

A Handbook For

AIDS

Awareness Activities

For Clubs

July 2001



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INTRODUCTION

Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has.

--Margaret Mead

Young people can make a difference in their schools and their communities. To ensure a bright future, young people are taking an active role in the fight against HIV/AIDS. The purpose of this handbook is to help AIDS Awareness Clubs become active and strong by providing advice on club management and activity planning, as well as by providing ideas for club activities.

By giving basic information about HIV/AIDS and by creating support networks, AIDS Awareness Clubs can have a positive influence on young people. Participation in AIDS Awareness Clubs can empower young people to make responsible decisions about their sexual health so that they can avoid HIV infection. Activities can also help the club members to develop better communication skills so they can pass on information to their friends. Also important, AIDS Awareness Clubs can be very effective in spreading the HIV prevention message to all members of the school and community. AIDS Awareness Clubs should try to include youth that are out of school in their activities.

Every AIDS awareness activity should encourage young people to learn from one another and to make wise decisions about their health and their futures. Furthermore, this manual can be used by every kind of club. Every club can incorporate AIDS awareness messages into their activities.

AIDS Awareness Club members already have the ideas and the initiative needed to spread the HIV prevention message in their schools and communities. The activities in this handbook are only a few suggestions to help AIDS Awareness Clubs get off the ground and to help already existing clubs to become more active and strong. The guidelines provided here are optional for every club. Each club should develop its own structure and activities that are best suited to the culture and traditions of its community.

WHAT ARE "PEERS" AND "PEER EDUCATION"?

A peer is a person who is the same age as another or is equal in status. When we are surrounded by our peers, we often feel more comfortable and accepted. This is why AIDS Awareness Clubs can be very effective in spreading the word about HIV/AIDS to young people.

Coming together as peers, young people can form a club in order to spread the Anti-AIDS message in their schools and communities. They do this by providing peer education. Peer education typically involves members of a peer group that are trying to educate others to change their attitudes, beliefs or behaviours.

Every club needs to offer peer education activities and to be clear as they set the agenda for the club's messages and activities. For example, if your peers are having sex, then what can the club do to reduce peers' risk of HIV infection or pregnancy? If your peers are not sexually active, how can the club encourage them to keep practicing abstinence? Clubs must be flexible with their messages and educate fellow young people to make "informed choices."

AIDS Awareness Clubs should be inclusive of every young person interested in fighting the HIV/AIDS pandemic. If you want your club to be "popular" with the learners, members should determine for whom they will be the best peer educators. If you have never had sex how can you tell someone who has had sexual intercourse to stop? If you have never used a condom how can you really tell someone having unsafe sex to use one? Also, young people, especially in secondary school, like to talk about sex. The club will be more popular if it focuses on "reproductive and sexual health" and if members can talk openly about sexual issues.

It has been shown that AIDS Awareness Clubs are very effective in HIV prevention if they **focus on being Anti-AIDS Clubs, not Anti-Sex Clubs!** Young people are very interested in their sexual health.



If young people have the information and the skills (such as talking openly about sex, negotiating for safe sex, resisting peer pressure and knowing the facts about sexual health), then they can remain HIV free. Even if sexually active, they will have the skills to practice safe sex.

Clubs need to focus on how they will pass on information and HIV prevention messages. Therefore, club members must be informed about what their peers believe about HIV and AIDS and develop messages to fill any information gaps. This means going beyond phrases or slogans such as "Two in ten students are infected" or "AIDS kills" or "Say no to sex." These are not messages that motivate young people to change their risk behaviours.

Club members must constantly discuss and debate the things they should be doing to convince their peers that by abstaining from sexual intercourse or by using a condom, that they can remain HIV negative. For the AIDS Awareness messages of the club to be believed, members must practice what they teach. To accomplish this, young people in AIDS Awareness Clubs must change their behaviour if necessary, communicate effectively, and become role models for their friends.

Members of strong, active AIDS Awareness Clubs can make a big difference in helping their peers and their communities in the fight against AIDS!

WHERE TO BEGIN: GETTING YOUR CLUB OFF THE GROUND

STEP 1: SET UP AN INFORMAL MEETING

The first step of starting an AIDS Awareness Club is to set up an informal meeting of all those interested. At this stage, numbers of participants are not important, but motivation and energy are!

At the first meeting, encourage everyone to participate. Have someone volunteer to take written notes so you can remember all the ideas presented. Make a list of everyone's name, address and phone number. These will become the organization's first members. Have everyone volunteer to do one small task and report back to the group at the next meeting.

In summary, at this stage your meetings should be informal and non-threatening to encourage "brain storming" and bringing out new ideas. It is not time to worry about a specific name, electing officers or establishing long range goals. These issues can all be decided in time as your group becomes better organized. Instead, worry about what you want to accomplish at the next meeting.

BRAINSTORMING

"Brainstorming" means having a group come up with as many ideas or suggestions as possible. It is a good way of producing or saying ideas quickly. Everyone can participate. When brainstorming, all ideas and suggestions are accepted, even crazy ones and strange ones. Only after the group has finished brainstorming (after they have run out of ideas and suggestions), they then decide which ideas and suggestions are the best.

What to do:

1. Decide on a topic or issue and state the topic clearly to the group.
2. Members should be instructed to think of as many different suggestions, feelings or ideas on the chosen topic as possible.
3. Ask one or two group members to list the ideas as they are called out. The list should be clearly visible to that everyone can see.
4. State the following rules clearly.

- ◆ The facilitator/leader should accept every idea without criticising or commenting on it and write it down.
 - ◆ Aim for quantity, not quality.
 - ◆ No discussion.
5. All ideas should be written down on a board or a large piece of paper. The idea is to generate as many ideas as possible. Therefore all suggestions, no matter how bizarre they are, should be written down.
 6. Once everyone has contributed in the group and there are no new ideas or suggestions left, the group needs to agree on which are the best or most important. Go through the list and evaluate the responses. For example, you could cross out all the unrealistic or impossible suggestions or put a star by those ideas the club would like to use.
 7. Only afterwards, allow time for general discussion.

CLUB RULES

Because the issues surrounding HIV/AIDS are often difficult and personal, the club may want to establish some rules to protect people's feelings and privacy and to recognize everyone's opinions. Some suggestions follow:

- Treat each other with respect.
- Maintain confidentiality.
- Be open-minded and non-judgemental.
- Give everyone a chance to speak.

Make sure that everyone agrees to these rules and that as you organisation grows, new members are informed of the rules and agree to them also. Club members should help each other to follow the rules.



STEP 2: GOAL SETTING

The next step is to identify the main objectives of what your club wants to accomplish. Once rough objectives are set, then it is important to establish more specific goals for your school or local area. Specific goals are best organised by the rough objectives you have set. Some examples of objectives that may want to be adopted by AIDS Awareness Clubs are:

- To improve our own decision-making skills and those of our peers
- To improve our communication skills through interactive presentations
- To promote the use of abstinence as an acceptable option for young people
- To educate regarding proper condom use for those students who have opted for sexual relationships
- To increase compassion for HIV/AIDS infected people
- To significantly impact our school population by reducing the spread of STDs including HIV and by preventing unwanted teen pregnancy
- To answer questions about HIV/AIDS and STDs
- To educate people about HIV prevention
- To increase awareness of AIDS in the community

At this stage, it's best to set small, attainable goals so your club can build confidence by showing quick progress.

MISSION STATEMENT

A mission statement is a phrase or statement that expresses the "mission" or main objectives of a club or organisation. A mission statement can help your club to focus on specific goals and can keep the club in line with its objectives. Two examples of an AIDS Awareness Club mission statement follow:

The AIDS Awareness Club was established to educate the students of the Eros Primary School on HIV prevention through maintaining an open forum for AIDS discussion throughout the school year by creating monthly AIDS awareness events.

The members of the Opuwo AIDS Awareness Club seek to educate our peers about HIV/AIDS and STDs and to help them reduce their risk of infection by improving their decision-making, communication, and condom negotiation skills.

STEP 3: FORMALISING THE ORGANIZATION

How many “getting off the ground” meetings you have before moving to this step will depend on many factors. These include: the number and complexity of objectives you want to achieve, the number of people that will be involved, and, most importantly, the level of energy and commitment that the members of your group have.

Remember, you want to formalise yourselves to become more efficient and not to become another bureaucracy or to create more work for the club members. Therefore, it's best to spread the work load by setting up a management group or committee. Within this group, club leaders should be appointed until elections can be held.

Once a management committee and officers are appointed, it is time to finalise the other logistics. Decide on a name for your new organisation that identifies it with your specific school or community. Some clubs may find it helpful to write a constitution that includes details about the name, purpose and the aim of the club, the management of the club, and the duties of club leaders. If funds are to be raised, it is also necessary at this stage to decide how they will be accounted for and this can also be included in the constitution.

It may also be necessary at this time to appoint a club patron. A club patron can be a teacher or a community leader or any other influential person in the community. Club patrons should only assist young people in organizing the club and in facilitating the various participatory activities. A club patron can give advice and guidance but club members must take responsibility for running their own clubs activities.

You should register your club with your school or the nearest regional or sub-regional Youth Health Development Programme (YHDP) Committee or with the regional youth or education or health office. This is a very important step because your school management, your Regional Youth Health & Development Committee and/or your regional AIDS and youth committees would like to learn how your club how it is organized and the

interesting activities you are doing in the club, school and community. These organizations can also offer additional information, materials, and support to registered AIDS Awareness Clubs.

Avoiding AIDS is about respect

You respect your body - you refuse to expose it to HIV.

You respect your future - you refrain from sexual intercourse or always use condoms correctly.

You respect your partner - you always accept their “no” without arguing or saying bad things against them.

You respect yourself - you don't need to have sexual intercourse to prove that you are a man or woman.

You respect your own achievements and importance - you don't get upset when someone turns you down.

You respect your own time table - only you, and not your friends or your family know when you are ready to start having sexual intercourse.

You respect your friends - you don't need to boast about sexual intercourse to them or pressurize them into having sexual intercourse.

You respect your family and your religion - you know what you believe and you stick to it.



TAKING ACTION: ACTIVITY & EVENT PLANNING

When planning an activity or event, you should consider the following questions:

WHO? Who is responsible for the activity and how will responsibilities be delegated to club members? Who needs to be informed of the event?

WHAT? What preparations are necessary for the activity? What materials are needed?

WHEN? What will be the date of this activity?

WHERE? Where will it take place?

WHY? Is the activity or event in line with the AIDS Awareness Club's goals and objectives?

Internal Club Activities

All club members need to have the basic information on HIV/AIDS and how to protect themselves. This information should be reviewed by AIDS Awareness Club members.

Clubs must practice some of their activities such as dramas or role-plays among the members, prior to doing them in the school and/or community. Discussions, debates, quiz, games, drama, etc., should also be done first among club members. These activities should encourage club members to develop and improve their critical thinking and communication skills.

School and Community Activities

Before Clubs start to do AIDS awareness activities within their school or community, they need to be sure that they have all the facts on STDs, HIV and AIDS. The club leaders should go over this information with the club members. Assistance for this activity can be requested from your nearest health unit or the regional YHDP Committee, who can identify a My Future is My Choice facilitator to assist you in your activity.

Activities like debates, quizzes, dramas, role plays, etc. should include students and young people who are not members of the club. School based clubs need to reach the first students at their school with HIV/AIDS and reproductive health information before going out into the community.

HIV/AIDS and sexual health information should be presented in *interactive* ways that can help young people to identify and change their risk behaviours. See *Ideas for Club Activities* section. Clubs need to reach out to those who are engaging in the risky behaviours that the club members, as peer educators, are trying to prevent or change.

Activities, especially those that require lots of planning and preparation, can be done with school's AIDS Awareness Clubs or with other groups in the community. Club leaders should initiate these activities with the assistance of your club patron, school or sponsoring organisation. Once you agree to share an activity with other club(s), you should then plan regular combined meetings for information sharing, planning, organization and implementation of activities.

TIPS FOR A GREAT EVENT OR ACTIVITY

◆ **Get People Involved**

Involve as many people as possible in planning events and activities, and don't forget to keep your school or regional YHDP committee informed.

◆ **Checklist and Deadlines**

Creating a checklist can help the club to outline all of the preparations necessary for the event or activity. Remember to set and reinforce your preparation deadlines to ensure a successful activity or event.

◆ **Community Involvement**

Always invite local opinion leaders, community leaders, and local people who have an interest in your activity's focus or topic. This can help boost your attendance.

◆ **Thank the Participants**

Your thanks to participants who take the time to appear will be very much appreciated and will help create a good feeling in the school and community towards your AIDS Awareness Club.



SPREADING THE WORD: PUBLICIZING CLUB MEETINGS, ACTIVITIES & EVENTS

The publicity of meetings, activities, and events is a fundamental part of any AIDS Awareness Club's success. Publicity allows your club to attract interested young people and to gain school and community support. In order for any club meeting, activity or event to attract participants, club members must publicize well in advance. You can do this with the following strategies:

- ◆ Post flyers around the school or community in "high traffic" areas where many people will see them.
- ◆ Mail flyers or announcements to members and guests.
- ◆ Announce the meeting, activity or event during other gatherings of club members, students or community members.
- ◆ Set up a table in your school or at a community event. You can use this opportunity to also distribute information about HIV/AIDS prevention.
- ◆ Call club members and guests to extend a personal invitation.
- ◆ Contact local media for publicity. Send news releases before and after your events to local newspapers and radio and television stations.
- ◆ Maintain an open and friendly environment within the club. More young people will want to participate if they feel welcome.
- ◆ Practice what you teach. Club members who themselves do not follow the ABCs of HIV prevention will not be perceived as good role-models for their schools and communities.



TAKING RESPONSIBILITY: THE 3 "M" S OF YOUR CLUB

MEMBERSHIP

A committed and active membership is the key to every successful AIDS Awareness Club. The number of every club varies, but what is most important is the enthusiasm of a club's members.

The only qualification required of a young person who wants to join your AIDS Awareness Club should be a commitment to fighting HIV/AIDS. We need as many people as possible to fight this terrible disease! Every member of a club has something to contribute and should be valued. Even if a person does not have a basic knowledge about the disease, he or she can take an active role in peer education once he or she has learned more from her or his fellow club members. AIDS Awareness Clubs can undertake many kinds of activities to educate their club members, schoolmates and members of the community. See the *Taking Action* section below.

Club members should know that the activities of any AIDS Awareness Club are volunteer activities and the club members themselves should plan and facilitate the club's activities.



MANAGEMENT

Club leaders are responsible for managing the club. This requires calling regular meetings and to plan, schedule, and run club activities with the assistance of the membership.

Some suggestions for common club leader positions and duties include:

- **President**
The President takes responsibility for the Club. He or she calls and facilitates regular meetings of the club and ensures progress is being made at every meeting. The president organizes the activities of the club with the help of other club leaders and members and ensures that other club leaders fulfill their duties.
- **Vice President**
The main duty of the vice-president is to back up the President for meetings and help keep the club on course.
- **Secretary**
The secretary keeps brief written meeting notes and handles any necessary organisational documents. He or she also makes reports to the media about the club's activities.
- **Treasurer**
The treasurer handles the club's finances. The Treasurer keeps the records of the club finances and coordinates activities for fund raising. He/she should make regular reports to the whole club its financial matters. The financial records should be open to every member who is interested and to the organization where your club is registered.
- **Sub-committee Chairpersons**
These positions can be established as different needs or tasks arise in your club. (See below.) These chairs can include: Special Event Chairperson, Liason Chairman with different groups such as the regional health services or youth council, outreach chair to solicit members and organise volunteers, etc.

When selecting officers, it is important for members of the AIDS Awareness Club to consider a person's skills and character. Club leaders, having many responsibilities, should be leaders and role-models. They must be mature and reliable and show respect to all club members.

Furthermore, they must have ideas about the club's activities and be able to cooperate with others. Club leaders must be motivated and be accountable to the membership of the AIDS Awareness Club.

SUB-COMMITTEES

Very large or active clubs can delegate responsibilities to members outside of the club leadership through the creation of sub-committees. This reduces the amount of work for club leaders so they can focus on planning activities, rather than having to run activities. The creation of sub-committees also helps to involve and motivate the general club membership in the management of the club.

Sub-committees can be established for specific activities or responsibilities or by member's interests. Sub-committees can be formed around drama, games, fundraising, peer education, community outreach, etc. These sub-committees can then be delegated with the responsibility for organising these activities and reporting back to the club leadership. Club leaders should provide suggestions and supervision of the sub-committee's activities.

MEETINGS

Effective AIDS Awareness Club meetings should focus on well-chosen and clearly stated goals and should affirm the club's mission and objectives. Clubs should choose dates, times and locations that are convenient for most people. Well-planned, regular, and productive meetings contribute greatly to the success of any AIDS Awareness Club.

Meeting leaders should:

- Prepare an **agenda** prior to the meeting. The purpose of an agenda is to outline key topics for discussion and action. When preparing an agenda, consider the following questions:
 - *What needs to be discussed at the meeting?*
 - *What decisions must be made at the meeting?*
 - *Are the topics on the agenda relevant to all attendees?*
 - *What plans need to be made for upcoming activities?*
- Make sure the meeting runs smoothly. The meeting leaders should always be in control of the discussion, but at the same time, ensure that every participant has an opportunity to express his or herself.
- Make sure the meeting is productive. The outcomes of each meeting should be clear and a plan of action (see below) should be

formed at the end of each meeting. Meetings that do not result in any actions are unproductive and they waste people's time, making them less interested in the club.

Meeting participants should:

- Be on time for the meeting.
- Be prepared to contribute to the discussion.
- Remain on topic. Avoid getting off the subject.
- Be honest. Avoid withholding information or opinions.

ACTION PLANS

At the end of every meeting, your club should develop a plan of action. Based on the previous discussion in the meeting, club members should outline the actions necessary for the club to move forward between then and the time of the next meeting(s). Club leaders and members should also discuss who will be responsible for these actions and they should be assigned to club members or leaders with a deadline. These action plans can assist clubs leaders and members to share tasks but also to be held accountable for their responsibilities.



FINDING RESOURCES: FUNDRAISING IDEAS FOR CLUBS

The most important resources for your AIDS Awareness Club are the commitment and enthusiasm of its members. Most activities contained in this manual do not require funding. However, from time to time, your club may find it necessary to raise funds for certain projects and activities. Remember though, that your club should not spend too much time and energy on fundraising. Otherwise, you will not be giving enough attention to spreading the word about HIV/AIDS!!

Fundraising activities should be simple and should allow everyone in the club to participate. These activities require effective planning and communication. Below are just a few ideas for fundraising:

- ◆ Clubs can hold concerts or dances and charge admission.
- ◆ Clubs can sell items that they have made themselves like baked goods or crafts.
- ◆ Clubs can hold a car wash.
- ◆ Clubs can do activities in which each club member has sponsors. Individual members can gather pledges or donations from individuals or businesses.

Clubs should always announce to the school or community the total amount of funds raised with these activities. Clubs must be very responsible with the money they raise. It is often helpful to involve a person who is not associated with the club to watch over how the money is handled. This way, there can be no question of misuse of funds.

Note to club leaders: Club members may need note books, pens, chalk, papers, etc. These materials can be requested through your Regional YHDP Committees or the regional youth, health or education office. These materials must be accounted for by the club leaders and school officials.

FOLLOWING THROUGH: EVALUATING YOUR GOALS

Your AIDS Awareness Club should evaluate the goals and objectives of the activities it carries out. Here are some questions that will help you evaluate the success of your club's activities:

Preparation

- ◆ Did we complete our activity/event planning and organization on schedule?
- ◆ Did we involve enough members in planning the event, in the event itself, and in event follow-up?

Activity/Event

- ◆ Did the activity start on time?
- ◆ Did the event flow smoothly?
- ◆ Was the length of the activity appropriate?
- ◆ How many people attended? Who was in attendance?
- ◆ Did the message reach those most at risk?
- ◆ Was the information given about HIV/AIDS accurate?
- ◆ Was appropriate information given? For example, were people looking for information on how to use condoms or were they looking for information on how to abstain from sex?

Follow-up

- ◆ What comments and suggestions did guests or other club members make?
- ◆ What could have made the event or activity even more successful?
- ◆ Did we send an event report to our sponsoring organization(s)?

Remember that being a leader or a member of an AIDS Awareness Club is a volunteer activity!

It is through your dedication and hard work that the next generation of youth will be protected from HIV infection!!

We are all grateful for the contributions of all AIDS Awareness Clubs to the fight against HIV/AIDS!!!

GROUP DISCUSSIONS

Group discussions can help young men and women to become more familiar and more comfortable with issues surrounding HIV/AIDS and a healthy lifestyle. Group discussions give club members and participants an opportunity to learn from each other and to share their viewpoints and opinions. Someone should lead the discussion and this person should have a good understanding of the topic. Remember that the information shared with participants should be factual and correct and those leading the discussion may have to do some research so that this occurs. Groups should come up with their own topics but some questions to get a group discussion started follow:

A. GROWING UP

What happens to a person when growing up? What does growing up mean to young men? What does growing up mean to young women? What changes occur in your body (puberty) when you are growing up?

B. ADOLESCENCE (young people)

What are the challenges that young people face today? Do you feel you should be independent and make your own decisions? What behaviours put adolescents at risk of getting HIV? How can you or your friends change these behaviours?

C. FRIENDSHIP

What does friendship mean? Can friendship exist between women and men? How can you tell if a friend is honest and cares about you? Why do men and women become friends? Does sexual intercourse make a friendship better or worse?

D. RELATIONSHIPS

What does it mean to be in a relationship? Do young men and women view relationships differently? What does it really feel like to be in love? How important is trust (respect, commitment) in a relationship? Is it possible to have a relationship without having sex? What do you personally feel about not having sexual intercourse until you are married? Who should be responsible for using condoms in a sexual relationship?

E. GENDER ISSUES

Who is in control in a relationship, a man or a woman? Why is this? How are the roles of women and men changing in our society? Why is it that when someone refers to a doctor, that we always assume it is a man? Or a cook, a woman? This discussion can help young men and women learn that gender roles can be changed.

F. SEXUAL ABUSE

What is sexual abuse? Does it happen in your community? Why does it happen? What should be done to stop it? What can men (and women) do to stop sexual abuse? Do you agree that "No" always means "No"?

G. ALCOHOL/DRUG ABUSE

Why do people drink or use drugs? Is alcohol and drug abuse a problem in your community? What is the difference between alcohol use and abuse? How does alcohol/drug use contribute to HIV infection?

The above are serious issues which can be discussed your AIDS Awareness Club. Make sure that the facts shared during these discussions are correct. Club members should also think of and discuss other topics that are relevant to their peers and their community.



SMALL GROUP DISCUSSIONS

Small group discussions are conversations that take place between 4 to 8 people. In small groups, it may be easier for all participants to express their ideas and for the participants to reach an agreement. Often when a topic is first discussed in small groups and then in a larger group, participants are more willing to share their ideas and usually understand the issues more clearly.

What To Do:

1. Members of the club should be organized in groups of 4 to 8 members to ensure that everyone gets a chance to contribute.
2. The seating should be arranged in circles, or around a table so that everyone can see and interact with each other.
3. Each group should elect one member to record the main points of the discussion and share them with the main group.
4. The topic to be discussed should be given to the groups.
5. When groups have had sufficient time to discuss the issue, a member of each group should summarize the main points. Important findings and conclusions can be listed on a classroom black board or a piece of paper.



Some further questions for discussion follow:

- A. **What are the causes of teenage pregnancy?** What are the best ways to stop this from happening? What can young women do to help their friends to avoid getting pregnant? What can young men do? How can young people protect themselves from unwanted pregnancy, HIV/AIDS and STDs?
- B. **What roles can club members play in the fight against AIDS?** How can young people teach others about the dangers of HIV? What messages must be shared in order for people to change their behaviour?
- C. **Is peer pressure positive or negative?** Can you avoid peer pressure and still be popular with your friends? Is peer pressure the main reason for having sex (or using drugs and alcohol)? Is there peer pressure to use condoms?
- D. **What are the needs of people living with AIDS?** What are the needs of families affected by AIDS? What can the club do to help people living with AIDS? What can club members do to help families affected by AIDS?

BRAINSTORMING

See *Where to Begin* section for description and *What To Do*. Some sample topics that can be used for brainstorming follow:

- A. Reasons why young women (and/or young men) should say “no” to sexual intercourse before marriage.
- B. Things young women (and/or young men) can do to avoid the temptation to have sexual intercourse.
- C. Things boyfriends and girlfriends can do together without encouraging each other to have sexual intercourse.
- D. Things young people in your community can do to occupy their free time.
- E. Excuses given for not using condoms and responses to them.

Club members should also propose their own topics for brainstorming.
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CASE STUDIES

A case study describes a “real-life” situation that a group can discuss or a problem that the group has to solve. When discussing case studies, the club members should be divided into small groups. Some time should be allocated for the groups to spend on the discussion. Then each group will report back what they have decided to the club.

Some sample case studies and questions follow:

- A. Paul is fifteen and lives in a village where boys are encouraged to be sexually active to prove that they are men. He has many girlfriends. He does not use condoms but he would like to do so. However, they are very difficult to get hold of in Opuwo and the health centre only gives them to adults.
- ◆ What should Paul do?
 - ◆ How could you help Paul if he were your friend?
 - ◆ What are the best things Paul can do to protect himself?
- B. Maria is fourteen and has only ever had one boyfriend who she wants to marry in the future. She has told her boyfriend that she wants to wait until they get married before having sexual intercourse. Her boyfriend is teased by his friends for still being a virgin and so he finds another girlfriend in a Gobabis township who will have sex with him. He says he uses condoms with the other girlfriend because he does not want her to get pregnant.
- ◆ What should Maria do?
 - ◆ Was Maria’s decision to wait until she is married to have sex the right one? Why or why not?
 - ◆ If you were Maria’s boyfriend and you were being teased about being a virgin, what could you do?
 - ◆ If Maria would decide to have sex with her boyfriend, how can she know that he has used condoms with the other girlfriend?
- C. Selma is from Okahandja and is 16 years old and HIV positive. She does not look sick and she is still very healthy. She wants to continue going to school but wonders if she should tell anyone.
- ◆ Do you think Selma should stay in school? Why or why not?
 - ◆ Should Selma tell anyone at her school? Why or why not?

- ◆ If Selma decides to tell people about her HIV status, who should she tell? Why?
 - ◆ If you were Selma's friend, how would you react if she told you?
- D. Mathew is a very quiet young man who lives in Ondangwa. His friends are insisting that he should go drinking with them but he refuses. One day his friends tell him that if he refuses to go with them, they will beat him. He does not want to because his mother told him that people get HIV/AIDS at bars.
- ◆ What Matthew do?
 - ◆ Do you think it is true that people get HIV at bars? Why or why not?
 - ◆ Have your friends ever pressured you to do something? What did you do?
- E. Your friend Cathy seems very curious about sex and she even asks you what it is like to have sex. You know she goes out with Joe and you also know that Joe has had sexual intercourse with many other girls.
- ◆ What would you tell Cathy about sex?
 - ◆ Would you tell Cathy about Joe's sexual behaviours?
 - ◆ What risks will Cathy be taking if she has sex with Joe?



15 Ways to Stay Away from Sex

1. Make up your own rules about how far you want to go (e.g. just kissing, hugging) before you find yourself alone with a boyfriend or girlfriend.
2. Be clear about your rules. Do not change your answers.
3. Say the truth from the beginning, by saying you do not want to have sex.
4. Communicate openly and honestly with your partner about your reasons for not wanting to have sex.
5. Find other nice ways of showing your boyfriend or girlfriend that you love him or her.
6. Do not be cheated by sweet talk.
7. Know how much alcohol you can take before you lose control.
8. Go to parties and other social events with friends, never alone.
9. Stay away from people who might force you to have sex.
10. Do not go out with people you cannot trust.
11. Do not go to isolated places where you could not get help.
12. Do not take presents and money from people you do not know very well.
13. Do not go to someone's room when no one else is there.
14. Don't pretend that you are fine when you really are not happy with what is happening. In this case, you should get out of the situation.
15. Get involved in things like sports, clubs and hobbies.

MORE CASE STUDIES

Some case studies can also be used to weigh or compare situations. These can assist members of the club in making decisions in different situation. Of the following examples, the group needs to decide if these people are at risk for HIV or not and why:

- Lilly was a virgin when she started dating Charles. Charles had already had sexual intercourse with several girlfriends before their relationship but now Lilly and Charles are now completely faithful to each other.
- Jacqui does not want to settle down yet and she has a number of boyfriends. She **always** insists that her boyfriends use a condom when they are having sexual intercourse.
- Martin and Monika were both virgins when they married. They have remained completely faithful to each other.

- Albanus enjoys having sexual intercourse and he likes to go out to the bars. He knows about the risk of HIV/AIDS but sometimes he drinks too much and forgets to use a condom when having sex.
- Kavepu comes from a poor family and she dates a “sugar daddy” because he likes the new clothes he buys for her. This man has a number of girlfriends and he always insists that they do **not** use condoms.

Your club should make up many more case studies. These can be discussed using similar questions as those shown above. When the case studies are based on real situations, the discussions will help club members to determine the decisions they can make to help them to stay HIV free.

ADVICE COLUMN

Young people are faced with many problems and challenges. This game is a good way for club members to practice decision-making skills by giving advice to others. It also facilitates discussions about the situations that young people are faced with.

What To Do:

1. Club members are divided into pairs or small groups.
2. Each group is given a different “letter” to the advice column.
3. Each participant in the pair or small group should write a response to the letter. They should do this without talking to each other about what the letter says.
4. One by one, the pairs or groups should present their letter and responses to the full group.
5. The full group should then discuss and vote on whose advice was the best.

Sample letters to the advice column:

1. Dear AAC,
I hope you can help me. I am a girl of 16 years and I have had sex with three different boys at school. I didn't use any protection. Today at school we learned about AIDS, STDs and pregnancy. I think I might be pregnant and now I am very worried about having AIDS or an STD. What can I do?

Signed, Desperate

2. Dear AAC,

I am 15 years old and I have a problem and I don't know who else to turn to. I have been going with a girl for six months. Now she tells me she is ready for sex. I told her that I wasn't but now she says I don't love her. She said she will find another boy if we don't have sex. She says everyone is doing it. I do love her and I don't want to lose her. What should I do?

Signed, Confused

3. Dear AAC,

I have been going out with my boyfriend for about two months and I really find it good to be with him. The trouble is, he does not seem to feel the same.

Last Sunday, we went to watch a football match together and he spent the whole afternoon talking with another girl who comes to our area on weekends to visit her grandparents. I did not say anything to him or to this other girl. I got so upset that I finally stood up and went home.

He has written a note asking why I left him at the football ground. I do not know what to do and what to say. Please help me.

Signed, Hurt

Club members can come up with other "letters" to their club's advice column.

Bad Reasons for Having Sex

- Because the other person will leave you if you refuse.
- Because you do not understand that you can like someone without having sex with them.
- Because you do not want to hurt the feelings of the other person.
- Because you are too afraid to refuse.
- Because you are trying to "score" as many partners as possible.
- Because the other person says things like "If you loved me you would say yes" or "If you refuse, I will find someone else."
- Because you think the other person will fall in love with you if you have sex with them.
- Because the other person gives you presents.
- Because everyone else is doing it.
- Because your friends will laugh at you if you do not have sex.

PICTURES AND PHOTOGRAPHS

Pictures and photographs can be used to give messages about HIV/AIDS. They can portray any situation or a symbol. Pictures can be taken from newspapers or magazines or they can be drawn by club members. People should be encouraged to describe what they see and how they feel about the picture.

What To Do:

1. The picture or photograph should be placed in a position where it can be clearly seen by the whole group.
2. The group should have time to study the picture and take in the details before the discussion starts.
3. The club members or audience should discuss the picture or photography using appropriate questions.

Following is an example of a picture drawn by a young person and possible questions that can begin a discussion about it:



- ◆ What is happening in this picture?
- ◆ Why is it happening?
- ◆ Does it happen in our school/community?
- ◆ How might these people be putting themselves at risk?

TALKS, LECTURES & PANELS DISCUSSIONS

AIDS TALKS & LECTURES

Your clubs can organize AIDS talks or lectures in your club, school or community. These talks should target your peers. If club members will be the speakers, they need to have enough information about HIV/AIDS issues and be able to speak very well about the topics. A lecture or talk is successful if it is given by someone who speaks loudly and clearly and keeps the interest of the audience.

Your club can also invite health professionals, religious leaders, community elders, people from HIV/AIDS organizations and associations to present talks or lectures. Outside speakers can give expert knowledge and personal experiences, but they must be carefully chosen. Your regional health, youth or education office or your regional YHDP committee should be able to help you make arrangements for these speakers. It is also helpful for the group to think of questions that they want to ask of the speaker so that there will be plenty of discussion following the presentation. If you have discussed the talk with the speaker beforehand, you can plan follow-up activities such as discussions, games, role-plays, etc. Remember, if you bring in an outside speaker, it is always polite to extend a formal invitation and thank you for attending your club's meeting, activity or event. It is always good to have an alternative activity planned in case the speaker is late or does not arrive.



PANEL DISCUSSIONS

A "panel" is a small group of people ("panelists") who present their messages or opinions on a chosen topic to a larger audience. Each panelist gives a brief presentation on his or her topic or opinion. When all the panelists have finished their presentations, the members of the audience ask questions of the panelists. The audience is then free to express their own opinions on the topic.

What To Do:

- 1) The group should decide on a topic for the panel discussion, this topic should be expressed as a statement. For example: "Young people should not have sexual intercourse until they are married".
- 2) Three to six panelists should be selected. The panelists should spend some time preparing for the discussions. Each panelist should represent a different point of view on the discussion topic.
- 3) Panelists should find evidence for or against the statement and write down some reasons to back up their arguments.
- 4) The panel should sit facing the audience.
- 5) A chairperson introduces the topic and ensures that all panelists stick within the time given to make their points. The chair of the panel also receives questions from the audience.

Some Sample Topics for a Panel Discussion:

- A. HIV positive people can contribute positively to our society.
- B. Abstaining from sexual intercourse is the best way for youth to avoid getting HIV.
- C. HIV testing should be mandatory for all youth.

Club members should also come up with their own topics for discussion.

DEBATES

In a debate, two or more opposing speakers (or teams) conduct a formal argument on a single topic. One side argues in support of a statement, and the other against it. A debate can educate the audience by exploring the many viewpoints on an issue. When debating a topic, it is easy for the two sides to become very intense about the arguments being made. However, for a debate to be fruitful, emotions must be kept in check to avoid hard feelings after the debate is over.



What To Do:

- 1) Decide on the statement or issue that the two sides will debate.
- 2) Two speakers should be selected or two teams should be formed. One side will be in favor of the statement and the other side will be against the statement.
- 3) The sides should spend some time formulating their arguments before the debate. They also should prepare themselves to answer the counter arguments the other team might be using.
- 4) A moderator should be chosen to chair the debate. The moderator should introduce the speakers and make sure that order is kept during the debate. The moderator should not take sides in the debate.

- 5) A timekeeper should also be chosen to make sure that each speaker does not go beyond the time they are given to present their arguments. The limit for each speaker should be five to ten minutes.
- 6) The speakers or teams should stand in front of the main group and present their views in turn.
- 7) The opposing speaker or team should then have an additional 5-10 minutes for a rebuttal, or a response to what the other side has argued.
- 8) When all the speakers have finished, the other club members are then free to question the speakers on their views.

Sample Statements to be Debated:

- A. It is not good to tell your sexual partner (or school or friends) that you are HIV positive.
- B. Getting treatment for STDs from the traditional healer is better than getting STD treatment from the hospital.
- C. Faithfulness is not important in relationship.
- D. You are safe from getting HIV if you (or your partner) do not have sexual intercourse with a commercial sex worker.
- E. People with AIDS should be separated from the community.
- F. If a person gets a STD, it is better if his/her partner does not find out.

Clubs should also find other issues and topics which are of importance to the community.

LISTENING

Wherever you are, around school or in your community, listen to the topics people are talking about, especially people of your own age. This is a way to help your AIDS Awareness Club decide on appropriate subjects for outreach messages. You should listen to what your friends say, and remember what kinds of information they are sharing or what kinds of thoughts or feelings they have. Your club's outreach messages can be even stronger if you take these things into consideration.

QUIZ CONTEST

A quiz contest is a great way to give information about HIV/AIDS. It involves asking questions and giving points for correct answers. The questions can be divided into "rounds" or groups, with more difficult questions coming later in the game with an increased point value.

What To Do:

1. For the quiz, the group needs to split into two or more teams.
2. Select a moderator to be in charge of each contest. This person shall be responsible for asking the questions and conducting the contest in an orderly way.
3. Select a recorder to keep track of each teams' scores.
4. The moderator should alternate in giving questions to the teams. If a team gives an incorrect question, the other team should have an opportunity to "steal" or answer the question to gain extra points.
5. The team with the most points at the end of all rounds wins.

Some Sample Questions for the Quiz Contest follow:

- A. What does HIV stand for?
- B. What does AIDS stand for?
- C. Name the three main ways that HIV is transmitted.
- D. What is an STD?
- E. Name five STDs.
- F. True or false. HIV is a sexually transmitted disease.
- G. What are the ABCs of HIV prevention?
- H. Name three ways that HIV is not spread.
- I. True or false. Mosquitoes spread HIV.
- J. True or false. You can tell that a person is HIV positive just by looking at him or her.

Club members should devise their own questions for their quiz contests. See *Annex 1* for additional facts on HIV/AIDS and STDs.

GAMES

Many games can be adapted to include AIDS awareness messages. Below are only a few examples of games that can be used to teach HIV prevention. Club members should select their favorite games and try to use them to teach their peers about HIV and AIDS. They can be used for inter-club activities or in the school and community.

NAME GAME

What To Do:

1. Everyone stands in a circle.
2. Everyone claps their hands three times, claps their knees three times, and counts three beats without clapping.
3. In the break, one should say any HIV/AIDS related words. For example, abstinence, faithfulness, HIV, etc.
4. At the next break, the next person in the circle (going clockwise or counterclockwise) must say another HIV/AIDS related word. No words can be repeated.
5. If a person does not say a new word, they must leave the circle.
6. The person left after all other players have been eliminated is the winner.



SPIDER'S WEB

This game is an energizer and reminds the club members that they are each an important part of the group. A ball of string is unraveled and held tight by everyone, like a spider's web.

What To Do:

1. Everyone should sit in a circle.
2. The first person should hold on to the end of the ball of string and then roll it across the ground to someone sitting on the opposite end of the circle.
3. Then that person should hold onto the string so that it makes a line between the two people. He or she should then roll the ball of string across the circle to someone else.
4. The ball of string is rolled until every person is holding onto the string. It should finally be rolled back to the first person so that they are holding both the beginning and the end of the string.
5. Next, ask everyone to look at how the string connects you all, like a spider's web. You are all dependent on one another to keep the web firm and supportive. If anyone were to take their hand away from the web, that part of it would collapse.
6. Ask people to discuss how this game relates to your club. Ask everyone to think about their dependence on one another and the need to support one another in the AIDS Awareness Club.

WHISPER GAME

What to do:

1. Participants stand in a circle and one person whispers a message like "No condom, no sex" or "If it's not on, it's not in" to the person next to him or her.
2. The whispered message is then passed around the circle. The message should be whispered to the next person only once. If the person who is listening does not hear or understand, the message cannot be repeated. The message must keep traveling around the circle.
3. The message travels until it gets to the last person and this person tells the group what she/he heard.
4. Then, the first person who whispered the message has to tell the group what she/he said at first.

After the game, club leaders or members can lead the group in a discussion using the following questions to begin:

- A. Why do you think the message changed as it went around the circle?
- B. What does this game teach us about how messages are passed in the real world?
- C. How could we make sure that the message was passed around the circle unchanged?
- D. What can we do to make sure that the AIDS Awareness messages that our club passes are accurate?

AIDS Awareness Club members should make sure they do not pass on incorrect information to their peers or to the community. When club members give information, it is important to check with those listening to make sure that they understood. This can be done by asking question that they should be able to answer correctly.

FACT OR MYTH?

Many young people have incorrect information about sex and HIV/AIDS. This game is to help participants determine if certain statements are facts or myths. This game is a great way for correct information about HIV/AIDS to be given.

What To Do:

1. A pack of FACT OR MYTH? cards is created. Each card should contain one of the following statements. Club members should also come up with additional statements to be added to the pack of cards.
 - You can tell if someone has HIV/AIDS just by looking at them.
 - Condoms prevent you from getting HIV.
 - Mosquitoes spread HIV.
 - You cannot get pregnant the first time you have sex.
 - AIDS is only a problem in the towns, not the rural areas.
 - Traditional healers can treat HIV/AIDS.
 - You can catch an STD or HIV the first time you have sex.
 - You can get HIV by eating with a person who has AIDS.
 - Prostitutes are largely responsible for spreading HIV.
 - Not having sexual intercourse (abstinence) is 100% safe from HIV.

2. The group sits in a circle.
3. The pack of FACT OR MYTH? cards is passed from person to person, going around the circle.
4. Each person, as he receives the pack of cards, reads the statement on the top card to themselves. They then read it aloud to the group. The person then should tell if the statement is a fact or a myth.
5. Every person has a right to pass if they do not wish answer because no one person knows all the facts. They should not read the statement aloud if they wish to pass.
6. Questions and discussion on each statement should follow.

AGREE/DISAGREE

This game is meant to encourage people to share their opinions and to initiate discussions about the misconceptions, stereotypes and issues surrounding HIV/AIDS. This game is also great way for correct information about HIV/AIDS to be given.

What To Do:

1. Signs reading, AGREE, DISAGREE and DO NOT KNOW are placed around the room.
2. Someone reads aloud a statement from below to the group.
3. Ask each member of the group to respond to the statement by standing next to the sign that best represents their opinions about the statement.
4. The people by each sign should explain why they agree, disagree, or don't know.
5. The person leading the game explain the facts behind each statement. The most correct answer may be **Agree** or **Disagree** or **open to personal opinion (no correct answer)**. This game helps to check misinformation about HIV/AIDS and it can also start interesting debates as the various groups give their reasons for choosing **Agree** or **Disagree** or **Not Sure**.

Sample Statements:

- There are more serious health problems than AIDS such as malaria and malnutrition.
- All people with HIV should be forced to carry an identity card.
- People with HIV/AIDS can contribute much to society.
- HIV is the same thing as AIDS.

- People at risk of HIV infection should be made to take a test.
- People with HIV and AIDS should be isolated.
- If you stick to one partner, you will not become infected by HIV.
- All people suffering from AIDS should be cared for in a hospital.
- I would feel embarrassed talking about condoms.
- School is not the place for young people to learn about HIV/AIDS.
- All relationships between men and women lead to sexual intercourse.
- It is natural for young men to experiment with several sexual partners.
- The main reason to have sex is for pleasure.
- The main reason to have sex is to strengthen a relationship.
- AIDS is a punishment from God.
- We all die sometime, so if I die from AIDS, that's just how I'll go.
- I am not the kind of person to get HIV/AIDS.
- Not having sexual intercourse (abstinence) is 100% safe from HIV.
- Being a virgin is old fashioned.
- Condoms prevent you from getting HIV.
- A person with AIDS should be removed from school.

Club members can include many more facts, myths and issues about HIV/AIDS.

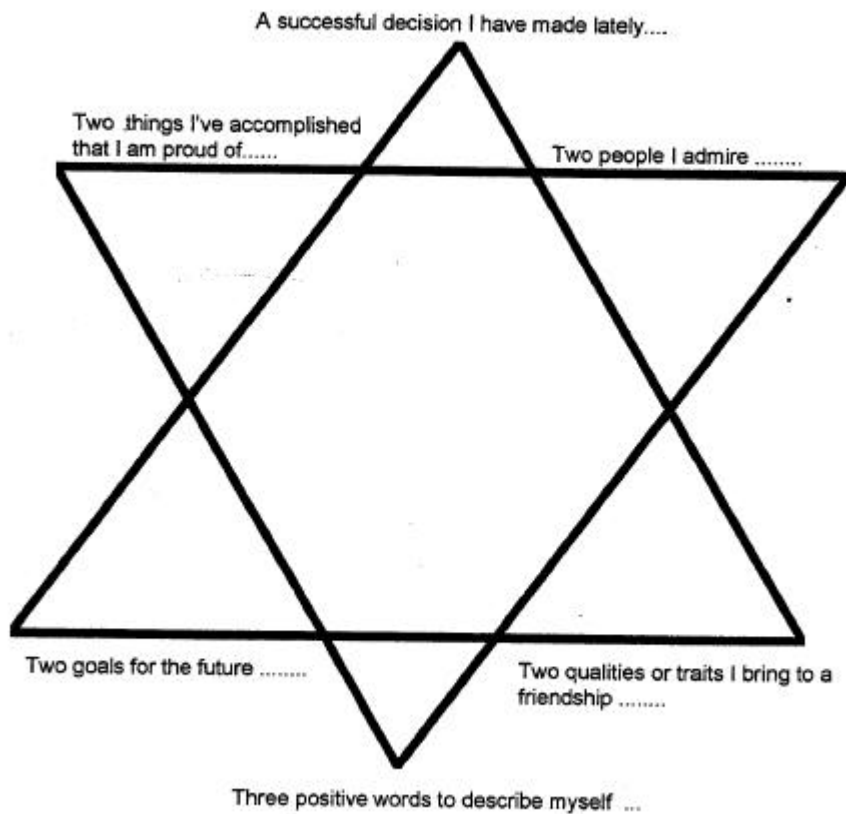


SELF ESTEEM STAR

Each AIDS Awareness Club member must have the self-confidence to avoid HIV/AIDS. They must be able to make good decisions based on their own values. The following is an exercise that can help club members to identify their strengths and goals.

What To Do:

1. Participants should be instructed to put their name in the center of the star and complete the statements. See next page.



THE DANGER GAME

This game's purpose is for the participants to understand the sexual practices that are known to carry a risk of HIV transmission and those that do not. For more information, see Annex 1 and refer to question 12 of the Background Information: HIV/AIDS and STDs.

What To Do:

1. Leaders should place three pieces of paper (labeled NO Danger, LOW Danger and HIGH Danger) on the floor, spaced equally apart.
2. After reading one of the following sexual activities (in random order), they should ask a participant to stand on the floor where they would place the risk of that activity. For each activity, ask a different participant if there is no danger, low or high danger for HIV infection (or somewhere in between) in their opinion?

High Danger

Vaginal sex without a condom

Anal sex without a condom

Having sex using a contraceptive but not a condom

Having sex for the first time without a condom

Low Danger

Vaginal sex using a condom

Oral sex (licking or sucking each other's private parts)

Deep kissing

Thigh sex (rubbing the penis between the woman's thighs)

Mutual masturbation

No Danger

Caressing

Hugging

Masturbation

Massage

Holding Hands

Abstinence (no sex)

3. Then the leader can move the participant if necessary and further discuss the risk of that activity.



AIDS ATTACKER

This game is a variation of tag and teaches people about their risks for HIV. You will need some cards and string or tape for this game.

What To Do:

1. Make one card (large enough to be seen by the group) which says AIDS ATTACKER. One person will be selected to wear this card.
2. Make one card each for all of the rest of the members of the group. These cards should say:
 - ◆ Abstains, says NO to sex
 - ◆ Is faithful to uninfected partner
 - ◆ Uses condoms occasionally
 - ◆ Uses condoms every time
 - ◆ Has STD
 - ◆ Has many partners(It is all right if there is more than one card of each of these.)
3. Select a person to be the AIDS Attacker. This person should wear the card on their front so that everyone can see the writing.
4. The others should hang their cards face-down on their backs. They should not know what the card says and neither should anyone else.
5. Mark out a square for the game with trees, stones, chairs, etc. There should be plenty of room for people to move around.
6. The AIDS Attacker should stand in the middle.
7. One at a time, the rest of the players must cross the square from one side to the other. The AIDS Attacker must try to catch the others as they run across the square.
8. When the AIDS Attacker has caught someone, that person turns the card around so that everyone can see what the message says. Everyone should then discuss if the person caught by the AIDS Attacker would be at risk for HIV/AIDS. For instance, if the person has one of the ABCs of HIV prevention on their back, they will not be at risk. But if the card states that they have an STD, have many partners, or do not use condoms every time, they will be at risk.

SURVIVOR

This exercise is for small or large groups. Its purpose is to help participants to utilize their decision-making and negotiation skills. The exercise will also help club members to realize that there are many different values among members of the group and that those who are HIV positive can still contribute greatly to society.

What To Do:

1. Participants should be given the following problem.

If you were stranded on a deserted island and could only have five of the following people with you to survive, who would you choose? Try to make the best possible choices.

Cast of Survivors

Fisherman, male, 31 years old, HIV+
His wife, six months pregnant, HIV+
School teacher, female, HIV-
Farmer, 42 years old, male, HIV+
Folk singer, female, HIV-
Banker, male, 37 years old, HIV-
Minister of church, male, 54 years old, HIV-
Doctor, female, 29 years old, HIV+
College student, male, HIV-
Policeman with gun (only she can use the gun), HIV+

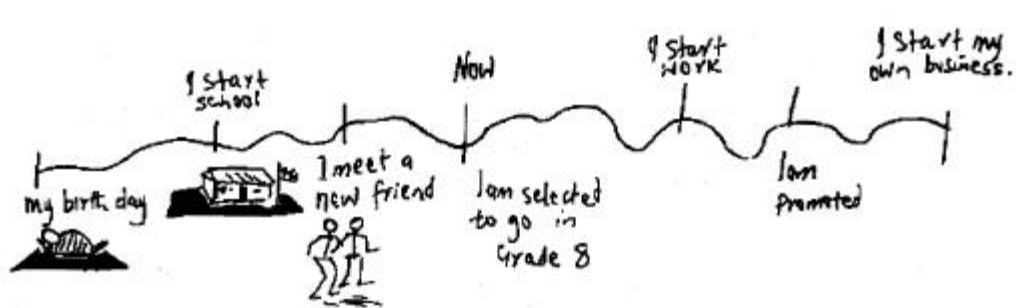
2. Group members must come up with a consensus (everyone must agree) on who will live with them on the island.
3. This will require much discussion and debate. Club members should follow some simple rules below. (These rules may be used when the club is conducting any discussion.)
 - ◆ Only one member of the group talks at a time.
 - ◆ Each member of the group is free to speak or to keep quiet.
 - ◆ Don't pressure anyone into saying what s/he doesn't want to say.
 - ◆ Don't attack anyone's opinion.
 - ◆ Talk *to*, not *about*, people in the group.
 - ◆ Be honest and open to new ideas.
 - ◆ Listen carefully to everything that is being said.

THE ROAD OF LIFE

This game allows the club members to think carefully about their future and the consequences of becoming HIV positive.

What To Do:

1. Leaders should instruct the participants to turn their papers sideways and draw a road all the way along the paper. This is the road of their life.
2. The beginning of the road, on the left side, is when the participants were born.
3. They should then make a mark in the middle of the line, to show where they are now in their life.
4. On the right part of this line, is the rest of their lives in the coming years.
5. Then instruct them to put drawings or writing on either side of the today mark, showing the events in their life prior to now and the things they want to accomplish or do in the coming years, big or little.
6. After they have finished, asked them to identify the most important thing they want to accomplish in the coming years and what they have to do to make this happen.
7. Then ask them what would happen if they became HIV positive. Encourage the participants to think carefully about their future and the consequences of becoming HIV positive.



FILL IN THE BLANK

Using the following words, (HIV virus, better, disease-carrying, protects, look, sick, immune system, know, AIDS, germ), fill in the blanks in the following paragraph about the HIV virus.

All our bodies have special cells inside to protect us from diseases. When ordinary _____ germs attack our body, our immune system _____ us from infection. While it fights the germs, we feel _____ but when the immune system succeeds in killing the germs, we feel _____. However, the _____ is different from other infections. Instead, it attacks and kills our _____. At first we do not _____ this has happened, and we do not feel or _____ ill. But later, when another ordinary disease-carrying _____ comes along, our immune system, too weak from _____, cannot fight it and we become very sick.

Answers: The blanks are filled in this order: disease-carrying, protects, sick, better, HIV virus, immune system, know, look, germ, AIDS.

OTHER WORD GAMES

Club members can create more puzzles, crosswords, and word-finds, using words or phrases associated with AIDS awareness.

Other games that your club uses should be written down and sent to your regional YHDP Committee for other clubs to enjoy!



CONDOM DEMONSTRATIONS

Discuss how the group feels about demonstrating condoms. **Remember** to tell the participants that condoms do not promote sexual activity. Club members, as peer educators, should have the practical experience with opening, putting on and disposing of condoms, even if they are not sexually active. ***Condoms are about caring in a relationship.*** Condoms need to be used correctly in order to be effective. Everyone should be relaxed about condoms, if someone is too shy to participate, encourage them to join in but don't force them to.

What To Do:

1. The club leader demonstrates the correct way to put the condom on. Go over the following points as you show the participants how to use a condom:
 - ◆ Check the expiry date on the condom. If it is old, don't use it.
 - ◆ Check that the package is not open. If it is open, don't use it.
 - ◆ Open the package with your fingers. Remember to push the condom down to make space to tear the package. Do not use your teeth or a sharp object.
 - ◆ Hold the condom at the tip. Make sure it is like a hat, with the tip coming through the rolled up edges.
 - ◆ The penis should be erect before the condom is put on.
 - ◆ Keep the tip squeezed. This keeps air out of the end of the condom and creates a space for the semen.
 - ◆ Roll the condom down the erected penis.
 - ◆ You are now ready to have sexual intercourse.
 - ◆ After intercourse, the male should hold on to the rim of the condom (so the condom does not stay inside the woman) and withdraw the penis from the vagina. Then he can take it off, being careful not to spill any semen.
 - ◆ Tie a knot in the condom, wrap it in toilet paper and put into a dustbin (Do not try to flush it down the toilet.)
2. Have the club members practice putting the condom on a wooden practice penis. If you don't have these, you can also use bananas or cucumbers.
3. Make sure that both the males and females are doing this correctly. Try to make them feel comfortable with the activity.

How to use a male condom



1 Check the expiry date on the condom packet. Take the condom carefully out of the packet.



2 Place the condom on the tip of the penis when it is hard and erect, but before it touches the partner's genitals. Make sure that the rolled-up condom rim faces outwards.



3 With the other hand, pinch the tip of the condom to remove any trapped air, and unroll the condom to cover the penis.



4 After intercourse, withdraw the penis carefully, but before it becomes soft. Hold the rim of the condom against the penis, so that semen does not spill out.



5 Slide the condom gently off the penis, and knot the open end.



6 After using the condom, throw it away safely.



How to use a female condom



1 Open the packet carefully.



2 Hold the small ring (at the closed end of the condom) between the thumb and middle finger. (Some women prefer to take out the small ring before insertion to make the condom more comfortable.)



3 Find a comfortable position, either lying down, sitting with your knees apart or standing with one foot raised on a stool. Squeeze the small ring and put it into the vagina, pushing it inside as far as possible with the fingers.



4 Put a finger inside the condom and push the small ring inside as far as possible. (It is also possible to insert the condom by putting it onto the erect penis before intercourse.)



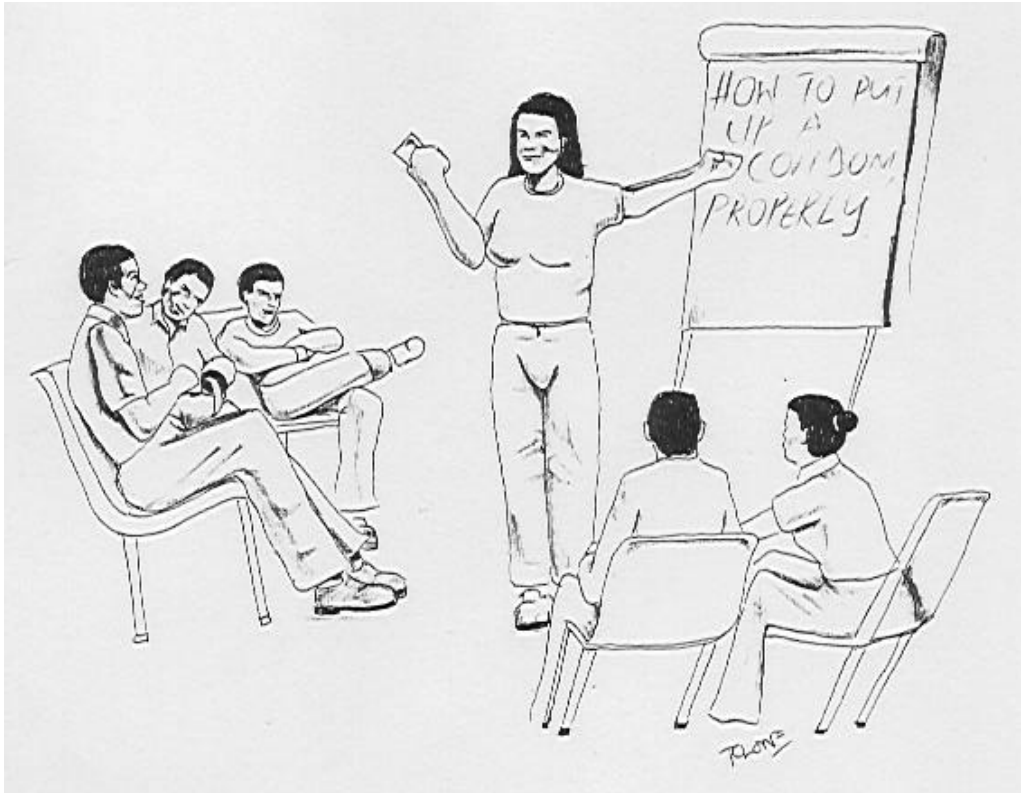
5 Make sure that part of the condom with the outer ring is outside the body. The outer ring will lie flat against the body when the penis is inside the condom.

When the penis enters the vagina, make sure that the penis is inside the condom.



6 Immediately after sex, take out the condom by gently twisting the outer ring and pulling the condom out, making sure that no semen is spilt.

7 After using the condom, throw it away safely.



DISCUSSION

The following points should also be discussed when doing condom demonstrations. Young people must not only understand the correct way to use condoms, they must understand the facts about condoms and have the skills to negotiate condom use with their partner. It is important that young people get an opportunity to role play discussing condom use. Please see the section on role plays for more information about how to conduct this activity.

Condoms protect you from illness. Condoms protect you from HIV and other STDs as well as preventing pregnancy.

Condoms are safe and effective. If you use condoms properly, they are very safe and up to 99% effective.

The HIV virus cannot pass through the condom. You can blow up the condom like a balloon to demonstrate how air molecules are unable to pass through a condom or you can fill up a condom with water to demonstrate that water molecules cannot pass.

Condoms can break. So you must be very careful when opening the package, not to damage the condom inside with your teeth or fingernails. Condoms can also tear during intercourse, but this is very unlikely if they are used properly.

You should use a lubricant with condoms. Lubrication helps to avoid tearing. Most condoms are already lubricated. If the condom is not lubricated, use a water-based lubricant. Never use vaseline or oils because these can damage the condom. Some lubricants have a spermicide also which helps to stop sperm.

Condoms do not keep forever. You should never use a condom after the expiry date which is printed on the package. Keep condoms in a cool, dry place, out of the sunlight. Condoms may be damaged if left in the glove compartment of a car or carried in a hip wallet.

Condoms do not "get lost" in the vagina. If the man does not take out his penis when it is still semi-hard, the condom can slip off in the vagina. But if this happens, the condom can be removed from the vagina and will not get lost inside.

Condoms are sensitive. The gloves that doctors use to do delicate operations are made of the same rubber as condoms. Condoms are very thin but at the same time very strong. You can show participants how they can feel individual hairs through the rubber by putting two fingers in the condom and demonstrating.

Condoms should only be used once. A condom should be used only once then should be thrown away. You must use a new condom every time you have sexual intercourse.

Two condoms are not better than one. Two condoms used together do not give you double protection. The friction caused by the two condoms rubbing together can cause one of the condoms to break. Using two condoms at the same time increases your risk of condom failure.

Free condoms should be available from your local health clinic. The Government of the Republic of Namibia has a policy that ten condoms are to be made available per person, per visit, on request at every clinic or hospital. There is no official age restriction (of reproductive age...say 13

years old and up). You can also buy condoms at most pharmacies and many shops.

A woman can put a condom on a man. It is important that women learn how to assist men with putting on condoms. This can make condom use part of the sexual play between a couple. It can also help the women to determine if their partner has put on the condom correctly.

Condom use is about caring for your partner. Talking about using a condom with a partner is not easy, especially with a casual partner. However, you should not wait for your partner to bring up the issue of condom use. It is difficult for partners in a relationship to bring up the subject of HIV, but if you care about yourself and your partner, you must do it.

If you are sexually active, you should carry condoms. If you may be in a situation where you will be having sexual intercourse, condoms will be more convenient to use if they are readily available. This way, when you and your partner are in the mood, you will not have to stop to get a condom. Traditionally condoms have been considered as the man's responsibility, but today more women feel responsible for getting hold of condoms. If you carry condoms with you, you can also provide them to your friends if needed, and possibly save their life.



CONDOM STEPS GAME

What To Do:

1. Three or four sets of the following steps for condom use should be put onto pieces of paper and should be mixed up.
 - 1) Talk and agree to use condoms.
 - 2) Check expiry date on condom package and check package for air.
 - 3) Open condom package carefully, pushing condom to the side, before tearing package open.
 - 4) Check that the condom is the correct way round before it is unrolled.
 - 5) Pinch tip of condom to allow room for semen.
 - 6) Unroll condom onto erect penis.
 - 7) Sex
 - 8) Man releases semen. (Ejaculation)
 - 9) Remove penis after ejaculation, carefully holding condom.
 - 10) Carefully remove condom from penis.
 - 11) Throw away used condom carefully.
2. Leaders should then divide the group into three or four groups and ask them to put the steps in order.
3. The group who finishes first and puts the steps in the correct order wins.

CONDOM RELAY

Once club members have learned all of the necessary steps and have practiced putting on a condom, this game can be played to make people even more comfortable with putting on condoms. Players should know that in this game, putting on condoms correctly is just as important as doing it quickly.

What To Do:

1. Divide the group into two to three groups and have them stand in a line.
2. Give each person a condom and make sure each team has a practice penis or banana.
3. Instruct players that they must follow all the steps when putting on the condoms in this game.
4. A dustbin should be placed at the back of the line and players must run to it to deposit all used condoms and wrappers.

5. The first person of each team will begin by putting on a condom while the second person holds the banana or practice penis. When the first person has completed all of the steps the second person hands the penis or banana to the third person and then they must put their condom on it. This follows on down the line.
6. Club leaders should monitor that all steps such as checking expiry date, tying a knot after use, putting it in the dustbin, etc. are followed.
7. The team to first put on and take off all of their condoms correctly wins.



So your partner doesn't want to use a condom?...
Responses to common excuses

If your partner uses this excuse...	You can reply...
I can't feel anything when I wear a condom.	Have you ever tried sex with a condom? There is plenty of sensation.
I know I'm disease-free, I haven't had sex with anyone for a while.	As far as I know, I am too, but either of us could have HIV and not know it.
I love you. Would I give you an infection?	You wouldn't mean to, but most people don't know they're infected.
Let's do it just this once without a condom.	It only takes one time to get HIV.
Condoms don't work.	They almost always do, and they stop the HIV virus.
Condoms are unnatural and turn me off.	But with a condom we'll be safe.
Condoms ruin the romantic atmosphere.	They don't have to. I can show you a way to put it on that you will enjoy.
I'm insulted! You must think I'm infected.	Not at all. I want it because I care about our relationship.
I won't have sex with you if you insist on using a condom.	Let's put sex off then, until we can work out our differences.
I'm on the pill. You don't need to use a condom.	The pill is good for birth control, but it doesn't protect you against STDs or HIV.
None of my other boyfriends (or girlfriends) uses condoms.	You are telling me that you have other partners who don't use protection. You don't know how many people they've slept with. Anyone of those people could be HIV-positive and not know it.
By the time I put it on, I'm out of the mood.	Who says you have to put it on? It'll be more fun if I do.
I'm afraid it will slip off and stay inside me.	Don't worry. I know how to put it on properly so that there's no chance it will slip off.
I don't have a condom with me.	Then let's find a way to excite each other without penetration.

DRAMAS

Drama is an interesting and fun way to give out information on HIV/AIDS. Drama is a traditional way of entertaining and educating. It can make topics live and the literate and illiterate can understand the message being presented. As peer educators, AIDS Awareness Clubs can make dramas more powerful when we help the audience to discuss what they have seen in the drama.

When preparing a drama, the following points should be noted:

- There can be a brief introduction for each play before the performance.
- The plays should always try and create awareness about HIV/AIDS among young people and the general public.
- The plays should be about everyday problems faced by young people, including boyfriend/girlfriend problems. This way the young people who watch the plays can understand the risks of HIV/AIDS by relating it to their own lives. The plays should also present young people with choices on how to protect themselves from HIV/AIDS.
- The drama must not be too long. You do not want the audience to be bored and there should be enough time for discussion afterwards.
- Make sure that the story does not confuse the audience. Keep the story simple. Try to have one strong message that the audience will remember when they go home.
- If you are unexperienced in acting, don't worry. Also, do not worry that much about how you are dressed, the props, etc. You can still make a very powerful drama if the message of the play is important to the audience.
- The drama must not give wrong information or spread unhealthy thoughts or feelings. The plays should give correct information on HIV/AIDS and should emphasize the most common mode of transmission, which is unprotected sexual intercourse. You should not spend too much time on HIV/AIDS transmission through razor blades or toothbrushes for example.
- The plays should try to avoid blaming anyone (like commercial sex workers or truck drivers) for the problem of AIDS. The drama must also not insult anyone.



- Dramas should not tell people what to do and it should not be like preaching. It is better to let people make their own choices about their behaviour from watching the drama and talking about it afterwards.
- After the play, you should ask for comments about the play from the audience. You can also begin a discussion using the following questions:
 - How do you think the story ends (if the play was left hanging)? How do you want the story to end?
 - Why did a certain person in the story behave that way?
 - What did you see happening in the drama?
 - Why did it happen?
 - Does this happen in real life?
 - What problems does this lead to?
 - What are the deep-down causes of the problem?
 - What can be done about it?

Some important messages that your club can include in a drama follow:

- ◆ Abstaining from sexual intercourse is the only way to be 100% sure you are protected from HIV/AIDS.
- ◆ You can protect yourself from HIV infection by sticking to one mutually faithful, uninfected partner.
- ◆ If you are sexually active, then practising safer sex can lower your risk of infection. Safer sex means avoiding sex that allows your partner's blood or sexual body fluids (semen or vaginal fluids) to enter your body.
- ◆ If used properly, condoms can reduce the risk of getting or passing on HIV or other STDs. It is very important to use a condom properly.
- ◆ You can get free condoms from clinics, hospitals and health workers. You can also buy condoms from supermarkets, groceries and stores.
- ◆ Young people should be encouraged to communicate with each other in relationships about feelings and sexual matters.
- ◆ If you have a STD, you should seek treatment immediately and notify your partner(s) to encourage them to get treated.
- ◆ Drugs and alcohol should be avoided or used in moderation since they make people lose their sense of judgement and get involved in risk behaviours.
- ◆ People living with AIDS need our care and support. The plays can encourage the community to look after the people living with HIV and AIDS.

PUPPETRY

Puppets can say and do things that people may find embarrassing or difficult. Puppets can be useful if people find it hard to talk openly about sexuality or drug use. Puppets can also cut across racial and cultural barriers, present stereotypes (for example, the unsympathetic nurse or a harsh police officer) without offending individuals, and add humour to otherwise sensitive subjects. The puppets can act out a drama and the audience can ask the puppets questions after the show.

ROLE PLAYS

Role-plays are a great way of developing personal skills by practising how to react and what to say in difficult situations, such as refusing sex or discussing condom use with your partner. A role-play is like a drama, but the goal is to give people an opportunity to respond to “real life” situations. Role-plays allow club members to practise in a safe environment within the group and to build skills and confidence. When club members are faced these situations in real life, they will be better prepared.

Role-plays can be preformed in front of a large group or in pairs or small groups. Actors and the audience should focus on what is being communicated in the role-play. Remember that body language can often be as important as words in these scenes.

Some people may feel nervous about performing in front of others but club members should provide encouragement and praise. Most important is the opportunity for everyone to practice what they would do in a difficult situation. Everyone will be surprised by what they can achieve in practicing with role-plays.

The discussion that follows a role-play is the most important part of the learning process. The group should carefully analyze what has been heard and seen and explore the reasoning behind what happened in the situation.



What To Do:

1. The large group should be divided into smaller groups of 2-3 people.
2. Each group chooses a situation. (See sample topics below.)
3. Each participant should adopt a different character so that together they can act out the situation they have chosen.
4. What is to be said in the role-play should be discussed briefly beforehand. There is no need for a written script. Participants should improvise what they would say or do in that situation.
5. Participants should not concentrate too much on their performances as actors. Most important is the opportunity for participants to practice using assertive language in difficult situations.
6. The role-play should only take from 2-5 minutes and other members of the club should watch carefully. The shorter and simpler the role-play is, the more effective it is in presenting a situation clearly.
7. After the role-play, the group should discuss the problem and the actions of each person. To begin discussion, consider the following questions:
 - ◆ Is this a real situation?
 - ◆ Does it happen in our school/community?
 - ◆ Do you think that the characters made good decisions?
 - ◆ Do you think the characters communicated well?
 - ◆ Were they aggressive, weak or assertive in the situation?
 - ◆ How would you react in a similar situation?

Topics for Role Plays:

- A. A young woman or a young man refusing to listen to information about HIV and AIDS.
- B. A young man insisting to have sexual intercourse, while his girlfriend is refusing because she wants to maintain her virginity until she gets married.
- C. A young woman catching her boyfriend having sex with another woman.
- D. A young man being teased by his friends because he wants to avoid sexual intercourse and stay HIV-free.
- E. Trying to convince your partner who has had "unprotected" sexual intercourse with that the two of you should start using condoms.
- F. A young man wanting to use a condom but fearing that his partner may be angry.
- G. Someone wanting to have sex with you when you know he or she has another lover.

- H. Being laughed at for not wanting to have a boyfriend/girlfriend or get married yet.
- I. Wanting to have sex with someone, but no condoms available.
- J. Being encouraged by your friends to drink too much.
- K. Being ridiculed for not having several lovers, or sticking to one partner.
- L. Trying to talk to a parent about sex.
- M. Trying to "buy" a condom from a shop.
- N. Trying to explain to an adult in a clinic that you have an STD.
- O. Trying to convince an adult that condoms do not lead to "promiscuity".

These are just a few example topics. There are additional serious issues that clubs can identify and use for role plays.

Gender roles are the differing positions that men and women have in the family and the community. In most cases these different roles are determined by tradition and culture, and not on the fact that a person is a woman or a man. This means gender roles can be changed! Gender issues are important because they help explain why women have difficulties saying no to men. If these gender roles can rob women of the right to refuse sexual intercourse, they must be changed.

TEMPTATION

This is a role-playing game in which one person tries as hard as possible to convince another person to give in to temptation. The other person has to respond by giving the reasons why he or she should not give in to the temptation.

What to do:

1. Members should identify some of the temptations, which face them in their lives.
2. In pairs, one person pretends to be a "bad" friend who is trying to make the other give in to the temptation (sexual intercourse, drinking, etc.)
3. The one being persuaded to give in should give reasons for avoiding the temptation.
4. The exchange between the devil the individual or the group should not go on for too long, about five minutes.
5. Club members can then add their comments and suggestions for avoiding the temptation.

Some of the temptations could be:

- A. A young man trying to convince a young woman to have sexual intercourse, and she is refusing because she wants to remain a virgin until marriage.
- B. A young woman tempting a young man to have sexual intercourse with her because he plays football and is very popular.
- C. A young man encouraging his friend to have sexual intercourse so that he can "be a man."
- D. A girl being tempted by a "sugar daddy" into a sexual relationship by giving her gifts.
- E. A boyfriend trying to convince his partner that they will enjoy sex more without a condom.

Club members should include other temptations that are common in their lives.



Saying No to Sexual Intercourse

You say no - because you refuse to expose your body to HIV.

You say no - because you know abstinence is safe.

You say no - because only you, and no one else, know when you are ready to start having sexual intercourse.

You say no - because puberty doesn't mean it is time for sexual intercourse, it is part of growing up.

You say no - even if you are tempted with money or nice things.

MUSIC & DANCE

Songs and dances can be used to give people ideas or messages about HIV/AIDS. Songs have been used in many HIV/AIDS programmes to transmit messages to young and old people alike. Songs are easy for people to remember and repeat. Some members of your club will have the talents to write the words and compose the music for songs and others can choreograph the dances. Everyone can participate in performances.

Words for songs should be simple and fun so that they can stay in people's minds. The words of popular songs may be replaced with HIV/AIDS messages. The words should help the listeners of the song to protect themselves from AIDS. Make the message in the song or dance clear and use a tune that almost everyone in the community will recognize. Songs can be in any language, provided the audience understands the message.



Songs and dances can be performed at concerts and also at many other times, such as at sport matches, AIDS talks, community gatherings, and other club events. Songs and dances are effective because performances can attract large audiences of people.

POEMS & STORIES

POEMS

Poems are a way for young people to express their own thoughts and feelings and poems can be used to facilitate discussion among club members. They can also be read at club meetings and events to send the HIV prevention message. Club members should be encouraged to write their own poems about topics related to HIV/AIDS.

Following are two examples of poems written by young people and possible questions that can begin a discussion about them:

A Safe Youth

AIDS is there
it is right here
involving us all
the old and the youth,

here is our time
to fight AIDS
for we, the youth,
are holding the key
to the future ...

a safe youth
it's all we should be;
free from AIDS
it's all we should be;

here is the time
to show our pride
by being AIDS free;
AIDS is right here
for us to defeat ...

- Who is involved in the fight against HIV/AIDS?
- Do you think youth are the most important people in the fight against AIDS?
- How can we stay safe and remain AIDS free?
- What can we do to defeat AIDS in our school/community?

Agnes' Song

Only one night,
That was all he had.
But look at me now,
I'm in trouble so bad.

I'd argued with my mother,
I was feeling low and down.
When the man said, "Come one,
Let's go down to the town."

I didn't really think,
I was too young to know.
All I wanted at the time,
Was somewhere else to go.

I must have been crazy,
Or it might have been the drink.
It sort of happened by itself,
I didn't really think.

It wasn't what I meant to do,
I'd decided that before.
I wanted to stay safe and wait,
But I'm not free no more.

Only one night,
That was all I had.
But look at me now,
I'm in trouble so bad.

- What do you think Agnes means when she says, "I'm in trouble so bad?" Think of all the possible meanings.
- What do you think happened the night Agnes "went down to the town"?
- Do you feel sorry for Agnes or do you think it is her fault for making a bad decision?
- Why did Agnes do something that she hadn't "meant to do"?
- How could she have avoided what happened?
- How do you think the man feels about what happened?
- Can you identify the danger points in Agnes' song – times when she did something without really thinking or went against her values?

Often a community has its own poems and stories, which can be adapted to teach something about AIDS. These stories can then be read at meetings and other club events. Club members can also send their poems and stories to newspapers and magazines for publication.

STORIES

Stories are another good way to spread important messages about HIV/AIDS. The best stories are traditional folk stories (thano). These may be adapted to express ideas, attitudes and activities that should be supported in the fight against AIDS. Any type of story can be used to spread messages on HIV prevention.

Below is an example of a story written by a young person and possible questions that can begin a discussion about it:

Betty was a young girl who used to live in Oshakati. She used to sell fruits under a tree near the main road. Betty used to chat with John who also used to sell sweets at the same place. She heard that John had AIDS.

Betty's mother also heard about this and told her to stop selling fruits under that tree with John, because she could get AIDS from him. But Betty kept on selling fruits at the same place because she learned in school how HIV/AIDS can not be transmitted by working together.

- ◆ What does this story teach us?
- ◆ Was Betty's mother right telling her to stop selling fruits under the tree? Why?
- ◆ What is the information that Betty learned in school that made her continue selling fruits with John?
- ◆ Did Betty do the right thing when continuing selling fruits under the same tree?
- ◆ What could you do if you were Betty?

Club members should encourage one another to write their own poems and stories. Your AIDS Awareness Club should use every opportunity to present your club members' poems, stories, dramas and songs at school and community events!

FAIRS, FESTIVALS & SPORTING EVENTS

Fairs, festivals and sports events provide a great opportunity for AIDS Awareness Clubs to spread HIV prevention messages. These events are good because they attract large numbers of people. During the event, your club can display billboards or posters, have a booth with games and prizes, distribute leaflets and/or free condoms, or sing songs. For example, you could use the opportunity provided by concerts to promote messages about HIV prevention by broadcastings such messages in the intervals. Brochures could be distributed at the entrance and special messages printed on the tickets.

Clubs can spread HIV/AIDS messages at events that are put on by other organizations or by your club alone. If young people are put in charge of running an event, they will learn useful planning skills and increase their confidence and self-esteem. For instance, your club may want to get together with other groups to organize a special event for World AIDS Day or Youth Week. Remember that fairs and festivals require planning that must be done well in advance. These events also demand a lot of effort and time and they can be costly. Your club can approach individuals, agencies, businesses, or associations to act as sponsors for the event.



POSTERS & BANNERS

AIDS Awareness Clubs can design and create their own posters and banners that communicate HIV/AIDS messages. Posters can then be displayed in the school or in the community. They should contain simple messages that are easy for people to remember and they will be more attractive to readers if they are colourful and are easy to read. Use big, bold lettering and pictures or drawings if appropriate. Posters should be placed in "high traffic" areas where many people will see them.

Your AIDS Awareness Club should use every opportunity to display your club's posters and banners at school and community events!



**You can't tell by looking
if a person has HIV -
if you don't protect yourself,
then who will?**

You cannot tell by looking at a person if he has HIV. Only a blood test at a medical laboratory can show whether a person has the antibodies for HIV.

Whenever you go for example a flu shot, check in the bank, the car service or a business, antibodies to protect the person from further infection. When a person is infected with HIV, their immune system produces antibodies to fight against the HIV virus. An HIV test measures whether the body is producing antibodies against HIV. If the antibodies are present, then HIV is also present in the body. This means the person is HIV positive or HIV positive (HIV is a virus, not HIV). If there are no antibodies the person is HIV negative (HIV is not in his/her body).

It can take up to three months after infection for the antibodies to appear in your blood (seroconversion). During this window period, the test can give a negative HIV result. To confirm the original result, a second test should be taken three months after the first test. In some instances, it can take much longer than six months for the antibodies to appear.

In the time between seroconversion and the HIV test the person who tests a negative may be infected, should abstain from sexual practice, and wear a condom.

The only way to be certain to be protected with 100% certainty about the HIV test, have your test at a testing site using self-tests.

Remember: the disease is silent.

A - Always wear a condom every time.

B - Be careful of a non-sterile and reusable needle/piston.

C - Use a condom.

If you don't protect yourself, then who will?

take control!
NARIJIAN HIV & AIDS MEDIA CAMPAIGN

For further information on HIV infection, seroconversion and HIV testing, write to: Directorate, PO Box 1306, Windhoek.
Or call: 061040348/06141 94, 0611 22 22 21.
Or contact: your nearest Youth Office, or the Multipurpose Youth Centre for counselling services or information on the My Future is My Choice programme.
Find out more from Tel: 0611 270814.
For more information on seroconversion, contact your nearest health facility.

RALLIES & WALKS

Your club can raise the school or community's awareness of AIDS by having a rally or a big walk. Rallies are large gatherings of people that are meant to get people excited or involved in an issue. Rallies should be exciting and have plenty of rousing activities to get people interested in HIV/AIDS. Big walks are a way for AIDS Awareness Clubs to bring HIV/AIDS messages by walking through the school grounds or town to attract attention. At these events, your club can sing songs about HIV and AIDS and members can carry banners or posters (which you make yourselves) displaying messages about HIV and AIDS.



These events should be held at a location that will attract large amounts of students or community members (like the school yard or the village's market). Remember that school and community officials must be notified of the event. Police should also be notified of these events, so that they can provide crowd control and make sure that they rally or walk does not disrupt traffic or the peace.

COMMUNITY SERVICE PROJECTS

Community service is an opportunity for AIDS Awareness Club members to “give back” or make a difference in their schools and communities. For example, your club should organise special activities to help care for people living at home with AIDS and to help orphans in your community. Some volunteer activities can be done by the club members as individuals, in small groups or by the club as a whole. Each community service project should be chosen by the club members and must have a specific objective. Projects should also involve other school and community members. School officials, government offices, and community-based organisations including non-profits can be consulted so that club members can formulate a plan for the project that will best serve the school or community. Your local social worker is a great resource for community service projects. He or she can identify families or groups that need assistance.

Some sample community service projects that AIDS Awareness Clubs can undertake include:

- A. Singing at AIDS wards of hospitals – to promote a positive attitude towards those affected by the virus, to bring joy to those who are suffering
- B. “Big brother” or “big sister” programme for AIDS orphans – to assist them with school work and play games with them, be a friend who can help the young orphaned children to deal with the pain and sorrow caused by the deaths of their parents
- C. Assist families who are affected by AIDS – give some of your time to help them with chores and errands
- D. Outreach projects – to bring information on HIV/AIDS to out-of-school youth

Remember that even the little community service projects of your club can make a big difference to the people in your school or community. Volunteering is a great opportunity for young people to show care and concern and to create visibility for their AIDS Awareness Clubs.



FIELD TRIPS AND EDUCATIONAL VISITS

Field trips are a good way for your club's members to learn more about HIV/AIDS in the community. They should be planned well in advance so that the people at the place you are visiting can be notified of the date and time of your arrival. These visits can often be coordinated with community service projects. For example, if you will be visiting an orphanage caring for AIDS orphans, perhaps your club can volunteer to paint some of the rooms. Other examples of educational visits may be a field trip to your local health centre to learn more about HIV testing or counseling or to a local NGO that is working in the fight against HIV/AIDS.

CONTESTS

Contests and competitions are a good way to involve young people in AIDS awareness activities. Examples of contests include:

- Designing posters: A contest for creating the best posters about HIV prevention can be an exciting way to get fresh ideas and messages to young people. The posters will be attractive and useful to the AIDS Awareness Club.
- Composing songs: Encourage the composition of music and songs about HIV prevention.
- Writing scripts: Original, creative scripts can be selected for dramas, role plays and puppet shows.
- Slogans: Encourage the creation of slogans that deal with topics such as HIV prevention, safer sex, use of condoms, fidelity or monogamy. The best ones can be used by the club in their efforts.

Try to have at least three prizes for the winners of each contest. Prizes can be donated by local businesses and presented by a popular public figure.

Show you care -
Use a condom!

**DO IT -
SAFE SEX**

NO CONDOM = NO SEX

LOVE SAFELY - LIVE LONGER

VIDEO SHOWS

Most people enjoy watching television and this activity is also a good way to raise the school and community's awareness of HIV/AIDS.

What To Do:

1. Club members should obtain a video about HIV/AIDS. These are often available from your regional youth, education or health office or your regional YHDP office.
2. Club members should reserve a hall or a room with a television and VCR.
3. Club members should publicize the showing of the video. (See previous section on publicity.)
4. After the show, club members should facilitate a discussion with the audience about the video. (See previous sections for questions to begin the discussion.)



ANNEX 1: FACTS ON STDs and HIV/AIDS

HIV and AIDS data is constantly changing. In 2001, the United Nations Co-sponsored Programme on HIV/AIDS (UNAIDS) reported that Namibia has one of the 7th highest levels of HIV infection in the World. They reported an "average" infection rate of 20%, which is one in five Namibians between the ages of 15 and 49 being HIV infected.

Taken from: Working with Young People: A Guide to Preventing HIV/AIDS and STDs, Commonwealth Secretariat, 1995.

1. What is AIDS?

AIDS stands for **A**cquired (passed from person-to-person); **I**mmune (relating to the body's immune system, which provides protection from disease-causing germs); **D**eficiency (lack of response by the immune system to germs); **S**yndrome (a number of signs and symptoms indicating a particular disease or condition).

AIDS is caused by a virus called HIV (Human immunodeficiency virus), which attacks and destroys the body's immune system over time.

A person has AIDS when the virus has done enough damage to the immune system to allow infections and cancers to develop. These infections and cancers make the person ill and lead to his/her death. At present, there is no vaccine or cure for AIDS.

2. What do we know about HIV?

HIV, like other viruses, is very small; too small to be seen with an ordinary microscope. Viruses cause all sorts of diseases from flu (influenza) to herpes.

To reproduce, HIV must enter a body cell, which in this case is a cell in the person's immune system. By interfering with the cells that protect us against infection, HIV leave the body poorly protected against the particular types of diseases that these cells normally fight.

Infections that develop because HIV has weakened the immune system are called "opportunistic infections." These include but are not limited to: respiratory infections such as tuberculosis and pneumonia, cancers, diarrhoea, and skin infections.

3. What is an STD?

STD stands for sexually transmitted disease. The most common STDs include: gonorrhoea, chlamydia, syphilis, genital warts, herpes, hepatitis B, and HIV infection. Most STDs are caused by viruses, bacteria and parasites. Most STDs can be cured, but certain STD infections such as HIV infection and herpes cannot.

Certain STD infections, if not treated soon enough, can lead to long-lasting health problems in both males and females. Examples are damage to the reproductive organs so that a woman cannot bear children or a man cannot produce sperm, cancer of the cervix, heart and brain damage, and possibly death. In many STDs, the early symptoms are often difficult to recognise and many people ignore them until more severe damage is done. Below are some symptoms of STDs:

Women <ul style="list-style-type: none">- An unusual discharge and smell from your vagina.- Pain in your pelvic area - (the area between your stomach and sex organs).- Burning or itching around your vagina.- Bleeding from your vagina in between your regular period.- Pain deep inside your vagina when you have sex.- Fever	Men <ul style="list-style-type: none">- A drip or discharge from your penis. Both Women and Men <ul style="list-style-type: none">- Sores, bumps or blisters near your sex organs, rectum or mouth.- Burning and pain when you urinate (pee).- Need to urinate (pee) often.- Swelling in your groin - (the area around your sex organs).
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If a person experiences any of the above symptoms, they should stop having sexual intercourse and go to a clinic or hospital for a check-up. See the next two pages for more information about specific STDs.

SEXUALLY TRANSMITTED INFECTIONS		
INFECTION	SIGNS AND SYMPTOMS	TREATMENT
<p>Genital herpes Caused by the <i>Herpes simplex virus</i>. Transmitted through close bodily contact. This includes vaginal, anal or oral sex or skin contact if blisters are present. Can be transmitted to a baby during birth if the mother has blisters.</p>	<p>Small, painful blisters on the penis, rectum or mouth which fill with a liquid and then burst; flu-like symptoms; itchiness around genitals. Ulcers heal within two to three weeks. Many people have no further symptoms. Some people experience frequent occurrences, perhaps less severe than the first one.</p>	<p>Once someone has the herpes virus, there is no way of getting rid of it by medical treatment. In many people, herpes episodes become less frequent with time. Acyclovir (ointment or tablets) can help to shorten the length of the attack.</p>
<p>Genital warts Caused by <i>human papilloma virus</i>. Transmitted through close bodily contact, most commonly vaginal, anal or oral sex.</p>	<p>Small, fleshy and soft lumps which appear on their own or in clumps on the inside of the penis or around the anus. Sometimes they are difficult to see. They can cause irritation and discomfort. It can take several months for the warts to appear after a person becomes infected.</p>	<p>External warts treated by a paint-on ointment. Internal warts need freezing treatment at hospital. If left untreated, the warts spread rapidly. It is thought that the virus increases risk of cervical cancer in women.</p>
<p>Trichomoniasis ('trich') Caused by protozoa (single-cell organism). Transmitted through close bodily contact and unprotected vaginal intercourse, but not anal or oral sex.</p>	<p>Thin, greenish discharge from penis. Sometimes pain when urinating. Men can have no symptoms and still be infectious.</p>	<p>Trich is not dangerous if left untreated, but many people with trich also have gonorrhoea, which can lead to serious problems if left untreated. There is some evidence that infection with trich increases the risk of co-infection with other STIs. Treated with a short course of antibiotics, such as metronidazole.</p>
<p>Thrush Yeast infection, caused by <i>Candida albicans</i> which occurs naturally in women's vaginas but sometimes grows more than normal. Takes advantage of weakened defences, either in a particular part of the body or generally. Too little or too much washing is a common causative factor. Occurs in babies, and in adults who are tired, stressed, taking antibiotics, diabetic or with a damaged immune system, sometimes because of HIV infection. Men can get the yeast trapped under their foreskin and then pass it on during sex.</p>	<p>White coating growing in moist parts of the body, such as the vagina or throat, or under the foreskin. Causes redness and itching. People with HIV often get severe, recurring thrush in the mouth, digestive tract and genitals. Can be serious as it can interfere with eating or breathing.</p>	<p>Treated with anti-fungal drugs in tablet or cream, such as fluconazole. Live yoghurt applied to affected areas can prevent and treat thrush. Some people recommend avoiding sweet or starchy foods. Risk of thrush can be reduced in HIV-positive people if they take weekly doses of fluconazole.</p>
<p>Pubic lice ('crabs') Small insects that lay their eggs in pubic hair. Pass between people during close bodily contact, including sex.</p>	<p>Small brown lice and white eggs visible in pubic hair. Cause severe itching.</p>	<p>Lice killed with liquid solution applied to the pubic area, left on for a short time and then washed off.</p>
<p>Scabies Small parasites that live on the skin, usually the fingers, armpits, abdomen, thighs, penis or scrotum. Transmitted through close bodily contact, including sleeping next to a person with scabies, or from contact with infected clothes or bedding.</p>	<p>Causes a red, very itchy rash on the affected area. If left untreated, scabies will spread rapidly over the body and be very uncomfortable. Can lead to sores.</p>	<p>Whole body is treated with benzene hydrochloride lotion or crotamiton cream, left on for 24 hours and then washed off. Sheets and clothes should be boiled. All members of the household must be simultaneously treated.</p>
<p>Hepatitis B Virus which can be transmitted through vaginal, anal or oral sex, or through exchange of blood (such as sharing needles or syringes, or blood transfusion). It is much more infectious than HIV.</p>	<p>Symptoms may never develop, or may develop after some time. Liver becomes inflamed, causing jaundice, vomiting and loss of appetite. Symptoms can be mild to very serious, and can cause death.</p>	<p>There is no cure but symptoms can be relieved with medication. There is an effective vaccine for those who might be at high risk of coming into contact with the virus, such as health workers.</p>

SEXUALLY TRANSMITTED INFECTIONS		
INFECTION	SIGNS AND SYMPTOMS	TREATMENT
<p>Human immunodeficiency virus (HIV) HIV is a virus that is carried in blood, semen or vaginal fluid. It can be transmitted through:</p> <ul style="list-style-type: none"> ■ unprotected sexual intercourse ■ exchange of blood (such as transfusions or shared injecting equipment) ■ mother-to-child transmission during pregnancy, delivery or breastfeeding. <p>HIV is not transmitted through everyday contact such as kissing, toilet seats, sharing towels or eating utensils, or through mosquitoes.</p>	<p>HIV itself has no symptoms. HIV damages the immune system, making people more vulnerable to a wide range of infections. Some people may develop flu-like symptoms shortly after infection. Most people who have HIV remain healthy for several years with no serious symptoms. HIV-related problems may then develop, such as dry coughs, night sweats, thrush and sudden weight loss. More serious illness may then develop, such as shingles (herpes zoster), persistent diarrhoea, tuberculosis and other illnesses which would normally be easy to treat. This phase is known as Acquired Immune Deficiency Syndrome (AIDS).</p>	<p>Someone with HIV can remain healthy for many years. It is believed that overall good health, a healthy diet and good health care may delay the onset of illness. Anti-viral drugs can reduce viral load (the amount of HIV in the body). These drugs, taken in combination therapy, enable people with HIV to live for much longer. The antiviral drug, zidovudine, can reduce the risk of HIV transmission from mother to child, if taken by pregnant women before and during delivery.</p>
<p>Gonorrhoea (the clap) Caused by the bacteria <i>N. gonorrhoeae</i>. Transmitted through unprotected vaginal, anal or oral sex.</p>	<p>Yellowy-white discharge from the penis, pain when urinating. The symptoms may disappear after a few days, but the person remains infectious. If left untreated, gonorrhoea can inflame testicles, which can lead to infertility. Women may have symptoms similar to men, or often no symptoms. If untreated, gonorrhoea in women can lead to upper reproductive tract infections, and cause infection to babies during birth, leading to eye infections or blindness.</p>	<p>Treated with a single dose of antibiotics such as ceftriaxone, ciprofloxacin, cefixime or spectinomycin (kanamycin or trimethoprim where gonorrhoea is resistant to other drugs). In most areas, penicillin is no longer effective against gonorrhoea.</p> <p>Many men and women with gonorrhoea also have chlamydia, which has similar symptoms. Treatment for both gonorrhoea and chlamydia is recommended if a man or woman has urethral or vaginal discharge.</p>
<p>Chlamydia Caused by the bacteria <i>Chlamydia trachomatis</i>. Transmitted through unprotected vaginal, anal or oral sex.</p>	<p>Common signs in men include: thin watery discharge from the penis and burning sensation when urinating or during sex. Chlamydia often has no visible signs in women so is undetected and untreated, increasing the risk of reproductive tract infections. Symptoms in women may include bleeding after sex and pain in the abdomen. Chlamydia can cause infection in babies during birth, leading to eye infections or blindness.</p>	<p>Treated with a short course of antibiotics such as doxycycline or tetracycline (erythromycin for pregnant women). Chlamydia is often present in men who have gonorrhoea. It is advisable to treat men and women with gonorrhoea for chlamydia as well. Chlamydia can be detected by a blood test or sample taken from the area that may have been infected.</p>
<p>Syphilis Caused by bacteria <i>Treponema pallidum</i>. Transmitted through unprotected vaginal, anal or oral sex.</p>	<p>Painless ulcers on the penis, vagina or anus, which appear two to four weeks after infection. Without treatment, the ulcers disappear after six to eight weeks. Then the secondary stage develops. Symptoms include: fever, enlarged lymph glands, headache and rash. If the disease is still left untreated, it may cause blindness, heart problems and dementia (confusion). Syphilis can be passed from a pregnant woman to her baby.</p>	<p>Treated with short course of benzathine penicillin, or, for the rare cases of allergy, doxycycline (erythromycin for pregnant women).</p>
<p>Chancroid Caused by bacteria <i>Haemophilus ducreyi</i>. Transmitted through unprotected vaginal, anal or oral sex.</p>	<p>Painful ulcers on the penis, vulva or anus, similar to syphilis ulcers.</p>	<p>Treated with short course of antibiotics such as erythromycin, ceftriaxone, ciprofloxacin or trimethoprim. If chancroid is common locally, a person with genital ulcers should be treated for both syphilis and chancroid.</p>

4. What are antibodies?

The body's defence system (immune system) develops germ fighters, called antibodies, to fight off and destroy various viruses and germs that invade the body. The presence of particular antibodies in a person's blood indicates that the person has been exposed to that infection. For example, when a blood test reveals that the antibodies to HIV are present in the blood, it means that the person is infected with HIV.

5. What is the 'window' period?

This is the time that the body takes to produce measurable amounts of antibodies after infection. For HIV, this period is usually 2-12 weeks. This means that if an HIV antibody test is taken during the 'window' period, it will be negative since the blood test is looking for antibodies that have not yet developed. During this 'window' period, a person is already HIV-infected and can transmit HIV to others.

People taking the test are advised, if the result is negative, to return for a re-test in three months, by which time had the person been infected, the antibodies are almost certain to have developed. They should avoid risky behaviours during these three months.

6. What does the asymptomatic period mean?

The asymptomatic period is the period of time between infection and the beginning of signs and symptoms related to AIDS. This varies from person-to-person for HIV/AIDS. It may be as short as six months or as long as ten years or more.

During the asymptomatic period, there may be no evidence that the person is sick. However, HIV-related illnesses can occur regularly over many months or years before full-blown AIDS develops. During the asymptomatic period (as well as during the symptomatic period), the person is infectious and can pass HIV on to others. The period between the development of full-blown AIDS and death may be as short as six months or as long as two years or more.

7. Are there drugs and vaccines to treat AIDS?

There are drugs that are effective against many of the opportunistic infections associated with AIDS. However, these drugs are not a cure for AIDS. They can only postpone symptoms or death. A few drugs have been able to inhibit the multiplication of HIV in infected persons. These drugs do not eliminate the virus from the body, but may be useful in prolonging life in infected patients.

These drugs are very expensive and many people are unable to afford them.

8. How do you get HIV?

HIV can be found in body fluids such as blood, semen, vaginal fluids, and breast milk. Any practice that allows the virus, from these fluids, to penetrate the skin or mucous membranes of another person can cause HIV infection. The skin is normally a barrier to this type of penetration, but breaks in the skin such as cuts, abrasions, sores and ulcers, can allow the HIV virus to pass through.

HIV is transmitted from person to person in three major ways:

- i) *Sexual contact.* When semen or vaginal fluid from an infection person comes in contact with the membranes of the vagina, penis or rectum, and the virus moves into the bloodstream.
- ii) *Blood contact.* When the skin is penetrated by a needle, or other skin-piercing instrument such as a razor, and that instrument has blood on it from an HIV infected person, a person can be infected.
- iii) *Mother to child.* HIV may be transmitted from an infected mother to her baby, either through the placenta before birth, during birth, or through breast-feeding after birth.

9. How don't you get HIV?

HIV is not transmitted by touch, coughing, sneezing, sharing cutlery or glasses, sharing food, swimming pools, toilet seats, mosquitoes and other insects, baths or showers.

For medical reasons, it may be important for a person to receive a blood transfusion. Most countries test donated blood for HIV and the chance of being infected in this way is very small.

Health care workers, and others caring for those with HIV/AIDS, must take precautions when they come in close contact with patients' body fluids. It is important for them to wear latex gloves to protect themselves from infection.

Washing after sexual intercourse does **not** help prevent HIV infection.

10. How can one avoid infection?

- i) *Abstinence.* A person who does not engage in sexual intercourse and does not inject drugs has almost no chance of contracting HIV or other STDs.
- ii) *Be faithful.* People who are mutually faithful (i.e. they only have sex with each other) are not at risk of HIV and STDs provided that both partners are HIV-negative at the start of their relationship and that neither gets infected during the relationship. Being married or not

having sex before marriage **cannot** protect against HIV. Many people have believed this and have been infected by their partners. This is especially true for many women whose only risk factor was having sex with their partner or husband.

- iii) *Condoms.* People who use a condom correctly **every time** they have sex can protect themselves from HIV and STD infection.

11. Do STDs increase your chance of getting HIV?

Yes. There is strong evidence that other STDs put a person at an even greater risk of getting and transmitting HIV. This may occur because of the sores and breaks in the skin or mucous membranes that often occur with STDs.

12. Which sexual activities present a higher risk for HIV infection?

Because of the risk of HIV/AIDS, it is necessary to be very clear about the sexual practices that are known to carry a risk of HIV transmission and those that do not.

- i) *No risk sex activities:*
Practising activities that prevent a partner's blood, semen or vaginal secretions from getting into contact with your blood can prevent the transmission of HIV. These activities include: masturbation, massage, hugging, and rubbing and touching genitals.
- ii) *Low risk sex activities:*
The following sexual activities are considered to carry some risk of HIV infection: sexual intercourse with a condom, oral sex without semen being taken into the mouth, and deep, wet kissing if there are cuts or abrasions in the mouth.
- iii) *Unsafe sexual activities:*
Practising the following activities is a definite risk for HIV infection: vaginal sex (penis in vagina) without a condom, anal sex (penis in rectum) without a condom, any sex act that makes you bleed, semen taken into the mouth during oral sex.

13. What does 'safer' or 'protected' sex mean?

Sexual intercourse with a condom is called 'safer' or 'protected' sex. Using a condom correctly and consistently during sexual intercourse will reduce the risk of infection of HIV and other STDs, as well as pregnancy. Condoms, when used correctly, are 98% effective. However, condoms may break due to incorrect use and this presents a low risk of HIV infection.

14. What is oral sex?

There are many ways to show affection and enjoy sexual pleasure without the penis entering the vagina. Oral sex is sucking or licking the genitals of your partner and includes mouth on penis, mouth on vagina and mouth on anus. In many cultures, penetration is regarded as the only way to have sex, but oral sex is enjoyed by women and men alike.

15. Do some people have a high likelihood of getting HIV?

Yes. It depends on a person's behaviour. Some behaviours or activities carry a higher risk of getting HIV than others. These include:

- Having many different sexual partners
- Practicing unsafe sexual activities, such as sexual intercourse without a condom
- Having sex when you have other STDs

16. Do you have to have many sexual partners to get infected with HIV and STDs?

Even one sexual encounter with a person infected with HIV is enough to transmit the virus.

17. Are men and women equally vulnerable to HIV infection?

Women are slightly more vulnerable physiologically to HIV infection than men. The area of mucous membrane exposed during intercourse is much larger in the woman than in the man and the mucous membrane surface of the vagina can more easily be penetrated by the virus. Very young women are even more vulnerable because their immature reproductive systems present even less of a barrier to HIV.

18. If a woman is menstruating, is there a greater risk of getting infected with HIV (for her partner and for herself)?

Menstrual blood from HIV-infected women does contain the HIV virus, so her partner is at a higher risk for infection. A woman who is menstruating is also likely to be at higher risk to HIV through sexual intercourse.

19. What happens to a baby born to a woman with HIV infection?

The baby may be born infected with the virus. An infected mother can also pass the infection to her baby during breast-feeding after birth. About 20-40% of babies born to infected mother will acquire the HIV virus. Some of those will develop AIDS during their first year of life. The majority of infected babies will not survive to their second birthday. However, some HIV positive children may survive up to seven years or longer.

20. Do mosquitoes or other insects spread HIV?

The evidence clearly shows that HIV is not spread by mosquitoes or other insects. We know that HIV lives in some cells of the human body but that it does not live in the cells of insects.

21. What are the advantages and disadvantages of being tested for HIV?

There are advantages and disadvantages of going for an HIV test. It is a decision that should not be taken lightly and the implications of positive and negative test results should be faced in advance with the assistance of an HIV/AIDS counselor.

Advantages of being tested include:

- You can receive early treatment and perhaps live longer.
- You can make decisions to take better care of yourself.
- You can develop an emotional support system in the early stages of the disease.
- You can inform your partner(s) that you have HIV and protect them from becoming infected.
- You can abstain from sex or use a condom during sex.
- Knowing that babies can be born with HIV, you can make decisions about whether you wish to become pregnant.
- You can avoid sharing items that come in contact with blood.

Disadvantages of being tested include:

- Learning that you are infected with HIV can be very distressing. The degree of the distress depends on how well the person is prepared for the news, how well the person is supported by family and friends, and on the person's cultural and religious attitudes towards illness and death.
- A person who learns she or he is infected with HIV is likely to suffer from feelings of uncertainty, fear, loss, grief, depression, denial and anxiety. The person must make a variety of adjustments.
- Partners and family are likely to feel similar emotions over the results of an HIV test.
- A person who has tested positive for HIV may be discriminated against if the information is revealed.

Some other important points about knowing one's HIV status:

- Remember that you must be tested for HIV twice. If the first result is negative, people must return for a re-test in three months. This is due to the window period of the HIV virus when antibodies do not show up in blood test. (See question 5.)

- All medical information, including HIV/AIDS status, should be kept confidential by medical professionals. HIV-testing should always be preceded by counseling.
- A person with HIV has the opportunity to make others more aware of the disease and to fight for tolerance and compassion for people with HIV/AIDS. However, they should think carefully about coming out as HIV positive since ignorance and discrimination do exist.
- HIV infection should not be a cause for termination of employment or schooling. HIV infection does not immediately limit a person's ability to study or work.
- HIV-infected people have a responsibility to behave that does not put others at risk.

22. How can one identify a person with HIV?

It is not possible to know by physical appearance that a person has HIV. The virus may remain in the body for many years without causing any symptoms or signs. A blood test taken after the window period is the **only** way to tell if a person has HIV.

23. What happens if you live close to someone with HIV or AIDS?

Living with someone who has AIDS or who is infected with HIV will not give you the virus. You can live quite safely in the same home with someone who has HIV/AIDS, provided that he or she is not your sexual partner and that you take precautions in handling bodily fluids.



The ABC's of HIV Prevention

A = Abstinence

Abstaining from penetrative sexual intercourse is the best way to avoid being infected with HIV. GRN research data indicates that 50% of young people between 14 and 18 are sexually active. For the half of your peers who are not sexually active, they need support and skills so that they can continue to delay sexual intercourse.

Young people are under a lot of peer pressure to become sexually active and just telling someone to say no to sexual intercourse is not enough. They need information and reasons to be able to convince their peers that they have a right to their choice.

B = Be Faithful

This is mostly a message for adults. This message requires that you and your partner have at least two HIV tests each, at least 3 months apart and that you both are completely faithful once you start having the HIV tests. This is not a helpful message for young people, since many will be experimenting with relationships, and will often have at least two sexual partners before getting married. This method requires both partners to be 100% faithful, which is difficult when young people are experimenting with sex and relationships.

C = Condoms

If you are having penetrative sexual (vaginal, oral and anal) intercourse you should be using a condom. You need to use a condom correctly every time you have sexual intercourse. **More than half of the young people in Namibia are having sexual intercourse, and less than half of these use condoms.** Young people need to either stop having penetrative sexual intercourse (you can continue to have safer sex, like mutual masturbation, touching, rubbing, etc.), abstain completely from sex, or use a condom.

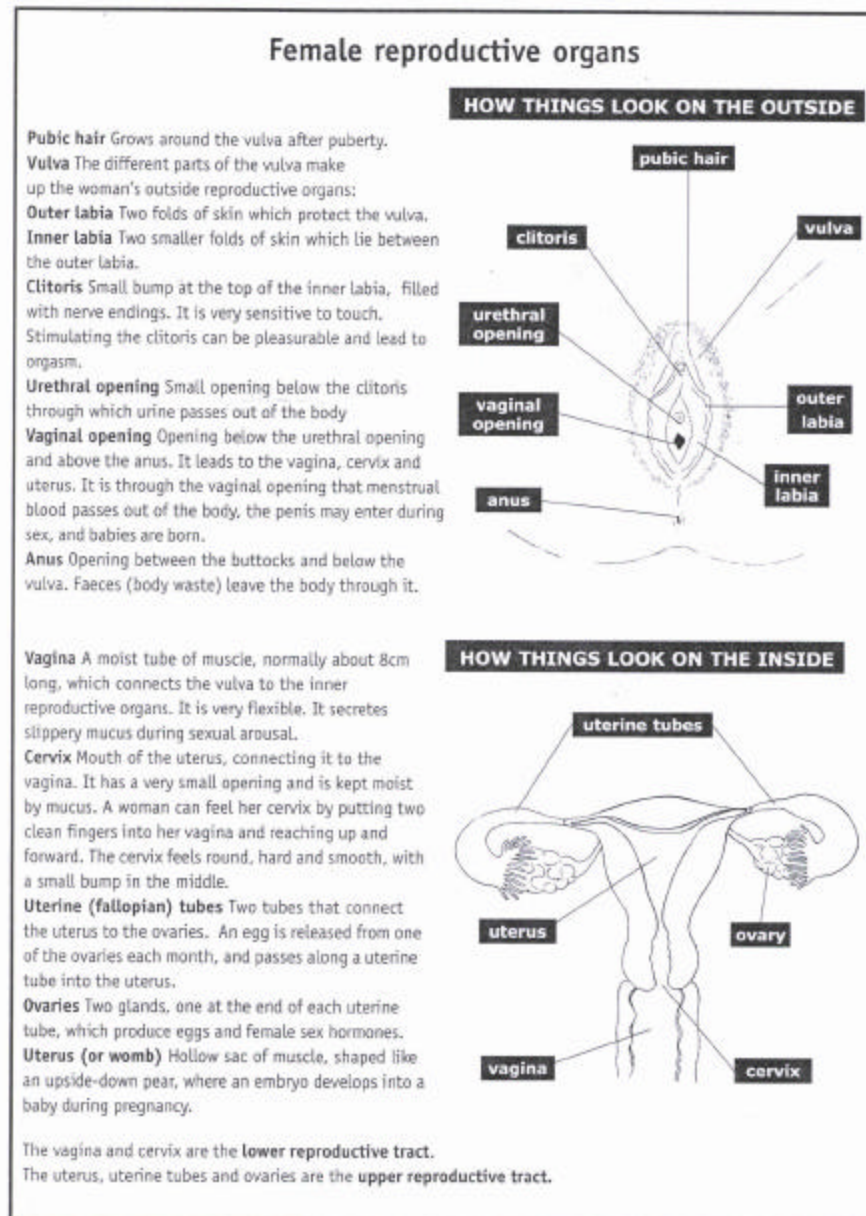
Research indicates that once a person is sexually active it is difficult to stop having sexual relations. The number one option for sexually active young people is consistent condom use (use a condom every time). Masturbation is a normal behaviour and the safest form of safe sex.

Again, just telling young people this information is not enough. They need easy access to condoms. They need the skills to be able to convince their partner(s) that they need to use condoms every time and they need to know how to effectively use a condom.

Remind the club members that if they do not follow A, B or C, it will take them to D which = Death.

ANNEX 2: FACTS ON SEX AND REPRODUCTION

The Woman's Reproductive System



* It is difficult to know exactly when a woman releases her egg (**ovulation**). Once the egg is released from the ovaries, it can survive, waiting to be fertilized, for a few days or more (depends on the woman and the level of her reproductive hormones). If the egg is not fertilized, it will pass out of her body during her **menstrual** period.

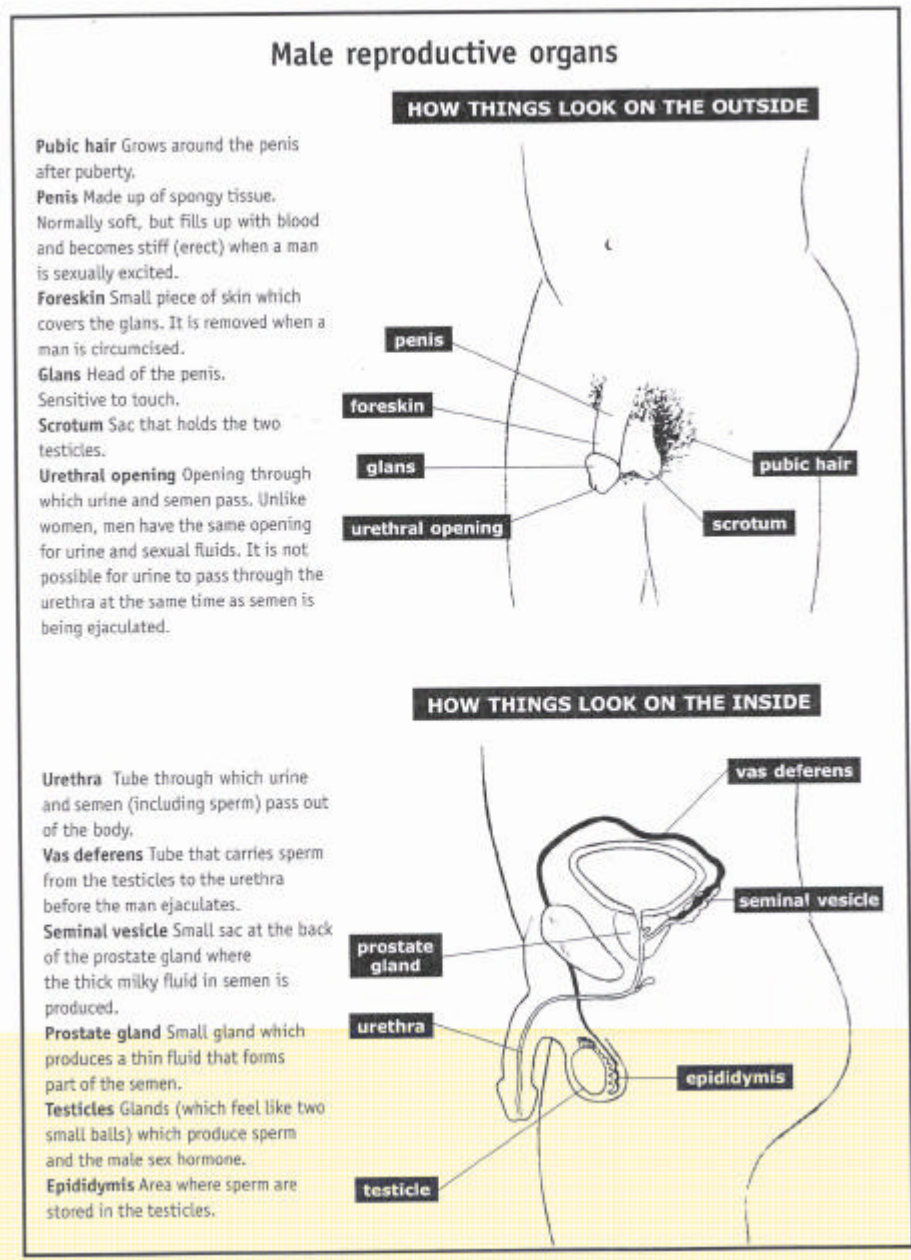
* The **menstrual period** is when the blood and tissues, which were the soft lining of the uterus, are passed out of the woman's body because the egg was not fertilized.

As part of her reproductive cycle, a woman menstruates once a month. Sometimes because of stress or other factors a woman may not menstruate. If a woman is pregnant she will not menstruate, but there may be occasional spotting.

- * The menstrual cycle ('the period') is usually 28 days, but can be longer or shorter. Most women have their period every 21 to 35 days, and bleed for about two to eight days. The cycle is counted from the first day of the bleeding to the last day before the next bleeding. When the menstrual period is over, the uterus waits for the next egg to be released from the ovary. While waiting, the uterus builds up a new lining. Generally the next egg is released about two weeks after the woman's last menstrual period. Because girls develop and mature at different ages, there is no fixed age when she should have her first period.



The Man's Reproductive System



- * The penis is normally limp, but when the male is sexually excited, the penis becomes firm or hard. This is called an **erection**.
- * The **sperm** travels in a small amount of liquid called **semen**. It goes from the scrotum through some little tubes inside the male's body to his penis. Eventually the semen, with the sperm in it, leaves the penis. The majority of sperm leaves the penis during ejaculation (orgasm). **Ejaculation** is not the only time that the sperm comes out of the penis. Some semen and sperm leave the body prior to and after ejaculation.

Sexual Intercourse

- **During sexual intercourse** the man puts his penis into the woman's vagina. Sperm are released from the male's penis before, during, and after his ejaculation. These sperm swim up inside the woman's vagina, into her uterus, and up to her fallopian tubes looking for an egg to fertilize.
- Each time a man has an orgasm he will release about one teaspoon of semen which contains **millions** of sperm. It only takes **one sperm to fertilize an egg**.
- Most women produce one egg (some more) once a month. There are about 10 days in the month when the egg could be fertilized by the sperm, depending on when the woman has ovulated (released her egg from her ovaries) and when she has had unprotected sexual intercourse. Sperm can stay alive inside a woman for three days, sometimes even longer.
- **The man does not need to put his penis all the way into her vagina** and nor does he need to ejaculate **for a woman to become pregnant** before and after ejaculation (and even if ejaculation does not occur), some semen will be released.
- **The sperm can wait in the uterus or fallopian tubes for over three days**. If the woman's egg is released from her ovaries into her fallopian tube a day or two after sex she can still become pregnant even though no egg was waiting when she had sexual intercourse.
- **A woman can become pregnant the first time that she has sex**. She is just as likely to become pregnant as a woman who has had sexual intercourse many times before. It is just as easy for the sperm to find her egg.
- If two people have **sex without a condom** and if one of them has had unprotected sexual intercourse with other people, the other person is at risk. If the man's penis contacts the woman's vagina directly or if his semen spills inside of her with no protection, they can spread a sexually transmitted disease (STD) or HIV.

Some Common Questions:

- Q:** What has to happen for a woman to become pregnant?
A: A woman becomes pregnant when a man's sperm fertilizes a woman's egg.
- Q:** What is ejaculation?
A: When the man is sexually excited and releases his sperm and semen.
- Q:** How many sperm are in a teaspoon of semen?
A: When a man ejaculates, he releases about one teaspoon of semen which contains millions of sperm.
- Q:** How many sperm are needed to fertilize an egg?
A: Only one sperm is needed.
- Q:** Are sperm and semen released only during ejaculation?
A: No, some semen and sperm are released before and after ejaculation or even if ejaculation does not occur.
- Q:** Does a man's penis need to be inside a woman's vagina for her to become pregnant?
A: No, a man's penis does not need to be right inside in the woman's vagina in order for her to become pregnant.
- Q:** Can a young woman become pregnant the first time she has sex?
A: Yes, a young woman can become pregnant the first time she has sex.

Consequences of Early Pregnancy

- * **Family problems** -angry parents, girl gets thrown out of the home, sent back to live with the grandmother, parents fight blaming each other for not providing information, etc.
- * **Education problems** – young woman and man get expelled from school, they lose the opportunity to finish education
- * **Health problems** - hard on the girl's body, especially if the pregnant girl has not finished her own growing. The growing baby needs a lot of energy and many special vitamins which it will take from the pregnant girl even if she needs them.

Teenage pregnancy can also cause **anaemia**. Anaemia means that you don't have enough iron in your blood, that there is a shortage of haemoglobin in the blood. If a girl gets anaemia from pregnancy she needs to take iron supplements. A poor diet, a lot of bleeding during menstruation, infection and illness can also contribute to anaemia. Common symptoms of anaemia is headaches, dizziness and extreme tiredness. To prevent/cure this, one can eat iron rich food like meat, liver and green leafy vegetables or get iron tablets from your doctor.

A teenage mother will not feel as well during and after her pregnancy as a grown woman who becomes pregnant would. The baby suffers too, if it does not get all of the food that it needs from the girl, it may be born very weak and small or very early. Small babies are much, much more likely to be very sick, to die, or to be weak and sick their whole lives.








A young girl's hips (pelvis) are not as wide as a mature woman's pelvis. This makes it difficult or impossible for the girl to have the baby through her vagina. She is much more likely to need an operation and have the baby removed from her stomach (caesarean section) than a mature woman is. If the girl is not able to have the operation soon enough she may die or the baby may die or become crippled. There are also many possible complications involved in any surgery.



Pregnancy in early years may also lead to **infertility**. This is called secondary infertility. It happens if the medical treatment is improper, and causes an infection, which in this case often leads to infertility.

Suicide could be a consequence, as the girl does not know how to deal with the problem and fears the reaction of parents, school, etc. and takes her life due to shame, fear, confusion, etc.

Death from illegal abortion, which girls attempt in desperation or under pressure from peers. This involves taking various substances, often rat poison, or putting objects up the vagina, or hitting the stomach in the hopes of inducing an abortion. (Difference between an abortion and mis-carriage is the time of pregnancy. After 12 weeks it is called a mis-carriage when the fetus is aborted.)

CONTRACEPTIVES

	DESCRIPTION	PROTECTION FROM PREGNANCY	PROTECTION FROM HIV/STIS	AVAILABILITY	ADVANTAGES	DISADVANTAGES
 <p>CONDOM</p>	Latex tube which is rolled onto the man's erect penis before having sex. The man ejaculates into the condom. The condom is more effective in preventing conception if used with a spermicide. Sometimes condoms are already lubricated with a spermicide. If not, they can be lubricated with a water-based lubricant.	Very good if used properly and consistently.	Very good. HIV and other infections cannot pass through.	Widely available in most countries from bars and shops as well as clinics. Inexpensive.	Rarely any side effects (a few people get irritation from latex). Only need to use when having vaginal or anal sex. Some people choose to use condoms during oral sex.	Can be difficult to use without teaching. Men need to agree to use. Can break if used wrongly or beyond use-by date, or if there is a lot of friction (for example, during 'dry sex'), or if an oil-based lubricant is used.
 <p>FEMALE CONDOM</p>	A soft, thin polythene tube which covers the inside of the woman's vagina, similar to the male condom. It can be used with a spermicide.	Very good if used properly and consistently.	Very good. HIV and other infections cannot pass through.	Not widely available. Expensive in most places.	No side effects. Only need to use when having sex. Some women can use without men knowing.	Not easily available in most countries. Expensive. Can be difficult to insert.
 <p>DIAPHRAGM and CAP</p>	Rubber 'cap' that fits over the woman's cervix to prevent sperm entering. Needs to be fitted initially by a health worker. A diaphragm or cap is put into the vagina before having sex and left in for at least six hours, but not more than 24 hours, after sex. It is then washed for re-use. It should be used with spermicide.	Very good if used properly.	No protection against HIV. Some protection against some STIs such as genital warts.	Not available in every country.	Only need to use when having sex. Can be re-used for two years. Does not need access to health worker after initial fitting.	Needs trained health worker to fit. Some women find it difficult to insert and take out. Needs to be refitted every two years, after pregnancy, or if the woman gains or loses weight.
 <p>SPERMICIDES</p>	Chemicals designed to kill sperm in the vagina and prevent sperm from entering the cervix. They take the form of foam, vaginal film, cream, gel or pessaries. They should be used with barrier methods (condom, female condom, diaphragm or cap).	Poor if used on own.	No evidence yet of reducing HIV risk. Some protection against bacterial infections.	Widely available.	Only need to use when having sex. Does not need access to health worker.	Some people are allergic.
 <p>CONTRACEPTIVE PILL (the pill)</p>	Daily pill containing hormones that prevent ovulation (release of an egg from an ovary).	Excellent if taken correctly.	None	Available in most areas from family planning clinics.	Do not need to think about it while having sex. Can switch to another method if necessary.	Needs to be prescribed by a health worker. Needs to be taken daily. Some side effects. Many conditions in which it should not be prescribed.
 <p>HORMONAL IMPLANT (often known as Norplant)</p>	Six small, thin tubes inserted under the skin in the woman's upper arm. The tubes slowly release a hormone which prevents ovulation. They must be inserted and removed by trained health workers. Effective for up to five years.	Excellent	None	Widely available in some countries.	Do not need to think about it while having sex. Can be used without man knowing. Long-lasting.	Can cause irregular periods. Some conditions in which it should not be used. Must be removed by trained health worker.
 <p>INJECTABLE CONTRACEPTIVES</p>	The most common injectable is DMPA (or DepoProvera). Injection given at a clinic every three months. It prevents ovulation.	Excellent	None	Widely available in some countries.	Do not need to think about it while having sex. Can be used without man knowing.	Can cause irregular periods. Need access to health worker every three months. Cannot stop immediately if side effects. Many conditions in which it should not be used.

CONTRACEPTIVES						
	DESCRIPTION	PROTECTION FROM PREGNANCY	PROTECTION FROM HIV/STIS	AVAILABILITY	ADVANTAGES	DISADVANTAGES
INTRAUTERINE DEVICE (IUD) 	Small piece of plastic or copper that is put in the uterus (womb) by a trained health worker. It has a fine string attached to it that the woman can feel to ensure that it is still in place. The IUD prevents fertilisation.	Excellent	None. Increased risk of pelvic inflammatory disease (PID) following insertion or via the string.	Available in most areas from family planning clinics, but often only to women who have had children.	Do not need to think about it while having sex. Woman can check that it is in place herself.	Heavier periods for some women. Needs access to health worker to insert or remove. Some conditions in which it should not be used, especially history of STIs.
NATURAL FAMILY PLANNING	Only having sex during the stages of the menstrual cycle when the woman cannot get pregnant. It involves recognising these stages, including observing body temperature and changes in cervical mucus.	Good if used properly.	None	Can be used by any couple who know about the woman's cycle.	No side effects. Couples share responsibility for family planning. No expense.	Requires commitment of both partners. Requires careful observation and record-keeping.
FERTILITY AWARENESS	Using a woman's knowledge of her menstrual cycle to decide when to use a contraceptive and when to have unprotected sex. A woman who wishes to become pregnant may have unprotected sex at the stage in her cycle when she can become pregnant, but use a barrier method (condom, female condom, diaphragm or cap) at other times to protect against HIV/STI transmission.	Good if used properly.	Very good when using a barrier contraceptive. None during unprotected sex.	Can be used by any couple who know about the woman's cycle.	No side effects. Couples share responsibility for family planning. No expense.	Requires commitment of both partners. Requires careful observation and record-keeping.
BREASTFEEDING	Breastfeeding on demand can reduce the risk of pregnancy in the first six months by delaying ovulation. Most breastfeeding women start to ovulate after six months, even if they have not had a period.	Good if breastfeeding exclusively on demand for the first six months.	None	Almost all women who have given birth can breastfeed if given support.	Free	Not reliable after six months. Women with HIV may prefer not to breastfeed.
WITHDRAWAL	This is when the man takes his penis out of the vagina before ejaculating (coming).	Poor, because sperm may be released before ejaculation.	None. HIV has been found in semen released before ejaculation.	Available to all men.	Useful if no other method available.	Man needs to think about it while having sex. May not be able to withdraw before ejaculating.
STERILISATION (VASECTOMY)	This involves cutting the vas deferens in men to prevent sperm from joining semen (see page 36), or cutting or blocking the uterine tubes in women to prevent the egg and sperm from meeting.	Excellent	None	Available from some health clinics by trained doctors.	Do not need to think about it while having sex.	Requires an operation under local anaesthetic (men) or general anaesthetic (women). Not easily reversible. Small chance of infection after operation.
EMERGENCY CONTRACEPTION 	Can be used after unprotected sex if the woman may have become pregnant. It takes the form of pills or an IUD. Pills should be taken within 72 hours of unprotected sex. The IUD can be inserted up to five days after unprotected sex.	Excellent if taken within time limits.	None	Not widely available.	Important option after safe sex 'accidents'.	Either method must be given by a trained health worker. May not be acceptable to some people who regard emergency contraception as abortion.

ANNEX 3: FACTS ON ALCOHOL USE AND ABUSE

What is alcohol?

The alcohol that is consumed at bars or parties (ethyl alcohol, or ethanol) is created by fermentation, a process in which the yeast fungus feeds on the sugars and/or starches in certain plants such as barley or grapes and excretes alcohol along with carbon dioxide (CO₂).

From the cheapest beer to the most expensive wine or after dinner liqueur, all alcohol is made with the same fermentation process. The different colors, tastes, potencies and flavors come from the different fruits or vegetables used as well as the additives, by-products and diluting substances of the fermentation process.

How does it affect the body?

Each time someone has a drink, whether it is beer, wine, or liquor, he or she is consuming alcohol. Alcohol is a drug that is absorbed into the bloodstream from the stomach and small intestine. It is broken down by the liver and then eliminated from the body. There are limits to how fast the liver can break down alcohol and this process cannot be speeded up. Until the liver has time to break down all of the alcohol, the alcohol continues to circulate in the bloodstream, affecting all of the body's organs, including the brain. In general, the liver can break down the equivalent of about one drink per hour and nothing can speed this up--including black coffee!

As alcohol reaches the brain, the person begins to "feel" drunk. The exact nature of this feeling can vary considerably from individual to individual and even within the same individual from situation to situation. What is common to all individuals and all situations is that alcohol depresses the brain and slows down its ability to control the body and the mind. This is one reason why alcohol is so dangerous. Alcohol acts like a sedative and slows down muscle coordination, reflexes, movement, and speech. If an individual drinks too much alcohol, his or her breathing or heart rate can reach dangerously low levels or even stop.

What are the risks?

- Vomiting.
- Blacking out and not remembering what you did while you were drunk.
- Passing out in an unfamiliar place or a place where your safety could be at risk.
- Decreased inhibitions resulting in embarrassing and dangerous behavior.
- A hangover which includes: nausea, fatigue, upset stomach, headache, sore muscles, "cotton mouth," lack of motivation.
- Alcohol-related injuries resulting from loss of inhibitions and coordination.
- Death by nervous system failure, injury and choking (on own vomit).

Alcoholism

Alcoholism, also known as "alcohol dependence," is a disease that includes alcohol craving and continued drinking despite repeated alcohol-related problems, such as getting suspended or expelled from school, or getting into trouble with the law. It includes four symptoms:

1. **Craving:** A strong need to drink.
2. **Impaired Control:** The inability to limit or control your drinking on a particular occasion.
3. **Physical Dependence:** Withdrawal symptoms, such as nausea, sweating, shakiness and anxiety, when alcohol use is stopped after a period of heavy drinking.
4. **Tolerance:** The need for increasing amounts of alcohol in order to feel its effects.

To Drink or Not to Drink?

Alcohol is the most commonly used drug. Whether you are over or under the legal drinking age, you cannot avoid making decisions about drinking -- at parties, on dates, in your room. Your decisions can increase your risk of flunking courses, getting a sexually transmitted disease, and being involved in fights and accidents. It can also increase your risk of developing a long-term drinking problem.

Careless decisions about drinking -- made at the last minute or when you have already begun drinking -- usually have the worst consequences. But you can make careful decisions--before you drink at all or before you drink at a party or other event -- that will protect you and those you care about.

If you choose not to drink...

1. Stick by your decision; be polite but firm when you refuse a drink.
2. Establish a nonalcoholic beverage that you will use as a substitute for alcohol (soda, juice or mineral water are good choices).
3. As the sober partier, look out for friends!
4. Enjoy other activities with a clear head and be conscious of what you are doing.

If you choose to drink...

1. Drink moderately.
2. Don't binge drink.
3. Avoid drinking games.
4. Set limits before you drink and establish a nonalcoholic beverage you will use as a substitute once you have reached your limit (soda, juice or mineral water are good choices).
5. Always appoint a designated driver.
6. Set up a buddy system and stay together (don't abandon intoxicated friends or let them wander away).



Self-Assessment

Becoming aware of why you drink reduces your risk of harm. Do you drink to :

- Get a break from your daily routine?
- De-stress from school work?
- Reward yourself?
- Feel less inhibited in social situations?
- Fit in with others while they are drinking?
- Express feelings that are difficult to express when you are sober?
- Suppress painful feelings such as shame, anger, sadness or loneliness?

Compare your drinking habits to those described below to gauge how appropriately you use alcohol. Remember, though, it is not necessary for a person to have every symptom to fit into one of these categories. Also, social drinkers do not ordinarily become alcoholics.

A **SOCIAL DRINKER** typically:

- Drinks slowly (no fast gulping).
- Knows when to stop drinking (does not drink to get drunk).
- Eats before or while drinking.
- Never drives after drinking.
- Respects non-drinkers.

An **ALCOHOLIC** or **PROBLEM DRINKER** typically:

- Spends a lot of time thinking about drinking and planning where and when to get the next drink.
- Starts drinking without conscious planning and loses awareness of the amount consumed.
- Experiences changes in personality; may become loud, angry or violent, OR silent, remote or reclusive.
- Denies having a drinking problem.
- Drinks alone.
- Needs to drink before facing a stressful situation.
- May have "blackouts" -- cannot remember what he or she did while drinking, although he or she may have appeared normal to people at the time.
- Goes from having hangovers to more dangerous withdrawal symptoms which can be fatal.
- Has or causes major problems -- with police, an employer, family or friends

ANNEX 4: BRIEF INTRODUCTION TO SOME RESEARCH METHODS

Listening Surveys

One way to find out what people really think about a subject is *to do a "Listening Survey"*. To do this, you need to move around the community and listen to what people are saying, who is saying what, why they are saying these things.

The places where you gather the information should be where people feel relaxed, for example, at the well, market, bus stop, bottle store, etc. You can do this in teams of two or three.

Just start a conversation in a natural way, with a vendor or another member of your team, by saying "did you hear on the radio about AIDS", or "I am not afraid of AIDS", etc. The idea is to get people to talk about AIDS without them knowing you are trying to find out what they really think or know about the subject. Doing this takes time and can be fun. As an 'under-cover' researcher, you need to play your role so well that people don't even know you are acting.

Once you have collected the information, you will need to meet as a group and do an assessment on what you have found out. The assessment, or sharing, of what you have found out among the rest of the group will help you to know what misconceptions and problems exist in your community. It will also help you to design activities, or messages, which you can deliver through dramas or group discussions, debates, etc.

When doing the survey you will find out that sometimes talkative people know the least about a subject or about what their community really thinks. These people are usually too busy listening to themselves to take any notice of what others think or know. These people should be avoided. Often the majority is not very talkative, but once started, they have the most vital information on what people actually do or believe about an issue in your community.

You need to have some rules for determining what is a common misunderstanding or risk behavior or care activity in your community. Some *rules* could be that if two separate teams hear the same misconceptions or behavior or activity, then it is probably common in your

community. If three teams got the same information, then you know it is a major issue that needs to be tackled in your activities.

Questionnaires

Questionnaires are used to produce "quantitative data" (percentages, etc. which are a proxy measurement of the behaviour and prone to some degree of error).

Questionnaires are made up of a set of written questions. The questions should be clear and specific. Each question should address only one issue. Leading questions should be avoided as they set-up the answers. For example "do you think sex before marriage is wrong?" should be written as "what do you think about sex before marriage?" Questions should be arranged in logical order. Leave the most difficult/sensitive questions to the end.

Focus Group Discussions

Focus group discussion can be used as a rapid assessment technique, which can provide rich information on an issue, topic or a "problem." The findings can be used to generate the questions (open & closed) and possible responses for a questionnaire. FGDs can also be used as a monitoring tool, to undertake periodic discussions with young people to assess project interventions.

A focus group discussion is an organized discussion among a group of similar people about a particular topic. This is usually referred to as "qualitative" research. It requires a "good" facilitator and a note-taker. The group should number around 6-12 individuals who have the same group characteristics (for example, teenage girls, 12 -15 years of age, who are out of school and living in a rural area) although it is possible to mix the backgrounds, but this should be linked to the goals of the discussion.

The facilitator and note-taker should be of the same sex as the participants. For young people it is recommended to have same sex groups, but with adults it is possible to run mixed groups, but this does depend on the issues that are to be discussed.

FGDs are designed to explore people's in-depth thinking about a single topic, for example, substance abuse. The facilitator guides the discussion by asking only a few, general questions, but otherwise the facilitator

avoids intervening in the discussion. The objective is for the group to discuss the issue among themselves.

The group interaction should encourage members to think more deeply about the topic than they would have as individuals.

Analysis of FGD Data: Documentor and facilitator should review the text as soon as possible after the discussion to check if it is complete and accurate. Responses to questions can then be clustered out of the notes. Leave in the participants' own words as much as possible in the report. (This is where using a tape recorder during the discussion is very useful.)

Role Play

Role play with groups of young people (as well as adults) is a method which is used for finding out their knowledge, attitudes and behaviours in a participatory, fun, and non-threatening way. Role play is also used for cross checking FGD and survey questions or results.

Cross-gender role plays (girl plays boy - boy plays girl) has produced some interesting results working as it is often easier to "see" the real behaviour of the opposite sex better than your own.

Case Studies

A case study is a detailed description of one person or a group's experience with an issue. Case studies are useful for putting together pieces of information into a complete picture of a problem, behaviour or issues. Case studies can also be used to show an exception to a typical behaviour pattern. Case studies can be used as a way to cross check questionnaire data.



ANNEX 5: TIPS FOR EFFECTIVE PUBLIC SPEAKING

Anyone can give a speech but not everyone can give an effective speech. At some point in everyone's life, we must speak in front of a group of people. It could be through your job, in school, civic or government groups or just a group of friends or family members. If one is to effectively communicate to these groups, one must learn to do so properly. Effective public speaking skills can be learned by following a few simple tips.

FOUR ELEMENTS OF AN EFFECTIVE TALK OR SPEECH

CREDIBILITY

A speaker's ideas are accepted as believable only to the degree that the speaker is perceived to be credible. The speaker's credibility depends on their confidence in themselves, competence, and good will. The speaker who is well organized will usually be considered competent. The speaker who is dynamic and passionate about the subject will be seen as more credible than one who is not. The most fundamental factor a speaker projects is the attitude they have toward themselves. A speaker's poise and confidence communicate as effectively as the words that are spoken. Remember the three H's of credibility: Humour, Heart & Humility.

DELIVERY

The delivery, the way the message is presented, should compliment the speech's objective. A well written speech delivered poorly can quickly lose effectiveness. The best speakers follow an outline and speak from the top of their heads rather than reading every word to the audience. The speaker should not memorize, but can use an outline on paper or cards to present the speech.

POSTURE

- Be comfortable and poised.
- Stand up straight.
- Don't Swing, Shift or Jump.
- Don't lean forward or backwards, or put your weight on one leg.
- Put your hands at ease. Gestures can be effective but don't overdo it.

EYE CONTACT

- Look in the eyes of people. Move your eyes in slow smooth cycles to cover the entire audience, especially corners. This creates rapport, or relationship with your audience.

VOICE

- Vary your voice by changing loudness and tone of the words and theme of your speech. This brings life to your speech and keeps the audience interested in what you are saying.
- Use your voice to add emphasis. Convey energy when you need to, and 'draw the audience in close' when it's appropriate.

LANGUAGE

- Use words which are natural to you.
- Use phrases which are understood by all.
- Avoid bookish language, or words that are too technical.
- Do not mix languages so much or so many times that it irritates.
- Some foreign language words are not easy to translate so don't try to.

CONTENT

The content is what we say about a topic. It may seem an obvious thing to do, but before you start writing your presentation you must determine what precisely your topic will be or what aspect of a topic you plan to address. Once this is clear you can commence writing. Occasionally you will find that your topic, as determined, is actually too large or complex for the time available and you may have to go back and review the specific topic you wish to address. Following are some pointers for determining the content of your speech:

- Look for a creative angle on your topic. Capture your audience's attention this way.
- Research and collect data, exact figures, latest developments, interesting little known facts, expert opinions, any other relevant information which would humour, fascinate or surprise the audience.
- Encourage audience participation. Most audiences enjoy becoming involved in presentations, particularly if they've been sitting for a long while. Involvement often promotes a greater degree of learning and understanding.
- Use personal examples and stories in your speech whenever possible. Storytelling is fun whether you're the teller or the listener. It's entertaining for the audience, it's an effective way to teach a principle and it's a great way for the teller to practice vocal variety and dramatic techniques.
- Add drama, role play or music. There's entertainment value when incorporating drama, role play or music in a presentation and people are more apt to remember you and your message. Make sure your use of drama or role play is appropriate to your topic.

When preparing the content of your speech, remember to consider these important points:

A_udience - Who are the members? How many will be at the event?

U_nderstanding - What is their knowledge about the topic you will be addressing?

D_emographics - What is their age, sex, educational background, etc.?

I_nterest - Why will they be at this event? Who asked them to be there?

E_nvironment - Where will I stand when I speak? Will everyone be able to see me?

N_eeds - What are the listener's needs? What are your needs as a speaker? What are the needs of the person who invited you?

C_ustomized - How can I custom fit my message to this audience?

E_xpectations - What do the listeners expect to learn from me?

STRUCTURE

When speeches and presentations are poorly organized, the impact of the message is reduced and the audience is less likely to accept the speaker or the speaker's ideas. Therefore, the structure of a talk or speech is very important. Below is a brief outline of a successful speech:

I. Introduction

- A. An opening grabber such as a quote, story or shocking statistic. Capture your audience's attention by giving them a reason for listening.
- B. The purpose or main message of your presentation. This is where you tell your audience what you are going to talk about.

II. MAIN BODY

- A. Your main points or ideas. Break your idea into separate points (three is suggested) that explain or support your main message. This is where your audience is told about your topic.

III. CONCLUSION

- A. A summary of your main points. Revisit and summarize your main message by referring back to the points made in your main body. This provides your audience with a complete package and reminds them what you have told them.
- B. A closing grabber. Give the audience something to remember as they leave.
- C. Time for questions & answers, if appropriate.

MORE TIPS FOR EFFECTIVE PUBLIC SPEAKING

- ◆ Know the room. Be familiar with the place in which you will speak. Arrive early, walk around the speaking area and practice your talk or speech.
- ◆ Know the audience. Greet some of the audience as they arrive. It's easier to speak to a group of friends than to a group of strangers.
- ◆ Feeling some nervousness before giving a speech is natural and healthy. It shows you care about doing well. It is perfectly normal to feel nervous. Just don't show it!
- ◆ Be prepared. If you're familiar with your talk or speech or are uncomfortable with it, your nervousness will decrease. Especially practice the opening of your speech and plan exactly how you will say it. Ask someone to listen to your talk or speech and provide feedback on your performance.
- ◆ Stay Relaxed. Take deep breath, make a short and secret meditation, mentally play your favourite song, feel friends cheering you up, or see the scene of past success.
- ◆ Concentrate on the message, not the audience. Focus your attention away from your own anxieties, and outwardly toward your message and your audience. It is your responsibility to provide the information your audience needs to hear. It is the message that really counts.
- ◆ Focus on all the people who are listening to (not on those who are not). Do not get distracted by disturbances. If it is minor ignore the disturbance & go ahead. If it is major, wait till things settle down, tell a fitting joke or make a comment and go ahead. In any case, never lose your charm & calm.
- ◆ Watch for non-verbal clues from your audience and be prepared to respond to the reactions of your audience throughout your presentation.
- ◆ Ignore if you have erred and no one noticed. Admit & correct if it is pointed out.
- ◆ Experience and practice builds confidence, which is the key to effective speaking. Anywhere, any time, jump at a chance to stand up & speak in front of people. There is no better alternative than to practice.
- ◆ Questions from audience are a welcome sign. It shows they have listened to you. Answer if you can, otherwise ask all present to answer. Admit if you do not know the answer and accept if anyone gives additional information. Answers should be short and sweet.
- ◆ Pay attention to all details. Make sure you know the right location and time.

...and the final tip: Public speaking CAN be fun!

It's possible for public speaking to be fun and hugely satisfying. Once you've enjoyed a giving a talk or presentation, your self confidence will get a huge boost and you'll be off and running!