

Global Volunteer Network 
VOLUNTEER TRAINING GUIDE

SEX EDUCATION AND BODILY HYGIENE

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FOREWARD

My name is Georgina Blewett. I was a volunteer on the Ghana Teaching Program with Global Volunteer Network for three months from February to May in 2006. It was during this period as a voluntary school teacher that two girls in my class became pregnant. Both of them were under 16 years old and stopped coming to school.

Sex Education and awareness may not immediately come to your mind when you decide to partake on a GVN program but the topic is becoming a matter of paramount importance. Many developing countries don't have access to the information. When that information is not there, for whatever reason, the effects can be clearly seen. If a girl gets pregnant the chances are very high that she will be taken out of school and you may lose a pupil you could have taught. If a boy or girl contracts HIV or an STD through unprotected sex, their quality of life is threatened if there is no access to drugs and they may be stigmatized in their community. This is just the tip of the iceberg. These issues may not be apparent when you first arrive at the program but that doesn't mean they are not happening.

This guide is designed to encourage all volunteers to be aware of these issues during their stay and provide a gateway to teach this subject to their pupils or the teachers themselves. A little knowledge can really make a huge difference.

INTRODUCTION - POINTS TO CONSIDER

Talking about sexuality and sex education is never straightforward. There is no one method of talking or teaching about it and each person has their own individual ideas. This guide hopefully will provide volunteers with the basics and means to go out and teach pupils in their own way.

The guide is designed to take into consideration cultural attitudes. Volunteers are mainly going to countries where sex and sex education isn't discussed as openly as in the West and is often regarded as a taboo subject. Religion is often at the centre of the communities and may be a factor as to how sex education is taught in that community. Many of the pupils have little or no access to magazines, leaflets, the Internet or a family planning clinic which are important foundations for Western sex education. This means that for the majority of pupils knowledge about sex education will consist of what their family may or may not have said or hearsay from their friends.

Volunteers may also need to be aware of the teachers. It is possible that some of the teachers volunteers encounter may not have taught sex education at all in their schools and have a conservative attitude to sex education.

It is recommended that the volunteer should make sure all his/her lesson plans are checked in advance by at least one of the native teachers at their school to ensure the teacher understands what the volunteer wishes to teach. This will ensure that no cultural insensitivity is caused and also encourage the teachers themselves to become better informed about sex education. If they are carefully informed of the facts then the work of the volunteer can be continued long after their departure.

It is up to the volunteer to determine his/her own lessons. The volunteer can follow the chronology of this guide if they wish to or teach the sections in a different order. The volunteer should be able to add or include their own individual ideas or recent updates to any section if they feel it is beneficial to their class and the guide as a whole. However it is advisable that they share these ideas with at least one other person to ensure that the ideas are suitable for the guide.

The volunteer should ensure that no personal bias is involved when teaching the guide to their students. This applies if there are parts of the guide which the volunteer may agree or disagree with, for example their personal view on abortion. A neutral bias involving a range of opinions must be presented to the students in order for the education to be successful.

Some requirements of Western sex education may not apply, for instance methods of contraception as they are simply not commonly available in that particular country. This guide aims to give volunteers a basic synopsis of sex education from a Western viewpoint. The synopsis can then be tailored by the volunteer to teach to their students so it reflects the cultural attitudes and relevant topics of their chosen country. This will allow for a more successful exchange of information and education for the students.

ABOUT SEXUALITY – POINTS TO CONSIDER

- ▶ Sexuality is a part of human nature and a basic human instinct as much as the need to eat and drink.
- ▶ Every person is sexual.
- ▶ Sexuality is a normal part of living as a human being. Every individual has a basic right to learn about and embrace their sexuality.
- ▶ Sexuality comes in all forms.
- ▶ Sexuality shapes our views on life and love and how people experience the world.
- ▶ Sex and Sexuality is *everywhere*. People can –
 - ▷ See it in television, film and advertisements.
 - ▷ Read about it in books, magazines, leaflets and the Internet.
 - ▷ Talk about it amongst their friends and family.
 - ▷ Hear about it from family and strangers.

As a result of witnessing a variety of beliefs and attitudes to sex it can be difficult for young people to understand and know what is best for them as individuals in their sexuality.

Therefore Sex Education should be an activity which enables young people to gain positive and accurate information about sex and sexuality. They can take this information and use it to develop a healthy attitude and assertive choices in their sexual behavior.

Young people with a healthy attitude and good knowledge about sexuality are less likely to end up with negative outcomes relating to sexuality e.g. unplanned pregnancy, STD's and abuse.

ACTIVITIES FOR INTRODUCING SEX EDUCATION

Talking about sexuality and sex is never easy for both children and adults. The majority of people have been taught that it is wrong to talk openly about sexuality. This may mean that it is difficult for the volunteers to know where to begin with sex education for their students. It may be hard for the volunteers to talk about their own sexuality before even beginning with their students! The students themselves might be reluctant to discuss these issues at first particularly with a stranger. However, by being open with themselves and the students the volunteer can establish from the start that it is normal for everyone to be uncomfortable when talking about sex and that they should not be embarrassed or ashamed to ask questions about their sexuality.

Here are some introductory activities to get volunteers started.

Task 1 – designed for students aged 12 and up

This task will require paper or post-it-notes and pens.

The time for this task is flexible depending on the number of students.

1. The volunteer asks all the students to sit or stand in a circle. Each student will receive a piece of paper with a term of sexuality written on it.
Examples - condom, vagina. The note should be attached to their back or front of their head.
2. The students will then each be assigned a partner. Each group will take it in turns to guess what term of sexuality is written on their note by asking a 'yes' or 'no' question.
Example - Am I part of the female body? Yes.
3. After every group has finished the volunteer should ask the students to repeat the terms out loud and what they thought about playing the game.

The activity should allow the students to start thinking about sexuality and encourage them to feel comfortable discussing the subject with the volunteer and each other.

Source: Planned Parenthood Website – Educational Resources.

Task 2 – designed for students aged 16 and up

This task is designed for older teenagers and adults to encourage frank discussion of the sexual problems they may be facing.

1. For this task girls and boys should be put into separate groups of no more than 12 students. Each group will be given 1 hour alone with the volunteer.
2. Each group will be given 10 minutes before their session to think of 1 question relating to sexuality that they would most like to ask the volunteer:

Examples

Can you get pregnant the first time you have sex?

Can I get AIDS from kissing someone?

How do you know someone is gay?

3. Each student must think of a reply of what they think about their question.
4. The volunteer must listen to each student's question and answer. He/She must ask first the student and then the group's opinion on what is right/wrong with the answer. Then the volunteer can give his/her own response to the question.

This task is designed for the volunteer to be aware of which topics of sex education need to be taught to their group and what topics the students are interested in learning about.

Task 3 – designed for students aged 10 and up

This task is designed as an introductory lesson to make the students comfortable with the volunteer and therefore with discussing sex education.

1. The volunteer should ask all the students to sit in a circle.
2. Each student is then asked by the volunteer what their main hope or dream is that they wish to achieve in life.
3. The volunteer must then listen to each individual student. He/She must either respond to each student separately or to the class as a whole about how the decisions the students make will affect their lives.

Example - Student: 'I would like to be a doctor'.

The volunteer's response could be – 'You must make sure that you work hard in order to stay in school and go to university. If you get pregnant after unprotected sex this will make it difficult to go to school and your family won't be able to afford the school fees as the money will have to go on the baby'.

The aim of this task is to ensure the students can be open with the volunteer who in turn can learn about his/her students. In this way the students will be more likely to listen to the volunteer teaching about sex education.

Websites

Here is a list of websites for volunteers to gain more information about sex education. It is important to consider that many of these websites contain sex education from a Western viewpoint which will need to be altered by the volunteer to teach to their class.

<http://www.avert.org/sexedu.htm> Comprehensive website with up to date information about sex education particularly in Britain and the United States.

<http://www.brook.org.uk> Website for the Brook and Family Planning Association in Britain.

<http://www.plannedparenthood.org> American family planning website with news, classroom activities and advice about sex education.

http://www.bbc.co.uk/relationships/sex_and_sexual_health BBC website with advice about sexual health and relationships.

<http://www.tarsc.org/auntstella/index.html> - A website designed for school children in Zimbabwe to learn about sex education and relationships.

GLOSSARY

Here is a list of the main terms of sex and sexuality which will come up repeatedly in sex education. The volunteer should take time to explain these terms to their students to ensure the terms are understood correctly.

A.

Abortion - The deliberate termination of pregnancy in a woman before she is able to give birth.

Abstinence – A decision made by a man or woman to not have sexual intercourse.

Adultery – When a man or woman who is married has sexual intercourse with someone who is not their wife or husband.

Anal Sex – When the penis is inserted into the partner’s anus.

Anus – The opening of the rectum through which solid waste leaves the human body.

B.

Biology – The study of life from a scientific basis.

Bisexual – A person who is attracted to both men and women.

Bladder – Where urine is stored in the human body.

Blood test – When a sample of blood is taken normally by injection from the arm so it can be checked for possible diseases e.g. HIV/AIDS.

C.

Celibacy – When a person decides to not have any sexual intercourse.

Cervix – The lower part of the womb or uterus in the female body which has a narrow opening to the vagina.

Child Abuse – When a child is sexually assaulted normally by a person or people older than them

Circumcision – An operation performed on a boy or man to remove the foreskin from the penis.

Clitoris – This is the sex organ at the top of the vulva in the female body.

Conception – When an egg in the female body is fertilized by the male sperm and pregnancy begins.

Condom – A sheath of fine rubber which is rolled onto the male penis before sexual intercourse. It is used as a method of birth control to stop sperm passing between the male and female.

Contraception – Also known as birth control, used to prevent pregnancy and STD’s.

E.

Ejaculation – The release of semen from the male penis when it is hard or erect.

Erection – When the penis is sexually aroused it fills with blood and becomes hard or stiff.

F.

Female Circumcision – Also known as F.G.M. (Female Genital Mutilation) A practice of removing the clitoris, clitoral hood and/or the labia from the female body.

G.

Gay – A person who is homosexual.

Genitals – The reproductive and external sex organs in men and women.

H.

Heterosexual – A person who is sexually attracted to someone of the opposite gender.

HIV (Human Immunodeficiency Virus) – A virus which affects the body's ability to fight off disease and lead to AIDS.

Homophobia – When a person or people are afraid of and hate people who are gay, lesbian or bisexual.

Hymen – This is a thin stretch of tissue across part of the vaginal opening.

I.

Incest – When sexual intercourse occurs between people of the same family.

Infertile – When a woman is unable to become pregnant or a male is unable to produce sperm which fertilizes a female egg.

Intercourse – When two people have sex where the male penis is inserted into the female vagina.

L.

Lesbian – A woman who is homosexual.

M.

Masturbation – When a person becomes sexually aroused by touching their sexual organs.

Menstruation – When blood and tissue is passed out of the uterus through the vagina of the female body for three to seven days. Also known as a period.

Monogamy – When a person in a committed relationship has sexual intercourse with only their partner.

O.

Oral Sex – When a person stimulates his/her partner's genitals sexually with their mouth/tongue.

P.

Penis – The male reproductive and sex organ.

Pill – also known as oral hormonal contraception which prevents pregnancy.

Premarital Sex – when people have sexual intercourse before they are married.

Prostitution – When a person performs sex acts in exchange for money.

Puberty – The period during which a girl becomes a woman and a boy becomes a man.

Pubic Hair – Hair which grows around the female and male genitalia.

R.

Rape – when a person is forced by another person to have sexual intercourse against their will.

S.

Safe Sex – people who have sexual intercourse where they are protected from pregnancy and sexually transmitted diseases e.g. using a condom.

Semen – Fluid containing sperm which is released from the penis when the male ejaculates.

Sexism – when there is prejudice and bias by a person against the opposite sex.

Sperm – Cells produced in the testes or balls of the male which fertilizes the egg to make a female pregnant.

Straight – a heterosexual person.

U.

Uterus – also known as the womb. Part of the female reproductive organ where menstruation happens and pregnancy develops.

V.

Vagina – the passage in the female body through the uterus and the vulva are connected.

Virgin – a person who has never had sexual intercourse.

Note: Volunteers are advised to take diagrams of the male and female reproductive organs and genitalia to use with their teaching. Otherwise the diagrams can be drawn on the blackboard to teach the students. The volunteer should take note to teach their students about the main features of the genitalia for both men and women and their purpose in sexual intercourse.

Volunteers should check that all diagrams which they wish to use for their teaching have been approved by the head teacher of their school.

HIV/AIDS – FACTS TO TEACH

- ▶ HIV stands for Human Immunodeficiency Virus.
- ▶ This is the cause of AIDS (Acquired Immunodeficiency Syndrome)
- ▶ It is very difficult to tell if someone has HIV as people who are infected will look and feel healthy for many years. As a result some people won't even realize that they are HIV positive.
- ▶ HIV causes parts of the immune system of the human body to be slowly wiped out. This affects the body's ability to fight off disease. Gradually the person will become sicker due to the body's weakened state and be unable to fight off illness. This will eventually lead to a person's death.
- ▶ There is no main symptom for HIV as many HIV positive people have different symptoms. Many of the symptoms are common with normal illnesses such as tiredness, fever or swollen glands.
- ▶ People with HIV can receive treatments or drugs that will keep them healthy for a longer period of time. However at present there is no cure for HIV/AIDS.
- ▶ HIV is found in the blood, vaginal fluid, semen and breast milk of the human body. The method to check if a person is HIV positive is to do a blood test.

HIV is spread through:

- ▶ Unprotected vaginal sexual intercourse with a person who is HIV positive.
- ▶ Unprotected oral and anal sex with a person who is HIV positive although the risk is small. This mainly applies if either partner has open cuts or sores around their mouth which may come into contact with semen, blood, vaginal fluid or breast milk.
- ▶ Sharing syringes or needles with a person who is HIV positive.
- ▶ From mothers to their babies before or during birth and breastfeeding if the mother is HIV positive.
- ▶ Through blood transfusions. This still applies to many African countries as many still don't have standard test for HIV for donated blood and organs compared to the developed countries such as Britain and the United States.

HIV is not spread through:

- ▶ Anything that doesn't involve blood, vaginal fluid, semen or breast milk. This includes:
 - ▷ toilet seats,
 - ▷ food,
 - ▷ water,
 - ▷ air,
 - ▷ faeces,
 - ▷ saliva,
 - ▷ vomit,
 - ▷ sweat,
 - ▷ urine,
 - ▷ insects,
 - ▷ animals,
 - ▷ knives, forks
 - ▷ tears.

HIV/AIDS in Africa – A Brief Overview

GVN has several programs based in Africa including Tanzania, Ghana, South Africa, Kenya, Uganda and Rwanda.

Sub-Saharan Africa has been more affected by HIV/AIDS than any other region in the world despite the fact that it holds only 10% of the earth's population. Over 22 million people at present are estimated to be HIV positive and at least 2 million people over the past year alone have become infected.

The epidemic is varied between different regions. In some countries such as Kenya and Uganda HIV prevalence appears to be leveling off and the number of people dying is beginning to equal the number of new cases of HIV. The worst affected is the region of Southern Africa and the country of South Africa with over 15% of the population infected.

Africa faces a mounting challenge in dealing with the AIDS epidemic. The prevalence overall continues to remain high and is still increasing in several countries. Many people who are HIV positive are starting to become ill. *This is making a serious impact on society.* The majority of African countries lack basic healthcare and resources compared to the West. The AIDS crisis is placing a serious strain on these existing health services as greater numbers of HIV patients become in need of care. HIV/AIDS has also reduced the mortality rate of healthcare workers making their already depleted numbers in even shorter supply.

HIV/AIDS has emerged as a generalized epidemic. Rather than being confined to high risk groups such as sex workers and men who have sex with men (MSM) the *main method of transmission is now through heterosexual sexual intercourse.* The main group affected is the adult age group 15 to 49 and more women are becoming infected compared to men.

HIV/AIDS is affecting the young adult group in society who are the prime income earners for their household. This is because the largest number of deaths relating to AIDS occurs in this group. *As a result it is threatening the stability of many households which are already impoverished.* The younger members left behind not only lose their parents but are forced to take on their roles. This often results in younger children struggling or failing to finish school. The grandparents may have to care for their grandchildren. Households with one or more HIV patients have to spend a greater amount of their meager income on care and funeral costs and cut back on basic necessities. In order to cope they may borrow from other households and use up their assets and savings causing many families to fall into further poverty.

The economy is being affected as there is less labour, which makes the existing labour more expensive whilst agricultural work is being neglected. Many African countries were already struggling to expand their economy and industry in order to attract foreign interest prior to the AIDS epidemic. These problems combined will only worsen the situation. One main method of reducing the mortality rate is to provide antiretroviral (ARV) drugs to those who are HIV positive. Unfortunately the majority of those in need of ARV drugs are still not receiving them and it will take a significant period of time before adequate numbers are supplied.

Due to these issues it is essential that HIV/AIDS prevention and education continue to be implemented as it is considered to be one of the best methods to reducing the rate of AIDS in Africa.

For further information check out the website www.avert.org/aidsimpact.htm

HIV/AIDS in India

India has over a billion inhabitants which makes it one of the most heavily populated countries on earth after China. Over 4 million people at present are HIV positive making India the second country in the world after South Africa with the most inhabitants affected by HIV/AIDS. As a result India is facing an AIDS epidemic on a huge scale albeit one that has been less covered in the media compared to Africa.

Infection rates in India increased dramatically in the last decade and are still growing instead of leveling off. Originally HIV/AIDS mainly affected high risk groups such as truck drivers and sex workers however despite this perception still remaining *HIV/AIDS is now moving into all sectors of society.* This is made easier by the language and cultural barriers across India where the majority of the population is illiterate and open discussion of sex is still a taboo subject. Therefore efficient sex education is harder to carry out.

The main source of HIV/AIDS transmission is again through heterosexual contact. India contains one of the world's largest road networks. This involves millions of truck drivers. India also has a large migrant population many of whom are moving within India particularly into the cities from the rural areas. Isolation and long hours away from their homes mean the workers are likely to engage in risky sexual behaviour whilst on the road usually with prostitutes. Most workers are unaware that they are infected with HIV and return to their wives who in turn are infected causing an epidemic away from the urban cities of India.

India has a thriving billion dollar sex industry especially in the large cities of Mumbai and Kolkata despite prostitution being officially illegal. Many sex workers are forced into prostitution against their will or through poverty and often not informed of the dangers of HIV/AIDS. This makes them more resistant to insisting upon condom use which in turn is made worse as the clients are normally willing to pay higher prices to have sex without a condom. Although projects to educate sex workers are being practiced in various cities throughout India an overwhelming number of workers remain HIV positive.

Homosexuality in India is illegal and rarely talked about openly. Despite this silence research indicates it is fairly common in India with many MSM being married or having female sexual partners. The closed discussion around homosexuality means that many MSM are ignorant about the risks of *HIV/AIDS* and the educators themselves regularly face harassment in their attempts to teach them. All this is contributing to the spread of HIV/AIDS amongst this group.

HIV/AIDS is also spreading through (IDU) injecting drug users particularly in the north east of India and urban areas as needle sharing is a common problem. Many IDU are sex workers and have sexual partners which doubles the risk. As the Indian government has a tough stance on drug use this makes the task of educating IDU and getting them off drugs considerably difficult.

It is clear that widespread HIV/AIDS prevention and education is urgently needed in order to ease the epidemic which could devastate Indian society in the future.

For further information check out the website at <http://www.avert.org/hiv-india.htm>

HIV/AIDS around the world

These are all countries where GVN has one or several projects.

China

China is the most populated country in the world. In this country HIV/AIDS is becoming a ticking time bomb. Official figures indicate the number of people infected with HIV has fallen in recent years. However this is probably due to improved collection of data than a decline in new cases. *HIV prevalence is on the rise and with a significant amount of cases being unreported China is heading towards an AIDS epidemic on a par with Africa and India.* The main methods of HIV transmission are through heterosexual contact, IDU and blood donation. Like India HIV is beginning to affect all sections of society instead of high risk groups only.

China is reported to have over 5 million drug users, most of them being IDU. Over half of these are estimated to share needles and syringes. There is at least 4 million of the population working as prostitutes many of whom were forced into the trade due to economic reasons and poverty. *Both groups receive limited information about HIV/AIDS which makes them more susceptible to risk of infection.* Although China has started to implement new rehabilitation and education programs, the Chinese government and police maintain a zero tolerance approach to drugs and prostitution which makes HIV prevention harder to enforce.

Like India China has a huge migrant population and emerging MSM minority. Whilst homosexuality isn't illegal in China there is still a large stigma against gay men in society. Migrants seeking a better job and lifestyle are mostly young and unmarried. *Without good education these groups are indulging in risky sexual behaviour.* Many people infected with HIV or STD's are reluctant to come forward to be treated for fear that they will be discovered and stigmatized.

Certain cases of HIV infection are due to blood and plasma donation. This has been discovered in all provinces across China. Many rural people sell their blood in order to make an income to blood processing companies within China who are usually operating illegally. During donation the blood is often mixed before the infected blood is given back to the patient. Although the Chinese government is beginning to crack down on illegal companies this practice is still operating leaving millions both known and unknown infected in the last twenty years.

China has a long way to go before its HIV/AIDS problem can be resolved and prevention and education for its society should be a prime factor in ensuring the crisis doesn't reach epic proportions.

Russia

Russia is the country in Europe and Central Asia with the highest number of HIV infections and this prevalence continues to grow. The highest prevalence rates are in the big cities but most regions are now becoming affected. As Russia is undergoing a declining birth rate and HIV is affecting the young adult group of 20 to 49 as in Africa, HIV/AIDS education is urgently required to stop the decline of the general population in the next decade.

Russia has a large network of sex trade and slavery. Many of the sex workers are drug addicts who inject. They are likely to not use condoms with their clients and even if they do rarely with their sexual partners. Nearly half of this group will be found to be HIV positive. Russia is also experiencing a spread in HIV transmission amongst mothers to their babies as more women are infected.

Thailand

Thailand is an unusual example in that its government in comparison to many other countries carried out a well publicized HIV prevention and education campaign in the 1990's which has contributed to slowing the AIDS epidemic in this country. However complacency has begun to set in and the current generation isn't receiving the adequate information which the previous

generation was educated about. It is essential that volunteers can provide education to ensure the advances made in the past decade weren't made in vain.

As the budgets for HIV/AIDS campaigning by the government have been cut over the past few years and no major campaigns promoted, young Thai adults are engaging in unprotected sex without sufficient awareness of HIV/AIDS as something which could happen to them. Thailand has a major problem with HIV transmission being spread through IDU which it failed to have much success in reducing to begin with. MSM are again a high prevalence group but have only until recently begun receiving support and awareness education.

There is a large migrant population both official and legal from within Thailand and neighbouring countries that also lack HIV/AIDS awareness despite the fact that they are at high risk due to their mobile lifestyle which encourages risky sexual behaviour. In the 1990's a 100% condom use program was promoted throughout the brothels in Thailand however its enforcement needs to be renewed to ensure low HIV prevalence rates amongst sex workers as prostitution shows no signs of diminishing.

HIV prevention and education must return to being a priority for the Thai government to ensure that their past successes will not be mere flukes in the fight against AIDS.

Latin America

GVN has programs in Honduras, El Salvador and Ecuador.

The continent of Latin America is similar to India in that it hasn't received as much media attention compared to Africa. However Latin America is fast developing its own HIV/AIDS epidemic which needs to be given more priority in order to stop the acceleration of HIV. What is evident across all the countries in general is that HIV prevalence is on the rise and showing no sign of slowing down in the near future. Prevalence is particularly high in the smaller countries in Latin America including those where GVN projects are based such as Honduras.

Key groups are affected by HIV/AIDS in Latin America including migrant workers, IDU and MSM. Drug use amongst individuals has become more common in many countries on the continent whilst homophobia is normal in many Latin American societies. This prejudice ensures awareness of HIV amongst this group is often low as they are unwilling to acquire education and treatment for fear that their sexuality will be discovered. However HIV is also increasingly being spread by heterosexual contact. Fear and stigma of HIV is a large problem in dealing with the epidemic. There is widespread ignorance of HIV in several countries due to lack of funding for education and poverty and HIV positive people face discrimination and harassment on a daily basis.

HIV/AIDS prevention and education must be given a wider focus in order to bring Latin America's AIDS epidemic to a wider public platform and reduce the rising prevalence rates.

HIV Prevention and Education

In order to reduce the HIV/AIDS global epidemic it is essential that people are given a thorough education on the facts of HIV/AIDS at the beginning of this section and the means to prevent it. This is the most effective method of HIV prevention.

Preventing HIV/AIDS – 10 Facts to Teach

These are the most important facts that should be taught about HIV prevention.

YOU can prevent yourself from becoming infected with AIDS by:

1. Abstaining completely from all sex. This is the safest method of HIV prevention.
2. Delaying first sex or sex until you are ready and in a committed relationship with someone you can trust and you are able to practice safe sex.
3. Having sex with one person only or fewer people.
4. Making sure you are aware of your partner's sexual status.
5. Always using a condom whenever you have any form of vaginal, oral and anal sex. This has been proven to be the most effective method of preventing HIV transmission through sexual contact.
6. Don't have unprotected oral sex if you or your partner has cuts, sores or blisters around their mouth as this is a way through which HIV can be transmitted. (This should particularly be emphasized if the volunteer is teaching to people who have poor oral hygiene which is more common in developing countries)
7. Take a blood test if you are worried that you might be HIV positive. This should be done especially if you have had several sexual partners or unprotected sex and your partner was HIV positive.
8. Don't share needles with people if you are injecting drugs. Clean needles reduce the risk of HIV transmission. (This should be emphasized if the volunteer knows that drug use may be common in the area)
9. Wear protective gloves or clothing and wash your hands if you come into direct contact with blood or body fluids which are known to be infected with HIV.
10. Check that your blood has been screened for HIV before you have a blood transfusion or received donated blood.

Activities for Teaching HIV Prevention

There is no one way to teach about HIV prevention. Here are some activities which volunteers can incorporate into their teaching for their class.

Activities for teaching about Attitudes to HIV/AIDS

One of the main obstacles for teaching about HIV prevention is the fear and ignorance which surrounds HIV/AIDS. Many people who are HIV positive are afraid to come forward and receive vital treatment for fear that their status will be made public and they will be discriminated against by their community. In many developing countries healthcare workers regularly haven't been properly educated about HIV/AIDS and refuse to treat patients if they know they are HIV positive.

These activities are designed for the students to think about prejudice and stigma in society and how it can affect people who are HIV positive.

Activity 1: 10 Differences

This activity should take about 60 minutes.

The first activity should encourage discussion about prejudice and identify prejudiced beliefs about HIV/AIDS which the students might have.

1. The volunteer should ask the students to place their chairs in a circle.
2. The students should be divided into groups of 4 or 5 people.
3. Each group will receive pens and one 'Build a Character' Questionnaire

Build a Character Questionnaire

Name:

Age:

Male/Female (*circle*)

Who does live with? (parents, relations, other young people/adults)

Who are 's friends?

Does have a boy/girl friend? Yes/No (*circle*).

If yes what is their name

Does have a job? Yes/No (*circle*)

If so, what is it doing

What does do during leisure time (Sports, listen to music, visit friends, spend time with their family, other activity)

.....
.....

What is 's:

Favourite Music

Favourite Food

Favourite TV or Radio Programme (*optional question*)

4. Ask each group to take 10 minutes completing the questionnaire.
5. Then tell each group that their character is HIV positive. Ask each group to take 10-15 minutes to list 10 ways how their character's life might be different because of this.
6. Reassemble the whole class and ask each person to say how they felt about doing this exercise and whether they felt or said anything unexpected about the character.

Activity Source : Avert AIDS Organization – Lesson and Activity Plans- Attitudes to AIDS.
<http://www.avert.org/lesson3.htm>

Activity 2 - Spiderweb

This task should take 40 minutes, and is designed for students aged 13 and upwards.
The volunteer will need a blackboard and coloured chalk.

1. The volunteer will begin by describing 'Sue' an 18 year old virgin who has a 23 year old boyfriend 'Bill' (these names can be changed by the volunteer to suit their country.)
2. The volunteer will write their names on the blackboard as they introduce each character and draw a line connecting them to indicate that they are sexual partners.
3. The volunteer will explain that Bill has had two sexual partners before Sue. Ask the students to name Bill's partners and their sexual partners. The volunteer will draw the lines accordingly.
4. The volunteer will continue to name and track partners until the entire blackboard is filled.
5. The volunteer will now go back over the blackboard with the coloured chalk and label partners with stories for example one who has had a blood transfusion, one who is a drug user etc.
6. Include one partner who contracted HIV but who chose not to reveal it.
7. The volunteer should explain to the class how Sue doesn't suspect that Bill is at risk from an STD as he has only had two partners!

This activity should illustrate visually to the class how having unprotected sex is like sleeping with all the partners your partner has ever had and how important it is to practice safe sex as you don't always know where your partner has been.

Activity Source – Planned Parenthood – Educational Resources- Teaching Materials – Classroom Activities
<http://www.plannedparenthood.org/educational-resources/teachin...>

Activity 3 – The ABC approach

This is an educational strategy which was first used by Botswana as an AIDS awareness campaign during the 1990's on billboards throughout the country and has since been adopted by a number of African countries. Its main message is:

A - Abstain from all sex.

B - Be Faithful to one or less partners.

C - Condomise. Use a condom if you have sex.

This could be seen as a positive educational tool as it is simple to teach and easier for the students to learn by heart.

However the ABC approach has been met with controversy over the past decade as different groups have argued that one point should be emphasized over the others. This is particularly in relation to abstinence.

Volunteers should decide individually whether they should teach their students about these topical debates AFTER they have taught the basic facts about HIV Prevention and Education.

For a detailed look at the ABC approach in sex education view this article:

The ABC of HIV Prevention <http://www.avert.org/abc-hiv.htm>

For a detailed look at Abstinence in AIDS education view this article:

Abstinence. Sex Education and HIV Prevention <http://www.avert.org/abstinence.htm>

Sexually Transmitted Diseases (STD'S)

Due to the media attention which is regularly devoted to the HIV/AIDS epidemic the awareness of Sexually Transmitted Diseases (also known as STI's- Sexually Transmitted Infections) tends to become neglected. However they are beginning to become a major health concern in both developed and developing countries.

As these diseases are all spread through sexual contact this leaves many people more vulnerable to contracting HIV/AIDS. Although there is a significant lack of research and statistics worldwide and in developing countries a high prevalence of STD's is increasing all the time. The figure could be even higher due to many cases being unreported.

It is essential that volunteers inform their students of the basic STD's as most are treatable if caught early. This is an important way for the students to start seriously considering the state of their own individual sexual health.

These are three of the most common sexually transmitted diseases:

I. Chlamydia

What is Chlamydia?

- ▶ Chlamydia is an infection of the mucous membranes lining the genitals. It affects both men and women. It is one of the most common sexually transmitted diseases.
- ▶ If left untreated in women it can spread from the cervix to the uterus and fallopian tubes causing PID or Pelvic Inflammatory Disease. This may lead to infertility. If a woman has had PID she is more at risk of having an ectopic pregnancy and long term pelvic pain.
- ▶ If left untreated in men the infection can spread from the penis to the testicles causing painful swelling and also lead to infertility.

How Do You Get Chlamydia?

- ▶ By having unprotected vaginal and anal sex, without a condom with someone who is infected with Chlamydia.

What are the Symptoms?

- ▶ Many men and women have no symptoms.
- ▶ Women may have: pain during sexual intercourse, pelvic pain in the lower abdomen, bleeding between periods, pain when urinating or an unusual vaginal discharge.
- ▶ Men may have: pain when urinating or a watery or thick discharge from the penis.

How Do I Treat Chlamydia?

- ▶ Chlamydia is treatable with antibiotics.

What About My Partner?

- ▶ Any recent partners must be treated. Don't have sex until you are cleared and if you do use a condom.

How Do I Prevent Chlamydia?

- ▶ Always use a condom when you have sex.

2. Gonorrhea

What is Gonorrhea?

- ▶ Gonorrhea is a bacterial infection of the genitals, anus, throat and rectum. It affects both men and women.
- ▶ If left untreated it can cause infertility in both men and women and other serious health problems such as septicemia and meningitis.

How Do You Get Gonorrhea?

- ▶ By having unprotected vaginal, oral and anal sex without a condom with someone who is infected with gonorrhea.
- ▶ From the mother if she is infected to her baby through eye infections.

What are the Symptoms?

- ▶ Both men and women may have no symptoms.
- ▶ -Women may have: pain during sexual intercourse, vaginal discharge or lower abdominal pain.
- ▶ -Men may have: pain when urinating, pain in the testicles, discharge from the penis or rectum.

How Do I treat Gonorrhea?

- ▶ Gonorrhea is treatable with antibiotics. This is often followed by anti-Chlamydia tablets as gonorrhea and Chlamydia often occur together.

What about my Partner?

- ▶ Any recent sexual partners must be test so they can be treated. You shouldn't have sex until you are cleared.

How Do I Prevent Gonorrhea?

- ▶ Use a condom when you have sex.

3. Syphilis

What is Syphilis?

- ▶ Syphilis is a bacterial infection which can enter the body through breaks in the skin or linings in the genital area. It can affect both women and men.
- ▶ If left untreated it will eventually damage the internal organs (spinal cord, heart and brain) and the nervous system.

How do you get Syphilis?

- ▶ By having unprotected vaginal, oral or anal sex without a condom with someone who is infected with syphilis.
- ▶ It can be transmitted from mother if she is infected to child across the placenta during pregnancy (congenital syphilis)

What are the symptoms?

- ▶ Painless ulcer (chancere) usually on the genitals. Later you'll have swollen glands, hair loss and rash. These can happen to both men and women.

How do I treat Syphilis?

- ▶ Syphilis if caught at an early stage is treatable through antibiotics and follow up blood tests.

What about my Partner?

- ▶ Any recent sexual partners must be tested so they can be treated if they are positive. You should not have any form of sex until you are cleared.

How do I prevent Syphilis?

- ▶ Always use a condom when you have sex.

Sexually Transmitted Diseases (STD's) Chart

Below are charts containing the other sexually transmitted diseases which the volunteer should be aware of for teaching to their students.

These charts can be taught in one lesson, or spread out over three to four lessons if the volunteer wants to cover them in greater depth. They could also be taught along with the other STD's covered earlier in this section. It is up to the volunteer to determine his/her own lessons for their class.

It is important to bear in mind that some students will not have heard of these diseases at all and that they may not have access to the treatment due to funds or availability in the local area. Therefore the volunteer should have this thought in mind before they proceed with teaching. However it is advisable that students should be taught about all the diseases in this section.

Diseases which are sexually transmitted	How do you get it?	What are the symptoms?	Treatment	What about my partner?	How do I prevent it?
Genital Warts Human Papilloma Virus (HPV)	HPV is transmitted by direct skin to skin contact during sex or through mother to baby. Sometimes the source can't be identified. This affects both men and women.	Fleshy or flat lumps on the genitals. They may not always be visible.	With liquid nitrogen (freezing), diathermy (heat) proscribed creams or chemical paints. Women with HPV must have a smear test 3 years after their last smear.	Recent sexual partners must be checked so they can be treated if found to have HPV.	Using a condom during sex. Checking the genital area as condoms don't provide total protection from this infection.
Genital Herpes This is a herpes simplex virus which causes a skin infection.	Herpes is transmitted through close skin contact with someone who has the virus. Also transmitted from mother to baby. Herpes affects both men and women.	Painful, red blisters or sores on the mouth and lips or on the genitals. People may also have flu-like symptoms or a discharge.	Sufferers can be given drugs to help shorten the attacks and for pain relief. A doctor will need to be consulted to suppress the virus for longer but the virus can't be fully eradicated from the body.	Any recent partners will need to be examined.	If you have herpes you should wear a condom during sex and avoid sex when you have an attack. This is the best method to ensure your partner doesn't catch herpes. If you don't have herpes also use a condom during sex and check you and your partner's sexual health.
Trichomoniasis This is a small parasitic organism which causes irritation in the female vagina and non-specific urethritis in men.	By having unprotected sex without a condom with a person who is infected with trichomoniasis. This can affect both men and women.	There may be no symptoms for some women. Some women might get a yellow-green frothy discharge. Men have no symptoms until they develop the urethritis.	With antibiotics and/or vaginal pessaries for women.	Any recent sexual partners should be checked.	Continue with antibiotics to avoid re-infection and abstain from sex until you have been cleared. Always use a condom during sex.
Non-specific Urethritis (NSU) These are infections which cause inflammation of the urethra.	This can be caused by chlamydia or by bacteria or viruses.	Women normally have no symptoms. Men may have no symptoms although some may have a penis discharge or pain when urinating.	With antibiotics.	Any recent sexual partners should be checked.	Abstain from sex until you are cleared. Always use a condom during sex.

Diseases which are transmitted sexually and in other ways.	How do you get it?	What are the symptoms?	Treatment	What about my partner?	How do I prevent it?
Hepatitis A This is a viral infection which affects the liver.	This is mainly passed on through contaminated food or water or not washing hands after toilet/before food etc. It can also be through anal and oral sex.	There may be no symptoms. Some may have a mild flu-like illness, vomiting, abdominal pain, dark urine, with yellowing of the skin and whites of the eyes.	Immunization for prevention.	Any recent sexual partners should be checked and immunized.	Have immunization for prevention. Avoid alcohol and drugs. Eat a low-fat well-balanced diet. Avoid anal sexual practices until recovered.
Hepatitis B This is a viral infection which affects the liver.	By having unprotected vaginal, oral or anal sex without a condom with someone who is infected. Blood transfusion with blood which hasn't been tested. By sharing needles, syringes, toothbrushes, razors and un-sterilized instruments which pierce the skin. From a mother who is infected to her baby.	There may be no symptoms. Some may have a mild flu-like illness, vomiting, abdominal pain, dark urine, with yellowing of the skin and whites of the eyes.	Avoid alcohol, smoking and drugs, eat a well-balanced low-fat diet. Check any proscribed medicines, rest and exercise.	Any recent sexual partners should be checked and immunized.	Always use a condom during sex. Babies and children under 16 years should be immunized.
Hepatitis C This is a viral infection which affects the liver.	Blood transfusion with blood which hasn't been tested. By sharing needles and syringes. Through contact with infected blood. By having unprotected sex.	There may be no symptoms. Some may have a mild flu-like illness, vomiting, abdominal pain, dark urine, with yellowing of the skin and whites of the eyes.	Avoid alcohol, smoking and drugs, eat a well-balanced low-fat diet. Rest and exercise.	Any recent sexual and needle-sharing partners should have a blood test to check for the Hepatitis C antibodies.	Always use a condom during sex. Don't share needles. Ensure any donated blood you receive has been tested. Avoid any contact with infected blood.
Pelvic Inflammatory Disease (PID) This is an infection of the womb and fallopian tubes which can cause infertility.	By having unprotected vaginal sex with a person who has chlamydia or gonorrhoea.	Pain during sexual intercourse. A sore abdomen or back, heavy, irregular or painful periods, high temperature, spotting, feeling sick. There may be no symptoms in some women	Antibiotics and rest.	Any recent sexual partners should be checked.	Be treated to avoid re-infection and be checked for STD's. Avoid any sexual intercourse until you have been cleared.

Continued... Diseases which are transmitted sexually and in other ways.	How do you get it?	What are the symptoms?	Treatment	What about my partner?	How do I prevent it?
<p>Pubic Lice – Crabs</p> <p>These are small lice which live in the pubic hair and cause irritation.</p>	<p>By close body contact normally during sexual intercourse with someone who is infected with lice.</p> <p>It can also be spread by sharing clothes and bedding.</p>	<p>Intense itching in the pubic area.</p> <p>Small nits (eggs) on the pubic hair.</p>	<p>Special shampoo, cream or spray which can be applied to the pubic area. All clothing and bed linen must be washed.</p>	<p>Any sexual partners from the last three months should be checked.</p>	<p>Any recent sexual partners from the last three months should be checked if possible at the same time as you.</p> <p>Keep all bedding and clothing clean.</p> <p>Wash the genital area and keep it clean.</p>
<p>Scabies</p> <p>These are small mites which burrow into the skin and cause irritation.</p>	<p>By close body contact, sometimes during sexual intercourse with someone who is infected with scabies.</p> <p>It can also be spread by sharing clothes and bedding.</p>	<p>Itching which becomes worse at night; and a rash on the body.</p>	<p>Special cream, ointment or lotion. All clothing and bedding should be washed.</p>	<p>Any sexual partners from the last three months should be checked.</p>	<p>Any recent sexual partners from the last three months should be checked if possible at the same time as you.</p> <p>Keep all bedding and clothing clean.</p> <p>Wash the genital area and keep it clean.</p>

Note:

For further information regarding all the sexually transmitted diseases the volunteer is advised to visit their local family planning clinic or healthcare centre before their trip. They are also recommended to visit the healthcare centre or hospital in their chosen country after their arrival to gain recent statistics or information relevant to the area where their school is based.

Teaching about STD's - Classroom Activity

This activity is designed for students to revise all the different STD's which they have been taught about, including the symptoms and how they are treated.

- ▶ The activity is for students aged 13 and upwards.
 - ▶ This activity should take 20 minutes depending on the number of students.
 - ▶ Complete this activity after the students have had lessons on all the STD's the volunteer has decided to teach.
 - ▶ The volunteer will need tennis balls or other small plain balls and a permanent marker.
1. The volunteer writes one name of an STD that they have covered during their teaching on each ball.
 2. The volunteer asks all the students to stand in a circle and tell the class that they are playing a game.
 3. The volunteer will bounce a ball into the circle.
 4. Whichever student catches the ball must read out the name of the STD. The volunteer must then ask the student to explain the main symptoms and treatment for this STD. Other students can be asked if the volunteer doesn't know every answer.
 5. This process must be repeated with each ball. The volunteer must try to make sure that each ball is caught by a different person.

Source for Activity: Planned Parenthood – Educational Resources – Classroom Activities.

Website: <http://www.plannedparenthood.org/educational-resources/teaching>

Contraception

This is an important section and should be given a significant amount of attention by the volunteer in their lessons.

Contraception is also known as birth control. It is a method of preventing pregnancy from happening in the female body. Some forms of contraception also help prevent sexually transmitted diseases from occurring.

It is essential that the volunteer should teach their students to think about protecting themselves from both STD's and pregnancy instead of just pregnancy on its own.

Three main forms of contraception are available:

- ▶ **Barrier Methods** – These stop sperm from the male penis entering into a woman's uterus and fertilizing her egg.
Examples include: Condoms (both male and female), the cap, the diaphragm and the IntraUterine Device (the IUD or coil).
- ▶ **Hormonal Methods** – These change the level of hormones in the female body. When the female body is in this condition it makes conception very difficult to occur.
Examples include: The Pill, implants, rings, patches and the IntraUterine System (IUS).
- ▶ **Spermicides** – designed to kill the male sperm in the female vagina.
Examples include: gels, pessaries and foams which are inserted into the female vagina or placed on a special sponge to cover the cervix.

Note: It is important to be aware that the majority of volunteers will be teaching in developing countries where a large portion of these contraceptives will be in limited supply or not available at all. It is also likely that many of the students and their families will be unable to afford these contraceptives on a regular basis. However it is advised that the volunteer should teach their students about all these contraceptives.

Condoms

The main focus of this section will be on condoms. This is because they are the best method particularly in developing countries for preventing pregnancy and halting the spread of the HIV/AIDS and STD epidemic.

Condoms – 10 Questions to Teach

1. Why use condoms?

Condoms are the ONLY form of contraception which prevents both pregnancy and sexually transmitted diseases (STD'S) from occurring.

There are two types of condoms available; the male and the female. However the male condom is overwhelmingly the one most commonly used and which should be taught by the volunteers.

2. What is a condom?

The male condom is a fine rubber barrier which is rolled onto a man's penis when it is erect before sexual intercourse takes place. *(The female condom is a sheath which fits inside her vagina. This is optional for the volunteer to teach)*

The male condom is made from latex or polyurethane. If it is possible, latex condoms should be used more than polyurethane as they are more readily available in most countries.

Condoms come in different sizes, thicknesses and shapes. (This should be investigated by the volunteer so they are aware of which condoms are available in their area)

3. Are condoms safe?

As long as condoms are used correctly during sexual intercourse they are the ***safest and most reliable*** method of contraception. All reliable condom brands will have been rigorously tested and checked. They may only be unsafe if either partner is allergic to rubber although this is normally very rare. Any allergies should be treated at a healthcare centre immediately.

4. When should I use a condom?

You should use a condom every time you have sexual intercourse. This includes vaginal, oral and anal sex. You should practice using a condom first, before sex, if you haven't used one before. You should NEVER use the same condom twice. If you change from vaginal to anal intercourse you should also change the condom for a new one.

5. How do I use a condom?

Note: This question should be given at least one lesson on its own to ensure the students understand it correctly. The volunteer could either draw diagrams on the board or show pictures to the class. It is also recommended that the volunteer show an actual condom to the class

- i. Before you use the condom make sure that the package and condom are in good condition and that the expiry date on the package hasn't passed.
- ii. The condom packet should be opened at one corner. Make sure the condom isn't torn by your fingernails, teeth, jewellery or through being too rough.
- iii. Place the rolled condom over the tip of the erect penis. The condom should be unrolled smoothly with the rim on the outside.

- iv. If the man is not circumcised the foreskin should be pulled back before the condom is rolled on.
- v. The condom should have a reservoir top at its tip which is a space for the semen to collect. If not the tip of the condom should be pinched to leave a half inch space.
- vi. Pinch the condom tip with one hand to get the air out and unroll the condom over the penis with the other hand.
- vii. Roll the condom all the way down to the base of the penis and smooth out any air bubbles as they can cause a condom to break.
- viii. Put lubricant on the outside of the condom before you have sexual intercourse. Lubricant is the wetness which makes it easy for the penis to slide in and out during sex. If there isn't enough lubrication the condom is more likely to break. Always use a water-based lubricant e.g. KY Jelly. Avoid oil-based lubricants such as Vaseline as these can also cause condoms to break. Saliva or spit doesn't work effectively as a lubricant.
- ix. After the male has ejaculated (or come) hold the condom on the base of the penis and withdraw the penis before it becomes soft so no semen is split.
- x. Wrap the used condom in tissue or toilet paper and put it in the rubbish. Condoms should never be flushed down the toilet as they can block sewage systems and cause pollution.

6. What if the condom doesn't unroll?

If the condom hasn't unrolled easily and you are struggling after a few seconds this could mean that the condom is upside down. Hold the condom near the rim and slide it off the penis. Then begin again with a new condom.

7. What do I do if the condom breaks?

You should always check at intervals during sexual intercourse that the condom is still in place. Condoms can slip or break for a number of reasons:

Examples:

- ▷ The condom was torn by fingernails or other means
- ▷ The penis went soft before withdrawal
- ▷ The condom wasn't put on correctly
- ▷ Not enough lubricant or the wrong lubricant was used
- ▷ The condom slipped off during withdrawal
- ▷ During prolonged and very rigorous sexual intercourse
- ▷ The condom was out of date as this causes the rubber to lose its strength
- ▷ The condom can be damaged if the female has had certain thrush treatments
- ▷ The condom was kept in a warm place as this also causes the rubber to lose its strength.

If the condom does break or slip off withdraw the penis quickly and replace the condom immediately. If there is any chance that semen may have leaked from the condom the female should visit the family planning clinic or healthcare centre within 72 hours to seek advice about emergency contraception such as the morning after pill.

8. Where can I buy condoms?

There is no age limit on buying condoms. They are readily available in family planning or sexual health clinics and normally free of charge. *(It is advised that the volunteer should check on this in the area where they are based for their trip or on the Internet before they arrive)* Otherwise they can be bought from chemists, garages, nightclubs, bars or pubs, supermarkets, on the internet, and sex shops. *(Most of these should apply to developing countries although it is advised that the volunteer should again check online or in the area where their school is based)*

9. What if my partner doesn't want to use a condom?

Note: This is often the most difficult obstacle to overcome when encouraging use of contraception. It can be particularly difficult for both men and women in developing countries. Many people in these countries haven't received an adequate sex education and are often ignorant about condoms.

Women are especially vulnerable. Many of the countries where GVN projects are based have traditionally male-dominated societies where women don't feel they can ask their husbands or partners to wear a condom and are more subjected to enforced unprotected sex and rape. In some countries religion may affect whether contraception is allowed to be distributed and used.

The volunteers will be mainly teaching young teenagers. This is a crucial age when sex education awareness and equality between sexes should be taught as being part of an individual's future. Therefore each volunteer should take great care to teach their students about the connections between self-esteem and safe sex and the importance of relationships.

Following is Georgina's own reply to this question from personal experience and research for this guide which emphasizes the main points volunteers should give to the students on this subject. Volunteers should feel free to expand on this question.

It is often embarrassing when it comes to talking about contraception with each other. However sexual health is very important and your future isn't worth risking over a little embarrassment! Sex is best when it is safe and you trust and respect the person you are sleeping with. If you can't talk openly with your partner about contraception then maybe you are not ready to have sex with that person. If your partner doesn't want to use contraception this could indicate that they don't understand the dangers and you may need to explain these to them. It's important to communicate with each other and to listen. If they still won't use contraception you should reconsider having sex with them.

For further information and advice for this question:

- ▷ Look at this article on condom on usage 'Using Condoms, condom types and sizes' on the AVERT website. The second half of the article is particularly useful. : <http://www.avert.org/usecond.htm>

- ▷ Article: ‘Advice about Condoms’ also on the AVERT website.:
<http://www.avert.org/teencondoms.htm>
- ▷ Volunteers should visit their local family planning clinic for leaflets and advice on condom use and relationships.
- ▷ Volunteers should also check the website <http://www.vday.org/> which is a global movement to stop sexual violence against girls and women. It raises many questions of empowerment and respect for women which is extremely useful for the volunteers as these factors underline relationships and safe sex.

10. Should I use only condoms during sexual intercourse?

Condoms can be used alongside with other contraceptives during sexual intercourse, for instance with the pill. However because condoms protect against pregnancy and STD's they should be promoted as the main contraceptive to use.

The following chart explains in detail the main list of contraceptives which are available in developed countries.

The volunteer can chose to devote one lesson to this chart or spend extra lessons on each separate contraceptive. This is recommended for the more complicated contraceptives such as the IUD.

Volunteers are recommended to draw or bring diagrams of the contraceptives to show to the class. Examples of the contraceptives can also be bought to show the class.

Method of Contraception	What is It?	Advantages	Disadvantages	Health Concerns	How do I Use It?
Diaphragm or cap	<p>A diaphragm or cap is a dome shaped soft rubber barrier.</p> <p>It is used by women. It fits inside a female vagina over her cervix, the entrance to the uterus.</p> <p>Pelvic muscles hold the diaphragm in place.</p> <p>It is used each time a woman has sexual intercourse.</p>	<p>It can be used only when it is needed.</p> <p>It protects the cervix so it helps to protect against some STD's and cancer of the cervix.</p> <p>It can be put in several hours before sexual intercourse takes place.</p> <p>It doesn't affect a woman's menstrual cycle.</p> <p>It makes sex less messy during menstruation</p>	<p>The first fitting of a diaphragm should be done by an experienced doctor or nurse.</p> <p>It can be messy. Some women find it hard to put in or take out.</p> <p>Some spermicides used with diaphragms may irritate the vagina or penis.</p> <p>It must be left in place 6 hours after sexual intercourse has occurred.</p>	<p>Some women may experience bladder infections.</p>	<p>Diaphragms and caps should always be used with spermicide jelly or cream which kills the sperm.</p> <p>Before sexual intercourse put spermicide on the cap or diaphragm. Put the diaphragm into the vagina so it covers the cervix. If it fits well you and your partner shouldn't be able to feel it during sexual intercourse. If you have any problems with it see your doctor immediately.</p> <p>Remove at least 6 hours after sexual intercourse and wash and dry it before it is used next time.</p> <p>Diaphragms should be checked every year, after any pregnancy or vaginal surgery and if you gain or lose more than half a stone in weight.</p>
Spermicide	<p>Spermicides are foam, pessaries, cream or jelly which are made of chemicals which kill sperm.</p>	<p>It is easy to use and to carry.</p> <p>It is used only when needed. It can protect against some STD's.</p> <p>It can be bought from family planning clinics or chemists.</p>	<p>It has to be used before sexual intercourse. Some women and men are allergic to some spermicides. It can be messy.</p> <p>It has a very high failure rate unless it is used with a diaphragm or condom.</p>	<p>None known unless you are allergic.</p>	<p>Spermicides are best used with a diaphragm or condom.</p> <p>Spermicides should be put onto the diaphragm and the outside of the condom when it is on the erect penis before sexual intercourse takes place.</p>

Continued....Method of Contraception	What is It?	Advantages	Disadvantages	Health Concerns	How do I Use It?
Vasectomy and Tubal Legation	<p>These are permanent forms of contraception for men and women. A vasectomy is an operation performed on a man. The male tubes are cut so sperm can no longer get to the penis.</p> <p>Tubal legation is when clips are put on the female tubes so the egg is prevented from reaching the uterus.</p>	<p>Both these operations happen only once. It is a permanent method of contraception for men and women who don't wish to have children.</p> <p>It doesn't interfere with sexual intercourse.</p>	<p>Both methods require an operation. Once done they are permanent and not easily reversible.</p> <p>They may have short term side effects of pain or bruising.</p> <p>It does not protect you from STD's!</p>	<p>For tubal legation there is a slight risk that the woman may have a reaction to the anaesthetic.</p> <p>For a vasectomy there is a rare possibility of the male experiencing long term scrotal pain.</p>	<p>Both operations must be carried out by an experienced doctor at a hospital.</p> <p>The doctor will give strict instructions for the procedures and for self care afterwards.</p>
Depo Provera	<p>This is an injection of one hormone progestogen into the female body. It prevents the ovaries from releasing an egg each month during the menstrual cycle.</p>	<p>It doesn't interfere with sexual intercourse.</p> <p>Women will normally have no periods. One injection will last for 12 weeks.</p> <p>It is a useful contraceptive for women who are unable to take the combined pill.</p>	<p>It must be proscribed by a doctor before you can have access to it. Some women may have irregular periods and occasionally heavy bleeding.</p> <p>It takes an average of 6 months for periods and fertility to return when the injections are stopped</p> <p>Some women may experience side effects of weight gain and depression.</p>	<p>It may reduce bone density.</p> <p>There is a very slight risk of an increased chance of breast cancer.</p>	<p>The injection must be carried out by an experienced doctor or nurse at a family planning clinic, healthcare centre or hospital.</p> <p>The doctor or nurse will give strict instructions for the procedure and self care for afterwards.</p>
Progestogen only Pill	<p>It is a pill which women take to prevent pregnancy. The progestogen pill contains only one hormone-progestogen. It doesn't contain any oestrogen.</p> <p>It works by thickening the mucus in the cervix so the male sperm can't travel through to meet the egg. The lining of the uterus is also changed so it is less likely to accept an egg which has been fertilised. Some women whilst on this pill stop producing their monthly egg.</p>	<p>It is simple and easy to take. It doesn't interfere with sexual intercourse.</p> <p>It can be used by women of all ages and women who can't take the combined pill.</p> <p>It can be taken by mothers who are breastfeeding.</p>	<p>Some women may have no periods or irregular bleeding.</p> <p>It must be taken daily at the same time each day.</p> <p>It doesn't protect against STD's.</p> <p>It must be prescribed by a doctor before you can get it.</p>	<p>No serious risks.</p>	<p>Your doctor or nurse must give you clear instructions on how to take the pill.</p> <p>The pill must be taken at the same time each day.</p> <p>If you are more than 3 hours late within the time of taking your pill you are at an increased risk of getting pregnant.</p>

Continued....Method of Contraception	What is It?	Advantages	Disadvantages	Health Concerns	How do I Use It?
Combined Pill	<p>This is a pill made of two hormones - oestrogen and progesterone.</p> <p>It is taken by women. It stops ovaries in the female body from releasing an egg each month.</p>	<p>It is simple and easy to take. It doesn't interfere with sexual intercourse.</p> <p>There is less chance of getting ovarian and uterine cancer. It can be taken up to the menopause.</p> <p>It normally leads to regular periods which are also lighter, shorter and less painful.</p>	<p>It must be prescribed by a doctor before.</p> <p>It must be taken at the same time each day.</p> <p>It shouldn't be used by women over 35 who smoke.</p> <p>It can cause side effects such as moodiness, skin changes, nausea, weight gain and irregular bleeding.</p>	<p>There is a slight increased risk of breast cancer.</p> <p>A very small risk of heart attacks, strokes and blood clots.</p> <p>This is more likely in women over 35 who smoke, are overweight or have a family history of the above conditions.</p>	<p>Your doctor or nurse must give you clear instructions on how to take the pill.</p> <p>It should be taken at the same time each day.</p> <p>If you are more than 12 hours late within the daily time of taking it you have an increased risk of pregnancy.</p>
Emergency Contraception	<p>This is contraception which is taken by a woman if she has had unprotected sex. There are two main types: the Emergency Contraceptive Pill (ECP) and the Intra Uterine Device (IUD).</p> <p>The ECP should be taken within 72 hours of unprotected sexual intercourse. It contains only one hormone progesterone. It prevents pregnancy by altering sperm transport in the female body and delaying an egg release from the ovary until sperm is no longer active.</p> <p>The IUD must be inserted within 5 days of a possible fertilisation of an egg.</p>	<p>They both reduce the chance of getting pregnant and have a low failure rate.</p> <p>They can be used if other contraceptives fail e.g. a split condom. You can be given ECP at home for future use.</p> <p>ECP can be taken up to 72 hours after unprotected sex. ECP isn't harmful if it is taken several times.</p> <p>It doesn't affect any chance of future pregnancy.</p>	<p>Both contraceptives must be provided by a doctor before you can have them. ECP must be taken the sooner the better ideally within 24 hours.</p> <p>ECP can make you feel sick or even vomit.</p> <p>The IUD can be painful to put in for some women.</p> <p>ECP can't be used as an ongoing contraceptive, it is only for after unprotected sex which has occurred within 72 hours.</p>	<p>None known for the ECP. For IUD there is a risk of pelvic infection if an STD is present.</p>	<p>You must see a doctor or nurse within 72 hours (ideally within 24 hours) after having unprotected sex.</p> <p>For the ECP the doctor or nurse will give you a prescribed number of pills. You will need to tell the doctor or nurse if you are on any other form of medication. It is advisable to take the pills with food as some women feel sick after taking ECP. If you vomit within 3 hours of taking the ECP you must return to take another one. Your next period will either come at the expected time or it will be early or late and possibly heavier than usual.</p> <p>If you don't get your period or your period is very light you should take a pregnancy test 3 to 4 weeks after you took the ECP.</p>

Continued....Method of Contraception	What is It?	Advantages	Disadvantages	Health Concerns	How do I Use It?
<p>The Intra Uterine Device (IUD) and the Hormone Intra Uterine System (IUS)</p>	<p>An IUD is a small piece of plastic with copper wire wrapped around it. This is put inside the uterus of the female body by a doctor or nurse. Nylon threads attached to the IUD hang down into the vagina so the female can check that the IUD is in place. The IUD prevents the fertilisation of an egg from occurring. The copper wire on the IUD prevents the male sperm from moving towards the egg. If the egg is fertilised the IUD stops the egg from implanting in the uterus. An IUS is a small plastic system which places progestogen inside the uterus. This also stops sperm from fertilising an egg.</p>	<p>They are reliable contraceptives. They don't interfere with sexual intercourse. They can stay in place for 5 years or more. The IUD can be used as an emergency contraceptive. The nylon threads of the IUD can't be felt during sexual intercourse. They don't affect women who are breast-feeding. They are suitable for women who have had children. The IUS is suitable for women with heavy periods and women who have light periods or no periods at all. Women can become pregnant after an IUD is removed. The IUD is suitable if a woman is in a long-term relationship.</p>	<p>They should be fitted by an experienced doctor. The IUD can cause heavier periods or cramping. The IUS can cause irregular bleeding within the first few months of it being inserted. The IUD shouldn't be used by women who might be pregnant, have an STD or who have recently had an infection in their uterus or fallopian tubes. The IUD might not be suitable for women who haven't had children or who have more than one sexual partner. Some women may faint or feel pain when the IUD is put in or taken out. The IUD can sometimes come out by itself. The copper in the IUD can occasionally cause an allergic reaction.</p>	<p>There is an increased chance of pelvic infection when an IUD is put in or if you get an STD. Pelvic infection can cause infertility.</p>	<p>An IUD or IUS must be fitted by an experienced doctor or nurse at a family planning clinic, healthcare centre or hospital. The IUD should be fitted during or just after your period. can also be fitted 6 weeks after you have had a baby, immediately after an abortion or as an emergency contraceptive method after unprotected sex. The doctor or nurse will put the IUD into your uterus which will stretch the cervix for a few minutes and may be painful. (Allow an hour for the procedure.) The doctor or nurse will give you strict instructions once the IUD is inserted for medical checks and self care of the IUD in your body. The doctor or nurse will remove the IUD or IUS when it needs to be taken out. However the IUD and IUS don't protect against STD's so condoms should be used as well during sexual intercourse.</p>

Continued....Method of Contraception	What is It?	Advantages	Disadvantages	Health Concerns	How do I Use It?
Fertility Awareness	<p>This is natural family planning which helps women to recognise the fertile and infertile times of their menstrual cycle so they are able to plan or avoid pregnancy.</p> <p>This is done by checking cervical mucus, body temperature and periods. These indicate when a woman is more likely to get pregnant.</p>	<p>Natural Family Planning can help you to understand how your body works. Once the method has been learnt you don't need to make repeated trips to see a health professional. Natural Family Planning is allowed in nearly all religions.</p> <p>There are no side effects. Couples can share responsibility together.</p> <p>No hormones are used.</p>	<p>You need expert instruction in order to learn how to practice the method properly.</p> <p>During the fertile time sex must be avoided completely unless you use other contraceptives.</p> <p>It takes at least six cycles to learn properly and records of body temperature and cervical mucus must be kept daily. Body signs may be difficult to recognize and they may vary due to stress, illness and travel.</p> <p>Both partners must be committed to learning the method.</p>	None.	<p>A woman's fertile time which is the period when she can become pregnant lasts for 8 to 9 days in each menstrual cycle.</p> <p>Eggs from the female ovaries can last up to 24 hours. One egg during each period is released 12 to 16 days before the next period. If a woman has sex 7 days before she ovulates (releases an egg) she can become pregnant.</p> <p>In natural family planning women are taught to recognize these different parts of their menstrual cycle by their different natural fertility signs.</p> <p>If it is learnt properly it can be very effective.</p>

Pregnancy and Abortion

When a woman becomes pregnant this is normally a cause for celebration. However many pregnancies occur when the baby is unwanted and the mother and father aren't ready to become parents. Teenage pregnancy is a significant problem in all the countries where Global Volunteer Network projects are based. In the majority of these countries teenage pregnancy and sexually transmitted diseases (STD's) considerably affect the quality of life for teenagers and their babies. Many of these teenagers come from a poor background which already serves as an obstacle to a better future. Combined with teenage pregnancy and STD's young people and in particular girls are faced with no opportunities to alleviate themselves and their families from poverty.

This section is designed for the volunteers to teach about the basic facts of pregnancy and the means of preventing it. Volunteers must incorporate this message into their teaching. Preventing pregnancy and STD's ensures young people have the ability to go to school and access to a brighter future.

How Does Pregnancy Happen?

Pregnancy happens when a man and woman have sexual intercourse. Sexual intercourse is when a man puts his erect penis inside the vagina of a woman. The male will move his penis in and out of the female vagina until he reaches the peak of his sexual excitement. This is called ejaculation or 'coming'. Ejaculation is when the penis releases a sticky white substance called semen. If the man and woman aren't using condoms then the semen will be released into the vagina. Semen contains millions of tiny sperm cells which will swim up the vagina into the uterus and then the fallopian tubes. One sperm will join with the egg which is released from the female ovaries once a month. This is called fertilization. When this occurs a woman will become pregnant.

Facts About Pregnancy

To prevent pregnancy contraception must be used.

There are many different forms of contraception available to prevent pregnancy. The most common forms are the pill and the condom. The condom is the best form of contraception as it protects against both pregnancy and STD's. It also requires the male and the female to both be responsible for contraception and their sexual health.

It can be used with other contraceptives.

A woman can still become pregnant if the male doesn't put his penis in the whole way or withdraws before he ejaculates.

This is due to the pre-cum which is the lubricating fluid which leaks out of the male penis before and during sex and can contain sperm. If the fluid gets in or around the vagina the sperm can find their way inside and the woman might become pregnant.

There is never a safe time to have unprotected sex.

Unless a woman wishes to become pregnant she should never have sex without contraception. Women can become pregnant even during their period. Women are normally only fertile for 8 to 9 days of each month. However the male sperm can live inside the female body for several days so the female can become pregnant over a significant period of time.

A woman can't become pregnant if she swallows sperm through oral sex.

A woman can only become pregnant if sperm are released inside her vagina. Women also can't get pregnant if they get sperm on their clothes as clothing generally serves as a barrier against sperm. However contraception should still be used for oral sex as both men and women can still contract an STD.

There are signs which indicate if a woman is pregnant.

The first sign is normally a missed period. Other symptoms can include tiredness, nausea, morning sickness and tender breasts. However not every woman experiences the same symptoms. The way to find out if you are pregnant is to take a pregnancy test.

You must take emergency contraception if you have had unprotected sex.

If you have had unprotected sex and you don't want to become pregnant the first thing to do is to get emergency contraception within 72 hours of the sexual intercourse occurring. This is the best method of preventing pregnancy.

You have to take a pregnancy test to find out if you are pregnant.

If a woman has had a missed period or any natural pregnancy indicators and she didn't take emergency contraception then she would be advised to take a pregnancy test. Pregnancy tests can be bought from a chemist, pharmacy or supermarket or the woman can go to the doctor or healthcare centre for guidance. *(The volunteer is advised to check how this applies in the area where their school is based.)*

The test may be done several times. This is because stress can delay periods and some women receive negative results before they have confirmed it by receiving their period.

It is best to seek advice as soon as possible if you feel you might be pregnant.

An Unplanned Pregnancy

If a woman or girl becomes pregnant there are these options available in the developed world. However due to poverty or family and religious influence in many of the countries where GVN is based women may not have access to or be aware that all these options exist.

A woman or girl can choose to:

Continue their pregnancy and

- a. raise their child
- b. have the child adopted

or

- c. terminate their pregnancy by having an abortion.

a. Continuing the pregnancy and raising the child:

The woman or girl will choose to keep the child and raise it with their partner, by themselves or with their family or friends. This is a huge responsibility and will permanently alter the course of the woman or young girl's life.

b. Continuing the pregnancy and having the child adopted:

The woman or girl will choose to have the baby but when the baby is born the woman or girl will consent to give the baby to another person or couple. That person or couple will have the rights and responsibility of parenting the child which are transferred to them from the birth mother by legal right. This isn't an easy option, but it is the best option if the woman or girl doesn't want to have an abortion but feels that they can't provide a good quality of life for their baby.

c. Terminating the pregnancy by having an abortion:

(Note: Abortion isn't an easy topic to discuss or teach as so many people have different opinions about it. Many people are strongly for or against abortion. This will apply to many of the countries where GVN is based.

Therefore it is important for the volunteer to be aware that they may be teaching in an area where abortion might be illegal or is frowned upon as an option for young women for have. Every volunteer must be sensitive of the cultural attitudes of school where they are teaching for this particular topic. It is vital that the topic must be taught with a neutral basis.)

Abortion is a process which ends a pregnancy before the birth of the baby. This can occur naturally when the embryo or fetus will stop developing and the body will expel it. This is a spontaneous abortion and normally occurs through a miscarriage.

There is also induced abortion when the woman chooses to have an abortion.

A woman or child may choose to have an abortion for a number of different reasons.

- ▶ She isn't ready to become a mother.
- ▶ She may be single or the father of the baby may have left and she doesn't want to raise the baby by herself.
- ▶ She is too young to have the baby.
- ▶ She can't afford to have the baby.
- ▶ She already has children and doesn't want any more.
- ▶ She may have been raped and doesn't want to keep the child.
- ▶ She or the baby may have a health problem which is a danger to the woman or the child.

If a woman or girl chooses to have an abortion she must make sure that she has thought about this decision carefully and that it is HER decision.

If a woman or girl has an abortion she MUST ensure it is carried out safely by an experienced doctor. The woman or girl must make sure they go to a licensed healthcare centre or hospital to have a safe abortion.

Note: In poorer developing countries where healthcare lacks financial funding, isn't properly structured or abortion is an illegal offence, some women are likely to resort to having an unsafe abortion as this may be the only way for them to terminate their pregnancy. This isn't carried out in a clean environment by a professional doctor and may seriously endanger or even kill the woman or young girl. The volunteer is strongly advised to find out about abortion in their chosen country prior to and during their trip as the standards may vary enormously to the developed countries.

For further information on this topic volunteers can look at these websites.

Unplanned Pregnancy on the BBC Health Website -

http://www.bbc.co.uk/health/womens_health/reproductive_unplanned.shtml.

Abortion on the Planned Parenthood Website -

http://www.plannedparenthood.org/birth-control-pregnancy/abortion_/4260.htm

Puberty and Bodily Hygiene

Many volunteers will be teaching young teenagers. As a result this last section will focus on puberty, relationships and bodily hygiene. For any young person becoming a teenager is nothing short of a confusing stage. This section is designed for volunteers to inform their students of the changes their bodies are going through as they begin to mature into adults.

It is important for the students to understand what is happening to them physically and mentally and the responsibilities which come along with this process. This education will then allow them to establish a mature outlook on sex and its own responsibilities.

Note: It is important for the volunteer to check with the teachers at their school before teaching this section as some schools may not be used to talking about puberty in an open discussion.

Puberty

This is a period which mainly starts from the age of 10 years old and continues through to the ages of 14 to 15 years for both boys and girls. Puberty begins when large amounts of chemicals called hormones start to be produced in the body. This causes a period of physical and emotional change as young people begin to grow into teenagers and young adults.

Main signs of puberty for girls:

- ▷ The development of breasts
- ▷ The beginning of their period
- ▷ The growth of hair in the genital area, underarms and legs
- ▷ The development of the female reproductive sex organs
- ▷ The growth of the hips
- ▷ Spots.

Main signs of puberty for boys:

- ▷ The development of the male reproductive sex organs
- ▷ Growth of hair in the genital area, underarms, face and legs
- ▷ Lowering of the voice
- ▷ Erections
- ▷ Spots.

Puberty for Girls

During Puberty girls begin to develop breasts. Girls can develop breasts of all sizes. Some will develop larger breasts which will require them to start wearing bras to support them. Other girls will develop small breasts and have no need to wear a bra. Sometimes one breast will grow faster than the other. For some girls their breasts or nipples may itch or tingle during puberty. This will stop when the breasts have finished growing.

The classic sign of puberty and becoming a teenager is the unwelcome appearance of spots. These normally appear on the face although they are common on the back, shoulders, neck and front of the body. There are many myths surrounding why spots occur. Spots are mainly caused by hormones in the body. When you get a spot it is best to not try and pick at it or squeeze it as this will usually make the spot worse or become infected. Girls may try and use a special cream or lotion to treat the spots which can be bought at a chemist. If a girl has several spots which aren't going away then she may have acne and is advised to go and see a doctor.

Note: This advice can also be taught during puberty for boys.

The main sign of puberty for girls is when they start their period. This is when a small amount of bleeding comes out of the vagina once a month, normally every 28 days. The bleeding normally lasts from 3 to 7 days. When puberty starts, ovaries inside the female body begin to release eggs which enable a woman to have a baby. One egg is usually released once a month. The egg will ripen and leave the ovary before it travels along the fallopian tube toward the female uterus. The uterus will prepare its lining in order to accommodate the fertilized egg. If this egg isn't fertilized it will disintegrate and be expelled from the body along with the lining. This is the bleeding which is a period.

Most girls start their period between the ages of 11 and 14 years. However some girls start earlier or later than these ages.

Some girls may get pain in their lower abdomen during their period or cramps. This is due to the muscles of the uterus contracting and squeezing the lining out. This pain may be quite strong or even unbearable to handle for which it is advised the girl should talk to a doctor.

Along with cramps girls can also have mood swings during their period which can make them become emotional or angry. This is called PMS (premenstrual syndrome). The mood swings are due to the hormones in the female body. PMS is a perfectly normal condition which affects many girls and women. Doing mild exercise, having a massage or hot bath and taking a pain-reliever can all help to ease PMS.

Sometimes a girl can miss her period. This is quite normal as it can take a number of years before her period develops a regular cycle. However if she has recently had unprotected sex she should visit her doctor or a healthcare centre as soon as possible.

When girls have their period they normally use sanitary towels or tampons to soak up the blood so it doesn't get on their clothes. Sanitary towels are thick pads made out of soft cotton-like material. Girls place the towels inside their underwear. Tampons are small pieces of rolled up cotton with a string attached to one end. These are placed inside the vagina with the string hanging outside the body. This string is used to pull the tampon out. Both towels and tampons

come in different sizes and thicknesses. This is because many girls have a varying rate of flow during their period. Some girls have light periods whilst others have a much heavier flow.

Tampons and towels need to be changed every couple of hours during the day. This is particularly in relation to tampons as a girl can become ill if she leaves her tampon in for too long. Towels and tampons should be wrapped up and placed in a bin after they have been used. There are normally special bins for this purpose in many female public toilets. Tampons and towels should never be put in the toilet as they might cause a blockage in the sewage system which is bad for the environment.

Tampons are normally bought at supermarkets, chemists and sometimes in nightclubs and bars.

Note: As volunteers will be mainly teaching in developing countries they should be aware that many of their female students will be unable to buy tampons or towels and normally use rags or strips of cloth to soak up the blood. These rags may also be re-used. The volunteer should emphasize to their female students the importance of washing and keeping the rags clean at all times.

Puberty for Boys

During puberty a boy's voice will begin to break. This will mean his voice will become deeper. This can happen very quickly or take a longer time. Boys may experience times when their voice will be very low and suddenly go very high or squeak and vice versa. The voice will eventually settle down and become a deeper pitch.

During puberty the male sex organs particularly the penis and testicles will develop and grow bigger. Penises develop to become a variety of sizes. Boys will start to have erections when their penis will become hard and grow in length. Erections can occur at any time often in uncompromising situations when the boy doesn't want one. This is perfectly normal and happens to many boys.

The majority of boys will also start to have wet dreams during puberty. This is normally caused when a boy has a sexual dream during his sleep and semen comes out of the boy's penis onto the sheets or his pajamas. It is perfectly normal and not anything to feel embarrassed about. Boys should make sure they wash their sleeping area and their penis and testicles after they have had a wet dream.

Boys will develop growth of hair on their face as well as other areas of the body. This normally starts with a small amount on the chin and upper lip. As more hair develops as the boy becomes older this will grow into a moustache on the upper lip or a beard which covers most or the entire chin. Some boys will choose to keep the hair whilst others prefer to remove the hair by shaving it off with a razor. Boys are advised to use a shaving gel or foam before shaving so the skin isn't irritated. They can also go to a barbershop if they don't want to do it themselves. Most boys don't need to shave very often until they become older.

Bodily Hygiene

When girls and boys go through puberty and their bodies develop it is important for them to be aware of their personal hygiene.

Oral Hygiene

The main problems of oral hygiene are:

- ▷ Sensitive teeth
- ▷ Bad Breath
- ▷ Diet
- ▷ Bleeding Gums

Sensitive teeth – The main ways to combat this problem are using toothpaste designed for sensitive teeth and using warm rather than cold water to rinse out the mouth. If the problem persists it is worth visiting the doctor for further consultation.

Bad Breath – This is caused by poor oral hygiene. Ways to combat this problem include brushing your teeth at least twice a day every day. When brushing your teeth ensure you use your toothbrush to clean the back of your teeth and tongue. Make sure you dislodge every piece of food which may become stuck in your mouth. Drink plenty of water to prevent the mouth from becoming dry and use an antiseptic mouthwash.

Diet – Food in a person's diet can affect the state of their teeth particularly if the food contains high amounts of sugar or acid. Soft Drinks especially can be incredibly damaging on the teeth. The average soft drink can have the equivalent of five teaspoons of sugar in it. Soft drinks affect the surface of the teeth and high consumption can lead to complete erosion of the teeth causing gum disease, a need for fillings and other problems. This can cause major problems in developing countries where the majority of the population is unable to afford dental care. The best method is to avoid soft drinks as much as possible exchange them for water.

Note: Each volunteer is advised to check the regular diet used in their local area where their school is based. This mainly applies if the volunteer's students drink soft drinks or processed foods containing high levels of sugar.

Bleeding Gums – This is when the gums bleed whenever they are slightly irritated. This is normally caused by one brushing one's teeth too hard. One may think that they are getting rid of the tartar and plaque from their teeth but they may actually end up brushing the gums away and exposing the roots of the teeth which are extremely sensitive. Instead a gentle up and down brushing motion should be used. The areas between the teeth can also be cleaned using dental floss. This removes pieces of food from gaps in the teeth which may not be removed by brushing and if left can rot in the teeth leading to toothache and gum disease.

The main points for volunteers to be aware of from this section are that students must begin to take an interest in their oral health by checking their teeth regularly for the problems listed

above and by brushing their teeth with a toothbrush and toothpaste at least twice a day every day.

Oral Hygiene Note: This is particularly important for the volunteers to teach their students as in many of the countries where GVN is based standards of oral hygiene are lower compared to developed countries. This means that the risk of transmission of sexually transmitted diseases through unprotected sex and oral sex is higher. If the students aren't informed about proper hygiene they are less likely to be educated about safe sex. Volunteers are advised to check on their arrival if their school has a biology teacher as this subject could be combined to be taught as an additional science lesson.

Bodily Hygiene

Sweating – The human body sweats when its body temperature rises to 37.5 degrees Celsius which is 0.5 degrees above the normal body temperature. This involves water in the form of sweat evaporating from the skin which also takes the heat from the body. This process occurs otherwise the human body would overheat and would collapse from heat exhaustion.

When the human body sweats it needs to be washed to remove the bacteria from the skin and all clothing which has been worn. Otherwise body odour can develop.

Washing – Volunteers must educate their students about the importance of washing regularly and keeping the body clean. If the bacteria caused by dirt aren't washed off the body then it will cause body odour. Washing of the hands must always be done after going to the toilet, handling food and whenever the hands become grubby or dirty. Dirty clothes must always be washed as well.

Feet – Feet are often the most abused part of the body and their care is regularly neglected. To keep feet healthy and clean you must:

- ▷ Wash them at regular intervals.
- ▷ Cut the toenails properly to avoid in growing toenails.
- ▷ Dry between the toes after washing the feet.
- ▷ Treat cases of athlete's foot and verrucae and not leave them unchecked.
- ▷ Visit a chiropodist or doctor for any serious skin conditions.
- ▷ Wear trainers with socks. Bacteria or fungus flourishes in warm damp places. Bare feet cause moisture made from water to be left in the shoes instead of being absorbed by the socks which are washed and so kill the bacteria.

Bodily Hygiene Note: In many developing countries the standard of bodily hygiene tends to be lower compared to developed countries. As a result many volunteers will have to teach about basic hygiene. Many people particularly if they come from a poor background don't have ready access to clean water to wash themselves. Volunteers will often find that many of their students won't have a flushing toilet, sinks or electrical showers. Many students the volunteers encounter may not be aware of the importance of washing their hands after going to the toilet or handling

raw food or dirty goods. For some students their families have to walk a great distance every day to collect their daily supply of water which will often be contaminated and dirty. All these factors create a health hazard which further accelerates the spread of sexually transmitted diseases and fails to provide a healthy environment in which to practice safe sex.

Puberty and Relationships

When girls and boys go through puberty they begin to be attracted to the opposite sex. This will develop into sexual as well as emotional feelings for another person.

People experience sexual feelings from when they are very young but these feelings become more prominent when puberty develops. Sexual feelings are usually caused by someone you meet, something you experience or a dream or fantasy that you may have.

People can express their sexual feelings through many ways.

Physical signs – There are physical signs for both men and women when they are sexually excited or ‘turned on’. For men the main sign is an erection. For women the signs are when the vagina becomes moist and the clitoris becomes bigger. When men and women are sexually excited extra blood will flow to the skin’s surface especially around the genitalia. Your skin will feel warm and sensitive all over to touch.

Masturbation – This is one of the main ways through which men and women express their sexual feelings by touching their own genitals. Masturbation is called by many names. These names include touching yourself, pleasuring yourself, and particularly for men, wanking, a hand job or jerking off. Men masturbate by touching or rubbing their penis until it becomes erect and they have an orgasm and ejaculate. Women masturbate by touching their clitoris until they have an orgasm. Some people masturbate every day whilst others hardly ever do. Masturbation is a perfectly normal and safe way of expressing your sexual feelings and doesn’t cause you any harm.

Sexual Activities - When a person feels sexual feelings for someone they will want to do sexual activities with that person. This normally starts with kissing, holding hands and cuddling. This will usually develop to touching each other through clothes, using their hands to touch each other’s bodies and genitals. This will eventually lead to vaginal sex. Other sexual activities which are normally practiced include oral and anal sex.

5 Points to Teach about Having Sex

1. Sexual feelings are completely natural and it is normal if you want to carry out these sexual activities on another person. However they can change how you feel about a person particularly if you were friends beforehand. Due to all these emotional feelings it is important to consider when you want to have sex, especially for the first time.
2. Volunteers need to educate their students about the emotional consequences of sex - whether their students will feel good after having sex; as well as the physical consequences; and the need for contraception.
3. Due to the emotional and physical consequences involved in having sex it is important to choose wisely who you have sex with, particularly for the first time. Although it can feel like everyone around you is 'doing it' you should not feel that you have to rush into having sex. Everyone is different and individual. The best way to have sex is with someone you know and trust when you are in a committed relationship and who respects you as a person.
4. If you are forced by a person to have sex against your will this is **rape** and is not tolerated by any civilized society. If you are raped it is essential to tell someone you trust as soon as possible and go to the police to report it. You should not be ashamed about it. You are NOT in the wrong. The person who IS wrong is the person who has raped you.
5. You should not have sex with someone if you feel pressurized to do so or if it is something you feel uncomfortable about doing. Making the decision to have sex is a big step and shouldn't be taken lightly in the current health climate and AIDS epidemic. If you have sex when you are not ready it will not be an experience you will wish to remember.

Note: It is essential that the volunteer checks with the native teachers at their school on this topic as most countries have differing views on sex, relationships and dating. The volunteers may have to be wary about how to educate their students as the local community in general may not approve of dating and sex before marriage although it will be happening in the society.

For further information on this subject you may find the following articles useful:

'Puberty, Pregnancy and Sex' on the AVERT website.

<http://www.avert.org/puberty3.htm>

'Relationships and talking about your feelings' on the AVERT website.

<http://www.avert.org/sfeel3.htm>

Final Word

This is just a small mountain of what can and should be taught about sex education!

These are the basic points which should be covered by the volunteer. Any volunteer who chooses to teach this subject should be commended as it is never the first topic to be eagerly picked out!

However by making the decision to educate young people about sex education you will be making a real difference to people where you didn't realize you could and contributing to a better future for many people from all over the world.

Happy Educating!

Georgina Blewett
GVN Ghana Teaching Program Volunteer, 2006

*The Global Volunteer Network welcome and appreciate your feedback on this training guide, along with any other information you believe would should be incorporated; useful websites etc.
Please send your information to us at info@volunteer.org.nz*