

**Girls' Power Initiative
(GPI) NIGERIA**

towards an empowered womanhood

**Sexuality Education
Series**

For

*Young
Persons*

No 2

What you need to know about

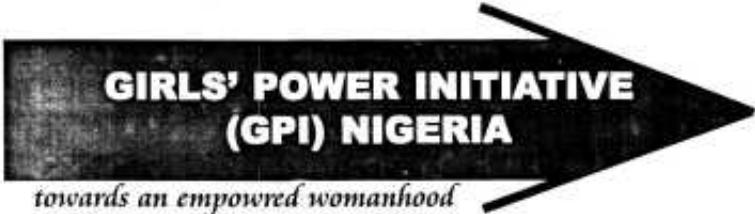
Sexually

Transmitted Infections

(STIs) Including HIV/AIDS

Editors

Bene Madunagu & Imoh Bernard - Ekott



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FOR
YOUNG PERSONS**

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(STIs) INCLUDING HIV/AIDS**

Editors

**BENE E. MADUNAGU
IMOH BERNARD-EKOTT**

AUGUST 2005.

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ACKNOWLEDGEMENT

This publication came into reality through the team work that GPI is known for. In particular when I had accumulated materials on this topic, I assigned and challenged the Head of the Youth Department in the GPI Calabar Centre, Imoh Bernard-Ekott to utilise the materials along with the creative input which other staff make in the process of facilitating sessions on Sexually Transmitted Infections (STIs), including HIV/AIDS, to put up a draft for this publication. It was the outcome of this challenge, produced by Imoh that I then used in expanding and editing this present publication. This is the second in the planned Sexuality Education Series for young persons. My sincere thanks thus would go first to Imoh Bernard- Ekott as the co-author of this publication. We both also edited the first in the series entitled, **Decision-Making: Postponing Sexual Activities**. The Youth Facilitator, Isu Theresa Okpa spent hours typing and retyping the different drafts until we were ready to go to press. I sincerely acknowledge Isu's very important contribution. Our work was also eased by the materials produced by GPI Calabar Centre facilitators during their lessons with girls. I thank them all.

My ever present friend, comrade and partner, Edwin Madunagu is not only there for me to consult but his encouragement, patience and understanding and in addition, his volunteering of his journalistic skills as editorial adviser has been the pillar of the successes I achieve as a leader in the process of running the GPI programme in the past 11 years. My very sincere appreciation goes to him as well as our kids, Unoma

and Ikenna, for their understanding and very strong support/inputs in GPI activities voluntarily. These sets of publications are sponsored by the International Women's Health Coalition (IWHC) and the MacArthur Foundation. I thank them both for the continued support and encouragement.

Bene E. Madunagu

Rationale for this publication

Girls' Power Initiative started regular weekly participatory sexuality lessons for adolescent girls in 1994. Due to demand by school administrators as a result of their perceived impact of the programme on adolescents, GPI was invited to start the sexuality lessons in their schools.

In 2001, GPI conducted a pilot training for public school teachers in Cross River State with the support of IWHC. In 2004, GPI in partnership with the Cross River State Ministry of Education and with support from MacArthur Foundation trained more teachers across the state, resulting in 256 teachers being trained to implement the government curriculum on Sexuality, Family Life & HIV/AIDS Education. As part of this process, the Training Manuals published by GPI with the support of IWHC in 2000 were revised and reprinted in collaboration with the State Ministry of Education and support of MacArthur Foundation to serve as a resource for teachers in upscaling sexuality education training in Cross River State. However, while teachers were supported by the training manuals for their work, the youth did lack references in terms of simple texts to augment the lessons taught in class by the trained teachers. This was seen as a serious gap by GPI. It therefore became necessary to embark on these series of simplified texts for young people to read more on the

various topics of sexuality education.

Bene E. Madunagu

GIRLS' POWER INITIATIVE (GPI) means;

A **Girl** is a female child between the ages of 10-19 years after which she becomes a young woman (20- 29) and then an adult woman (30 and above).

Power/Empowerment of girls and women implies the process by which girls and women receive information to recognise and acknowledge their rights (not just responsibilities only) as human beings. Then they act from an informed position to strengthen their talents, capabilities and capacity individually and collectively. They gain the understanding to be able to overcome gender prejudices, norms, practices and all forms of gender discrimination and become motivated to take actions to protect their lives, their rights and their bodily integrity.

Initiative: This refers to the ability to identify what is right and just or where someone recognizes injustice and wrongdoing and then takes action without being told to do so. It means taking the first step in any situation to get something done. It means having hope, vision and aspiring to reach a goal (could be career, etc.) and then not going to “sleep” but taking practical action to achieve such a vision and or goal.

STIs/HIV/AIDS at a glance

Did you know that...

- Today, there are more than 33 million people living with the virus, worldwide?
- Globally, young people aged 15-24 years have the highest infection rate of Sexually Transmitted Infections (STIs), including HIV/AIDS?
- Teenage females are becoming infected at twice the rate of teenage males?
- Worldwide, one out of every 20 teenagers will develop STI yearly?
- World Health Organisation estimates that half of all people living with HIV are under 25 years?
- Of the 40 million people worldwide living with HIV/ AIDS, over 50% are women and 50% of all new HIV infections are among young people aged 15-24 years, of these, almost two thirds are girls?
- 95% of people with HIV live in the less developed world where the rate of girls' infection is rising at an alarming rate. It is reaching or surpassing that of boys in some regions?
- In some countries in sub-Saharan Africa, new infections are five times higher for girls than for boys, aged 15-19 years?
- In Africa, the social and economic devastation caused by HIV/AIDS in the last decade was greater than the combined destruction of the continent's wars. An estimated 200,000 Africans, most of them women and children, died as a result of conflicts, while 2 million people were killed by AIDS?

- The first case of AIDS in Nigeria was reported in 1986 in a 13-year-old girl?
- The Federal Ministry of Health, Nigeria, estimated that more than 2 million people have the AIDS germ called HIV in their body?
- Recently, Cross River State has been reported to have the highest infection rate of HIV/AIDS - 12% transmission rate?

Furthermore, are you aware that...

- The number of street children rises as AIDS claims the lives of their parents. More than 13 million children have been orphaned by AIDS and that figure may reach 30 million before the year 2010?
- Sexual violence and sexually transmitted infections, including HIV/AIDS, have a devastating effect on children's health, and girls are more vulnerable than boys to the consequence of unprotected and premature sexual relations. Girls often face pressures to engage in sexual activity?
- In areas where HIV infection is widespread, girls' vulnerability to rape, including gang rape increases their chances of contracting AIDS?
- Many adult men seek out girls and very young women for sexual intercourse thus driving HIV to a higher level for girls?
- Increasing number of girls are contracting HIV and transmitting the virus to their children during pregnancy and childbirth. Of the 4.5 million infections in children (under 15),

most have been transmitted from mother to child?

- In the most affected countries, half of all 15-year-olds today will eventually die of AIDS, even if infection rate decreases in the next few years?

What information do you already have about STIs, including HIV/AIDS? Check for your knowledge level below:

QUIZ EXERCISE - WHAT ARE STIs/HIV/AIDS?

- Please identify the word and what each letter of the above acronym stands for.

LETTER	WORD	MEANING
S		
T		
I		
H		
I		
V		
A		
I		
D		
S		

Meaning of STIs: STIs stand for Sexually

Transmitted Infections.

Sexually Transmitted Infections (STIs) are infections passed from one person to another through sexual contact, either genitally (vaginal), orally (by mouth) or anally (through the anus).

Types of STIs: There are many types of STIs. Some common ones include:

- * Syphilis**
- * Gonorrhoea**
- * Genital herpes**
- * Genital warts**
- * Trichomoniasis**
- * Pubic lice**
- * Pelvic Inflammatory Disease (PID). This results from untreated STI.**
- * Candidiasis**
- * HIV/AIDS**

Signs and symptoms of STIs

Many people, especially girls and women who are infected with STIs have no obvious symptoms at all. For example, there are no signs to tell a person that she or he has any STI at first. So, everyone should think about her/ his risk of STIs. There are several STIs that can have symptoms, which disappear and appear again. The syphilis and herpes sores are some examples. For girls, whether you are sexually active or not it is good to be familiar with the appearance and smell of your normal vaginal discharge. This is important so that you can detect early any changes that may occur to be able to

seek medical advice and treatment.

Signs of STIs in girls and women include:

- A discharge from the vagina that is thick, itchy or has a bad smell or colour
- Pain in the lower abdomen
- Pain or burning feeling when urinating
- Pain during sexual intercourse
- Abnormal irregular bleeding from the vagina
- Itching on the genital area - vulva.
- Abnormal swelling or growth in the genitals

How to know a normal vaginal discharge

A normal vaginal discharge:

=> Is like the white of an egg

=> Is clear or whitish

=> Does not smell

=> Is not itchy

Signs of STIs in boys and men include:

- Wound, sores, ulcers, rash or blisters on or around the penis
- A discharge like pus from the penis
- Pain or burning feelings when urinating
- Pain during sexual intercourse
- Pain and swelling of the testicles
- Abnormal swelling or growth on the genital

What to do if one suspects that one has an STI:

Most STIs can be cured (although some cannot), if a person gets

prompt and correct treatment from a trained medical personnel. If not treated, the germs stay in the body and cause damage to the organs. It is important to be treated as soon as possible. Consult the doctor immediately for counselling and investigation, treatment and follow-up as an untreated infection can spread, causing permanent damage to the health of both partners. The infection may also be passed onto someone else.

=> Get your sexual partner to consult a doctor immediately too

=> Avoid sexual intercourse until you are completely cured =>

Ensure that you complete your treatment, because partial treatment is very dangerous.

=> Avoid self-medication

=> If one must have sex, one must always use condoms everytime.

=> Abstinence is the best way to avoid STIs, including HIV/

AIDS.

What is HIV?

H - Human

I - Immunodeficiency

V - Virus

This is a germ, which kills the “CD4 cells” in the human body. CD4 cells, also referred to as T-helper cells are cells in the human body that help the body to fight off infections and diseases. The virus (HIV) can be passed from person to person if someone with HIV infection has sex with or shares drug injection needles or other body piercing instruments with another person. It can also be passed from a mother to her baby when she is pregnant and when

she delivers the baby. It is also suggested that it may be possible for HIV to be transmitted if an infected mother breast-feeds her baby.

HIV stands for Human Immuno-deficiency Virus. It is a very small germ called a virus that cannot be seen with human eyes. HIV is a slow acting virus that is believed to be the main cause of AIDS. When a person becomes infected with HIV, the virus attacks the immune system, the part of your body that fights off infections. The HIV slowly kills the cells of the immune system until the body cannot defend itself against germs anymore.

What Is AIDS?

A - Acquired

I - Immune

D - Deficiency

S - Syndrome

AIDS is the disease that one gets when HIV destroys the body's immune system. Normally, the human body is provided naturally with the immune system which helps each person to fight off illness. When the immune system is destroyed by HIV, then the person becomes vulnerable to all kinds of infections and so becomes very sick and then dies.

AIDS stands for Acquired Immune Deficiency Syndrome. AIDS is a viral syndrome (a group of diseases that weaken the immune system). A person has AIDS when the immune system gets so weak that it can no longer fight off common infections and illnesses.

HIV/AIDS: Gimmick or reality?

HIV/AIDS is real

Many people in Nigeria have HIV but do not know they are infected. The number is much higher for boys / men and girls / women who have many sex partners. About 50% of all new HIV infections around the world occur among people of ages 14-15 years -the age range within which most people begin their sexual lives. 80% of HIV infections in Nigeria is said to be through heterosexual (male/female) intercourse largely vaginal type.

How can one be at risk of infection?

One can be infected through...

- Unsafe sexual intercourse with someone who has the virus
- Using unsterilized needles and syringes or any sharp skin-piercing object
- Blood transfusion: if the blood has not been tested or screened to be sure it is HIV - free
- Infected mother to her baby through pregnancy, childbirth or breastfeeding
- Deep kissing or oral sex if the lining of the mouth or gum has cuts.

How does one know he/she is infected?

People with HIV look healthy and feel fine for a long time after

she/he gets infected. Though many may have swollen glands, fever, night sweats, fatigue, cough, tuberculosis, cancer, lung disease, brain illness, fungal infections, etc., only a blood test will tell if a person has HIV.

You can be at risk if...

- You have more than one sexual partner
- Your sex partner has sex with other people
- You have sex without using condoms
- You share needles, razors and other sharp objects
- You have unscreened blood transfusion.

Reasons why people should be tested are

- to get treatment which may help to prevent opportunistic infections such as pneumonia, and
- not to infect others

You cannot be infected by

Touching, pecking or hugging an infected person

Sharing food or bed with an infected person

- Sharing or washing clothes, towels, bed covers with an infected person
- Sharing of spoons, cups or glasses.

You can avoid being infected with HIV/AIDs by

- Not having sexual intercourse (abstinence)

- Not using or sharing unsterilised injection needles or syringes or any other sharp objects
- Taking injections only in the hospitals or health centres
 - Sticking to one sexual partner who is not infected with HIV/AIDS or STIs and who, himself/himself, has no other sexual partners
 - Not touching someone else's blood or wound without protection
 - Practising safer sex, by using condoms everytime

Test for HIV and voluntary testing

Blood test is used to determine whether you have been exposed to the AIDS virus. The most commonly used test is called an ELIZA (enzyme-linked immunosorbent assay) test. The ELIZA test for the AIDS virus screens and analyses your blood to determine whether your body has made anti-bodies to HIV, and the AIDS virus, which it will usually do within several months of being infected. The period between a person's first contact with the HIV virus and when the person's blood is tested positive is called the WINDOW PERIOD. If the ELIZA test is positive, another one called the Western Blot test is performed on the person's blood sample to confirm the ELIZA test. The second test is necessary because occasionally, the ELIZA test falsely indicates the presence of AIDS anti-bodies in the blood. The Western Blot test is a more specific test. If it is positive, it means you have been exposed to the AIDS virus and are actually infected.

Reasons why young people are vulnerable to HIV/AIDS

The reasons why young people are vulnerable to HIV/AIDS are:

- The age range when sexual activities begin.
- Lack of accurate information on how to protect themselves against being infected with HIV/AIDS.
- They are adventurous and tend to like to experiment thus, always full of strong desires to explore.
- They are easily influenced by what they see and hear, especially through friends, parents and the media.
- Most harmful traditional practices are carried out on them, especially the females, e.g. Female Genital Mutilation (FGM), scarification marks, etc., often with unsterilised sharp materials.
- They are vulnerable to trafficking in persons, with all the attendant risks of sexual exploitation.

Stigma and discrimination

In many people's minds, HIV/AIDS is associated with behaviours that are considered "deviant," such as having multiple sexual partners, being gay, or using drugs. So, people with HIV/AIDS are often thought to be "responsible" for contracting the disease. Therefore, they are seen to deserve some form of punishment. This punishment can take the form of either being socially ostracized or being victims of violence. Some people lose their jobs or are not hired on the basis of HIV/AIDS screening, which in many parts of the world is illegal. This is called **Discrimination**, and it is a

violation of their rights.

Of course, at the heart of it all is misinformation about the disease, which fuels an irrational fear of infection from casual contact. For girls and women, stigma takes on particularly harsh forms. Many females are seen as the “carriers” of HIV/AIDS and are often assumed to have brought AIDS into the family. The reason is that they are often the first to be diagnosed (through prenatal screening or the birth of a sick child). Stigma results in discrimination in a wide range of areas, including housing, employment, access to health care, education and access to public services. Within households and communities, women are often subject to emotional harassment, thrown out of their homes or physically abused for their HIV- positive status.

STIs/HIV risk assessment exercise Many people go about their daily business and relationships without once thinking that they may be at risk of contracting STIs or HIV. It is therefore important to conduct risk assessment of oneself in order to enable one to take precautions.

Instruction: Administer the following questionnaire on yourself by ticking **Yes** or **No**.

Yes No

1. Do I have sexual partners?
2. Has my current partner had more than one sexual partner?
3. Do I have more than one faithful sexual partner?
4. Do I dislike using condom when having sex?
5. Do I share needles, syringes or sharp instruments?
6. Have I been in a risky sexual behaviour?
7. Do I have sex in order to gain money, food, employment, drug or to pass examinations?
8. Do I drink alcohol; and sometimes get drunk?
9. Do I take substance or hard drugs?

Note: The more Yes answers, the higher the risk

Reasons why girls are more vulnerable to HIV/AIDS

- > **Biologically/physically, girls are especially vulnerable to HIV infection:** Their vaginal tissues are more delicate than those of adult women, allowing the virus to penetrate more easily.
- > **Girls in many societies have no power to protect themselves from rape, incest and other forms of sexual violence:** This is largely due to the culture of son preference and hence the discriminatory process of how girls and boys are brought up in their homes, schools and in the society at large. They are

often unprotected by law, policies and practices of government as well as by their communities, schools and families, due to gender discrimination.

The widespread practice of “age mixing” or girls having sex with older men, and in marriage, hugely increases their risk of HIV infection: Often, girls cannot refuse sex or negotiate condom use and some are raised to believe that they must bear the full impact of their partners’ multiple sexual encounters. For many girls, a ‘sugar daddy’ seems to offer protection, economic support and stability.

Poverty: It endangers girls’ access to health services and good nutrition, as they fall victims of sexual exploitation to make ends meet.

Gender discrimination: It denies girls’ right to education and exposes them to HIV through sexual exploitation in harmful work setting, such as domestic labour and menial jobs in factories.

Girls are often socialised to be chaste and submissive at the same time: This increases their risk of HIV infection through compliance and reluctance to communicate their right to say “No” or to discuss their need for safer sex information and services.

Girls carry a heavy burden of household tasks, especially when they are orphaned: Where they are pulled out of school to work or care for affected families, their life options would be reduced. Girls are often forced to survive by providing sex for

food or money, not only for themselves but in many cases for their family members as well.

What girls need

- To be **treated equally** with their male peers to achieve mutual respect.
- **Education:** Including information and vocational and life management skills, equal opportunities for both girls and boys.
- To have accurate information about their sexuality and skills to make the right choices on matters of sexual activity.
- **Support and respect:** From families and other adults, to set their goals and supported to develop their talents to achieve high social status educationally and economically.
- **Equal status:** Equal treatment and equal opportunities for developing skills for gainful work.
- **Access** to youth-friendly sexual and reproductive health services with special needs for girls being taken into consideration.
- **Safety, privacy and protection:** From violence, abuse and unwanted sex.
- To be **respected** and their bodily integrity protected.
- To have **equal say** in all interpersonal relationships.
- To have their **limits** respected.
- Not to be **coerced** or **manipulated** into sexual activity.
- To have their **sexual rights respected**.
- **Peer support** and social networks
- Autonomy and **control** over their own bodies.

- **Participation** in decisions about their own lives.
- **Role in social change that would put girls in the data map:** There is no “one size fit all” approach to preventing HIV/AIDS.

Some questions people ask about HIV/AIDS include:

Question: How can one reduce the sexual transmission of HIV?

Answer: The simplest way to avoid exposure to HIV is to limit sexual contacts with others because HIV is a retrovirus that leads to life-long infection. Sexual contact with new partners exposes one to the cumulative risks of HIV infection of all the previous sex partners of the new individual. It is also important for those who are sexually active to always use condoms properly, each time.

Question: What is the evidence that safer sex practices are effective?

Answer: A large study of heterosexuals in Thailand demonstrated the importance of reducing the number of sexual contacts and employing safe sex measures. Thus, this study showed that avoidance of risky behaviours from HIV transmission and use of barrier methods like condom remains the most effective means of reducing HIV infection. Another example is the case of Uganda.

Question: What other precautions reduce the risk of HIV infection?

Answer: Sexual transmission is the primary way of HIV spread. For people who do not engage in sex with those at risk of HIV

infection, and who maintain in monogamous relationships, they are likely to be at risk through contaminated blood. Thus, people should avoid sharing razors, toothbrushes, and any other personal product that may contain infected body fluids. Tattoos and other procedures that pierce the skin may also pose a risk of infection.

Question: Can HIV be transmitted through oral sex?

Answer: There are many different forms of oral sex. Perhaps the most common form is orogenital sex - **contact between** the mouth and the genitals. Because individuals who engage in orogenital sex rarely do so to the exclusion of other forms of sexual contact, it is therefore difficult to attribute transmission of HIV to oral sex and not to other types of sexual exposure. However, HIV-bearing lymphocytes present in semen could come in contact with damaged mucus membranes in the mouth, and allow the entry of HIV into the tissue. Likewise traces of menstrual blood or vaginal discharges containing HIV could serve as conduits of infection from the genitals to the mouth.

Question: Which body fluids contain HIV?

Answer: HIV is present in many body fluids. Apart from blood contaminated with HIV, sexual contact and exposure to either male or female secretions- semen in males and vaginal fluid in females and exchange of blood from mother to child during pregnancy or shortly thereafter can lead to infection. Organs and sperms from HIV-infected donors also are efficient ways of transmitting HIV.

Question: Should I disclose my **HIV status**? **Who should I tell**?

Answer: This has to be your choice. When you are ready, you can tell anyone you feel close to and who can be there for you and give you support when you need it

Question: How can one minimize the risk of HIV transmission with condoms?

Answer: HIV transmission, despite condom use, is rarely attributed to a failure of the condoms, it is rather more often attributable to their incorrect use. The three principal types of condom failure include:

1. Breakage from poor storage, or even the use of expired condom
2. Leakage
3. Improper use.

The above can be minimized through:

- Using a new condom for each act of intercourse
- Using latex rather than lambskin condoms
- Use of lubricant or pre-lubricated condoms
- Use of a proper condom which consists of a tip, bubble, or nipple at the end to collect the semen
- Proper instructions and steps on how to use the condom
- Ensuring that the condom has not expired and had been properly stored.

Question: What do I do if I know that I am HIV - positive? **Answer:** Get regular counselling from a professional counsellor. The counsellor will help you accept your status and learn how to live positively. Counselling will also help you to overcome the denial

and fear you might face.

Recommendations/conclusion

The government with the help of civil society, should:

- **Improve the collection of comprehensive information about STIs and HIV/AIDS, and ensure that all data are segregated by age and sex.**
- **Ensure access to services and systems, including primary and secondary education, adequate medication, housing and monitoring for people living with HIV/ AIDS, ensuring attention to gender dimensions in the way girls and women are protected.**
- **Communicate accurate information about prevention against STIs and HIV/AIDS to the public, policymakers, donors and the media to reach out to community levels.**
- **Review and revise existing health legislations to reflect the new demand for health promotion, care, and health service programmes with particular attention on women and girls as a result of the unequal impact of STIs and HIV/AIDS pandemic on them.**
- **Provide support system for families and communities to empower girls to protect themselves from sexual exploitation and vulnerability to STIs and HIV/AIDS.**
- **Adopt a “rights-based” approach to adolescent health, consistent with the Convention on the Rights of the child. This would include ensuring access to Comprehensive Sexuality Education for boys and girls and to**

confidential, accessible and “youth-friendly” adolescent health services, which respect their privacy and gender-specific needs.

- Legislate against human trafficking that put young people, particularly girls, at risk of sexual exploitation.

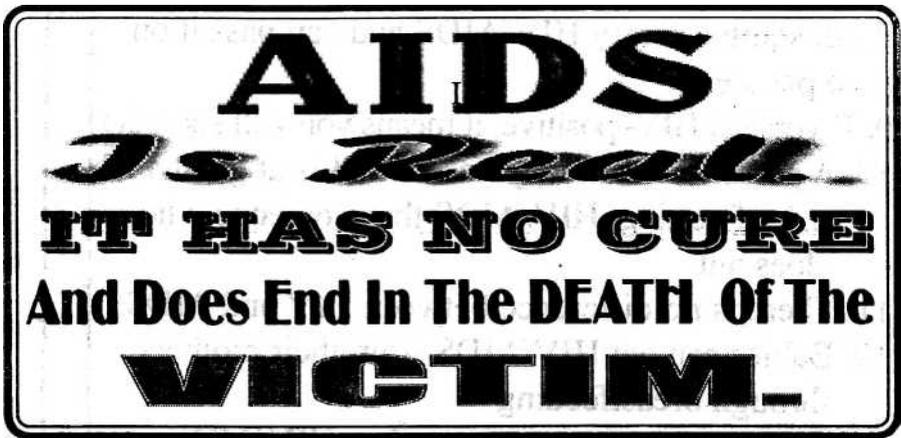
Policies and programmes which deal directly with the vulnerability of young people to STIs/HIV/AIDS should aim at ensuring that young people are equally provided with opportunities to:

- => Live in a safe environment which fosters their health and overall development to reduce their vulnerability to HIV, and provides assistance and support in times of crisis through family members, peers and concerned adults in the community.
- => Acquire the information and develop the skills necessary for healthy development and to become responsible adults as well as to manage specific situations in which HIV poses a risk.
- => Have access to HIV - related services that are accessible, affordable and confidential and include education, diagnoses and treatment of STIs, HIV and AIDS, as well as counselling, referral, and items such as contraceptives, including condoms.
- => Have opportunities for genuine participation in developing and defining policies and programmes that affect their lives, including those related to HIV.

Strong advocacy is required to sensitise and spur policy makers and other stakeholders for prompt action as success in the future depends on increased and sustained commitment and a greatly

expanded response to AIDS. This means, among other things, strengthening existing partnerships and recruiting new partners from all walks of life who will bring additional expertise and resources as well as new ideas and strategies to the campaign against AIDS.

Life is full of uncertainty. Being spontaneous and taking risk is an important part of life. But now, with AIDS in our midst, being adventurous with sex is dangerous. Be careful. Protect yourself.



QUESTIONNAIRE ON HIV/AIDS

Facts and social behaviour

Section A: HIV Facts

T = True, F= False

T | F

1. You can get HIV drinking from the same glass that a person with HIV/AIDS has just used
2. AIDS can be cured if you are given medicines early enough
3. It is safe to have sex without a condom, once you know the person really well
4. Once you have HIV/AIDS, you cannot do anything to rid your system of the virus
5. People living with HIV/AIDS are always skinny and look very sick
6. You can test negative for HIV and still be HIV positive
7. It is easier for a girl to get infected with HIV than a boy
8. Mosquitoes carry HIV/AIDS and can pass it on to people
9. If you test HIV- positive, it means you will soon die
10. A person who already has an STI is at greater risk of getting HIV/AIDS than someone who does not.
11. There is no difference between HIV and AIDS
12. Babies can get HIV/AIDS from their mothers through breastfeeding
13. Condoms do not protect against HIV/AIDS

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14. AIDS weakens your body so that it cannot fight off other diseases such as tuberculosis and meningitis

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Section A: Answers

1=F, 2 = F, 3=T, 4 = F, 5 = T, 6 = T, 7 = F, 8 = F, 9 = T,
10 = F, 11 =T, 12 = F, 13 =T 14=T

Section B: Social Behaviour

A = Agree, D = Disagree

- | | A | D |
|---|---|---|
| 1. If my boyfriend suggested that we use a condom, I would become very suspicious _____ | | |
| 2. If I heard someone in my class had a family member with AIDS, I would stay away from them | | |
| 3. A girl should not feel bad about enjoying sex _____ | | |
| 4. If a man beats his girlfriend, it means that he loves her so much that he cannot control himself | | |
| 5. For girls, education is a luxury, not a right _____ | | |
| 6. If I thought I had an STI, I would go to the clinic | | |
| 7. Girls should be allowed to play as much as boys | | |
| 8. Nurses are allowed to turn teenagers away from health care services because they are too young to have sex _____ | | |
| 9. I think it is okay to delay or refuse sex if I'm not ready | | |
| 10. Pregnant girls should not be allowed to attend school | | |
| 11. Teaching young people about sexuality makes them | | |

want to have sex _____

12. Once you have made a boy excited, he needs to have sex, otherwise, he will be in a lot of physical pain ____
13. If I had a choice between the male and female condom, I would use the female condom
14. I think boys are naturally more aggressive than girls

Section B: Points for Discussion

There are no right or wrong answers here. Each statement is open for discussion. Here is some extra information that should assist the discussion.

1. Think about the facts. Any boyfriend who wants to use condoms is responsible and mature; one who doesn't care more about his ego than your health. Or maybe he just doesn't know the facts about HIV/AIDS, and you can teach him. Condoms protect against pregnancy as well as STIs if properly used.
2. Think about why you would shun this person. This is a form of stigma. It is important to confront irrational fears.
3. If you are having sex because you are comfortable, happy and not pressured, and you are protecting yourself against STIs, including HIV, then you should be able to enjoy sex. It's normal and should be pleasurable.
4. Article 3 of the Universal Declaration of Human Rights states that everyone has the right to life, liberty and security of person. That means anyone who beats you up is violating your human

rights, jeopardizing your health and may scare you into having sex when you don't want to, under conditions that you can't control. This could result in unwanted pregnancy and/or infection with STIs, including HIV/AIDS.

5. Article 28 of the Convention on the Rights of the Child (CRC) states that every child has a right to education. Girls who are pulled out of school to help their families are being denied their rights. This is a difficult issue because poverty is often the reason, but then boys do not often get taken out of schools. It borders on gender discrimination. Education has a direct relationship with HIV/AIDS awareness. Girls are often more vulnerable.
6. Four fifths of all females with STIs go undiagnosed simply because they don't see or recognise the symptoms. If you know the signs and are worried, go to the clinic.
 - You have a right to health care. (CRC Article 24).
7. The CRC recognizes that all children have a right to rest, leisure and play. Article 2 of the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) condemns discrimination against women in all its forms. Denying girls and women the right to recreation contravenes CRC and CEDAW.
8. Young people have a right to health care (CRC Article 24), but in some instances, this is not enforced. Girls in particular and children from poor families are often denied these rights.
9. At the Beijing Conference on Women in 1995, nations agreed that women's human rights include the right to have control

over their body and decide freely and responsibly on matters relating to their sexuality including sexual and reproductive health, free of coercion, discrimination and violence. We are yet to achieve this provision and to protect this sexual right, of girls and women.

10. Preventing pregnant girls from going to school forces them to drop out. Boys are rarely punished in the same way for getting someone pregnant. This violates the right of the girl-child, and is discriminatory.
11. Teaching young people about sexuality does not encourage 'sex'. It informs and encourages responsible behaviour. Many studies have been done that prove this fact.
12. Don't be deceived. No one needs 'sex' to live, and nothing bad, happens to a boy if he is sexually aroused and then does not have sex. Petting and caressing can be fun, but if you don't want to have sex, the boy will not get sick as a result. Be firm with your limits.
13. The female condom is not widely available. It is important to know what each of them looks like to make an informed choice.
14. The only "natural" differences between boys and girls and men and women are biological. All other behaviours are based on what we are taught. Boys can learn how to be aggressive just as girls can learn how to be more aggressive. And remember not to generalize. Not all boys are aggressive, and many girls are assertive. Think about the role gender prejudices and culture play.

THINGS I WILL DO	
H - Health	❖ I will get information on HIV/AIDS
I-Is	❖ I will practise safe sex always
V - Vital	❖ I will go for HIV test
& - And	❖ I will be an HIV/AIDS Educator
A-Am	
I-I	❖ I will not stigmatize or discriminate against people living with HIV/AIDS
D - Doing	
S - Something About It?	❖ I will be a treatment advocate
	❖ I will care for people living with HIV.

BE SEXWISE!

*Remember that a moment of **PLEASURE**
CAN CAUSE YOU A LIFE TIME OF SORROWS*

*DON'T FALL A **VICTIM***

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