

TRAINING FOR ADOLESCENTS - ILLNESS PHASE  
(HRA PROJECT)

SESSION 14: HOW CAN WE ENCOURAGE SAFER SEX?

(Day 7, Afternoon. Two Hours in length.)

OBJECTIVES:

1. Youths will increase their motivation to engage in responsible and mutually caring sexual relationships.
2. Youths will understand the dangers of sexually transmitted diseases.
3. Youths will understand the difference between contraceptive and protective devices and their value.
4. Youths will be able to use a condom correctly.
5. Youths will increase their skills in influencing a partner to avoid sex or have protected sex.

RATIONALE:

One of the objectives of the intervention is to increase the use of safer sex practices. Thus, this session provides an opportunity to practice putting on a condom and inserting a female condom. It also focuses on relationship issues around safer sex. We assume that sex occurs in relationships; therefore the characteristics of responsible and mutually caring sexual relationships are explored. It is within this context that the practices on talking to a partner about delaying sex, refusing unwanted sex, and facilitating protected sex takes place.

We also believe that there is a lack of emphasis on STDs which can lead to HIV susceptibility and which can in their own right cause serious harm to oneself, one's partner, and one's baby. STDs are examined. It is emphasized that STDs often have few symptoms. Thus, teenagers do not know that they have an STD and are passing it to his or her partner.

There is also confusion about devices that are effective with regard to contraception but which do not prevent infection. We help the youths to tell the difference, and to recognize that there are less effective infection protection methods which might help to some extent in an emergency.

PROCEDURES:

1. Introduce the participants. Give out Strokes and do a lottery to reinforce returning back on time and with eagerness. Introduce the topic with a script. (10 minutes)
2. Start with a script showing a mutually caring couple. Have the youths define what a mutually caring relationship is like. (15 minutes).

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3. Present information on STDs and have the youths provide an answer to a friend on STDs. (10 minutes)
4. Present information on contraceptive devices and protection devices and on the hierarchy of protection. (10 minutes)
5. Separate the girls and boys. Have each work on putting a male condom on a model. Have the girls practice inserting a female condom. Show the boys the female condom. (30 minutes)
6. Practice discussing with a partner delaying sex, avoiding unwanted sex, and using a condom. (25 minutes)
7. End with group appreciation and between-session assignments related to taking the self-test. (15 minutes)

**MATERIALS:**

Strokes  
**Newsprint, easels and marking pens - 2 sets**  
Scripts: You Gave It To Me!; I Care  
Pencils  
Male condoms  
Female condoms  
Lubricants  
Penis models  
Model of female reproductive system  
Do's and Don'ts of Condom Use  
STD Facts  
Methods Fact Sheet  
Self-test

Exercise 1: What Is This Session About?  
(10 minutes)

**[The purposes of this exercise are to create a friendly atmosphere, to build group cohesion, and to introduce the topic of safer sex. Positive introductions, giving out Strokes, a lottery and a script are used.]**

Welcome back from lunch.

I'm glad to see you here on time and ready to go.

Let's do a lottery.

■GIVE OUT LOTTERY TICKETS. HAVE THE PARTICIPANTS WRITE THEIR NAMES ON THEM, COLLECT THEM, MIX THE TICKETS UP, HAVE SOMEONE DRAW A WINNER, AND GIVE OUT A PRIZE.

Now I would like you to introduce yourselves, and complete this sentence, "I want a boyfriend or girlfriend who ...."

For example, "I am Arlene and I want a boy friend who is faithful to me."

I'll go first.

My name is \_\_\_\_\_, and I want a boyfriend who \_\_\_\_\_.

■HAVE EACH PERSON GIVE HER/HIS NAME AND COMPLETE THE SENTENCE "I WANT A BOY (GIRL)FRIEND WHO IS\_\_\_\_\_."

Very good.

Here are your Strokes for this afternoon, so that you can let people know that you liked what they said or did.

■GIVE OUT 20 STROKES TO EACH PERSON.

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To get into this afternoon's topic I need two volunteers to read a brief script from a soap scene.

One person is the boyfriend and the other is the girlfriend.

■SELECT THE VOLUNTEERS. GIVE THEM THE SCRIPT AND HAVE THEM READ IT ALOUD. IF NO TEENAGER CAN READ, THEN THE FACILITATORS PLAY THE PARTS.

YOU GAVE IT TO ME

BOYFRIEND: Hey, Baby, I need to talk to you.

GIRLFRIEND: About what?

BOYFRIEND: I had this problem. So I went to the clinic. Baby, you gave me gonorrhea!

GIRLFRIEND: It's the other way around. You gave me gonorrhea!

BOYFRIEND: I did not!

GIRLFRIEND: Yes, you did!

BOYFRIEND: You gave it to me. I haven't been with anybody else since we started going together.  
That's four months.

GIRLFRIEND: What did you do before then?

BOYFRIEND: I could ask you the same question.

THE END

Thank you. That was great!

■GIVE THE PLAYERS STROKES.

As you can guess from the scene we just saw, today we start working on safer sex.

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Exercise 2: What Is A Mutually Caring Relationship?  
(15 minutes)

**[The purpose of this exercise is to introduce the concept of a responsible and mutually caring sexual relationship. Youths brainstorm the characteristics of one.]**

Sex takes place between two people in some kind of relationship - even if they just met.

Sexual relationships can be great, and they can be hurtful and dangerous leading to infection, unwanted sex, unwanted pregnancy, and abuse.

We think that a responsible and mutually caring sexual relationship is good for both partners.

What do you think of this couple?

Who will read the parts for this brief soap scene between a boyfriend and a girlfriend who have been together for awhile?

■SELECT VOLUNTEERS. GIVE THEM THE SCRIPT AND HAVE THEM READ THE SOAP SCENE ALOUD TO THE GROUP.

I CARE

BOYFRIEND: Do you know how much I like you?

GIRLFRIEND: A lot?

BOYFRIEND: Much more than a lot.

GIRLFRIEND: You make me very happy.

BOYFRIEND: You really turn me on.

GIRLFRIEND: Me too.

BOYFRIEND: Let's go someplace where it's private.

GIRLFRIEND: I'm a little scared.

BOYFRIEND: Don't be. Let me tell you before you ask. As far as I know, I'm healthy, but I'm not taking any chance of getting you infected or having a baby or anything like that. So I'm using a condom.

GIRLFRIEND: That makes me feel a lot better. I'm glad you care.

BOYFRIEND: Too much to mess things up.

GIRLFRIEND: Can we go slow?

BOYFRIEND: The slower the better. And I got this stuff too.

GIRLFRIEND: What is it?

BOYFRIEND: K-9 jelly. It kills germs and makes things really smooth. Don't you know, I want it right?

GIRLFRIEND: I know I love you more and more.

THE END

Thank you for a great job.

■GIVE THE PLAYERS STROKES.

Was this a responsible and mutually caring relationship?

■ENCOURAGE RESPONSES.

What are the characteristics of a "responsible and mutually caring sexual relationship?"

For example, maybe you think that treating each other with respect is a sign of a mutually caring relationship.

I am going to ask one half of the group to go to one corner of the room and the other half to go to the other corner.

Your task is to write on newsprint a list of what is and what is not found in a responsible and mutually caring relationship.

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You have six minutes to make up your list.

■HAVE ONE HALF GO ONE CORNER OF THE ROOM AND THE OTHER HALF GO TO THE OTHER CORNER. HAVE THEM SELECT SOMEONE TO PUT THE IDEAS UP ON NEWSPRINT. A FACILITATOR GOES WITH EACH GROUP AND PROMPTS AS NECESSARY. SUGGEST FOR CONSIDERATION SOME OF THE IDEAS FOUND BELOW IF THEY DON'T COME UP. EXAMPLES OF IDEAS ARE AS FOLLOWS:

IS FOUND IN A RESPONSIBLE AND MUTUALLY CARING RELATIONSHIP:

GIVE AND RECEIVE PLEASURE  
FREELY CHOOSE WHETHER TO ENGAGE IN SEX (NON-COERCIVE)  
DO NOT TAKE ADVANTAGE OF EACH OTHER (NON-EXPLOITIVE)  
PREVENT PREGNANCIES DURING THE TEENAGE YEARS  
PROTECT EACH OTHER FROM STDs AND HIV  
SUPPORT EACH OTHER IN ACHIEVING GOALS

IS NOT FOUND IN A RESPONSIBLE AND MUTUALLY CARING RELATIONSHIP:

UNPLEASANT AND BORING SEX  
FORCING EACH OTHER TO HAVE SEX  
TAKING ADVANTAGE AND MANIPULATING EACH OTHER  
HAVING CHILDREN TOO SOON  
GIVING EACH OTHER DISEASES  
NO ROMANCE  
NOT SUPPORTING EACH OTHER

■AFTER SIX MINUTES BRING THE GROUPS BACK TOGETHER.

Now let's hear what you came up with.

Will one of the groups please show us your list and present them?

■HAVE ONE OF THE GROUPS PRESENT THEIR LIST.

That was very good.

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Now will the other group please tell us about their list?

■HAVE THE OTHER HALF SHARE THEIR LIST.

Those are great lists.

It looks like you have got the idea of what a responsible and mutually caring relationship looks like.

What do you think of each other's lists?

■ENCOURAGE SHARING OF REACTIONS TO EACH OTHER'S LIST.

Exercise 3: How Dangerous Are STDs?  
(10 minutes)

**[The purpose of this exercise is to show that STDs are dangerous and often do not have any signs. Reviewing a fact sheet and asking how to advise a friend are used.]**

As you know, there is a lot of talk about AIDS and HIV these days.

More and more we are learning that sexually transmitted diseases which we will call STDs make a person more vulnerable to HIV.

We want to make three main points about STDs.

First, they can cause you serious harm, hurt your partner, and damage your child if you have an STD when pregnant.

■WRITE "STDS = HARM" ON NEWSPRINT.

Second, often there is no way to tell you have one.

■WRITE "FEW SYMPTOMS" ON NEWSPRINT.

They sit inside you like a time bomb, and then one day they go off.

Third, they can make you vulnerable to HIV.

■WRITE "EASIER TO GET HIV" ON NEWSPRINT.

So that you know what your choices are we want to make sure you have the knowledge you need about STDs.

Here is a fact sheet on STDs.

Because this is a list of diseases some of the names are going to be hard for all of us to pronounce.

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But we'll do the best we can.

Let me know if you are not clear what something means also.

■HAND OUT THE STD FACT SHEET.

SEXUALLY TRANSMITTED DISEASE FACT SHEET

CHLAMYDIA

WHAT HARM CAN IT DO TO YOU?

Pelvic Inflammatory disease, infertility, inflamed rectum, inflamed eyes, and more vulnerable to HIV.

WHAT HARM CAN IT DO YOUR BABY?

If exposed, the newborn baby can get eye infections and pneumonia.

WHAT ARE THE EARLY WARNING SIGNS?

None or very mild. Both men and women may have vaginal discharge or pain urinating. For a man may lead to swelling in the scrotal area (testicles).

GENITAL HERPES

WHAT HARM CAN IT DO TO YOU?

Can keep reoccurring. Cannot be cured, but can be kept under control. Lesions. Makes you more easily infected with HIV.

WHAT HARM CAN IT DO TO YOUR BABY?

Can be passed to baby depending on the stage in the mother. Can lead to a premature delivery.

WHAT ARE THE EARLY WARNING SIGNS?

Some early signs such as itching, burning sensations, pain in legs and buttocks, vaginal discharge and abdominal pressure. Can have sores in the cervix or in the man's urinary passage. Can lead to severe pain during urination.

GONORRHEA

WHAT HARM CAN IT DO TO YOU?

Can spread and result in pelvic inflammatory disease. Can lead to infertility and ectopic pregnancy (tubal pregnancy). More susceptibility to HIV. If untreated, can damage the heart valves, joints, and brain.

WHAT HARM CAN IT DO TO YOUR BABY?

Can be passed to the new born who will be vulnerable to the same diseases.

WHAT ARE THE EARLY WARNING SIGNS?

None or so mild you can't tell. Men may have discharge from the penis and severe burning during urination.

HEPATITIS B

WHAT HARM CAN IT DO TO YOU?

Cirrhosis of the liver. Weaken the immune system and lead to immune system disorders. More vulnerable to HIV.

WHAT HARM CAN IT DO TO YOUR BABY?

Can be passed to baby during birth.

WHAT ARE THE EARLY WARNING SIGNS?

No obvious signs. Person may experience fever, headache, fatigue, and loss of appetite.

HIV

WHAT HARM CAN IT DO TO YOU?

Become infected with AIDS.

WHAT HARM CAN IT DO TO YOUR BABY?

Baby may become infected with the AIDS virus.

WHAT ARE THE EARLY WARNING SIGNS?

None.

CYTOMEGALOVIRUS

WHAT HARM CAN IT DO TO YOU?

Weakens the immune system, Infections. Blindness. More vulnerable to HIV. Often leads to infectious mononucleosis. (Not always a sexually transmitted disease.)

WHAT HARM CAN IT DO TO YOUR BABY?

If mother has this disease during pregnancy, it can lead to congenital birth defects such as mental retardation, blindness, deafness, and epilepsy.

WHAT ARE THE EARLY WARNING SIGNS?

No clearly defined symptoms. Not easily noticed. May have painful urination, painful intercourse, rectal bleeding, and vaginal discharge.

HUMAN PAPILLOMA VIRUS

WHAT HARM CAN IT DO TO YOU?

Cervical and genital cancer. Genital warts. (Men may need to have warts removed from the penis.) More vulnerable to HIV.

WHAT HARM CAN IT DO TO YOUR BABY?

Can cause warts in the throat of an infant which can be life-threatening.

WHAT ARE THE EARLY WARNING SIGNS?

No visible symptoms.

PELVIC INFLAMMATORY DISEASE (PID)

WHAT HARM CAN IT DO TO YOU?

Infertility, tubal pregnancies, chronic pelvic pain. Can be life threatening. For women the most serious STD. (Basically effects women.)

WHAT HARM CAN IT DO TO YOUR BABY?

Fatal to the fetus.

WHAT ARE THE EARLY WARNING SIGNS?

None or very minor such as lower abdominal pain and abnormal vaginal discharge.

SYPHILIS

WHAT HARM CAN IT DO TO YOU?

Heart abnormalities, mental disorders, blindness and more chance of getting HIV.

WHAT HARM CAN IT DO TO YOUR BABY?

Can be passed to newborn and will cause serious and mental problems. Can cause still-birth babies.

WHAT ARE THE EARLY WARNING SIGNS?

Very mild symptoms such as sores and rashes.

TRICHOMONIASIS

WHAT HARM CAN IT DO TO YOU?

Increased risk of HIV.

WHAT HARM CAN IT DO TO YOUR BABY?

Can have a premature baby. Can have a low birth-weight baby.

WHAT ARE THE EARLY WARNING SIGNS?

Often occurs without symptoms. Symptoms can appear years after the infection. When signs occur, they are typically genital discharge, painful urination, painful intercourse, and vaginal odor. Men may have discharge from the penis and painful urination, but most men do not have symptoms.

I want to make sure you know how to use this fact sheet.

Let's say a boy tells you he has gonorrhea and is worried about getting warts on his penis.

Is gonorrhea the STD which would give him warts on his penis?

See if you can find the answer.

**■WAIT WHILE YOUTHS LOOK FOR THE RIGHT ANSWER. HUMAN PAPILLOMAVIRUS GIVES YOU WARTS.**

That's right.

Human Papillomavirus gives a person genital warts.

A girl tells you she has an STD, and she heard it is the most serious one a woman can get.

She can't remember the name of it.

Which one would it be?

**■WAIT WHILE THE YOUTHS LOOK FOR THE RIGHT ANSWER. PID IS THE MOST SERIOUS FOR WOMEN.**

Very good.

PID or pelvic inflammatory disease is the right answer.

We know that HIV cannot be cured.

There is another STD that cannot be cured, but it can be kept under check with medication.

Your friend has it.

What is it?

**■WAIT WHILE THE YOUTHS LOOK FOR THE RIGHT ANSWER. HERPES IS THE CORRECT ANSWER.**

Very good.

Herpes is correct.

Does anyone have a question about these STDs?

**■ANSWER QUESTIONS. IF YOU DO NOT KNOW THE ANSWER, TELL THE GROUP YOU WILL FIND OUT AND LET THEM KNOW.**

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Exercise 4: What Are the Best Methods to Protect Myself?  
(15 minutes)

**[The purposes of this exercise are to differentiate between contraceptive and protection devices, to present an overview of devices, and to clarify the hierarchy of effectiveness of devices. A fact sheet and questioning is used.]**

Next I want you to have an overview of the devices you can use to protect yourself and your partner.

There are three main points to remember.

First, some contraceptive devices may be effective as birth control but don't protect you against infections such as STDs and HIV.

■WRITE "CONTRACEPTION - YES; INFECTION - NO" ON NEWSPRINT.

Second, some devices are not very good at protecting you against HIV but may be better than nothing.

Use only in emergency!

■WRITE "BETTER THAN NOTHING" ON NEWSPRINT.

Third, only condoms work well for both birth control and protecting against infection.

■WRITE "CONDOMS ONLY" ON NEWSPRINT.

Now let's take a look at a fact sheet on methods of protection.

■HAND OUT FACT SHEET.

On the fact sheet you will see the female condom listed.

It is new, and we will get into it in detail during the next exercise when we learn about using condoms.

<b>FACT SHEET ON DISEASE PREVENTION AND CONTRACEPTION METHODS</b>			
<b>METHODS</b>	<b>EFFECTIVENESS</b> (Assuming used always and correctly)	<b>COSTS</b> (Per Time)	<b>COMMENTS</b>
<b>CONDOMS</b>			
Male Condom	High for both disease protection and preventing pregnancy. Effectiveness is increased if used with spermicide.	\$0.50	Requires partner cooperation. May interrupt sex. Should be used with spermicide.
Female Condoms	Assumed high for disease protection and high preventing pregnancy. Effectiveness is increased if used with spermicide.	\$2.00	Requires partner willingness to have sex with it in. Is visible. Should be used with spermicide.
<b>BARRIERS</b>			
Cervical Cap	Moderate protection against disease and good for preventing pregnancy if used with spermicide.	\$0.10	Requires no partner cooperation. Must be fitted. 20 to 40% of women not able to be fitted. Requires initial outlay of \$100 to \$150. Requires vaginal spermicide for best protection against STDs.
Diaphragm	Moderate protection against disease and good for preventing pregnancy if used with spermicide.	\$0.10	Requires no partner cooperation. Must be removed after 10 to 12 hours. May need to be refitted. Requires initial outlay of \$50 to \$75.

<b>FACT SHEET ON DISEASE PREVENTION AND CONTRACEPTION METHODS</b>			
<b>METHODS</b>	<b>EFFECTIVENESS</b> (Assuming used always and correctly)	<b>COSTS</b> (Per Time)	<b>COMMENTS</b>
<b>SPERMICIDES</b>			
Film	Low for protecting against disease and fair for preventing pregnancy	\$1.00	Requires no partner cooperation. Requires 15 minutes' waiting time. Must be applied within one hour of intercourse.
Suppository	Low for protecting against disease and fair for preventing pregnancy.	\$0.50	Requires no partner cooperation. Requires 15 minutes' waiting time. Must be applied within one hour of intercourse.
Foam	Low for protecting against disease and fair for preventing pregnancy.	\$0.50	Requires no partner cooperation. Requires applicator.
Jelly/Cream	Low for protecting against disease and fair for preventing pregnancy.	\$5.00 per tube	Requires no partner cooperation. Requires applicator. Must be applied within one hour of intercourse.
<b>OTHER</b>			
The Pill	No protection against disease and high for preventing pregnancy.	\$12/24 per month	Requires no partner cooperation. Is convenient. May raise risk of infection. Is expensive.
Norplant	No protection against disease and high for preventing pregnancy.	\$5 to \$8 per month	Requires no partner cooperation. Is convenient. May cause

<b>FACT SHEET ON DISEASE PREVENTION AND CONTRACEPTION METHODS</b>			
<b>METHODS</b>	<b>EFFECTIVENESS</b> (Assuming used always and correctly)	<b>COSTS</b> (Per Time)	<b>COMMENTS</b>
			bleeding in some women which raises the risk of infection. \$300 to \$500 for insertion.
IUD	No protection against disease and high for preventing pregnancy.	\$150 to \$300 per insertion	Requires no partner cooperation. Raises risk of PID with insertion.
Early Withdrawal	No protection against disease and some effectiveness in preventing pregnancy.	none	Depends completely on partner cooperation and cannot be counted on. Danger of sperm and infection in semen which may leak out before ejaculation.

Again I want to make sure you know how to use this fact sheet.

First, look at the format.

It tells you what the method or device is, how effective it is, what it costs, and then there are comments.

For example, take "jelly or cream."

These are contraceptive jellies which kills sperm.

It is low for protecting against disease and fair for preventing pregnancy.

It costs about \$5.00 per tube.

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Under "comments" you can see that one good thing about jelly's are that you don't need to ask your partner to use them.

Now let's see you use the fact sheet.

Here's a small prize to the first person who can give me two examples of methods which are great as birth control, but which do nothing against STDs and HIV.

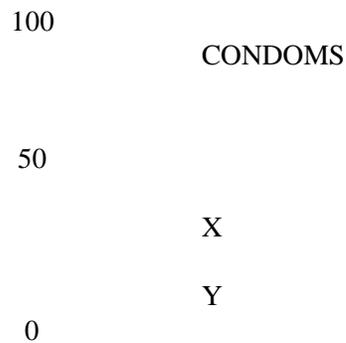
■WAIT WHILE YOUTHS LOCATE THE PILL AND NORPLANT. GIVE OUT A SMALL PRIZE TO THE WINNER.

Very good.

This means that if you like and are using either the pill or Norplant, you would still need to use a condom.

Some women don't like to have to use two methods.

■DRAW THE FOLLOWING CHART ON NEWSPRINT.



We know that condoms are the best for both; therefore they are at the top.

What method would go where the "X" is?

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A method that is way below the condom, but gives some small amount of protection against STDs and HIV.

And what method would you put at "Y" which is below the one at "X" but may give a little protection against HIV?

■WAIT WHILE THE YOUTHS REVIEW THE FACT SHEET AND COME UP WITH ANSWERS. CAP OR DIAPHRAGM WITH SPERMICIDE GO AT "X" AND SPERMICIDE ALONE GOES AT "Y."

If you have a choice, always use condoms.

In an emergency use one of the less effective ones.

For example, an abusive boy friend is drunk and forcing his girlfriend to have sex with him.

He won't go for the condom, but he will let her put her diaphragm and some spermicide in.

She should do it.

We are presenting this information to both the girls and the boys because we think a boy who cares needs to know the facts.

Another question for you.

Which methods require the male partner's cooperation?

■WAIT WHILE YOUTHS LOOK FOR ANSWERS. MALE CONDOMS IS THE MAIN METHOD WHERE COOPERATION IS REQUIRED.

What difference does it make if male cooperation is required?

■ENCOURAGE A DISCUSSION OF GIRLS AND WOMEN HAVING NO

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**CONTROL OVER PROTECTING THEMSELVES WITH THE MOST EFFECTIVE METHOD.**

You can see the difficult spot a girl is in when she has to obtain the boy's permission in order to use the method that protects her best.

That's one reason while the female condom is an alternative that many women like.

What questions or comments do you have about the information we just went over or what is on the chart?

**■ENCOURAGE COMMENTS AND QUESTIONS.**

Exercise 5: How Do You Use Condoms Correctly?  
(30 minutes)

**[The purposes of this exercise are to increase the girls's skill in putting on a condom and inserting a female condom, to increase the boys' skills in putting on a condom, and to increase the boy's acceptance of condom use. Modelling, practice and discussion are employed.]**

Now it is time to practice using condoms.

For this exercise we will have the girls in one group and the boys in another.

■PLACE THE GIRLS IN ONE GROUP AND THE BOYS IN ANOTHER.

■FOR PUTTING ON THE MALE CONDOM FOLLOW THE SAME INSTRUCTIONS FOR BOTH THE BOY AND GIRL GROUPS.

■PASS OUT A HANDFUL OF UNLUBRICATED CONDOMS TO EACH PARTICIPANT.

First, I simply want you to get the feel of condoms.

All of these are unlubricated condoms.

Tear open the package and pull it.

Unroll it, stretch it, snap it, blow it up.

Do anything crazy thing you want with it.

■MODEL DOING SOMETHING PLAYFUL WITH A CONDOM. ALLOW A MINUTE OR TWO FOR PLAYING WITH THEM.

Now open another one and throw it to someone else in the room.

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See if you can catch it.

Now let's practice putting a condom on a penis.

■ **PASS OUT LUBRICATED CONDOMS AND PENIS MODEL.**

Here are lubricated condoms and penis models.

I will demonstrate putting on a male condom.

■ **BEGIN MODELLING, TALKING THE WOMEN THROUGH THE PROCESS. FACILITATORS SHOULD HAVE PRACTICED THIS SEVERAL TIMES BEFORE DEMONSTRATING IT. A GUIDELINE FOLLOWS:**

USING A CONDOM

PUTTING ON A CONDOM

(BUY LATEX ONLY BECAUSE LAMB SKIN LETS HIV THROUGH)

1. OPEN THE PACKAGE CAREFULLY.
2. PUT A DROP OF WATER-BASED LUBRICANT INSIDE THE TIP OF THE CONDOM.
3. ROLL DOWN 1/2 INCH OF CONDOM.
4. PUT THE CONDOM AGAINST THE HEAD OF THE HARD PENIS. (IF THE PENIS IS UNCIRCUMCISED, PULL BACK THE FORESKIN FIRST.)
5. SQUEEZE ANY AIR OUT OF THE CONDOM.

6. ROLL THE CONDOM ALL THE WAY DOWN TO THE BASE OF THE PENIS.
7. GENTLY SMOOTH OUT ANY EXTRA AIR.

■WHEN FINISHED PUTTING THE CONDOM ON, COMMENT ON THE CORRECT WAY TO TAKE OFF A CONDOM. A GUIDELINE FOLLOWS:

TAKING OFF A CONDOM

1. PULL OUT GENTLY WHILE THE PENIS IS STILL HARD.
2. HOLD THE CONDOM AT THE BASE OF THE PENIS WHILE PULLING OUT SO THE CONDOM DOESN'T LEAK OR FALL OFF.
3. STARTING AT THE BASE, ROLL THE CONDOM OFF CAREFULLY SO THE CUM DOESN'T SPILL.
4. THROW THE CONDOM AWAY. (NEVER USE A CONDOM TWICE.)

Here is a set of Do's and Don'ts for Condom use.

■HAND OUT THE DO'S AND DON'TS. EMPHASIZE ANY POINTS THAT HAVE NOT BEEN COVERED SUFFICIENTLY.

## DO'S AND DON'TS FOR CONDOMS

### DO

1. USE ONLY LATEX CONDOMS
2. USE FOR VAGINAL, ANAL AND ORAL SEX
3. USE ONLY WITH WATER-BASED LUBRICANT SUCH AS K-Y JELLY NOT VASELINE OR OTHER OIL BASED PRODUCTS.
4. CHECK OUT THE CONDOM PACKET FOR PUNCTURES
5. PUT ON CONDOM BEFORE PENIS EVEN TOUCHES ANUS, VAGINA OR MOUTH
6. PULL BACK FORESKIN
7. PLACE SMALL AMOUNT OF LUBRICANT WITH NON-OXYNOL 9 IN CONDOM TIP
8. ROLL CONDOM ALL THE WAY TO BASE OF PENIS
9. LEAVE ROOM IN END OF CONDOM FOR CUM
10. SQUEEZE OUT ANY AIR POCKETS.
11. HOLD ON TO THE RIM OF THE CONDOM AT THE BASE WHEN PULLING OUT
12. CAREFULLY REMOVE CONDOM
13. THROW CONDOM AWAY
14. **USE THE CONDOM EVERY TIME YOU HAVE SEX**

### DON'T

1. DON'T USE AN OIL-BASED LUBRICANT
2. DON'T USE A CONDOM MORE THAN ONCE
3. DON'T PUNCTURE THEM

- |   |
|---|
| 4. DON'T USE LAMB SKIN CONDOMS            |
| 5. <b>DON'T HAVE SEX WITHOUT A CONDOM</b> |

We have talked about putting on a condom and demonstrated it, but you haven't had a chance to try it.

That's what we will do next.

I am going to divide the group into pairs.

Each of you will receive a lubricated condom.

**■DIVIDE THEM INTO PAIRS. GIVE EACH PAIR A PENIS MODEL AND TWO LUBRICATED CONDOMS. ALSO PASS OUT KLEENEX OR PAPER TOWELS FOR WIPING OFF THEIR HANDS.**

One of you hold the penis model while the other woman puts on the condom.

Then switch.

If you would rather put the condom on your partner's three fingers, that is fine, also.

OK. Go ahead and practice.

**■FACILITATORS WANDER FROM PAIR TO PAIR. GIVE LOTS OF ENCOURAGEMENT, REINFORCEMENT, AND "THANKS" EVEN IF THE ATTEMPT IS NOT PERFECT IN THIS PRACTICE.**

**■FOR THE GIRLS' GROUP ONLY. FOR THE BOYS' GROUP ONLY GO TO PAGE 30.**

**■SWITCH OVER TO THE FEMALE CONDOM.**

Now let's work with the female condom.

■PASS OUT A FEMALE CONDOM WITH DIRECTIONS FROM THE PACKET TO EACH WOMAN AND LUBRICANT.

I will talk us through using the female condom.

Remember that the female condom is to be put on ahead of time and not in front of your partner.

Here is an anatomical model for us to practice on.

Hold the model in front of you when you practice.

■DEMONSTRATE OPENING THE PACKAGE AND INSERTING IT ON THE ANATOMICAL MODEL. FOLLOW THE INSTRUCTIONS IN THE "REALITY" PACKET. **PLEASE PRACTICE USING THE FEMALE CONDOM SEVERAL TIMES BEFORE THE DEMONSTRATION.** AN EXAMPLE OF INSTRUCTIONS FOLLOWS:

#### USING A FEMALE CONDOM

##### To Open the Packet

Pull the two sides apart from the center.

Take out and examine.

Rub the outside of the pouch to make sure lubricant is evenly spread.

Add more lubricant if needed - one quick squeeze.

##### To Insert

Find a comfortable position - one foot up on chair, sit with knees apart, lie down. **DESCRIBE BUT DON'T MODEL.**

Make sure the inner ring is at the bottom, closed-end of the condom.

If you wish, add a drop of extra lubricant to the closed- end outside tip or to the outside ring before you insert.

Hold the condom with the open end hanging down.

While holding the outside of the condom, squeeze the inner ring with thumb and middle finger.

Place your index finger between the thumb and middle finger and keep squeezing the inner ring.

Still squeezing with your three fingers, with your other hand spread the lips of your vagina.

Insert the squeezed closed-end of the condom.

Take your time. If the condom is slippery to insert, let it go and start over.

Now push the inner ring and the condom the rest of the way up into the vagina with your index finger. **CHECK TO BE SURE THE INNER RING IS UP JUST PAST THE PUBIC BONE.** (You feel your pubic bone by curving your index finger when it is a couple of inches inside the vagina.) **DESCRIBE BUT DON'T MODEL.**

Make sure the condom is inserted straight and not twisted.

Make sure that the **OUTSIDE RING LIES AGAINST THE OUTER LIPS.**

**■AFTER THE DEMONSTRATION, HAVE EACH WOMAN TRY INSERTING IT ON THE MODEL WHILE THE OTHERS WATCH. IF TIME IS SHORT, TWO WOMEN TOGETHER WORK ON THE MODEL. MAKE SURE THEY HOLD THE MODEL IN FRONT OF THEM.**

I want to make a few comments on how to use the female condom.

Not everything that I will mention was covered in what we just practiced - such as helping to insert the penis in the female condom.

**■FOLLOW THE GUIDELINES BELOW.**

Using the Female Condom

Practice inserting it.

Help insert the penis.

If something goes wrong, throw the condom away and start again.

If the outer ring gets pushed into the vagina, stop.

Use the condom **every time you have sex**.

Use a new condom every time you have sex.

Never use a condom twice.

Do not remove the condom's inner ring.

Do not use a male condom and a female condom at the same time.

Don't tear the condom.

Use more lubricant if needed.

#### Removing the Female Condom

Squeeze and twist the outer ring to keep the semen inside the condom.

Pull out gently.

Throw away in a waste basket - not down the toilet.

How comfortable were you practicing inserting the female condom?

**■HOLD UP CHART OF THE FEELING THERMOMETER. ENCOURAGE SHARING COMFORT LEVELS.**

To get comfortable with the female condom and to see how you react to inserting it, you may want to practice inserting one at home between sessions.

**■GIVE OUT TWO FEMALE CONDOMS WITH INSTRUCTIONS TO EACH GIRL.**

Now let me ask you one question.

A couple is more likely to use condoms if doing it is fun and sexy.

Here is what I want you to think about - you don't have to tell me or anyone else the answer.

If you want to make using a male condom fun and sexy for both you and your boyfriend, what would you do?

Think about the answer.

See if you can come up with five ways to do it.

■BRING THE GIRLS BACK TOGETHER WITH THE BOYS.

■BOYS GROUP ONLY.

I want to get your reactions to the female condom.

Women have found that many guys wouldn't use a condom when they asked them to.

If the guy refused, what were the girl's choices?

One was to leave him.

Two was to refuse and maybe get beat up.

Three was to go ahead with unprotected sex and risk getting STDs and HIV.

The female condom allows her more control.

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Here is a female condom.

**■HOLD UP A FEMALE CONDOM.**

The directions for putting it on are like this:

You take it out of the package, make sure it looks OK, and make sure the lubricant that's on it is evenly spread.

To insert it, she finds a comfortable position - one foot up on chair, sitting with knees apart, lying down.

She makes sure the inner ring is at the bottom, closed-end of the condom.

She holds the condom with the open end hanging down.

While holding the outside of the condom, squeeze the inner ring with thumb and middle finger.

Then she inserts the squeezed closed-end of the condom and pushes the inner ring and the condom the rest of the way up into the vagina.

She makes sure the condom is inserted straight and not twisted.

The female condom hangs out a little bit, so that if it were light in the room you might notice that she had one in.

Has everyone got the idea of how the female condom works?

**■CLARIFY AND ANSWER QUESTIONS.**

If you wanted to protect your girlfriend, which would you prefer to use the female condom or the female condom and why?

**■ENCOURAGE DISCUSSION OF THE FEMALE CONDOM.**

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I am sure you have heard guys say they wouldn't wear a condom.

What are some of their reasons?

**■ENCOURAGE SHARING OF REASONS. WRITE THEM UP ON NEWSPRINT.**

Thank you. That's a good list.

Now even if you agree with the reason against using condoms, what would you say to convince some guy that his attitude was off - that he should wear a condom?

**■GIVE A STATEMENT TO EACH BOY AND HAVE HIM ARGUE AGAINST IT.**

Those were good counter attitudes.

Some times if you care for someone, you find ways to like things that you weren't happy about before.

Now let me ask you one last question.

A couple is more likely to use condoms if doing it is fun and sexy.

Here is what I want you to think about - you don't have to tell me or anyone else the answer.

If you want to make using a male condom fun and sexy for both you and your girlfriend, what would you do?

Think about the answer.

See if you can come up with five ways to do it.

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Just think about it.

■BRING THE BOYS BACK TOGETHER WITH THE GIRLS.

Exercise 6: How Do I Talk To My Partner About Protection?  
(25 minutes)

**[The purpose of this exercise is to increase the youths skills in influencing their partners. Role play of different situations and modelling is used.]**

Right now we want to practice talking to your partner about using protection.

You can know how to put a condom on but, if your partner refuses to use one, then there are problems to work on.

There is a big difference if you are dealing with someone you just met than if you have been steady partners for a while.

With new people it is easier to tell them to get lost, but with steadies you are trying to get what you want and still keep the relationship going.

Here's just a little bit of dialogue from a new relationship.

■THE FACILITATOR'S ACT OUT THE PARTS.

COME BACK LATER

GIRL: Yes, I like you, but I don't want to sleep with you.

BOY: When you get to know me a little better, I'm sure you will.

GIRL: No, I don't want to go all the way right now. When I'm a couple of years older, maybe I'll change my mind. I'm not ready now.

BOY: A couple of years! I can't wait that long.

GIRL: You're a pretty horny guy. I couldn't see you waiting.

BOY: Don't brush me off. I'm good. I promise you'll love it.

GIRL: No. I don't want to have sex. I've got to go home now.

BOY: When should I come back?

GIRL: How about year 2000.

THE END

What did the girl do that you liked and what would you have done differently?

■OBTAIN FEEDBACK.

(TO FACILITATOR 2 WHO PLAYED THE GIRL) - What were you trying to do in that role play?

(FACILITATOR 2) - I was trying to state what I wanted and why.

(FACILITATOR 1) - Anything else?

(FACILITATOR 2) - Yes. I was also trying to indicate that I understood where he was coming from, and I wanted to stay firm - not give in.

What does the group think of those responses as guidelines for dealing with a casual partner?

1. State what you want.
2. State why you want it.
3. Show you understand the other person's position.
4. Stay firm.

■ENCOURAGE DISCUSSION ABOUT THE GUIDELINES.

Let's take a quick look at a steady couple's conversation.

This time I will play the girl.

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### WHY NOW?

BOY: But why should I start wearing a condom now? We've been making love for months without one.

GIRL: I know it may seem strange to you that I want to change, but there are a lot of good reasons. I love you. I like to make love to you. That doesn't mean I am going to stop worrying about our health.

BOY: I'll bet you can't give me one good reason why I should wear a condom. Give me just one.

GIRL: Well, I don't like using one thing for birth control and another thing for protection against infection. It's a pain in the butt. A condom takes care of both.

BOY: OK. That's one.

GIRL: Here's another reason. A condom protects against STDs. I want to have a baby some day. I'm not going to let myself become infertile. Do you want to walk around with swollen balls and a big wart growing on the top of your dick?

BOY: No. Wait a minute. What makes you think I got something? Don't you trust me?

GIRL: I'm not your first girl, and you're not my first guy. I have no idea who all those people slept with. Listen, I'm going to feel very happy when you wear a condom. Don't you want to make me happy?

BOY: Of course. How will you feel if I don't agree to wear a condom?

GIRL: Hurt, angry, disappointed.

BOY: What's your bottom line?

GIRL: My mind is made up; so, don't push me. Besides, if you wear a condom, I'll make it worth it for you. A condom and me can be very sexy.

### THE END

What did you like about the way the girl dealt with her boyfriend and what would you have done differently?

#### ■OBTAIN RESPONSES.

Let me tell you what I was trying to do.

Like with the new boyfriend I want to state what I wanted and why, show I understood where he was coming

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from, and stay firm.

But I also wanted to make it clear that I liked the relationship and wanted to keep it going.

I wanted to let him know what my feelings were.

I wanted to offer something to sweeten the pot.

It was important for me to know what my bottom line was.

If he refused, I knew what I would do.

How do those goals sound to you as ideas to keep in mind when trying to change to safer sex in a relationship?

**■DISCUSS GUIDELINES TO FOLLOW IN A STEADY RELATIONSHIP.**

**■IF THERE ARE MORE THAN EIGHT PARTICIPANTS, DIVIDE THE ENTIRE GROUP INTO TWO SMALLER GROUPS AND DO THE PRACTICE IN THEM. THAT WAY MORE PEOPLE WOULD HAVE A CHANCE TO PRACTICE. A FACILITATOR WOULD GO WITH EACH SMALL GROUP UNDER THOSE CIRCUMSTANCES.**

Now let's try practicing.

I need a boy and girl to volunteer to role play a scene between a couple.

**■SELECT THE VOLUNTEERS AND HAVE THEM SIT ON CHAIRS IN THE MIDDLE OF THE GROUP.**

Here are your instructions.

You have been going together for two months.

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You have had sex once without a condom.

The boy has decided that he really likes the girl and wants to protect her by using a condom.

The boy's task is to let the girl know that he's going to use a condom next time and see if that's OK with her.

The girl likes the boy and wants to keep the relationship going.

If the boy brings up using a condom, she thinks he must either not trust her or that he is cheating on her.

The girl's task is to find out why all of a sudden he wants to use a condom.

Are you clear on what the boy's and girl's tasks are?

**■CLARIFY THE TASKS.**

The rest of us will be observers.

**■GIVE OUT INDIVIDUAL OBSERVER TASKS.**

You will each pay attention to a different thing.

You pay attention to

1. whether they express their feelings.
2. whether they state what they want and why.
3. if they say something positive about the relationship.
4. if they communicate that they understand the other person's position.
5. if they are clear on their bottom lines.
6. if they offer something to make the change more pleasant.

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Go ahead and start the role play.

■ALLOW THE ROLE PLAY TO GO FOR FOUR MINUTES. THEN OBTAIN FEEDBACK.

That was great!

■GIVE OUT STROKES TO THE PLAYERS.

Let's get some feedback.

(TO THE GIRL) - How did you feel, what one thing did you like about what you did, and what one thing would do differently?

■OBTAIN FEEDBACK.

(TO THE BOY) - How did you feel, what one thing did you like about what you did, and what one thing would do differently?

■OBTAIN FEEDBACK.

What feedback can the observers give?

Tell us what one thing you liked and what one thing you would have done differently.

■OBTAIN FEEDBACK.

Here's another scene.

Who will play the boy and who will play the girl?

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**■SELECT TWO MORE VOLUNTEERS AND HAVE THEM SIT IN THE TWO CHAIRS IN THE MIDDLE OF THE ROOM.**

Here are your instructions.

You have been going out for one month.

The boy likes the girl and wants to have sex with her.

He never uses condoms when he has sex with a girl.

The boy's task is to convince the girl that using a condom isn't necessary, that sex is more fun without one.

The girl thinks he's a nice guy.

She has decided that she will not have sex without a condom.

The girl's task to communicate that if he cares for her, he will use a condom.

Are you clear on what the boy's and girl's tasks are?

**■CLARIFY THE TASKS.**

The rest of us will be observers.

**■ASSIGN INDIVIDUAL OBSERVER TASKS.**

You will each pay attention to a different thing.

You pay attention to

1. whether they express their feelings.

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2. whether they state what they want and why.
3. if they say something positive about the relationship.
4. if they communicate that they understand the other person's position.
5. if they are clear on their bottom lines.
6. if they offer something to make the change more pleasant.

Go ahead and start the role play.

**■ALLOW THE ROLE PLAY TO GO FOR FOUR MINUTES. THEN OBTAIN FEEDBACK.**

That was great!

**■GIVE OUT STROKES TO THE PLAYERS.**

Let's get some feedback.

(TO THE GIRL) - How did you feel, what one thing did you like about what you did, and what one thing would do differently?

**■OBTAIN FEEDBACK.**

(TO THE BOY) - How did you feel, what one thing did you like about what you did, and what one thing would do differently?

**■OBTAIN FEEDBACK.**

What feedback can the observers give?

Tell us what one thing you liked and what one thing you would have done differently.

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■OBTAIN FEEDBACK.

■IF THERE IS TIME, DO ANOTHER ROLE PLAY.

■IF THERE IS NOT ENOUGH TIME, ASK FOR GENERAL COMMENTS ON THE ROLE PLAYS AND ON WORKING THINGS OUT WITH A PARTNER.

Here's another scene.

Who will play the boy and who will play the girl?

■SELECT TWO MORE VOLUNTEERS AND HAVE THEM SIT IN THE TWO CHAIRS IN THE MIDDLE OF THE ROOM.

Here are your instructions.

In this scene the boy and girl have just started to go out.

The boy really likes the girl and expects that they will have sex in the near future.

The boy's task is to prepare the way for having sex pretty soon.

The girl has never had sexual intercourse and doesn't plan to have it for years when she is totally in love and thinking about marriage.

The girl likes the boy but doesn't want to get involved with him if he will be pressuring her constantly for sex.

The girl's task is to tell the boy that she plans to remain a virgin for now.

Are you clear on what the boy's and girl's tasks are?

■CLARIFY THE TASKS.

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The rest of us will be observers.

You will each pay attention to a different thing.

You pay attention to

1. whether they express their feelings.
2. whether they state what they want and why.
3. whether the girl stayed firm.
4. if they communicate that they understand the other person's position.
5. if they are clear on their bottom lines.

Go ahead and start the role play.

**■ALLOW THE ROLE PLAY TO GO FOR FOUR MINUTES. THEN OBTAIN FEEDBACK.**

That was great!

**■GIVE OUT STROKES TO THE PLAYERS.**

Let's get some feedback.

(TO THE GIRL) - How did you feel, what one thing did you like about what you did, and what one thing would do differently?

**■OBTAIN FEEDBACK.**

(TO THE BOY) - How did you feel, what one thing did you like about what you did, and what one thing would

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do differently?

■OBTAIN FEEDBACK.

What feedback can the observers give?

Tell us what one thing you liked and what one thing you would have done differently.

■OBTAIN FEEDBACK.

What did you learn doing the role plays?

■ENCOURAGE DISCUSSION ON COMMUNICATING WITH A PARTNER.

Exercise 7: What Is Next?  
(15 minutes)

**[The purposes of this exercise are to build group cohesion and to prepare for the next two sessions. Taking a self-test on STDs and HIV and practicing something learned in the session are covered. Group appreciation is shown as well.]**

We are at the end of today's session.

Next time will be our last day together.

We have two tasks we would like you to do in preparation.

First, we want you at home to look at what is called a "self-test" on STDS and HIV.

You are given both the questions and the answers.

There is nothing to hand in.

In each family we want mothers and teenagers to sit down together and answer the questions and look up the answers.

Will you do that?

When you come back, we will clarify anything that was confusing and answer questions.

■PASS OUT THE SELF-TEST.

Do you have any questions now about doing the task?

■ANSWER QUESTIONS.

Be sure to bring the Self-test back with you to the next session!

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Second, we want you to choose a goal that you will meet between the sessions.

Make it something related to today's topic.

Remember to make the goal realistic, clear, not too much or too little, and easy to see if completed.

Some possible goals to consider are

1. teach a friend how to put on a condom, using a banana, cucumber, or three fingers held together.
2. role play with a friend asking a partner to use a condom.
3. role play with a friend refusing sex without a condom.
4. role play with a friend telling a partner that you want to wait on having sex.

These are just examples.

Think of some that appeal to you.

I want to go around the room and hear what you have selected.

**■CHECK OUT WHAT EACH YOUTH PLANS TO DO. COACH AS NEEDED ON SETTING A GOAL.**

Those are good tasks to complete.

Now is the time for group appreciation.

Please let people know that you liked what they did, said, their style, their presence or whatever.

**■ENCOURAGE GROUP APPRECIATION. GIVE OUT STROKES, GIVE VERBAL PRAISE, MAKE SUPPORTIVE GESTURES. INCLUDE EVERYONE.**

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Here are lots of male and female condoms for you to take with you.

■HAVE MALE AND FEMALE CONDOMS AVAILABLE FOR THE YOUTHS TO TAKE WITH THEM.

Again, remember to bring the Self-test back with you to the next session.

We look forward to seeing you on \_\_\_\_\_(day and date) at \_\_\_\_\_  
(time and place).

## SEXUALLY TRANSMITTED DISEASE FACT SHEET

### CHLAMYDIA

#### WHAT HARM CAN IT DO TO YOU?

Pelvic Inflammatory disease, infertility, inflamed rectum, inflamed eyes, and more vulnerable to HIV.

#### WHAT HARM CAN IT DO YOUR BABY?

If exposed, the newborn baby can get eye infections and pneumonia.

#### WHAT ARE THE EARLY WARNING SIGNS?

None or very mild. Both men and women may have vaginal discharge or pain urinating. For a man may lead to swelling in the scrotal area (testicles).

### GENITAL HERPES

#### WHAT HARM CAN IT DO TO YOU?

Can keep reoccurring. Cannot be cured, but can be kept under control. Lesions. Makes you more easily infected with HIV.

#### WHAT HARM CAN IT DO TO YOUR BABY?

Can be passed to baby depending on the stage in the mother. Can lead to a premature delivery.

#### WHAT ARE THE EARLY WARNING SIGNS?

Some early signs such as itching, burning sensations, pain in legs and buttocks, vaginal discharge and abdominal pressure. Can have sores in the cervix or in the man's urinary passage. Can lead to severe pain during urination.

## GONORRHEA

### WHAT HARM CAN IT DO TO YOU?

Can spread and result in pelvic inflammatory disease. Can lead to infertility and ectopic pregnancy (tubal pregnancy). More susceptibility to HIV. If untreated, can damage the heart valves, joints, and brain.

### WHAT HARM CAN IT DO TO YOUR BABY?

Can be passed to the new born who will be vulnerable to the same diseases.

### WHAT ARE THE EARLY WARNING SIGNS?

None or so mild you can't tell. Men may have discharge from the penis and severe burning during urination.

## HEPATITIS B

### WHAT HARM CAN IT DO TO YOU?

Cirrhosis of the liver. Weaken the immune system and lead to immune system disorders. More vulnerable to HIV.

### WHAT HARM CAN IT DO TO YOUR BABY?

Can be passed to baby during birth.

### WHAT ARE THE EARLY WARNING SIGNS?

No obvious signs. Person may experience fever, headache, fatigue, and loss of appetite.

HIV

WHAT HARM CAN IT DO TO YOU?

Become infected with AIDS.

WHAT HARM CAN IT DO TO YOUR BABY?

Baby may become infected with the AIDS virus.

WHAT ARE THE EARLY WARNING SIGNS?

None.

CYTOMEGALOVIRUS

WHAT HARM CAN IT DO TO YOU?

Weakens the immune system, Infections. Blindness. More vulnerable to HIV. Often leads to infectious mononucleosis. (Not always a sexually transmitted disease.)

WHAT HARM CAN IT DO TO YOUR BABY?

If mother has this disease during pregnancy, it can lead to congenital birth defects such as mental retardation, blindness, deafness, and epilepsy.

WHAT ARE THE EARLY WARNING SIGNS?

No clearly defined symptoms. Not easily noticed. May have painful urination, painful intercourse, rectal bleeding, and vaginal discharge.

## HUMAN PAPILLOMA VIRUS

### WHAT HARM CAN IT DO TO YOU?

Cervical and genital cancer. Genital warts. (Men may need to have warts removed from the penis.) More vulnerable to HIV.

### WHAT HARM CAN IT DO TO YOUR BABY?

Can cause warts in the throat of an infant which can be life-threatening.

### WHAT ARE THE EARLY WARNING SIGNS?

No visible symptoms.

## PELVIC INFLAMMATORY DISEASE (PID)

### WHAT HARM CAN IT DO TO YOU?

Infertility, tubal pregnancies, chronic pelvic pain. Can be life threatening. For women the most serious STD. (Basically effects women.)

### WHAT HARM CAN IT DO TO YOUR BABY?

Fatal to the fetus.

### WHAT ARE THE EARLY WARNING SIGNS?

None or very minor such as lower abdominal pain and abnormal vaginal discharge.

## SYPHILIS

### WHAT HARM CAN IT DO TO YOU?

Heart abnormalities, mental disorders, blindness and more chance of getting HIV.

### WHAT HARM CAN IT DO TO YOUR BABY?

Can be passed to newborn and will cause serious and mental problems. Can cause still-birth babies.

### WHAT ARE THE EARLY WARNING SIGNS?

Very mild symptoms such as sores and rashes.

## TRICHOMONIASIS

### WHAT HARM CAN IT DO TO YOU?

Increased risk of HIV.

### WHAT HARM CAN IT DO TO YOUR BABY?

Can have a premature baby. Can have a low birth-weight baby.

### WHAT ARE THE EARLY WARNING SIGNS?

Often occurs without symptoms. Symptoms can appear years after the infection. When signs occur, they are typically genital discharge, painful urination, painful intercourse, and vaginal odor. Men may have discharge from the penis and painful urination, but most men do not have symptoms.

<b>FACT SHEET ON DISEASE PREVENTION AND CONTRACEPTION METHODS</b>			
<b>METHODS</b>	<b>EFFECTIVENESS</b> (Assuming used always and correctly)	<b>COSTS</b> (Per Time)	<b>COMMENTS</b>
<b>CONDOMS</b>			
Male Condom	High for both disease protection and preventing pregnancy. Effectiveness is increased if used with spermicide.	\$0.50	Requires partner cooperation. May interrupt sex. Should be used with spermicide.
Female Condoms	Assumed high for disease protection and high preventing pregnancy. Effectiveness is increased if used with spermicide.	\$2.00	Requires partner willingness to have sex with it in. Is visible. Should be used with spermicide.
<b>BARRIERS</b>			
Cervical Cap	Moderate protection against disease and good for preventing pregnancy if used with spermicide.	\$0.10	Requires no partner cooperation. Must be fitted. 20 to 40% of women not able to be fitted. Requires initial outlay of \$100 to \$150. Requires vaginal spermicide for best protection against STDs.
Diaphragm	Moderate protection against disease and good for preventing pregnancy if used with spermicide.	\$0.10	Requires no partner cooperation. Must be removed after 10 to 12 hours. May need to be refitted. Requires initial outlay of \$50 to \$75.
<b>SPERMICIDES</b>			

<b>FACT SHEET ON DISEASE PREVENTION AND CONTRACEPTION METHODS</b>			
<b>METHODS</b>	<b>EFFECTIVENESS</b> (Assuming used always and correctly)	<b>COSTS</b> (Per Time)	<b>COMMENTS</b>
Film	Low for protecting against disease and fair for preventing pregnancy	\$1.00	Requires no partner cooperation. Requires 15 minutes' waiting time. Must be applied within one hour of intercourse.
Suppository	Low for protecting against disease and fair for preventing pregnancy.	\$0.50	Requires no partner cooperation. Requires 15 minutes' waiting time. Must be applied within one hour of intercourse.
Foam	Low for protecting against disease and fair for preventing pregnancy.	\$0.50	Requires no partner cooperation. Requires applicator.
Jelly/Cream	Low for protecting against disease and fair for preventing pregnancy.	\$5.00 per tube	Requires no partner cooperation. Requires applicator. Must be applied within one hour of intercourse.
<b>OTHER</b>			
The Pill	No protection against disease and high for preventing pregnancy.	\$12/24 per month	Requires no partner cooperation. Is convenient. May raise risk of infection. Is expensive.
Norplant	No protection against disease and high for preventing pregnancy.	\$5 to \$8 per month	Requires no partner cooperation. Is convenient. May cause bleeding in some women which raises the risk of infection. \$300 to \$500 for

<b>FACT SHEET ON DISEASE PREVENTION AND CONTRACEPTION METHODS</b>			
<b>METHODS</b>	<b>EFFECTIVENESS</b> (Assuming used always and correctly)	<b>COSTS</b> (Per Time)	<b>COMMENTS</b>
			insertion.
IUD	No protection against disease and high for preventing pregnancy.	\$150 to \$300 per insertion	Requires no partner cooperation. Raises risk of PID with insertion.
Early Withdrawal	No protection against disease and some effectiveness in preventing pregnancy.	none	Depends completely on partner cooperation and cannot be counted on. Danger of sperm and infection in semen which may leak out before ejaculation.

## DO'S AND DON'TS FOR CONDOMS

### DO

1. USE ONLY LATEX CONDOMS
2. USE FOR VAGINAL, ANAL AND ORAL SEX
3. USE ONLY WITH WATER-BASED LUBRICANT SUCH AS K-Y JELLY NOT VASELINE OR OTHER OIL BASED PRODUCTS.
4. CHECK OUT THE CONDOM PACKET FOR PUNCTURES
5. PUT ON CONDOM BEFORE PENIS EVEN TOUCHES ANUS, VAGINA OR MOUTH
6. PULL BACK FORESKIN
7. PLACE SMALL AMOUNT OF LUBRICANT WITH NON-OXYNOL 9 IN CONDOM TIP
8. ROLL CONDOM ALL THE WAY TO BASE OF PENIS
9. LEAVE ROOM IN END OF CONDOM FOR CUM
10. SQUEEZE OUT ANY AIR POCKETS.
11. HOLD ON TO THE RIM OF THE CONDOM AT THE BASE WHEN PULLING OUT
12. CAREFULLY REMOVE CONDOM
13. THROW CONDOM AWAY
14. **USE THE CONDOM EVERY TIME YOU HAVE SEX**

### DON'T

1. DON'T USE AN OIL-BASED LUBRICANT
2. DON'T USE A CONDOM MORE THAN ONCE
3. DON'T PUNCTURE THEM
4. DON'T USE LAMB SKIN CONDOMS

5. **DON'T HAVE SEX WITHOUT A CONDOM**

SELF-TEST ON STDS AND HIV

QUESTIONS

INSTRUCTIONS: Please read the statement and decide if the statement is true or false. If it is true, circle T. If it is false, circle F.

1. Spermicides can offer protection against chlamydia and gonorrhea. T F
2. You cannot get HIV from sharing intravenous (IV) needles with an infected person as long as you wash the needles with soap and water. T F
3. You can become infected with HIV by drinking from the same glass as person with HIV. T F
4. You don't have to worry about getting a sexually transmitted disease from giving your partner oral sex.  
T F
5. The only way to get HIV sexually is to have anal sex without a condom. T F
6. It is very obvious to a woman when she has a Sexually Transmitted Disease. T F
7. There are some Sexually Transmitted Diseases that cannot be cured. T F
8. If a man doesn't look sick or feel sick, he can't infect you with HIV. T F
9. A man who gets HIV from injecting drugs cannot give it to a woman through sex. T F

10. You can always tell if a man has a Sexually Transmitted Disease by looking a man's penis and testicles. T F
11. You won't get a Sexually Transmitted Disease if you only have sex with one person. T F
12. A woman is more likely to get HIV from an infected man than for a man to get HIV from an infected woman. T F
13. Besides not having sex at all, condoms are the best protection there is against HIV and other STDs. T F
14. Infection with an STD can increase the chance that you will also become infected with HIV. T F
15. A pregnant woman who has an STD can give it to her unborn baby. T F
16. One way to become infected with HIV is by giving blood (making a blood donation). T F
17. Most people who become infected with HIV will almost always feel sick within 6 months. T F
18. A person who does not know that he or she is infected with HIV can still infect someone else. T F
19. Barrier contraceptive methods (such as the diaphragm or the cervical cap) may possibly offer some protection to a woman by preventing HIV from reaching the cervix. T F
20. A woman can prevent HIV infection by always douching after sex. T F

21. Most people who are infected with HIV feel sick. T F
22. It is dangerous to delay seeking treatment for a sexually transmitted disease. T F
23. The only people who get HIV from sex are those who have many sex partners. T F
24. As long as a woman has one sexual partner at a time, she is protected against HIV. T F
25. An STD is only dangerous to you if it causes you symptoms. T F
26. A pregnant woman can transmit HIV to her unborn baby only if she feels sick. T F
27. If a woman has an STD and does not get treated, she may become infertile (unable to have a baby). T F
28. A person can be infected with HIV for 10 years or more and still feel perfectly fine. T F
29. If a person gets tested for HIV and the results are negative (no infection), he or she doesn't have to worry about protection. T F
30. A negative HIV test result means that at the time of the test, the person definitely was not infected with HIV. T F
31. If a woman has sex only with her husband or committed partner, she cannot become infected with HIV. T F

NOW TURN TO THE ANSWERS. SEE IF YOUR ANSWERS ARE CORRECT AND READ THE EXPLANATIONS. MAKE NOTE OF ANY QUESTIONS OR ANSWERS THAT ARE NOT CLEAR. ASK ABOUT THOSE QUESTIONS AND ANSWERS AT THE NEXT MEETING.

ANSWERS

1. Spermicides can offer protection against chlamydia and gonorrhea. T F

Answer: **TRUE**. Spermicides decrease the chance of becoming infected with gonorrhea and chlamydia but are not 100% effective. However, the use of a condom is still the best protection.

2. You cannot get HIV from sharing intravenous (IV) needles with an infected person as long as you wash the needles with soap and water. T F

Answer: **FALSE**. Soap and water isn't enough to kill HIV. Cleaning the whole works several times with bleach or another disinfectant will kill HIV. Not sharing needles is the safest approach.

3. You can become infected with HIV by drinking from the same glass as person with HIV. T F

Answer: **FALSE**. HIV is transmitted through blood, seminal fluid and vaginal fluid entering the blood stream. There is not enough HIV in saliva to transmit it through mouth to mouth contact or in drinking from the infected person's glass.

4. You don't have to worry about getting a sexually transmitted disease from giving your partner oral sex.

Answer: **FALSE**. Numerous STDs including HIV are transmitted this way. Transmission can occur through tiny cracks in the skin and mouth or through sores. Always use a condom when giving oral sex.

5. The only way to get HIV sexually is to have anal sex without a condom. T F

Answer: **FALSE**. Anal sex is very risky because it tends to tear the anus and create openings for the virus to enter. Also because the fit is so tight even using a condom can be risky because it may tear. However, you can get HIV through vaginal and oral sex as well. Using a condom and lubricant with a spermicide in it is the safest way.

6. It is very obvious to a woman when she has a Sexually Transmitted Disease. T F

Answer: **FALSE**. While some STDs cause obvious symptoms, most do not. If you are sexually active and do not use a condom, frequent check ups are recommended.

7. There are some Sexually Transmitted Diseases that cannot be cured. T F

Answer: **TRUE**. Herpes, Human Papillomavirus (HPV) and HIV cannot be cured, although the symptoms can be reduced in some cases. For example, medication can shorten the course of Herpes and avoid it spreading to other parts of the body. The virus remains alive in the body, but the drug interferes with its ability to reproduce itself.

8. If a man doesn't look sick or feel sick, he can't infect you with HIV. T F

Answer: **FALSE**. You can't tell by looking. A person can be HIV positive for years and can transmit the virus to his sexual partners even though he feels perfectly well and has no outward signs of sickness.

9. A man who gets HIV from injecting drugs cannot give it to a woman through sex. T F

Answer: **FALSE**. Many women in New York City who have HIV got it through sexual intercourse with a drug using partner. Consistent condom use is the best way to protect yourself if your sexual partner uses IV drugs.

10. You can always tell if a man has a Sexually Transmitted Disease by looking a man's penis and testicles. T F

Answer: **FALSE**. Sometimes you can tell by noticing sores on the genitals or a discharge from the penis, but it is a very unreliable method. Don't count on being able to examine the penis and testicles and reach an accurate conclusion. Many times the only reliable method is for the man to be examined and have laboratory tests performed at a medical facility.

11. You won't get a Sexually Transmitted Disease if you only have sex with one person. T F

Answer: **FALSE**. If your partner has ever had a previous sexual partner, he may be already infected with a sexually transmitted disease. He could pass this infection to you even though he doesn't have symptoms.

12. A woman is more likely to get HIV from an infected man than for a man to get HIV from an infected woman. T F

Answer: **TRUE**. Studies in the United States have demonstrated that a woman is more likely to get HIV from an infected man than a man is to get HIV from an infected woman. It is not totally clear why this is the case, but it appears that HIV is able to enter the cervix (tip of the uterus) more easily than the vagina or penis. HIV is also able to enter the body through cracks in the skin or sores. Because of this, men and women who have any type of sores on or around the genitals are more likely to get HIV from an infected partner.

13. Besides not having sex at all, condoms are the best protection there is against HIV and other STDs. T F

Answer: **TRUE**. Condoms are best because they keep the fluid in which HIV exists contained and at the same time they protect the penis from contact with infected vaginal fluid.

14. Infection with an STD can increase the chance that you will also become infected with HIV. T F

Answer: **TRUE**. Many STDs cause sores or small cracks on the genitals. These tiny cracks and sores allow HIV to enter the body more easily.

15. A pregnant woman who has an STD can give it to her unborn baby. T F

Answer: **TRUE**. Most STDs can be transmitted from the mother to the baby. Sometimes this occurs when the baby is still in the womb, and sometimes it occurs in the birth canal. Good medical care can decrease the chance the baby will be infected and damaged by the infection. Antibiotics may be given to the mother and baby or the baby may be delivered by Cesarean delivery.

16. One way to become infected with HIV is by giving blood (making a blood donation). T F

Answer: **FALSE**. In making a donation blood is taken from the person. No blood is put into the donor, and the needles used to draw the blood are always new and clean. Therefore there is no chance of contaminated blood entering the donor. Blood donors are tested for HIV and other infections before giving blood.

17. Most people who become infected with HIV will almost always feel sick within 6 months. T F

Answer: **FALSE**. People can go years without showing signs. By ten years most show signs but some people may not show symptoms at all. There is a relatively rare condition called acute seroconversion syndrome where symptoms show up early.

18. A person who does not know that he or she is infected with HIV can still infect someone else. T F

Answer: **TRUE**. Not knowing if you have HIV has little to do with infecting another person. Transmitting HIV comes through IV drug use and unprotected sex. Therefore, a person should make sure he or she knows his status and even then should use a condom.

19. Barrier contraceptive methods (such as the diaphragm or the cervical cap) may possibly offer some protection to a woman by preventing HIV from reaching the cervix. T F

Answer: **TRUE**. The key word here is "may." We think this is the case, but do not have any concrete proof at this point. The condom is the only method effective as both birth control and infection protection if used consistently.

20. A woman can prevent HIV infection by always douching after sex. T F

Answer: **FALSE**. Douching is not effective in preventing HIV. Furthermore with some STDs douching actually pushes the bacteria or virus farther up into the body and increases the chance of infection.

21. Most people who are infected with HIV feel sick. T F

Answer: **FALSE**. People who are infected with HIV feel well for periods as long as 8 or more years after they become infected. They then develop an illness which lasts for a few months to 4 or 5 years. The period during which they feel sick is much shorter than the time they are well.

22. It is dangerous to delay seeking treatment for a sexually transmitted disease. T F

Answer: **TRUE**. Sexually transmitted diseases may be causing damage to the body even when they aren't causing any symptoms. They can lead to damage to the woman's tubes, making it impossible for her to have children or can cause serious damage elsewhere in the body, such as the heart or brain. Therefore it is important to treat them as soon as possible in order to avoid any permanent damage to the body.

23. The only people who get HIV from sex are those who have many sex partners. T F

Answer: **FALSE**. While having many partners increases a woman's risk, women get HIV from their steady partners all the time. Most men do not know if they are infected and do not knowingly infect their partners. Using a condom consistently is the only way to be safe with a steady partner or casual ones.

24. As long as a woman has one sexual partner at a time, she is protected against HIV. T F

Answer: **FALSE**. For the woman to be protected she and her partner would both have to be free from HIV infection at the beginning of their relationship and to have had sex only with each other. One steady partner after another provides no protection because one or both people may have already become HIV infected. Only using a condom every time they have sex provides protection.

25. An STD is only dangerous to you if it causes you symptoms. T F

Answer: **FALSE**. Many STDs do not cause obvious symptoms. Yet these STDs can cause serious illnesses, the inability to have children, and long term disabilities in newborns.

26. A pregnant woman can transmit HIV to her unborn baby only if she feels sick. T F

Answer: **FALSE**. A pregnant woman infected with HIV can transmit the virus to her newborn whether or not she feels sick. It is more likely that she will transmit if she is sick. The newborn's chances of becoming HIV positive are about one in three. It will take from six months to a year to know if the baby has HIV.

27. If a woman has an STD and does not get treated, she may become infertile (unable to have a baby). T F

Answer: **TRUE**. Some STDs spread up and into the woman's tubes. This can cause scarring of the tubes which causes infertility (inability to get pregnant). Sometimes (but not always) surgery can correct the scarring. When the damage cannot be corrected through surgery, the woman may still be able to become pregnant through in-vitro fertilization (test tube fertilization), but this is a very complicated and expensive treatment which doesn't always work.

28. A person can be infected with HIV for 10 years or more and still feel perfectly fine. T F

Answer: **TRUE**. Approximately half of the people who are infected with HIV develop symptoms within 8 or 9 years. In other people it takes longer to develop symptoms. One of the reasons that HIV is spreading is that people don't realize that they have it because they feel all right. Consequently they are not careful in practicing safer sex and end up transmitting HIV unwittingly.

29. If a person gets tested for HIV and the results are negative (no infection), he or she doesn't have to worry about protection. T F

Answer: **FALSE**. A negative test means that you probably weren't infected at the time you took the test, but doesn't mean that you are immune from getting infected in the future. If your HIV test is negative and you have had an HIV infected sexual partner in the past you should consider yourself to be very lucky, but you should realize that you can still get HIV in the future.

30. A negative HIV test result means that at the time of the test, the person definitely was not infected with HIV. T F

Answer: **FALSE**. Testing doesn't always accurately determine whether a person is infected. If the test shows a person is infected, the results are usually accurate, but the mistakes are made on those results that say the person does not have the infection. Therefore getting tested again in six months is the wise

thing to do. Remember that the testing only tells the person what his or her status was at the time of testing. Furthermore it takes a while for the virus to show up in the person.

31. If a woman has sex only with her husband or committed partner, she cannot become infected with HIV.  
T F

Answer: **FALSE**. The answer is false because it depends on whether her partner is infected or becomes infected. There are examples of women married to a partner for 30 years having recently been infected by him.