

PEER AIDS PROGRAM

Training Day

This section outlines the content for the day-long workshop when you will train the Peer Educators.

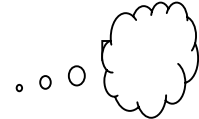
The **purpose** of this day is to:

- Give the peer educators a good understanding about HIV/AIDS.
- Allow the peer educators to practice activities they will use in their classroom work.
- Discuss any issues or concerns they might have about doing this work.

There is a great deal of material for this workshop. We have tried to make it as user-friendly for the facilitator as possible. You will find:

Exercises to be done by the peer educators – are placed in a box to set them off from other content.

Suggestions for the facilitator have been placed in bubbles



1. Welcome and Introduction

- Welcome students and staff. Do any necessary introductions.
- Do “housekeeping” – where to find the washrooms etc.
- Outline agenda.
- Explain the role of peer educators and why they are such an important part of this project.
- Establish groundrules: respect for each other; feel free to ask questions; talk one at a time; it is okay to pass; confidentiality – outside this room don’t use other people’s names when talking about this workshop

2.

Warm Up Exercise

This is an exercise to give the Peer Educators a good grounding in HIV/AIDS information. Tell them that they WILL NOT do this exercise in the classroom presentation.

Don't Pass It Along/Party Game

OBJECTIVES FOR PARTICIPANTS :

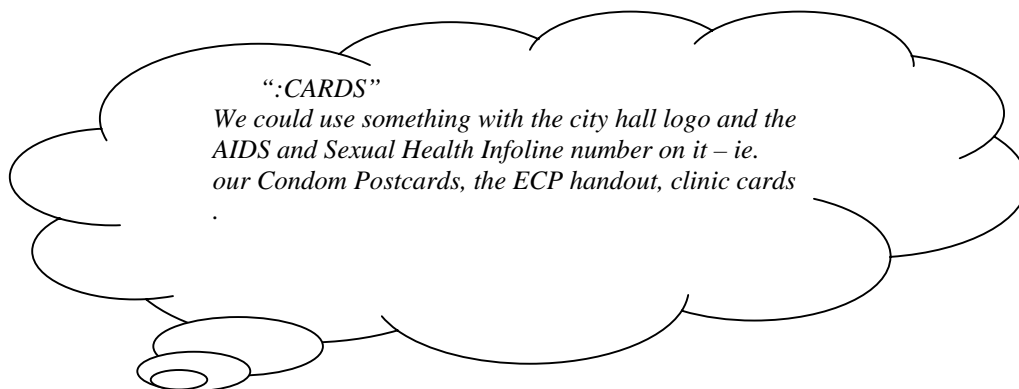
- Learn how HIV is transmitted and prevented
- Learn how rapidly an STI can spread with unprotected intercourse.
- Understand that people's behaviour affects their risk for getting HIV and STI's

RATIONALE:

- To counter "it can not happen to me"
- To show the rapid geometric progression possible in the spread of an STI
- To help youth to reflect on the reasons why so many people do not protect themselves

MATERIALS:

- ◆ 3 pieces of flip chart paper, each one with a heading:
 - How is HIV transmitted?**
 - How can you protect yourself from HIV?**
 - Ways that you don't get HIV.**
- OR* - if there is a white board, write the headings on the board
- ◆ masking tape if using flip chart paper; marker if using board
- ◆ One "card" for each participant.



Before the workshop prepare a set of cards as follows:

- Have two cards that are different from the others i.e colour in the city logo (see Example 1)
- Mark these 2 different cards with C
- The rest of the cards are marked as follows:
 - 1/3 – with a **C** (stands for Condom)
 - 1/3 – with **SI** (stands for Sexually Inactive)
 - 1/3 – with **MTP** (stands for Monogamous Tested Partner)

METHOD:

1. Hang up the flip chart paper *or* write headings on white board.
2. Explain that the purpose of this lesson is designed to teach participants how HIV and sexually transmitted diseases are spread and demonstrate how transmission can be prevented.
3. Give each participant one card.
4. Tell them to pretend that they are at a party. They are to find one person to talk to.
5. Discuss the first question.
Name one way you can get HIV.
6. After 1 minute, tell participants to exchange cards.
7. Find another person and discuss the second question.
What are ways to protect yourself from getting HIV?
8. After 1 minute, tell them to exchange cards.
9. Find another person and discuss the third question.
Name ways that you don't get HIV
10. After 1 minute tell people to return exchange cards and return to their seats.

DEBRIEFING/DISCUSSION:

1. Ask people to look at their cards . Identify the **inconspicuous mark** and ask the people with these two cards to stand. Tell them that they represent 2 people who were exposed to HIV/STI.
2. Ask these people if they knew when they were receiving this marked card or if there was anything about the person who handed them a card that would have alerted them to the risk involved.
3. Ask them how they feel.
4. Ask the group if they knew whether or not they had been exposed to either of these two marked cards.
5. Ask if there was anything unusual about a person who gave them a card that would have indicated that they were “at risk” for exposure?
6. Ask the group if they could identify who started out with the marked cards and if there was anything to signal this.
7. **Point out that this is the 1st lesson of HIV transmission – how HIV or STIs can spread to a group of people from one or two infected individuals.**
8. Tell people to look at their cards.
9. Tell those with **SI** on their card that they are sexually inactive so have not done anything sexual that could expose them to HIV/STIs.
10. Tell those with **MTP** that they are in a monogamous relationship with a partner who has tested for STIs before they started to have sex. They have no concerns about getting a disease from each other as long as neither of them has sex with anyone else and they are faithful.
11. Tell those with a **C** that they have been sexually active but have used a condom **properly, everytime** they had sex so they have been protected from getting HIV and most STIs.
12. *Even the people with the risk cards are protected.*
13. **Point out that this is the 2nd lesson of HIV – we can reduce the spread of HIV by our behaviours.**
14. Debrief the three questions from the game.

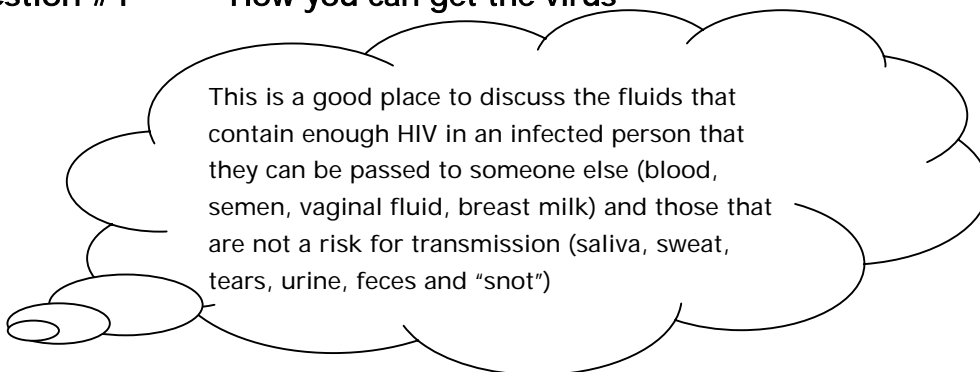


Information for Facilitators

- *Have someone write the answers on the board or flipchart paper as students read them out. Add any that are missing.*
- *People who first stand because they get cards that may indicate that they are infected may say they feel angry or afraid. If they say they are angry at the person who might have infected them, remind them that many STIs, especially HIV do not have symptoms and the person may not know they have the infection*
- *STI rates are highest in young people 15 - 24 years of age*
- *HIV infection is increasing in teens and women more than other populations.*
- *Tell the students that one way for a person to reduce the chance of STIs is to be in a monogamous relationship with a partner, and both have been tested for HIV/STI. This is an option in long term relationships, not a relationship that is only a few months old. Often teen relationships are **not** mutually exclusive, thus putting the partners at risk for HIV. **On a scale of 1- 10 where 10 is being monogamous and faithful, both partners have to be 10s.***
- *Remind people that condoms are only 100% effective against HIV transmission if they do not break or fall off.*

ANSWERS TO QUESTIONS

Question #1 - How you can get the virus



This is a good place to discuss the fluids that contain enough HIV in an infected person that they can be passed to someone else (blood, semen, vaginal fluid, breast milk) and those that are not a risk for transmission (saliva, sweat, tears, urine, feces and "snot")

1. Unprotected sex with an infected person.
2. Direct blood contact. (i.e. Razors, needles, crack pipes, blood transfusions prior to 1985)
3. An HIV- positive mother can pass it to her child through pregnancy or through breast feeding.

Question #2: How you can protect yourself

1. Choosing not to have sex at all.
2. Always using latex condoms every time you have sex.
3. Being tested when you want to stop using condoms in a committed relationship.
4. Using your own needles, razors or other objects that may have blood on them.

PIECE OF INFORMATION; Blood products have been tested in Canada since 1985.

5. Use universal precautions when giving first aid, i.e. using latex gloves
6. Get test for HIV if thinking of getting pregnant or are pregnant.

PIECE OF INFORMATION: Use of anti-viral treatment reduces the risk of transmission to the baby during pregnancy, delivery and the 1st weeks of life of the infant.

7. Do not breast-feed if you are HIV- positive.

Question #3. How you can't get the virus

- ❖ You can not get the virus from kissing .
- ❖ You can not get the virus from toilet seats.
- ❖ You can not get the virus from sharing dishes.
- ❖ You can not get the virus from hugging, holding hands, and other kinds of casual contact.
- ❖ You can not get the virus from mosquitoes.
- ❖ You can not get the virus from telephones.
- ❖ You can not get the virus from DONATING blood.
- ❖ You can not get it from swimming pools, hot tubs.
- ❖ You can not get the virus from a cough or a sneeze.
- ❖ You can not get the virus from someone spitting at you!
- ❖ It is extremely unlikely that you will get it from a blood transfusion. All blood donations have been tested for HIV since Nov. 1985.

3.

Understanding HIV Transmission

Tell the peer educators that you are going to give them information about how to determine the risk of a person getting infected with HIV.

- Tell the Peer Educators that they **will not** be teaching this material to the grade nine students. You are telling them this information to help increase their own understanding about HIV transmission.

The following information is to share with the peer educators.

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A New Way of Looking at HIV Transmission

In the early stages of the AIDS epidemic, the message that people heard about getting HIV/AIDS was that anyone who takes part in risk activities is at risk, no matter who you are.

Research done by the Rochester Centre for HIV/STI Prevention gave us a new way of looking at HIV transmission. They learned that there are several factors that affect transmission.

People who counsel people about HIV are always being asked “what are **my** chances of getting HIV?”

For any individual, risk can be defined by this equation:
$$\frac{V \times E}{R}$$

V represents the amount of virus

- remind students about the body fluids that can contain virus in an infected person: blood, semen, vaginal/cervical fluids and breast milk
- explain that a person who gets infected has a large amount of virus during the first 3 months after getting infected. People are unlikely to realize they are infected in the first three months,
- There is also an increase in virus when the person has AIDS-defining illnesses or infections.
- Treatment with antiviral drugs will reduce the amount of virus in the body.
- Thus, a person will be at different levels of risk to a partner depending on where they are in their infection.

E represents the type of exposure

- we will do an activity soon to see which activities are most risky for transmission
- Exposure is influenced by factors such as :
 - the number of partners a person has (the more partners, the more chance you have of coming into contact with HIV)
 - the chance the partner is infected, You may have only one partner but if that person has not been tested and has HIV, you are increasing your exposure.

- Who you are: If you belong to a population that has a high rate of HIV and your partners are from this population, then you are increasing your risk eg. MSM
- Anatomical differences. Who is more at risk, a woman having unprotected sex with an infected man or vice versa? The woman is exposed to whatever is in his semen for up to 5 days, he is exposed to infected vaginal fluid secretions for as long as sex lasts.

R represents the resistance an individual has to the virus.

- how healthy we are to fight an infection
- some people have inherited a healthier immune response to all infections
- however, with respect to HIV, resistance has to do with the immune response of our mucus membranes
- white blood cells are sent to these membranes in response to infection, such as an untreated STI, irritation from substances like nonoxynol 9 (a chemical in spermicides) and trauma to the mucus membrane from sexual activities
- HIV gets into the body through white blood cells so any time there is an infection, and HIV enters the picture, there is an increased risk of being infected.

Thus, by working through the formula one can more accurately answer the question
"What are my chances of getting HIV?"

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Appendix - Additional Information about HIV Transmission for the Facilitator

V = virus

How much organism is present?

This depends on the clinical stage of the disease, which body fluid, and the effects of antiviral therapy. Highest viral loads occur in the 1st 3 months of infection (seroconversion stage), the period of time when an individual is unlikely to know they are infected, but are in fact the most infectious. Recent findings show that even with antiviral therapy and low blood viral counts, the virus can be present in semen and cervical fluids

E= Exposure: what kind, how often?

1.

Type: Insertive versus receptive anal or vaginal sex, the receptive partner is at greater risk in terms of the potential time that they are exposed to virus

2 . Circumcision versus non-circumcision: non - circumcised men are at greater risk because removing the foreskin removes the high concentration of cells for the virus that are found on the foreskin. Men who are not-circumcised must be sure to clean under the foreskin.

3. Number of partners: how often is a person putting them self at risk?

4. Chance of partner being infected: What is the rate of infection in the partner's population, and/or, has the partner been tested. A person can be monogamous and uninfected, but their partner may not be.

R = Resistance: What is a person's resistance to infection?

1. Systemic: Our general state of health
2. Genetic factors: The immune response we inherited
3. Mucosal: The immune response on our mucus membranes

* All mucous membrane sites have protective squamous cells at the entrance; further back is a single layer of columnar cells that produce mucus

* Any inflammation, infection or irritation such as that caused by untreated STIs, cervical ectopy, physical trauma, or nonoxynol 9 (the chemical in spermicidal products) will increase the number of white blood cells to the mucus membrane

* HIV attaches to white blood cells.

Thus, the presence of white blood cells in response to the above conditions increases the chance of HIV infection

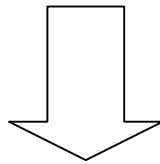
This approach to explaining how HIV is transmitted helps a person define, to some extent, the answer to the question, "what is my chance of getting HIV?"

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4.

Linking information for the Facilitator

Tell the peer educators –
in order to be able to be a good peer educator you need to have accurate information and be comfortable talking about HIV and sexual health. The following activities are designed to do this. You will NOT be doing these activities in the classroom with the grade nine students.



SEXUALITY EXERCISES

OBJECTIVES:

- To increase comfort level when talking about sex and sexual activities;
- To share an understanding of a variety of sexual activities
- To learn about sexually transmitted diseases

MATERIALS:

- 3 sheets of flipchart paper, each with a different title:
 - a) sexually transmitted infections (activity 1)
 - b) body parts (activity 2)
 - c) sexual activities (activity 3)
- markers
- masking tape
- post – it notes

METHOD:

1. Post the flipcharts at 3 different places around the room
2. Break participants into 3 groups.
3. Tell each group to go to a different station.
4. Tell the groups to list all the words they can think of that fit their subject.
NB. Activity 1 and 2 are done by having people write words on the flip-chart. Activities 3 is done by having people write their answers on post-it notes and placing on the flip-chart paper.
5. After 2 minutes, tell groups to move to another station and adds words to the list that are not there already.
6. After 2 minutes, tell groups to move to the final station and add any words they can to the lists then return to their seats.

DISCUSSION:

Facilitator’s role is to discuss the responses generated by the written segment of the exercise

ACTIVITY 1 - Sexually Transmitted Infections

1. Review the 4 types of sexually transmitted infections:
Bacterial Viral Non-sexually transmitted infections Infestations
2. For each word on the chart have participants decide which typed it is (bacteria, virus etc). Using a coloured marker, circle all the viruses. Repeat for the other 3 categories, using a different colour for each one.

HIV Herpes Hepatitis HPV (warts)	Syphilis (clap) Gonorrhoea (the drip) Chlamydia	Yeast Vaginitis	Scabies Crabs
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Discuss what each category means.

Bacterial

- ◆ Treatable and curable.

Explain that syphilis, a rare disease in Canada for many years, is now on the increase especially among men who have sex with men. Syphilis can be transmitted by oral , vaginal and anal sex.

Viral

- ◆ May be treatable but not able to be cured.
- ◆ There are vaccinations for certain viruses eg. Hep A, Hep B

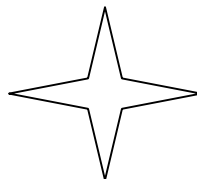
Non-sexually transmitted infections

- ◆ Ie. yeast. May occur in the absence of sex, may occur if taking antibiotics or the birth control pill, may be transmitted to a partner.

Infestations

- ◆ Ie. crabs. Can be easily treated.

- Many people, **especially women**, have no symptoms if they get an STI
- If a person is being treated for an STI, it is very important to complete the course of treatment
- If this isn't done it can lead to the development of "super bugs"



ACTIVITY 2 – Body Parts

1. Define and describe each word.

Ask which of the body parts listed is **NOT** sexual. Point out that sex is not “tab A into slot B”. Stress that the brain is the most important sex organ, while the skin is the largest.

ACTIVITY 3 – Sexual Activities

1. Have a volunteer read out the list.

2. Ask students to define or describe each word.

3. Ask them how different words make them feel – which ones are funny, offensive, cool etc.

Note to facilitator – Students may come up with a wide variety of “activities”, some with graphic or slang names. Explain that, while there is often a great deal of laughter during this activity, some people may feel uncomfortable, disgusted or offended by certain words or language. They will be expected to use “proper terms” when working with the students in the classroom.

Be sure to add words that some people think are sexual activities but that sometimes get overlooked in the excitement of doing this activity ie. holding hands.

Wrap up to these exercises

Ask participants to reflect on their reactions to these exercises. How do they believe their personal attitudes and values or beliefs relevant to sexuality will impact on their practice of sex, and/or their ability to teach about sex and HIV prevention? If they recognize a problem what can they do to become more comfortable?

5.

STOP LIGHT EXERCISE - to be done as a large group

OBJECTIVE: to increase knowledge of the risk levels of various sexual activities and how these activities can be made safer.

MATERIALS:

- Flip chart with a stop light drawn on it:
 - red labeled "HIGH RISK"
 - orange labeled "LOW RISK"
 - green labeled "NO RISK"
- Post-it notes from ACTIVITY #3 of the Sexuality Exercises with sexual activities written on them

METHOD:

1. Explain the principles of HIV infection

Reminder - to cause infection there must be

- ◆ A body fluid with enough virus
- ◆ A way for the fluid to get into the body
- ◆ Documented cases showing this is a way people get HIV

2. Explain the 3 levels of risk for HIV transmission that the different stop lights represent.
3. Ask participants to take the post-it notes from the previous exercise and place each one beside the stop light that shows the most likely level of risk for getting HIV.

DISCUSSION

1. Ask the group for comments regarding placement. Move post-it notes if necessary.
2. Review how risk can be reduced in risk behaviors. (See below).
3. Discuss differences of level of risk between HIV and STIs

PIECE OF INFORMATION - Some STIs can be passed by activities that are low risk for HIV transmission. While oral sex is lower risk for HIV transmission than unprotected anal or vaginal sex, the risk for other STIs is high. For example, oral/anal sex may be high for hepatitis A transmission

4. Point out the large number of no-risk activities.
5. Explain examples of how to reduce risk

Making oral sex on a man (fellatio) safer

- put a condom on the penis
- don't allow ejaculate (cum) in your mouth
- lick the shaft or the testicles instead of the head of the penis
- don't brush or floss before sex

Making vaginal or anal sex safer

- Put a condom on the penis or use a female condom.
- Use lots of water based lubrication
- make sure the condom is put on/ inserted properly
- after ejaculation, withdraw the penis, holding onto the base of the condom to avoid spillage.

ANSWERS:

Sexual Activities and Risk Levels

Anal sex, no condom	High
Anal sex, with a condom	Low
Vaginal sex, no condom	High
Vaginal sex, with a condom	Low
Oral sex on a man, no condom	Low
Oral sex on a woman, no latex barrier	Low
Mutual masturbation	No Risk
Kissing	No risk
Hugging risk	No risk

6.

Show video clip – No Greater Love.

This short video shows a number of couples, straight and gay, who negotiate safer sex. It uses popular advertising approaches that students find amusing.

7.

Understanding Sexual Behaviour

Tell the students that now that we have reviewed basis AIDS we will look at why people put themselves at risk through unprotected sex.

To proceed from this point, divide the group into smaller groups of 4 to 6 participants. Depending on the time allowed, the facilitator may decide to have each group do only one exercise, then debrief them all at the end, or have all the groups do all the exercises

Tell the peer educators that the following activities are ones that they will do in the classroom with students.

8.

EXERCISE #1: *Why Young Men and Young Women Have Sex for the First Time*

OBJECTIVE FOR PARTICIPANTS: Increase their understanding about the pressures on males and females that lead to unplanned sex.

RATIONALE: Often when teenagers have sex for the 1st time, it's unplanned and unprotected. This exercise examines why and how this happens.

MATERIALS:

- Header cards: **Why girls have sex for the first time.**
Why guys have sex for the first time.
- flip chart paper
- markers
- masking tape

METHOD:

- .1. Put the header cards on the wall or board.
2. Divide students into two groups of the same gender – all girls, all guys.

Note to facilitator - If possible have just one female group and one male group – this works best, even if you have 10-12 people in a group. If you are training only girls or only boys create the two groups by having one made up of those who have brothers/sisters

3. Give each group a piece of flip chart paper and a marker.
4. Tell the male group that they are to brainstorm all the reasons they can think of **why young men have sex for the first time**. Have someone write the answers on the flip chart paper.
5. Tell the female group that they are to brainstorm all the reasons they can think of **why young women have sex for the first time**. Have someone write the answers on the flip chart paper.
6. When groups are finished have someone put their paper under the appropriate heading and read out their responses.

Possible responses

- *Curiosity
- *swept away
- * Ignorance
- * horny
- *Low self esteem (usually on the girls' list)
- *In love (this usually appears exclusively on girls' list)
- * To keep a relationship going
- *drugs/alcohol
- *Peer/partner pressure
- *Prove you are a man/woman
- *to lose virginity

DISCUSSION:

1. Ask students to think for a moment what they would like/would have liked their first sexual experience to be like.
2. Ask if the responses the group came up with describe what they want/wanted their first sexual experiences to be like.
3. Ask them to think about how each reason might lead to unsafe sex.
4. Point out that many influences have nothing to do with being in a relationship.

5. Discuss the implications for women who justify sex because they are in love (double standard at work – ok for guys to have sex, not for women unless love is present). As a result they don't insist that their partners use condoms. In a Canadian study, 2003, only 58% of grade 11 females used condoms with a male partner while 73% of grade 11 males reported using a condom last time they had sexual intercourse. *
6. Speak to "date rape". This can happen because people don't have the skills to talk with each other about what they want.
7. Young women tend to respond to their partner's needs and desires and ignore their own needs for safety. Sex is not seen as part of a relationship but rather as a rite of passage.
8. Some young men report that they had sex or felt they should have sex even though they did not feel ready to have intercourse. They had sexual feelings and thoughts but that didn't mean that they felt they could handle a situation that included having sex. They sometimes went ahead anyway because they didn't know how to say no to a partner who was interested, they felt they had to have sex to prove their masculinity or they were afraid that they would get a reputation as a geek or "gay" if they didn't have sex.
9. Some teens, especially girls, who have low self-esteem may engage in sexual activities that they don't really want to do.
10. Both grade 9 boys and girls who did not use a condom at last sexual Intercourse were more likely to have negative self-esteem than those who reported using a condom. *
11. Discuss why gay/lesbian youth have unprotected sex:
 - ◆ Feel pressured to fit in, pressure to be sexually active
 - ◆ Often haven't come out when first opportunity arrives to have a same sex relationship. "I've finally found someone who thinks I'm attractive". The last thing they are thinking about is safer sex.
 - ◆ Don't perceive their risk – think it is only older people who get HIV/AIDS.

* Canadian Youth, Sexual Health and HIV/AIDS Study. 2003

9.

**LINKING STATEMENT -
LET'S LOOK AT WHAT CAN HAPPEN WHEN TWO PEOPLE HAVE UNPROTECTED
SEX**

**EXERCISE #2: *What Might Happen if a Person has
Unprotected Sex ?***

OBJECTIVE FOR PARTICIPANTS:

To understand what might happen if a person has unprotected sex

RATIONALE:

- Young teens are “concrete thinkers”.
- At about 14, many youth start to develop the ability to imagine possibilities that they have not yet experienced.
- They need opportunities to think about and discuss possible consequences that may be new ideas to them.

MATERIALS:

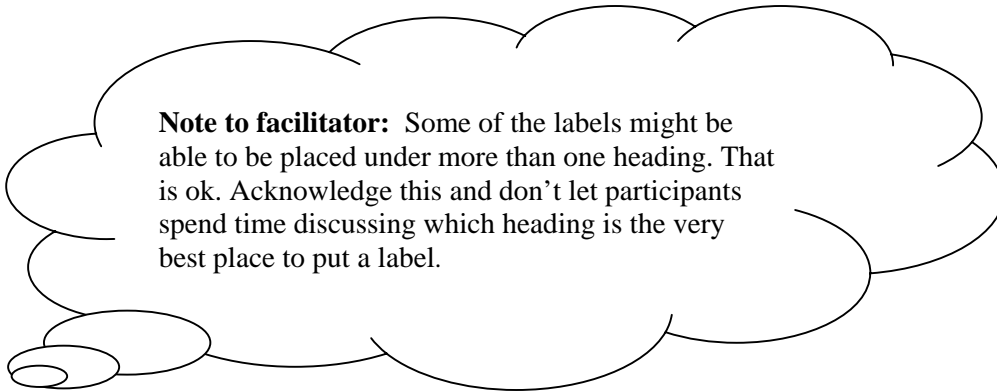
- Header with the title “What can happen if”
- “Worksheets” with headings of things that might happen if a person has unprotected sex (consequences): **pregnancy, HIV, STIs, emotional impact, nothing**
- Labels that have specific things that can happen as a result of unprotected sex.
- Masking tape

METHOD:

1. Divide students into groups of 5 – 7. Try to have a mix of males and females in each group.
2. Give each group a set of “worksheet pages” and a set of labels.

3. Tell participants to take a label. Have the group decide which heading the label belongs under. Repeat for each label.
4. Post sheets side by side on the wall

ANSWERS:



1. **Nothing**
 - Can lead to repeated risk taking
 - "Nothing can happen to me"
2. **Pregnancy**
 - The girl misses her period.
 - Get the ECP (Emergency Contraceptive Pill) to reduce the chance of pregnancy.
 - Decide what to do if you get pregnant or your partner gets pregnant.
 - If you are pregnant and want to keep the child decide how you will support and look after a baby
 - If your partner is pregnant and decides to keep the baby you are legally required to support your child.

- The mother of the child may reject you.
- If pregnant and want to raise the child see how will this affect your plans for the future.
- Give up the baby for adoption, or have the baby taken into custody
- Having to tell parents and friends that you are pregnant or your partner is pregnant.
- Tied to partner long because of baby long after the relationship is over.

3. **STIS**

- Get an STI/HIV because you are a girl because females get many STIs more easily than guys
- Get an STI that can affect the health of an unborn child.
- Have symptoms that go away so you don't do anything.
- Increase your chance of getting HIV from an infected person if you have an STI.
- Think you aren't at risk because you are a guy and have heard that girls get diseases more easily than guys.
- May have no symptoms for an STI but are infected.
- Unable to get pregnant because of damage from an untreated STI.

4. **HIV**

- Find out you have to wait 3 months before you can be tested for HIV.
- Discover you were infected with HIV years ago. Because you were never tested you might have passed it on to others.
- Find out there is no cure for HIV, just treatment to delay the onset of AIDS.
- Infect your foetus if you have HIV and don't know it.
- Think you don't have to worry about HIV because you believe there is a vaccine and medication that can cure HIV

5. **EMOTIONAL IMPACT**

- Depressed because the relationship did not continue after sex.
- Angry or disappointed with yourself for having unprotected sex.
- Wish you could turn back the clock and change the past.
- Really worried you might have a STI, HIV or be pregnant/your girlfriend is pregnant.
- Worried about your reputation.
- Wondering what happened to your baby if you chose adoption.
- Feel guilty because you had sex to try to find out if you are gay.
- Afraid that people will learn that you are gay/lesbian.

DISCUSSION:

1. Were there any things that surprised you or were new to you?
2. For whom are the consequences more severe, males or females?

Females who have unprotected sexual intercourse and both males and females who have semen deposited in the rectum as a result of unprotected anal sex are at greatest risk.

3. Is unplanned, unprotected sex worth this?
4. Did you know that there is no vaccine and no medication to cure HIV . Medication only slows down the progression of the HIV



10.

LINKING STATEMENT -
LET'S LOOK AT WHAT WE FEEL OK ABOUT IN TERMS OF WHAT WE DO
SEXUALLY IN A RELATIONSHIP

EXERCISE #3 *What sexual activities are you ready to do as your relationship progresses.*

OBJECTIVES FOR PARTICIPANT:

- Learn that relationships may progress from "*meeting each other*" through to "*commitment*"
- Learn that there can be identifiable stages in relationships.
- Learn about the level of risk associated with different activities.

RATIONALE:

- Adolescents do not have experience as sexual decision-makers.
- Teens need the opportunity to think about where they want to be in a relationship before they do specific sexual activities.
- Teens need to understand the different levels of risk for getting HIV from a range of activities.

MATERIALS:

- Header card
- 3 worksheets with headings with different stages of a relationship: **MEETING, HANGING OUT, GOING TOGETHER, GETTING SERIOUS, COMMITMENT/MARRIAGE**
- Labels stating various sexual activities
- markers

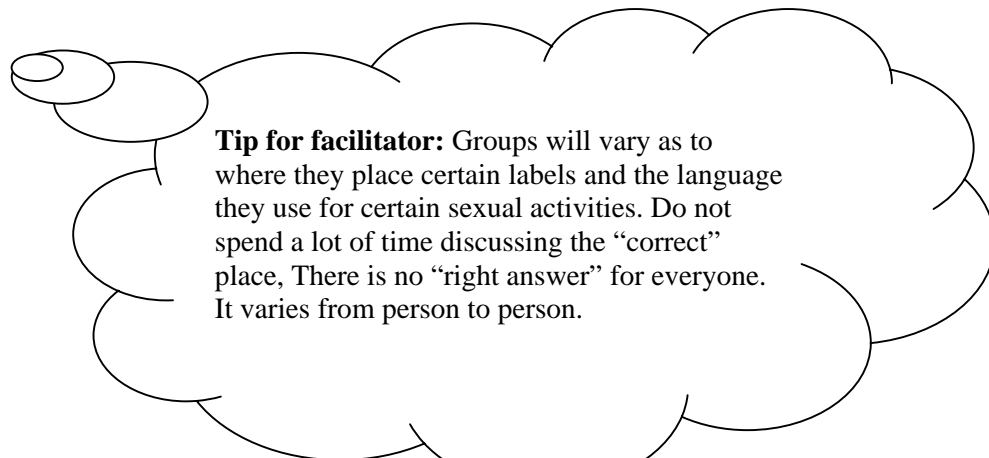
METHOD:

1. Tape up header card.
2. Divide participants into coed groups of 5-6.
3. Give each group a set of 3 Worksheets and a set of labels.

3. Have each group:
 - a) Decide the sequence relationships follow as they develop.
 - b) Place each label under the heading that the group feels reflects the stage when this activity is most likely to happen
 - c) Using the marker, circle activities that the group feel are high risk for transmission of HIV. Put a box around low risk activities.
4. Share results with the large group.

DISCUSSION:

1. Was it easy to reach consensus with the group as to where these labels should go?



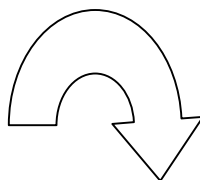
2. Can you imagine negotiating with a partner whose wishes are different than yours?
3. Is it enough to say **NO**?
4. What are the the words you can use to set limits with a partner.
5. Do you think that gay and lesbian youth would have the same dating pattern as straight teens?
6. If many participants say that sex should wait until there is some level of a relationship , why do many teens let sex happen for the reasons named in exercise 1?

Notes for the Trainer

- In this activity we are looking at the risk for transmission of HIV. Because there are different risk levels for different STIs, depending on whether their transmission is skin-to-skin, in sexual fluids, viral load etc. , don't try to deal with risk levels that vary from STI to STI.

Untreated STIs increase the risk of acquiring HIV from an infected person.

- "Pulling out" is more likely to occur when a relationship hasn't been established, or when sex occurs for the reasons given in the exercise *why girls/boys have sex the first time*.
- Having sex without a condom – Grade 9 students report that the major reason they did not use a condom was because they did not expect to have sex. For grade 11s, it was because they were using some other method of birth control. They can feel that they have a stable relationship so don't have to be concerned about diseases.
- One study showed that both young men and young women Experience greater pleasure during first sex if it occurred in a serious Rather than a casual relationship
- Many gay/lesbian youth feel pressure to date members of the opposite sex, or on the other hand experience isolation because they feel they can't date. If they have a same sex relationship, they don't feel they have the same permission to express affection with their partner.



Answers - Levels of Risk

High risk	Sex without a condom Anal (bum) sex without a condom Pulling penis out before coming
Low risk	Anal (bum) sex with a condom Sex with a condom Oral sex without a barrier
No risk	Everything else

DISCUSSION:

1. Are there any surprises for you in terms of what is considered high versus low risk for HIV?
2. How can people reduce the risk of transmission?

Note to Trainer

Point out that oral sex is a higher risk for some STIs

- Oral sex with a barrier (condom, dam) is no risk providing the barrier does not break.
- Some people have anal sex in order to avoid a pregnancy or to still be considered a virgin.
- Vaginal sex and anal sex with a condom do prevent transmission of HIV if the condom does not break or fall off.
- Remind participants that an unprotected STI can increase the risk for HIV.

List of activities –

- | | |
|------------------------------------|-------------------------------------|
| Whisper | More talking |
| Let's talk about it | Talking about how far we go |
| Talk | Talk, talk, talk |
| Touching genitals outside clothing | Touching genitals inside clothing |
| Taking clothes off | Hand inside shirt/blouse |
| Oral sex with protection | Holding hands |
| Arm around shoulder | Arm around waist |
| Kiss on lips | Lengthy embrace |
| Lying down kissing | Hand touching inner thigh |
| Touching breast | Starting to make out while drinking |
| A gentle hug | Touch on the arm |
| Pulling penis out before coming | Sex without a condom |
| Kiss on the neck | Hand on behind |
| Hand touching genitals | Hand on the knee |
| Kiss on the cheek | Sex with a condom |
| French kissing | Hand on top of shirt/blouse |
| Sex without a condom after testing | Anal (bum) sex without a condom |
| Anal (bum) sex with a condom | Oral sex without protection |



12.

HOW DO WE GET WHAT WE WANT?

EXERCISE #4: *Prevention Game*

OBJECTIVES FOR PARTICIPANTS: To learn about strategies needed to postpone sex and to ensure that sex is wanted and protected.

RATIONALE:

- Dr. William Fisher, UWO, has identified stages that individuals must be able to take to insure consensual, safe sex.
- Teens need to understand that they go through these stages, although they are usually not aware of them.
- They need to know that things don't "just happen" and they can take actions to get the desired results.

MATERIALS:

- Header card
- Prevention cards – WANTING SEX; GETTING THE RIGHT INFORMATION; THINKING ABOUT WHAT'S RIGHT FOR YOU; TALKING TO PARTNER ABOUT SEX; GET CONDOMS; NEGOTIATE PREVENTION OF STIs/HIV AND PREGNANCY; HOMOPHOBIA; SHARING POSITIVE FEELINGS WITH PARTNER; FALLING IN LOVE; ALCOHOL/DRUG USE.

METHOD:

1. Put up header card.
1. Give the group an example of how we often think that "something just happens" but there are steps we do that we don't even think about.

Here is an example:

You have a new pair of jeans. You tell your friend "I just went out and bought them" but you probably did more than that before you ended up buying these particular jeans. What do you think you would do before you end up with your jeans? (Feel you need them, see if you have money to buy them, study what kinds of jeans there are, see what your friends are wearing, try different ones on etc.)

When we deal with sexual situations there are also steps that happen as we progress to a decision about what to do. We may be trying to decide whether to have sex or what to do to have protected sex. This activity looks at what we do if we are ready for sex and want to be sure that it is protected.

2. Divide students into small, mixed groups.
3. Give each group a set of cards
4. Have the group identify the three cards that are things that can make it harder to practice safer sex. Put these cards aside.
5. Put the remaining cards in the order in which the group think a person should do things to be sure that they don't have unprotected sex.
6. Have the group decide why each step is important.
7. Have the group identify places where adolescents can get information and support.
8. In the large group, have one group line up with their cards in the order they determined.

DISCUSSION:

1. Do other groups have the same or different sequence. Discuss.
2. What were the three things that make it harder to practice safer sex?
3. Speak to each point.

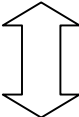
Notes to facilitator:

- The most important point students need to understand is that they have to be able to acknowledge when they are interested in or feel they want to have sex.
- They need to have correct information in order to decide what's best for them.
- Being able to negotiate with a partner around sex is a behaviour, like any other, that needs to be learned and practiced.
- Dr. Fischer has a step **Going Public** in his sequence. This one has always confused students (it is actions that are "public" – going to a doctor or clinic, talking to a counsellor or teacher, confiding in someone you trust, buying condoms).
- We have replaced that stage with the more specific **Get Condoms** which is usually a "public act".
- Dr. Fischer, in his research with university students, found a specific sequence for the stages (see Pages 15 and 16). However, each of our groups may come up with a slightly different order.
For example – while Getting Necessary Information is the second step in the Fischer sequence, a group might say the they feel that Thinking About What is Right For You could be the second thing a person might do after they feel they are ready for sex.

Do not spend time arguing about the exact sequence. The important thing is that they realize that there are steps.

- Be sure to talk about local resources

PREVENTION GAME

STAGES	DISCUSSION
<p>WANTING SEX</p>	<ul style="list-style-type: none"> - Teenage sexuality is generally not acknowledged by parents, and society. - A person must be able to accept their own sexuality and, acknowledge intent to be sexually active. - Sex can be powerful! - Decide how you want to express your sexuality and what do you need to do to make sure that happens.
<p>GETTING NECESSARY INFORMATION</p>	<ul style="list-style-type: none"> - Knowledge alone does not mean individuals will automatically use condoms; they have to accept that they are susceptible to the risks of unprotected sex. - Must be able to assess risk of their potential sexual activity. - What can happen to me if I have sex, what do I have to be able to do to be safe? <p>WHERE DO I GET INFORMATION?</p> <p>AIDS & Sexual Health Infoline 416- 392-2437 Lesbian/gay youth line 416-962-2232</p> <p>Local clinics Web sites www.sexuality and u. ca</p>
	

STAGES	DISCUSSION
<p>THINKING ABOUT WHAT IS RIGHT FOR YOU</p>	<ul style="list-style-type: none"> - Can I deal with all this? - Where do you see yourself in 5 years/10 years? How would your getting pregnant, HIV, etc. impact on these plans? - Is this current partner going to be your life time partner? - Is this partner worth risking the chance of STI/HIV, unplanned pregnancy, etc.? - Be honest about your sexual identity and get support if you need to.
<p>TALK TO PARTNER ABOUT SEXUALITY</p>	<ul style="list-style-type: none"> - What if partner pressures you, when you don't feel ready to have sex? - Saying "I'm not ready for sex" doesn't mean you are rejecting someone. - Remain abstinent (think postpone). This decision is not necessarily a lifetime commitment, but a personal commitment until you can manage all that's required of having a sexual relationship. - Need to think about how you negotiate this – what are the words, lines, scripts?
<p>NEGOTIATE PREVENTION OF STIs/PREGNANCY, HIV</p>	<ul style="list-style-type: none"> - What if your partner is reluctant to use condoms? - Even if both partners are virgins, it is easier to start using condoms that to have to change practice with future partners. An individual's attitude towards condoms, and the reported use of a condom at first sex are statistically significant predictors of subsequent condom use.

STAGES	DISCUSSION
	<ul style="list-style-type: none"> - It is also easier to use condoms consistently than to introduce condoms into a relationship if one partner should stray. - Whether or not people use condoms is influenced by the perception of whether one's peers use condoms. - Often teenage relationships are not mutually exclusive, thus putting partners at risk for STI - If teenagers become sexually active in high school, there is a high possibility that they will have 3+ partners by 1st year university (Canada Youth and AIDS Study). - Remember, many people lie about past sexual experiences and their risk factors in order to have sex with someone. Recent research indicates HIV+ persons do not disclose their status to casual partners
<p style="text-align: center;">GET CONDOMS</p> <p>(doing a <u>Public act</u>- something that involves other people in some capacity)</p>	<ul style="list-style-type: none"> - Condom purchasing – make sure you check – latex condoms, expiry date, lubed. - To increase effectiveness of condoms, do not use in conjunction with Nonoxynol 9 products because this causes mucosal irritation. Use water-based lubricant as recent studies indicate this acts against HIV transmission.. - Get counselling about the use of additional birth control. - Teens who used condoms/contraception at first sex experience more pleasure, less guilt and anxiety - Whether you are male or a female carry condom - Obtaining condoms for free at the sexual health clinics

STAGES	DISCUSSION
<p>SHARE POSITIVE FEELINGS WITH PARTNER</p>	<ul style="list-style-type: none"> - Reinforce continued postponement of sex or continued use of condoms. - Just because you know each other's middle name is no reason to have sex or stop using condoms. - Only stop using condoms when both partners can trust that they are committed and faithful, and have been tested for HIV/STI. On a scale of 1 -10 where 10 is being monogamous and faithful, both people have to be 10.

DETERRENTS TO PROCESS

STAGES	DISCUSSION
<p>FALLING IN LOVE</p>	<ul style="list-style-type: none"> - Young women frequently justify having sex by saying, "it's OK, I'm in love". - 99% of young men do not include feelings of love as a reason to have sex for the first time.
<p>ALCOHOL AND DRUG USE</p>	<ul style="list-style-type: none"> - Makes everything seem ok at the moment. - How do you feel the next morning? - What risk did you take?
<p>HOMOPHOBIA</p>	<ul style="list-style-type: none"> - Gets in the way of being able to acknowledge your sexuality. - Leads to risk taking. - Impacts on how people feel about themselves. - Affects sense of self esteem. - Decreases the ability to be assertive, to feel safe to use a condom.

13.

HOW DO WE USE CONDOMS PROPERLY?

Exercise #6: *Using a condom properly*

Objectives For Participants:

Increase their comfort about condom use.

Understand the steps to proper condom use.

Rationale:

Using a condom properly is a learned skill. Young people need to know the steps involved in effective condom use and feel comfortable to practice these steps.

MATERIALS:

- Header card
- condoms for demonstration
- lubrication
- model of penis
- female condom /Advanti
- set of cards with things to do when using a condom:
ERECTION; INTERCOURSE; PINCH TIP AND ROLL CONDOM
ON IT; LOSS OF ERECTION; SEXUAL AROUSAL; ADD
LUBRICATION; EJACULATION; HOLD ON TO THE RIM AND
WITHDRAW THE PENIS.

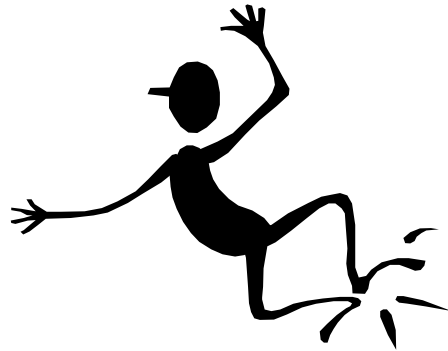
METHOD:

1. Divide participants into groups of 5-6.
2. Give each group a set of cards.
3. Have group members decide what order a person would follow in order to use a condom with a partner.
4. Place cards in the proper order.
5. Ask each group to report back.
6. Demonstrate with a real condom as you go through the sequence.

DISCUSSION:

1. Explain the importance of checking the expiry date and using lubrication.
2. Show the female condom according to the guidelines on teaching about female condoms.
3. Tell students that there are male condoms made of polyurethane (Avanti) for people who are allergic to latex.

TELL STUDENTS THEY WILL ONLY SHOW THE MALE LATEX CONDOM IN THE CLASSROOM SESSIONS. PEER EDUCATORS ARE BEING SHOWN THE FEMALE CONDOM AND AVANTI FOR THEIR OWN INFORMATION.



Notes to Facilitator:

Condom use is influenced by factors such as:

- The perception of what your peers are doing
- How long you have known your partner
- Whether or not you think HIV is life threatening
- Whether you think your partner may have an STI or HIV
- Your ability to negotiate condom use

Students with increased sexual experience and increased number of partners are **LESS LIKELY** to use condoms than other less experienced students.

Studies show that condom use declines in later teen years when young women are more likely using the birth control pill.

14.

EXERCISE #5 : *What are the Benefits of Planning for Sex?*

The facilitator should do this exercise as a large group activity .

OBJECTIVE FOR PARTICIPANTS: Understand the benefits of having planned, consensual sex.

RATIONALE: Young people need to hear that there are good things that result from planned, consensual sex.

MATERIALS:

- Header cards.
- Flip chart paper with the headings **Pregnancy, STI/HIV, Emotional Impact** along the top.
- Labels with outcomes marked on them: PREGNANCY PLANNED AND WELCOMED; PARTNERS CARE FOR AND SUPPORT EACH OTHER; MAY ENJOY SEX MORE BECAUSE NOT WORRIED ABOUT PREGNANCY/STIs; FEEL MORE IN CONTROL; PERSONAL GOALS NOT INTERRUPTED BY UNPLANNED PREGNANCY; LITTLE CONCERN ABOUT STI/HIV FOR EITHER PARTNER OR FETUS; MAY EVEN HAVE GREAT SEX; REDUCED RISK OF INFERTILITY DUE TO STIs; PARTNERS LEARN TO TALK TO EACH OTHER.
- Masking tape

METHOD #1 : Large group activity

1. Put the chart paper on the wall or board.
2. Read out a label and have someone suggest which heading it belongs under.
3. Repeat for all labels.

DISCUSSION:

1. Compare this set of outcomes with those of exercise #3.
2. Ask group, where do you want to be?

PREGNANCY – pregnancy is planned/welcomed
Personal goals not interrupted by unplanned pregnancy

STI/HIV - Little concern about STIs/HIV for either partner or foetus
Reduced risk of infertility due to STIs

EMOTIONAL IMPACT -
Feel more in control
Partners care for and support each other
Partners learn to talk to each other
May enjoy sex more because not worried about pregnancy or STIs
May even have great sex

- 15.** Speaker – If possible have a person who is HIV-positive talk to the group and answer questions.
This might be the person who will speak at the school assembly.