

DAY 2

Basic Facts about HIV/AIDS, STIs, and Dealing with Sex and Sexuality

Objectives for DAY 2

By the end of Day Two, participants should be able to:

- Assess risk behaviours related to HIV
- Provide accurate information about HIV/AIDS and modes of transmission
- Explain how STIs can be prevented
- Explain the relationship between STIs and HIV infection
- Discuss the barriers that prevent people from seeking proper treatment for STIs
- Distinguish between the concepts of Sex, Gender and Sexuality
- Discuss male and female sexual body parts and their functions

Format for Day Two

Training Time: Approximately 5 hours

TRAINING SESSION	TIME NEEDED	CONTENT	ACTIVITY	OUTCOME
1. HIV/AIDS Facts	45 Minutes	Difference between HIV and AIDS Major modes of transmission	Interactive discussion	Increased knowledge about HIV/AIDS and modes of transmission
2. Risk Game	45 Minutes	Behaviours associated with high risk	Assess behaviours by level of risk	Increased knowledge of high risk and low risk behaviours
3. STI's 4. STI Introductory Role Play	15 Minutes	Discuss complexities of STIs.	Role Play	Participants understand the emotional and social issues related to STI treatment.
5. STI Facts	One hour	Discuss STIs, relationship to HIV and what the peer educator should say and teach about STIs.	Group discussion with fact sheet and tips for peer educator.	Participants understand the basic facts about STIs and what they should say to individuals.
6. STI Role Plays	30 Minutes	How peer educators should interact with peers.	Role Play with discussion	Participants understand how to apply information about STIs.
7. Sex and Sexuality	15 Minutes	Define sex, sexuality, and gender	Interactive discussion	Participants can distinguish between the terms.
8. Activity: Naming Parts of the Body	45 Minutes	Identify male and female body parts involved in sexual activities.	Draw and label bodies	Participants can identify body parts and feel comfortable talking about them.

Optional activities: There are three optional activities for Day Two: “Practice Being a Peer Educator” (Role Play), “Level of Comfort with Sexual Terms”, and “Gender and Sexuality”. All are very good activities, but should only be done if time permits (given that the other sessions have been presented).

TRAINING PROGRAMME

1. HIV/AIDS Facts

Information for the trainer:

HIV and AIDS

- ◆ Many people confuse HIV and AIDS. HIV is a virus (Human Immunodeficiency Virus), AIDS is a collection of diseases (Acquired Immune Deficiency Syndrome). HIV is the virus that causes AIDS.
- ◆ HIV is transmitted to people in different ways. In Namibia, the most common ways of transmission are sexual intercourse and from mother to child (during pregnancy, delivery and breastfeeding).
- ◆ In sexual transmission a person is first EXPOSED to HIV through unprotected vaginal and/or anal intercourse with an infected partner. It is also possible that the person may not become INFECTED with HIV. More on this will be covered during session 2, “Risk Game”.
- ◆ A person does not develop AIDS as soon as he or she becomes infected with HIV (for more clarity, see the diagram, “The Natural Course of HIV Disease” in the appendix).
- ◆ It can take between three and ten years for someone infected with HIV to develop AIDS related diseases/opportunistic infections. An infected person may not have any symptoms for a long time and thus, may not be aware that he or she is infected. **The HIV positive person can therefore spread the virus to other people without realising it.**
- ◆ Most people with HIV look healthy. HIV can only be detected by a test, called an HIV antibody test. An HIV antibody test will only show positive results between 3 weeks to 3 months after the time of infection. This is called the “window period” the time between when the virus enters the human body and antibodies are produced against the virus.
- ◆ A person can look and feel well for a long time, while the virus is slowly destroying his or her immune system (the body’s defense against disease).
- ◆ Finally, the person with a weakened immune system is unable to fight off infections that are usually easily controlled by the immune system. We now say that the person has AIDS, the final stage of HIV infection.
- ◆ There is not yet a preventative vaccine for HIV, nor is there a cure for AIDS. Once a person has been infected with HIV there is no way to get it out of his/her body. There are drugs that can help a person with HIV/AIDS to live longer; but these drugs do not eliminate the virus from the body. People can seek treatment for opportunistic infections but not to cure them of AIDS.

Transmission:

Interactive Discussion Continued:

HIV can only be transmitted through four bodily fluids

- 1 **Blood**
- 2 **Semen**
- 3 **Vaginal Fluids**
- 4 **Breast Milk**

If any of these fluids are present, there is a risk of HIV transmission.

- ◆ The most common mode of transmission is through UNPROTECTED vaginal and/or anal sexual intercourse with an infected partner. By unprotected, we mean that a condom was not used at all. Sometimes a condom is not used correctly, causing a person to be unprotected. A person's risk increases if he/she already has an STI.
- ◆ The second most common mode of transmission in Namibia is **mother to child transmission**. This can occur during pregnancy, at the time of delivery or through breastfeeding. About 30 to 40% of babies (that is about 30 to 40 out of 100 babies) born to infected mothers will be infected.
- ◆ A third mode of transmission is through **contact** with infected blood.
 - Transfusion with infected blood always transmits HIV. However, in Namibia all blood is screened for HIV before transfusion. As a result, this mode of transmission is rare.
 - Re-use of needles and other sharp instruments, without proper sterilization, for circumcision and scarification. Sharing of needles by injection drug users.

2. Risk Game

Activity

Handouts and Materials: Twenty-three pieces of paper with one behaviour (listed below) on each piece of paper. Four other pieces of paper with one “risk” answer on each.

Risk Answers:

- HIGH RISK BEHAVIOUR
- LOW RISK BEHAVIOUR
- NO RISK BEHAVIOUR
- DON'T KNOW

Behaviour:

- Having sex when drunk
- Having an injection
- Donating blood
- Having many sexual partners
- Woman taking the oral contraception pill and therefore not insisting that her partner uses condoms
- HIV infected person wanting to have a child
- Having sex with a neighbor without a condom
- Taking care of someone who has AIDS
- Deep kissing
- Being bitten by a mosquito
- Hugging someone who has HIV/AIDS
- Sex without a condom
- Oral sex
- Anal sex
- Using Vaseline or hair oil to lubricate a condom
- Using a condom only with wife but not with others
- Using a public toilet
- Sharing needles with a group of injecting drug users
- Sharing someone else's razor
- Having sex with your faithful/regular uninfected partner
- Travelling away from home for work
- Having a lot of STIs
- Self-medication for STIs

- Ask the participants to form a large circle. In the center of the circle, place the signs that say, “High risk behaviour”, “Low risk behaviour”, “No risk behaviour”, and “Don’t know”. Give the other cards (the behaviour cards) one to each participant. Ask each person to decide which sign/statement—high risk, low risk, no risk or don’t know—he believes describes the behavior on his card. **Request the participants to avoid using the “don’t know” statement as much as possible.** As the first participant places his/her paper on one of the signs in the center of the circle, ask him/her to tell the reason for that response. Ask the group if they agree.

Purpose of Activity: This is an excellent opportunity to teach about HIV transmission. Use the opportunity to provide additional information and clarifications if required. Repeat for each participant and each behaviour.

Responses and discussion points

Trainer reviews content and correct answers (see handout on page 27)

■ **Having sex under the influence of alcohol or drugs**

High risk activity because when one is under the influence of intoxicants, one may overlook safer sex practices such as using a condom and using it correctly. Also, to be able to use a male condom correctly, the man must be fully erect. This is sometimes a problem when one uses alcohol or other drugs. However, this activity would be NO risk if it is between two uninfected partners.

■ **Having an injection or using needles**

No risk activity if needles are properly sterilized.

■ **Donating blood**

No risk. Donating blood does not pose a risk of HIV transmission. New disposable sterile needles are used for each donation.

■ **Having many sexual partners**

A high risk activity when condoms are not used. About 95% of HIV transmission in Namibia takes place through sexual contact. Unprotected sexual intercourse is a high risk because there is semen, vaginal fluids, and sometimes blood present.

■ **Women on oral contraceptive pills not insisting on their partner using condoms**

High risk activity as oral pills do NOT protect against HIV/STIs.

■ **HIV infected person wanting to have a child**

High risk behaviour as the person may transmit HIV to his/her partner as well as to the child.

■ **Having sex with a neighbour without a condom**

High risk, as no one can be guaranteed to be HIV negative, even if it is one's neighbour.

■ **Taking care of someone who has AIDS**

No risk, provided general precautions are observed.

■ **Deep kissing**

No risk, because none of the four bodily fluids (semen, vaginal fluids, blood, or breast milk) are present.

■ **Being bitten by a mosquito**

No risk. There has been no documented proof of HIV transmission through mosquitoes. Mosquitoes only suck blood and do not inject blood. HIV is a human virus and cannot live in the body of a mosquito.

■ **Hugging someone**

No risk.

■ **Sex without a condom**

High risk. Since you cannot tell who might be infected, every unprotected vaginal and/or anal sexual encounter is an opportunity to be infected.

■ **Oral sex**

Low risk. The chance of HIV transmission is low, unless open sores are present.

■ **Anal sex**

High risk. This type of intercourse involves the rectum, which is not naturally designed for sex. During such an act the possibility of tearing the rectum is great. This gives an opportunity for the virus to enter the body easily.

■ **Using Vaseline or hair oil for lubricating a condom**

High risk. Male condoms are made of latex rubber. Any oil-based lubricant reacts chemically with rubber and may make microscopic holes, which is enough for HIV to pass through. Only water-based lubricants should be used on male condoms. However, oil-based lubricants can be used on Femidoms/Female Condoms, because they are made of a different material (poly-urethane). Most condoms contain sufficient quantities of water-based lubricants.

■ **Using condoms only with your wife and not with others**

High risk. It will only reduce the risk of the wife getting the infection or passing it on. The husband may still acquire the virus from others.

■ **Using a public toilet**

No risk.

■ **Sharing needles with a group of injecting drug users**

High risk. Sharing needles will increase the chances of HIV transmission as the needles can contain small amounts of leftover blood that may have the virus.

■ **Sharing someone's razor**

Low risk. The virus dies quite quickly when exposed to air, so dried blood would not be very risky.

■ **Having sex only with your faithful/regular uninfected partner**

No risk.

■ **Travel away from home**

If being away causes a person to have unprotected sex with non-regular partners then it is very risky. Being away from home and still being faithful to your partner at home is a no risk activity.

■ **Having STIs**

Very risky. The sores that many STIs cause create a perfect entry way for the HIV to enter. Also, the same sexual activities that caused the STI can also lead to HIV infection.

■ **Self-medication for STIs**

Very risky because without a proper diagnosis, a person may take the wrong medication or may not take it long enough to truly cure the STI. Even when symptoms have disappeared, the person may still have the STI and therefore, it will soon come back and once again make the person more susceptible to HIV infection.

Remember: HIV is transmitted through semen, vaginal fluids, blood, and breast milk. Therefore, it is important for individuals to protect themselves or avoid contact with these fluids.

(OPTIONAL ACTIVITY)

Practice Being the Peer Educator

- Tell the participants that they will now have a chance to practice explaining certain HIV and AIDS concepts to their peers.
- In the large group, ask for a volunteer to pretend he/she is a peer educator. Ask for another volunteer to play the role of a peer. Give the peer one of the questions from the pre-training exercise that was often answered poorly or incompletely.
- The peer asks the peer educator to answer the question. The peer educator answers in a friendly and thoughtful manner. The peer educator may ask for assistance from the class if he/she does not know the answer.
- Follow the same procedure for each question that was often answered incorrectly in the exercise.

NOTE: This is an excellent opportunity to give feedback to the peer educators. The class and the facilitators should give both positive feedback and advice on points to change to the person playing the role of the peer educator.

**R
O
L
E

P
L
A
Y**

3. Sexually Transmitted Infections (STIs)

Interactive Discussion: (see handout on pages 28-30)

- ◆ People who are at risk of STIs are also at risk of HIV. HIV can be transmitted through sexual intercourse in the same way as STIs. HIV is more easily transmitted when a person has sores or discharges from another STI. The reduction of STIs will also reduce the chance of HIV transmission, and prevention of STIs will also help to reduce the risk of HIV transmission or acquisition.
- ◆ It is important to have an understanding of STIs to develop strategies to prevent STIs/HIV. Prevention and prompt treatment of sexually transmitted infections (STIs) (also referred to as sexually transmitted diseases or STDs) is important. This is not only because STIs cause illness. Left uncontrolled, STIs significantly increase the risk of HIV transmission. Treatment of curable STIs has been shown to be an effective way to reduce the incidence of HIV.

Peer educators should not try to help people diagnose their STI, rather,

- They should advise people to seek immediate medical advice and treatment.
- They should encourage people to abstain from sex until they have found out from the doctor whether or not they have an STI.
- They should encourage people to always use condoms to reduce the risk of STIs.

Where possible, invite a health worker to give a presentation on STIs. If you invite a health worker; you should brief him/her on the areas that need to be covered.

- Common STIs in Namibia
- STI symptoms
- Management of common STIs
- Relationship between STIs and HIV
- How STIs are transmitted
- Complication of STIs

4. STI Introductory Role Play

Handouts and materials: see overhead on page 31

- Tell the participants that we will begin the session on Sexually Transmitted Infections (STIs) by seeing and discussing a role play
- Ask for two or three volunteers from the participants to perform the one-minute role-play

Anna is taken to the clinic by her friends. The clinic worker examines her and tells her she is suffering from an STI. The clinic worker asks that Anna brings her husband for treatment. Anna becomes sad. She tells the clinic worker that this is not possible. The clinic worker and Anna discuss the problem.

- Ask the participants the following questions. (Make sure that each question is thoroughly answered before moving on to the next one)
 - What did you see happening here?
 - Why does this happen?
 - What problem does this cause?
 - How does this happen in your community?
 - When it happens in your community, what can be done?
- Close the session by summarising some of the complex issues the large group has described (examples are relationships, communication, personal denial, fear) that arise when we start talking about STIs.

**R
O
L
E

P
L
A
Y**

5. STI Facts

Activity:

Handouts and Materials: Questions about STIs (page 32)

- Divide participants into small groups. Distribute the questions to the group. Ask each group to prepare responses to the starter questions.
- Allow 20 minutes for this activity. In a large group discuss the responses. If time permits, ask each group to present its responses to the large group.

Purpose of activity: Participants begin to discuss basic facts about STIs.

Interactive Discussion:

Spend adequate time explaining the rationale for this session. You can do this by establishing the relationship between STIs and HIV as summarised below:

- ◆ HIV is sexually transmitted in the same way as STIs. Therefore, people who are at risk of STIs are also at risk of HIV infection. In addition, if a person already has an STI, it may increase his/her chances of getting HIV because many STIs cause sores or discharges (from penis or vagina), which may facilitate the transmission of the virus.
- ◆ The reduction of STIs will also reduce HIV transmission. Preventing STIs will also prevent HIV. Therefore, it is important to have an understanding of STIs in order to develop strategies to prevent STIs, including HIV

Discuss and emphasize how the peer educator should handle a person who may have an STI:

- Encourage the person to seek treatment from a qualified doctor.
- Tell individual that they should also tell their partner to get treatment.
- Tell the person to abstain from sex during treatment.
- Tell individual that using condoms can prevent infection.

6. Role Play Activity

- Break the group into three groups. Have each look at one scenario. (5 minutes)
- Then, ask participants to develop a role-play to present to the entire group. (10 minutes)
- Each group will perform the role-play and then explain why the actors acted as they did. (15 Minutes)

Possible Scenarios:

Role Play #1: A young miner acquired an STI after spending a long weekend in the city, drinking heavily, visiting clubs and various women. After a few days he had a discharge and pain while urinating. He confided in an older colleague. The older colleague prepared a herbal concoction for him to take and said that the burning sensation would go away, but that the discharge is normal. What happens next?

Role Play #2: A boilermaker moves to a new area. He notices that he has a STI, but doesn't know where to go for treatment. He asks his new partner who takes him to a traditional healer. After receiving some medicine, his initial symptoms go away. What happens next?

Role Play #3: A newly married woman has a discharge that she never had before. It has a very unpleasant smell. She is embarrassed and feels that her husband will not be attracted to her any more. She does not know what has caused this discharge—but hopes that it is a sign of pregnancy. She mentions this to her friend in the village who laughed at her and told her to go to the pharmacy and buy 3 orange pills. What happens next?

ROLE PLAY

7. Sex, Gender and Sexuality Definitions

Interactive Discussion:

- ◆ Differences between sex, gender and sexuality
- ◆ Names of male and female body parts used for sex
- ◆ How values interact with talking about sex

Write on the flip chart three words, **SEX**, **GENDER** and **SEXUALITY**
Ask people to give definitions of each and write them on the flip chart.

Discuss the terms

1. SEX

Refers to the condition of being either male or female. It is also used to describe the act of sexual intercourse.

2. GENDER

Also refers to the condition of being either male or female. It is a word frequently used but often misunderstood. Gender refers to the social construction of male and female roles – the widely held beliefs and expectations of the roles, responsibilities and obligations associated with being a woman or man. It is a culture-specific concept – what women can or cannot do in one culture differs greatly from what they can or cannot do in another. But what is consistent across cultures is that there is a distinct difference between women's and men's spheres of functioning. Typically, men are seen as being responsible for productive activities outside the home and women are responsible for productive and reproductive activities within the home. While the extent of this difference varies considerably from one culture to the next, it almost always persists.

3. SEXUALITY

Is reflected in the total expression of who we are as human beings. It is shaped by our values, attitudes, behaviours, physical appearance, beliefs, emotions, personality, likes and dislikes, and spiritual selves, as well as all the ways in which we have been socialized. Sexuality begins before birth and lasts a lifetime, and it is influenced by ethical, spiritual, cultural, and moral factors. It involves giving and receiving sexual pleasure, sexual orientation, as well as enabling reproduction. Sexuality is a total sensory experience, involving the whole mind and body – not just the genitals.

Many of these are cultural norms and attitudes that prevent open discussion of HIV/AIDS, and therefore hinder the ability of women to convince their partner to use a condom, to get tested for HIV, or practice other optimal behaviours.

- Lack of ability to talk about sex or HIV/AIDS in the family.
- Lack of ability to talk about sex or HIV/AIDS in the community.
- Strength of taboo about discussing issues related to sex, even with a spouse.
- Strong belief that sex is an important part of every marriage and must be frequent to hold the marriage together.
- Strong traditional teachings that women must serve their husbands without complaint, meeting all sexual demands.
- Strong cultural tradition that men may have girlfriends as well as a wife.
- Strong cultural tradition that men are decisionmakers and women are not.
- Strong teachings from many religious organizations that sex, especially extramarital sex, is associated with sin and that those who have HIV/AIDS are “bad”.
- Women’s fear that their husbands will beat them if they even suggest that either partner be tested or that a condom be used within the marriage.
- Apparent shyness of health workers about discussing HIV/AIDS, inability to be very direct in talking to clients, and resistance to being assertive about urging clients to get tested and talk about risk.
- Difficulty experienced by girls and women to negotiate for safe sex and by adolescent girls to say no to sex before marriage to decrease the rates of primary infection.

(OPTIONAL ACTIVITY)

Level of Comfort with Sexual Terms

Activity:

Handouts and Materials: 4 flip chart papers and 4 markers

- Tell the participants that this exercise is aimed at helping them become more comfortable with using sexual terms. Remind them that peer educators must be able to speak with their peers using the common terms that their peers use.
- Organise 4 flip chart size papers. On one is written “male sexual organs”. On another is written, “female sexual organs”. On another is written “sexual intercourse” and on the last is written “Other kinds of sexual behaviour”.
- Divide the participants into 4 groups. Give one paper to each group. Tell them that they will have 5 minutes to brainstorm and write down every word they can think of that belongs to the heading on their paper.
- At the end of the 5 minutes, each group passes its paper to the next group and again, they have 5 minutes to work on the new paper. The papers rotate among groups so that everyone has a chance to add words to each of the headings.
- Post the papers on the wall and ask the participants to look at them. Ask each participant to choose one word that made him/her feel **uncomfortable**. Now they go back to their small group and talk about the word, what it means to them personally and why it makes them uncomfortable. (They can also use this opportunity to find out the meaning of any word they don’t know.)
- Summarise the activity by highlighting some of the following issues:
 - Without being able to discuss sex with the partner, it is very difficult to discuss condom use!
 - Sex is something that people enjoy but are afraid to discuss.
 - Sex is a very sensitive issue that must be approached with caution.
 - Many people want to talk about sex but are inhibited by social, cultural and religious norms.

- Not talking about sex means remaining ignorant about an important aspect of our lives.
 - Sex is natural and is nothing to be ashamed of.
 - It is important for good relationships to talk about sex in a mature manner.
- To close the exercise, ask if anyone feels more or less comfortable after talking openly about these words and body parts.

Purpose of activity: Participants develop a level of comfort with sex-related terms.

(OPTIONAL ACTIVITY)**Gender and Sexuality****Activity:**

Handouts and Materials: two different coloured papers

- Explain the following: Prejudices about sexuality and sexual behaviour come from our culture, our past experiences and present situation. Prejudice affects the manner in which we look at people with HIV/AIDS and how we care for them. It is therefore crucial that those of us involved with HIV/AIDS programmes clearly examine our thoughts and feelings about AIDS and about people infected with HIV. For this purpose, we have selected an activity that will show that people often have different feelings about an issue.
- Hand out a set of two different coloured papers or cards.
- Tell the participants which colour means agree and which means disagree.
- Read a statement from the prepared list of controversial statements (on the next page) and ask each participant to decide if he/she agrees or disagrees with the statement and to indicate this by holding up the appropriate coloured card.
- Read each statement twice to make sure everyone understands.
- Tell participants that they have to choose agree or disagree even if they aren't sure.
- Tell participants they should think of their first reaction to the statement, not necessarily the one they think is correct.
- After you read the statement, and participants have held up their cards, draw the group's attention to the differences of opinion in the group.
- Call on two or more people to briefly present reasons for agreeing and disagreeing by asking "Why did you agree (or disagree)?"
- Then move on to another statement, calling on different people to explain their response. You should spend no more than 5 minutes on each statement. Do not correct or modify any responses.
- Finally ask "What are some of the implications of your responses for HIV and AIDS?"

CONTROVERSIAL STATEMENTS ABOUT SEXUALITY AND GENDER ISSUES

- ◆ Men demonstrate their masculinity through physical strength and the number of sexual partners they have.
- ◆ Men do not need tenderness and are less sensitive than women.
- ◆ Women should be virgins when they marry.
- ◆ Men need to be sexually experienced when they get married.
- ◆ Women have fewer sexual needs and desires than men.
- ◆ Women should not get access to the female condom because it will only encourage them to have sexual relations more freely.
- ◆ Sex is most enjoyable for both partners when each respects the other's needs.
- ◆ Sex without intercourse is not "real sex"
- ◆ Women are expected to fulfill men's sexual needs (especially if they are married).
- ◆ A woman without children is unfulfilled and not fully adult.
- ◆ Widows need male family members to take care of their interests.
- ◆ Real men don't cry.

Purpose of activity: Participants begin to understand how values are related to sex, sexuality, and gender.

8. Naming Parts of the Body

Activity:

Handouts and Materials: Flip chart paper, markers/crayons, overhead of body parts (pages 33-35)

- Distribute large pieces of paper (e.g., 2 flip chart papers taped together)—big enough to draw a life-sized body. Each small group will need two of these large papers, coloured pens or crayons.
- Tell the participants to work in their small groups.
- Ask a male and female participant to lie on the paper and members of the group will draw around them, outlining their body. Then ask the group to draw the parts of the body that are involved in having sex.
- They should then write the names of these body parts. Tell them that this is not a test. They do not have to be doctors or artists.
- When each group has finished drawing both a male and a female figure, display each group's pictures on the wall.
- Using the pictures on the wall or the OVERHEAD transparencies, lead a discussion about the following:
 - Clarify any body parts that seem unclear on the drawings.
 - Ask if the participants feel shy talking about some of these body parts?
 - Which ones? Why?
 - Ask if condoms can get lost inside a woman's body. Discuss.
 - Ask if women are biologically more vulnerable to HIV and if so, why?
 - Ask how HIV is transmitted during sexual intercourse?

Purpose of Activity: to assess participants' knowledge of male and female anatomy.

HANDOUTS AND OVERHEADS FOR

DAY 2

Risk Game Summary

High Risk Activities	Low Risk Activities	No Risk Activities
<ul style="list-style-type: none"> ▶ Having sex under the influence of alcohol or drugs ▶ Having many sexual partners ▶ Woman on oral contraceptive pills not insisting that her partner use a condom ▶ HIV infected person wanting to have a child ▶ Having sex with a neighbour without a condom ▶ Sex without a condom ▶ Anal sex ▶ Using Vaseline or hair oil for lubricating a male condom ▶ Sharing needles with a group of injection drug users ▶ Having many STIs 	<ul style="list-style-type: none"> ▶ Oral sex ▶ Sharing someone's razor 	<ul style="list-style-type: none"> ▶ Donating blood ▶ Taking care of someone who has AIDS ▶ Deep Kissing ▶ Being bitten by a mosquito ▶ Hugging someone ▶ Using a public toilet ▶ Having an injection by a certified health care worker

Sexually Transmitted Infections (STIs)

What are Sexually Transmitted Infections (STIs)?

Sexually Transmitted Infections (STIs) are spread by sexual contact. The germs causing STIs enter and infect the body through the vagina, penis, rectum and the mouth.

What are the signs and symptoms of STIs?

STIs have different signs and symptoms. The same STI may seem different in different people. It is extremely important to note that many women and some men have an STI without any signs or symptoms. The following signs could indicate the presence of an STI in a sexually active person:

In Women

- ▶ An unusual discharge or smell from the vagina
- ▶ Pain in the pelvic area, between the navel and the sex organs
- ▶ Burning or itching around the vagina
- ▶ Bleeding from the vagina which is not the menstrual flow
- ▶ Pain inside the vagina when having sex

In Men

- ▶ Unusual discharge from the penis

In both women and men

- ▶ Sores, bumps, blisters or warts in and around the sex organs or mouth
- ▶ Burning and pain when urinating or having a bowel movement
- ▶ Swelling in the groin – the area around the sex organ

Some symptoms of STIs can also be symptoms of non-sexually transmitted diseases. It is also possible to have more than one disease at a time.

What is the relationship between STIs and HIV infection?

HIV infection is also a sexually transmitted disease. Some STIs cause open sores in and on/around the genitals. When a person with sores has sexual intercourse with an HIV-infected person, the HIV virus can enter more easily through such an open sore. Therefore people with STIs have a higher risk of contracting HIV. For this reason too, it is important to concentrate on the prevention and treatment of STIs. The same precautions that prevent STIs will also prevent HIV.

What is the major difference between HIV infection and other STIs?

The big difference between HIV infection and other STIs is that while most of the other STIs can be cured, HIV/ AIDS is incurable. However, all STIs including HIV are preventable. Prompt attention from licensed medical doctors and regular treatment of STIs is necessary to prevent complications.

How are STIs treated?

It is important for people with sexually transmitted infections to seek treatment as quickly as possible and to make sure they take all the required medication. If the infection is not treated properly it can remain and can cause serious complications. For adequate and effective treatment it is necessary to go to a qualified doctor or nurse. People should never treat themselves or use medication from family or friends.

If someone thinks they have an STI you should encourage them to abstain from sexual activity and seek medical attention. Sexual activity should be resumed only when the infection is cured.

How can STIs harm men, women and children?

STIs are not always noticeable or painful, but they can cause damage to the body resulting in illness, infertility, disability and even death. Most STIs in pregnant women can infect babies in the womb or during delivery, causing severe handicaps and even death.

Most STIs are easy to treat. If they are detected and treated early, they do not cause serious problems. If they are not detected and treated early, the infection may spread and cause complications.

In Namibia, there is a high rate of STIs because:

- ▶ Many people have unprotected sex with multiple partners
- ▶ As people move to cities for jobs they leave their families behind and sometimes seek other sexual partners
- ▶ Many people do not know about STIs, or that they have an STI, and therefore do not seek treatment
- ▶ People are afraid to seek treatment because of the stigma attached to having an STI
- ▶ Sometimes the health facilities do not have treatment available
- ▶ Some people do not use condoms

What must a person do if he/she has any symptoms of a STI or thinks he/she has an STI?

The person should seek immediate medical care and get treated. During treatment they should abstain from sex.

Should his/her partner seek help?

It is important that both partners be treated for the STI. Neither partner should have sexual intercourse till he/she is completely cured.

How can STIs be prevented?

- ▶ Use condoms correctly and consistently, (every time)
- ▶ Reduce the number of sexual partners
- ▶ Seek prompt treatment of any symptoms of STIs for yourself and your partner
- ▶ Abstain from sexual intercourse until your STI is cured
- ▶ Stick to one faithful un-infected partner

Is HIV an STI?

Yes, HIV is a sexually transmitted infection, however there are other modes of HIV transmission, as explained earlier.

What are the names of some common STIs?

- ▶ Gonorrhoea
- ▶ Chlamydia
- ▶ Syphilis
- ▶ Chancroid
- ▶ Herpes
- ▶ Trichomoniasis
- ▶ Candidiasis
- ▶ Condyloma

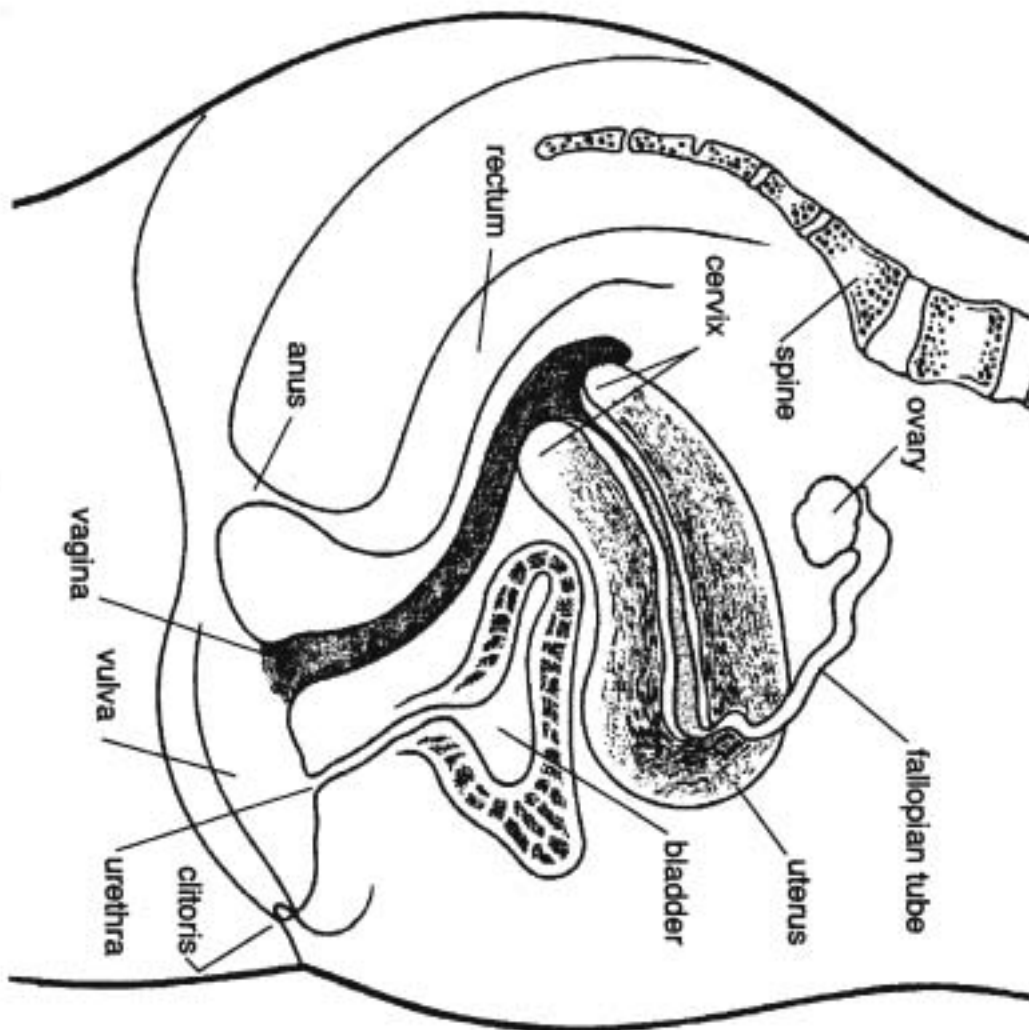
How should the peer educator handle a person who may have an STI?

- Encourage the individual to seek diagnosis and treatment from a qualified doctor or nurse
- Tell the individual that they should also tell their partner to get treatment
- Encourage the person to abstain from sex during treatment
- Tell the person that correct/consistent condom use can prevent infection
- Refer the individual to someone in the community for assistance, such as counselling

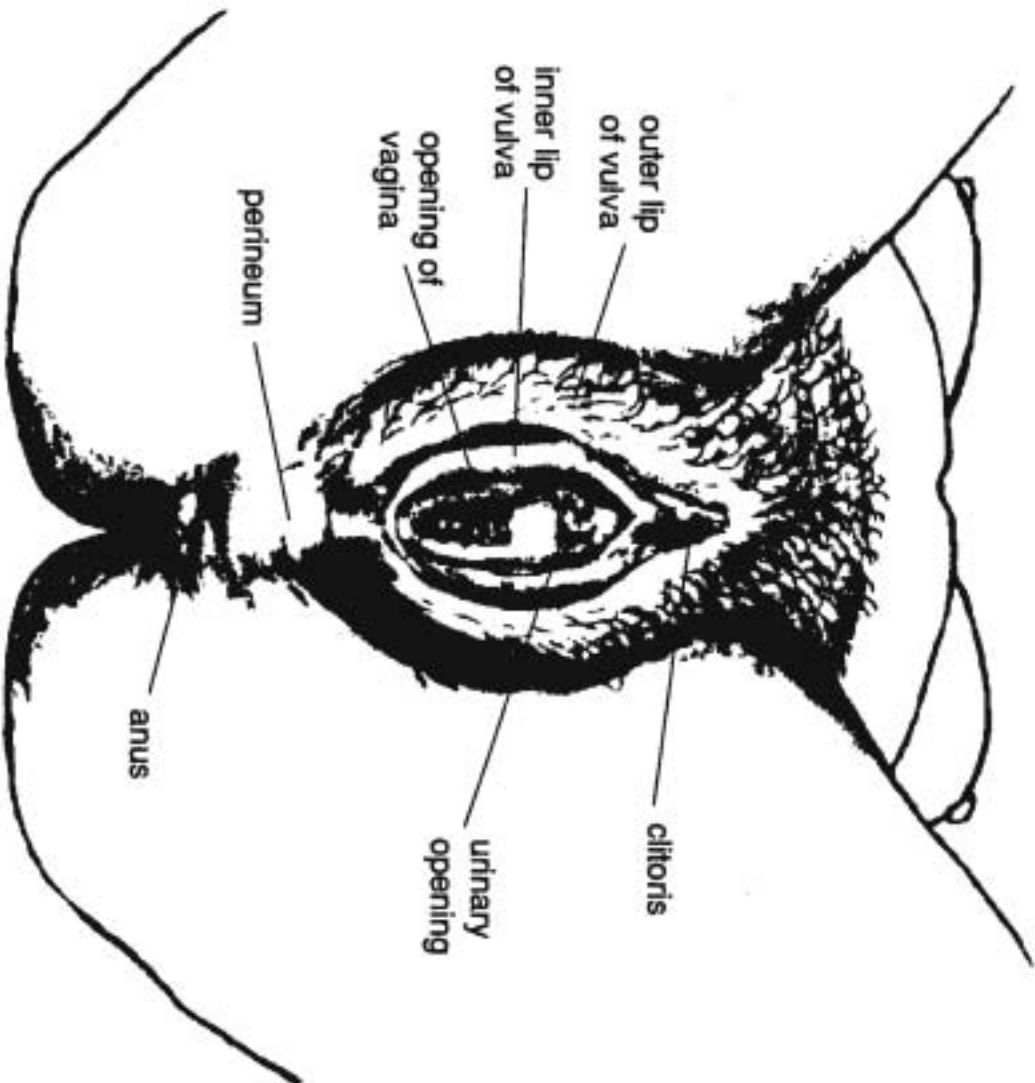
Questions about STIs

- ◆ What is a Sexually Transmitted Infection (STI)?
- ◆ What are the symptoms of STIs?
- ◆ How can STIs harm men, women and children?
- ◆ What must one do if one has any symptoms of STIs?
- ◆ Should the partner of a person with STIs seek help?
- ◆ How can STIs be prevented?
- ◆ Is HIV an STI?
- ◆ What is the relationship between STIs and HIV?
- ◆ What is the major difference between HIV infection and other STIs?
- ◆ Name some common STIs.

Female Pelvic Organs



Female External Genitalia



Male Pelvic Organs

