

Module 4

Teenage Pregnancy, Sexually Transmitted Infections and HIV/AIDS



FLOW CHART

Content Flow at A Glance Module 4: Teenage Pregnancy, Sexually Transmitted Infections and HIV/AIDS

Subject/topic/activity	Objective	Page No.
Exercise – Images of Sex.	To understand sexual behaviour.	4-2 to 4-3
Helpline for Peer Educator	Material for reading, preparing posters and handouts on “Sexuality.”	4-4 to 4-5
Exercise – My Life and My Options.	To examine the possible consequences of sexual intimacy and ways of dealing with it.	4-6 to 4-7
Role Play – I am Having A Baby!	To understand the implications of teenage pregnancy.	4-8 to 4-9
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Module 4

Teenage Pregnancy, Sexually Transmitted Infections and HIV/AIDS

“He who has health has hope. He who has hope has everything”.

Arabic Proverb

Introduction

Teenage pregnancy, sexually transmitted infections and HIV/AIDS are all important issues during adolescence. Adolescence is the time of experimentation and curiosity. It is important to address these issues because they are intrinsically linked with unsafe behaviour and practices. Listed below are some points that will help you prepare for this session.

- Young people are especially vulnerable to STIs and HIV/AIDS. Adolescence and youth are times of discovery, emerging feelings and exploration of new behaviour and relationships. Sexual behaviour is an important part of this process and may involve risk. The same is true of experimentation with drugs, legal and illegal.
- Some young people will be infected with STIs or become pregnant. The same behaviour that causes teenage pregnancies and STIs also causes HIV/AIDS.
- Young people think of themselves as invincible. The general attitude is that “AIDS cannot happen to me”.
- STIs and HIV/AIDS are no longer restricted to certain groups. It is the behaviour that puts people at risk. It is not who you are but what you do that matters.
- Around 60 per cent of the new HIV infections worldwide occur in young people.

Session 4.1

Understanding Sexual Behaviour

Expected Outcomes

Participants will have an understanding of their sexual behaviour.

Participants will be able to distinguish between healthy and unhealthy sexual behaviour.

Images Of Sex

Objectives To enable participants to share their understanding of sexual behaviour.
To learn to distinguish between healthy and unhealthy sexual behaviour.

Materials Flash cards or notebook sheets, markers/crayons, flip charts, scissors, old magazines or leaflets with pictures, gum, sticky tape.

Time 1 hour and 30 minutes.

Process Ask the participants to divide into groups of 4 to 6.

Give each group some flash cards/notebook sheets, markers/crayons, scissors, gum, old magazines/leaflets.

Explain that you would like them to draw, create (from the magazines/leaflets) or write something related to sexuality/sex. The final product does not have to look professional. The point is to express their ideas.

Their creations can be funny, sad, ugly, happy, or curious, as long as they are able to relate it to sexuality/sex. Allow the groups 30 minutes to do this exercise.

While the small groups are busy, take four sheets of chart paper and place them on the floor. Join the 4 pieces of paper with tape or staples, and make sure that there is enough space for all the participants to gather.

Ask the participants to stay in their groups, and gather around the charts on the floor. Ask them to choose one end of the four sheets as the “good end” and the other end as the “bad end”.

Once everyone has agreed on which end is good and which end is bad, ask the groups to look at their creations and place them at the appropriate end, depending on what the creations represent and how they feel about them.

Once all of the drawings/creations have been placed on the sheets on the floor, the participants should move along the four sheets together, starting at the good end. The group that created the piece of work should explain the meaning of their creation as you move from one to the other.

To learn about the issues raised, participants should be encouraged to discuss the subject of each drawing.

Explain that you would like to keep a record of their concerns on the flipchart. Ask a volunteer to help you with this process, if necessary. Once the exercise has been completed you can ask the participants to put their drawings on the four sheets.

Notes for the Facilitator

This can be a valuable opportunity for the participants and facilitator to learn what the group knows about sexuality/sex. If the participants prefer not to talk about themselves, you can encourage them to talk about issues that they might have heard or read about. In this case, people are able to talk about themselves without feeling embarrassed or threatened.

Record the terms that come up (pregnancy, sexually transmitted infections/diseases, HIV/AIDS, rape, sex worker, homosexual, lesbian) during discussion and build future sessions on the emerging issues.

HELPLINE for the peer educator

This material can also be used to make handouts and posters

Guiding Principles For Working on Issues of Sexuality

Affirmative Approach to Sexuality: Sexuality is part of everyone's life. Sexuality is complex. It can be pleasurable, satisfying and an enriching part of life. An affirmative approach improves sexual well-being.

Diversity: Different women and men have different needs, identities, choices and life circumstances. Therefore, not all women and men have similar sexual concerns.

Autonomy and Self Determination: Women and men have the right to make their own free and informed choices about all aspects of their lives, including their sexual lives.

Gender Equity: Programs that are based on gender equity recognize and provide equitable access (by all) to information, services and education that promote sexual well-being.

Responsiveness to Changing Needs: women and men's needs for information and services on sexuality change over time and throughout the life cycle.

Prevent Violence, Exploitation and Abuse: Violence, exploitation and abuse are often the conditions under which people, especially women, experience their sexuality or are initiation into sexual activity.

Comprehensive Understanding of Sexuality: Programmes and services must address and integrate emotional, psychosocial and cultural factors in planning and service delivery.

Non-Judgmental Services and Programmes: People with different value systems make different choices about sexuality. Providers must respect these values and refrain from judging others or imposing their own values on them.

Confidentiality and Privacy: Sexuality touches upon intimate aspects of people's lives. Individuals have a right to privacy and confidentiality.

Cultural Sensitivity: Cultural perceptions about issues of sexuality differ among different groups and communities.

Accessible Programmes and Services: Accessibility entails more than availability of services. It includes quality, confidentiality, staffing and being able to cater to a range of needs.

Core Values

The basic values of choice, dignity, diversity, equality and respect underlie the concept of Human Rights. These affirm the worth of all people. In the context of sexuality, these words have the following meaning:

Choice: Making choices about one's sexuality freely, without coercion, and with access to comprehensive information and services, while respecting the rights of others.

Dignity: All individuals have worth regardless of their age, caste, class, gender, orientation, preference, religion and other determinants of status.

Diversity: Acceptance of the fact that women and men express their sexuality in diverse ways and that there is a range of sexual behaviours, identities and relationships.

Equality: All women and men are equally deserving of respect and dignity and should have access to information, services and support to attain sexual well-being.

Respect: All women and men are entitled to respect and consideration, despite their sexual choices and identities.

(www.tarshi.org or www.siecus.org)

Session 4.2

Understanding the Consequences of Sexual Behaviours

Expected Outcomes

Participants will understand the consequences of certain sexual behaviour.
Participants will be aware of the preparation required for dealing with the consequences.

My Life And My Options

Objectives To examine the consequences/impact of sexual intercourse.
To examine the preparedness required for dealing with the consequences.

Material Flip charts, markers.

Time 1 hour.

Process Ask the participants to divide into groups of 4 or 6.

Explain that our actions have consequences that affect those around us. The decision to have sex is not an exception and in this exercise, we will brainstorm the consequences of such a decision.

Ask them to brainstorm and prepare presentations on:

- *What do you think the consequences of having unprotected sex will be? How will these consequences affect your life now and in the future?*
- *Are you prepared to deal with the consequences and impact?*
- *How will you deal with the consequences?*

Allow the groups 45 minutes to do this exercise.

Invite the groups to make their presentations.

After the presentation, facilitate a discussion using the following questions:

- *What did you learn from this exercise?*
- *In your peer group, do you know anyone who is pregnant? What issues does this person face?*
- *How can you deal with the consequences of unprotected sex?*
- *How can you help a friend who is pregnant or has contracted an STI?*

Notes for the Facilitator

Sexual behaviour can be safe and unsafe. Usually, young people ignore the safety precautions required for “safe” sexual behaviour. Often, young people do not have adequate knowledge to practice safe sex. Unsafe behaviour, like sexual intercourse without a condom, can lead to pregnancy, STI and HIV/AIDS.

This exercise is straightforward and open-ended. It enables the facilitator to address issues of teenage pregnancy, STIs/STDs, HIV/AIDS and introduce the subject of life skills for dealing with these concerns and problems. This exercise can be done in a mixed group, or separately. If women and men work in separate small groups, they should come together for the presentations. The facilitator might choose to give brief presentations, or show a video, on issues that emerge. They can also be dealt with in subsequent sessions.

Session 4.3

Understanding the Implications of Teenage Pregnancy

Expected Outputs

Participants will become aware of the impact that teenage pregnancy can have on their lives.

Participants will become aware of the gender dimension of teenage pregnancy.

I Am Having A Baby

Objectives To know the physical, psychological, social and economic implications of teenage pregnancy.

To know why teenage pregnancy occurs and how it can be avoided.

Materials Blackboard and chalk/whiteboard and markers.

Time 25 minutes.

Process Ask the participants to divide into 2 groups.

Ask group one to think about the physical and psychological implications of teenage pregnancy, and prepare to act it out in a 10-minute role-play.

Ask group 2 to think about the socio-economic implications of teenage pregnancy for their role-play.

Give both groups 20 minutes to prepare for their respective role-plays.

Bring the groups back and present the role-plays.

Note the highlights or emerging concerns in both the role-plays. After both groups have presented, encourage them to clarify their doubts and questions.

You may use the following questions to facilitate a discussion:

- *What do you think about this exercise?*
- *How can one plan for pregnancy?*
- *In your peer group, how do you view pregnancy? Do you discuss its possibility and the possible consequences?*
- *In your opinion, would a pregnancy affect a man the same way as a woman? What would be different? What would be similar?*
- *Do women get the blame for becoming pregnant? Why?*
- *How would you help a friend who became pregnant because of negligence?*

Notes for the Facilitator

For younger mothers, there can be serious physical consequences since their sex organs are not mature, and this can cause difficulty during labour and delivery. There may be complications during pregnancy and childbirth that can result in death.

Babies born to a teenage mother have lower birth weights than normal deliveries.

Sometimes young girls are frightened of the consequences and attempt unsafe abortions (using coat hangers or sticks of wood). This can damage their uterus, resulting in problems with future pregnancies. In many countries, abortion is still illegal. Research the legality of this issue.

If a teenager is unmarried, they may experience mental anguish and trauma. Society and her family may look down upon her or pressure her to have an abortion. Her friends may ostracize and ridicule her. She may have to discontinue her education. Parents may try to force her to marry the father of the expected child, or someone else, to avoid shame and ridicule. The marriage may lead to problems, as both the girl and the boy are ill prepared for the responsibilities of parenthood. They may not be able to get a job or earn a living and may not be able to care for the child.

The consequences of teenage pregnancy are extreme for a girl. The best way of avoiding teenage pregnancy is to abstain from sexual intercourse. If two people do decide to have sex, they should discuss the means of birth control and protection. They might use a condom, the pill, or a female condom.

For facilitation of this exercise, gather information about the societal norms and practices on pregnancy. Also, get practical information on clinics and health centres where a young woman and man can seek guidance and help.

You can introduce the subject of contraceptives at this stage, but be aware of the cultural and religious dimensions of the subject. Subsequent exercises in this module will enable you to give information on contraceptive methods. Some of the exercises in Module III will show the participants the proper to use a condom using a dildo or a banana.

Session 4.4

Understanding Contraceptives

Expected Outcomes

Participants will become aware of the range of contraceptives, their respective benefits and method of use.

Participants will develop some material that will be useful in generating awareness among youth on the use of contraceptives.

Use Me

<i>Objectives</i>	To learn about contraceptives – methods, utility and availability. To design material for the promotion of contraceptive use among youth.
<i>Materials</i>	Brochures, pamphlets and other materials used for the promotion of contraceptives by the public health department, flip charts, old colourful magazines, newspapers, glue, scissors, crayons, markers, stapler.
<i>Time</i>	1 hour 30 minutes.
<i>Process</i>	Invite the participants to face the facilitator during his/her presentation on contraceptive methods. The peer educator can prepare this presentation by making transparencies for an over-head projector or by making charts using the material given at the end of this exercise.

After the presentation, clarify participants' doubts or questions.

Ask the participants to divide into groups of six.

Explain that they may choose any one of the methods just shown (in the presentation) for their group work. They can make use of the brochures, pamphlets and other materials to prepare a IEC (Information, Education and Communication) brochure for youth.

Allow 30 minutes to do this exercise.

Ask the groups to present their materials. Encourage discussion and observations after each presentation.

After the presentations, use the following questions for discussion:

- *What are your thoughts on the exercise just completed?*
- *What do you think about the IEC materials used by the public health department? Why?*
- *Do you think any of the contraceptives methods we have discussed are useful protection against STIs and HIV? Why/Why not?*
- *How will your materials be used to raise awareness on contraception, STIs and HIV/AIDS among your peers?*

Notes for the Facilitator

This exercise generates awareness about contraceptive methods. It also shows participants how to create materials they can use to disseminate information to their peers. The participants become informed about IEC materials and discuss why they may, or may not, be effective in communicating with the youth. In your presentation of contraceptive methods, introduce the gender dimension and issues of accessibility and control.

HELPLINE for the peer educator**Contraceptive Methods – A chart**

During the session on contraceptives, this chart can be used by the peer educator as a hand out

Type of contraceptive method	How it works	Effectiveness	Benefits	Instructions for use	Benefits other than contraception
Birth Control Pill: contains synthetic oestrogen	Alters natural ovulation cycle	Theoretically 99-100 per cent, but women have conceived on the “pill”	Low cost, easily available and control by the woman	Taken daily after the menstrual cycle begins	None
Birth Control Injection: given in the first days of menstruation and then every 2-3 months		Not known		Given by the doctor	None
Withdrawal: removal of penis from the vagina before ejaculation	Prevents the semen from going into the vagina	Theoretically, 85 per cent but in reality about 70 per cent	No cost and under the control of the man and woman involved	Dependent on the man	None
Intrauterine Device (IUD): small plastic device that fits inside the uterus. Can be used for 3-5 years	Inserted inside the uterus by a doctor	Theoretically 95-98 per cent	Long-lasting and relatively inexpensive	Inserted by the doctor in the first few days of menstruation. Should be examined every few months	None

Male Condom: rubber sheath that fits over the penis	Rolled over the penis	80 – 85 per cent	Low cost, easily accessible and reduces risk of STDs/STIs	Do not use with oil-based lubricants, such as creams and lotions	Can be effective in prevention of STIs and HIV/AIDS
Implantable Hormone Device: continuous release of hormone	Continuous release of hormones	Not known	Continuous for 5 years	Implant of the capsule in the upper arm. Done by the doctor	None
Calendar method: woman predicts the day of ovulation by keeping a calendar of the length of each menstrual cycle	Allows the woman to keep track of the “safe” days for sex	Theoretically 85 per cent but in reality about 60 per cent	No cost and under the control of the woman	Woman must keep track with the help of a calendar	None
Sterilization: vasectomy for males and tubal ligation for females	Passageway for the sperm or the egg is surgically tied	Theoretically 100 per cent but, exceptions have been known to take place	Highly effective, permanent and one time expense	Doctor performs an operation	None

* Some of the methods are intrusive in nature and have side effects that may be harmful. The users must examine its pros and cons before making a choice.

Information on Birth Control

Youth must receive information about birth control in their teenage years because during this period they undergo tremendous physical and psychological changes. Youth should be made aware of the fact that there are two types of birth control - permanent and temporary.

1 Permanent Birth Control Methods

- Male sterilization
- Female sterilization

2 Temporary Birth Control Methods

- Birth control pill
- Injections
- Implants (under the skin)
- Intrauterine Device (IUD)
- Condoms
- Calendar/Rhythm Method
- Early Withdrawal

1 Permanent Birth Control

Permanent birth control means male or female sterilization. It is a permanent way of preventing pregnancy. Male and female sterilization does not take a lot of time. You do not have to stay overnight in the hospital. Once the operation is completed, you may go home. After sterilization, your body will be strong, and you will be able to work as usual. Your sexual competence remains intact and you will still experience sexual pleasure. Sterilization will not make you bloated or give you a headache. You can find sterilization services at hospitals or at health promotion centres.

1.1 Vasectomy

Before leaving the body, sperm produced in the testes move through a series of small tubules, including the vas deferens. A vasectomy is a surgical procedure during which the vas deferens are resected.

How it works: Vasectomy is a procedure that blocks the passage of sperm through the vas deferens. Small incisions, on either side of the scrotum, allow a surgeon to isolate each vas and to resect it.

Instructions for effective use: A male should have a physical examination and complete a health history before the surgery. Because he may not be sterile immediately after the surgery, other methods of birth control should be used for the next 20 ejaculations. Strenuous exercise should be avoided for a week after the procedure.

Effectiveness: Vasectomy is an extremely effective method of birth control.

Benefits: Vasectomy is a simple procedure that is effective, safe, and inexpensive.

Side effects: At the site of the incision, some pain may be experienced. It should only last for a short time after the surgery.

1.2 Tubal Ligation

Tubal ligation is a method of female surgical sterilization.

How it works: The purpose of tubal ligation is to prevent a sperm and ovum from uniting. Because fertilization takes place in a fallopian tube, tubal ligation is designed to block the tubes, so that a mature ovum cannot move through a tube to the uterus.

Instructions for effective use: A woman should be fully informed before deciding on a surgical procedure. A general physical examination, including a Pap smear and pelvic examination, are essential. After the procedure, the patient will be advised to rest for 24 to 48 hours and will be fit to resume her normal activities in a few days. Heavy lifting, strenuous exercise, and penile-vaginal intercourse should be avoided for a week.

Effectiveness: Tubal ligation is theoretically 100 per cent effective. The procedure is immediately effective, although for absolute effectiveness, a backup contraceptive method should be used until the first menstrual cycle begins. Female sterilization has a failure rate of 0.2 per cent. If the tubes rejoin or there is a surgical error, failure may occur.

Benefits: Sterilization is highly effective, permanent, and involves a one-time expense.

Side effects: Some pain may be experienced for a short time after the surgery. About 2 per cent of females may experience minor complications including bleeding, fever, abdominal pain or infection.

2 Temporary Birth Control

2.1 The Pill

The combination pill contains chemicals called synthetic oestrogen and progestin, and together, they suppress the natural menstrual cycle in order to prevent ovulation.

How it works: In the normal unaltered menstrual cycle, oestrogen levels are low during and after the menstrual flow. Low oestrogen levels trigger the pituitary gland to secrete FSH (Follicle Stimulating Hormone). Under the influence of FSH, a single follicle matures in an ovary and ruptures, releasing the ovum into the terminal end of a fallopian tube. The pill alters this natural cycle. A female begins taking the pills on the first Sunday after menstruation begins. The pills raise the level of oestrogen so that little, if any, FSH is secreted, a follicle does not mature, and no ovum is released from an ovary. Ovulation does not occur. The progestin in the pill makes the cervical mucus very thick and the sperm have difficulty passing through the cervix into the uterus. The lining of the uterus is also altered, making it unsuitable for the implantation of a fertilized ovum.

Instructions for effective use: It is important for a female to follow her physician's recommendations concerning the pill. Most physicians recommend starting the pill on the first Sunday after the menstrual period begins. The pill should be taken at the same time each day, usually in the evening at bedtime.

Effectiveness: When the combination pills are taken according to instructions, they are 99 to 100 per cent effective against pregnancy, and no backup form of contraception is required. The actual effectiveness, after factoring in misuse, is 97 to 98 per cent. When taking antibiotics, it is recommended that the female use a back-up barrier method to maintain effectiveness.

Benefits: In addition to being highly effective, the pill may have additional medical benefits, including the following: predictable 28-day menstrual cycle; reduced menstrual flow, therefore less blood loss and less risk of anaemia; fewer menstrual cramps; reduced incidence of ovarian cysts; prevention of tubal or ectopic pregnancies; decrease in fibrocystic changes in breasts and reduced incidence of iron-deficiency anaemia.

Side effects: Side effects may include the following: nausea, mild weight gain, fluid retention, mild headache, spotting or bleeding between periods, decreased menstrual flow, vaginitis, recurring yeast infections, depression, mood changes, fatigue and decreased sex drive.

2.2 Injectable Progestin

Injectable progestin is a shot of synthetic progesterone that is given intramuscularly every three months to inhibit ovulation, thicken the cervical mucus to reduce sperm penetration, and thin the endometrial lining to interfere with implantation. The contraceptive used is medroxyprogesterone acetate or Depo-Provera.

How it works: When given intramuscularly in a dose of 150 mg every 3 months, Depo-Provera I, eliminates the mid-cycle rise of luteinizing hormone that inhibits ovulation. The injection reduces sperm penetration by thickening the cervical mucus and interferes with implantation by thinning of the endometrial lining

Instructions for effective use: This method of birth control is simple to use. It simply requires a female to have a thorough medical examination and an injection of Depo-Provera.

Effectiveness: Depo-Provera is better than 99 per cent effective in preventing pregnancy.

Benefits: Depo-Provera can be used in situations in which oestrogen is contraindicated. It has a minimal effect on blood pressure and lactation.

Side effects: The most common side effects are irregular menstrual bleeding and amenorrhoea one year after beginning injections. Other side effects may include nervousness, headaches, nausea, and weight gain.

2.3 Implantable Hormone System

The implantable hormone system is a hormone (progestin only) system that is implanted under the skin in the upper arm.

How it works: The implantable hormone system consists of six capsules, each containing progestin. The capsules are implanted under the skin of the upper arm during the first seven days of the menstrual cycle. Small amounts of progestin are released into the body and a constant level of progestin is maintained in the blood. This level interferes with the ovulation process and causes the cervical mucus to thicken, thus stopping sperm penetration. The level of hormone also changes the lining of the uterus to prevent implantation of a fertilized ovum.

Instructions for effective use: A physician should implant the capsules. They may be left in place for up to five years or removed at any time.

Effectiveness: The effectiveness of the implantable hormone system is 97 to 99 per cent against pregnancy. Body weight seems to affect the level of progestin in the blood.

Benefits: The implantable hormone system offers a continuous method of birth control lasting up to five years. The lack of oestrogen and the small dosage of progestin can minimize the side effects that sometimes occur with the combination pill.

Side effects: Many of the side effects are the same as listed for the combination pills. Irregular vaginal bleeding remains one of the most prominent side effects. Infection may occur at the site of the implants, but it is rare.

2.4 Diaphragm

The diaphragm is a dome-shaped circular cup that fits snugly over the cervix and provides a mechanical barrier to keep sperm from entering the uterus.

How it works: When inserted properly into the vagina, the diaphragm fits snugly over the cervix and provides a mechanical barrier to keep sperm from entering the uterus, thus preventing the fertilization of an ovum. The diaphragm should always be used with a spermicidal cream or jelly, which provides a mechanical chemical barrier. The spermicidal is placed inside the dome of the diaphragm prior to insertion. The diaphragm keeps the spermicide in place where it is in direct contact with the cervix

Instructions for effective use: The diaphragm should always be fitted by a physician or another trained health care provider. The most effective diaphragm is one with the largest rim that is still comfortable.

Effectiveness: The diaphragm can be 97 to 98 per cent effective against pregnancy, when used as instructed. The effectiveness of the diaphragm is dependent on the users being committed to its proper use. In actual use, the diaphragm may be only 75-80 per cent effective because of user failure.

Benefits: In addition to contraceptive benefits, the diaphragm with spermicidal cream, or jelly containing nonoxynol-9, is believed to afford some protection against STDs and HIV. However, it cannot be relied upon for this purpose.

Side effects: Most side effects involve the individual user's sensitivity to the diaphragm and/or the spermicide. If the diaphragm is too large, there may be cramping and pain. A large diaphragm may put pressure on the bladder and result in recurring urinary tract infections. If it is too small, the diaphragm may be difficult to remove.

2.5 Cervical cap

The cervical cap is a cup-shaped rubber or plastic device that fit snugly over the cervix. It should be used with a spermicide containing nonoxynol-9.

How it works: The cervical cap uses suction to fit firmly around the cervix to provide a mechanical barrier that prevents sperm from penetrating the uterus. Additional protection is afforded with the use of spermicide.

Instructions for effective use: The cap is manufactured in multiple sizes and must be carefully fitted by a health care provider who is trained in the use of the product. The cervical cap should be inserted before intercourse and should be left in place for at least six to eight hours after intercourse. The cervical cap can remain in place for up to 48 hours before removal.

Effectiveness: For effective use, a female should be familiar with her anatomy and willing to learn the proper technique for application and removal. When used

properly, the cervical cap is 97 to 98 per cent effective. However, in actuality, the effectiveness of the cervical cap is approximately 75 to 80 per cent effective.

Benefits: The cervical cap is usually effective for 48 hours, but, in certain cases, it may be a few hours more or less.

Side effects: Although rare, the cervical cap may cause irritation or ulceration of the cervix. If this happens, use of the cervical cap should be discontinued.

2.6 Intrauterine device

The intrauterine device (IUD) is a small plastic-silastic design that fits inside the uterus and prevents pregnancy.

How it works: The IUD immobilizes sperm, speeds the movement of the ovum through the Fallopian tube, and impairs implantation. Some IUDs use small amounts of copper that are toxic to sperm.

Instructions for effective use: An IUD should be inserted by a physician during the first few days of menstruation. At this time, the cervix dilates more easily and there is no chance of a pregnancy occurring. When the IUD is in place, neither partner can feel the device. A small string is left protruding for a short distance from the cervix. The female can use the position of this string to check for correct positioning of the IUD. This check should be made after each menstrual period.

Effectiveness: Theoretically, the IUD is 95 to 98 per cent effective against pregnancy. Actual effectiveness depends on IUD characteristics, such as size, shape and presence of copper or progesterone, and user characteristics, such as, age and number of children. The first-year failure rate is approximately 3 per cent. The lowest expected pregnancy rate after the first year is approximately 2 per cent.

Benefits: The progestin-releasing IUD decreases menstrual blood loss and reduce menstrual cramps.

Side effects: Some females who use an IUD, experience increased menstrual cramps or increased spotting and menstrual bleeding. These effects are most noticeable for the first three months after insertion and may be controlled with medications, such as, Ibuprofen. However, it is advised that medication should only be taken on the medical advice of a qualified physician. Severe pain, or bleeding, may be a warning that the IUD has been partially or completely expelled. In this case, a physician should be contracted.

2.7 Spermicidal foam

A spermicide is a chemical that kills sperm. The most widely used spermicides contain nonoxynol-9.

How it works: The foam (cream or gel) is inserted into the vagina near the cervix. During intercourse, the spermicide is spread around, blocking the cervix and forming both a mechanical and chemical barrier to sperm.

Instructions for effective use: The contraceptive benefits depend on the user following directions carefully. There must be sufficient foam, and it must be used

correctly to function as a spermicide. To be effective, it must be inserted at least three to four inches into the vagina. During sexual intercourse, the foam must be in contact with the cervix. Foam can be used alone. However, it is most effectively used in combination with the condom or diaphragm.

Benefits: Spermicidal preparations that contain nonoxynol-9 can also destroy STDs and HIV, however the prevention of infection is not guaranteed. Spermicides are simple to use.

Side effects: Side effects are few. One or both partners may be allergic to the spermicide and experience irritation in the vagina or penis. Some females experience a burning reaction.

2.8 Male Condom

The male condom is a thin sheath of latex that is placed over the erect penis to collect semen during ejaculation.

How it works: The condom collects semen during ejaculation, thus preventing semen from entering the vagina during sexual intercourse. The condom also helps prevent the exchange of body fluids.

Instructions for effective use: For the condom to be effective, the user must carefully follow the instructions of use. Even pre-ejaculatory fluid contains some sperm and may also contain HIV and STIs. Before placing the condom on the erect penis, the tip of the condom should be pinched closed in order to leave an empty space. This space provides room to collect the ejaculated semen. No air should be in the tip of the condom because this can cause the condom to break or rupture. While continuing to pinch the tip of the condom, the condom should be unrolled toward the base of the erect penis. The penis should be withdrawn from the vagina while it is still erect. For added effectiveness, the penis can be removed prior to ejaculation. The condom should not be removed from the penis until the penis is withdrawn. When withdrawing the man should hold the rim of the condom at the base of the penis and carefully remove the penis and the condom.

Effectiveness: When used properly, the condom is theoretically 97 per cent effective against pregnancy. Actual user-effectiveness may drop to 80-85 per cent.

Benefits: The condom has more than contraceptive benefits. Because it provides a mechanical barrier that keeps male and female secretions separate, the condom helps prevent the spread of STIs and HIV. However, users must be warned that the condom is not 100 per cent effective in preventing the spread of HIV and STIs. Consistent use of condoms helps decrease the rate of infection of HIV but does not entirely eliminate the risk.

Side effects: Some males complain that the use of the condom reduces the sensitivity of the glands of the penis, and, consequently, interferes with sexual satisfaction.

2.9 Female condom

The female condom is a lubricated, polyurethane sheath that fits the contours of the vagina, collects semen, and helps prevent the transmission of body fluids between partners during sexual intercourse.

How it works: The female condom fits the contours of the vagina and collects semen. This prevents the sperm from passing through to the cervix into the uterus. The female condom also protects the entire vagina and labia from contact with the male's body fluids.

Instructions for effective use: The inner ring of the female condom fits behind the pubic bone and the outer ring remains outside the body. Both partners must take care that the female condom does not slip inside the vagina and that the penis is inserted in the pouch, not outside it.

Effectiveness: The female condom is more difficult to use than the male condom. Pregnancy may occur due to incorrect use.

Benefits: For females, the female condom is believed to have several advantages over the male condom. It is the female who chooses and uses it. She can insert it before intercourse (an advantage over the male condom, which must be put on the erect penis causing disruption). When correctly used, the part of the condom outside the vagina covers the area around the vagina and the base of the penis during intercourse. This offers better potential protection against genital warts and genital herpes. The pouch is made of polyurethane, which has been shown in laboratory tests to offer better protection against the passage of viruses than latex.

Side effects: Some women find the female condom to be uncomfortable because of the inner ring. Some partners have also indicated that they do not like the sound produced by the female condom during sex.

2.10 Calendar Method (Rhythm Method)

This method may be a choice for women whose period arrives regularly each month (i.e., if your period comes on the 27th or 28th day of the month, it will come on the same days each month). Usually, the “safety period” is counted as 7 days before your period and 7 days after your menstruation period. If your period comes on the seventh of the month, the “safety period”, when you can have sex is the first to the 13th. However, there is the chance that this method will fail if the days of your period are not counted accurately.

2.11 Early Withdrawal

This is another type of birth control because it may prevent pregnancy. This method is never 100 per cent effective because it depends on controlled male ejaculation during intercourse.

Session 4.5

Gender Dimension of Contraceptives

Expected Outcomes

Participants will become aware that men and women have different needs and expectations from a contraceptive method.
Participants will learn to choose a contraceptive method that is mutually beneficial to the partners.

Sweet Dreams Are Made Of These!

Objectives To explore the gender dimension of contraceptives.
To explore the qualities of an “ideal contraceptive.”

Materials Flip charts, crayons, markers.

Time 1 hour.

Process Invite the participants to sit in a circle.

Ask them if they have heard about contraceptives. If yes, what are the methods known to them?

Explain that this session is aimed at imagining the “ideal contraceptive” and exploring its existence.

Ask the participants to divide into 2 groups – men and women separately.

Give 10 minutes to the groups to come up with a list of “ideal contraceptive” qualities i.e. the kind of contraceptive they would like to use.

Ask the groups to make their presentations.

Facilitate a discussion based on the following questions:

- *What are your observations about the presentations?*
- *What differences do you notice in the presentations?*
- *Do you know of any contraceptive that matches or comes close to the qualities discussed and presented?*
- *How do you feel about using contraceptives?*
- *What could be the possible consequences/benefits of contraceptive use?*

Notes for the Facilitator

Usually men and women desire different kinds of contraceptives for different reasons. Explore the gender dimension of contraceptives through this exercise. You can use the out puts from the previous exercise to enhance the quality of the discussion. Perhaps the participants will want to make changes to the materials they designed for awareness generation based on the insights they gain from this exercise.

Session 4.6

Knowing about STIs

Expected outcomes

Participants will learn about STIs – the definition, symptoms, types, myths and prevention.

Peer Educator will become aware of the knowledge level of the participants.

Winning A Point

Objectives To understand the prevalent knowledge/beliefs/misconceptions in the group about STIs.
To give information on the types of STIs.

Materials Flip charts, markers, box with questions, answer sheet.

Time 45 minutes.

Process Ask the participants to divide into 2 groups. Explain that they will play a game to gain understanding about STIs.

Ask the groups to decide on a leader who will choose the question for the team. Also, ask them to choose a name for their group.

Ask the two groups to sit facing each other. Place the box of questions in the centre of the two groups.

Keep the question and answer sheet with you. Inform the groups that the decision of the facilitator regarding the scores will be final.

Put a flip chart up to keep scores on– divide it into 2 columns using the names of the groups.

Rules of the game:

- Each group will alternatively be asked a question.
- If a group fails to answer correctly, the question will be passed to the other group.
- Each team will have 2 minutes to produce the correct answer.
- Each correct answer will be worth 10 points. If the question is passed to the other group and correctly answered, it will receive 10 bonus points (10+10).
- The scores will be added after the final question has been answered.
- The winners will receive a reward.
- The facilitator will provide the correct answer if both groups fail to give the correct answer.

Use the following questions to facilitate a group discussion after the game:

- *Did you know as much about sexually transmitted diseases as you thought you did? Why/Why not?*
- *How would you start a conversation with your friends/peer group on STIs? What would you say?*
- *Did the exercise clarify your misconceptions or beliefs about STIs? Do you still have some beliefs that require clarification?*
- *What are the best ways of avoiding STIs? Why?*
- *Can you be sure who the source of the infection is? Why /Why not?*

Notes for the Facilitator

This exercise is fun. It allows the participants to share information with each other and receive correct information. This exercise can be done in a mixed group or separately, in gender based groups. If you are doing this exercise with people who are not literate, please ask the questions yourself. The table given below can also be given as reading material after the exercise is over.

Questions and answers that can be used for the exercise

Questions (to be copied on slips of paper put in a box for the groups)	Answers (to be kept by the facilitator with the questions for scoring and giving information)
What is a STI/STD? Give a correct description.	STIs are sexually transmitted infections. Previously they were known as sexually transmitted diseases. These are passed on through sexual intercourse and intimate body contact, especially if exchange of body fluids takes place.
What is another name for sexually transmitted infections?	Venereal diseases and or STDs.
Name 4 sexually transmitted infections.	Gonorrhoea, Syphilis, Herpes, HIV/AIDS, Genital Warts, Chancroid.
Are all STIs curable?	No, most are curable, but the exceptions are the viral STIs such as herpes, HIV/AIDS and Hepatitis B.
Do you know immediately that you have a STI?	Not always. You may have a STI but may have no symptoms for a long time (e.g., Chlamydia for both sexes, Gonorrhoea for women).
Give 3 possible symptoms of an STI.	Burning sensation while urinating. A clear or creamy discharge from the penis. Blisters, ulcers or swelling on or around the genitals. Warts around the penis, vagina or anus.
Why are some STIs dangerous?	If not detected and treated, the infection can spread and can, for example, cause sterility in women. Syphilis can lead to death. The presence of an STI also facilitates HIV transmission.
Is HIV/AID an STI?	Yes, when the virus is transmitted by sexual intercourse.

Name the 3 most effective ways to protect yourself from STI infection.	Abstinence (no sex), being faithful (mutual monogamy), correct condom use (ABC of prevention).
What is the first thing you should do when you think you have a STI?	See a doctor to get proper diagnosis and treatment. Inform your sexual partners that you may be infected.
Your doctor prescribed medication for 10 days but the symptoms disappear after 5 days of medicine intake. Can you stop taking the medication?	No, STI germs are hard to kill. Therefore, the medication must be taken for the duration prescribed by the doctor.
Why are people who have a STI more vulnerable to HIV infection?	Many STIs cause sores (openings on the skin, in or around the genitals). These sores make it easier for HIV to enter the body.
Can a pregnant woman who has an STI pass the infection to the baby?	Yes, children born to infected mothers can become infected with a STI during delivery. The HIV virus can also be passed on to the baby through breast-feeding.
You can have sex while you are being treated for an STI.	No, you can infect your partner even while you are being treated. Therefore, you should not have sex until you are completely cured.
STIs can be cured by having sex with a virgin.	No, this is a total fallacy. In fact, it is likely that you will infect the virgin with STI.
You can contract STIs only if you go to sex workers for sex.	No, STIs can be contracted from anyone who has the infection, including your regular partner.
You will not contract STIs if you are careful and wash your genitals with soap and water after having sex.	No, STI viruses/germs cannot be removed through washing or bathing.
Only women can spread STIs.	No, STIs can be spread by any person who is infected.
Birth control pills are a good method for STI prevention for women.	No, birth control pills do not prevent STI. Only the use of condoms can reduce the risk of STIs.
You can buy medicines from the drug store to treat the STI infection without going to the doctor.	No, STIs must be diagnosed and treated by a qualified doctor.

Session 4.7

Understanding STIs

Expected Outcomes

Participants will know the symptoms of most STIs.

	Which STI Is This!
<i>Objective</i>	To identify the symptoms of the most commonly contracted STIs.
<i>Materials</i>	2 sets of cards – one set will have the names of the STIs and the other will have the symptoms of the STIs, transparencies or charts showing the names of the STIs and corresponding symptoms.
<i>Time</i>	1 hour.
<i>Process</i>	<p>Based on the number of participants, prepare as many cards as required. It is all right if the cards are repeated.</p> <p>Ask the participants to sit in a circle. Place the cards with the symptoms of STIs in a box in the centre of the circle.</p> <p>Inform the participants that they will learn about STIs and their corresponding symptoms through this exercise.</p> <p>Ask each participant to come to the centre, pick a card and return to his/her place.</p> <p>Ask them to read the card and ask questions for clarification if they do not understand what is written.</p> <p>Now, place the second box in the centre of the circle. Inform the group that this box has the cards with the names of various STIs corresponding to the symptoms on the cards they hold.</p> <p>Empty the contents of this box on the floor, and ask the participants to find the name of the STI they think represents the symptoms on the cards they have.</p> <p>Allow 30 minutes for this activity.</p> <p>Ask the participants to return to their seats.</p> <p>Now, show them the correctly matched cards on a transparency or a flip chart (prepare in advance).</p> <p>Ask each participant to check their cards to see if they were correct.</p>

Ask all those who made the right connection to gather at one end of the room and all those who did not make the correct connection to gather on the other end of the room.

Ask the correct group to share the reasons for being able to identify the connection.

Then, ask the incorrect group to share the reasons for not being able to make the correct connection.

If nobody succeeds in making a correct match, or if only one or two people succeed in doing so, your task becomes simpler. It proves that it is not easy to diagnose STIs. In fact, it can only be done by a doctor/health practitioner.

Close the session with a summary of the exercise based on the responses of the participants. Emphasize the importance of information in making decisions and the fact that not everyone knows everything. Focus on the issue of sharing and seeking guidance. Point out that the symptoms of various STIs can be confusing and overlap, therefore, it is important to seek the services of a doctor. In fact, STIs can only be diagnosed by a qualified doctor. Also, emphasize that if a person is actually showing physical symptoms, it is a fairly advanced case.

Notes for the Facilitator

This is a simple exercise that provides basic information on STIs and their symptoms. It can be done in a mixed group. It emphasizes the importance of information and the ability to use the information.

Table of commonly contracted STIs and their symptoms

This table should be used to make the cards for the game, and it can also be given as a handout.

Name of the STI	Symptoms
Syphilis	Hard, painless, single, clean, ulcer/lesion on the penis/vaginal area, inside rectum or mouth Persistent fever Sore throat Patches of hair loss Rashes on palms, soles, chest and back (bacterial infection)
Chancroid	Ulcers – painful, multiple, soft Painful swelling of lymph nodes (one side) (bacterial infection)
Herpes Genitalis	Multiple ulcers, shallow erosions, incurable, severe pain, fever, difficulty urinating, tenderness on the inside of the legs (viral infection)

Gonorrhoea	Thick yellow discharge from penis/vagina, pain urinating and, or, during sex (bacterial infection)
Chlamydia	Abnormal discharge from the penis/vagina, infertility, bleeding/pain during intercourse, pain while urinating (bacterial infection)
Hepatitis B	Severe infection shows: Loss of appetite, nausea/vomiting, fever, joint pains, jaundice symptoms, dark urine, pain in abdomen (viral infection)
Urethritis	Mild/sever pain while urinating, pus/mucous discharge from penis/vagina (bacterial infection)
Proctitis	Itching/burning around anus, pus/mucous discharge in stool, mild/severe pain during bowel movement, occasional diarrhoea or fever (3 out of 10 men show no symptoms) (bacterial infection)
Genital warts	External warts around anus or penis/vagina (viral infection)
Crabs	Lice in the hairy parts of the body, itching (mostly) at night (parasite)
Scabies	Itchy red spots or rash on wrists, ankles, hands, penis/vagina, chest and back (parasite)
HIV	Damages immune system, incurable, leads to AIDS

HELPLINE for the peer educator

This material can also be used to make handouts and posters.

Definition of STI

S Sexually
T Transmitted/Transmissible
I Infection

Initially called STDs (Sexually Transmitted Diseases), but the term did not include sexually transmitted illnesses that do not exhibit symptoms.

Differ from UTI (Urinary Tract Infection) and RTI (Reproductive Tract Infection), as these infections are not sexually transmitted.

Modes of Transmission of STIs

- STIs spread, if a person has unprotected sexual intercourse with an infected partner. The sexual act can be vaginal, anal or oral.

- STIs require direct contact of mucus membranes or open cuts/sores with infected blood or other body fluids (semen, vaginal secretion)

Some STIs can also be transmitted by

- Sharing of contaminated needles (Syphilis, Hepatitis B/C and HIV)
- Transfusion of infected blood (Syphilis, Hepatitis B/C and HIV)
- Infected mother to child (Syphilis, Gonorrhoea, Hepatitis B/C and HIV)

Reasons for Underestimating STIs

- Men and women with STIs may not have symptoms, so they do not seek treatment.
- Clinics that report STI cases may not be easy to reach.
- People with STIs usually initially go to alternative health care providers.

Signs and Symptoms of STIs

General (male and female)

- Burning/pain during urination, increased frequency of urination
- Blisters/sores (ulcers) on the genitals - painful/painless
- Swollen/painful glands in the groin
- Itching in the groin
- Non-itchy rash on the body
- Warts in the genital area
- Sores in the mouth
- Flu like syndrome -fever, body ache, headache

Females

- Unusual vaginal discharge (yellow, frothy, curd-like, pus like, foul smelling, blood tinged)
- Lower abdominal pain
- Irregular bleeding from the genital tract
- Burning/itching around the vagina
- Painful intercourse

Males

- Discharge from the penis

Note: Some STIs do not produce any symptoms, particularly in females. Therefore, they are carriers of the disease.

STIs Can Not Spread By

Using a public latrine, insect bites, sins of past life, masturbation, eating “hot” food, bad blood or working in a hot atmosphere.

STIs Can Not Be Cured By

Eating certain types of food, application of certain oils, having sex with a virgin girl /boy.

Complications of Untreated STIs

- Pelvic inflammatory disease (PID) -swelling of uterus, tubes, ovaries causing abdominal pain, vaginal discharge and fever.

- Infertility (male and female).
- Ectopic pregnancy (pregnancy developing outside uterus).
- Abortion, stillbirth, early childhood deaths.
- Eye infection of newborn -blindness (gonorrhoea).
- Birth defects.
- Cancer of cervix.
- Chronic abdominal pain.
- Death due to sepsis, ectopic pregnancy or cervical cancer.

Relationship between STIs and HIV

- Transmitted by the same route.
- STI increases the chances of transmission of HIV (10x genital ulcers, 5x discharge).
- Same modes of prevention and same target group.
- STI may be more severe and more resistant to treatment in HIV patients.
- STI prevention is one of the main strategies to prevent HIV / AIDS.

Increased risk of HIV infection associated with common STIs and their curability.

Name of STI	Increased risk of HIV	Curability
Gonorrhoea (Genital discharge disease)	++ >	95 per cent
Chlamydia (Genital discharge disease)	++ >	95 per cent
Syphilis (Genital ulcer disease)	++ >	95 per cent
Chancroid (Genital ulcer disease)	+++ >	95 per cent
Trichomoniasis (Urethral / Vaginal discharge disease)	+ >	95 per cent

Common STIs

(a) Genital Ulcer Diseases

1. Syphilis
2. Chancroid
3. Lymphogranuloma Venereum (LGV)
4. Granuloma Inguinale (Donovanosis)
5. Herpes Genitalis

(b) Genital Discharge Diseases

1. Gonorrhoea
2. Non-Gonococcal Uretheritis
3. Candidiasis
4. Trichomoniasis
5. Bacterial Vaginosis

(c) Other Diseases

Genital Warts
 Molluscum Contagiosum
 Scabies
 Hepatitis B and C
 HIV/AIDS

Syndromic Management of STIs

- Identification of consistent group of symptoms and easily recognizable signs (syndromes)
- Treatment of main organisms responsible for causing the syndrome

The common syndromes include

- (a) Urethral discharge
- (b) Genital ulcer disease
- (c) Vaginal discharge
- (d) Lower abdominal pain
- (e) Ophthalmia neonatorum
- (f) Inguinal bubo
- (g) Swollen scrotum

Main features of STI management include

- (a) Grouping the main infectious agents according to the clinical syndromes they cause.
- (b) Using flow charts as tools.
- (c) Treating patients for all important causes of a syndrome.
- (d) Educating patients, promoting condom use and emphasizing the importance of partner referral.