their child. The child is, therefore, not identical to either parent.

Circle #5 - Sexualization

Sexualization is that aspect of sexuality in which people behave sexually to influence, manipulate, or control other people. Often called the 'shadowy' side of human sexuality, sexualization spans behaviours that range from the relatively harmless to the sadistically violent, cruel, and criminal. Youth need to know that no one has the right to exploit them sexually and that they do not have the right to exploit anyone else sexually.

Flirting - Is a relatively harmless sexualization behaviour. Nevertheless, it is usually an attempt to manipulate someone else, and it can cause the person manipulated to feel hurt, humiliated and shamed.

Seduction - It is an act that could provide pleasure but can also be used to manipulate someone else, usually so that other person will have sexual intercourse with the seducer for the seducers' pleasure. **Sexual harassment** - Is an illegal behaviour. Sexual harassment means harassing someone else because of her/his gender. It could mean making personal, embarrassing remarks about someone's appearance, their sexual maturity (e.g.: a woman's breasts or of a man's testicles and penis). It could mean unwanted touching, such as hugging or patting someone's bottom. It could mean demands by a person in authority for sexual intercourse in exchange for certain favours. All these behaviours are manipulative. The law in India provides protection against sexual harassment. Youth should know that they have a right to file a complaint with appropriate authorities if they are sexually harassed and that others may complain of their behaviour if they sexually harass someone else.

Rape - Means coercing or forcing someone else to have genital contact with another. Force, in the case of rape, can include use of overpowering strength, threats, and/or implied threats that may arouse fear in the person raped. Youth need to know that rape is always illegal and always cruel. Youth should know that they are legally entitled to the protection of the criminal justice system if they are the victims of rape and that they may be prosecuted if they force anyone else to have genital contact with them for any reason. Refusing to accept no and forcing the other person to have sexual intercourse always means rape.

Incest or rape with a minor - Incest is forcing sexual contact on any minor who is related to the perpetrator by birth or marriage. Incest with a minor is always illegal and is extremely cruel because it betrays the trust that children and youth give to their families. Moreover, because the older person knows that incest is illegal and tries to hide the crime, he/she often blames the child/youth. The triple burden of forced sexual contact, betrayed trust, and self-blame makes incest particularly damaging to survivors of incest.

Adapted from Life Planning Education. Washington, DC: Advocates for Youth, © 1995.

Section 2: Sexuality and Gender

facilitator's resource 3

Demystifying Reproductive organs

Male Anatomy

- A male is born with two round glands called testicles, located in the lower part of his body, near his penis.
- The penis is a highly sensitive part of a male's body, the head of the penis, called the glans is especially sensitive.
- The penis has only one opening that performs more than one function - release of urine and/ or release of sperm with seminal fluid.
- At maturity a male's testicles begin to produce and store millions of sperm cells.
- Sperm cells can only be produced at 96.6 degrees - two degrees below normal body temperature. The scrotum acts like a temperature gauge and draws the testicles closer to the body when it is cold or drops the testicles further from the body when it is hot to keep them at the right temperature for sperm production and storage.
- When a male ejaculates after his testicles have begun producing sperm, millions of sperm cells are released from his penis, along with other fluids.
- If ejaculation occurs inside a female's vagina or near its opening, sperm can swim up into the female's Fallopian tubes. If there is an ovum in the Fallopian tube, conception occurs when the sperm fertilizes the egg cell.

Female Anatomy

- Vulva is the correct term for the female external genitals, even though it is not a familiar term to most people, including adults. Point out that some people have negative myths about the female vulva - such as that it is dirty or ugly - and emphasize that these myths are not true. The vulva is a normal, healthy part of the female body, just like the penis and scrotum are normal, healthy parts of the male body.
- The vulva has two openings, each with its own function - the opening to the vagina and the opening to the urethra.
- Clitoris is a highly sensitive part of a female's body. Its function is to provide sexual pleasure.
- Anus is not part of the vulva.
- A female can see this part of her body by holding a hand mirror between her legs.
- At birth a female has thousands of egg cells in her ovaries. Together, these egg cells are called ova; one egg is called an ovum.
- During the years that females menstruate, they release only a small percentage of their ova.
- During puberty, a female's ovaries begin to release one ovum each month. Once that process has begun, a female is capable of becoming pregnant any time she has vaginal intercourse with a male partner.
- Conception occurs when a sperm cell fertilizes the ovum after it has left the ovary.

Section 2: Sexuality and Gender

facilitator's resource 4

STI Facts: True or False?

1. HIV and STI is the same disease.

False. STI is sexually transmitted infection and there are various kinds of sexually transmitted infections out of which HIV is one of them because one of the ways of contracting the HIV virus is through the sexual route.

2. A person can always tell if she/he has an STI.

False. People can and do have STIs without having any symptoms. Women often have STIs without visible symptoms because their reproductive organs are internal. However, men infected with some STIs, such as chlamydia, also may have no symptoms. People infected with HIV (STI), generally have no symptoms for as long as ten years after infection.

3. With appropriate medical treatment, all STIs, except HIV, can be cured.

False. Herpes and human papillomavirus (genital warts) are STIs caused by viruses. Neither can be cured at the present time.

4. Latex Condoms are the most effective safeguard against the spread of STIs.

False. Abstinence from sexual intercourse is the best way to prevent the spread of STIs. Condoms are the next best thing. Complete sexual abstinence is 100 percent effective. Latex condoms can help prevent the spread of most STIs when the condoms are used correctly and consistently. Latex condoms are not 100 percent effective because

- They break occasionally or come off during sexual intercourse.
- Many people do not know how to use condoms correctly.
- Condoms will not protect against infection from genital warts that grow on areas of the genitalia and groin that are not covered by the condom.

5. The organisms that cause STIs can only enter the body through a woman's vagina or a man's penis.

False. STI bacteria and STI viruses can enter the body through any mucus membranes, including the vagina, penis, anus, mouth, and, in case of new born, the eyes. Remember, however, that some STIs can be spread by sexual behaviours other than sexual intercourse when the infected area is exposed and touched. For example, if genital warts infect the groin area, infection can spread to a partner whose groin area comes into contact with the infected area. Or, if one person has herpes sores and a partner touches those sores, then touches his/her own mouth, eyes, groin, or anus, herpes can infect those areas on the previously uninfected partner.

Infants can contract some STIs, such as HIV infection and herpes, during the time of pregnancy and/or during birth.

Section 2: Sexuality and Gender

facilitator's resource 4

6. You cannot contract an STI by masturbating by yourself or by holding hands, talking, walking, or dancing with a partner.

True. STI are only spread by close sexual contact with an STI infected person. If you masturbate on yourself, the external infections may become abrasive and cause more irritation. Holding hands, talking etc will not cause STI.

7. STI can cause major health problems and may cause conditions that result in death.

True. STIs can cause major health problems and makes one vulnerable to the HIV infection, which can lead to AIDS (acquired immunodeficiency syndrome). Genital warts may be related to cervical cancer in women, which, if not treated, may become invasive and result in death. Genital herpes can blind and otherwise injure babies born when infected women have open herpes lesions. Some STIs, such as gonorrhea and chlamydia, can cause pelvic inflammatory disease (PID). If untreated, PID may cause sterility, heart disease, and/or death. Untreated syphilis can result in brain damage and death in infected people and, when infants born to infected women, syphilis can cause severe retardation in the infants.

8. Even if a woman is using oral contraceptives, she and her sexual partner should use latex condoms or dental dams to protect against infection with STIs, including HIV.

True. Oral contraceptives do not protect against STI, so a condom or other barrier protection, such as a dental dam, is still necessary for protection against STIs, including HIV.

9. It is possible to get some STIs from kissing.

True. It is rare; but it is possible to be infected with syphilis through kissing if the infected person has chancres (small sores) in or around the mouth. Herpes can also be spread by kissing if a person has herpes lesions around the mouth.

10. Oral intercourse is a safe way to have sexual intercourse if you do not want to get a disease.

False. It is possible to be infected with HIV, gonorrhea, syphilis, and herpes from oral intercourse.

11. The most important thing to do if you suspect you have been infected by an STI is to inform your sexual partner(s).

False. The most important thing to do is to seek immediate testing and get treatment if the test results are positive (meaning you have an STI). Symptoms of an STI may never appear or may disappear after a short time, but the infection remains in the body. She/he can suffer serious physical damage and continue to infect others. Once an STI is confirmed and treatment is begun, the infected person or a health practitioner can inform sexual partners. In the meantime, it is important for the infected person to abstain from any sexual contact.

Adapted from Teen Outreach: Youth Development through Service and Learning, Association of Junior Leagues International, New York, NY, © 1994.

Section 3: HIV/AIDS Awareness

facilitator's resource 5

Development of a Programme design

Development of a programme design is the process that enables one to develop a framework to **translate broad ends to specific objectives** and think of means to **mobilize available resources** for the best results. This involves the following steps:

- **Setting Objectives.** The objectives which need to be achieved through the programme needs to be outlined specifically along with the measurable indicators. It may be defined as the intended results or achievements of a programme or an activity and are mostly time bound. The basics feature of objectives is that it is relevant, feasible, observable, measurable and time bound.
- **Resources:** While developing a programme it is very essential to keep an account of the available resources in terms of people, places of work as well as the amount of finances available with a programme as the planning shall only be done on the basis of available resources.
- **Audiences:** You should identify those audiences with whom you need to communicate to achieve your objectives. The best audiences to target in order to achieve an objective may not always be the most obvious ones, and targeting audiences such as the media may not always help achieve your objectives. Thus there are primary audiences and secondary audiences.
- **Messages:** The most important part of the planning is to decide what we want to communicate to the audience and thus need to develop specific messages for the programme. Thus the message could be:
 - HIV cannot be spread to hugging, holding hands or eating together
 - An HIV+ person also has the same rights that any human being has in civilized society.
- **Tools and activities:** These enable people to remember what they have heard and also help in giving accurate representation that help define the facts and information more precisely. Moreover, they stimulate the mind and enhance retention of information and also provide an easier way of sharing information in a non threatening manner. The various tools are posters, flip charts, leaflets, handouts, postcards and the activities are street plays, energizers, smaller exercises etc.
- **Timescales:** While developing a programme it is essential to time it, not only in the duration of it but also the placement of the programme in the larger framework. Thus it should be kept in mind that our programmes should be placed in a manner that it does not clash with cultural activities and also that if it gets support from activities that are happening around it.
- **Evaluation and amendment:** At the end of the programme, it is essential to evaluate the programme, in the terms of what was the positive impact of the programme and also what our short comings in the programme were.

Section 4: Communication

facilitator's resource 6

Defining the Multi Media Tools

Flip Charts: It is like an album of drawings, pictures, charts. It is an aid and assists the facilitator to tell a story. Its advantages are that it is handy and can be carried easily, and can be prepared with a few simple tools. We can prepare it ourselves because it requires two pieces of cardboards of about 15" to 20" sheets of paper, colour pencil or ink and brush and some cuttings of pictures.

Posters: It is a visual which has to catch the attention of the audience and pass on to them a simple message at a glance. The audience should become aware of the event, practice or idea you want to communicate. A poster has to be bold in design, simple to understand and attractive in colour. Its components may be: (a) picture or illustrations (b) the words (c) colour and (d) space.

Leaflets: It is a visual tool used to point out the main theme areas of work or the main pointers of the campaign. The main things that need to be kept in mind while developing a leaflet is that it should be brief and there should not be more than two bold colours to avoid confusion.

Audio Cassettes: The best part of audio is the fact that it is cheap and it can be reached to a larger audience with minimal effort. But care has to be taken that the audio that is chosen is a proper one with the best flow of message.

Television Programme: Utilising already available television programmes produced and aired by various satellite channels is an effective medium for communicating the messages.

Role Play: Is a tool to understand ones responses in a particular situation as participants take up to enact a particular character. It is like learning from real life but by not actually going through the problem in real life. While conducting a role play the atmosphere should be relaxed and everyone should be involved and they should know the full background of the settings, the characters and the themes.

Street play: They are also called nukkad natak and are a vibrant and enthusiastic way of disseminating messages. Normally street plays are done in open grounds without either lighting or a sound system and is a simple and articulate way of putting forth a view. During the preparation of a street play the following things should be kept in mind: "

- The script should be in the local language.
- The message should be clear through the story.
- There should be a good balance of message, humour, songs and music to keep the audience entertained and informed.

Section 4: Communication

facilitator's resource 6

- The dialogues should be small and well spaced so it is effective and the tone of dialogue should be friendly and understanding.

Stage Plays: Drama is a suitable method for people as they repeat experiences of ordinary people and is also an effective way of initiating a community response and tackling social issues. It is also seen that people relate more to an enactment than to written words as the audience of performing arts begin to relate to the emotions of the characters enacted.

Basic pointers for developing Multi Media tools

There are common factors that apply to charts, posters, pamphlets and flips of all kinds and can be used for each of the above with slight modifications depending on the purpose of the aids. The factors are:

Short Written Message: The written matter should be brief so that one can read it in a few seconds. The letters should be large and bold and should be written in a horizontal direction so that it is readable. It should be presentation of one idea and not composite ideas. Informative captions are better than those arousing general interest. The four general forms of captions are command mode, question mode, suggestion mode and a positive statement.

Simplicity: A good poster is compact and has one bold illustration having the essential details. This helps block out unnecessary information and also focuses the viewers' attention. With too many details the importance of the message is lost and moreover one must remember that these are single glance tools and thus need to be most impactful.

Illustration: The illustrations should be easy to understand, acceptable to the community and should go with the message that is to be given. The illustration and the message should not be a misfit

Layout: Proportions, contrasts and impact of the tool depends on the way the various high points of the tool are placed.

Colour: Colours add life to the posters but too much of the same confuses the receiver as well. One must make sure that the colours used are soothing to the eye and should be used for effect and not for decoration. Two colours are more than sufficient and white is the most important colour.

Section 4: Communication

facilitator's resource 7

Energizers:-

1. Body writing

The trainer asks the participants to write their names in the following ways:

Imagine a big white board in the air and write your name as big as possible and also as small as possible using your finger.

Repeat the instruction with the leg, head, eyeballs, etc moving on to shoulders, waist, etc.

2. Hawa Chali

The facilitator says 'hawa chali hawa chali' in different ways like whispering, shouting with varied voice modulations and the participants have to follow it.

3. Mapping

Draw and label or imagine a large map on the ground. Participants stand where they were born and then move progressively to where they had (as applicable) primary secondary and tertiary education and then where their careers have taken them, ending where they are now.

Tips and options: Can be done indoors or outdoors. If no map has been drawn, give north, south and the position of one or two big places. Tell people to adjust to those near them. This works perfectly well.

If a map is drawn, use chalk or cement, white powder on grass; tape on a road or on rocks or simply labels, stone or symbols for places. It is not necessary to make the map geographically exact. It is more important to allow enough space where people are most likely to cluster.

4. Swatting mosquitoes

The trainer informs the group that the room has four mosquitoes. One near their feet, one near their nose, one near their right elbow and one over their head and all of them are buzzing. So in the same order all of them first pretend that their hand is the mosquito and buzz for some time and then they clap as if killing the mosquito. All participants have to do it together and in the same order.

5. Mirrors

The trainer asks the group to pair up. One person is the actor, the other the mirror. The mirror does whatever the actor does, mirroring the action. Continue for a couple of minutes and then reverse roles. Demonstrate with a partner to set an example with appropriate vigour.

Section 4: Communication

facilitator's resource 7

6. Munna Bhai (or Ahmed says.....)

The participants stand in a circle. Give instructions to do different activities like jump up and down, touch toes, kneel down, turn around, stop, sit down, dance, etc. The trick is participants only follow the instructions when you say "Munna Bhai says....." They are not to do actions when they are commanded without the prefix "Munna Bhai says....." Those who make a mistake drop out of the group.

7. All change positions who.....

Stand or sit on chairs in a circle with one person (yourself first) in the middle. Say "All change positions who" and then add, for example:- Are wearing something blue, travelled more than a day to get here, can speak two or more languages and so on

Each time one person will be left in the middle without finding a place and the person in the centre then tries to get one of the seats.

He then says "All change positions who....." And so on....

8. Numbers

Stand in a circle. Count in turn round the circle. Anyone with a multiple of five clap hands instead of saying the number. Anyone with a multiple of seven instead of saying the number says "7 UP". Those who make a mistake drop out. The numbers and the actions can be varied in many ways; for example less actively by saying a word instead of the number, or more actively by sitting on the ground.

9. Break the circle

Ask people to stand in a circle holding hands

A couple of volunteers are asked to come inside the circle.

The volunteers are prisoners and the circle represents the jail.

The prisoners have to break free from the circle using whatever means, they can jump, tickle, and break free....

10. Ram and Ravan

Divide the group into two equal teams and make them stand opposite to each other in a distance and name one team Ram and the other Ravan. The facilitator asks the team to walk slowly towards each other while s/he says R..r..r..r.. and then at the end say either Ram or Ravan. Whichever name is called that team has to be captured by the other until the team can run safe to their side. Those caught in the process begin to belong to the captures team.

my notes

A large, empty, rounded rectangular box with a dark red border, intended for writing notes. The box is centered on the page and occupies most of the vertical space below the title. The background of the page is a light peach color, with a lime green horizontal band at the top containing the title. There are small tick marks at the corners of the page, suggesting it's a template for a notebook or binder.

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