

Youth Outreach Mentors Manual

HIV/AIDS Curriculum



Table of Contents

Notes for Facilitators (questions you might be asked).....	3-4
Getting Started (your introduction to the class).....	5
Ground Rules.....	6-7
What is HIV and AIDS? (definitions)	8
What is the difference between HIV/AIDS?	9
The origin of HIV/AIDS & Lifecycle.....	10-11
Who does HIV/AIDS effect?.....	12
Worldwide HIV/AIDS statistics.....	13
Who is most likely to be infected?	14
Modes of Transmission.....	15-16
Signs & Symptoms.....	17-18
HIV/AIDS Prevention & Personal Responsibility	19-23
Condom Demonstration.....	24-27
Excuses Practice Negotiations	28-29
Being Faithful.....	30
Discussing HIV/AIDS with your partner.....	31
Getting Tested and Staying Healthy.....	32-35
Myths, Beliefs and Misconceptions about HIV/AIDS	36-37
Creative Ideas for YOM groups.....	38
YOM Quiz & Survey	39-41
Outreach tracking.....	42
Bibliography.....	43-44

Notes for the Facilitators:

- Before you begin, tell the students you understand that some of them may be embarrassed to ask particular questions. Tell them, if they like, they can write the question down anonymously on a piece of paper and hand it to you to answer at the end of the class. It is helpful to have a hat or bag to mix these questions up in and select from later.
- Make sure that everyone is clear on the section before you move on.
- Speak out loud, with confidence and ease.
- Always be aware of the group; if they are looking bored, stop and do an activity where the participants can get up and move around, take a break and let them get some water, but always put a time limit on the break and have them come back to order at a certain time.
- Try not to facilitate groups too big; if possible have members of the group break up and take on smaller groups of people.
- If you don't know the answer to a question posed by one of the students, DO NOT guess. Simply say, "To be honest, I'm not sure. But I will try to find out for you. Good question." You could be giving the wrong information, counterintuitive to the educational process. We want these students to pass on the information learned and if they are teaching guesses as fact, there's a problem.
- Do not treat the questions as unusual or silly. Remember, this could be their first time hearing an adult talk about this information in this kind of forum. The questions and myth that many of these children have heard are, by our standards quite silly, but we do not want them to be embarrassed. This would discourage them from further inquiries. Repeat with regularity, "Very good question!" to continually encourage.
- Tell the students that you understand where they are coming from. That, you too, were once very curious about sex and HIV. Inform them that it's okay to feel this way. Remind them that they have a confidant teacher in front of them.
- Repeat throughout the lesson how important this information is. If you see a student who is not paying attention, remind them that this information is the difference between prevention and contraction, health and sickness.
- Have student take notes.
- Speak slowly and simply! Many of these students are still learning English. It is helpful to have a translator on hand for any time you're explaining something complex or if it looks like someone is confused.
- Always write important points on the board, often the students will think the information your saying is less important if you're not writing it down for them to copy.
- If the students seem bored, it is useful to have an engaging activity saved in the back of your head to break up the monotony. Let them take a water break.
- Don't dwell on the negative. These students want to know there is hope! Inspire them!
- Continually encourage them to SPREAD THE WORD! This is vital if we are going to get anywhere. This information comes rarely in this forum. Teach a philosophy of empowerment through education. They can be teachers too, and help stop the spread of disease!

Some questions or myths you may hear:

Prepare to hear these questions and others as you teach the curriculum.

- What is AIDS?
- How does a girl prevent herself from getting pregnant?
- Why are boys always disturbing girls?
- Why do girls have periods?
- Why doesn't the condom explode when the boy ejaculates?
- The more condoms I wear, the more protected I am. *Wearing multiple condoms
- Why do girls have to drop out of school when they get pregnant?
- What are hormones?
- Why do girls get emotional during their periods?
- AIDS stands for "American's Idea to Discourage Sex."
- Why is it that HIV has been around so long and there's no cure?
- If a woman is faithful to her husband, but he has multiple sex partners, how can the woman protect herself?
- Are ARV's free?
- What is the risk of having sex with an infected partner when already infected?

Answer: There are several different strains of HIV. In addition, when exposed to medications, HIV changes or mutates over time. If a person is re-infected with a strain of HIV that is different from the strains already present, or if a mutated HIV type is introduced into the body through unsafe sex, treatment will be much more complex and potentially ineffective.

For example, if a person is being treated for HIV and their medications are working well, their viral load will be undetectable. If that person then has unprotected sex with another HIV infected person, they can get infected with a different HIV strain. That strain could be resistant to the medications that person is taking. Over time, that new strain will flourish in their body, rendering their once successful treatment useless. Eventually their viral load will sky rocket and their immune system will diminish.

Getting Started

When participants meet for the first time, the following layout shall be used at all sessions:

- 1. Introduction** - Participants to do self introductions e.g. name, where they come from, occupation, level of education, marital status, likes and dislikes and vision.
- 2. Ground Rules (a.k.a. Group Norms)** - These are to be set by the participants themselves and the facilitator can only add to the list when he/she feels that the participants have exhausted all the necessary points.
- 3. Responsibilities** - Participants are to choose among themselves, which people are to do specific duties i.e. time keeper, facilitators assistant, secretary/scribe, chairperson etc.
- 4. Time table** - This should be prepared by the facilitator and given to the chairperson to present to the participants.
- 5. Workshop Objectives** - Each participant should be given a chance to state why they have attended the seminar and what they wish to achieve or accomplish. The facilitator can then summarize his/her own objectives and have them written somewhere for everyone to see. These objectives will be the daily guidelines for what is to be done.

Ground Rules

Before beginning any discussion or program we want to create a safe and comfortable learning environment for all participants. In order to effectively receive the information, skills and services, young people need to be provided with an environment in which they are protected from harm, supported by the group leaders and other participants, and have opportunities for individual development.

Please ask the participants to volunteer “ground rules” or “group norms” that will help create a comfortable learning environment for them. Write them somewhere where everyone can see. Feel free to add any that you feel are appropriate. Make sure that everyone can agree to the ground rules.

Examples of some Ground Rules:

- **Begin each program by recognizing the difficulty of the subject of HIV/AIDS and encourage participants to do what they need to do to take care of themselves**
- **Listen and respect each other—don’t interrupt when others are speaking and only one speaker at a time**
- **Respect diverse opinions and perspectives**
- **Respect silence or non-participation**
- **Encourage openness and dialogue with each other**
- **Respect confidentiality: personal stories that are shared in the workshop stay there**
- **Be honest. We are here to learn from each other and break down barriers**
- **Verbally attacking anyone is strictly prohibited**
- **All mobile phones to be put off during sessions**



* Icebreakers (Get to know your group):

The Truth Game (15 minutes)

Procedure

Prepare note cards with following questions before the session begins.

- *What do you do best?*
- *What TV or radio programmes do you like?*
- *What makes you laugh? What was your happiest moment?*
- *What scares you the most?*
- *What lie have you told recently?*
- *What is your most embarrassing moment?*
- *What pleased you the most today?*
- *What is your greatest dream right now?*
- *What annoys you most?*
- *What would you like your spouse to be like?*
- *What attracts you to a person of the opposite sex?*
- *What frustrates you about your best friend?*
- *When was the last time you cried and why?*
- *What is the most special thing that has happened to you?*
- Divide the trainees into their small groups and place the cards face down in the middle of the group.

Explain that each card has a question on the other side. At each person's turn, they should take a card and answer the question as truthfully as possible.

- Emphasize that the aim of the game is to help the group get to know each other so that they can work well together throughout the training.
- Explain that some of the questions are very personal and so each group member should maintain a balance of openness and sensitivity during and after the game.

*If anyone feels unable to answer the question he/she has chosen, he/she may pick another card. Some of the questions will provoke discussion. Encourage the conversation depending on the time.

The Truth Game Debriefing (5 minutes)

Procedure

- Ask each small group in discuss the game.
- Have them consider: *Do you feel like you know your group members better? Do you feel you can now work better as a group? How do both personal openness and sensitivity towards others contribute to team building?*
- At the end of the session, restate the key message

What is HIV and AIDS?

HIV (Human Immunodeficiency Virus)

HIV is a virus that attacks the immune system (the body's defense against infection). HIV harms the body's immune system by attacking certain cells, known as helper T cells or CD4 cells, which defend the body against illness.

Without treatment, most people infected with HIV become less able to fight off germs that we are exposed to every day and may become vulnerable to infections by bacteria, other viruses and disease-causing organisms. Someone who has HIV is called "HIV positive" or "HIV+".

* Definition:

A virus is a very minute microorganism that can only be seen through a special high-powered microscope. Viruses live and reproduce or replicate themselves within other larger cells whose function is to manipulate for their own survival. Once the HIV virus enters the body, it does exactly that.

AIDS (Acquired Immunodeficiency Syndrome)

AIDS is the late stage of HIV infection and occurs when an individual's immune system is weakened by HIV to such an extent that the individual develops one or more of about 25 "opportunistic infections" (OIs), conditions such as Tuberculosis and Malaria that take advantage of a weakened immune system. When this happens, a person who is HIV positive is considered to have developed AIDS, or to have an "AIDS diagnosis."

Today, two types of HIV have been identified, HIV-1 and HIV-2. Although their structures are slightly different, both cause AIDS and produce identical clinical picture. HIV-1 is found throughout the world while HIV-2 to date has only been seen mostly in West Africa.

*ACTIVITY

Divide the participants in three groups and assess their knowledge level of HIV/AIDS:

Group One:

What are some of the things that you have "HEARD" about HIV/AIDS?

Group Two:

What are some of the things that you have "SEEN" about HIV/AIDS?

Group Three:

What are some of the things that you have "THOUGHT" about HIV/AIDS?

Ask them to list their answers on the newsprint. Encourage participation and tell them that there are no wrong answers. Emphasize again that it's about what they have heard, seen and thought about of HIV/AIDS.

What is the difference between HIV and AIDS?

HIV is the virus that causes AIDS, the most advanced stage of the HIV disease. A weakened immune system caused by HIV will allow opportunistic infections (OIs) to develop. A healthy immune system would normally fight these infections, while an HIV-weakened immune system is less able to. Therefore, a person with HIV is more susceptible these infections.

*ACTIVITY

Ask 5 volunteers to come in front for a demonstration on the difference between HIV and AIDS.

Ask them to join hands together to form a circle. The facilitator will form part of the circle. Explain that the circle represents the “immune system.”

Based on this, explain how the immune system works then ask 5 more participants to volunteer from the rest of the group to represent other illnesses, such as Malaria, Typhoid, Tuberculosis, Pneumonia and Meningitis. Starting with Malaria, ask the person to come as a malarial attack and using one point where you join hands with the rest in the circle, block the “malaria” then later allow to get into the circle. At this point, ask another volunteer from the center to come into the circle as a malarial medication to come and remove the malaria from the circle.

Follow the same process with the rest of the diseases

Introduce HIV by choosing carefully one person to volunteer to be the “HIV virus.” As you swing around the circle, allow the “virus” to enter into the circle without any resistance. At this point, explain how unnoticeably the virus enters into the system as long as the risk factors are involved.

Ask the volunteer to “weaken” the “immune system” by hitting the hands of those in the circle across where they join. Explain the multiplication (replication) process of the virus and mass destruction of the immune system making the response to treatment difficult.

Invite the other “diseases” to come back into the center again with the immune system now compromised and slowly the facilitator leads the “immune system” and the “virus” to squat down to demonstrate the progression, leaving the “diseases” all standing.

The Origin of HIV

Since HIV was discovered in 1983, researchers have worked to pinpoint the origin of the virus. In 1999, an international team of researchers reported that they discovered the origins of HIV-1 (the predominant strain of HIV in the developed world.)

Reportedly, a subspecies of chimpanzees native to west equatorial Africa was identified as the original source of the virus. The researchers believe that HIV-1 was introduced into the human population when hunters became exposed to infected blood.

First Found Cases in Humans:

In the summer of 1981, physicians in San Francisco observed that young, previously healthy homosexual men were developing an unusual type of pneumonia which typically affected patients with damaged or suppressed immune systems. In these patients, they also began to see cases of rare skin tumors called Kaposi's sarcoma. Previously this tumor had been seen most typically in tropical Africa and elderly Mediterranean men. Because these diseases affected those who at one time were in good health, the affliction came to be known as Acquired Immunodeficiency Virus, later known as AIDS (Acquired Immunodeficiency Syndrome).

Lifecycle of the HIV Virus

HIV, like all viruses, needs a host cell to reproduce. HIV attaches to a certain white blood cell, called CD4 cell. As the virus reproduces, the number of CD4 cells in the body declines and the number of viruses increase.

Two very useful markers for how the immune system is being affected by HIV are:

1. Viral Load- the amount of the HIV virus in an infected person's blood. These viruses continue to replicate and infect new host cells.
2. CD4 Count- the number of CD4 cells found in an infected person's blood.

As the CD4 count falls and the viral load increases, the person's immune system is weakening, therefore becoming less able to protect them against infections.

When the CD4 count drops too low and the viral load rises, the person can start to get serious infections. These infections would not likely affect the individual if their immune system was healthy. We call these "opportunistic Infections" because they take the opportunity to progress while the immune system is weakened.

Who does HIV/AIDS effect?

Any person can get HIV/AIDS. Children, adults, women, men, rich, poor, slim, fat, educated or not educated-- HIV knows no boundaries. People who are infected with HIV come from all races, countries, sexual orientations, genders, and income levels.

*HIV transmission is driven by changes in migration, housing, travel, sexual practices, drug use, war, and economics that affect both Africa and the entire world.

*ACTIVITY

A Very Important Question

Prior to beginning this lesson, ask the students:

Q: Can you tell when a person has HIV or AIDS just by looking at them?

Give the students time to think before interjecting.

A: No! A perfectly healthy looking person can have the virus.



***ACTIVITY**

HIV/AIDS Affects Everyone (30 minutes)

Objectives

To recognize how HIV/AIDS affects the whole community and to appreciate the need for personal action through both individual behavior change and community outreach.

1. Divide the trainees into their small groups to discuss and explore the effects HIV/AIDS has on the wider community.
2. Assign each group a different sphere of the community—social, cultural, political, economic, etc—where HIV/AIDS has had important effects and ask them to note the discussion points on a flip chart.
3. After about 15 minutes, bring the trainees back together and give each group 2-3 minutes to present their ideas to whole group.
4. After all the groups have presented, open the discussion to the larger group and allow additions to the flip charts.

Worldwide HIV/AIDS Statistics

- A total of 33.4 million people are living with HIV/AIDS in 2008.
- In 2008, 2.7 million people were newly infected with HIV and 2.0 million died.
- Almost half of all people living with HIV are women, 15.7 million in 2008.
- More than half of those newly infected with HIV are between the ages of 15 and 24.
- Women aged between 15 and 24 are three times more likely to be infected with HIV than men of the same age.
- Households affected by HIV/AIDS are more likely to be poor than those not affected by the disease burden. HIV/AIDS can reduce the household income by 66-80%
- 9 out of 10 people in developing countries who need antiretroviral treatment are not receiving it.
- Only 42% of all people at risk of sexual exposure to HIV are able to obtain a condom.
- Just 12% of people worldwide who want to be tested for HIV/AIDS are able to access Voluntary and Counseling Centre.
- Sub-Saharan remains the most affected region in the world. Two thirds of all people living with HIV live in this region—22.4 million people in 2008. Over half of all adult and child deaths due to AIDS occurred in sub-Saharan Africa—1.4 million of the global 2.0 million deaths due to AIDS.

Who is most likely to be infected?

Girls & Women:

- Women and girls don't always have power to make decisions during sexual activity. For example, some women can't tell their husbands to wear a condom, hence women have less power in negotiating condom use.
- In some cultures men inherit a wife "widow" and the virus might affect both partners.
- Women and girls have a larger surface area than men to contract the virus sexually. The vagina has more mucus membrane exposed.
- Semen contains a higher viral load than female sexual secretions.
- In some cultures, sexual activity tends to start early for women, because they get married at an earlier and therefore have more sexual intercourse.
- Similarly, these women tend to get married to older men (sometimes more than a decade); these men are likely to have had multiple partners.
- Women experience sexual abuse and rape more than men.
- Poverty may force women to accept money or gifts in exchange for sex.

*ACTIVITY

Q: Why do you think that girls and women have a higher HIV/AIDS rates?

-Write their answers on the board, then read, or have the students read, these facts out loud to the class.

Q: What can we do, as a community, to change that?

-Have the participants think of ideas to help women and girls. i.e. educate, give women more choices, safe sex, etc.

Those Living in Poverty:

- People living in poverty are also less likely to receive the education necessary to avoid the virus. They often do not know what the virus is or how it is spread.

Contributors to the spread of HIV

- Poverty. The poor are denied screening, medicines, and treatment simply because they cannot pay for them. Because they often do not know their HIV status, they can be spreading the virus.
- Lack of HIV/AIDS education.
- Not disclosing HIV status. People are often reluctant to disclose their HIV/AIDS status because they fear rejection. Women may fear violence, inheritance issues, or divorce, making them even less likely to disclose their HIV status.

Modes of Transmission

HIV is a relatively fragile virus, which is not spread by casual contact. It is not easy to become infected with HIV.

In order for HIV to be transmitted, three conditions must occur:

1. There must be an HIV source.
2. There must be a sufficient dose of virus.
3. There must be access to the bloodstream of another person with the virus through body fluids that can transmit HIV. The body fluids that can transmit the HIV virus are: blood, breast milk, and semen and vaginal secretions.

*ACTIVITY

Ask the participants to volunteer their ideas on the transmission of HIV/AIDS.

Write their answers on the board, and then explain the ways it actually is transmitted.

Anyone infected with the virus is potentially a source of HIV infection.

How does a person get HIV/AIDS?

HIV is spread through an exchange of certain bodily fluids —

- **Sexual Contact** 

Unprotected sex—sex without a condom—is the most common way to transmit the HIV virus through **semen** and **vaginal secretions**.

- **Blood** 

Sharing needles, razor blades and other sharps with an HIV infected person can put HIV directly into the user's bloodstream.

- **Mother to Child:** 

A woman infected with HIV can pass HIV to her baby through pregnancy or delivery, and also through breast milk.

ACTIVITY: Bodily Fluids and Transmission of the Virus

The facilitator will go on to explain about transmission of HIV, focusing initially on the term “bodily fluids.” He/She will explain that, since this disease began, discussion has focused on the risk involved with exchanging bodily fluids, but that not too many people understood what that meant. The facilitator should begin by asking the group to define bodily fluids and to give examples, noting the responses on newsprint.

Responses should include:

- Blood
- Semen
- Vaginal Secretions
- Saliva
- Tears
- Sweat
- Urine
- Breast Milk

After that list has been developed, the facilitator should ask the group what they think is meant by “exchanging” these fluids. The facilitator should clarify that the “exchange” is made when certain ones of these “fluids” from one person actually enter the body of another person. “Since HIV is a weak virus, it’s not passed on just by having certain fluids touch your body - they must enter into the body.”

The facilitator should then go back to the list of “bodily fluids” and explain that, when a person is infected with HIV, only some of these fluids would actually have enough viruses to transmit.

The facilitator should ask the group if they know which ones, and clarify with them by marking off:

Blood, semen, vaginal secretions and breast milk.

At that point, the facilitator should explain that it isn’t always easy to get someone’s fluids into another person’s body, and that this only occurs through certain activities. In order to look at the activities, the facilitator will explain that the group is going to do an exercise to look at all of these activities and which might transmit HIV if a person is infected.

Signs and Symptoms of HIV/AIDS

Many people do not develop any symptoms when they first become infected with HIV. Some people, however, get a flu-like illness within three to six weeks after exposure to the virus.

The signs and symptoms of the HIV virus may include:

- Acute fever seen in almost 30-50% of all people with HIV infections
- Headache
- General fatigue and weakness
- Nausea
- Prolonged diarrhea and wasting
- Enlarged lymph nodes (organs of the immune system that can be felt in the neck, armpits and groin)
- Dementia-acute mental illness
- Night sweats not associated with anything else
- General malaise-feeling of being unwell
- Skin infections
- Chronic cough
- Thrush (a contagious fungal infection) -genital and oral
- Herpes simplex
- Severe weight loss-more than 10% of normal body weight in less than a month

*These symptoms usually disappear within a week to a month and are often mistaken for another viral infection.

In adults, more persistent or severe symptoms may not surface for several years, even a decade or more, after HIV first enters the body. In children who are born with the virus, these symptoms generally occur within two years.

***Important Definitions**

Incubation period- The period between infection to the time the body develops any signs and symptoms of HIV related diseases. It may be as short as few years or as long as 10 years.

Window period- The period between infection to the time the body produces antibodies against the virus, enough to be detected through the available HIV testing kits. It can be as short as 2-8 weeks or as long as 6 months.

Some people may begin to have symptoms as soon as a few months, while others may be symptom-free for more than 10 years. However, during this period, the virus will be actively multiplying, infecting, and killing cells of the immune system.

***ACTIVITY: Sexually Transmitted Diseases**

The facilitator will ask the group to focus specifically on diseases transmitted through sex. He/She should relate this topic to the transmission exercise, asking the group to compare sexually transmitted diseases with a cold, for example. The facilitator should begin by reminding the group that a “sexually transmitted disease” is one, which is transmitted by an infected person to another person through oral, anal or vaginal sex. He/She could lead the group with questions such as;

-How is a cold transmitted? If I get a cold from someone, could I pass it on to another person?

-How would that work as we saw in the exercise? What’s the difference between a cold and a sexually transmitted disease?

-Could I pass a sexually transmitted disease on to someone else like I could a cold? Why not?

Through this process, the facilitator should lead the group to understand that there is a certain amount of control over whether or not a person gets a sexually transmitted disease.

He/She should help the participants to see that, while catching a cold is not necessarily the result of a conscious decision - it can result from being on a bus with someone who is sneezing and coughing - a sexually transmitted disease results from a specific activity - **having sex**. Knowing that this transmission is the result of a specific activity, the facilitator should then ask the group what other difference exists between colds and sexually transmitted diseases, leading the participants to understand that sexually transmitted diseases are preventable.

HIV/AIDS Prevention

How do I reduce my risk of getting HIV?

The ABCD motto:

- **Abstinence**
- **Being faithful to one uninfected, faithful partner**
- **Condom use (done properly)**
- **Determination to remain infection free**

Others Prevention Practices:

Personal Prevention

- Do not have unprotected sex. When you choose to have sex use a condom every time
- Do not reuse or share razor blades for cutting hair, or circumcision ceremonies.
- Get tested if you are pregnant or considering pregnancy: HIV+ mothers can pass the virus to their babies while pregnant, during birth, or by breastfeeding. Advances in treatments have significantly reduced the risk of a baby getting HIV from its mother when taking the proper precautions.
- Use protective materials when handling blood and blood-contaminated materials.
- Use sterile equipment for any cutting and piercing procedure.
- Avoid situations that would lead to blood transfusion.

Public health prevention

- Counseling all blood donors and screen all donated blood and body organs for transplant.
- Counseling HIV+ mothers to make informed decisions about birth and accept HIV testing.

Personal Responsibility Discussion:

Remind the students that personal responsibility and sexual responsibility are very important for health and preventing HIV. Sexual responsibility comes from having personal responsibility.

What is Personal Responsibility?

Describe:

- Responsibility to yourself
- Responsibility to your partners
- Responsibility to your community

Personal responsibility means making the right decisions to extend your life and make a positive impact on the world.

Explain to the students that you understand that they want to grow up to be confident, empowered adults. Remind them that without personal responsibility, empowerment, confidence, and pride in accomplishment are far out of reach.

Explain to the participants that they have a choice:

Choose to **ABSTAIN** from sex or use a **CONDOM EVERYTIME** to protect themselves and their partner

An Introduction to Sexual Responsibility (10 minutes)

Procedure

Facilitate a large group discussion on the perceptions of sexual responsibility. Note the discussion points on a flip chart.

- *What is sexual responsibility? What does it mean to act in sexually responsible manner?*
- *Why is sexual responsibility important?*
- *How does sexual responsibility influence everyday actions and behavior patterns?*
- Note that one needs to be sexually healthy to be sexually responsible.

A definition of Sexual Health: *A state of physical, intellectual, emotional, social, and spiritual well-being in relation to sexuality; it is not merely the absence of disease, dysfunction, or infirmity. Sexual health is a basic human right. All persons of all ages can be healthy sexual beings. Sexual health is a positive, honest, and respectful approach to sexuality*

Sexual Abstinence

Facilitate an interactive lecture introducing and giving strategies for sexual abstinence.

- Ask the trainees to define sexual abstinence, making sure to discuss both primary and secondary virginity.

Abstinence: The calculated decision and deliberate action of a person to refrain from sexual activity. Abstinence means avoiding all sexual activity, including penile-vaginal, anal, and oral sex.

Some people may define abstinence as also avoiding other physical contact, such as mutual masturbation or mouth-to-breast contact, intended for the specific purpose of sexual arousal

Virgin: A person who has never engaged in sexual intercourse

Secondary Virgin: A person who has been sexually active in the past and decides to no longer engage in sexual intercourse.

Outline the benefits of being abstinent, noting them on a flip chart.

- We need to learn to put up boundaries early in relationships, before we find ourselves in compromising situations. When someone crosses your boundaries it is okay to flee! In fact, pre-empt any violation of your boundaries. If someone is acting suggestively, get away from the situation and find a place where you can think clearly.
- Waiting can be hard, no one is denying that, but knowing that there are significant benefits to abstinence helps.
Abstinence really does pay off, the reward may not be immediate, but you will not regret it in the end.
- Both self- and mutual respect are absolutely essential to the success of any relationship, especially a romantic one. Remember: give respect, earn respect, get respect!
- Abstinence is an everyday battle; it's also every young person's battle. Abstinence requires more than just a decision not to have sex; it requires a shift in patterns of thought as well as action. Abstinence is a way of life.

HIV Prevention: Sexual Transmission

Remind the group that **HIV and most STD's are completely preventable**, since we know exactly how they're being passed from person to person. Reiterate to the group that these diseases are not like a cold, which you can catch just by being around someone who is sick with a cold. The facilitator will explain that HIV is what is termed a "**behavior-bound**" disease, meaning it is the result of what we do.

Inform the group that the behaviors related to HIV are not easy behaviors to change, and that it often takes many tries to reach the goals we might set to prevent transmission.

***ACTIVITY: Plan of Action**

Have the group examine what would be the ideal ways to prevent transmission, but that each participant will then have to figure out how this information fits into his/her life.

Have the students write a "Plan of Action" for themselves, describing the steps they will take to live a healthy and safe life.

Questions for the students to ponder:

- What will they do to protect themselves once they become sexually active?
- How will they broaden the knowledge of HIV/AIDS in their community?
- What actions will they take to protect their partners?

Ask the group what they've heard about prevention of sexual transmission of HIV and other sexually transmitted diseases. The participants should identify such activities as:

- **No sex**
- **Non-penetrative sex**
- **Sex with a latex condom**

Explain that no sex at all or non-penetrative sex were identified as alternatives which run no risk of HIV transmission. However, the facilitator should point out that these alternatives are not necessarily ones that a person might choose as a lifetime decision.

"Some people may choose to pass up sex for periods in their lives, or in certain circumstances, like if the partner is someone that person doesn't trust, or doesn't feel is worth having sex with, that doesn't mean that the person chooses not to have sex ever."

An Introduction to Condoms

At this point, refer to the question of latex barriers, and how to use them correctly. At this point, refer to the question of latex barriers. Discuss proper use of condoms and show the group the condom demonstration.

Condom: A device usually made of latex (a type of rubber), plastic, or animal membrane used to reduce the risk of pregnancy and sexually transmitted infections. Male condoms are fitted over the erect penis. Female condoms are inserted into the vagina.

For Your Information!

Many students and their families are very religious. Abstinence is still highly advocated and condom use is very taboo. Please be sensitive to this fact.

Energizer (5 minutes)

Divide the trainees into their small groups to begin the discussion about condoms in their local culture.

- *What is the cultural attitude towards condoms? Is it common for people to use condoms? Do men and women feel differently about condoms?*

*Remind the trainers that part of being sexually responsible is being able to communicate openly with their partners about sexual behaviors, and that **condoms are 97% effective** of preventing STDs and pregnancy when **used correctly**.

“TRIPLE C” – CORRECT, CONSISTENT CONDOM USE

Explain that “Triple C” prevents HIV and STD transmission and pregnancy

Myths and Facts: An Introduction to Condoms

Procedure

- In plenary, give an interactive lecture and facilitate discussion about condoms.
- Draw out the trainees’ ideas and opinions about condoms and write them down on a flip chart.

*Note that both men and women often have negative attitudes about condoms and are generally embarrassed to talk about, handle and use them. One way to help people feel more comfortable with condoms is to dispel the common myths and to teach the facts.

Explain that among high-risk populations, information about condoms is not often readily available and so condom use tends to be low.

Condom Demonstration

The facilitator should demonstrate the correct use of the condom, and have each participant demonstrate as well. **Models should be used for these demonstrations.**

*If you don't have use of a penile model, please use another object (broom stick or end of an umbrella).

BE SURE TO CLARIFY THAT THE OBJECT IS SUBSTITUTING FOR A PENIS.

*Alternatives to Condom Model:

You may run into some teachers or class moderators that will say no to an actual condom demonstration. Don't let this discourage you; ask the teachers if you can use an alternative to the model technique.

- Write the steps on the board.
- Draw the condom on the board, omitting the actual penis or vagina.
- When explaining how to open the condom correctly, draw it on a piece of paper, with the jagged edge for tearing. Then tear the paper as though it was an actual condom packet.

Repeat this exercise more than once! Remind the participants how simple it is and that it is ONE very good method of prevention, but not the only method.

Demonstration for Male Condom

1. Take One Out of the Package

Check out the **expiration date** on the condom and make sure that the condom is still good for use. Store condoms in a safe place where they won't be affected by heat or punctured by another object (for example, a wallet or purse is not a good place to store a condom).

Look at the corners of the condom wrapper. There should be a small slit in the side of the package. Tear along this line and rip off one entire side of the wrapper. Do this step with your fingers and not with your teeth since you don't want to tear the condom.

Once the strip is ripped off, remove the condom from the wrapper and proceed.

2. Identify What Goes Where

Once it's out, you've got to figure out which way to orient it. Condoms get rolled down into position onto an erect penis.

That means that you've got to apply the condom with the rolls on the outside, and the latex on the inside.

The condom needs to be placed on the penis so that the rolls of latex (brim) are facing up.

3. Apply the Condom

Once the top of the condom has been identified, place the condom onto the head of the penis (remember - rolls should be facing out and up). **Hold the tip of the condom**, (the sperm receptacle) with **one hand and unroll the condom down the shaft of the penis** (or penis like object).

Keep unrolling the condom as far as possible, recognizing that the condom may not unroll completely before you get to the base of the penis (or penis like object).

Ideally the condom should fit snugly on the penis and have a little extra room at the tip for the semen to collect in during ejaculation.

4. Remove the Condom

Once the condom has been used it will have to be removed. Roll the condom down the shaft of the penis (or penis like object) until it can be slid off.

Do not attempt to reuse the same condom.

5. Dispose of the Condom

Once the condom is removed it should be thrown away in the trash. Latex doesn't break down in water, so don't flush it, and it certainly isn't biodegradable, so don't put it into the compost - even if it is filled with "organic matter".

Simply wrap it up and throw it away.

Common Myths:

- Condoms are 100% effective in eliminating the risk of pregnancy and contracting an STI.-**FALSE, but when used correctly condoms are 97% effective.**
- Condoms are not at all effective in reducing risk. **FALSE, but consistent and correct use of male latex condoms can reduce (though not eliminate) the risk of STD transmission.**

Facts:

- Correct, consistent condom use substantially reduces but cannot fully eliminate the risk of pregnancy, and HIV and STI transmission during sexual intercourse.
- Only abstinence effectively eliminates the risk of pregnancy, and contracting HIV or other STIs.
- For HIV transmission, the estimated risk reduction provided by male condoms during vaginal sex is about 80-87%. Estimates of condom effectiveness during anal sex are lower due to higher breakage rates.
- For transmission of other STIs, the risk reduction provided by male condoms varies with the infectiousness of the organism.
- In general, condoms reduce but do not eliminate the risk of transmission. Risk reduction estimates for gonorrhea range from 50-75%, for Chlamydia is about 50%.

Common Mistakes and Failures

- Beginning the sex act before putting on the condom. Taking the condom off before finishing the sex act.
- Manufacturing defects are extremely rare but it is possible to damage a condom when opening the package.
- Condoms should be used prior to their expiration date. Storing condoms for an extended period of time can make them less effective.
- Condoms can break or slip during sex. Usually, even if they break or slip, a condom will still reduce the amount of genital fluids exchanged during the sex act. However, if the condom does break or slip, a new condom should be applied before continuing the sex act.

The Condom Race (20 minutes)

Objective

To practice correct condom use.

Materials

- Variety of male condoms
- Penile models
- Lavatory paper for disposing used condoms
- Blindfolds

Procedure

1. Divide the trainees into their small groups and ask them to pick three volunteers for the Condom Race.
2. Blindfold one trainee at a time from each group and have them to go through the steps of correct condom use.
3. If any of the steps are forgotten or done incorrectly, stop the trainee and have them begin again. The group whose volunteers each complete the task most quickly wins the race.

Excuses Practice Negotiations

Explain to the group that this information is important, but it's even more important to help people find ways to integrate that information into their lives. Introduce the concept of **negotiation techniques**. Negotiation techniques are used to convince the people in our lives to start reducing their risk of contracting HIV.

Remind the students that there are lots of excuses that people use not to abstain or use condoms. Briefly ask the group for examples.

Use the following exercises to have the participants' practice how they might respond to some of the more common excuses.

Role-play Debriefing (10 minutes)

Divide the trainees into their small groups to discuss the role-play

Have them focus on interpersonal communication and Assertiveness/refusal skills in relationships. *Why are both of these skills needed in a healthy relationship?*

Ask them to discuss how both sexes can and should introduce condoms at the first, and any following, incidence of sexual contact.

Also have the trainees identify how to deal with the negative reaction women often receive when they ask their partner to use a condom.

***Exercise: Excuse Practice Negotiations**

Ask the participants to begin by closing their eyes and visualizing themselves in a room with candles, soft music and their fantasy partner. That partner could be anyone, a person they love, their sexiest actor, etc. You've just had a great night out, and are back home, together, and dancing slowly to the music. Things begin to heat up, and as one thing leads with this person – you can barely stay on your feet, your knees are so weak. But now he/she comes out with some of these excuses why he/she doesn't want to use a condom.

The facilitator should then distribute previously prepared inflated condoms, one to each participant. Each condom should contain a piece of paper on which is written one of the excuses mentioned below. The task is that each participant break open the condom using any part of the body. Once the condom has been broken, the participant should take out the piece of paper, read the excuse out loud and say how he/she would respond to that.

The facilitator should remind people to try to imagine themselves with that sexual fantasy partner; all hot and ready to go. As each person responds to his/her excuse, the facilitator will ask the group if they think that response would work, and if not, what would. The group should continue until all participants have read their slips of paper.

The excuses will include:

- CONDOMS DON'T FEEL THE SAME AS THE REAL THING.
- WHILE PUTTING ON THE CONDOM, I GET SOFT.
- WE'VE NEVER USED CONDOMS BEFORE - I'M NOT GONNA START NOW.
- I DON'T HAVE A CONDOM NOW. I'LL USE ONE NEXT TIME.
- CONDOMS BUST.
- I DON'T WANT A PIECE OF RUBBER TO COME BETWEEN US.
- I DON'T WANT TO USE A CONDOM - I WANT TO HAVE A BABY WITH YOU.
- I'M NOT A PROSTITUTE. SO WHY SHOULD I USE A CONDOM?
- THIS AIDS STUFF IS OVERRATED, SO I'M NOT GOING TO USE A CONDOM.
- CONDOMS DON'T FIT ME, BABY. THEY'RE TOO TIGHT.
- BUT CONDOMS INTERRUPT THE MOMENT - THEY'RE NOT ROMANTIC.

After the exercise is completed, the facilitator should review the following rules of engagement with respect to condom negotiations:

1. Don't expect the other person to protect you.
2. Always be prepared with what you need.
3. Make negotiation sound like you're taking care of your partner, like you're watching out for him/her.
4. Practice, practice, practice, practice

Being Faithful

A mutually monogamous relationship with an uninfected partner eliminates risk of STI transmission, especially if that monogamous relationship is life-long.

OBJECTIVE: To understand being faithful as an effective way to practice sexual responsibility and maintain sexual health.

An Introduction to 'Being Faithful' (30 minutes)

Procedure

In small groups, begin the discussion of being faithful by asking the trainees to consider: *How many sexual partners have you had so far? How many do you want to have before you graduate? How many sexual partners would you want your sisters to have? Would you rather have one boyfriend/girlfriend or have multiple sexual partners at once?*

*Invite the trainees to share their answers if they wish.

What is Being Faithful?

- Ask the trainees to define and discuss the concept, 'Being Faithful.'

Use the following questions to facilitate and guide the discussion.

A definition of Being Faithful: *being involved in a non-serial, mutually monogamous, life-long relationship.*

- *What is mutual monogamy? What is a healthy way to find out if your partner is monogamous?*

Explain that being able to communicate with your partner about his/her current sexual activity is an important trust building element in a relationship.

- *If you can't talk with your partner about sex, should you be having sex with him/her?*
- *What does having a non-serial, life-long relationship look like?*

Being faithful requires a significant amount of self-control until you are certain that you are in a life-long relationship like a marriage. It also requires both partners to completely commitment to making the relationship last.

- *What are some of the results of both partners being faithful?*
A strong, trusting, supportive relationship has the potential to develop; reduces the risk of contracting STIs, etc.
- *How is being faithful to one partner sexually responsible? How does it reduce the risk of contracting STIs and HIV?*
- *What does faithfulness look like if you are not in a non-serial, mutually monogamous, life-long relationship?*

Have the groups report back to gauge the overall impressions and general thinking of the group.

What should I discuss with my partner about HIV/AIDS?

How and when should I bring it up?

The best time to talk with a partner about HIV and other STDs is **before** you start having sex. If you are already in a relationship, it is still better late than never.

- Tell your partner you want to talk about this topic so that the two of you can be closer, worry less and be responsible.
- Suggest that you both get tested together. This will eliminate any uncertainty and allow you to enter your relationship worry-free.
- If either one of you does have an STI or HIV, you'll want to discuss how to prevent the other person from contracting it. Your health care provider can advise the best course of action for you.
- Use condoms. Condoms are the only currently available protection against pregnancy and most STIs, including HIV.

Getting Tested and Staying Healthy

How does HIV testing work?

The most widely used test for detecting the presence of HIV infection is the HIV antibody test which measures the presence of antibodies against the virus in the blood. This test is done by taking a blood sample.



The other less common methods used are the viral culture and antigen tests, which detect the virus itself rather than the antibodies to the virus. These tests are more difficult to perform and less useful.

The HIV antibody tests detect the antibodies that the body produces to fight HIV once infection has occurred. A positive result means that HIV antibodies are present in the blood. In other words, a **person is infected with HIV and can infect others**. A negative result means that no HIV antibodies were found in the blood at the time it was drawn. It ordinarily takes **three to six months** (the window period) for people infected with HIV to develop enough antibodies for HIV to be accurately detected. This may mean that you need to be tested again if you may have been infected during this period.

*Be sure to have information and directions to the nearest VCT center to the community you are working in (ask your trainer for details).

Because of the delay in producing antibodies, an individual in the first few months of contracting HIV can be infectious but have a negative blood test. This is called the window period and must be taken into account when going for an HIV test.

VCTC Sites Provide:

- **Free** counseling before, during and after HIV testing.
- The test only takes **5 minutes**
- **Couples testing**, to ensure safe sexual practices.
- Support in **family planning**.
- Information on **sexually transmitted diseases** and other **opportunistic infections (OIs)**.

There are also drugs to treat and prevent OIs. If you do not know your status, you cannot get the health care and treatment you may need to stay well. You are also more likely to unknowingly pass HIV to others.

VCT

Testing is a very sensitive subject. Many people will refuse to get tested, but I found the more the subject was addressed the more open to it they were. If taking your group to get tested is possible, mention the idea and let them think about it for a day or two before it's brought up again.

One youth group explained to me that they would not feel comfortable getting tested at their local clinic where they knew the staff. They felt that their results wouldn't be confidential and that that person would judge them later on. They said they would prefer going to a mobile VCT because they would never see that person again.

I found that the staff of the local VCT was extremely willing to send counselors to our location for testing. The mobile VCT was open to the whole community.

Be sure to get accurate information about counseling and testing in your village. Some places offer toll-free support lines for anyone wanting to learn more about HIV/AIDS

*Caroline Cardosi
First YOM Trainer

Why get Tested?

- To protect and take care of yourself.
- To protect others, including your spouse and family.
- Know the truth about your health- know your HIV status.
- To change your lifestyle and make healthy choices
- Reduce risky sexual behaviors
- To protect an unborn child.
- To know and understand your status.
- To learn how to take care of yourself and get treatment if you are HIV-positive
- To help the health care providers know who will need ARVs

*** ACTIVITY**

Have the participants add to this list and write them on the board, then have them take turns reading them out loud.

If you do not know your status you cannot get the health care and treatment you may need to stay well. You are also more likely to unknowingly pass HIV to others.

Treatment of HIV/AIDS

There is no cure for HIV. However, there are drugs that can slow down the virus and protect your immune system. These drugs are called Antiretroviral treatment, or therapy (ART).

Antiretroviral Therapy (ART)

This is the main type of treatment for HIV or AIDS. It is not a cure, but it can keep infected people from becoming ill for many years. The treatment consists of drugs that have to be taken every day for the rest of someone's life.

HIV is a virus, and like other viruses it produces new copies of itself. With these new copies, HIV can infect other previously healthy cells. It is easy for HIV to spread quickly through the billions of cells in the body, if it is not stopped from reproducing itself. Antiretroviral treatment for HIV infection consists of drugs which slow down the reproduction of HIV in the body. The drugs are often referred as:

- **Antiretrovirals**
- **Anti-HIV drugs**
- **HIV antiviral drug**

There are three main classes of Anti-retroviral drugs:

- Nucleoside reverse transcriptase inhibitors (often called Nukes)
- Non- nucleoside reverse transcriptase inhibitors (often called non-Nukes)
- Protease inhibitors

HIV and Drug Resistance

Most people taking ARVs will be taking a combination of drugs from different classes. HIV reproduces very rapidly in the body of an infected person. Sometimes when it reproduces it creates a new virus that is slightly different from the original. Most of these variations are not very good and cannot survive. Unfortunately, some of these variations can survive- even in the presence of the drugs. These forms of the virus we call **resistant virus**, because they are resistant to the drugs. If the resistant virus continues to reproduce, the persons current drugs will not be able to keep them healthy. Doctors then prescribe a combination of drugs, which makes it more difficult for the virus to become resistant.

Often combination therapy is referred to as Highly Active Anti-retroviral Therapy HAART. Some drugs work together better than others and combinations of drugs are called regimes. A person make take three drugs (or a regime) and then need to change to three new drugs – a Second line regime.

Nevirapine – the drug given to pregnant women close to delivery to reduce mother to child transmission

When to begin treatment

Normal CD4 counts in adults range from 500 to 1,500 cells per cubic millimeter of blood.

According to public health guidelines, drug therapy should be started when an HIV-positive person, who has no symptoms, registers a CD4 count under 200. Some physicians will opt to consider treatment earlier, at 350. The Centers for Disease Control and Prevention considers HIV-infected persons who have CD4 counts below 200 to have AIDS, regardless of whether they are sick or well.

Opportunistic Infections in HIV/AIDS

These are infections that typically only infect individuals with immuno-suppression:

- Tuberculosis (about 50% of TB patients are HIV+)
- Kaposi's Sarcoma
- Herpes Zoster
- Mental disorders - confusion, dementia, coma, poor attention etc.
- Brain infections
- Severe and chronic pneumonia

There are also drugs to treat and prevent OIs.

Myths, Beliefs and misconceptions Surrounding HIV/AIDS

AIDS IS PREDESTINED.

FALSE. AIDS is not a predestined disease. You can only get HIV/AIDS from sexual contact, blood transfers and mother to child transmission.

HIV WAS CREATED IN A LABORATORY.

FALSE. No one knows the origin of HIV but, many scientists believe that the HIV originated in chimpanzees.

***ACTIVITY**

Ask the participants to volunteer any and every myth they've ever heard about HIV/AIDS. Discuss whether each myth is true or false, from what they have learned in the workshop.

SOMEONE WHO DOESN'T LIKE YOU CAN HAVE HIV WITCHED ON YOU.

FALSE. HIV/AIDS cannot be "witched" on anyone. It can only be spread through the exchange of sexual fluids, blood and breast milk.

HAVING SEX WITH A VIRGIN CURES HIV/AIDS.

FALSE. There is no cure for HIV/AIDS. Having unprotected sex will not cure you of HIV, but will put the virgin at risk for contracting the disease.

YOU CAN GET AIDS BY BEING AROUND SOMEONE WHO HAS IT.

FALSE. Simply being around someone with HIV will not give you the disease. It is important to support friends and family living with HIV/AIDS so that they can live a healthy life. It is pivotal that the community encourages this person to get consistent antiretroviral therapy, eat healthy foods and live a safe lifestyle.

AIDS IS A GOD'S/ALLAH WAY OF PUNISHING PEOPLE WHO DISOBEY HIM.

FALSE. HIV is contracted because of exposure to the virus.

PEOPLE GET HIV BECAUSE OF THEIR SINS; RELIGION CAN PREVENT A PERSON FROM GETTING IT.

FALSE. Anyone can get HIV/AIDS, regardless of whether they are religious or non-religious. Having HIV/AIDS does not mean someone is a bad person or has sinned. Having HIV means that someone was exposed to infected blood, had unprotected sex, or was born with the virus/fed infected breast milk.

THERE IS NO AIDS. IT IS AMERICA OR EUROPE'S IDEA TO DISCOURAGE SEX.

FALSE. HIV/AIDS does exist; even people in America and Europe suffer from this disease. Many people all over the world suffer from HIV/AIDS, and many of us know someone who is infected with the virus.

CONDOMS HAVE PORES THAT LET THE HIV VIRUS THROUGH.

FALSE. Latex condoms do not have holes or pores in them. Condoms are one of the strongest methods of protecting yourself from the HIV virus. However, condoms made from animal intestines may be less effective in protecting you from the disease. Be sure to use latex condoms.

I CAN'T GIVE HIV/AIDS TO MY SPOUSE.

FALSE. If you're wife or husband has HIV/AIDS, they can transmit it to you if you don't use protection during sex. You can also transmit the virus to them if you are infected.

AIDS IS ONLY AN AFRICAN PROBLEM.

FALSE. It is true that African nations have been badly affected by AIDS. This is due to a number of factors, some of which are cultural, and the situation has been worsened by restricted access to preventative education and tools. Even so, HIV and AIDS are still a problem in numerous nations worldwide.

PEOPLE WHO HAVE HIV OR AIDS ENGAGED IN "RISKY" BEHAVIOR AND BROUGHT IT ON THEMSELVES...SO I SHOULDN'T CARE.

FALSE. If a person engaged in risky behavior and in turn, became HIV positive or has AIDS, they are still people that deserve to be respected, loved, supported and assisted. Prevention education is vital. The issue of how one can get HIV/AIDS must always be addressed, especially as it relates to prevention, but that should not override compassion and care. Some people contract HIV from their spouses, babies from infected mothers, and others, in the past, from blood transfusions.

Also, there are many reasons someone may engage in risky behavior. For example, not everyone has the education you now have about HIV/AIDS and not everyone feels they can enforce condom use in their sexual relationship. People should not be judged because of these things, and everyone deserves to be treated compassionately and respectfully, regardless of their engagement in risky behavior or HIV status.

MOSQUITOS CAN TRANSMIT HIV.

FALSE. HIV transmission through mosquito bites has never been reported. White blood cells and HIV are destroyed in the highly acidic environment of the mosquito's stomach. Mosquitoes do inject their saliva into their victims. Malaria is carried in the saliva and spreads in this way. Thankfully, HIV cannot get spread in this way, as HIV cannot exist in mosquito's saliva.

Creative Ideas for YOM Groups:

- Assign an **essay** contest for members. Have everyone write about their experience with YOM, how HIV/AIDS has affected their lives, or what they plan to do with their YOM training.
- **Take the trainers to get tested!** Everyone should know their status. If the VCT is too far away, arrange for a mobile VCT to come to the village. Have the YOM members do outreach to the community to have people come find their status.
- **Write a play!** Have the YOM group write a play about how HIV/AIDS affects their communities and have them perform it for others.
- **Make your YOM group into a Club!** Create officers, titles, and duties for members of the club. Help the group plan ongoing outreach.

Youth Outreach Mentors Quiz

Name:
School:
Form:

- 1.) What is the definition of HIV?
- 2.) What is the definition of AIDS?
- 3.) What is the difference between HIV and AIDS?
- 4.) Where and how was HIV discovered?
- 5.) Name three reasons women and girls are more likely to contract HIV/AIDS.
 - 1.
 - 2.
 - 3.
- 6.) Name the three modes of transmission for HIV/AIDS.
 - 1.
 - 2.
 - 3.
- 7.) What does the ABCD model stand for?
- 8.) Write as many signs or symptoms of HIV/AIDS as you can:
- 9.) What is the “window period?”
- 10.) What is an opportunistic infection and how does it affect the HIV virus?
- 11.) Name five Opportunistic Infections:
 - 1.
 - 2.
 - 3.
 - 4.
 - 5.

12.) Where is the closest VCT center?

13.) What services to VCT centers provide?

14.) If you get and HIV test and the test results say you are HIV positive, does that mean you:

- a.) The HIV virus is in your body
- b.) The HIV virus is not in your body
- c.) The test was inconclusive.

15.) Who are more likely to contract HIV/AIDS? (circle all that apply)

- a. Women
- b. Men
- c. Children
- d. Impoverish people

16.) How many people are living with HIV in the world?

- a. 2 million
- b. 39.5 million
- c. 4 billion

17.) What are two effective ways of preventing yourself from getting HIV/AIDS and STDs?

TRUE or FALSE

18.) If you're wife or husbands has HIV/AIDS they can transmit it to you.

19.) HIV was created in a lab.

20.) Getting the HIV test will may help you live a longer healthier life.

21.) Having Sex with a virgin can cure you of HIV/AIDS.

22.) People living in poverty are at greater risk for contracting HIV/AIDS.

23.) Write a paragraph on why you wanted to become a Youth Outreach Mentor:

Youth Outreach Mentor Survey

Name:
School:
Date:

1. Why did you want to be a Youth Outreach Mentor?

2. What have you learned during your YOM training?

3. What is something you wished you had learned in your YOM training?

4. How can we improve your YOM training?

5. What are your plans for outreach or personal development?

6. What are some of your goals as a YOM member?

7. Please write a statement about your experience with Youth Outreach Mentors. How has it changed or not changed your view about HIV/AIDS? How will you live your life now? Was this a good or bad experience for you? (you can use the back of page)

Please turn this into your group trainer.

Information for this manual was gathered from the following sources:

“AIDS Epidemic Update.” UNAIDS. World Health Organization. December 2007. http://www.unaids.org/en/HIV_data-/2007EpiUpdate/default.asp Worldwide HIV/AIDS Statistics (p. 7)

“CD4 Count.” Antiretroviral Information. 2009 American Association for Clinical Chemistry. <<http://www.labtestsonline.org/understanding/analytes/cd4/test.html>>

Condoms in Preventing Sexually Transmitted Infections." Bulletin of the World Health Organization 6 (2004): 454-461.

“Get the Facts/the Basics.” KNOW HIV/AIDS. 6 Dec. 20 <<http://www.knowhivaids.org>>
Definition of AIDS
Difference between HIV and AIDS
How do I talk to my partner about HIV?

“Get Informed, Get the Facts; About HIV/AIDS and other Sexually Transmitted Diseases (STDs).” The Henry J. Kaiser Family Foundation. 2007. <www.knowhivaids.org/guide.pdf>
Transmission
Talking to your Partner about HIV/AIDS

“Global Facts and Figures.” UNAIDS. World Health Organization. December 2006. <http://www.unaids.org/en/HIV_data/2006GlobalReport>
Worldwide HIV/AIDS Statistics (p. 7)

“Global HIV/AIDS.” Department of Health and Human Services: Centers for Disease Control and Prevention. 2004. <<http://www.cdc.gov/nchstp/od/gap/countries/kenya.htm>>
Getting Tested: VCT Site information

“HIV: The Basics.” The Wellness Project. 2007. <http://www.thewellproject.org/en_US/>
Reducing the risk of transmission

Key Topics and Developmental Messages. Austin, TX: Medical Institute for Sexual Health, 2006.

LifeBeat: The Music Industry Fights AIDS. “Just the Facts.” 2007. <http://www.lifebeat.org/just_the_facts.htm>
HIV definition (p. 5)

“Male Circumcision Consortium, Maisha!” Daily Nation, Friday December 5, 2008. Ministry of Public Health and Sanitation, National AIDS Control Council

Santa Maria D., Thickestun P. *Guidelines for Sexual Health Education K-12:*

Selecky, Mary. Washington State Department of Health. "KNOW HIV Prevention Education; An HIV and AIDS Curriculum Manual." 2007. PP.

Transmission
Origin of HIV/AIDS

**Youth Outreach Mentors Manual:
Village Volunteers, June 2008**

Editor: Devon de Leña-Village Volunteers, Seattle

Contributing Editors:

Joyce Oneko- Mama Na Dada, Kenya
Shana Greene- Village Volunteers
Racheal Waithaka-Public Health Educator, Kenya
Caroline Cardosi
Mabel Ashley Nakyazze
Mandy Sladky

Activities:

Mabel Ashley Nakyazze
Devon de Leña
Joyce Oneko

Logo Design: Devon de Leña and Ariana de Leña

Last Revised: 3/02/10