



**SAfAIDS**

Southern Africa  
HIV and AIDS Information  
Dissemination Service



# *Young People's Sexual and Reproductive Health Information and Services Advocacy Training Handbook*







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# *Young People's Sexual and Reproductive Health Information and Services Advocacy Training Handbook*

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Batanai  
HIV/AIDS SUPPORT GROUP



Bekezela Home Based Care



PADARE  
MAY'S FORUM ON CARE



SAYWHAT  
SOUTH AFRICAN YOUTH  
WOMEN'S ACTION GROUP



WOMEN'S  
ACTION GROUP

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# USEFUL TERMS

These are common terms used throughout this handbook. It is important to define from the outset what all the terms mean.

Bisexual	This is a sexual orientation and identity where there is attraction between two people of the same and or opposite sex on various levels (emotionally, physically, intellectually, spiritually, and sexually). An example can be of a man who is attracted to other men and the same man can also be attracted to women. This does not necessarily happen at the same time and the man may not necessarily have equal amount of attraction to both.
Female condom	A device that is used during sexual intercourse as a barrier contraceptive and to reduce the risk of sexually transmitted infections. The device offers dual protection i.e. protection against pregnancy and protection against STIs including HIV.
Gay	A male with a same sexual identity and orientation i.e. attraction between two males on various levels (emotionally, physically, intellectually, spiritually, and sexually).
Gender Role	Learned behaviours that condition activities, tasks, and responsibilities viewed within a given society as “masculine” or “feminine”.
Gender	Socially constructed differences that may vary according to the times and the society or group one belongs to, and which is learned or attributed by women and men. It is a broader concept than the mere biological differences between men and women, and includes masculine and feminine traits.
Heterosexual	Attraction between two people of opposite sex on various levels (emotionally, physically, intellectually, spiritually, and sexually). The sex of the attracted person is the key to the attraction.
Homophobia	Irrational fear of homosexual feelings, thoughts, behaviours, or people resulting in prejudice, discrimination and bias against homosexual individuals.

Homosexual	Attraction between two same sex people on various levels (emotionally, physically, intellectually, spiritually, and sexually). An example can be a situation where two females are attracted to each other or a situation where two males are attracted to each other.
Intersex	Born with ambiguous genitalia, or sex organs that are not clearly female or male.
Lesbian	A female same sexual identity and orientation or attraction between two females on various levels (emotionally, physically, intellectually, spiritually, and sexually).
MSM	A sexual practice where men have sex with other men. The practice is irrespective of sexual orientation or gender identity. An MSM can be hetero-, bi- or homosexual. These individuals may or may not identify themselves as gay.
Reproductive Health	When people are able to have a responsible, satisfying and safe sex life and that they have the capability to have children and freedom to decide if, when and how often to do so.
Risk factors	Situations that make something most likely to happen i.e. increases the chances of.
Service providers	In this handbook service providers refer to anyone who could come into contact with clients accessing services for SRHR or HIV prevention, treatment and care. This could include nurses, doctors, counsellors, teachers, or NGO staff providing voluntary counselling and testing (VCT) and HIV counselling and testing (HCT) or supportive services like police, social workers etc. It also includes the management staff responsible for designing and monitoring the services.
Sex	A biological construct of a human being. “What’s in the pants?”. For male genitals it is having a penis, testes, testosterone and the genetic make-up while for females it is having breasts, vagina, estrogen, progesterone and the genetic make-up.
Sexual Orientation	Attraction between two people on various levels (emotionally, physically, intellectually, spiritually, and sexually).
Sexual Practices	All behaviour that creates sexual pleasure, practiced by one or more than one person, individually, or together

Sexuality	How people experience and express themselves as sexual beings, within the concepts of biological sex, gender identity and presentation, attractions and practices. Culture and religion have a huge impact on how individuals see themselves as sexual beings, especially within relations of power.
Stigma	When a certain individual, with certain characteristics, e.g. HIV positive individual or trans woman, is rejected by their community or society because of that characteristic. These individuals' lives might be at risk, possibly being threatened and abused.
Transgender	An umbrella term which is often used to describe a wide range of identities and experiences, including transsexuals, FTMs, MTFs, transvestites, cross-dressers, drag queens and kings, two-spirits, gender-queers, and many more
Transsexual	A transgender person in the process of seeking or undergoing some form of medical treatment to bring their body and gender identity into closer alignment. Not all transgender people undergo reassignment surgery.
Transvestite	An individual who dresses in the clothing of the opposite sex for a variety of reasons and who has no desire to change or modify their body
Vertical transmission	Term used to describe transmission that happens directly from the mother to either an unborn child during pregnancy or to an infant during delivery and during breast feeding.
WSW	Women who have sex with women - describes a sexual practice irrespective of the sexual orientation or gender identity. A WSW can be hetero-, bi- or homosexual



# MODULE 1: INTRODUCING THE HANDBOOK AND GETTING STARTED (1 HOUR)

## MODULE OBJECTIVES:

This introductory module provides an overview to the training, information about how the handbook is organised and how it can be used, as well as useful facilitation tips. However, it will also be useful to share some of the information with participants at the start of a workshop to:

- Help participants understand the purpose of this training
- Define workshop ground rules
- 'Break the ice'
- Evaluate participants' knowledge levels so that training can be tailored to their needs.

### ***Preparation:***

- Read through the whole handbook prior to starting the training
- Prepare a selection of 'ice breakers' which will help the group to feel relaxed and get to know each other.

## SESSION 1.1: WHY DO WE HAVE THE YPISA HANDBOOK? (10 MINUTES)

### ***Preparations and Materials:***

- Copies of the SRHR Champion Quiz – enough copies for each participant plus some spare
- Flip chart and paper and marker pens.

This session provides an overview of the training handbook and outlines why it was developed, who it is targeted at and how it is organised.

This handbook is to complement the Standard National Adolescent Sexual and Reproductive Health (ASRH) Training Manual for Health Service Providers by creating youth sexual and reproductive health champions who can support SRH services in their

communities. The handbook draws on the national manual and adds targeted leadership skills training to create youth well versed in sexual reproductive health and rights (SRHR) issues and equipped with leadership skills to disseminate SRHR information and encourage their peers to make full use of the SRH services available to them.

**Note:** the terms ‘youth’ and ‘adolescent’ and ‘young people’ are used interchangeably in this handbook and refer to all those from the ages of 10 to 24 years of age.

The handbook provides trainers with a comprehensive tool to train young people as sexual and reproductive health and rights champions in their communities. It is also a useful reference book for parents, service providers, teachers and carers on the integration of sexual reproductive health and rights and HIV services. By the end of the training, participants should have gained the knowledge and skills required to become SRHR champions in their communities.

A situational analysis on the integration of SRHR and HIV services for young people in Zimbabwe conducted by Southern Africa HIV and AIDS Information Dissemination Service (SAfAIDS) found the following key gaps:

- Parents are insufficiently informed to educate their children about sexual health matters
- Teachers have inadequate skills to implement sex education in schools
- There is generally low risk perception amongst young people, resulting in early sexual debut
- There are inadequate youth friendly SRHR and HIV services
- In general, young people are not regularly or meaningfully involved in programmes that affect them.

It is against this background that SAfAIDS developed the Young People’s SRHR Information and Services Advocacy (YPISA) training handbook, a Training Flipchart and complementary IEC materials for young people. The handbook assumes that most AIDS service organisations have been implementing HIV related work without the deliberate inclusion of SRHR activities, hence it is expected to help trainers to integrate SRHR and HIV services at all levels, with special emphasis on the role of youth leadership in creating awareness of SRHR amongst youth.

## WHO IS THE YPISA HANDBOOK FOR?

Although the handbook can be used by anyone seeking information on youth leadership and integration of SRHR, HIV, it is specifically intended to guide the training of young people and provide a reference tool for others, such as teachers, who it is hoped will perform supportive roles to young leaders. Training using this handbook will support these individuals and young people to disseminate accurate information on SRHR to other young people, and to become leaders in championing young people's SRHR rights.

The handbook can also be adapted for use as resource and reference material at service provider and youth training institutions.

## HOW IS THE HANDBOOK ORGANISED?

The handbook provides a comprehensive training course designed to assist trainers of young people to integrate the elements of youth leadership, SRHR and HIV. It is divided into a number of modules and trainers can select specific sessions for their trainings in line with identified information needs.

Each session can be taught as a stand-alone session or as part of other training. However, it is advised that trainers acquaint themselves with all the handbook modules prior to conducting training, as this will aid full comprehension of the issues and improve training outcomes.

## HOW TO USE THE HANDBOOK

The handbook is based on a training philosophy that emphasises principles of participatory learning and prioritises active participation. The training activities have proven effective in achieving specific session objectives. However, experienced facilitators should be able to adapt the sessions to suit various target groups and situations as they see fit.

Module objectives and any recommended preparatory work are detailed at the beginning of each module as a guide for facilitators. Each session includes a brief session overview, and the time and materials required for each session.

This encourages meaningful participation and enhanced learning amongst participants. By encouraging this style of participant-led knowledge generation, the training aims to build confidence amongst participants as well as ensure that they gain the required knowledge. After each activity you will find 'Key Information'. Facilitators should ensure that this information is drawn out during one session and where the key information is lacking prompts participants.

**Module One** provides a background and introduction to the handbook, as well as an SRHR Champions Quiz to help facilitators evaluate participants' knowledge levels.

**Module Two** introduces the concept of the SRHR Champion, including defining an SRHR Champion identifying their key roles and responsibilities.

**Module Three** focuses on SRHR information including: understanding physical and emotional changes during puberty; exploring adolescent sexual and reproductive health (ASRH); challenges faced by young people in accessing their SRHR; sexual abuse and gender based violence; sexually transmitted infections (STIs) and HIV; contraceptive options and understanding human sexuality.

**Module Four** focuses on communication and interpersonal skills, and leadership qualities it encourages participants to draw on their own life experiences to enhance empathy and includes issues around stigma and discrimination and ways in which SRHR Champions can help to overcome these barriers to accessing SRH services and rights.

**Module Five** provides an opportunity to clarify or re-look at any issues which are unclear and includes a training evaluation to assess group learning.

The Key Information can serve the dual purpose of handouts/fact sheets for participants. Facilitators may photocopy the 'Key Information' sheets and distribute to participants as handouts for future reference.

## SESSION 1.2: FACILITATION TIPS (20 MINUTES)

This session provides tips to help you prepare for training, 'break the ice' and set workshop ground rules.

### ***Plan as a team***

- If possible, plan and run the workshop with another facilitator and take turns in the lead role. The other facilitator with record on flipcharts and help with physical preparations.
- Plan the workshop together beforehand and decide who will lead each session
- If one facilitator is having difficulties leading a session or responding to questions, the other can help him/her out.
- Invite knowledgeable resource people to cover technical sessions. Involve them in the planning and discuss when and where you need them to help.
- Debrief at the end of each day and plan for the next day.
- Arrive early at the venue – one hour before the starting time – in order to get everything organised and to welcome participants as they arrive.

### ***Getting started - Break the ice***

- Organise games or songs as ice breakers to build a sense of community and help participants relax, feel more confident and have some fun
- Ask participants to give their expectations about the workshop and explain the objectives
- Agree on ground rules, e.g. confidentiality, active participation, listening, cell phones off, etc. Ask the whole group to help enforce, the ground rules and identify a time keeper.

### ***Organising report backs after group work***

- After groups have done their work, they will report back. There are different ways of doing this:
- Round robin reporting: each group presents only one point at a time, with each group giving a new point until all the points are exhausted. This helps equalise contributions by different groups and avoids repetition
- One group/one topic: each group presents on a different topic or question. This is a useful technique when a lot of information needs to be covered in a short period of time
- Creative reporting: groups give their report in the form of a picture, role play, talk show or other creative manner. This keeps the training lively, active and fun
- Report back in paired groups: two small groups can meet and share what they have learned. The smaller numbers allow for more intensive discussions.

### ***Training language***

- Work in the language with which most participants are comfortable
- Allow participants to use whichever language they are comfortable with and engage other participants as translators if required. Emphasise this at the start of the workshop and model this by using all appropriate languages i.e. English can be mixed with either Shona, Ndebele or both
- The use of vernacular makes a big difference in helping participants get a better understanding of complicated issues. Let the group help determine the language for each session.

### ***Managing space***

- Change the space and the organisation of the chairs to suit activities and create variety
- Start with a circle or semi-circle so that everyone can see each other

- For activities, such as report backs, use a formation with participants sitting in rows close together – this adds energy and helps everyone hear better
- Where possible, organise some activities outside the training room - in the open air if possible.

### ***Handling sensitive issues***

Be prepared to manage sensitive issues, and to challenge stigmatising attitudes, especially when talking about taboo topics such as sex and sexuality. Here are some tips:

- Prepare yourself to discuss the issues without feeling uncomfortable
- Get as much information as possible on what potentially sensitive areas may be, so that you can work out strategies to bring them out and handle them effectively
- Build an open atmosphere in which participants feel comfortable talking about these issues. Encourage open and frank discussion and commend participants who display openness
- Observe the group's body language – to help you decide when to probe further on an issue and when to back off. When people do not want to discuss something, they may avoid eye contact or fold their arms across their chest
- Usually participants will have more questions than you can answer. Be prepared for this, and do not worry about having to admit that you do not have an answer to some questions. Refer to a resource person, show that you are willing to find out the answers, or refer to other sources of information
- You may find it is not possible to cover every detail in the time allocated. At the end of the session you can provide participants with the 'Key Information' sections as handouts.

### ***Managing conflict***

- Participants may disagree on some issues, and this may lead to conflict. Others may display judgmental attitudes. This has the potential to be explosive, but it can be turned into an advantage – using the passion around the issues to understand them better. Your aim as a facilitator is to get participants to explore the issues calmly
- Reiterate the ground rules (e.g. active listening and showing respect) to create the right spirit and atmosphere
- Ask the speakers to state their concerns and their reasons for them – to help everyone understand the issues and avoid making assumptions
- Ask everyone to listen to the speaker – rephrase what each has been saying where necessary to make sure everyone has heard the views clearly
- Help participants identify common ground – and points of difference that need further discussion – or they can agree to disagree.

## SESSION 1.3: DEFINING THE GROUP'S NEEDS – AN ADOLESCENT SRHR CHAMPION QUIZ (LEARNING NEEDS ASSESSMENT) (30 MINUTES)

This session is to help the trainer assess the level of knowledge amongst participants so that following sessions can be tailored to meet their learning needs.

Preparations and Materials:

- Enough copies of the Needs assessment Quiz for all participants, plus some extra

Effective facilitation requires tailoring the training content and methods to the needs of the group. If the group already has good knowledge about SRHR issues, the focus of your training should be on supporting them to become SRHR champions and equipping them with good communication skills to disseminate accurate SRHR information amongst their peers. However, if there are gaps in the group's knowledge, you need to allow time to train them on these issues before moving on to strengthening their communication and peer education capacities.

### ***Adolescent SRHR Champion Learning Needs Assessment***

**Step 1:** Tell participants to make the training useful to them, you need to have an idea of what they already know and what they need to learn.

**Step 2:** Pass out copies of the SRHR Champion Quiz to each participant. They need not write their names on the quizzes as their answers are confidential.

Give participants about 10 minutes to respond to the questions—they should circle the T (for true) or the F (for false) under each question. Collect the papers when they have finished. Score each Quiz by referring to Appendix 1: Answers to SRHR Champion Quiz.

Try to schedule the training needs assessment before a break (for example, before the morning coffee/tea break) so that you have time to mark them before continuing with the training. If this is not possible, or if there are too many participants for you to be able to mark all the quizzes, you can collect them, mix them and hand them back to participants to mark. It will be helpful to list the questions on a flipchart and tally the number of correct versus incorrect responses to each question as you go along, so that, by the end of marking, you can easily identify the knowledge gaps across the group.

**Step 3:** After the needs assessment, ask participants how they felt about the questions:

- Were the questions easy or difficult?
- Their responses should help you to further gauge their current knowledge levels

- Remind the participants that everyone is taking part in the training in order to learn and that at the end of the training they will be able to answer all of these questions and many more with confidence.

Date: .....  
 Peer Educators name: .....  
 Name of clinic: .....  
 Score: ..... /20 questions



1. Young people do not need separate SRH services	T F	2. Homosexuality is a choice	T F	3. Dual protection means wearing 2 condoms at a time	T F	4. If a man is circumcised, he still has to use a condom to protect against HIV or STI infection	T F
5. Refusing to have sex with your partner means you don't really love them	T F	6. Men can also suffer from gender-based violence	T F	7. Active listening means you know how people will answer a question	T F	8. Only people on antiretroviral therapy (ART) need HIV care services	T F
9. If you look and feel healthy, you do not have HIV	T F	10. Boys and men need to have sex or they will get sick	T F	11. It is safe for pregnant women to take ARVs	T F	12. Adolescents are more likely to give in to peer pressure which increases their risk for STIs, HIV and unplanned pregnancy	T F
13. Young people living with disability do not need information on SRHR because they are not sexually active	T F	14. When a young girl gets pregnant it is her own fault	T F	15. You cannot get pregnant the first time you have sex	T F	16. Girls and boys under 16 are not allowed to access contraceptives	T F
17. Calling someone names (e.g. telling your partner they are stupid, or useless) is a form of abuse	T F	18. People with STIs are more likely to contract HIV during unsafe sex	T F	19. Young people who are sexually abused need to get medical and psychological support	T F	20. SRHR Champions are also community educators and advocates and can help change policies and practices that affect youth SRHR	T F

# MODULE 2: UNDERSTANDING THE ROLE OF SRHR CHAMPIONS (1 HOUR)

## MODULE OBJECTIVES:

By the end of the module, participants will be able to:

- Define what is meant by an SRHR Champion and explain the important impact that committed SRHR Champions can have in communities
- Discuss the many roles SRHR Champions can play in improving access and adherence to comprehensive SRHR and HIV/STI services for young people
- Describe how SRHR Champions work to improve services and make them more youth-friendly.

### ***Preparation:***

- Read through the entire module and make sure you are familiar with the training methodology and content
- Gather background information on the issues as needed.

## SESSION 2.1: DEFINING SRHR CHAMPIONS (30 MINUTES)

This session looks at how we define SRHR Champions.

### ***SRHR Champions have two key roles in a community:***

- To be well informed about SRHR issues affecting young people so that they can share information and knowledge with other young people (like a peer educator); help other young people overcome SRHR challenges and give advice. SRHR Champions should have excellent communication skills
- To be a leader in addressing the SRHR challenges/issues of young people in their community by advocating for improved access and availability of youth friendly SRHR services.

## ***Discuss these key roles of SRHR Champions with the participants***

Conduct the following activity to help participants understand the ways in which SRHR Champions can educate and influence others in the community.

### ***Preparation and Materials:***

- Flip chart and stand; coloured markers; small pieces of paper; tape or glue.

Step 1: Divide participants into two groups. Give out a piece of flip chart paper, coloured markers, and tape or glue to each group. Ask them to close their eyes and think of situations when they have been influenced by their peers to do or not do something. One group should use their paper to write phrases or draw images about positive things they have learned from peers, or times when they were positively influenced by them (e.g. getting help with homework). The other group should write about or draw examples of when they were negatively influenced (e.g. staying out late, or drinking alcohol). Ask the participants to put their papers up on a wall and facilitate a brief discussion about the power of peer influence and why peer education is potentially effective in changing behaviour. Emphasise the following points:

- We all influence and are influenced by people, in both positive and negative ways
- We learn a lot from our peers, sometimes without realising it
- Since a peer is from the same age and social group, he or she can speak the same language and understand, empathise, and relate better than a non-peer

Step 2: Ask the group how they would define the following terms: peer, education, peer education and SRHR Champions. Write down responses on a flip chart and fill in content as needed.

Step 3: Review the definitions outlined in the Key Information section at the end of the session to ensure that these important terms are well understood by all participants.

Step 4: Allow time for participants to ask questions.

Step 5: Wrap up the session by summarising the importance of SRHR champions and their impact on their peers. Emphasise that SRHR Champions can be powerful role models who help young people achieve their SRHR.

## KEY INFORMATION: DEFINING SRHR CHAMPIONS

### **Key terms:**

- The term 'peer' refers to 'one who is of equal standing with another; one belonging to the same group, especially based on age or status'. In modern times, the term has come to mean an equal or a match
- Education refers to the development of a person's knowledge, attitudes, beliefs, or behaviour, that arises from the learning process
- Peer education is the transfer of knowledge and skills to members of a social group by others within that group
- Youth SRHR Champions are people who themselves make use of SRH services; have a good understanding of SRHR issues, HIV and STI, and have the skills to help other young people achieve their SRHR by accessing SRH services. SRHR Champions are usually volunteers.

## SESSION 2.2: THE ROLES AND RESPONSIBILITIES OF YOUTH SRHR CHAMPIONS (30 MINUTES)

This session takes a closer look at the roles and responsibilities expected of SRHR Champions.

- Step 1: Ask participants to think for one minute about a person whom they trust and who they can 'really talk to'. Ask them to describe this person's qualities and write their responses on a flip chart. Facilitate a brief discussion about the qualities of an SRHR Champion (e.g. good listener, good communicator, trustworthy, open-minded, sensitive, caring, able to consider different perspectives). Write these attributes on a flip chart.
- Step 2: Ask participants to write down as many key roles and responsibilities of SRHR Champions that they can think of. Give them 5 minutes to do this.
- Step 3: Go around the group asking each participant to describe an SRHR Champion role or responsibility they thought of – only mentioning those that haven't already been mentioned. Write their responses on the flip chart to form a list of roles.
- Step 4: Make sure that all the roles and responsibilities in the Key Information section at the end of the session have been covered - prompt participants where necessary.

Explain that by the end of this training they will have gained the skills and knowledge required to become an SRHR Champion. Now that they know what an SRHR Champion is, you hope they will remain committed to becoming one!

- Step 5: Wrapup by summing up the roles and responsibilities of SRHR champions and reminding them of the importance of seeking support if they find they are out of their depth. Generate a sense of enthusiasm about the new knowledge they will acquire throughout the course.

## **KEY INFORMATION: THE ROLES AND RESPONSIBILITIES OF YOUTH SRHR CHAMPIONS**

### ***SRHR Champions are expected to:***

- Conduct/co-facilitate support groups and other psychosocial support activities for young people with regard to their SRHR, using the YPISA Flipchart tool.

### ***Conduct peer education sessions with young people and provide support on the following topics:***

- Basic information about SRH and rights; delay of sexual debut; safer sex; the need for dual protection; the importance of contraception; avoiding STIs, use of prevention of mother-to-child transmission (PMTCT) emergency contraception and post exposure prophylaxis for HIV (PEP)
- Disability and SRHR
- Sexual abuse and gender-based violence (GBV)
- HIV and treatment including: adherence; disclosure; positive living; safer sex; basic emotional and psychosocial support
- Help young people with referrals to health and other support services
- Champion the SRH rights of young people in their communities
- Address young people's SRHR challenges and advocate for improved SRHR of young people in their communities.

### ***Remember these key points!***

- SRHR champions are both providers and recipients of SRH information, and SRH services
- SRHR champions must be very well informed about SRHR issues so that they can share accurate information with other young people
- SRHR champions need excellent communication skills to enable them to impart SRHR information amongst their peers, listen to the challenges they are facing

with regard to accessing SRH services; and provide useful and practical advice to support their peers to overcome these issues

- SRHR champions also have an important role in supporting young people living with HIV or disability, including providing them with emotional support.

# MODULE 3: UNDERSTANDING YOUNG PEOPLE'S SRHR (6 HOURS)

In order for SRHR Champions to provide effective support and advice to other young people, they must first understand the SRHR needs of young people and adolescents. This module provides an overview of key SRHR issues faced by young people during adolescence.

## MODULE OBJECTIVES:

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

- Describe the importance of interpersonal skills in being an effective SRHR champion
- Indicate the key skills for effective communication
- Define adolescence and describe the developmental stages of adolescence
- Describe common barriers and challenges faced by young people living with HIV, specifically regarding access to SRH
- Define the terms sex and sexuality and discuss different forms of sexual behaviour and expression
- Reflect on their attitudes and values about different sexual behaviours understand the importance of being non-judgmental when talking with peers about sexual and reproductive health and rights
- Describe the functions of sexual and reproductive body parts in men and women
- Provide basic information on practicing safer sex, contraception, and dual protection
- Demonstrate male and female condom use
- Review information about the prevention and treatment of common STIs
- Provide information on PMTCT
- Discuss the needs of adolescent clients who have experienced sexual abuse and gender-based violence.

## SESSION 3.1: CHALLENGES FACED BY YOUNG PEOPLE DURING ADOLESCENCE (60 MINUTES)

This session explores the emotional, physical and social challenges faced by young people during adolescence.

### ***Preparations and Materials:***

- Flip chart and markers (different colours if possible)
- Tape or glue; Sticky stuff
- Male and female anatomical models, if available (or alternative props)
- Female and male condoms.

Read through the session and make sure you are familiar with the training methodologies and content.

Print Key Information handouts (at the end of the session), as required.

- Step 1: Review the session learning objectives with participants.
- Step 2: Thank everyone for choosing to be an SRHR Champion! Remind them that they have a unique opportunity to help adolescents have greater access to more effective SRHR services and information, including protecting against unplanned pregnancy, HIV or STI infection. And also to support young people living with HIV to achieve success and gain new understanding in their lives by offering them help, guidance and education. Peer education is one of the best ways that an adolescent can make a difference in his or her community!
- Step 3: Ask participants to define the term 'adolescence'. Write their responses on a flip chart. Introduce the idea that adolescents are not all the same. Explain the different stages of adolescence and that each adolescent has different needs—boys and girls have differing needs; some are in school, others are out of school; they may be married or unmarried; living in rural or urban environments; with families or without. Some adolescents live in very difficult conditions with very few people to support them. They maybe homeless. Some adolescents are living with HIV as a result of vertical transmission during infancy, whilst others may have become infected later in life.
- Step 4: Ask participants to brainstorm some of the physical and sexual changes that happen during adolescence. Drawing on their own experiences as well as those of their peers. Write responses on the flip chart and fill in content as needed. Discuss the different stages of adolescence—early, middle, and late—and the common aspects of each stage.

Step 5: Break participants into small groups and give each group a piece of flip chart paper. Ask them to brainstorm about the following questions:

- What are the things people say about adolescents?
- Which of these have a negative effect?
- Are there any positive messages about youth (e.g. adolescents are our future, young people have energy and ambition, etc.)?
- Ask each group to tape their piece of flip chart on the wall, creating a gallery walk of responses. Facilitate a discussion about the responses after bringing the larger group back together.

Step 6: Next, draw an outline of a young person on flip chart paper and explain that adolescents are not 'big kids' or 'little adults'. Brainstorm ways that adolescents are different from adults and children when we are referring SRH services. Write responses in thought bubbles around the outline of the person. Complete using the content below.

Step 7: Ask participants to brainstorm responses to the following questions, drawing on their own experiences:

- What do we mean when we say young people are vulnerable? Vulnerable to what?
- What makes young people vulnerable to poor health?
- What makes young girls especially vulnerable? And young boys?
- Write responses on the flip chart and fill in using the content below, dividing responses into three categories: physical, emotional, and social vulnerabilities.

Step 8: Explain that a major challenge for young people is their difficulty in accessing SRH information, services and care. Ask the participants to think if this has been true in their own lives and to think about possible reasons for this. Read the following case study aloud:

B\_\_\_ is a 16 year old girl who is in a relationship with a 19 year old boy. She just started having sex with her boyfriend. B\_\_\_ is curious about condoms, although she has never used them with her boyfriend before. She would like some free condoms, but she is afraid to ask for them at the clinic because she thinks the providers will tell the other adults about her sexual activity. Also, the clinic is only open during the week. Last time B\_\_\_ went to the clinic, the nurse told her she should be in school. She is too shy to go back.

Ask participants the following questions and discuss how SRHR Champions can play an important role in making the clinic more youth-friendly.

- What are some of the barriers that made it difficult for B\_\_\_ to access services at the clinic?
- What can SRHR Champions do to help the clinic be more youth-friendly?

Step 9: Ask participants to consider a similar situation, but one in which B\_\_\_\_\_ is living with HIV.

Are there any additional barriers which make it difficult for B\_\_\_\_\_ to access services at the clinic, specific to the fact that she is living with HIV?

Step 10: End by telling participants that we are all motivated to be SRHR Champions for different reasons, but usually we are motivated because of our own experiences—both the good and bad things that have happened to us—as SRH clients.

Emphasise that young people living with HIV have some unique needs, as compared to adults, and also some special challenges. SRHR Champions can help these young people overcome their challenges by providing support and referral where needed.

- SRHR Champions have an important role because they are both providers and recipients of SRH information, and SRH services
- SRHR Champions living with HIV are important in supporting young people living with HIV or disability, including providing emotional support, sharing their own experiences with SRH services, and acting as good role models
- SRHR Champions can help make clinics and health facilities more youth friendly and to link young people living with HIV or disability to SRH services.

## KEY INFORMATION: CHALLENGES FACED BY YOUNG PEOPLE DURING ADOLESCENCE

### *How do we define adolescence?*

‘Adolescence’ is understood in different ways in different cultures but almost everywhere. It is seen as a time of transition between childhood and adulthood. It is a time characterised by lots of physical and emotional changes associated with puberty, as well as a period of preparation for adulthood.

This programme defines ‘youth’ as people between the ages of 10 and 24 years. Adolescence is a unique stage of development within this period. Adolescents are neither ‘big kids’ nor ‘little adults’, but have specific needs of their own.

### *The Stages of Adolescent Development*

Adolescence can be categorised into three overlapping developmental stages: from ages 10-15, 14-17, and 16-19 years. The overlap of ages is important because the changes are not fixed and happen at different ages and times for each young person.

### **In 'Early Adolescence' (10-15 years old), an adolescent:**

- ⇒ Begins puberty (this is a time of rapid physical growth)
- ⇒ Begins to experiment (sexually, as well as with different hobbies, foods, friendships, activities)
- ⇒ Begins to think differently and more broadly about themselves (defining their own identity)
- ⇒ Is more influenced by people beyond his or her own family, especially peers
- ⇒ Is very concerned with image and acceptance by peers

### **In 'Middle Adolescence' (14-17 years old), an adolescent:**

- ⇒ Continues growing and developing physically
- ⇒ Starts to challenge rules and test limits
- ⇒ Develops more 'thinking' or analytical skills
- ⇒ Develops more understanding and awareness of the consequences of his or her behaviour
- ⇒ Is strongly influenced by peers, especially in terms of image and social behaviour
- ⇒ Has an increasing interest in sex; starts having romantic, intimate, or sexual relationships, or engaging in masturbation.

### **In 'Late Adolescence' (16-19 years old), an adolescent:**

- ⇒ Reaches physical and sexual maturity
- ⇒ Develops a sexual identity
- ⇒ Has a greater ability to express thoughts, feelings, and ideas
- ⇒ Can increasingly make independent decisions
- ⇒ Is concerned about and plans for the future - career, family, marriage, etc.
- ⇒ May become more comfortable with own body image
- ⇒ May be less influenced by peers as opposed to individual friendships.

Adolescence is a unique stage. Adolescents are very different from adults and children, and these differences have implications for the realisation of their SRHR.

# ADOLESCENT VULNERABILITIES

## ***How are adolescents physically vulnerable?***

- Adolescent women are more susceptible to STIs (including HIV) because their cervixes are still forming and growing and are more susceptible to infection
- Young adolescent males may be more vulnerable to STIs, including HIV, particularly if they are not circumcised (because they are more likely to experiment with different partners than older/married men)
- Adolescents are growing quickly and need a nutritious diet. Because of their increased energy needs, they are susceptible to nutritional deficiencies
- The sexual needs of young people living with disability may be dismissed because they are thought of as not having sexual desires and needs.

Condom and contraceptive use may be more difficult for young people because society thinks they should not be sexually active and because they lack the courage and negotiating skills to demand it.

## ***How are adolescents emotionally vulnerable?***

- Adolescence is a time when mental health disorders can emerge (or be recognised), particularly those associated with anxiety
- Adolescents often lack assertiveness and good communication skills, making it difficult for them to express their needs to adults and to deal with peer pressure
- Adolescents may feel pressure to 'fit in' with their peers and to adopt the same behaviours as their peers
- Adolescents are more vulnerable than adults to sexual, physical, and verbal abuse because they are less able to prevent or challenge these displays of power
- Sometimes communication and relationships between adolescents and adults are challenging because adults may still see adolescents as children
- Adolescents may not have the maturity to make good, rational decisions
- Young peoples' changing hormone levels during puberty can have emotional impacts including stress, anxiety, mood swings, depression and anger
- Young people first experience sexual attraction and desire during adolescence. They may also experience their first love, first relationship or first sexual encounter. This can be emotional for young people as they have not previously experienced these feelings, which can be very intense.

Young people's relationships are usually less stable than those of adults.

## ***How are adolescents socially vulnerable?***

Young people are more influenced by their friends and peers and, as a result, may engage in risky behaviours because of peer pressure to do so.

Young people often depend on their parents or caregivers (for money and housing, etc.) and cannot therefore always make independent decisions.

- During adolescence, young people's need for money often increases (as they want to fit in with their friends, be fashionable, engage in independent activities) they have little access to money or employment. This may lead them to feel that their only option is to work in dangerous situations. For example, young women may engage in transactional or commercial sex, to earn money, or in exchange for goods or enter into relationships with sugar daddies
- Physical changes during puberty mean that young people have a greater need for cleanliness and hygiene than they previously did. Poverty and economic hardships can increase health risks because of poor sanitation, lack of clean water, and the inability to afford/access health care, medicines and sanitary wear
- Taking alcohol exposes young people to greater risk and they may do things they would not otherwise do, such as having sex, or having unprotected sex
- Disadvantaged adolescents are at greater risk of substance abuse
- Young women often face gender discrimination that affects how food is shared, access to health care, adherence to care, the ability to negotiate safer sex and education and employment opportunities
- In many societies, a girl's status is only recognised when she marries or has a child. Some young women marry very young to escape poverty, but may find themselves in another more difficult situation
- Young people may not have the skills or confidence required to negotiate condom use or to access contraceptives
- Not all young people know or understand their legal rights to access SRH services that ensure their privacy and confidentiality
- Some young people are particularly vulnerable, such as those living with HIV or disability, street children, sex workers, child labourers, refugees, young criminals, those orphaned, and other neglected and/or abandoned youth
- The sexual needs of young people living with disability may be dismissed because they are thought of as not having sexual desires and needs

## ***Special Challenges and Vulnerabilities Faced by Young people Living with HIV***

- Adolescents living with HIV are often blamed because of engaging in perceived 'risky behaviour', resulting in stigma and discrimination, whereas small children living with HIV are usually treated as 'innocent victims'
- Young people living with HIV need to take an active role in their adherence to both clinical care and medicines
- Young people living with HIV are dealing with their physical, psychosocial, emotional and sexual developments on top of dealing with their HIV status - which can cause confusion and may even result in denial. Parental involvement can be a very positive factor in providing care and treatment to young people
- Adolescents will eventually have to transition to adult care and treatment and, without adequate planning, support, and follow-up, they can drop out of medical care during this transition
- A young person's physical and mental development can be affected by HIV and other infections and diseases
- Some people think that adolescents living with HIV should not be having sex. As a result, adolescents living with HIV may hide their sexuality or may not be unable to access SRHR required services
- Young people may lack the skills to understand medicine side effects, treatment options, and regimen requirements
- Younger adolescents may need support to take medicines and adhere to care and treatment
- Young people may just be starting to think about their future careers, getting married, and having a family, and when they are living with HIV this is even more complicated than for a, uninfected young person
- Young people living with HIV face peer pressure and want to be the same as their peers, even though this may be difficult.

### ***Youth-friendly services***

Young people face challenges accessing health care for a number of reasons including lack of required financial resources, feeling embarrassed to ask about sensitive subjects; not trusting health care professionals, or because of issues such as clinics only being open during school times. For young people living with HIV there are additional challenges, including there being insufficient providers with expertise in HIV and adolescence. Young people may also be nervous of approaching SRH services because of fears about the level of confidentiality.

SRHR Champions can help make clinics and health facilities more 'youth friendly' and help

link young people to SRH and HIV care and treatment services by doing the following:

- Getting involved in how youth SRHR programmes are designed
- Giving inputs and feedback from the adolescent clients' perspective
- Making sure all clients are welcomed and treated equally (boys, girls, married, unmarried, street youth, etc.)
- Ensuring that peer support groups and group education sessions/discussions are available to young people
- Making sure young people, especially young people living with HIV or with disability, know about the services offered at the clinic
- Explaining educational materials or health-related information in easy-to-understand language that young people can 'hear'
- Helping the local SRH clinic to form linkages with schools, youth clubs, and other youth-friendly institutions.

***Remember these key points!***

- Adolescence—the period between 10 and 19 years of age—is a time of transition between childhood and adulthood. Adolescents are a very mixed group that includes young people of different ages, needs, and stages of development
- They are not 'big kids' or 'little adults'. They have their own set of needs and challenges
- Adolescents may be more vulnerable to emotional trauma, mental health disorders and other medical problems, like sexually transmitted infections
- Adolescents are dealing with many rapid physical, mental, emotional, and sexual changes, which can cause changes in their relationships, problem solving abilities, and general ways of thinking
- Young people living with HIV differ from adults and children living with HIV because of the rapid physical and emotional changes that occur during this stage of development
- Young people living with HIV have some unique needs, as compared to adults, and also have some special challenges. SRHR Champions can help these young people overcome their challenges by providing support and referral where needed
- SRHR Champions are important because they are both providers and recipients of SRH information, and SRH services
- SRHR Champions living with HIV are important in supporting young people living with HIV or disability, including providing adolescent clients with emotional support, sharing their own experiences with care and treatment, and acting as good role models

- Young people living with HIV and those living with disability can have increased difficulty accessing health care. SRHR Champions can help make clinics and health facilities more youth friendly and help link young people living with HIV or disability to SRH services.

## SESSION 3.2: LIFE SKILLS AND SRHR (30 MINUTES)

This session is to help participants understand and appreciate the importance of life skills in SRHR communication. During this session participants will discuss the risks faced by young people in different communities; identify life skills that help young people to avoid or reduce risk and explore how life skills are used by young people to build a healthy positive lifestyle.

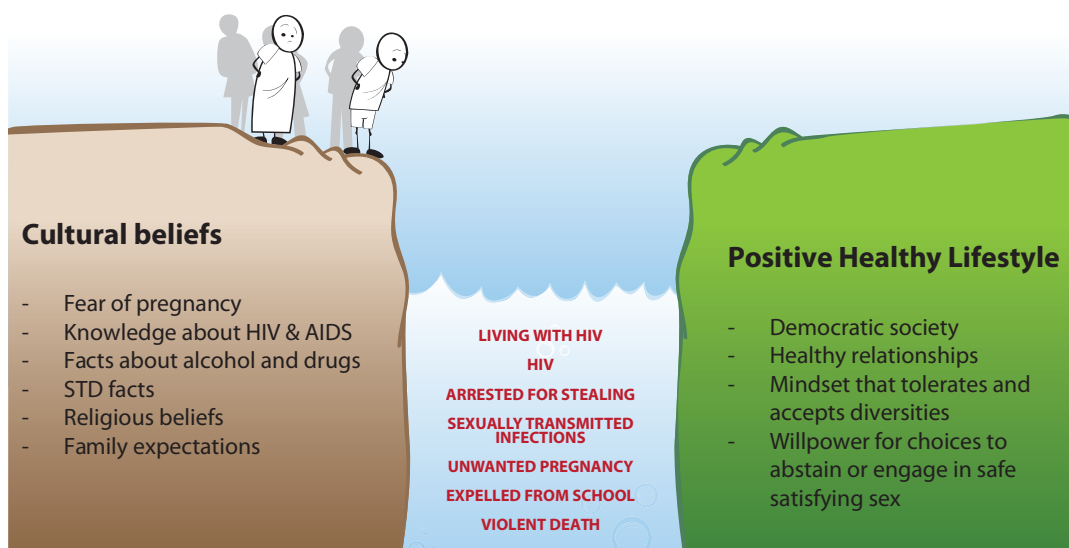
### **Materials needed:**

- Flipchart paper and markers, sticki stuff, different coloured cards, cut outs of 'Rocks' –7 plus a few extra, make silhouettes of young boys and girls – four of each

### **Preparation:**

Draw the picture below of a river gorge across which a bridge can be built, on a flip chart. The 'hazards' or crocodiles in the river are drawn as rocks or crocodiles.

Make available different coloured cards that can be written on and stuck on to make the bridge.



- Step 1: Ask the group to define what life skills are. Emphasise that people need different sets of skills for particular situations. Allow discussion on how some skills, once acquired, are for life but may not be useful all the time.
- Step 2: Display the blank river gorge picture for participants to complete.
- Step 3: Give out some coloured cards to participants and ask them to write words or phrases that describe the SRH information that young people in their community have. Give an example to guide the process, e.g. cultural beliefs, religious beliefs, family expectations, fear of pregnancy, facts about alcohol and drugs, facts about HIV and AIDS.
- Step 4: Ask participants to paste silhouettes of the young people on the left side of the river. Use sticki-stuff on silhouettes so that they can be moved about, e.g. scenarios where one or two fall into the river, then need skills to get out and go back, or continue across to the desired end.
- Step 5: Brainstorm on the kinds of rocks that might be in the river – guide them to come up with the dangers that might befall young people, such as being arrested for stealing, unwanted pregnancy, violent death, STI or HIV infection, death from AIDS etc. Write these challenges on the rocks/crocodiles and place them in the river.
- Step 6: Next, participants need to build a bridge made up of different stepping stones – the skills and attitudes that young people need to cross the river (i.e. to achieve the desirable state where they have healthy and non violent relationships and a democratic society that supports making choices to abstain or engage in safe, satisfying sex; to plan their families together with their partners; to grow up as healthy fulfilled adults and parents.

Have them brainstorm on the required skills; communication skills, assertiveness, understanding consequences, negotiation skills, girl empowerment, self esteem, self respect, confidence, goal setting skills, decision making skills, new values for boys, sense of responsibility, resistance to peer pressure, redressing some cultural practices and beliefs – anything that may be deemed necessary to help young people live a positive healthy life style.

Allow time for discussion on how young people acquire or develop these life skills and wrap-up the session up by summarising them and the consequences of developing them. Wrapup by emphasising the role of SRHR champions in encouraging other young people to develop life skills – and that one way of doing this is to exhibit these life skills themselves.

### **KEY INFORMATION: Life Skills and SRHR**

Life Skills can be thought of as the skills, characteristics, qualities and values that young people need to help them negotiate a safer, healthier and happier path through life, to become responsible, fulfilled and mature adults who have achieved their greatest potential

and are able to maintain healthy and stable relationships with others. ***In short – life skills prepare young people to function in, and adapt to, their changing worlds.***

Some life skills important for realising SRHR include: communication skills; leadership qualities; listening skills; empathy; assertiveness; understanding risks and consequences; negotiation skills; empowerment; self esteem; self respect; confidence; goal setting skills; decision making skills; sense of responsibility; and resistance to peer pressure.

Different life skills may be more important to some people than others. For example, since male condoms are worn by boys, girls may need strong negotiation skills to encourage their male partners to wear condoms, or to suggest using a female condom. Alternatively, boys may be subjected to a lot of peer pressure to engage in early sex – or sex with multiple partners – so need to be confident and able to resist this pressure effectively.

Life skills can be developed or acquired through practice, self-resolve and training, as well as through learning from others. For example, a young person who lacks leadership skills may improve his or her skills by taking on leadership roles during school activities. Young people who lack confidence and self-esteem can build these skills with the help of others – helping them to see their value and worth will help them to feel more confident.

SHRH Champions should be able to encourage other young people to develop these skills – one way of doing this is to exhibit these life skills themselves.

## **SESSION 3.3: INTERPERSONAL SKILLS (120 MINUTES)**

This session aims to ensure that: participants understand what is meant by interpersonal communication; can identify SRHR issues and the different situations where interpersonal skills can be used; know the key interpersonal communication skills; recognise common barriers to communication and be able to find ways to overcome them.

Separating our own personal prejudices, opinions and values from our SRHR Champion duties is a key step to effective communication. However, SRHR also need to develop excellent interpersonal, listening and analytical skills to ensure that they are able to communicate effectively with other young people and are approachable when young people may seek their help for advice or support.

### **Materials and Preparation:**

- Flipchart paper and markers
- Prepare copies of Key Information on Interpersonal communication (IPC) and barriers to communication as hand outs (found at end of this session)

- Prepare copies of case studies below and cut out the case studies for group work (adapt to local context as necessary)
- Practice the role plays with co-trainers or with participants who volunteer to help with this session

Step 1: Introduce the session by asking for definitions of communication and of IPC. Discuss suggested definitions in line with those provided in the Key Information section.

Step 2: In an interactive manner, discuss barriers to communication.

Step 3: Give out the handouts on IPC and barriers to communication.

Step 4: Have participants go into groups and assign each group one of the case studies (see below). Ask them to develop a role play using some of the IPC skills, showing how they can help young person in the case study. The role plays will be presented to the rest of the group.

Step 5: In their groups, ask participants to answer the following questions:

- Which SRH issues can be discussed in this case study?
- What is making the characters in the case study vulnerable or putting them at risk?

Groups have 30 minutes to answer the questions and prepare their role plays.

Step 6: Allow 10 minutes for each group to present their role plays demonstrating IPC skills and answering the questions.

Step 7: After each group has done their role play, discuss the SRHR issues and IPC skills and how barriers were overcome.

Step 8: Wrapup the session by re-capping the key issues (refer to the Key Information section to ensure that all important information has been covered). SRHR champions need to develop a listening and analytical ear so that they identify issues in their community that young people need more information on.

## Suggested case studies

Mary is 16 and doing her 'O' levels. Her boyfriend, Jim is a combi conductor who gives her free rides to school but has a few other girlfriends. Mary has been having sex with Jim for some time. She confided in a friend that she is feeling "funny". Upon telling Jim about feeling unwell, Mary got a slap in the face and accusations that she must have been seeing other guys.

John has had a number of casual relationships with different girls over the last year. He and his best friend, David, have also experimented sexually together. Recently he has been experiencing a lot of pain when peeing. He is concerned that it may be an STI but is scared to go for testing as he does not know who he may have got it from.

Spiwe got married to a leader of an Apostolic church (mapostori) Madzibaba Ben. When she was 16. Two years later Madzibaba Ben decided to get another young wife according to his doctrinal beliefs. When Spiwe protests, she gets beaten. Madzibaba Ben argues that she is not getting pregnant and that she keeps complaining of lower abdominal pains.

Patrick has been in a relationship with his girlfriend for over a year but is concerned as they have not been for STI or HIV testing together but have been having unprotected sex. He suggested to her that they use condoms but she got very angry – accusing him of having had an affair, or not trusting her.

Lina is a college student who got pregnant while dating another college student Peter. Peter does not have money to pay lobola and is not at all ready to settle down. They both decided that Lina should have an abortion. Lina got complications after the abortion and doesn't know what to do.

Chipso recently felt a lump in her breast and tells her boyfriend but the boyfriend breaks up with her accusing her of having too many guys fondling her breasts. How should Chipso deal with this?

All of Joseph's friends have had sex, except him. They are all teasing him about being a virgin. He recently tried to have sex with a girl he met at a party but he couldn't get an erection. He is worried there might be something wrong with him but he is frightened to go to the clinic.

Conny and Lisa are best friends at a boarding school where they have been with for years and they do everything together, even sleepovers. They practice on each other things they would do with their boyfriends. Conny recently discovered that Lisa is only attracted to women and girls, and has been having boyfriends just to keep up appearances.

Patricia and William have been having sex for the last six months. William enjoys the sex but Patricia says she has never had an orgasm. She is not sure if there is something wrong with her or if they are doing something wrong.

Otilia has been having sex with her lecturer to raise her grades. He is married. She just discovered that he has anal warts. She is shocked and overwhelmed and doesn't know who she can talk to.

## KEY INFORMATION: INTERPERSONAL SKILLS

Interpersonal communication is a dynamic way of communicating (exchanging meaning between individuals through a common system of words, body language and symbols) where there is immediate feedback. This mostly happens face-to-face but can also take place on the phone, electronically or any medium where there is interaction.

There are crucial interpersonal communication skills that need to be acquired. Some of the skills are given on the next page.

## ***Active listening/attending behaviour***

You let people know through both verbal and non-verbal expressions that you are listening. Facial expressions and posture should show that you are interested and paying attention. Some examples are:

- Maintaining eye contact
- Nodding as they speak
- Saying 'um hmm'.

## ***Summarising and paraphrasing***

After listening to a young person talking about their issues, an SRHR Champion should reiterate what the youth has said in his or her own words. This confirms that the SRHR Champion has correctly heard and understood what the youth has said. Alternatively the SRHR Champion can ask a question to reconfirm what the young person has said. For example:

Youth: 'I don't know what is wrong. I just don't feel well today'.

SRH Champion: 'You're feeling sick today?'

***Or***

Youth: 'I was supposed to take these pills for a week,  
but I stopped after two days when I felt better'.

SRH Champion: 'You decided to stop because you felt better?'

## ***Questioning***

The SRH Champion encourages youth to talk about themselves by asking questions. Questions can be open-ended or closed. Open-ended questions give the youth a wide range of options for a response and are good for getting information without influencing their responses. Some examples are: 'How have you been?', or 'How do you feel about using condoms?'

Closed questions are more leading, and limit the possible responses. They may make youth give the answers they think the questioner wants to hear, instead of what they are really thinking. They allow 'yes' or 'no' answers. Some examples are, 'Have you been well?' and 'Are you taking any medication?' Closed questions can be useful to focus the youth on a particular issue, but if used too often, they may lead to important information being missed.

Probing questions or statements are used to obtain further details from the youth. They can be open or closed, but are usually open-ended. For example:

'Tell me more about...'

‘And?’

‘Um hmm,’ followed by silence so that the young person can elaborate.

‘Is there anything you’ve left out?’

‘How does that make you feel?’

When probing to get information on anything the young person may feel is personal or private, probing questions should be worded carefully and sensitively.

### ***Making positive statements (praise/encouragement/reassurance)***

Making positive statements can help young people to feel good about themselves. When a young person is in a crisis, it can help him or her get control of the situation – but avoid giving false praise or false reassurance. Some examples are:

Praise: ‘You are looking happy today’ (if true) or, ‘It’s great that you’ve made a start in discussing your sexual reproductive health with your mother’.

Encouragement: ‘You did the right thing by using a condom’.

Reassurance: ‘A lot of people have that concern. A condom that gets left in the vagina cannot travel around the body’, or ‘Once you’ve used condoms a few times, you will find it gets easier. I can show you how to use them correctly.’

### ***Giving information***

When giving information, explanations should be simple, clear and in language young people understand. Use visual aids if possible. Part of giving information is assessing whether the young person you are talking to has understood the message accurately. To do this, ask questions, have them repeat instructions, or ask the young person to demonstrate what has been taught.

***A note on confidentiality:*** In order for young people to trust SRHR Champions with their feelings and problems, it is important for them to know that their information will be kept confidential. This means SRHR Champions will not tell other people what they have said, or disclose that someone is pregnant, or HIV positive, or any other information they have revealed. Confidentiality is especially important in SRHR issues because of the taboo often surrounding discussion of issues around sexuality, HIV, STIs and unintended pregnancies.

SRHR Champions often come from the same community as the young people they are working with. This might make some people who know them uneasy, especially in the beginning. SRHR Champions need to be clear with young people that they will NOT discuss their concerns, health, or problems with people in the community.

## **Privacy**

If a young person wants to discuss something they feel is very personal with you, it is important to find somewhere private where you can talk without being overheard or interrupted.

## **Barriers to Communication and How to Overcome Them**

Barriers to communication can be created unintentionally. Here are a few examples, as well as strategies to overcome them.

**Knowledge** – This may be important if you are speaking on a topic you do not know a lot about.

**Strategy:** Make sure your knowledge is up-to-date. If you do not know something, it is okay to tell the young person that you do not know at present, but that you can find out for them.

**Attitude** – Negative attitudes can affect the impact of the message. Good communication must be non-judgmental.

**Strategy:** Be aware of your own attitudes and biases, and keep them out of your communication. Never impose your own opinion on others, especially when discussing controversial topics.

## **Socio-economic barriers**

**Age** - Some young people feel uncomfortable talking with people either younger or older than themselves.

**Strategy:** Show respect. Identify yourself as an SRHR Champion who deals with sensitive topics with all people. Explain that when it comes to SRHR there are often sensitive and personal issues to discuss, but that this can help avoid serious health and social consequences later, so it's worth getting over any initial embarrassment you may feel.

**Religion and Culture** - Sometimes young people may feel uncomfortable sharing their thoughts and feelings with a person from another culture or religion.

**Strategy:** It helps to have background information on the religious and cultural beliefs of the young people you are dealing with. Try to identify times when religious and cultural values might interfere with communication, and work with them (do not ignore them). Respect people's values even when you do not agree with them.

**Sex** - Some people prefer to communicate with someone of the same sex (especially about personal subjects).

**Strategy:** Again, acknowledge that the discussion might be embarrassing but that it is necessary to discuss personal topics for health reasons. Acknowledging embarrassment usually helps young people to overcome it.

**Language -** Technical words can be difficult to understand. It is important to use words and terms that people understand and to use acceptable names for things.

**Strategy:** Keep your language simple. Confirm whether terms are familiar and understood by the person you are talking to. If not, explain them or use more familiar words.

**Economic status -** Young people may find it hard to relate to a person who appears to be of another economic status.

**Strategy:** Show respect no matter how poor a young person may be. Avoid dressing up too well. Sit among group members, instead of standing or sitting apart from them.

**Note:** For all social and economic barriers, it is important to know your audience to determine how you can work well with them.

## **Logistical Barriers**

**Time –** Young people might not be interested in talking with you if they are busy doing something else.

**Strategy:** When possible, let the young people choose the time for discussion. Remember, good communication can occur even when little time is available.

**Venue –** Noise, excessive temperatures, and poor seating facilities can make good communication difficult.

**Strategy:** Make sure the venue is suitable and in an accessible place.

## SESSION: 3.4 LET'S TALK ABOUT SEX! (60 MINUTES)

This session is to help participants understand terminology related to sex and sexuality, and to appreciate the taboos around talking about sex.

### **Materials and Preparation:**

- Flip chart, markers (different colours if possible), tape or Glue, different coloured cards (if possible), sticki-stuff

Before the training, prepare pieces of A4 or letter-sized paper, each listing one of the sexual behaviours from the list in the key information below. You can leave out some behaviours on the list or add others, depending on the local context. It is important to include some behaviours that are considered 'outside the mainstream' or 'taboo' in your setting. On each piece of paper, write the behaviour in large letters. Underneath, in smaller letters, write, 'OK for me', 'Not OK for me, but OK for others', and 'Not OK'. Here is a sample of what each piece of paper should look like:



If possible, use different coloured paper or different coloured markers.

- Print out copies of the Key Information on 'Let's Talk about Sex' for distribution to participants.

**Step 1:** Post blank flip chart pages along one side of the training room, creating a 'wall' of paper. Give markers out to participants and ask them to write all the words or phrases they can think of that have to do with sex along the 'graffiti wall'. This can include body parts, sexual activities and anything else they think of. Encourage the group to use local language and slang. Give participants about five minutes to write on the wall.

**Step 2:** Ask participants to take turns reading out the words on the 'graffiti wall'.

**Step 3:** Debrief the activity by asking participants to discuss these questions:

- How did you feel saying these words out loud?

- Why do you think so many people find it hard to talk about sex?
- How can we become more comfortable talking about sex?

Step 4: Next, lead a discussion using the following questions and fill in as needed using the content below:

- What is sex?
- What is sexuality?
- What is the difference between sexuality and sexual intercourse?
- Name some ways that adolescents express their sexuality
- What challenges do you think adolescents face in terms of expressing their sexuality?

Step 5: Stick the OK/NOT OK papers high on the wall, with enough space for the sexual behaviour cards to be posted beneath them.

Step 6: Introduce the exercise by telling participants that we will be exploring a range of sexual behaviours people practice and our own attitudes and values about these behaviours. Tell participants that their opinions will be kept confidential and encourage them to be honest.

Step 7: Give each participant the same number of pre-prepared sexual behaviour cards (as many as there are to go around). Ask participants to:

- Read the sexual behaviour on the card to themselves
- Decide how they feel about this behaviour and circle one option on the card:
- 'OK for me' means this is a behaviour I would do
- 'OK for others, but not for me' means this is a behaviour that I would personally not do, but I have no problem with other people doing it
- 'Not OK' means that no one should do this behaviour because it is wrong.

Remind participants that they should not share their answers with others and that their answers will be kept confidential. Also remind participants that this exercise is NOT about HIV risk, but about our values related to sexual behaviours.

Give participants about 10 minutes to circle their answer on each of their cards and then ask them to place all of the cards face down in a pile in the centre of the room.

Step 8: Mix up the cards and redistribute them to participants. Note that participants may or may not have some of their own cards, but that all responses should remain confidential.

Ask participants, one by one, to read the behaviour on a card and then to post it on the wall under the 'OK FOR ME', 'OK FOR OTHERS, BUT NOT FOR ME', or 'NOT OK' sign, according to what is circled on the card.

- Step 9: Once all the cards have been posted, ask participants to gather around the wall and review the placement of the cards. Lead a group discussion using some of the following questions as a guide:
- Are you surprised by where some of the cards have been posted? Which ones surprise you?
  - Does the placement of the cards suggest that some sexual behaviours are 'right' and some are 'wrong'? How do you feel about that?
  - Are there behaviours that are 'not OK' under any circumstances? (possible responses could include rape, incest, etc.)
  - What does this activity tell us about how adolescent clients might feel when we ask them about their sexual practices?
  - How can we make clients feel more comfortable talking about sex and sexual behaviours?
- Step 10: Discuss the increased risks of certain sexual behaviours with participants. For example, 'dry sex' can increase the chances that a person will get HIV because it often causes cuts and irritation in the woman's vagina.
- Step 11: End the session by explaining how important it is that SRHR Champions are able to accept and talk about sex and sexuality openly and comfortably in their communities. Telling the truth about sexuality could make it easier for young people to talk with parents, teachers, and religious leaders. Remind them that adolescence is an important time in sexual development that involves experimentation and risk taking.

## KEY INFORMATION: LET'S TALK ABOUT SEX!

### Sex

- Sex is a normal part of life for some young people and adults
- Sex means different things to different people and there are many different types of sexual behaviour
- It is very important for SRHR Champions to be comfortable talking about sex and reproduction with their clients
- HIV is mainly spread through unsafe sex
- Unsafe sex is any kind of sex that puts people or their sexual partners at risk of getting a sexually transmitted infection, including HIV, or of unwanted pregnancy
- In order to help people protect themselves and their families, we must make sure people are accurately informed about sex and the possible consequences of having sex, particularly unprotected sex.

- Sex means different things to different people. People have different sexual behaviours, including:
  - Vaginal sex (when the penis or fingers go into the vagina)
  - Anal sex (when the penis or fingers go into the anus)
  - Oral sex (when a person kisses or licks their partner's penis, vagina, or anus)
  - Inserting fingers or objects into the vagina or anus
  - Masturbation (non-penetrative sex which can be done either alone or with a partner)
  - Having sex with men, women, or both men and women

### **Sexuality:**

- Is more than sex and sexual feelings
- Includes all the feelings, thoughts, and behaviours of being a girl, boy, woman, or man, including feeling attractive, being in love, and being in relationships that include sexual intimacy and physical sexual activity
- Is an experience involving the whole mind and body
- Is constantly evolving as we grow and develop
- Is a part of us from birth until death.

The following are some aspects of sexuality. Each of these aspects is connected to the others and makes a person who he or she is.

**Body image:** how we look and feel about ourselves, and how we appear to others

**Gender roles:** the way we express being either male or female, and the expectations people have of us, based on whether we are male or female

**Relationships:** the ways we interact with others and express our feelings for others

**Intimacy:** sharing thoughts or feelings in a close relationship, with or without physical closeness

**Who we are sexually attracted to:** whether they are of the same or opposite sex (sexual orientation). This may change over time

**Love:** feelings of affection and how we express those feelings for others

**Sexual arousal:** the different things that excite us sexually

**Social roles:** how we contribute to and fit into society

**Genitals:** the parts of our bodies that define our sex (male or female). They are part of sexual pleasure and reproduction

**Ways we can express sexuality:** dancing, flirting, wearing attractive clothes, having wet dreams, masturbation, daydreams, and others.

## Remember:

- In many places, 'sex' is usually thought to mean only penis-vagina sex between a man and a woman. However, sexual behaviours actually include much more than penis-vagina sex
- If SRHR Champions do not talk about sex and sexual behaviours with young people, young people may not get the information, skills, and supplies they need to protect themselves and their partners and to reduce their risk of HIV, STIs, sexual violence, discrimination, and unwanted pregnancy
- While SRHR Champions can have their own opinions about different sexual behaviours, they should not transfer their values on to others. Clients should feel comfortable talking about their sexual behaviours with SRHR Champions, no matter what.

***It's important for SRHR Champions to always be open and honest about sexuality. This will make it easier for young people to feel comfortable talking with parents, teachers, and religious leaders!***

### ***Adolescence is an important stage of sexual development:***

It is a time of change, sexual experimentation, and risk taking. Adolescents are defining their sexual identity and exploring their sexuality

Adolescents may fear that they will be judged, or that their sexual orientation will be disclosed to others, so listen and support them in a nonjudgmental way.

### Examples of Different Sexual Behaviours (adapt to the local context as needed):

Hugging	Kissing	Giving oral sex	Receiving oral sex
Group sex	Penis-vagina sex	Anal sex	Oral-anal sex
Two women having sex	Two men having sex	Getting paid for sex	Sex in a public place
Being faithful to one partner	Having many sex partners	Sex with a person who is much younger	Sex with a person who is much older
Masturbation	Masturbating your partner with your hand	Watching pornographic movies	Sex with people you do not know well
Sex with your spouse	Sex between a teacher and a student	Having 'dry sex'	Hurting someone during sex
Sex between close relatives	Sex with children	Sex before marriage	Sex with someone other than a boyfriend or girlfriend
Rape	Paying for sex	Sex with animals	Having sex without feeling pleasure
Swallowing cum (semen)	Telling someone a lie just to have sex	Sex with someone of a different race	Sex with someone of a different ethnic group
Forcing your partner to have sex	Sex with someone who is married	Sex with a disabled person	Sex after drinking alcohol
Sex after using drugs	Watching other people have sex	Having sexual desires about other people	Being celibate (not having sex), even if you are older
Having sex because it is your duty	Placing objects in the rectum/anus	Placing objects in the vagina	Using toys or vibrators for sexual pleasure

## SESSION 3.5 PARTS OF THE BODY INVOLVED IN SEX AND REPRODUCTION (40 MINUTES)

This session focuses on the different parts of the male and female reproductive systems and the physical changes experienced by each sex during puberty.

Because HIV is most often spread through unsafe sex, it is very important that SRH Champions understand the parts of the body involved in sex and reproduction and the implications of each kind of sexual activity so that they can share accurate information with other young people.

By making sure that young people have the facts, we can help them protect themselves from STIs, HIV and unintended pregnancy.

### ***Preparation and Materials:***

- Flip chart, markers (different colours if possible), tape or glue, sticki-stuff
- Write up large drawings of male and female body parts from the Key Information section on a flipchart
- Print copies of the Key Information for distribution to participants.

Step 1: Asking the group to brainstorm some of the changes that happen in the adolescent body during puberty. Write responses on a flip chart and fill in using the key information.

Step 2: Refer participants to the flipchart drawings showing different body parts for boys and girls (from the Key Information section of this session). Ask participants to brainstorm all the body parts involved in sex and reproduction for older adolescents and adult men and women. Write responses on a flip chart, filling in using the key information, and encourage participants to think about all of the parts of the body where people may experience sexual pleasure (e.g. breasts, anus, clitoris, etc.).

Step 3: Break participants into four small groups and give each a sheet of flipchart paper. Ask each team to work together to create a drawing of the male and/or female reproductive system. Tell the groups that they should discuss the name and location of each body part, as well as what it does. Give them about 15 minutes to create their drawings.

Step 4: Ask each group to present their drawing to the larger group. Be sure that participants understand the function of each body part in sex and reproduction.

Step 5: Debrief the activity by discussing these questions:

- Do you think most young people in your community understand the changes happening in their bodies as they go through puberty? Why or why not?
- Do you think most young people in your community understand how their own sexual and reproductive body parts work? Why or why not?
- What can SRHR Champions do to help young people living with HIV or disability learn about and feel comfortable talking about their bodies and their sexual health and choices?

Step 6: Close by emphasising that it is important for SRHR Champions to understand the parts of the body involved in sex, sexuality, and reproduction in both women and men so they can help other young people understand the changes taking place in their bodies. It is important to give adolescent clients information to make sure they have accurate facts!

# KEY INFORMATION: PARTS OF THE BODY INVOLVED IN SEX AND REPRODUCTION

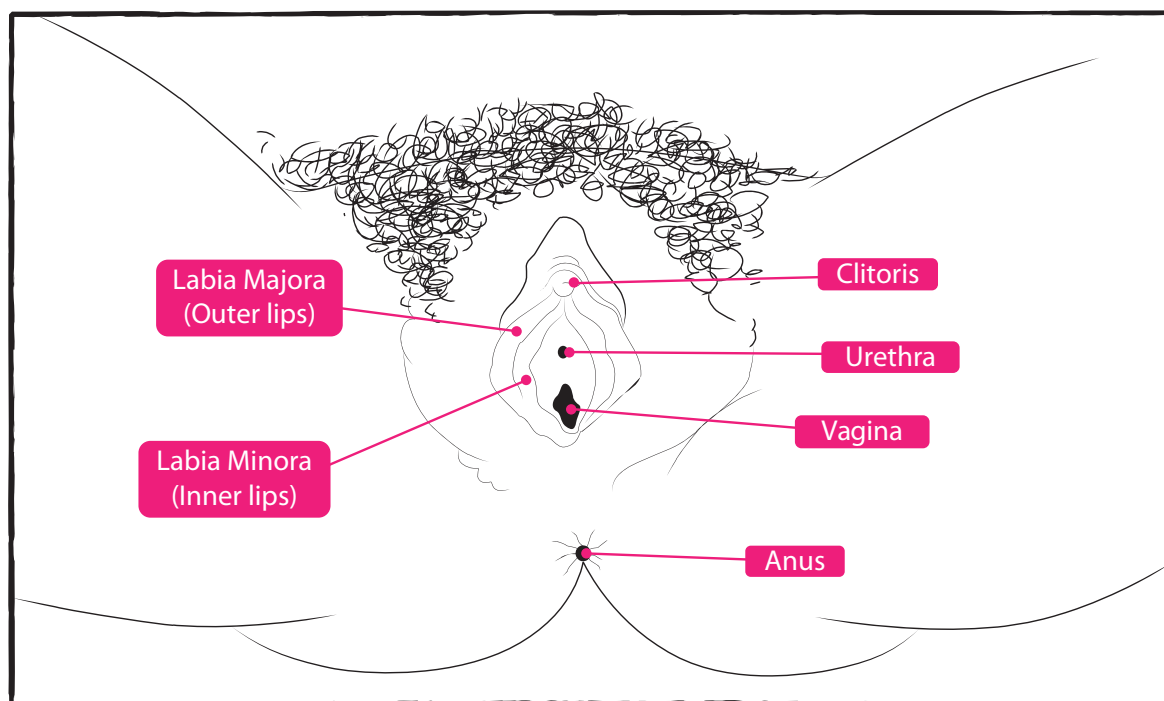
## *The Changes of Adolescence*

Changes in women	Changes in men	Changes in both sexes
<ul style="list-style-type: none"><li>• Menstruation</li><li>• Development of breasts</li><li>• Widening of hips</li><li>• Appearance of body hair (pubic hair, leg, and underarm hair)</li><li>• Development of vulva</li></ul>	<ul style="list-style-type: none"><li>• Growth of penis, scrotum and testicles</li><li>• Morning erections</li><li>• Night-time ejaculations (wet dreams)</li><li>• Development of muscles</li><li>• Appearance of body hair (pubic area, underarms, chest, and facial hair)</li><li>• The voice 'breaks'</li></ul>	<ul style="list-style-type: none"><li>• Growth spurt</li><li>• Increased perspiration</li><li>• Acne (pimples)</li><li>• Change in tone of voice</li><li>• Interest in sex and sexuality</li><li>• Sexual experimentation</li><li>• Hormonal changes</li></ul>

There are a number of physical and sexual changes that occur during adolescence:

## Female sexual and reproductive body parts

### *External female body parts (parts you can see):*

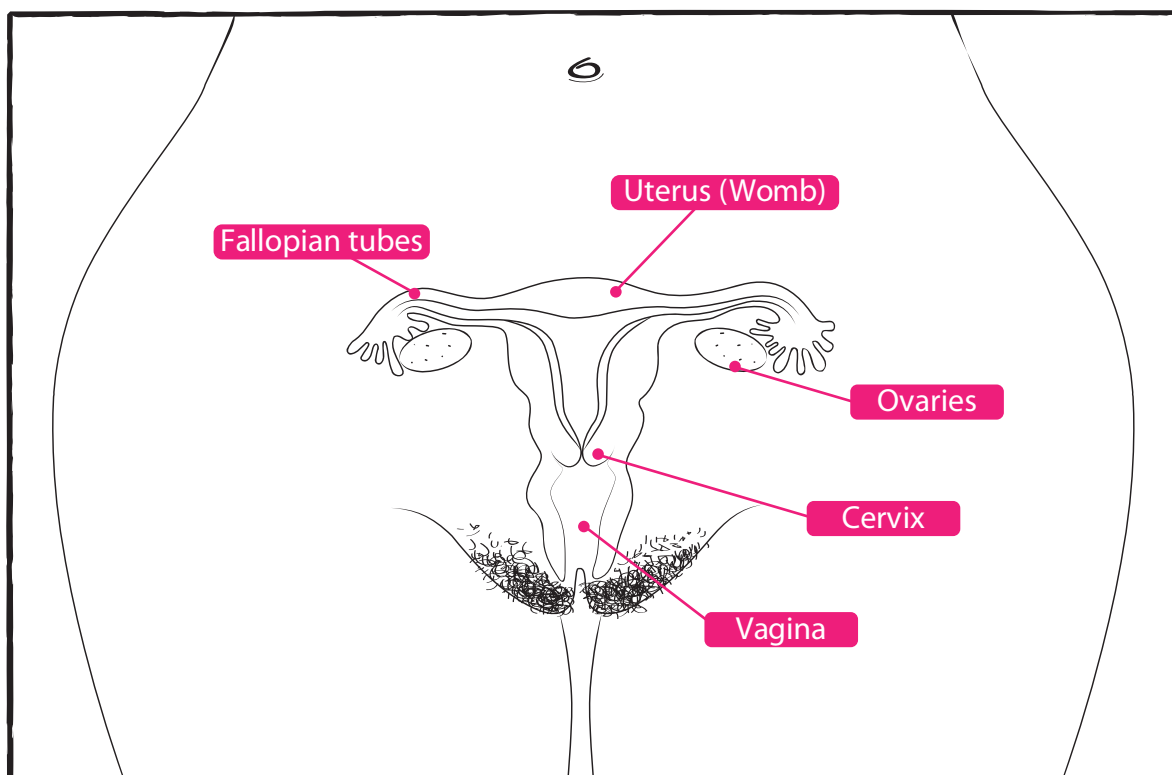


- **Urethra:** where urine (pee) comes out of the body
- **Vagina:** where the penis or fingers enter during vaginal sex and also where a baby comes out of. The vagina is the opening to the cervix and the uterus

- **Anus:** where faeces (poo) comes out of the body and where the penis or fingers enter the body during anal sex
- **Labia minora and labia majora:** sometimes called the 'lips' around the vagina and urethra
- **Clitoris:** where women can experience strong physical pleasure - orgasm.

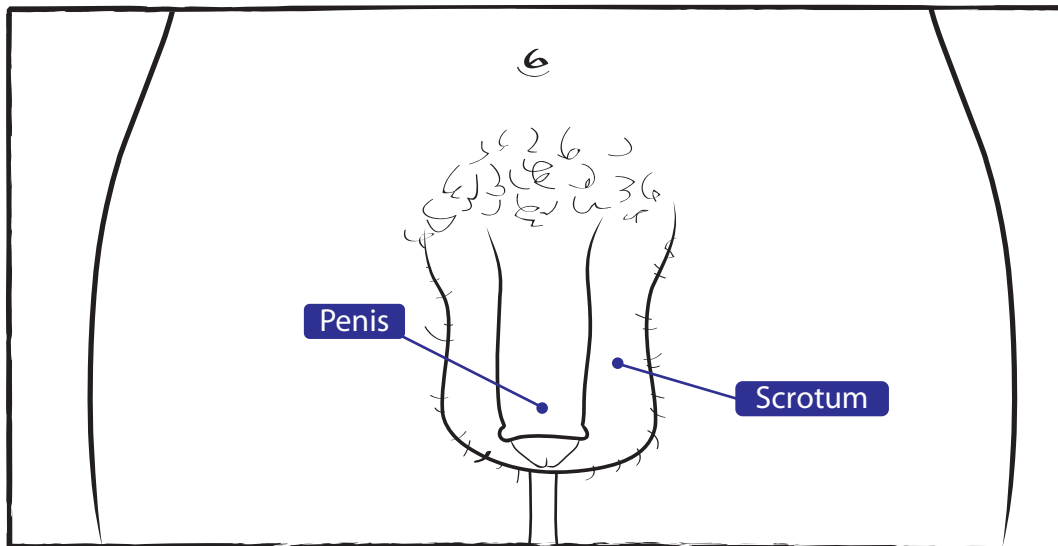
Some girls and women may have experienced genital cutting, where the clitoris and labia have been partially or completely removed. Some girls and women may also have had parts of their vaginas sewn up. It is important not to judge clients who have or have not undergone these cultural procedures but to be aware that genital cutting may cause difficulties with periods, sexual intercourse, pleasure and childbirth.

***Internal female body parts (parts you cannot see):***



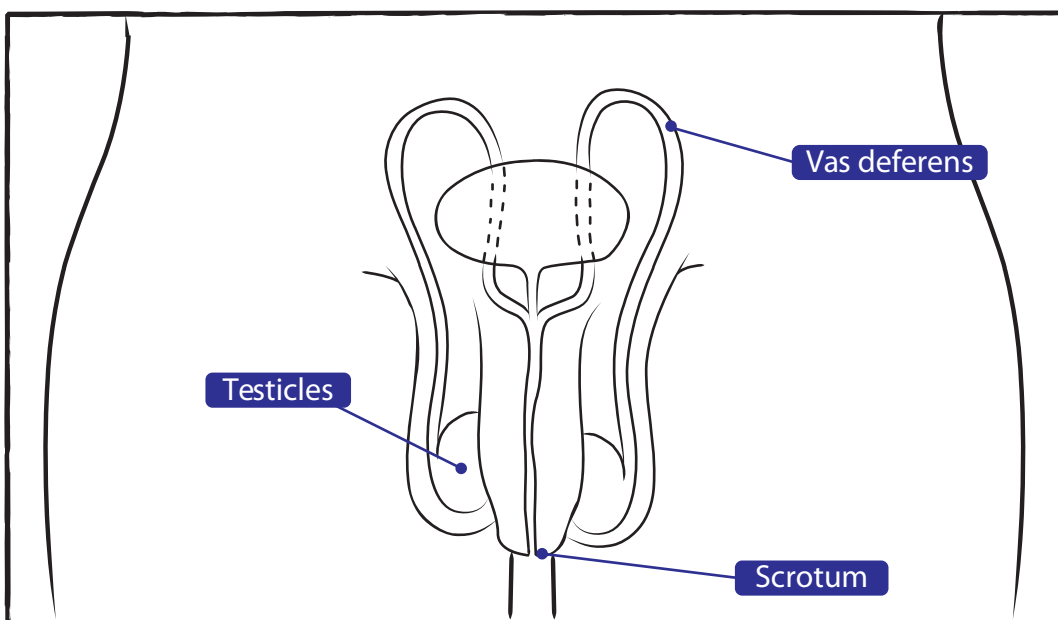
- **Uterus or womb:** where a baby grows and where monthly bleeding comes from
- **Ovaries:** where eggs are stored
- **Fallopian tubes:** attached to the uterus. The eggs travel through the fallopian tubes to get from the ovaries to the uterus
- **Cervix:** 'mouth' of the uterus. Sperm enters the uterus through the cervix and the baby comes out of the uterus through the cervix.

## Male sexual and reproductive body parts



### *External male body parts (parts you can see):*

- **Penis:** the main body part for sex and pleasure. The penis delivers the sperm that can make a woman pregnant during sex. The tip of the penis may have a foreskin or, if the man has been circumcised, there will be no foreskin.
- **Testicles or balls:** where sperm are made and stored. Sperm live in a fluid called semen (cum), which is what comes out when a man ejaculates. Semen can contain STIs and HIV.
- **Scrotum:** the sack that holds the testicles (balls)
- **Anus:** where faeces (poo) comes out of the body and where the penis or fingers enter the body during anal sex. The male anus is located in the same place as in females.



- Vas deferens: attached to the testicles. Sperm travel through these tubes to get to the urethra
- Urethra: the opening on the end of the penis where urine (pee) and semen (cum), containing sperm, come out. Note that urine and semen do NOT come out at the same time.

## SESSION 3.6 SAFER SEX AND CONTRACEPTION (60 MINUTES)

This session aims to help participants understand what is meant by the term safer sex and how people can protect themselves from unintended pregnancy, HIV and other STIs. Participants will also learn, and be able to demonstrate, how to put on male and female condoms.

### ***Preparation and Materials:***

- Male and female condoms and penis and vagina anatomical models are needed for this session. If models are not available, you can use other objects, like a broom handle or banana (for a penis), or a box with a hole in it (for a vagina). Some participants may be uncomfortable touching and talking about condoms, but it is important that SRHR Champions know about condoms and can tell and show others how to use them correctly
- If possible, have samples of the various contraceptive methods available to show participants. If not, then at least have pictures of them
- Print copies of the Key Information sheet 'Safer Sex and Contraception' for distribution.

Step 1: Remind the group that adolescents often do not have access to sexual and reproductive health information and services. This can result in their inability to make responsible and appropriate decisions about protecting themselves from disease and pregnancy. SRHR Champions have an important role to play in both educating young people and helping them with responsible decision-making.

Step 2: Ask participants what is meant by the term safer sex, then ask them to brainstorm ways to practice safer sex (including but not limited to condoms). Facilitate discussion by asking participants to brainstorm reasons adolescents may not practice safe sex. Write responses on a flip chart and fill in using the key information.

Step 3: Facilitate a general discussion on condoms. Ask the group:

- Why don't people use condoms?

- What are the things that make it difficult for people to use condoms? What about for adolescents?
- Why is it important for young people living with HIV to use condoms, even if both partners are HIV infected?
- Do you know of ways, other than using condoms, that young people can reduce the risk of being infected with, or transmitting HIV or STIs to their partners?
- Write answers on a flip chart and fill in using the key information.

Step 4: Introduce the penis model and ask if anyone in the class can show how male condoms are used. Ask the participant to describe the steps out loud. Make corrections as needed according to the steps described in the box below.

Repeat with the female condom.

Step 5: Ask participants to break into groups of three and to practice showing how male and female condoms are used, making sure to explain each step along the way.

Step 6: Ask participants what they think the term 'dual protection' means. Write on a flip chart and fill in using the key information. Remind participants that using condoms is an effective way to prevent HIV, STIs and unintended pregnancies. Then ask the group to brainstorm what makes negotiating safer sex difficult for young people and how SRHR Champions can help.

Ask participants if there are any other ways (besides using condoms and practicing safer sex) to reduce the risk of passing HIV to a sexual partner.

Step 8: Next, use the key information to describe the risks of adolescent pregnancy. Review the main categories of family planning methods listed, focusing on those that are available in your setting. Explain that all modern methods of family planning are generally safe and work well but that condoms – when used correctly and consistently - are the only method that effectively prevent HIV. Pass around samples of each method and discuss:

- What are some of the things you have heard about young people and contraception?
- What challenges do young people have if they want to use contraception?
- What are the most common methods of contraception among adolescents that you know of (e.g. withdrawal method)?
- What are the risks or disadvantages of the withdrawal method as a form of contraception?
- Which methods are most suitable for young people? Why?
- Which methods protect us from HIV?
- How can SRHR Champions help clients who would like to prevent pregnancy?

**Write answers on a flip chart and fill in using the key information.**

Step 9: Read the case studies below to the whole group. Briefly discuss how an SRHR Champion could respond to clients. Write responses on a flip chart.

Step 10: Debrief by reinforcing the following points:

- If a young person wishes to become or is pregnant, the SRHR Champion should refer her to the appropriate prevention of mother-to-child transmission (PMTCT), care and treatment services.
- Sometimes talking about sex can be embarrassing and uncomfortable for a young person. The more comfortable and open YOU are, the more comfortable the client will be.

Step 11: Close the discussion by reminding participants that SRHR Champions play a very important role in helping young people to understand and practice safer sex and to avoid unwanted pregnancy. Emphasise that condoms are the only contraceptive method that prevent STIs and HIV, as well as pregnancy and that if young people are going to have penetrative sex, condoms should be their method of choice.

#### **Case studies for role play and discussion:**

- A noisy group of young boys is standing at the clinic door laughing and talking loudly. They push one of the boys towards you and say: "He needs some condoms." The boy looks embarrassed and doesn't say anything. What do you say to him and how do you proceed?
- A girl tells you that she is not using any contraception because she tried taking the oral contraceptive pill but it made her feel unwell. She doesn't want to suggest condoms to her boyfriend because she is worried that he will think that she has been unfaithful and end their relationship. What advice would you give her? How can you help?
- A young couple (they are both 17) tell you that they have stopped using contraception because they want to have a baby. What advice can you give them?
- A young man tells you that he is having a sexual relationship with an older man in the community, who is married to a woman and is not openly gay. The older partner refuses to wear condoms, saying that they do not need them as they cannot get pregnant anyway. What do you do? How can you help?

## KEY INFORMATION: SAFER SEX AND CONTRACEPTION

### ***What do we mean by safer sex?***

Safer sex is anything that sexual partners do to lower their HIV, other STI, and pregnancy risk. Safer sex involves choosing sexual practices and protection methods that do not allow body fluids to pass from one person to the other.

### ***Some ways to have safer sex are:***

- Using a condom for all types of sexual intercourse (oral sex, anal sex, vaginal sex). A dental dam can also be used to protect against HIV or STI infection during oral sex
- Masturbating one's partner, as long as males do not ejaculate near any opening or broken skin on their partner
- Mutual masturbation, as long as bodily fluids do not come into contact with the other's genitals
- Rubbing against each other with clothes on
- Thigh or armpit sex
- Sharing fantasies
- Massaging
- Hugging and Kissing.

***Part of the SRHR Champion's job is to spread accurate information about condoms, and to help young people learn how to use them correctly and consistently. This is so they can protect themselves and their partners from HIV, STIs, and unwanted pregnancy.***

### ***Reasons why young people may not practice safer sex:***

- They do not think they are at risk of pregnancy, STIs or HIV. They think: "It can't happen to me" or "I don't have sex often enough to get pregnant or contract a STI/HIV"
- They do not have access to youth-friendly reproductive health services or are embarrassed to ask for information or required services
- They do not have access to accurate information at home, in school, in the community, or from media sources (television, radio, etc.)
- Contraceptive methods are not available or are too expensive
- Denial: "My partner would never expose me to any risk"

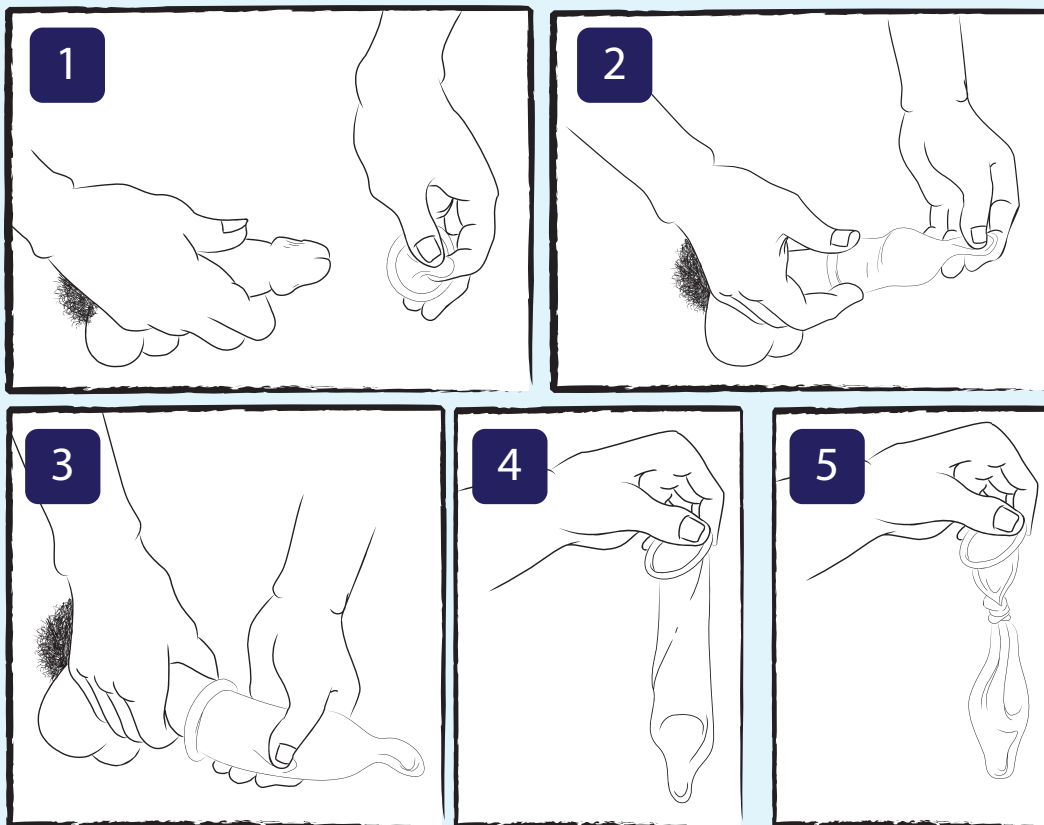
- They feel pressure from their boyfriend or family to get pregnant
- They are scared their partner will reject them
- They are scared of side effects (e.g. fear of hormonal side effects associated with 'The Pill', or fear that sex will feel different with a condom)
- They feel embarrassed
- The doctor or nurse at the clinic has a judgmental attitude
- They do not know how to negotiate condom use with their partner
- They have inaccurate information, like thinking that a girl cannot get pregnant if she is menstruating, or that a girl cannot get pregnant when she has sex for the first time.

## **Condoms**

- Not having sex at all is one way to be completely safe, but this is either not practical or not enjoyable for some people
- Using condoms – male or female - is one reliable way to practice safer sex and to prevent transmission of HIV to your partner. Condoms also prevent other STIs and unwanted pregnancy
- There are a lot of myths about condoms, like that they are only for sex workers or that married people do not use them. SRHR Champions should disseminate accurate information about condoms, promoting them as a way for young people to protect themselves and their partners from HIV, unintended pregnancy and other STIs
- Some people feel that condoms make sex less enjoyable. We should respect everyone's personal experiences with condoms, but remember that even if it does change the way sex feels, it is still worth it to protect ourselves and our partner(s). SRHR Champions can encourage young people to try different types or brands of condoms until they find one that suits them
- Some people think that if both partners are living with HIV they do not need to use condoms. It is important for SRHR Champions to explain that even if both partners are living with HIV, using condoms is still very important. This is because there is a chance of passing different types of HIV from one partner to the other, which may lead to drug resistance. Condoms can also prevent the spread of other STIs between partners. SRHR Champions can help explain the facts so that people and couples can make up their mind about using condoms with their partners.

## How to use a Male Condom

These are the basic steps you should know for using, and showing others how to use, a male condom. If penis models are not available, you can use a bottle, banana, or cucumber. Only male condoms made out of latex protect against HIV, but female condoms are made from different material and also protect against HIV.



### Steps to use a male condom:

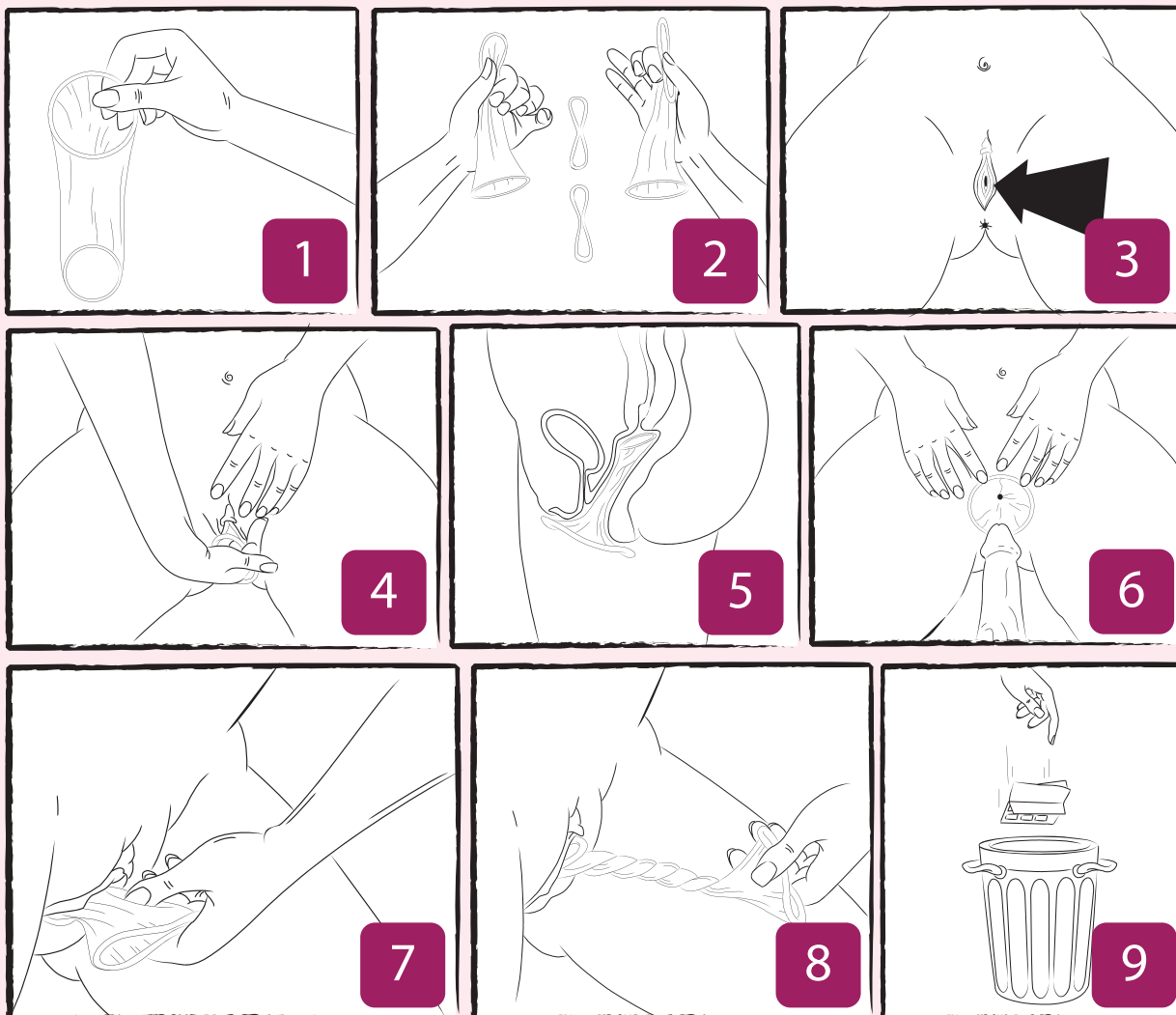
- Check the condom package and the date to make sure it is still good and that the package does not have any damage
- Open the packet on one side and take the condom out. Do not use your teeth to open the package
- Pinch the tip of the condom to keep a little space at the tip. This will hold the semen and prevent the condom from breaking
- Hold the condom so that the tip is facing up and it can be rolled down the penis
- Put it on the tip of an erect (hard) penis (only use condoms on an erect penis) and unroll it down to the bottom of the penis
- After ejaculation (coming), hold the rim of the condom while the man removes his penis from his partner so that semen does not spill. The penis must be removed while it is still hard to make sure the condom does not fall off
- Take off the condom and tie it in a knot to avoid spilling. Throw it in a latrine or bury it. Do not put it in a flush toilet
- Use a new condom every time!

### Also, it is important to:

- Use only lubricants made from water (not from oils, like Vaseline)
- Store condoms in a cool, dry place, out of the sun. Do not keep them in a wallet
- Do not use condoms that seem to be sticky, a strange colour, or damaged in any way—throw them away.

## How to Use a Female Condom

Some women really like the female condom because it gives them more control over their own bodies and over sex. Some men like it too because they do not have to use a male condom. The female condom is becoming more affordable and available to women in many countries. These are the main steps for using a female condom. If no vaginal model is available to show people how to use it, you can use a box with a round hole cut in it or your hand.



### How to use a female condom:

- Look at the condom package and check the expiry date to make sure it is still good and that the package does not have any damage
- Open the packet. Do not use your teeth
- Find the inner ring at the bottom, closed end of the condom. The inner ring is not attached to the condom
- Squeeze the inner ring between your thumb and middle finger
- Guide the inner ring all the way into the vagina with your fingers. The outer ring stays outside the vagina and covers the lips of the vagina
- When you have sex, guide the penis through the outer ring. It has to be **INSIDE** the ring
- After the man ejaculates (comes), before the woman stands up, squeeze and twist the outer ring to keep the semen inside the pouch and pull the pouch out
- Put the used condom in a latrine or bury it. Do not put it in a flush toilet.

**Note:** These instructions were adapted from: Burns, A.A., Lovich, R., Maxwell, J. & Shapiro, K. (1997). *Where women have no doctor: A health guide for women*. Berkeley, CA: Hesperian Foundation.

***Using condoms plus a hormonal or long-term contraceptive method is one of the best ways to prevent STI, HIV infection and unwanted pregnancy in male-female sexual relationships***

***Dual protection***

Dual protection means preventing STIs/HIV and unwanted pregnancy at the same time. Dual protection includes:

- Using male or female condoms, with another contraceptive method such as the oral contraceptive pill
- Using male or female condoms alone
- Avoiding all forms of penetrative sex, but more usually means using a condom along with another method of contraception
- Abstinence (not having sex at all).

***Reasons adolescents may not be able to negotiate safer sex:***

- They may not have the right communication skills to talk about protection with their partners
- Young women may not have control over when and how they have sex because their male partners may make those decisions
- Young people may believe that if they suggest having safer sex, their partners will think they do not trust them
- Young people may be scared or embarrassed to bring up the topic of protection
- Young people may want to get pregnant: For young women, it may be a way to keep a relationship. For young men, getting a girlfriend pregnant may be a way to prove their manhood. Sometimes, young women who feel a lack of love in their lives think that having a baby will assure them of unconditional love.

For youth who are HIV positive, in addition to using condoms and practicing safer sex, there are other ways to reduce the risk of HIV transmission to a sexual partner. These include:

- Making sure you and your partner get an HIV test and repeating the test every three months, if negative
- Making sure that you (and your partner, if he or she is also living with HIV) are taking ART, if eligible
- Taking your antiretroviral therapy (ART) the right way, at the same time, every day to keep your viral load low and to reduce your risk of transmitting HIV to your partner
- Preventing sexually transmitted infections (or STIs) and getting yourself and your partner treated right away if either of you has an STI (there is more on STIs later in this module).

### ***Risks of adolescent pregnancy:***

- Young girls are at higher risk of complications during pregnancy because they are not fully developed and their bodies may not be ready to handle pregnancy or to give birth
- Young mothers may face problems such as: obstructed labour, long labour, anaemia, pre-eclampsia or hypertension during pregnancy, consequences of unsafe abortion, spontaneous abortion, still birth, and premature birth. Adolescents younger than 17 often have not reached physical maturity and their pelvises may be too narrow to accommodate a baby's head
- Pregnancy often means the end of formal education for girls, as they may be expelled from school when they become pregnant
- Adolescent pregnancy changes a girl's career options, her future opportunities and may limit her marriage choices. Unmarried mothers sometimes have to take low paid and risky jobs, or become sex workers to support their children
- Sometimes the adolescent's partner refuses to take responsibility for the pregnancy, which makes things much harder for the young mother and child
- Young parents are often not ready to raise a child which, in extreme cases, can lead to problems like child abuse or neglect
- Early marriages that happen because of an unplanned pregnancy are often unhappy and unstable.

### ***Contraception and Family Planning***

Contraceptives and family planning methods help people prevent unintended pregnancy so that they can properly plan when they want, and are ready, to have a baby.

While family planning, pregnancy and child care have traditionally been the role and responsibility of the woman, there is an increasing shift for men to be more involved in family planning and in supporting their partner through pregnancy, and with child care.

#### **Key terms:**

- **Contraception:** The use of a method or more than one method to prevent a woman from becoming pregnant
- **Family planning:** When a couple plan the number of children they want and when they want to have them. Often this includes using a contraceptive or family planning method to prevent pregnancy or space births
- **Birth spacing:** When a couple plan births far enough apart so she and her baby are not at risk of the health problems that can occur when babies are born too close together. It is recommended that women wait at least two years after giving birth before becoming pregnant again.

## ***The main types of contraceptives***

- Barrier methods prevent sperm from getting inside the woman. These include male and female condoms and diaphragms
- Hormonal methods are those that prevent eggs from being released inside the woman's uterus by altering hormone levels. These include pills, injectables, emergency contraception, and implants
- Long-term methods have to be provided at a health clinic by a trained nurse or doctor. These include IUDs (intra-uterine devices) and implants
- Permanent methods like male and female sterilisation require surgery. These methods are not usually recommended for young people who may change their minds about wanting to have children in the future. Permanent methods are best for adults who have already had children and know that they do not want to have any more
- Natural methods do not require any materials (i.e. withdrawal, and the 'rhythm method' which is when the woman learns to recognise when she is fertile and avoids having sex during that time). In general, natural methods do not work as well as the 'modern' methods listed above. They require great self control. The rhythm method only works well when a woman has very regular periods
- In some places, people use traditional methods. These are mostly herbs that are given to prevent pregnancy. They are not reliable because the dosage is not controlled and they have not been scientifically proven to work.

***Remember that condoms are the only contraceptive that protect against both pregnancy, as well as STIs and HIV***

## ***Common issues adolescents have with contraceptives***

- Some adolescents may experience side effects from contraceptive methods (i.e. weight gain, spotting, menstrual changes). However, these side effects are generally not major health risks for adolescents
- Special note for adolescents on ART: Adolescents who are taking the ARV called Efavirenz may need a second method of birth control, as Efavirenz may change how well some birth control pills work.

For clients who want to prevent pregnancy or space births, SRHR Champions can provide information and referrals:

- Refer clients to a nurse for family planning information and counselling
- Talk about the importance of dual protection to protect against both pregnancy and HIV and STIs
- Give clients condoms and show them how to use them correctly

- Remind clients to visit a clinic if they have any side effects or questions about their contraceptives. Just like with ARVs, it is important to adhere to contraceptive pills (e.g. taking pills at the same time, every day) and to never make the decision to stop alone - clients should always talk with the nurse first.

## SESSION 3.7 HIV AND AIDS BASICS (40 MINUTES)

This session focuses on introducing the topic of HIV and AIDS as a common STI, but also as one which may also affect adolescents and young people who are born with the infection.

HIV is most often spread through unsafe sex, but it is important that young people and SRHR champions understand that there may be young people in their community who are infected with HIV as a result of transmission from their mother, or who have been infected as a result of sexual abuse. Some young people may even have been infected at birth but not yet diagnosed and SRHR champions need to be aware of this possibility so that they can offer support to clients to get tested if they think this may be the case, and to go for treatment.

By making sure young people understand this we can lessen stigma and discrimination against young people living with HIV and increase their levels of support in their communities.

But first we need to start with the basics.

### ***Preparations and Materials:***

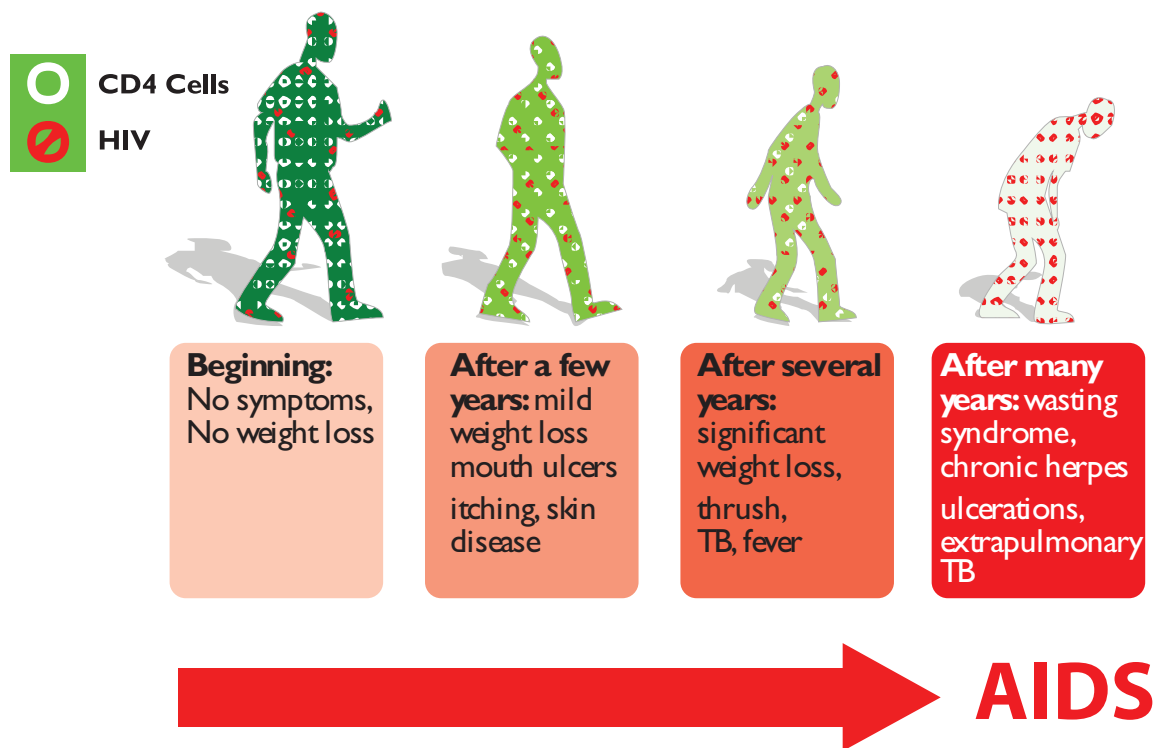
- Flipchart with the Progression of HIV to AIDS diagram on it
- Print copies of the Key Information: Basic Facts on HIV and AIDS for distribution to participants.

Step 1: Ask: What is HIV? What is AIDS? What is the difference between them?

- Can HIV be cured?
- Write up correct responses on a Flipchart and explain why any incorrect responses are wrong.

Step 2: Explain that HIV attacks the body's immune system – the body's defence against disease. It is found in blood, breast milk, semen and vaginal fluids. Once a person is infected with HIV, the virus remains in the body for life, but with antiretroviral therapy (ART) people infected with HIV can live long and healthy lives. Refer to the Basic Facts on HIV and AIDS.

Step 3: Discuss the stages of HIV infection and progression to AIDS using the diagram and the Key information below.



Step 4: Ask: How is HIV transmitted? How is HIV not transmitted?

It is important to clarify any misconceptions straight away, as SRHR champions will be responsible for explain to their peers about HIV and they must have accurate information to hand. Mother-to-child-transmission is covered in detail in session 3.10. and need not be gone into in great detail here, unless that session is not being covered.

Step 5: Ask: How can HIV transmission be prevented? Does male circumcision have a role in HIV prevention?

Again write up correct responses on a Flipchart

Step 6: Open up a discussion on stigma and HIV. Ask participants why and how people living with HIV might be stigmatised and what impact this might have on their sexual and reproductive health.

Step 7: Wrapup by emphasising the role of SRHR Champions in ensuring young people in their communities are knowledgeable about HIV and how it can be prevented; as well as championing the fact that people living with HIV can live long and healthy lives with the infection and the importance of SRHR Champion's support in helping them to do so.

## KEY INFORMATION: BASIC FACTS ON HIV AND AIDS

HIV stands for human immunodeficiency virus - the virus that leads to AIDS.

HIV attacks the body's immune system – the body's defence against disease. It is found in blood, breast milk, semen and vaginal fluids.

Once a person is infected with HIV, the virus remains in the body for life. Without treatment it usually leads to serious illness and death between two and 10 years after infection.

The immune system helps keep the body strong and fights diseases and infections. It is made up of cells in your blood that act like soldiers to attack germs. When the body has been exposed to a germ, the body develops soldier cells that only fight that germ, called antibodies. Special white blood cells, called CD4 cells, tell the body to make the antibody to a germ and are very important in keeping the body strong.

When someone is infected with HIV, the virus starts destroying the CD4 cells and eventually there are no soldier cells left to fight infections. This is why people infected with HIV become sick. A CD4 count (a blood test) tells how well your body, or ART, is fighting HIV and when you need to begin treatment.

**AIDS** stands for acquired immune deficiency syndrome and is when the immune system is made very weak by HIV. The person gets many different illnesses that someone with a healthy immune system would not get.

Acquired means a disease you get during life rather than one you are born with. Immune Deficiency means a weakness in the body's immune system.

Syndrome means a group of health problems that make up a disease.

The 'progression' of HIV to AIDS refers to the time from HIV infection to the time when a person living with HIV develops AIDS. This is different in every person and can be from two years to more than ten years from infection.

### ***There are six major phases in the progression of HIV to AIDS:***

- HIV infection
- The window period. This is immediately after infection. At this stage the virus cannot be picked up by an HIV test. This period may last up to three months after infection
- Seroconversion is when antibodies to the virus can be detected in the blood
- Asymptomatic stage. The person is HIV positive (and it can be picked up by an HIV test), but they continue to feel and look healthy
- HIV-related illness begins when many of the person's immune cells have

been destroyed by the virus and they begin to experience various illnesses (opportunistic infections)

- AIDS is when the immune system is very weak. The person may suffer from many different illnesses at once and the body is unable to recover.

There is no cure for HIV yet, but thanks to antiretroviral medicines (ARVs), it can now be treated as a chronic condition like diabetes or high blood pressure.

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

The most common ways that HIV is transmitted are through unprotected sexual contact, and from mother-to-child, during pregnancy, delivery or breastfeeding.

#### ***Unprotected sexual contact***

HIV can be transmitted during unprotected sexual intercourse (vaginal, oral, or anal) through contact with the blood, semen or vaginal fluids of a person who is infected with HIV.

#### ***Blood transmission***

- Receiving a transfusion of blood that is contaminated with HIV. (All blood in Zimbabwe is screened for HIV, so blood transfusions in Zimbabwe are usually safe)
- Sharing contaminated needles, syringes, razor blades (e.g. in traditional circumcision rites, or traditional healing practices) or other contaminated sharp objects
- Infected blood entering the body through open wounds.

#### ***Parent-to-child transmission***

HIV positive mothers can pass HIV to their babies during pregnancy, delivery, or through breastfeeding. However, this can now be prevented through prevention of mother-to-child transmission (PMTCT) services.

Without treatment, if a pregnant mother is HIV-positive, there is about a one in three chance that her baby will become infected. However, PMTCT services, this can be reduced to about 6%. Mothers can take ARVs and practice exclusive breastfeeding to reduce the chances of them passing HIV to their baby.

During pregnancy or breastfeeding, the infection may pass from the father to the mother and then to the child; this is known as parent-to-child transmission. It is the responsibility of both parents to prevent transmission of HIV to the baby. It is important to use condoms during pregnancy and breastfeeding to reduce the likelihood of transmitting HIV to the baby.

## ***Young people born with HIV (or infected later in life)***

Many young people in Zimbabwe are reaching adolescence with HIV infection – some are aware of their status; others may not be, especially if their infection is progressing slowly and they have not yet become ill. It is possible to be a virgin and still be infected with HIV. Obviously this has implications on how these young people need to live their lives, especially when it comes to having relationships and thinking about having sex, and planning a family. SRHR champions have an important role to play in helping these young people cope with their HIV status by: encouraging them to be tested and to go for treatment (if they have not yet done so); supporting them with treatment adherence; helping them with issues of disclosure; and advice on developing healthy relationships.

### ***HIV is NOT transmitted through:***

- Hugging, kissing, shaking hands
- Breathing the same air
- Sweat, contact through sport
- Tears, consoling someone who is crying
- Toilet seats, food utensils or drinking cups
- Clothes
- Public baths or swimming pools
- Mosquito bites or any biting insect or animal

## **HOW CAN HIV TRANSMISSION BE PREVENTED?**

### ***a) Practicing safer sex***

- Sex where the penis does not enter the vagina, anus or mouth (non-penetrative sex) - with no exchange of bodily fluids. This includes mutual masturbation, thigh or armpit sex, kissing and cuddling
- Correct and consistent use of male or female condoms
- Abstinence (not having sex at all)
- Having sex in a faithful monogamous (one sex partner only for both parties) or faithful polygamous relationship, where the HIV status of all parties is known
- Avoiding multiple sexual partners and/or casual sex
- Being aware of your partner's HIV status and taking the necessary precautions
- In discordant couples (where one person is HIV positive and the other is HIV negative), ensuring the HIV positive partner takes ARVs correctly and consistently and using male or female condoms, especially when the HIV positive partner is in poor health.

## ***b) Prevention of mother-to-child transmission***

- Educate parents (both mothers and fathers) about PMTCT services, prevention of HIV options and the implications for the health of mother and baby
- Encourage couples who are planning to have a baby to go together for HIV testing before getting pregnant
- Where the female partner is already pregnant, both parents should go together for HIV testing as soon as possible
- Educate couples on the importance of using condoms during pregnancy and breastfeeding to prevent the possibility of passing HIV infection to the mother
- In discordant couples where the woman is HIV negative, educate on the importance of using condoms during pregnancy and breastfeeding
- Educate on the importance of preventing unintended pregnancies in HIV-infected women by accessing family planning services.

## ***c) Male circumcision***

Medical male circumcision reduces the likelihood of a man contracting HIV from an infected partner. Male circumcision also protects their female partners from being infected with HPV (human papilloma virus) which causes genital warts and can lead to cervical cancer later on. However, circumcised men can still get infected with other STIs and HIV. Circumcised men still need to use condoms every time they have sex.

## ***Opportunistic infections***

People living with HIV may get sick from infections that a person with a normal immune system would be able to fight off. These are called opportunistic infections (OIs) because they take advantage of the weakened immune system. HIV may also change the way an infection affects the body and how the body responds to the normal treatment for the infection. Sometimes, more aggressive, longer treatment courses may be necessary, as treatment failures are more common.

TB is the most common OI in people living with HIV and often the first sign that someone may be living with HIV. However, this does not mean that everyone with TB has HIV. TB is likely to be more serious and progress more quickly in people living with HIV, so early treatment is important. People diagnosed with TB should be supported to go for HIV testing and people with HIV should be encouraged to seek TB prophylaxis or at least be screened for TB, especially if they have been in contact with someone with TB.

Other common OIs are a special kind of pneumonia, diarrhoeal infections and candida (thrush) which can cause sores in the mouth and throat and looks like fuzzy white spots on the tongue and inside the mouth. Cotrimoxazole prophylaxis can reduce the incidence of lung and diarrhoeal infections in people living with HIV. SRHR champions can support PLHIV in obtaining and taking Cotrimoxazole prophylaxis.

## SESSION 3.8 HIV TREATMENT (20 MINUTES)

This session offers a brief introduction to antiretroviral therapy, side effects and the importance of adherence.

### ***Preparations and Materials:***

- Flip chart, markers
- Print copies of the Key Information: Basic Facts on Treatment for HIV, Side-effects and disclosure for distribution to participants.

- Step 1: Ask participants what they know about treatment for HIV and make sure all the points in the Key Information are discussed.
- Step 2: Ask the group if they have ever experienced side-effects from a medicine. What did they do about it? Highlight the fact that people on ARVs should never stop taking their medicine without being told to by their health service provider.
- Step 3: Ask if any of the group has ever stopped taking a medicine because they felt better. What happened? Use this discussion to highlight the importance of adherence; relate it to receiving treatment for an STI and that the full course of treatment must be taken, even if the patient begins to feel better soon after starting to take it.
- Step 4: Review the fact that ART is not a cure for HIV and highlight the role that SRHR champions can play in supporting other young people who are on ART, by encouraging them to continue taking their medicines and helping them to cope with side effects.
- Step 5: Ask the group why they think young people living with HIV should or should not disclose their status; to whom they should disclose and why. If you have time, divide participants into groups and have one role play a disclosure that goes well, and another that goes badly. Then in plenary discuss with the group how they would support the young person whose disclosure went badly.
- Step 6: Review the session by summarising the key role of SRHR champions in helping young people living with HIV to cope with the many additional stresses they may face. Emphasise the role of SRHR champions in helping young people living with HIV to disclose their status to those who need to know and to support them in doing so

## KEY INFORMATION: TREATMENT FOR HIV, SIDE-EFFECTS AND DISCLOSURE

HIV is treated with medicines called antiretrovirals (ARVs). Because HIV is a very strong virus, people need to take a combination of three different medicines together. Often (though not always) these are provided as one tablet that you take either once or twice a day. Taking your medicine correctly and having a healthy diet and lifestyle is called antiretroviral therapy (ART). While on ART, people living with HIV can still be re-infected with HIV, so they should always use condoms when having sex.

ART is NOT a cure for HIV. The goal of ART is to reduce the amount of HIV in the blood and increase the number of CD4 cells. It improves health and quality of life by stopping HIV from making copies of itself (replicating) in the body, reducing the damage HIV causes to the immune system and preventing progression to AIDS.

ART must be taken for life. It makes HIV like any other chronic illness, such as diabetes or high blood pressure.

Not everyone with HIV needs to begin ART immediately, though it is now believed that it is better to start treatment early. Everyone with a CD4 count of 350 or less should begin ART.

People on ART are less likely to pass on the infection to others, but this depends on how well their viral load is controlled and how consistently they take their medication.

### ***Side-effects of treatment***

All medicines may have side-effects (unwanted effects on the body). Many side effects are worse during the first few weeks of treatment and lessen as the body gets used to the medicine. However, some are more serious and need to be attended to by a medical service provider as soon as possible. The person should continue taking the medicines and should only stop when told to do so by their health service provider.

### ***Some minor side-effects include:***

- **Nausea:** This may be eased by giving the medication either with or without food, depending on which makes the nausea worse. Treat by taking bland, plain food and eat small amounts at a time. Try ginger tea or fresh ginger
- **Vomiting and diarrhoea.** Take oral rehydration if severe. Fruit juice or rooibos tea may also help
- **Abdominal pain**
- **Headache**
- **Fatigue** – make sure fluid intake is correct; bed rest

- **Skin rash** – Note: Skin rash may be a serious side effect, especially if it is severe and affects the whole body. This should be checked by a health service provider. Infected mild skin rashes may be eased by adding garlic to skin care ointment and spreading on the rash
- **Loss of appetite**

***Side-effects that should be checked with a health service provider are:***

- Severe headaches
- Severe abdominal pain
- Tingling of the hands and feet
- Yellowing of the skin or whiting of the eyes and pain in internal organs (liver toxicity or jaundice)
- Severe rash
- Severe fatigue or shortness of breath
- Fever
- Severe mental disturbance
- Severe muscle pain or cramping
- Anaemia.

***Adherence***

Adherence means taking medication exactly as instructed all the time. It is very important to make sure the HIV is controlled. If ARVs are not taken correctly, then the HIV may change its shape so that the medicines do not work against it any more. This is called 'drug resistance' and will mean the patient needs to change to different medicines which are harder to get and more expensive.

***Disclosure of HIV status***

Disclosure refers to the decision by someone living with HIV to tell others about their HIV positive status. Adolescents living with HIV are subject to the same difficulties that all their adolescents face, but in addition, they have to cope with the reality that they are living with HIV and the impact this may have when they start dating. This is dealt with in detail in session 3.1.

***Special challenges faced by adolescents living with HIV.***

Disclosure is a sensitive process rather than a one-time event and SRHR champions have an important role to play in helping young PLHIV choose whom to disclose to, how and when, so that they get maximum support. SRHR champions can also help them deal with possible stigma and the decisions that need to be made should they choose to begin to have sex.

## SESSION 3.9 ABOUT SEXUALLY TRANSMITTED INFECTIONS (STIS) (30 MINUTES)

This session provides an overview of common STIs, how to prevent them and how SRHR Champions can support clients who have an STI.

### ***Preparation and Materials:***

- Flip chart, markers (different colours if possible)
- Print copies of the Key Information: Sexually Transmitted Infections for distribution to participants.

- Step 1: Ask participants what they think the definition of a sexually transmitted infection (STI) is and how they think STIs and HIV are connected. Fill in details as needed from the Key Information for this session, making sure to explain that having an STI increases the chance that a person will become infected with HIV.
- Step 2: Stick 2-3 pieces of flip chart paper (depending on the size of the group) on the wall and pass out markers to participants. Ask participants to write on the 'graffiti wall' any local or slang terms for or related to STIs that exist in their community. Debrief by reviewing the common names of STIs as well as some common signs of STIs, referring to the content below.
- Step 3: Ask participants what basic advice or information they can give to clients on preventing STIs. Write responses on the flip chart and fill in using the key information.
- Step 4: Ask participants what advice or information they can give to clients who think they have an STI. Write responses on a flip chart and fill in using the key information. Stress the importance of partners getting tested and treated at the same time, and of abstaining from sex until both of them have completed treatment.
- Step 5: Wrapup by reminding participants that SRHR Champions play a big role in ensuring that youths have basic information about STIs because young people will be more comfortable talking about these sensitive issues and getting advice from their peers. This is why SRHR Champions need to provide honest and accurate information, and that they must always check with their local clinic or other experts if they do not have the answers!

## KEY INFORMATION: ON SEXUALLY TRANSMITTED INFECTIONS (STIS)

Sexually transmitted infections or STIs (including HIV), are infections passed from one person to another during sex. Any type of sex—vaginal, anal, or oral—can cause an STI. STIs can also be passed from a pregnant woman to her baby, before it is born or during the delivery.

It is very important for clients and their partners to understand the importance of early diagnosis and treatment of genital problems and STIs. When a person has an STI, especially one with sores, it is also much easier for HIV to spread.

### ***Unless STIs are treated, they can cause:***

- HIV to spread more easily
- Infertility (i.e. a person may not be able to have children)
- Premature or unhealthy babies
- Very bad pain in the abdomen
- Cancer of the cervix (the entrance to a woman's uterus)
- Death from a serious infection.

Both young men and women can get STIs, but a young woman gets infected from a young man more easily than a young man gets infected from a young woman. Often, people - especially young women - will have an STI and not know it because they have not had any symptoms. This is why it is always better to use condoms. If a person does have symptoms of an STI, it is always best to go to the clinic and to abstain from sex, or practice safer sex with condoms, until the doctor or nurse says you are cured.

### ***The most common signs of STIs include:***

- Unusual discharge from the vagina (some discharge is normal; normal discharge is usually white and thin. If a person has more discharge than usual or if it smells bad; is green, yellow, or has white clumps; or looks different than usual, he or she may have an STI or another kind of infection)
- A strange discharge from the urethra (the place where pee comes out)
- Pain or bleeding when peeing or during sex
- A rash, bump, or sore on or around the penis, vagina, or anus (whether painful or not)
- A red or itchy genital area or anus (itching may also be caused by scabies or lice)
- Warts or bumps in the genital area or around the anus

- Swollen glands around the genital and thigh areas
- For men, swollen or painful testicles (balls)
- For women, pain in the lower belly
- High fever.

#### Names of Common STIs:

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>• Trichomonas</li> <li>• Gonorrhea (“the clap,” VD)</li> <li>• Chlamydia</li> <li>• Genital herpes</li> </ul> | <ul style="list-style-type: none"> <li>• Genital warts</li> <li>• Syphilis</li> <li>• Chancroid</li> <li>• HIV</li> </ul> |
|--|---|

***Remember, people can be infected with an STI - which means their health can be seriously affected and they can pass the STI on to others - without having any symptoms. It is therefore very important for sexually active people to have regular STI testing, particularly if they are engaged in any risky behaviours.***

#### ***How to prevent STIs:***

- Always practice safer sex
- Use condoms every time you have sex
- Keep the genital and anal areas clean
- Do not douche or use herbs or powders in the vagina
- If you or your partner has an STI, do not have sex until it is cured. This will prevent the STI from spreading to others.

#### ***What to tell clients if they may have an STI:***

- Always go to the clinic right away! Treat the STI early—usually this will be with antibiotics or creams. Do not wait until you are very ill
- Help your partner to get checked by a doctor or nurse and get treated
- Make sure to take ALL of the medicine as instructed, even if you feel better
- It is best to not have sex until you and your partner’s STI signs have gone away AND you both have finished all of your medicines
- Practice safer sex with condoms when you do have sex again.

## SESSION 3.10: PREVENTING MOTHER-TO-CHILD TRANSMISSION OF HIV (PMTCT) (40 MINUTES)

This session provides information on how HIV can be passed on from a mother to her infant during pregnancy, childbirth and breastfeeding and ways in which the risk of transmission can be reduced.

### ***Preparation and Materials:***

- Flip chart
- Markers (different colours if possible)
- Print copies of the Key Information: Preventing Mother-to-Child Transmission of HIV for distribution to participants.

Step 1: Begin the Session by leading a discussion using the following questions as a guide:

- What are some of the risks of having children when a woman is very young?
- Do you think that people living with HIV should have children?
- What are some of the risks of having children when you are living with HIV?
- Why might a young person living with HIV want to have children despite these risks (now or in the future)?
- Emphasise that all people, including people living with HIV (PLHIV), have the right to decide if they want to have children or not, and when to do so.

Step 2: Ask participants what they know about PMTCT. Review the definitions of MTCT and PMTCT using the content below.

Step 3: Ask if any of the participants know someone who has gone for PMTCT services. Ask them to discuss the following questions and fill in content as needed:

- What types of PMTCT services did someone you know receive? What other services does PMTCT include?
- Why are PMTCT services important for all pregnant women living with HIV?

Step 4: Review the key PMTCT messages using the content below. Make sure participants understand that women intending to get pregnant, or who are already pregnant, should go for HIV testing to find out their HIV status. ALL pregnant women living with HIV, and all babies exposed to HIV, need to take ARVs and get other PMTCT services.

Step 5: Ask participants to think about ways SRHR Champions can make sure young women understand the importance of PMTCT services for themselves and for

their unborn children. Read the case study in the box below out loud. Ask for two volunteers—one to act as a client and one to act as an SRHR Champion—and have them perform a brief role play in front of the large group. The trainer should stop ('freeze') the actors from time to time and the group should discuss what is going on. After discussion, the role play should continue. Continue the start-stop drama for about 10 minutes.

- Step 6: Close the session by reminding participants that many young people living with HIV have concerns or fears about their future, including getting married and/or having children. SRHR Champions have an important role to play in ensuring that everyone in their community who is planning to have a baby goes for HIV testing. They can also help young people living with HIV by letting them know that they can safely have children in the future by using PMTCT services.

### Role play:

Ethel is 16 years old, HIV-positive, and pregnant. She is afraid to tell her family that she is pregnant and doesn't really know what to do next. She is afraid that her baby will also have HIV. She is also scared that the ARVs she is taking might harm the baby and thinks she should stop taking them.

As an SRHR Champion, what would you talk about with Ethel and what advice would you give her?

## KEY INFORMATION: PREVENTING MOTHER-TO-CHILD TRANSMISSION OF HIV (PMTCT)

### Maternal factors that may increase the risk of MTCT of HIV:

Pregnancy	Labour and delivery	Breastfeeding
<ul style="list-style-type: none"> <li>High maternal viral load – new or advanced infection</li> <li>Viral, bacterial or parasitic placental infection</li> <li>Sexually transmitted infections</li> <li>Maternal malnutrition.</li> </ul>	<ul style="list-style-type: none"> <li>High maternal viral load – new or advanced infection</li> <li>Prolonged rupture of membranes</li> <li>Invasive delivery procedures</li> <li>First infant in multiple birth.</li> </ul>	<ul style="list-style-type: none"> <li>High maternal viral load – new or advanced infection</li> <li>Duration of breastfeeding</li> <li>Early mixed feeding</li> <li>Breast abscess, nipple fissures, inflammation</li> <li>Poor maternal nutrition status</li> <li>Oral disease in the baby.</li> </ul>

### Childbearing choices

All people, including people living with HIV, have the right to decide if they want to have children or not and, if they do, how many children they want to have and when.

It is very important that SRHR Champions never judge a young person's decisions about deciding, to have children or not.

SRHR Champions can work with doctors, nurses and counsellors to help young people understand their choices about having children and help them make healthy, informed decisions

SRHR Champions can help support pregnant adolescents, who may experience double stigma if they are pregnant and have HIV

Every woman who is thinking of getting pregnant or who is already pregnant, should go for HIV testing together with their partner as soon as possible, to determine their HIV status and to receive PMTCT services if needed.

**Mother-to-child transmission (MTCT)** is the transmission of HIV from a woman living with HIV to her baby, during pregnancy, labour, delivery, or after birth during breastfeeding. When the baby is infected this way, it is called 'vertical' transmission.

PMTCT stands for prevention of mother-to-child transmission (of HIV).

***PMTCT services are important for all women living with HIV because:***

- Without PMTCT and HIV care and treatment services, babies born to mothers living with HIV can become HIV-infected. The chances of a baby being infected without PMTCT interventions are about one in three. With PMTCT, this risk is considerably reduced
- PMTCT services help young mothers have a safer pregnancy and delivery
- Young pregnant women may have many fears and misconceptions about taking medicine during pregnancy and may need extra support to make sure they continue with appropriate care and treatment
- HIV is a leading contributor to the high rates of maternal mortality in Zimbabwe. Very young mothers are also at greater risk of dying from maternity-related causes, especially if they do not attend for antenatal services.

***Key PMTCT Messages:***

- Mothers need to stay healthy so they can care for their babies and see them grow big and strong!
- The healthier the mother is (meaning the less HIV she has in her blood and the higher her CD4 cell count), the less likely it is that she will pass HIV on to her baby
- The sicker the mother (meaning she has a lot of virus in her blood and a low CD4 cell count – she may also have opportunistic infections, like TB) the more likely it is that her baby will become HIV-infected

- A healthy mother is able to take care of herself and to love and take care of her baby and the rest of her family. Without healthy mothers, we will not have healthy families or communities!
- It is important that all pregnant women – and especially those who are living with HIV, or who are below the age of 20 - book early for antenatal care, to ensure they get all the care and advice they need
- All pregnant women (and breastfeeding mothers) need to use condoms to ensure they are not infected with HIV during pregnancy or breastfeeding. The risk of vertical transmission of HIV to the baby is much higher when HIV infection is new or occurs during pregnancy
- All pregnant women living with HIV need to take ARVs. Most ARVs will not hurt the baby and this is one of the best ways to prevent MTCT
- All babies exposed to HIV also need to take ARVs until they are tested and confirmed to be HIV negative
- Mothers and their babies should keep coming back to the clinic for care and treatment and child health services
- All HIV-exposed babies should get follow-up care at the clinic
- Male partners have a key role to play in supporting women to access PMTCT services; and by using condoms during pregnancy and breastfeeding, as well as to support their partners to exclusively breastfeed.

## SESSION: 3.11: SEXUAL ABUSE AND GENDER-BASED VIOLENCE (40 MINUTES)

This session explores the issues related to rape, sexual abuse and gender-based violence. It provides information for participants on each of these different forms of abuse, as well as suggestions for how an SRHR Champion can support young people experiencing abuse.

### Statements for Truth or Myth Game

- Rape happens only to females
- Sexual abuse only means rape
- Rape is an act of uncontrollable sexual desire
- Sexual abuse mostly happens among poor people
- Once a person realises that he or she is being sexually violated by a boyfriend or a husband, it is easy to leave the relationship
- Most rapes are committed by strangers
- A person can change another person's sexually violent behaviour by changing some of his or her own behaviours

### Statements for Truth or Myth Game

- It is sexual abuse if a teacher touches a pupil's breast or buttocks
- An adolescent is less likely to be sexually violated if his or her parents know his or her boyfriend or girlfriend
- People who are sexually abused as a child or adolescent are more likely to become sexual abusers as adults
- Rape can occur within marriage
- Women ask to be raped when they wear short skirts or act flirtatious
- Alcohol can contribute to sexual assault
- If a young woman did not fight back, she was not really assaulted.

### ***Preparation and Materials:***

- Flip chart, markers (different colours if possible)
- Print copies of the Key Information: Sexual Abuse and Gender-Based Violence for distribution to participants.

Step 1: Start by reading the list of statements from the 'truth or myth' game in the box below. After each statement, ask participants to raise their hands if they think the statement is true and to leave them down if they think the statement is a myth. Discuss the responses. The correct answers can be found in the Key Information section at the end of the session.

Step 2: Discuss the definitions of the following terms: sexual abuse, rape, date rape, incest, and gender-based violence.

Step 3: Next, facilitate a discussion by asking the participants the following questions:

- What types of laws, practices, and cultural norms make some people more vulnerable to sexual abuse?
- Is sexual violence a problem in your community? If so, for whom?
- What types of violence do young people experience?
- Which young people may be more vulnerable to sexual abuse?
- Can men or boys be raped?
- Can a boyfriend rape his girlfriend?
- Does alcohol have any role in sexual abuse?

Step 4: Emphasise that as long as one person is unwilling to have sexual intercourse, it is still rape, no matter if the person committing the act is a husband, boy, girl, wife, acquaintance, relative, neighbour, or a stranger. It is also statutory rape if one of the partners engaged in the sexual act is below the age of consent - which in Zimbabwe is 16 - even if that person has agreed to have sex.

### ***Reinforce the following points:***

- Many young girls are forced or tricked into their first sexual experience
- Any act of sexual violence is a crime punishable by law. There are legal consequences for this crime and referrals should be made to the proper authorities
- Nothing a young woman does--a including using drugs or alcohol, going to 'risky' places, wearing certain clothes, kissing and sexually touching someone, or even having previously had sex with a person - gives a man the right to force her to have intercourse against her will
- However, being drunk or high makes women less able to set clear boundaries and it also makes men less likely to listen to those boundaries
- Young women should avoid drinking alcohol when on a date. When a 'partner' deliberately gets someone drunk on a date (or 'spikes' their drink by putting alcohol in it without their knowledge) and then has sex with them, this is date rape. It is a crime and should be reported
- Sexual abuse is a complex problem with many legal and psychosocial factors that need to be addressed.

Step 5: When young people consume alcohol – especially young women – they are less likely to be able to say no to sex, even if they don't want it.

Step 6: Ask participants to discuss what an SRHR Champion should do if a young person experiences sexual abuse or gender-based violence. Brainstorm what services a young person may need if she experiences sexual abuse, filling in using the content below. Write responses on a flip chart.

Step 7: Reinforce that sexual abuse and gender-based violence are very complex problems that require immediate referrals to clinical and psychological services. SRHR Champions can only do so much and should seek additional help if they know or think someone has experienced sexual abuse. SRHR champions should teach young women to be aware of the dangers of date rape and what steps they can take to avoid it. They should also encourage survivors of date rape to report to police and support them in doing so.

## **KEY INFORMATION: SEXUAL ABUSE AND GENDER-BASED VIOLENCE**

### **Statements for Truth or Myth Game**

- Rape happens only to females. (Myth)
- Sexual abuse only means rape. (Myth)
- Rape is an act of uncontrollable sexual desire. (Myth)

- Sexual abuse mostly happens among poor people. (Myth)
- Once a person realises that he or she is being sexually violated by a boyfriend or a husband, it is easy to leave the relationship. (Myth)
- Most rapes are committed by strangers. (Myth)
- A person can change another person's sexually violent behaviour by changing some of his or her own behaviours. (Myth)
- It is sexual abuse if a teacher touches a pupil's breast or buttocks. (Truth)
- An adolescent is less likely to be sexually violated if his or her parents know his or her boyfriend or girlfriend. (Myth)
- People who are sexually abused as a child or adolescent are more likely to become sexual abusers as adults. (Truth)
- Rape can occur within marriage. (Truth)
- Women ask to be raped when they wear short skirts or act flirtatiously. (Myth)
- Alcohol can contribute to sexual assault. (Truth)
- If a young woman did not fight back, she was not really assaulted. (Myth)

### **Key Terms**

Sexual abuse includes all forms of sexual violence or exploitation (emotional, physical, and economic) against a person. It may or may not include rape. Any type of unwanted sexual contact is considered sexual abuse.

Rape is when a person uses force, coercion, intimidation, or any kind of threat to have sexual intercourse with an unwilling male or female. Every country has an age of consent to take part in a sexual relationship (when a person is legally old enough to say 'yes' to sex). In most countries this is between 16 and 18 years old. Some adolescents are forced to have sex, feel pressured to have sex in exchange for good grades or pocket money, are assaulted if they refuse to have sex, or sell sex in order to survive.

Date or acquaintance rape is rape that happens between people who are dating or who know each other. It is still a crime and should be reported to the police.

Sometimes young children are the victims of incest (when a young person is forced to touch, kiss, or feel the sex organs of a relative or have sexual intercourse with a relative). Because of the older person's position in the family, he or she may be able to pressure the child into doing sexual things without actually having to use force. These crimes, including rape, are the fault of the perpetrator or older person and not the fault of the victim or child.

Children and young people may also experience sexual abuse from other members of their community. This may take many forms, e.g. when they are forced to touch, kiss, or

feel the sex organs of the person or have sexual intercourse with them. Because of the other person's position in the community, he or she may be able to pressure the child or young person into doing sexual things without having to use force. Often the person will threaten the child or young person if they inform anyone about the abuse. These crimes, are the fault of the perpetrator or older person and not the fault of the victim or child.

Gender-based violence is any act done to a person with the aim of hurting them because of their sex or sexual orientation. This may be physical or psychological harm, including threats and intimidation in public or private. Most gender-based violence is committed against women, but men can also be subjected to gender-based violence.

The practice of rape and sexual abuse is made worse by laws and practices that view women as the property of men. Such laws and practices deny women the right to make their own decisions and keep them dependent on men. They also make it more difficult for women to report sexual abuse and rape to the police and, if they do, to get justice. Cultural attitudes towards women often result in women being unjustly blamed for sexual abuse and rape.

***Certain young people are at increased risk of sexual abuse, including rape:***

- Young people who live in extreme economic poverty, or on the streets (forced into sex for money or to become street hawkers who may be assaulted while working)
- Young people who live separately from their parents
- Young people with a physical or mental disability, or a mental illness
- Young people who abuse drugs or alcohol
- Young people who have family members who abuse drugs or alcohol
- Orphans
- Neglected young people
- Young people whose parent was physically or sexually abused as a child
- Young people who live in a home where other forms of abuse or sex work go on, or with transient adults
- Young people who are in a juvenile home or in jail
- Young homosexual people who may be at greater risk because they are often socially marginalised.

### **What to do if you think someone has experienced sexual abuse:**

- SRH champions who come across cases of abuse or gender-based violence, whether incest, or abuse by other members of the community, should seek assistance from others in authority to ensure the child or young person is fully protected. However, they should first obtain the consent of the abused person before they break their confidentiality. Obtaining this permission may take a lot of persuasion and support
- HIV testing is important for anyone who has suffered sexual abuse
- Sexual abuse can have health consequences that need to be addressed urgently by a doctor. Accompany the young person to the necessary clinical, legal, and social services
- When a person discloses and wants to talk, offer support, understanding, and compassion
- Reassure them that it is not their fault
- Help the person identify someone who could be a source of support.

### ***What services might young people who have experienced sexual abuse, need?***

- A clinical check-up and medical care
- ARVs, if they may have been exposed to HIV (and aren't already on ARVs). Note: This must be done within 72 hours of the abuse if it is to be effective. When ARVs are administered after a risky situation to prevent HIV infection they are called Post Exposure Prophylaxis (PEP)
- Young women may need emergency contraception to prevent pregnancy. This must be taken within 5 days of the incident
- Legal or advocacy services, if the perpetrator is prosecuted by the police
- Immediate and ongoing psychological counselling
- Social support (support groups for survivors of abuse, etc.)
- Emergency shelter, if they are unsafe at home.

# MODULE 4: BECOMING AN SRHR CHAMPION - KEY COMMUNICATION AND LEADERSHIP SKILLS FOR SRHR CHAMPIONS (8 HOURS)

## MODULE OBJECTIVES

***By the end of the module, participants will be able to:***

- Discuss their own attitudes, values, and beliefs and how these may affect communication with other young people, including those living with HIV or disability
- Discuss the basic principles of behaviour change
- Recognise the importance of strong leadership qualities for SRHR Champions and be able to enhance their leadership skills
- Support the reduction of SRHR and HIV related stigma and discrimination in their communities
- Find ways to address common SRHR challenges faced by young people in their communities.

## SESSION 4.1: THE STORY OF THE MONKEY AND THE FISH - UNDERSTANDING YOURSELF AND OTHERS (45 MINUTES)

This session helps participants to understand the importance of recognising that all people are different – they may look or feel differently to you, or they may have different values and priorities. Nevertheless, all people have the same SRH rights and it is an SRHR Champion's role to support them to realise these rights, without judgement.

***Preparation and Materials needed:***

- Flip chart and paper, and markers
- Read through the session and make sure you are familiar with the content

- Write up the Key Information on 'The Monkey and the Fish' story on a flipchart for reference during the session wrapup.

Step 1: Read the story of the monkey and the fish then ask participants:

- What do you think this story is telling us? What is the moral of the story?

Step 2: Reinforce that the moral of the story is that good intentions are not enough. If you wish to help the fish, you must understand its nature. Explain that understanding yourself and others is a necessary skill for every SRHR Champion. It is important to understand how our own attitudes, values, and prejudices affect our thoughts and opinions about situations. We cannot expect others to be 'just like us'. Explain that our own attitudes, values, and prejudices should not be a part of communication with others. Facilitate discussion by reviewing the definitions of the following key terms: attitude, prejudices, and being self-aware.

Step 3: Divide participants into small groups. Explain that you will read out some sentence fragments (see the second box below). After you read one phrase, each group should decide how they would finish the sentence. Emphasise that participants should pay attention to their first reactions to each phrase. When the groups have responded to one statement, ask participants to explain their viewpoints.

Step 4: Remind participants that even though everyone can have his or her own opinions, it is very important to be respectful and non-judgmental when working as an SRHR Champion.

## The Story of the Monkey and the Fish

Once upon a time, in a land far, far away, there lived a monkey. This monkey actually lived on an island. One day it began to rain and rain. The rain never seemed to end and the island began to flood. The rain and the waters kept coming and coming until, one day, the monkey was left with only a little bit of land and one tree. As he was sitting up in his tree, he noticed another animal in the water. It was moving back and forth. The monkey was so worried about the little animal and wanted to rescue it. So, the monkey risked its own life to go out to the end of one of the tree's branches and snatch the animal out of the water to prevent it from drowning. He put the animal on the ground to dry out under the sun and get warm. The animal flopped around and the monkey thought it looked so happy, it must be jumping around in excitement. Then, the animal lay perfectly still and the monkey thought it looked so peaceful. Unfortunately it was dead! The 'animal' was a fish.



### Suggested statements for the values clarification activity:

1. 'People infected with HIV are...'
2. 'Condoms should be freely available to...'
3. 'A young woman who is HIV positive and pregnant should...'
4. 'Prostitution is...'
5. 'An HIV-infected young woman should...'
6. 'Men who have sex with men are...'
7. 'Girls who sleep with multiple partners are...'
8. 'Drug users should get...'
9. 'It is alright for men to...'
10. 'Young women should never...'

## KEY INFORMATION: THE STORY OF THE MONKEY AND THE FISH—UNDERSTANDING YOURSELF AND OTHERS

***Remember: Prejudice and negative attitudes drive the HIV epidemic. SRHR Champions should avoid them!***

### ***SRHR Champions should always:***

- Remember that everyone is different and never assume anyone is ‘just like me’
- Think about the issues related to their own attitudes, values and prejudices and how these affect their ability to give effective support to others
- Be sensitive to the culture, values and attitudes of other young people, even if they are different from their own
- Make all people feel comfortable and that it is ‘safe’ to talk with them openly and honestly.

### ***Key terms***

- Attitudes and values are feelings, beliefs and emotions about a fact, thing, behaviour, or person. For example, some people believe that having multiple sexual partners is okay as long as you practice safer sex, while other people believe that this is wrong
- Prejudices are negative opinions or judgments made about a person or group of people before knowing the facts. For example, assuming that an adolescent with HIV must be promiscuous is a prejudice
- Being self-aware means knowing yourself, how other people view you, and how you affect other people.

## SESSION 4.2: GETTING TO KNOW EACH OTHER - MY PATH OF LIFE (45 MINUTES)

This session helps participants to better understand themselves and how their life experiences influence their ability to understand and communicate with others. By the end of the session, participants should be able to narrate significant events in their lives; recognise and affirm the leadership skills demonstrated in their life experiences and relate how SRHR issues interface with their personal life experiences.

### ***Preparation and materials:***

- Flipchart sheets – one for each participant and one marker for each participant
- Draw up a sample 'Path of Life' on a sheet of flipchart paper
- Have a flip chart on which to record significant SRHR issues as they emerge in the stories. Do not attach names to the issues so that participants do not feel singled out, judged or picked on
- Write up the Key information on 'Getting to Know Each Other' on a flipchart for reference during the wrapup of the session.

The stories or journeys should be punctuated with any incidents/occurrences that were significant and relevant like illnesses, deaths in the family, events associated with menstruation and puberty, first love, first sex, first pregnancy, school successes and failures, abuses along the way, happy and sad incidents etc.

Step 1: Explain that you want participants to get to know each other (and themselves) a little better. Assure participants of confidentiality and that information about themselves will not be used for any other purposes other than during the workshop.

Step 2: Ask each person to quickly draw his or her own 'river of life', from birth, up to the present day, which ends with a question mark. The river should show the calm waters, backwaters going nowhere, forks in the river, the rapids, and surprise waterfalls that represent major life events or special times in their lives. A picture or symbol can be used to identify these major events ('sister ill for long time'; 'had trouble finding work'; 'twins born'). Ages, dates, happy or sad faces can also be added. After they draw their own 'river' they will be asked to present and explain it to the group.

After the word, 'Today,' they should write a question mark, and think about what their future path will be like. Remind the participants that drawing skills are not crucial and that they should not take too much time on drawing details. Also remind the group that it is okay not to share information they are not comfortable with sharing.

Step 3: Give each participant a piece of paper and a marker to draw their own 'rivers'. Give them five minutes to complete their drawings.

Step 4: Participants share their life journeys (5 minutes each) and relate their past to both the present and the future. Where relevant they should highlight how knowledge of HIV and SRHR issues or lack thereof affected how they reacted to events.

Step 5: As participants describe their rivers of life, note on the flipchart any areas that are related to SRHR, and use these to show the group how important being informed about your SRHR is for young people. If all cannot present to the larger group for lack of time, display the rest for a gallery walk.

- Step 6: To wrapup the exercise, ask – “What did you learn from this exercise?” Highlight positive qualities shared and commend them for sharing their stories and reinforce notable strengths.
- Step 7: Now ask participants how they think their future will be as a result of the skills they have gained during the training. How do they think it will affect their future?
- Step 8: Wrapup by emphasising that SRHR issues can have a huge impact on people’s futures – draw on some of the events in the stories if you can. Remind the participants that they have now been empowered so that SRHR issues in their own lives will present opportunities rather than challenges. Highlight that they now have the opportunity to take this knowledge and share it with other young people. Ask how they feel about that and reassure them if they express any doubts or fears.

## **KEY INFORMATION: GETTING TO KNOW EACH OTHER – MY PATH OF LIFE**

We are all affected and impacted by different events and occurrences in our lives, and by the events of others close to us. Some of these influences on our lives may be positive whilst others may be negative.

Some of these events may impact on the way we think, behave or act towards others now, or how we hope to think, behave or act towards others in the future.

Ultimately, it is within our own control to direct the impact of events that occur in our lives to have a positive outcome – even when the event itself may have been negative or upsetting. For example, someone who has been cheated on by a partner will have experienced sadness but can turn this into a positive outcome by committing not to cheat on a future partner, should they be faced with this choice, as they know that that doing so will cause a lot of hurt.

It is important for SRHR Champions to understand that people are impacted upon differently by the various events in their lives and not to judge them for this but to try to understand how people’s experiences may have shaped their thinking, actions and behaviours.

## SESSION 4.3 UNDERSTANDING THE BASIC PRINCIPLES OF BEHAVIOUR CHANGE (60 MINUTES)

This session explores behaviour change theory. It is important for SRHR Champions to understand how people can be encouraged to change their behaviours, as a key role of SRHR Champions is supporting young people to engage in safer, non-risky practices for the benefit of their health.

### ***Preparation and Materials:***

Write up the Key Information on 'Understanding the Principles of Behaviour Change' for reference during the wrapup of the session.

Step 1: Ask participants to think about a habit or behaviour they wanted to/tryed to change in their own lives. Give participants a few moments to think about this.

Step 2: Then ask them to answer the following questions:

- Why did you want to change?
- Did you manage to change?
- If so, what made you decide to change?
- Was there a person, or group of people that influenced your decision to try to change, or your ability to change? If so, what did they do/say that helped you change?

Step 3: Ask if some participants want to share their experiences with the larger group. Ask the following questions:

- What were the good things you thought would happen if you changed?
- Did these good things happen as a result of the change?
- Are there any things you can think of that would have made it easier to change

### ***Key Information on Understanding the Basic Behaviour Change***

- Behaviour change is a step-by-step process of change from one way of acting to another
- Usually a person moves from being uninterested in changing, to considering a change, to deciding and preparing to make a change
- Behaviour change happens gradually over time; it is a process. It does not happen overnight, and setbacks are normal and a part of changing behaviour
- We often realise we should change our behaviour after getting new

information—but information alone is usually not enough to cause us to change

- Often, we actually begin to change as a result of a personal experience or crisis that motivates us to try to change our behaviour or lifestyle
- When trying to change a behaviour, almost all of us stumble along the way, either because of our own personal obstacles or because of obstacles that others put in our way
- To succeed in changing a behaviour, most of us receive some form of support, either from something we find within ourselves, or from our peers, family, or others who are important to us
- As SRHR Champions, we must be patient with our clients as they try to change their behaviours.

## SESSION 4.4: LEADERSHIP IMAGES IN MY LIFE (90 MINUTES)

This session aims to have participants begin to think about leadership in general and then contextualise it to leadership by young people in the area of SRHR. The activities in this session will help participants to define leadership, relate different leadership styles to SRHR issues and explore youth leadership challenges and coping strategies.

### ***Preparation and Materials:***

- Write the word leadership in the centre of a flip chart before starting the session
- Write out the following questions on a flip chart – these are group work questions;

What is leadership? What is leading with a purpose? What are the specific leadership challenges faced by young people? Why should we have young people's leadership in SRHR issues? What do young people need to be able to lead in areas of SRHR? (Information, support etc.)

- Print enough copies of the Key Information on Leadership for all participants.

Step 1: Brain storm on definitions of leadership and write responses on the flip chart. Allow 30 minutes for discussion and completion of this task.

Step 2: Ask participants to share qualities of leaders that they admire or look up to and why

Step 3: Discuss different leadership styles

Step 4: Divide participants into groups and ask them to think of a situation where a young SRHR Champion encounters a leadership challenge. Give them five minutes to think of a situation, then ask each group to briefly describe the

challenge – write these on the flip chart. Help groups to define the challenges if they are struggling.

- Step 5: Then give the groups 15 minutes to prepare a role play showing an SRHR Champion encountering that challenge but finding creative ways in which to overcome it.
- Step 6: Record group solutions on the relevant flip chart page
- Step 7: As groups present, relate and make reference to previously raised issues and point to reference materials
- Step 8: In buzz groups, ask participants to discuss some of the life skills which helped the SRHR Champions to overcome the challenges, and other life skills which may have been useful. Allow time for group sharing and discussion.
- Step 9: End by asking participants to list their own leadership values in view of what they now know about themselves, about leadership challenges and especially those in SRH; highlight coping strategies to ensure young people do not feel intimidated about the responsibility of leading in SRHR issues.

## KEY INFORMATION: LEADERSHIP IMAGES IN MY LIFE

### ***Good leaders have the following in common:***

- Purpose - a true leader has a genuine passion and purpose
- Values – deeply held beliefs that guide actions
- Heart – passion for the work, compassion for the people, empathy and the courage to make difficult decisions
- Connected relationships - enduring connections with other people in all types of relationships
- Self-discipline - consistently high levels of self-discipline in order to produce results – includes setting standards and holding themselves and others accountable for their performance.

### ***Different Leadership Styles:***

- Directive leadership demands immediate compliance (Driving)
- Engaged leadership mobilises people toward a vision (Motivating)
- Coaching leadership develops people for the future (Teaching)
- Democratic leadership builds consensus through participation (Collaborative)

### ***Young people's leadership is important because:***

- Strong leadership qualities can help to overcome the challenges facing young people, including lack of education, poverty, HIV, violence against women and girls and also threats to their bodily integrity (sexuality, sexual and reproductive rights etc)
- There are many groups who are working on issues affecting young people, especially young women, including governments, civil society groups, NGOs, faith-based groups and communities. Each group has different goals and objectives. It is important that young people themselves are equipped with the skills and knowledge required to actively participate in and influence the activities that these other groups are conducting, to ensure their relevance and effectiveness
- Strong leadership skills empower young people to take control of their own lives and respond effectively to the many different challenges they face
- It is important to increase the voice and visibility of young people in the range of spaces where decisions are made concerning young people. For this reason it is important to increase the numbers of young people who are competent, capable and able to effectively participate and drive agendas that impact on their lives
- It is the right of all young people to be meaningfully involved in all programmes that affect them. Leadership skills help young people to realise this right.

### ***Tips for New Leaders***

Leadership challenges are often more obvious or recognisable during or when something new is about to start, when something is about to end, when times are tough and during transitions. Having young people lead is new to some cultures and can be resisted or misunderstood. There are some external and internal challenges to young people leading in any situation.

### ***External challenges:***

- Public criticism
- Flare-ups of others' interpersonal issues
- Crises
- Opposition and/or hostility from powerful forces
- Financial constraints
- Political opposition
- Getting others to collaborate with you.

### ***Internal challenges:***

- Insecurity
- Defensiveness
- Lack of decisiveness
- Inability to be direct when there's a problem
- Inability to be objective
- Impatience - with others and with situations.

### ***Challenges stemming from the nature of the leadership role:***

- Keeping an eye on, and communicating, the vision
- Keeping the everyday tasks under control while you continue to pursue the vision
- Setting a good example
- Maintaining effectiveness over time
- Maintaining relevance over time
- Finding support
- Competition from other leaders
- Lack of trust in leadership.

### ***Strategies for coping with leadership challenges***

- Be proactive
- Be creative
- Face conflict squarely
- Always look for common ground
- Retain your objectivity
- Look for opportunities to collaborate
- Listen
- Ask for 360-degree feedback... and use it
- Look at what is going on around you
- Reach out for help in facing internal challenges
- Create mechanisms to revisit your vision
- Share the burden
- Find an individual or group with whom you can discuss the realities of leadership

- Make sure you have personal time to reflect on what you are doing well and what could be improved.

Ultimately, one needs to have a strong foundation in yourself, self respect, respect for others' leadership, integrity and self worth before others will show the same to you as a leader.

Young leaders can also collectively create spaces to support each other, to leverage off each other - consolidating and complementing what is possessed collectively.

## SESSION 4.5: DEALING WITH STIGMA AND DISCRIMINATION (60 MINUTES)

This session aims to help participants understand what is meant by the terms stigma and discrimination; identify the barriers to accessing SRH services and information caused by stigma and discrimination; find ways to address and reduce stigma and discrimination in their communities and provide support to other young people experiencing stigma and discrimination.

Stigma and discrimination against young people seeking SRH services and information, as well as of people living with HIV and infected with STIs, are major challenges which can prohibit access to required SRH services and information. SRHR Champions - and all young people - need to be equipped with skills to address and eliminate stigma and discrimination, wherever possible, in order to realise their goal of championing the SRH rights of young people in their communities.

- Step 1: Ask participants what they understand by the terms 'stigma' and 'discrimination'. Write responses on a flip chart and try to encourage the group to develop a definition as a group. Make sure to discuss the different types of stigma (stigma towards others; self stigma and secondary stigma) and discrimination (exclusion; violence; verbal; rejection; harassment isolation, etc).
- Step 2: Ask each participant to think of two challenges related to stigma, and two challenges related to discrimination, which might create barriers to access to SRHR.
- Step 3: Ask all participants to share their ideas and write them on a flip chart.
- Step 4: Ask for volunteers from the group to act out some of the scenarios. In each scenario, one participant should take on the role of the person being stigmatised or discriminated against, whilst the other should take on the role of the person stigmatising or discriminating. Try to have volunteers act out a selection of different scenarios.
- Step 5: Ask the group - how can we, as SRHR Champions, address stigma and discrimination:

- At the individual level (self-stigma)
- In the family setting
- At clinics
- In schools
- In the community.

Step 6: Note suggestions on a flip chart and allow time for discussion. Wrap up the session and ensure all Key Information has been covered. Remind them that as SRHR Champions they have a key role in addressing stigma and discrimination of all forms in their communities.

## KEY INFORMATION: DEALING WITH STIGMA AND DISCRIMINATION

### **Definitions:**

**Stigma:** When we have a negative attitude toward people who we think are different, or not 'normal' or 'right'. For example, stigma can mean not valuing PLHIV or people associated with PLHIV, or people we think are homosexual.

**To stigmatise someone:** Labelling a person and seeing him or her as inferior (less than or below others) because of something about them, or something you assume about them (e.g. because of his or her job, because he or she is poor, because he or she has a disease, etc.). Often people stigmatise others because they do not have accurate information and knowledge and this leads to fear.

**Discrimination:** Treating someone unfairly or differently from others because they are different in some way (for example, because a person has HIV). Discrimination is the action that often follows stigma.

### **Key points about stigma and discrimination:**

- All over the world, stigma and discrimination are some of the biggest challenges affecting all sorts of people, including PLHIV, people living with disability and homosexuals. Stigma and discrimination make it hard for people to feel accepted within society, to access services such as SRHR, STI and HIV services and communicate about the challenges they face. Stigma and discrimination can also prevent young people from accessing community-based services, such as food support
- We have all felt rejected or isolated at some point in our lives. We have also all probably rejected or isolated another person, or group of people, because we thought of them as different
- SRHR Champions need to help young people understand and deal with stigma

and discrimination. They can work with the community to fight stigma and to make sure that young people have access to the services they need, without discrimination.

***There are different kinds of stigma:***

- **Stigma toward others:** Rejecting or isolating other people because they are different or because they are seen as different (e.g. being isolated by peers at school or being abandoned by friends)
- **Self-stigma:** When a person adopts the cruel and hurtful views that others may have of him or her. In other words, when a person begins to see himself or herself in a negative way because of the way others see him or her, or because of the way he or she perceives others to think. Self-stigma can lead people to isolate themselves from their families and communities (e.g. N\_\_\_ is HIV-positive and is afraid of 'giving the disease' to her family, so she keeps to herself and eats her meals alone and uses separate cups and plates)
- **Secondary stigma:** When people are stigmatised by their association with someone else, for example, a girl who is friendly with another girl whom people think sleeps around may also be stigmatised by her community. Secondary stigma may affect doctors and nurses at HIV clinics; and the family members or caregivers of PLHIV, and even SRHR Champions.

***There are different forms of discrimination, including:***

- Facing violence at home or in the community
- Not being able to attend school or social functions
- Being expelled from school
- Not being able to get a job
- Being isolated or shunned by the family or community
- Not having access to quality health care or other services
- Being rejected from a church, mosque, or temple
- Police harassment
- Verbal discrimination: gossiping, taunting, scolding
- Physical discrimination: insisting that a person uses separate eating utensils or sleeps in a separate living space.

Stigma and discrimination prevent good access to SRH services and to STI and HIV prevention, care, and treatment services for many people.

Stigma and discrimination around HIV, people living with disability, young people's SRH and people with different sexualities impact on everyone.

### ***Stigma and discrimination can:***

- Prevent people from getting an HIV test and from accessing ART
- Stop people from openly acknowledging their sexuality
- Make it hard for people to tell their partner(s) their HIV or STI test results
- Make it hard for people to suggest safer sex practices to their partner(s)
- Cause anxiety, stress, and depression
- Make it hard for parents to disclose their HIV status to their children
- Make it hard for breastfeeding mothers to exclusively breastfeed or for pregnant women to access PMTCT services
- Prevent young people from discussing their SRH needs with parents or from visiting the local clinic
- Make people afraid of knowing their HIV-status, meaning access to ART is delayed, or make young people afraid to ask for advice on contraceptives, resulting in unintended pregnancy or HIV or STI infection
- Prevent young people from accessing SRH services through fear that they will be stigmatised due to a perception that they are too young to be asking for SRH advice or services. This puts young people at high risk of unintended pregnancy, as well as HIV or STI infection
- Result in low quality services at clinics and hospitals, making it less likely that people will access the care they need.

### ***Stigma and discrimination has specific effects on young people living with HIV. Stigma and discrimination can:***

- Keep them from accessing care, treatment, counselling and community support services because they want to hide their status
- Increase their resistance to getting help and contribute to their existing discomfort, fear and deteriorating health
- Make adolescents feel isolated and like they do not fit in with their peers
- Make it difficult for adolescents to do well in school
- Affect caregivers of young people living with HIV, so that they are afraid caring for them
- Impact some adolescents more than others. For example, orphans who are living with HIV may be rejected by their extended families and community, and be denied access to schooling and health care. They may be left to take care of themselves.

What can SRHR Champions do to address stigma and discrimination in their communities?

***Some common individual strategies for dealing with stigma (in any place):***

- Stand up for yourself and speak up
- Educate people
- Be strong and prove yourself
- Talk to people with whom you feel comfortable
- Try to explain the facts
- Ignore people who stigmatise you
- Avoid people who you know will stigmatise you
- Join a support group
- Taking and adhering to medicines and ART reduces stigma around HIV, helps normalise HIV, and allows the community to see HIV as a manageable chronic disease rather than a 'death sentence'. People who openly take ART can reduce stigma around the disease.

***Some strategies for dealing with different forms of stigma at a clinic or hospital:***

- SRHR Champions can make sure young people, young people living with disability, young people living with HIV and people of different sexualities help evaluate the services offered at local clinics and ensure that feedback is formally reviewed by managers and supervisors
- Link the clinic with youth groups and youth HIV support groups in the area
- Talk openly about your own attitudes, feelings, fears, and behaviours with other SRHR Champions and health care workers. Support each other to address fears and avoid burnout
- Share your own experiences as a client with clinic staff
- Encourage clinic staff and SRHR Champions living with HIV, or disability or different sexualities to be open about their status and about their sexuality. Encourage them to support one another
- Report any discrimination you see at clinics aimed towards young people, or people of different sexualities to a manager
- Listen to other young peoples' feelings and concerns about stigma and discrimination, and report these back to clinic staff.

***Some strategies for dealing with different forms of stigma at a clinic or hospital:***

- SRHR Champions can share the challenges faced by young people, including those living with HIV or disability and young people of different sexualities, during community activities and forums

- Encourage influential people in the community, such as chiefs, teachers, doctors, elders and others to understand, accept, speak about and address the different challenges faced by different groups of young people
- Link young people facing challenges with other people and groups facing similar challenges – or help them to form a support group so that they can discuss their related challenges and, in so doing, feel less alone
- Make yourself available and approachable to young people who want to talk to you about their specific challenges – having the chance to speak to a sympathetic listener will help them to deal with the challenges they are facing.

***Remember these key points!***

- Psychosocial support addresses the ongoing emotional, social, and spiritual concerns and needs of young people, people living with HIV or disability and people of different sexualities, as well as of their partners, their family, and their caretakers (in the case of children)
- Young people who fear discussing their sexuality or visiting the clinic are at greater risk of unintended pregnancy, HIV and STI infection
- Younger people living with HIV may have many material and psychosocial needs including food, shelter, medical care, parental love, and protection
- Older young people living with HIV may have many psychosocial needs as well including acceptance from peers, a sense of purpose, self-esteem, autonomy, and independence
- SRHR Champions can play a key role in helping to address young people's psychosocial needs regarding their SRH over time.

## **SESSION 4.6: ADDRESSING THE CHALLENGES FACED BY YOUTH IN ACCESSING SRH SERVICES (60 MINUTES)**

The purpose of this session is to highlight how the problems faced by youths in accessing SRH services can be addressed at various levels and the role SRHR Champions can play as part of the solution. By the end of the session, participants will be able to describe challenges faced by young people in accessing SRH services; discuss possible ways of addressing the challenges; relate the solutions to approaches that have been known to work and recognise their key role as part of the solution, as SRHR Champions.

### ***Preparation and Materials:***

- Draw and cut out crocodile head shapes - give four to each group
- Draw and cut out stepping stone shapes - give four to each group
- Have string to use as the river.

Step 1: Introduce the session by talking about the transition issues youth face as they grow. Divide participants into groups and give them 30 minutes to complete the task.

Step 2: In their groups, ask participants to brainstorm the challenges faced by youth in accessing SRH services.

Step 3: Groups should then cluster and rank the challenges they identified and condense them into four key challenges. They should write these challenges on crocodile heads.

Step 4: In groups, participants should discuss ways in which the challenges may be tackled (services available, helpful people in the community) and write them on their stepping stones.

Step 5: Bring the whole group back together and ask groups to take it in turns to present their findings – by placing their crocodiles and stepping stones in the river and explaining their reasoning to the rest of the participants as they do so.

Probe to make sure that HIV and issues including PMTCT are discussed. Teen parents are at higher risk of HIV infection. Use of alcohol increases this risk, as well as the risk of date rape.

Step 6: Wrap-up the session on a positive note, emphasising that the challenges can be addressed and highlighting the approaches that have been known to work.

The key to this session is to help participants to see that they can play a significant role in helping to overcome the challenges faced by young people in their communities. When conducting this activity, try to highlight the role that SRHR Champions can play in all solutions.

## KEY INFORMATION: ADDRESSING THE CHALLENGES FACED BY YOUTH IN ACCESSING SRH SERVICES

SRHR Champions can play a significant role in helping to overcome the challenges faced by young people in their communities. For example:

### Some challenges faced by youth in accessing SRH services

Challenges	Possible Solutions
Lacking accurate information about SRHR	Sharing accurate SRHR information with peers
Stigma and discrimination encountered at the clinic	Advocating for youth friendly services at clinics
Clinics are only open during school hours	Discussing challenges faced by young people, including inaccessible opening hours, with clinic staff
Embarrassment about asking for SRH services	Accompanying young people when they attend medical centres for SRH services
Concern about lack of confidentiality	Asking clinic staff to guarantee confidentiality of all patient information
Not knowing how to use a condom properly	Showing young people how to use a condom correctly

# MODULE 5: TRAINING EVALUATION AND CONCLUSION (1 HOUR)

## MODULE OBJECTIVES:

*The purpose of this module is to:*

- Assess the extent to which participants have increased their knowledge and capacity to become SRHR Champions through participating in the training
- Encourage the participants to think back, and recap on all the key information learnt
- Provide an opportunity for questions and clarification or further discussion on areas which participants are not clear on.

## SESSION 5.1: SRHR CHAMPION TRAINING EVALUATION QUIZ (30 MINUTES)

This session enables the facilitator to assess the extent to which the participants have fully understood all the issues covered during the training.

### *Preparation and Materials:*

- Copies of the SRHR Champions Training Evaluation Quiz – enough copies for each participant, plus a few spare
- Flip chart, paper and markers
- Read through the module
- Recap on all the Key Information at the end of Session 5.2 so that you can prompt participants as they recall what they felt the key training issues were. Be prepared to find new ways to explain or describe issues if participants indicate that any areas are unclear.

Step 1: Ask participants to take the SRHR Champion Quiz again. Remind participants that their responses are confidential so there is no need to include their names on the sheets.

Step 2: Mark the quizzes in the same way as before and compare the results of this time to the first time they took the quiz.

Step 3: If there are certain questions which a lot of participants got wrong, go back to the relevant section and discuss the key information for that section again.

This exercise will also help the participants to identify any areas that are still unclear, or that they require more information about.

Date: .....  
 Peer Educators name: .....  
 Name of clinic: .....  
 Score: ..... /20 questions



1. Young people do not need separate SRH services	T F	2. Homosexuality is a choice	T F	3. Dual protection means wearing 2 condoms at a time	T F	4. If a man is circumcised, he still has to use a condom to protect against HIV or STI infection	T F
5. Refusing to have sex with your partner means you don't really love them	T F	6. Men can also suffer from gender-based violence	T F	7. Active listening means you know how people will answer a question	T F	8. Only people on antiretroviral therapy (ART) need HIV care services	T F
9. If you look and feel healthy, you do not have HIV	T F	10. Boys and men need to have sex or they will get sick	T F	11. It is safe for pregnant women to take ARVs	T F	12. Adolescents are more likely to give in to peer pressure which increases their risk for STIs, HIV and unplanned pregnancy	T F
13. Young people living with disability do not need information on SRHR because they are not sexually active	T F	14. When a young girl gets pregnant it is her own fault	T F	15. You cannot get pregnant the first time you have sex	T F	16. Girls and boys under 16 are not allowed to access contraceptives	T F
17. Calling someone names (e.g. telling your partner they are stupid, or useless) is a form of abuse	T F	18. People with STIs are more likely to contract HIV during unsafe sex	T F	19. Young people who are sexually abused need to get medical and psychological support	T F	20. SRHR Champions are also community educators and advocates and can help change policies and practices that affect youth SRHR	T F

## SESSION 5.2 YPISA TRAINING

### SUMMARY (30 MINUTES)

This session provides an opportunity to recap on key issues covered during the training and to respond to any areas which the participants may feel is not yet clear.

#### ***Preparation and Materials:***

- Print the Key Information section and distribute to all participants at the end of the training as it will be useful for future reference.

Step 1: Ask participants what they think were the key points of the training. What information will they take away from the training?

Step 2: Summarise the key points of the training using participant feedback and the key information.

Step 3: Ask if there are any questions or clarifications. Ask the group what questions they would like answered about SRHR, sex, sexuality, or sexual activity. Tell them to write their questions on a piece of paper and to hand them in anonymously (or to place them in the Question Box)

Step 4: Review the training objectives with participants and make sure all are confident with their skills and knowledge in these areas.

Step 5: If there are areas participants do not fully understand or which they need more help, go back and review those sessions.

Step 6: Tell participants that as a homework assignment (optional), they will be doing a Condom Scavenger Hunt. Ask participants to go out into the community and to try and bring in samples of the types of condoms that are available for free in the community. Also ask participants to think of answers to the following questions as they embark on their roles as SRHR Champions, and to try to address any areas where they faced challenges accessing condoms:

- Where are condoms available in the community?
- How much do the condoms cost?
- Which condoms do people in the community like?
- Which condoms don't they like? Why?
- How hard or easy was it to find free condoms?
- How did you feel asking for condoms?
- Why don't some people in the community use condoms?
- Are these reasons different for youth and adults? Are they different for married and unmarried people?

Step 8: Next, look at the questions in the Question box and answer all of them one by one.

Wrap up by noting again that we all have our own attitudes and values when it comes to sex and sexual behaviours. To be good SRHR Champions, however, we must not put our values on our clients. As participants discuss the key issues they remember from the training, encourage them to think about the points listed in the Key Information section for this session. After the discussion, give each participant a copy of the key information for future reference.

## KEY INFORMATION: YPISA TRAINING SUMMARY

### ***Key points to remember for SRHR Champions:***

- SRHR Champions need to talk openly and non-judgmentally with young people to help them practice safer sex, understand reproduction, and make informed choices about having children
- Adolescence is a time of sexual experimentation
- Everyone has sexual behaviours that are 'OK for them'
- It is important for SRHR Champions to know all the body parts involved in sex and reproduction in women and men so that they can help other young people to understand the changes taking place in their bodies
- Safer sex is anything that sexual partners do to lower their HIV, STI, and pregnancy risk. Safer sex involves choosing sexual practices and protection methods that do not allow body fluids to pass from one person to the other. SRHR Champions can talk about and help young people choose safer sex methods
- Part of the SRHR Champion's role is to spread the truth about condoms, to give out condoms, and to help people learn how to use them to protect themselves and their partners from HIV, STIs, and unwanted pregnancy
- HIV and some other STIs are for life. Condoms, non-penetrative sex and abstinence are ways of preventing unplanned pregnancy, HIV and STIs
- There are many reasons why young people may not be able to negotiate safer sex with their partners, including lack of good communication skills and/or fear or embarrassment about bringing up the topic of protection
- For PLHIV, in addition to practicing safer sex and using condoms, taking ART the right way, at the same time, everyday can also lower the chances of passing/getting HIV through sexual contact. This is sometimes called 'treatment as prevention'
- There are many physical, social, and economic risks of pregnancy in young people, including spontaneous abortion, stillbirths, health complications for

the mother (like high blood pressure), loss of education, and parents being unprepared to raise a child

- SRHR Champions are not trained family planning providers, but they can provide basic information on contraceptive methods and referrals to young people. SRHR Champions should always consult with doctors, nurses, counsellors, etc. when providing clients with information on getting pregnant, having children, and contraception
- Dual protection means preventing STIs/HIV and unwanted pregnancy at the same time. The key to practicing dual protection when in a sexual relationship is to use condoms, either alone or together with another contraceptive method
- When a person has an STI, especially one with sores, it is much easier to spread HIV
- SRHR Champions should always encourage clients to go to the clinic right away if they think they have a STI and tell them to get their partners checked and treated as well
- Mother-to-child transmission (MTCT) is the transmission of HIV from a woman living with HIV to her baby during pregnancy, labour, delivery, or after birth during breastfeeding (vertical transmission)
- PMTCT stands for prevention of mother-to-child transmission
- PMTCT services during pregnancy, labour and delivery, and after the baby is born help mothers reduce the chance that their baby will become HIV-infected. SRHR Champions should help educate young women about the importance of getting HIV testing together with their partner if they are thinking of getting pregnant; enrolling in PMTCT services if they are pregnant; and of adhering to their own and their baby's care and any medicines. Young male partners should be encouraged to support their partners in HIV testing before pregnancy; early maternity booking; accessing PMTC services if needed, and supporting their partner to exclusively breastfeed
- Pregnant women (and breastfeeding mothers) need to use condoms to ensure that they are not infected with HIV during pregnancy or breastfeeding
- Sexual abuse includes all forms of sexual violence or exploitation (emotional, physical, and economic) against a person. Any type of unwanted sexual contact is considered sexual abuse
- If a client discloses sexual abuse, SRHR Champions should always believe the person and offer emotional support and understanding
- HIV testing is important for anyone who has suffered sexual abuse
- SRH champions dealing with cases of abuse or gender-based violence, incest, or abuse by other members of the community, should seek assistance from others in authority to ensure the child or young person is fully protected.

However, they should first obtain the consent of the abused person before they break their confidentiality. Obtaining this permission may take a lot of persuasion and support.

## APPENDIX 1: ANSWERS TO SRHR CHAMPION QUIZ

Questions	True	False	Don't Know
<i>(Tick True, False or Don't Know for each question)</i>			
1. Young people do not need separate SRH services		X	
2. Homosexuality is a choice		X	
3. Dual protection means wearing 2 condoms at a time		X	
4. If a man is circumcised, he still has to use a condom to protect against HIV or STI infection	X		
5. Refusing to have sex with your partner means you don't really love them		X	
6. Men can also suffer from gender-based violence	X		
7. Active listening means you know how people will answer a question		X	
8. Only people on antiretroviral therapy (ART) need HIV care services		X	
9. If you look and feel healthy, you do not have HIV		X	
10. Boys and men need to have sex or they will get sick		X	
11. It is safe for pregnant women to take ARVs	X		
12. Adolescents are more likely to give in to peer pressure which increases their risk for STIs, HIV and unplanned pregnancy	X		
13. Young people living with disability do not need information on SRHR because they are not sexually active		X	
14. When a young girl gets pregnant it is her own fault		X	
15. You cannot get pregnant the first time you have sex		X	
16. Girls and boys under 16 are not allowed to access contraceptives		X	
17. Calling someone names (e.g. telling your partner they are stupid, or useless) is a form of abuse	X		
18. People with STIs are more likely to contract HIV during unsafe sex	X		
19. Young people who are sexually abused need to get medical and psychological support	X		
20. SRHR Champions are also community educators and advocates and can help change policies and practices that affect youth SRHR	X		

## REFERENCES:

POSITIVE VOICES, POSITIVE CHOICES: A Comprehensive Training Curriculum for Adolescent Peer Educators Trainer Manual, (2011), Columbia University

HIV prevention, Treatment care and Support: A Training Package for Community Volunteers. SFAIDS, IFRC, WHO, 2006, Geneva





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