Training Guide

for

Peer Health Education Programs in Africa

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School - Based Peer Health Education
An African Model for Health Education & HIV/AIDS Prevention

Summary of Peer Health Education Program

The school-based Peer Health Education Program, as initially developed in The Gambia (1990-2006) and Sierra Leone (2002-06) by the Nova Scotia – Gambia Association (NSGA), aims at improving the health and well being of youth through equipping them with the knowledge, skills and confidence to take responsibility for their own health. This is accomplished through the development of well informed, well trained teams of school-based peer health educators who are motivated to share their knowledge and training with their fellow students. The peer health educators (PHEs) develop and conduct an ongoing series of presentations, classroom by classroom, in their schools on the whole range of health-related issues confronting young people, including STIs and HIV/AIDS. They are trained in a variety of strategies to engage their peers and encourage healthful behaviour and attitudes. Where possible, they also develop community outreach programs targeting neighbouring schools, out-of-school youth and the general public.

Rationale: Why the Peer Health Education Program Is Needed

There is need to equip Africans of all ages, especially girls and women and people in the rural areas, with the knowledge, skills and behavioural strategies to deal with the health related problems that afflict them and their communities. Education for prevention and management of infection and disease is both an immediate need and a long-term, cost-effective sustainable approach to improving the health and well being of children and youths, and indeed whole communities, in Africa.

Evaluators’ Comments

This education-based preventative model, both efficacious and cost-efficient, holds great promise for other sub-Saharan African nations. . . . As a comprehensive approach that focuses on a number of other health concerns and that solidifies gains through building self-esteem and confidence, this model can be used not only to help youth make better health-related decisions but to make better overall life choices. This evaluator recommends that GOs and NGOs presently contemplating a health promotion initiative, especially those directed to the prevention of HIV/AIDS, seriously consider adopting the NSGA model. (Stephen Perrott, PhD, Associate Professor of Psychology, Mount Saint Vincent University, August 2004)

Quantitative results from the Phase 2 study indicate that the [malaria component of the PHE Program in The Gambia] had an impact on reported behavior and practice, both at the level of the school and community. . . . The results strongly suggest that school students effectively conveyed key messages on prevention and prompt treatment to mothers of young children living in the same or neighboring compounds. . . . One could interpret the current results as favouring the introduction of similar programs in rural settings where malaria is a major public health problem. . . . This would include much of sub-Saharan Africa. (Margaret Pinter, PhD, Independent Consultant, from a March 2007 evaluation report to the Medical Research Council & Gates Malaria Partnership)
Tradition, the Culture of Silence, AIDS & Peer Health Education

In traditional societies, marriages were arranged by the two families. There would often be little contact between the two young people prior to the marriage. The bride’s family would receive something of value (“the bride price”) in return for giving their daughter as a wife. As it was not uncommon for a man to have more than one wife, the bride may be the second or third wife of the husband. Regardless of her status she would expect her husband to provide her with her own house, possibly located in the same compound as the other wives.

The primary role of the woman in the marriage was to produce children, to carry out domestic duties around the home and to tend gardens that provided food for the family.

The primary role of the male in the marriage was to act as head of the family, make major decisions regarding the welfare of the members of the family, and carry out work traditionally carried out by men.

Children were a necessary element in a marriage: they helped strengthen and continue the family and tribal line; they were a source of farm or household labour during their growing up years and they represented future security for the parents in their old age. If a marriage did not produce children it was considered to be the fault of the wife.

In the traditional setting there was seen to be little need to discuss details of biology and reproduction; thus the vocabulary for describing bodily functions and human sexuality was very limited. Problems of health were attended to by traditional healers – who, as a matter of practice, did not share their secrets.

Cultures in Transition

Today traditional practices are under pressure as a result of contact with other cultures through international travel, newspapers, magazines, books, television and the internet and from the need to provide the children with a modern education. Particular pressure is now being exerted to ensure that girls, also, receive an education. This results in young men and young women entering marriages at a later time in their lives than had been the case in the past. In many cases they may take post-secondary education or training programs, thus delaying marriage even further. There has been little experience in the traditional culture to prepare these young people for male-female interaction away from the village setting and adult supervision through their teen and young adult years. Teens often find themselves experiencing freedom, while at the same time facing personal and financial problems and having to make decisions without the benefit of the basic information necessary to make informed and healthy choices.

HIV/AIDS Arrives in Africa
The arrival of the virus that causes AIDS in these cultures in transition has made it necessary for governments and others who are concerned for the health and well-being of their country’s youth to recognize the need for a comprehensive health education program designed and targeted for youth.
A vigorous campaign of preventive health education delivered to children in school can prevent the disease from infecting the next generation of Africans. Young people who understand how HIV grows into the deadly disease of AIDS, how the virus is transmitted, and how this transmission can be prevented are less likely to choose risky behaviour that could end their own life as well as that of those closest to them – their wife, their husband, their children.

**Peer Health Education: Breaking the Silence**

The Peer Health Education Program is specifically designed to take advantage of the tradition of peer group (age group) influence among young people and, through a serious of training programs and follow-up monitoring, bring specific and relevant health information to youths in their schools and communities.

Through Peer Health Education youths are introduced to the biology of human reproduction. They learn about puberty, how a pregnancy occurs, the process of giving birth, and how to engage in sex without a pregnancy occurring. They also learn about serious infections and diseases that are passed from one person to another through sexual intercourse, and why HIV is the most dangerous of all of the sexually transmitted infections.

Other health topics covered are substance abuse, addiction, healthy relationships, and diseases such as tuberculosis, diabetes, and malaria which are on the increase in Africa. TB, diabetes, and malaria are considered “opportunistic” diseases to which people infected with HIV, or who already have AIDS, are particularly vulnerable.

During the information workshops youths are able to ask questions of the health professionals and to arrive at an understanding of how their bodies work in the reproduction process, what to do and what not to do to stay healthy and safe. The same is true of addiction, malaria, diabetes and tuberculosis. Each of these has emerged as a serious threat to the health of Africans, and with the exception of malaria, not ones that rural societies have traditionally needed to be concerned with.

Seventeen years of experience creating and developing, step-by-step, a national school-based peer health education program in The Gambia (1900-2006) and Sierra Leone (2002-06) has demonstrated two crucial facts about life in Africa:

- **Young people are open to the positive influence of their own age group.**

- **Youths with a high school education form a privileged group with respect to their influence in rural communities; they are listened to by village elders and decision-makers and their views are respected sometimes more than the views of their own (probably less well educated) parents; hence they can be effective change agents in the larger society.**
PHE Program Goals and Objectives

1. To empower youth in Africa with the knowledge, skills, and confidence to take responsibility for their own health, especially with respect to HIV/AIDS and other STIs, substance abuse, healthy relationships and problem-solving skills.

2. To establish well informed teams of peer health educators in secondary schools in Africa and equip them with the skills and strategies to conduct an ongoing series of presentations to their fellow students on the main health issues impacting on young people in Africa.

3. To build the capacity and motivation of the participating schools and communities to sustain the peer health education program well beyond the life of the project.

4. To develop an effective model for addressing youth health issues that can be used throughout Africa.

PHE Program: Underlying Strategy

- The adolescent years have a pivotal role in forming life-long attitudes and behaviours.

- Youth, with fewer ingrained habits than adults, are open to positive peer influence leading to behavioural change.

- Youths with a high school education form a privileged group with respect to their influence in traditional communities; they are listened to by village elders and decision-makers; they can be highly respected role models in their schools and communities; they can be effective change agents in the larger society.
Goals and Objectives of School-Based PHE Teams

The goal of each Peer Health Education team is to hold up a mirror to their own society and encourage their peers and other audiences to examine the consequences of common health-related actions and behaviours which may put individuals and groups at risk, and to adopt behaviours which lead to personal and community health and well being.

Objectives of PHE Teams

1. Reach every student in their school in an interesting and dynamic manner with clear and correct information on the major health issues that impact on young people in Africa.

2. Encourage their fellow students to make informed, well considered and practical decisions about the health-related choices that are before them, so as to adopt behaviours that lead to improved personal health and well-being.

3. Reach beyond the school wherever possible to make a positive impact on the health-related knowledge and behaviour of out-of-school youths and the community-at-large.
Focus on HIV/AIDS

HIV/AIDS is the primary focus of attention in the program. However, this problem never appears in isolation of other societal and health-related issues. The experience of health workers indicates the need for an integrated, holistic approach to societal health issues.

No youths in Africa will be risk-free with respect to HIV/AIDS if, for example, they are at risk to other sexually transmitted infections, indulging in drugs, have low self-esteem, cannot deal with peer pressure, have inadequate knowledge of human sexuality, are involved in unhealthy relationships or do not have good decision-making skills.

Our main message regarding HIV/AIDS, certain STIs, and other health problems afflicting Africa is that cures and treatment and even ease of pain are not very available or affordable. Young people have to take responsibility for their own health, by being knowledgeable, wise and conscious of consequences.

The peer education model educates the at-risk youth population about HIV/AIDS and related health issues and enables them to employ effective prevention strategies -- or rather empowers them to lead wholesome, healthy lives and to be positive role models for others.
Gender Equality: A Fundamental Principal

The Peer Health Education Program is based on gender equality. Peer health education teams in co-educational schools should have equal numbers of female and male peer health educators (PHEs). Where there are all-male or all-female schools in any country, there should be gender equality in the selection of these schools. In today’s Africa girls comprise approximately 50% of the target population in the schools.

Most of the health issues dealt with in the program have specific relevance to women and girls. Clearly the spread of HIV/AIDS poses a greater risk to girls and women, especially between the ages of 15 and 24, as young women of this age group in Africa are 2.5 times more likely to contract HIV than their male counterparts. They are also more vulnerable to most other STIs.

The issues addressed under reproductive health and healthy relationships impact on the rights of women and girls generally and their roles in traditional or transitional societies. These include early and/or forced marriage, wife inheritance, contraception, family planning and "sugar daddies" or sexual predators. All these issues have immediate relevance to girls in secondary, and even primary, school -- especially (but not exclusively) in the rural areas.

The outreach work of peer health educators is designed to reach women who are not literate: in rural communities, for example, the PHEs work orally in local language, proving dramatic presentations and leading discussions on the key health issues confronting these communities.

"Girls who are literate, particularly those who have received life skills training [e.g through a program like Peer Health Education], are less vulnerable to extreme forms of intrafamily violence, sexual abuse and trafficking." [State of the World's Children 2004.]
PHE Program Methodology

1. Teams of about 20 peer health educators (PHEs) in each participating school are provided with up-to-date information on the major health issues confronting youths and children in their society, and trained in presentation skills to enable them to make a positive impact on their fellow students, out-of-school youth and members of their community.

2. The work of the PHE teams in each school is coordinated by two trained teacher-coordinators, who facilitate their work within the school (ensuring that the PHEs have the support of administrators and staff), monitor their presentations for accuracy, quality and effectiveness, and provide on-site coaching, encouragement and logistical assistance.

3. The PHE teams, in consultation with their teacher-coordinators and the school headmaster, develop a schedule and go classroom by classroom (in groups of 2 to 4) making 30 to 40 minute presentations on the key health issues on which they have been trained. They also make brief presentations at school assemblies and special events.

4. The PHEs engage the interest of their fellow students by the liveliness, clarity, variety, relevance and interactive quality of their presentations.

5. The PHEs employ dramatic techniques (6 to 8 minute role plays, skits, short dramas) to bring current health issues to the attention of their audience, then engage the audience in dialogue about the issues presented and follow up with factual information, problem solving exercises, and other activities.

6. The PHE teams create posters and other visual displays on the key issues, arrange for relevant video shows and invite guest speakers on health topics to address the students.

7. Where possible the PHE teams carry out presentations in rural and urban communities and on radio and television, usually in local (national) languages.

8. The PHEs encourage the establishment of PHE teams in other schools and in community organizations and assist in the training of such teams. They also help train their own replacements in their school as they approach graduation.

When the peer health educators (PHEs) have established credibility with their peers through their knowledge and expertise with respect to the key health and social issues confronting young people (reproductive health, STIs, HIV/AIDS, substance abuse, self-esteem, problem-solving, healthy relationships), their peers will look up to them as role models and seek their assistance in coping with personal problems relevant to maintaining good health and well being.
Sustainability

The peer health education program, once established in any school, is sustainable at little expense depending on the motivation of the principals, teachers and students.

The PHE program, being school-based, does not require the establishment and maintenance of a separate program “vehicle” or infrastructure. The school is the vehicle.

On a national basis, the PHE Program can be sustained at little expense within the education system depending also on the political will of the national Ministry of Education. The schools that host the program are being sustained as part of the permanent institutional infrastructure of the country and so the school system can be an ongoing vehicle for expanding and sustaining the program.

Effective training and skill development programs have a built-in sustainability, e.g. the knowledge, attitudes, behaviours, and skills that young people acquire in a program like this remain with them for a lifetime.

Most students currently in secondary school will be parents themselves within ten years. The PHE Program will make them better informed and more skillful parents in equipping their own children to understand and deal with the health issues confronting Africans. Thus the benefits of the program can be felt beyond the current generation.
Role and Responsibilities of Country Representatives attending the GCYDCA Training Program in Lilongwe, Malawi, 13 to 17 August 2007

To provide to the Ministry of Education in your country a complete report on the GCYDCA training program of August 13 to 17, 2007 and the goals, objectives, strategies and methodology of the Peer Health Education Program;

To become a leader and an advocate for the Peer Health Education Program within your Ministry, taking on the responsibility of establishing the Program, ensuring its success and sustainability, and providing ongoing monitoring reports on the Program’s accomplishments to your Ministry and the GCYDCA;

To establish youth health education teams in 20 secondary schools in your country, comprised of at least 20 students, 50% of whom will be female, and two school-based teacher-coordinators (one male and one female);

To organize and conduct information and training sessions for the teacher-coordinators and administrators in the 20 participating schools to instruct them on the goals, objectives, strategies and methodology of the Peer Health Education Program and orientate them on their roles and responsibilities within the program;

To organize and conduct health information and PHE training programs for the teams of peer health educators and teacher-coordinators in the 20 participating schools to provide these 400 PHEs with a thorough knowledge of the major health issues (including HIV/AIDS) confronting youths today, and with the skills and capacity to develop in-school programs for their fellow students;

To establish a small team of health professionals and/or health educators to assist in the provision of health information to the Peer Health Educators and teacher-coordinators involved in the program;

To establish a small team of individuals with the experience, training and skills in public speaking, drama and theatre to train the PHE teams and teacher-coordinators in presentation skills and drama techniques;

To establish, orientate and train a small team of officers in the Ministry of Education charged with the responsibility of monitoring the program in the schools and to develop with them an effective monitoring and reporting system for the PHE Program in the schools;

To build the capacity and motivation of schools and the Ministry of Education in your country to sustain the program well into the future as a means of improving the health and well being of children and youth and preventing the spread of HIV/AIDS; and

Where and when possible, encourage and assist the PHE teams to conduct community outreach programs for out-of-school youth and the general public, especially in rural communities.
Role and Responsibilities of the School Principal

The active support and encouragement of the Principal is crucial to the success of the Peer Health Education Program in his/her school.

The first task of the Principal in establishing a successful PHE Program is to select the right staff members to be teacher-coordinators of the program. Wherever possible, the Principal should choose one male and one female teacher, ensuring that they do not have other responsibilities in the school that would prevent them from making a full commitment to the program.

The teacher-coordinators need to be teachers whom the students respect and trust and who have a good working relationship with other staff members; they need to have a genuine concern for the health and well being of the students; and they need to be open-minded and willing to learn, good listeners, good communicators and very interested in developing their own skills in student-centred learning and interactive teaching.

The Principal’s second important task is to ensure a wise, fair and balanced selection of the 20 students who will comprise the initial PHE team. The Principal should make this selection in consultation with the two teacher-coordinators and other staff members. The team should have an equal number of male and female students, with relatively equal numbers from each of the grade levels within the school.

The Principal should ensure that all staff members and students are aware that the PHE Program is an important component of the total school program, approved by the Ministry of Education, and that all staff members are expected to cooperate with the teacher-coordinators and PHEs without compromising their own teaching and curricular responsibilities within the school.

In particular the Principal will collaborate with the teacher-coordinators to ensure that the PHE teams have effective access to the student body through ongoing in-class presentations and presentations at assemblies and special events. The Principal will also ensure that the Parent-Teachers Association and any religious authorities associated with the school understand the program, its goals and objectives, strategies and methodology.

The Principal will directly monitor the work of the PHE team in the school, paying particular attention to the accuracy and relevance of the presentations as well as the quality of delivery, and provide periodic reports to the Ministry of GCYDCA. The Principal will cooperate with external monitors and evaluators from GCYDCA and the Ministry of Education and/or Health.

Where possible (and only if he/she deems the PHE team ready for community outreach work), the Principal will provide assistance and encouragement to the PHE team to conduct outreach activities in neighboring schools and communities.
Role and Responsibilities of the School-Based Teacher-Coordinator(s)

The teacher-coordinators need to be teachers whom the students respect and trust and who have a good working relationship with other staff members; they need to have a genuine concern for the health and well-being of the students; and they need to be open-minded and willing to learn, good listeners, good communicators and very interested in developing their own skills in student-centred learning and interactive teaching.

Preliminary Tasks
- Become very knowledgeable on all the health issues addressed in the program. (The teacher-coordinators will not be able to maintain the respect of the PHEs if they do not have a very good understanding of all the issues.)
- Become as skillful and comfortable as possible in the student-centred, interactive learning strategies that are an integral component of the program. This task will also include becoming adept in public speaking and drama skills.

General Responsibilities
- Ensure that the PHE team in his/her own school is thoroughly informed on the health issues of the program and well trained in the required presentation skills, including dramatic techniques;
- Assist the PHE team to develop and implement an action plan for the school year by which they would reach every student in the school in an engaging manner with clear, accurate information on the main health issues of the PHE program;
- Ensure that the PHE team’s action plan has the support of administration and staff;
- Monitor the presentations and other activities of the PHE team to ensure the accuracy of the information being imparted and the quality of the presentation;
- Assist the PHE team in maintaining a record of all activities, including numbers of students reached through each activity;
- Work with the PHE team in providing periodic reports to the school administration and the Ministry of Education on the aims and achievements of the PHE team during the school year.

Specific Tasks
- Assist PHEs to develop protocols, rules of conduct for their team;
- Ensure that all PHEs read and understand their Health Information Booklet;
- Organize special health information programs and updates for PHEs;
- Organize special training programs for PHEs in presentations skills;
- Organize orientation programs for the school staff and the PTA to ensure their ongoing understanding of and support for the work of the PHEs;
- Assist the PHEs to develop health promotion and health education materials;
- Cultivate a small team of resource persons to assist in training & updating PHE team.

In all of the above activities, work toward the development of self-directing, self-informing, self training, self-monitoring, self-evaluating and self-sustaining PHE teams.

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Peer Health Education: Step by Step Implementation

1. Each school selects 20 students, ten boys and ten girls representing a cross section of the school population and grade levels, to be trained as Peer Health Educators.

2. Two teachers, a male and a female, are designated as teacher-coordinators for the PHE team.

3. The school notifies the national PHE Program coordinator at the Ministry of Education that the team is selected and ready to be trained.

4. The teacher-coordinators, in consultation with the national coordinator, arrange for the initial training session (or sessions) to be held.

5. A location for the training is secured (usually in the school) and arrangements are made for a local person to provide food, if necessary.

6. One or two health professionals, good at working with young people, deliver the health information portion of the workshop.

7. The coordinators, assisted by resource person(s), train the PHEs in different methods of presenting health education topics to their fellow students (e.g. drama, public speaking, use of chalkboard, question and answer techniques, classroom management).

8. PHEs rehearse and finalize the presentations they will make in the classroom. Each presentation will start with a six-minute drama dealing with the topic of the presentation, followed by a focused discussion, questions and answers, and a final summing up.

9. At the conclusion of the training, PHE Health Information Booklets are provided to the PHEs.

10. Teacher-coordinators test the PHEs on their knowledge of the material in the Booklets.

11. In the days following the initial training session, the PHE team, working in groups of two to four, conducts presentations classroom by classroom (in approximately 40-minute sessions) throughout the school on the health topics on which they have been trained.

12. The PHE team also makes occasional brief (6 minutes) drama presentations at school assemblies.

13. The national coordinator, the teacher-coordinators and the Principal monitor the effectiveness of the PHE team’s work and meet with the team to correct errors of fact and improve performance.
14. After a period of time arrangements are made for a second training workshop on another health topic and the process continues.

15. Occasionally external monitors are invited to assess the effectiveness of the PHE’s work.

16. When the PHE team has done a good and thorough job of educating their fellow students, the Principal may encourage the team to take their presentations into neighboring schools and/or nearby communities.

**Special Events**

In addition to the training and information presentations that take place in the schools, special activities may be organized in the community to further expose youths to important health information. For example, presentations at Parent-Teacher Meetings and public events in the community, occasional radio presentations, public drama exhibitions on health topics, to take place around World Aids Day on December 1.
Community Outreach

Community health in Africa, especially in rural areas, can be substantially improved through youth development and leadership in providing communities with the requisite knowledge, skills and behavioural models to prevent or manage serious infections and diseases, e.g. sexually transmitted infections (including HIV/AIDS), malaria and tuberculosis, as well as tobacco addiction and drug abuse. A youth-led rural-based community health education initiative can be especially practical and effective in Africa where more than 50% of the population is under the age of 20 and living in rural villages and towns.

Control at the community level in rural Africa is generally in the hands of few men (and sometimes some women) in each community who frequently base decisions on outdated, sometimes harmful, traditional practices, a lack of awareness of fundamental human rights and the rights of the child, a lack of knowledge of basic human health, even a lack of knowledge of their country’s laws (e.g. laws governing the minimum age for marriage), and a male-centred view of family life. Young people with a high school education are able to change the knowledge base of their communities with respect to health and social issues.

The training of community groups, presentations in the community by well informed, dynamic teams of presenters (including PHE teams and local drama troupes), and focus group meetings on community health issues will lead to an improved, better informed and more inclusive decision-making process at the community level.

Helping a community acquire the knowledge, skills and motivation to respond effectively to the basic health needs of its people and prevent or manage the spread of serious infections and diseases is a very practical way to help its residents develop the fundamentals of good governance.

Years of experience in The Gambia and Sierra Leone creating and developing, step-by-step, a national school-based peer health education program and extending its impact into rural communities has demonstrated a crucial fact about life in Africa: *Youths with a high school education form a privileged group with respect to their influence in rural communities; they are listened to by village elders and decision-makers and their views are respected; they can be effective change agents in the larger society.*
How PHEs Use Drama in the School

- Students are most receptive to education in any format. They truly respond to the interactive, entertaining, clear and informative presentations by dynamic PHE teams in their schools.
- PHEs are trained in a variety of presentation and communication skills, including public speaking, voice projection, facial and body language, skit and drama development, acting and performing on stage and in a variety of venues (e.g. crowded classrooms, busy streets, market places, village centres and public events). Dramatic skits and simple songs and dance steps are particularly effective ways of relating to children in primary schools.
- PHEs are especially trained in *improv* and audience participation strategies (e.g. forum theatre), as their purpose is to engage the audience and draw them into further discussion on health issues when the play is finished.
- PHEs are provided with a thorough knowledge of the major health issues impacting on young people in Africa.
- PHEs are trained to, and quickly become experienced at, “breaking the culture of silence” on reproductive health and other sensitive subjects while remaining sensitive to local traditions and the views of elders, including religious leaders.
- PHEs usually make presentations in classrooms in mixed groups of three or four, so there is some gender balance.
- They will usually begin each presentation with a short drama, not more than six or seven minutes.
- The drama has three purposes:
  1. To get the audience focused on the main topic of discussion.
  2. To engage the audience’s attention; to get them interested in the topic.
  3. To provide information on the topic.
- In schools troupes perform in English, but in communities they perform in the appropriate local or national language. Thus each troupe has an appropriate mix of native language speakers for the district or region in which they are operating.
- PHEs are monitored by coordination staff, as well as by local education officials and health personnel whom we contract to witness performances (without advance notice to the troupes).
- PHEs perform in classrooms, at school assemblies and in other venues as often as possible. Over a relatively short period of time, a few months at most, troupes learn to be very creative and self-directed. They “learn by doing” and become very professional indeed.
Scenarios

The following are a number of scenarios (dramatic situations) that have been developed and used effectively by Peer Health Educators in The Gambia and Sierra Leone. Most of the scenarios have an equal number of male and female characters and centre around a conflict which arises in part from a lack of knowledge by some of the characters regarding a particular health-related issue. Conflicts (and a lot of humour) also arise from differing perspectives of the characters regarding traditional practices, marriage, education, and the relationships between men and women. Some of the dramas deal with serious social issues – e.g. the spread of STIs and HIV, the “sugar daddy” problem, teen pregnancy, sexual abuse and exploitation.

These scenarios have been tried and tested. They are ready for use by PHE teams, but they may be adapted or modified for greater impact in different countries and different cultural settings.

PHEs everywhere are encouraged to develop their own scenarios to engage their audiences in real problems in their own schools, communities and countries.

1. Not Easy to Tell

Scenario: Isatou, an 18 year old high school girl, has been the victim of unwanted sex from her 56 year old uncle for almost six months. She confides in a Peer Health Educator, who advises her on STIs, HIV/AIDS and the possibility of pregnancy. Isatou goes for testing and finds she has an STI -- gonorrhea. The doctor advises her that her uncle must come for testing. If he has the STI, he will have to ask each of two his wives to go for testing also. When she summons up the courage to confront her uncle, she leaves him no choice but to tell his wives the whole truth.

Characters
Isatou an 18 year old school girl, living with her aunt and uncle
Ansumana Isatou's best friend, a Peer Health Educator
Doctor (male or female) a specialist in STDs and HIV/AIDS
The Uncle 45 years old, a banker (Isatou's uncle through marriage)
First Wife 40 years old, with three children, Isatou's mother's sister
Second Wife 23 years old, with one child, a recent high school graduate

Themes and Messages
Confronting/exposing the sugar daddy/male predator takes courage, but it must be done.
Behaviour that causes a person to contract an STI also puts him/her at risk for HIV.
When there are multiple sex partners, the risks are intensified for everyone.
2. The Inheritance

Scenario: Amadou has a secret which he shares only with his friend Sulayman. Amadou's brother had died abroad some years ago of an undiagnosed illness and Amadou, according to custom, married his brother's widow, Binta. But Binta has recently died of tuberculosis. Knowing the link between TB and HIV/AIDS, Amadou has had himself tested and finds he is HIV positive. He resolves never to marry again and to abstain from sex so as not to pass his "inheritance" to any other innocent person.

However, his parents and his deceased wife's parents have other plans. They wish him to marry his wife's younger sister Saliatou, a grade 12 student in the school where Amadou teaches. Will Amadou now have to divulge his secret to the others? What will be their response? Perhaps he could enable them to understand by describing how Binta died, so slowly and painfully.

Characters
Amadou 28 years old, a school counsellor, living HIV positive
Mam Adama Amadou's mother, who wants her son to re-marry
Pa Ebraima Amadou's father, who does not believe in HIV
Mrs. Dibba Amadou's mother-in-law, mother of Binta and Saliatou
Saliatou Pa Ebraima's 18 year old daughter, a grade 12 student
Sulayman Amadou's friend and fellow teacher

Themes and Messages
The new reality of HIV/AIDS may conflict with some traditional practices.
The link between HIV/AIDS and other ("opportunistic") diseases, such as tuberculosis.
A person with HIV/AIDS needs the support of family and friends.
3. The Condom

Scenario: About two years ago Mary and her husband William were posted to different towns and could usually see each other only every second or third weekend. They have three children. She uses an IUD (an inter-uterine device) to avoid further pregnancies, but William is not aware of this. William has always been a considerate husband and father, but during the past two years, he has secretly had three or four girlfriends. He confides to his friend Kebba that he has recently contracted an STI -- genital warts, which is not curable. He says that he is afraid to visit his wife in case he transmits the STI to her and/or she notices the symptoms. He does not know what to do.

William is a high school teacher, and one day he witnesses his 14 year old daughter Anna, a peer health educator, making a presentation to a school assembly about the "ABC's of safer sex". He is very proud of his daughter for her presentation skills and her directness of speech. But he is even more conscious of his problem. He decides that he will have to use a condom the next time he makes love to his wife and realizes that, unless he has a good story he may have to tell her about his infection. How is he going to do this? Could he suggest using a condom to avoid pregnancy? How will his wife receive the news?

Characters
William A secondary teacher, father of three
Mary William's wife, a senior education office posted in a different town, mother of three
Kebba William's friend, a male nurse at the General Hospital
Mariama Mary's friend, a nurse & Community Health Worker
Anna William & Mary's 15 year old daughter, who lives with her father (the other two children live with their mother)

Themes and Messages
The ABC's of safer sex
The consequences of casual unprotected sex
The consequences of trying to hide an STD from one's spouse or partner.
4. Living with HIV/AIDS

Baboucarr is infected with HIV 2. He has recently started attending meetings of a group of persons living with AIDS, known as Santa Yalla. He has become attracted to another member of the group, Fatou, and confides his feelings to a friend, Joseph, who is not infected. Joseph does not know a lot about HIV but says there should be no harm in marrying another infected person, since they are both already both infected anyway. He knows that one could live a number of years with the virus before becoming ill and feels they could support each other when sickness sets in.

Baboucarr finally tells Fatou his feelings. She is deeply touched but tells him that she has HIV 1, a different strain and more virulent strain of the virus. He doesn't know what the difference is between the two, so she tells him carefully the differences between HIV 1 and HIV 2. She raises also the issue of transmission of the virus to a child that she might bear.

Baboucarr and Fatou resolve to seek the advice of other members of the support group, where the advantages and disadvantages of the potential marriage are discussed. Finally, they have to make a decision. What will it be?

**Characters**
- Baboucarr: a young man, living with HIV 1
- Fatou: a young woman, living with HIV 2
- Joseph: Baboucarr's friend
- Angela: living with AIDS, a member of Santa Yalla
- Luke: living with HIV, a member of Santa Yalla
- Sally: Fatou's friend, living with AIDS, a member of Santa Yalla

**Themes and Messages**
- The differences between HIV 1 and HIV 2
- The dangers of continued reinfection and multiple infection
- The need of friends and a support group for persons living with HIV/AIDS
5. To Test or Not to Test

Scenario: Augustine, a young officer in the national army, has recently returned home from a peacekeeping mission in Kosovo for the United Nations. Friends greet him happily but he seems a bit distracted. He confesses to his friend Omar that, immediately on arrival he had to undergo a complete medical test. He was very worried about the results, as he had more than one girlfriend while he was there. Although he always used a condom, sometimes he could only find ones in the shops that were beyond the expiry date and he is afraid that he may have been exposed. He is aware of recent figures indicating that 11% of Nigerian soldiers who returned from peacekeeping missions tested HIV positive.

Omar indicates that he is also concerned about his father, who is a truck driver, and is often on the road for days at a time. He is sure he father is not aware of the risks of HIV.

Omar feels that his father should also go for a test and for counselling about safe sex, but he finds it difficult to discuss this with him, and his attempts are not successful. The father adheres to the "culture of silence." Jainaba, Omar's sister, a peer health educator, overhears the conversation and consults with her two friends, Martha and Sarah, to find a way to overcome the culture of silence and persuade her father to listen to good advice. How do they do this?

Omar and Jainaba accompany their father when he goes for the test. There they meet Augustine, who has fairly good news.

Characters
Augustine A young army officer, returned from peacekeeping
Omar His friend
Omar's father A truck driver
Jainaba Omar's sister, a peer health educator
Martha Jainaba's friend, a peer health educator
Sarah Jainaba's friend, also a peer health educator

Themes and Messages
The importance of practicing safe sex and the value and limitations of condoms.
The risk of HIV infection for travelers and persons on foreign postings.
The value of testing and early diagnosis.
6. HIV Positive

Scenario: Kwame, a high school teacher, has been diagnosed as HIV positive. He confess this to two of his colleagues, Sana and Mariama. He still feels healthy and wants to stay healthy and productive as long as possible.

Sana is concerned that the virus will spread to others, and feels that Abu should be dismissed. He takes his fears to the school principal, Mrs. Taylor -- who is concerned about the reputation of the school, but knows that Abu is one of her most popular teachers.

Mariama disagrees with Sana. She knows the facts of HIV transmission. She is most concerned about providing moral support to Kwame and protecting the human rights of all teachers and students who could be victims of this epidemic. The case is finally debated with all parties present, and Mariama brings with her two members of Faithful Friends, the support group of persons living with HIV/AIDS. How will the matter be resolved?

Characters
Kwame a high school teacher, HIV positive
Sana his colleague, who fears being infected himself
Mariama a knowledgeable teacher
Mrs. Taylor the school principal, who needs help making decisions
Bakary living with AIDS
Margaret living with HIV

Themes and Messages
How HIV is transmitted
The difference between HIV and AIDS
How HIV and AIDS victims should be treated
7. A Narrow Escape

**Scenario:** The village chief proposes to his friend Alpha Bah that Alpha's daughter Ida would make a good wife for his son, Ali. The chief indicates that a substantial piece of farmland would be a part of the bride-price. The chief says that he has chosen Ida because she seems to be very healthy and strong, whereas his son has been most unfortunate in his two previous marriages that both wives grew ill and died within a few years.

Ida is a brilliant school girl and a peer health educator. She feels that she is not ready for a boyfriend or for marriage, as she wishes to complete her education. She discusses the marriage proposal with two friends who offer conflicting advice on the advantages and disadvantages of marrying Ali. She wonders how she can escape the trap which the chief and her father have set for her.

When Ali comes to call on her he is pleased that she looks so healthy. Nevertheless, he wants her to go for a complete medical check-up prior to the engagement. Ida counters by questioning him about his health -- even though he looks great! She says that she would also like him to have a complete medical, including a blood test for STDs and HIV. Ali is very amused but agrees because he likes the girl's spirit.

It is also agreed that they will meet to share the results. Ali notes with pleasure that Ida is very healthy. When they meet, Ali smiles and hands his results to Ida. He hasn't even bothered to read the document himself. He is very sure of himself. Ida reads Ali's results – and has to find the words to inform him that he is requested to return to the clinic for counselling, further testing and treatment.

**Characters**
The Chief a man used to having his way
Ali the Chief's son; he is easy-going but also used to exercising power
Alpha Bah Ida's father; a friend of the Chief
Ida a school girl and a peer health educator
Amy & Adama school girls, friends of Ida's

**Themes and Messages**
You cannot tell by looking who may be HIV positive.
Women are more vulnerable to STIs and HIV, and have to stand up for themselves.
Knowledge is a form of power.
8. Homecoming

Scenario: Four young women are discussing their boyfriends who will be coming home for the Christmas vacation. Two of them -- whose boyfriends are students in England -- are very excited, but one, Nellie, seems to be worried.

Nellie's boyfriend is a soldier who has been abroad on a peacekeeping mission. She is not certain that he has been faithful to her. She is the only one who is even slightly aware of the risks of HIV and STIs that could be associated with long-distance romance.

Nellie goes to see Mrs. Johnson, the wife of one older army officer who has returned from two peacekeeping missions. Mrs. Johnson agrees that there could be a problem and shows Nellie an article in the newspaper indicating that 11% of Nigerian soldiers on peacekeeping missions have returned home HIV positive. She mentions another news story indicating that more than 50% of personnel in the army of South Africa are HIV positive. However, she tells Nellie that nothing can be done: if she marries a soldier she has to accept the risks, just as the soldier has to risk being killed with a bullet.

She decides to speak with her boyfriend's mother, Mrs. Ankrah, but encounters the "culture of silence".

Nellie then consults a high ranking female army who informs her of the army's policy of testing soldiers annually for HIV and the UN policy of providing condoms. She feels relieved, but now she wants her friends to request their boyfriends to be tested. Haven't they been away a long time? How can she try to persuade them? How will they respond?

Characters
Nellie     girlfriend of a soldier returning from a peacekeeping mission
Dolly     girlfriend of a student
Molly     girlfriend of a student
Mrs Ankrah   Nellie's boyfriend's mother
Mrs. Johnson wife of an army officer
Capt. Elizabeth Anan  a high ranking army officer

Themes and Messages
Being faithful to your faithful partner eliminates the risk of HIV infection and STIs.
Persons who have put themselves at risk for HIV also put their partners at risk.
If your spouse or partner has taken risks with HIV or STIs, you have a right to demand they be tested.
9. Soldiers

Scenario: Two soldiers, Sgt. Dabo and Lance Corporal Bah, are preparing to go on a UN peacekeeping mission to Kosovo. They have a pre-trip briefing session with two veteran soldiers who had previously served on other such missions abroad. They receive conflicting advice.

One officer, Sgt. Jones, advises them to have a good time, take full advantage of the opportunity to find out about life, to experiment, and to have numerous girlfriends. The other, Captain Andrews, advises a more moderate approach. He tells them that abuse of alcohol and drugs could cloud their vision and make them take risks, and the zone of conflict has many risks that are not described in military manuals -- including the risks associated with casual sex. He advises them always to use a condom to minimize any risk. He explains the importance of soldiers being alert to all dangers, on and off the battlefield, and protecting themselves and their comrades from harm. He tells them that HIV is real and could invade their bodies "like a slow moving but deadly bullet". He encourages them to have a conversation with two officers: Sgt. Sampson and Private Suso.

Sgt. Sampson is living with AIDS, as a consequence of an HIV infection which he contracted 10 years ago in Liberia. He briefly relates a sad story -- how he knew nothing of HIV and other STIs when he went abroad, and how he infected his faithful wife on his return. He is filled with regrets and remorse about service abroad, but he is now working as a counsellor on such matters with other soldiers. Private Suso recounts that he knew about HIV before he went to serve with the UN in Sierra Leone. He abstained from casual sex throughout the first six months he was there, even though condoms were available. Then he met a very fine young women with whom he fell in love. They became faithful lovers. She is now his wife and is here with him. They have two healthy children. He served his country faithfully while in Sierra Leone; he took the necessary military risks and was lucky never to be wounded; he came home healthy and has no regrets.

The two soldiers, Sgt. Dabo and Lance Corporal Bah, agree to take a joint oath regarding how they will fulfill their responsibilities to their country and to themselves in the field of honour and in their leisure time. They stand before the audience and state the oath briefly and clearly.

Characters
Sergent Dabo assigned to a peacekeeping mission
Lance Corporal Bah assigned to a peacekeeping mission
Sgt. Jones a veteran of peacekeeping missions
Sgt. Andrews a second veteran of peacekeeping missions
Sgt., Sampson a veteran, living with AIDS
Private Suso a young officer, returned from peacekeeping

Themes and Messages
HIV/AIDS is real; because of this, casual sex puts an individual at great risk.
Everyone needs to know the ABC's of safe sex.
The sexual behaviour of men away from home has to take into account the new reality of HIV.
10. The Medical Dilemma

Scenario: A group of medical personnel have gathered. The hospital has accepted some patients with AIDS and wishes to present its AIDS patient care program as a model of positive and humane care of persons with AIDS. However, not all of the medical staff members are taking a supportive position. Two of the nurses, one male and one female, are reluctant to give any special attention to AIDS patients – stating moral reasons. The male nurse, Abdou, believes that AIDS is a punishment sent by God/Allah to those who have committed sinful acts. AIDS sufferers are the cause of their own misfortune and the hospital should give priority to persons who are victims of other illnesses. The female nurse, Yassin, believes that AIDS patients are going to die anyway, and the hospital should concentrate its very limited money and resources on helping persons who have curable illnesses. She also holds the opinion that she herself and other "innocent" persons could be infected by attending to or spending time with AIDS patients.

(What is not known to the two nurses is that one of the AIDS patients is a 6 month old baby boy who contracted HIV from his mother’s breast milk; another of the patients is a 13 year old boy who contracted the virus through a blood transfusion; a third AIDS patients is a young woman who contracted AIDS through sex. This young woman has had sex with only two men, the man who is now her husband and a former boyfriend – who happens to be the male nurse who does not want to treat AIDS patients.)

Characters:
Abdou   Male nurse morally opposed to treating AIDS patients.
Yassin  Female nurse, also opposed to treating AIDS patients; doesn’t want to risk infection.
Mrs. James Hospital Administrator (female), a modern, forward thinking person who has compassion for victims of AIDS victims and wishes the hospital to set a model of humane treatment for patients with AIDS.
Mr. Joof Head of Nursing (male): shares the vision and compassion of the Hospital Administrator. It is the Head of Nursing who reveals the circumstances of the AIDS patients to the two protesters.
Eliza  Adult female AIDS patient; former girlfriend of male nurse.
Alfred  13 year old male AIDS patient.

Themes and Messages
The main theme of this skit is that persons with AIDS have a right to humane medical care, and that no one should put himself or herself in a position of judgment over others.

The main message to be conveyed is that AIDS is contracted through a number of specific types of contact. Caring for or treating a person with AIDS will not result in the caretaker being infected if normal precautions are taken.
11. Feet of Magic

Scenario: Momodou, a team mate and friend of Lamin “Feet of Magic” Sarr -- a superstar in European professional football -- is asking where the “magic” has gone. Why do his friend’s feet seem to be too heavy and their kick so weak? Why does his spirit that used to fire up his teammates to win matches seem so low? Lamin himself does not understand what has happened. But he feels tired, a bit depressed.

"Magic" then receives a phone call from a girl in Johannesburg, whom he can only vaguely remember. She said that they had sex the last time they were together, about two years ago. (Lamin reveals that he has had sex with so many of his female fans that he has long ago lost count.) The girl, whose name is Julia, says that she has tested positive for HIV and that her doctor instructed her to inform all of her sex partners of the situation.

"Magic" is counseled by a sports medicine doctor, Dr. Ida Taal, to take an HIV test. When the test results come back “positive” the doctor counsels him further. She tells him about the US basketball player “Magic Johnson” whose story is similar. Magic Johnson was honest with his wife and with his fans and became an advocate for safe sex. He continued to play basketball and his wife stood by him. Because he had become very wealthy through professional sports he could afford the best Anti Retroviral Therapy available, so he is still alive after many years of being HIV positive, and he speaks to audiences of young people throughout the US advising them about HIV / AIDS and advocating safe sex.

The play ends with Lamin “Feet of Magic” addressing an audience of high school footballers. He tells them how he contracted AIDS and what it has done to his life. He reveals that because of his wealth earned through football he, like Magic Johnson, can afford to hire his own personal medical health coach and keep himself healthy and alive longer than most HIV positive persons in Africa. Dr. Ida Taal will assist him with his daily diet of healthful food, an exercise routine to build up his body, and coach him on how to administer the many pills he must take each day in order to stay alive. He will dedicate himself to bringing the message of the reality of HIV/AIDS to others.

Lamin’s wife now speaks. She will stand by her husband. They have been married for just a year; he had contracted the HIV before they even met. She is not sure whether they will continue to have a sex life, but if so they will always have to use a condom. She will help her husband bring the message of HIV/AIDS to African youth.

Characters

Lamin Sarr    Football superstar, known as "Feet of Magic"
Momodou       Lamin’s friend and team mate.
Julia          A former girl friend of Lamin from Johannesburg, HIV Positive
Isatou Sarr    Lamin’s wife.
Dr. Ida Taal   Sports Medicine Doctor

Themes and Messages

You cannot tell by looking who has HIV. Persons who are sexually promiscuous (like "Feet of Magic") can spread HIV to hundreds. There is no cure for HIV and the cost of the drug regime used to protect oneself temporarily from the full onslaught of AIDS is affordable only by the most wealthy. Persons with HIV can lead very productive lives.
12. The Party

Scenario: A group of six young women have gathered on Monday evening to discuss the beach party they attended the day before. Two of the women, Allison and Anna left the party early with two slightly older men whom they met on the beach. The others went to La Parisienne for ice cream, but were very concerned about the welfare of their two missing friends.

The next evening Allison and Anna are defensive and embarrassed at their behaviour of the day before. Under questioning from their friends they gradually admit that they were excited by the idea of going out with older men to an "adult" party where everything was available: food, drinks, interesting conversation, some marijuana. However, they confess that they don't remember that much of the conversation or even who was there, perhaps because of the alcohol or the marijuana (which they were trying for the first time). Neither of them is quite certain (or willing to admit) what happened after a certain point in the evening, but they confess they fell under the influence of something that made them feel free and adventuresome.

One of their friends, Marian, knows the man that Amie went off with. He is a "hustler" and a suspected marijuana dealer often seen in the hotels and restaurants of the Tourist Development Area in the company of older European women.

Nancy, a nurse at the hospital finally tells them that many of the young men, the hustlers, who hang about the Tourism Development Area are coming in for treatment these days for various STIs.

It is not clear whether Allison and Anna became involved in any risky sexual behaviour with the two men (as they cannot remember or won't admit it) but their friends are concerned and offer them advice about the relationship between alcohol or drugs and STIs or HIV. What advice do they give? How will it be received?

Characters
Allison  a school girl, age 18
Anna    an office worker, age 20
Marian  a friend
Nancy   a nurse
Haddy   a peer health educator, in Amie’s class at school
Harriet a social worker in a drug dependency centre

Themes & Messages
The main theme is that you alone are responsible for your behaviour. However, if you compromise yourself by using marijuana other drugs you may be giving control of your behaviour to another person. Real friends are persons whom you know well who care about you.
13. The Brave Heart

Scenario: Kawsu Jobe, a lab technician, is visiting his home village of Sibanor and stops by to visit his good friend Bakary Gibba and his wife Oumie. Mariama, Oumie's aunt, is also present, along with her 14 year old son Musa. She proudly introduces Musa to Kawsu as a brilliant maths student.

Bakary asks Kawsu about his work. Kawsu mentions that they have been working very hard these days to complete the Sentinel Surveillance. Bakary has not heard of this survey. Kawsu, who loves his work, explains that the Sentinel Surveillance is an HIV/AIDS test that was carried out on 8,000 pregnant women across the country. (He has the survey with him, and Musa politely but firmly takes it from his hand, and begins to study it.) Kawsu says that the tests were conducted in four health facilities across the country, including the Sibanor Village Clinic, in order to determine the prevalence rate of HIV in the country. He explains the meaning of a "sentinel group" and that the rate of infection of pregnant women has proven to be an accurate indicator of the rate of infection in the country.

Oumie and Auntie Mariama suddenly become very interested. Mariama asks how many tested positive. Kawsu replies that it was 174. Bakary feels that is a very low number. There is nothing much to worry about. Then Musa, who was reading the document, points out that the highest prevalence rate was recorded at the Sibanor Health Centre!! Oumie wants to know what is going to happen to those women who tested positive. What kind of treatment is there for them? Kawsu responds that no one knows who tested positive or negative, because the test was totally anonymous. He stresses that the survey is anonymous; however, every pregnant women at these clinics has the right to be tested and to know the results.

Musa, has been listening carefully, does some quick mathematics and comes up with the fact that the rate in the country is 4.1%. Bakary is still dismissive; the percentage is low. Musa is not so sure. He knows how the figures have grown in South Africa in the past ten years, from 0.7% to more than 25%. He points out that the percentage for Sibanor is higher than the national average. It's at 6%! That means that one in 33 of the women tested in Sibanor were positive. That's serious! When Kawsu departs, Oumie becomes worried. She remembers that before marrying Bakary 14 months ago she had confronted a number of his girl former friends. She knows that having had many sexual partners even in the past puts you at a risk of HIV/AIDS.

Oumie tells her husband and the others that she was one of the pregnant women tested at Sibanor, but she did not think anything of it. Now she thinks that she has a one in 33 chance of being infected, and she must go and be tested. She feels that she will need a brave heart to go through this test and await the results. Bakary says that he too will need a brave heart, because if she must be tested, then so must he, for it is not just an HIV test: it is also a test of character and of love.

Characters
Bakary Gibba A resident of Sibanor, married for the past 14 months to Oumie
Oumie Gibba A pregnant woman (6 months), attending Sibanor Village Clinic
Kawsu Jobe A Lab Technician from the city
Auntie Mariama Oumie's aunt and neighbor
Musa Ceesay Mariama's 14 year old son, a very smart schoolboy & peer Health Educator

Themes and Messages
It is good for people to know their health status through testing. The infected mother can pass the virus to her baby during pregnancy and delivery. Statistics are important so that people will become aware of the prevalent rate of HIV/AIDS in their country and modify their behaviour.
14. The Conqueror of the Most Powerful

Scenario: Angela, the Executive Director of an international NGO in East Africa, returning from a conference in London, meets Peter, a professor of history at the University of Kenya, who is on the same flight. They start chatting with each other in the first class lounge. She is a widow; he is single. They soon discover that they share certain views. They believe that because of their education and their contribution to society they are members of a special elite; they have a right to certain privileges, like first class travel and high salaries. Peter admits, however, that he is not physically strong. His strength is mental. All his energy goes into teaching, research and writing. Although he is sometimes bothered with headaches and fevers, and frequently suffers from malaria, intellectually he can "conquer the most powerful".

Their relationship develops into a strong love and exchange visits take place between them. Angela tells her 15 year old daughter Elizabeth that she is attracted to Peter because he is an "intellectually superior person" and he has "conquered her heart and mind." He has told her that he has known many women in his life, but she is the right intellectual partner for him. She and Peter will get married in December, at the end of the academic year.

But several weeks later, Angela receives an email from a colleague of Peter at the University of Kenya, informing her that Peter has died suddenly after a brief illness. She is completely devastated. Six months later, Angela begins suffering from persistent headache and malaria which worries her. She confides it to her daughter Elizabeth, who advises her to see a doctor. By now her condition has worsened due to persistent diarrhea. Her daughter remembers that Peter once told her that he has come across many women in his life but she is the right partner for him. Elizabeth advises her mother to go for HIV testing.

Later she meets with Dr. Alassan who reveals that she has tested HIV positive. Angela finds it difficult to believe – and she tells the doctor that a woman of her status cannot contract HIV/AIDS. She is too well bred, too highly educated, too respected to succumb to a disease that affects sex workers and poor people. Dr. Alassan replies that HIV/AIDS makes no distinction regarding class, wealth or education – and it "conquers the most powerful."

Angela sums up courage to inform the Chairwoman and the Secretary of the Board of Director of the NGO she works for. Mrs. Bojang and Mr. Sagar assure her of the support of all the Board members. They say that in their country the policy advocated by government and NGOs is that persons living with HIV/AIDS should be encouraged to continue working as long as they feel able to do so. They say also that since their NGO is involved in the fight against HIV/AIDS, it would be good to have leadership from a courageous person living with HIV. Angela vows that she will devote her remaining days to ensuring that others do not make the mistake that she and Peter have made, under-estimating the power of the AIDS virus.

Characters
Angela Mendy Executive Director of an international NGO in East Africa
Peter Kenyatta a Professor of History at the University of Kenya
Dr. Alassan HIV/AIDS specialist
Elizabeth Mendy Angela's 15 year old daughter
Mrs. Bojang Chairwoman of the Board of Directors of the NGO
Mr. Sagar Secretary to the Board of Directors

Themes and Messages
Anyone can get HIV. The virus does not discriminate between rich and poor, powerful and powerless.
You can have HIV for a long time without knowing it.
Support from family and work place is necessary for those living with HIV.
You can still be productive even if you are HIV positive

Produced by Guidance, Counselling & Youth Development Centre for Africa
With Acknowledgements to NSGA, CIDA & UNESCO
Monitoring / Evaluation Form
for Drama Presentations by PHEs

Team/School: ____________________________        Title or Topic of Drama: __________________


A. Content [On a scale of 5]

How well, how clearly, how effectively . . .
• does the drama convey specific important information about HIV/AIDS
• and/or dispel any "myths" or false notions surrounding HIV/AIDS?
• does it provide realistic insights into human behaviour and attitudes?
• does it provide an understanding of important aspects of the AIDS pandemic?
• does it bring a message about HIV/AIDS "home" to Gambians?

B. Quality of Performance [On a scale of 5]

How well, how clearly, how effectively . . .
• do the actors’ voices project throughout the hall?
• do the actors’ facial expressions convey feelings and emotions?
• do the actors’ gestures and movements help to dramatize the story?
• do the actors interact or work together as a unit on stage?
• does the play engage the attention of the audience?

C. Overall Impact [On a Scale of 5]

How deeply, how powerfully does the drama impact on the audience?

Total Score [Out of 50]

Overall Assessment of the Drama

Constructive Criticism (Suggestions for Improvement)

1. ____________________________________________________
2. ____________________________________________________

Monitor’s / Evaluator’s Signature

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With Acknowledgements to NSGA, CIDA & UNESCO
Questions that are often asked of Peer Health Educators

What does abstinence mean?
Abstinence refers to the decision you make not to have sex until an appropriate time in your life: for example, when you have completed your education; when you are able to insist upon safe sex practices such as condom use; when you know that your partner is faithful to you and does not have a sexually transmitted infection.
Abstinence in order to avoid contracting an STI means choosing not to have any kind of sexual activity that leads to an exchange of body fluids. This includes oral sex, vaginal sex, anal sex, and any activity that involves skin-to-skin contact in the genital area.

Can a person who has been having sex become abstinent?
If you have been sexually active you can make a decision to stop for a period of time. The point where you return to active sex is a decision that you make based on what is best for you.

Is abstinence from sex the same as celibacy?
No. Celibacy refers to persons who, because of the requirements of their religion, do not marry and therefore do not engage in sexual activity. If one of those persons engages in sex, they are said to have broken their religious vow of celibacy.

What is safe sex?
Safe sex is a term that means that you avoid direct contact with your partner’s genitals, blood, semen, or vaginal wetness.

How can you practice safe sex?
You can practice safe sex through proper use of a condom whenever you have sexual intercourse – sex with the penis in the vagina. A condom will prevent most STIs and pregnancy.
Another way to practice safe sex is for two people who are not infected with a sexually transmitted infection to agree to have sex with each other and no one else.
This type of safe sex allows for pregnancy but prevents STIs. This is a good method for people who are married. However, as soon as either of them breaks this agreement, both become vulnerable to diseases and infections that are transmitted through sex.

Can a girl become pregnant the first time she has sexual intercourse?
Yes. Pregnancy and transmission of an STI can occur with a single act of sexual intercourse if it takes place without a condom. If a girl is using a method of birth control such as the pill, she will not get pregnant but is susceptible to an STI.

How can you prevent pregnancy and STIs at the same time?
Only through proper use of a condom. Most birth control methods do not prevent transmission of STIs. A condom is the best protection. However, STIs such as genital warts that grow on the outside of the body can be passed from one person to another whether or not you use a condom and even without sexual intercourse taking place; for example, through body rubbing.
Why is HIV often referred to as the most serious of all the STIs?
Because HIV, the virus that causes AIDS, is easily transmitted through unprotected sex and there is no cure for it; because viruses by nature are difficult to control or prevent; and because people who contract HIV eventually develop AIDS and die.

Why is a condom the best protection from STIs?
A condom, properly used, creates the most effective barrier to transmission of a bacteria or a virus that transmits an STI.

What is meant by “teenage pregnancy”?
This term normally means that a girl who is in her teens has become pregnant when she is still in school and not ready for the responsibility of looking after a baby. Teenage pregnancies usually take place because the boy and girl are not thinking about the negative consequences of sexual intercourse at that time, such as pregnancy and the transmission of an STI.

Is there a vaccine that will protect you from STIs?
No, there is no preventive vaccine. STIs are treated after being diagnosed by a doctor. There are different treatments for different STIs. Not all STIs can be cured. Herpes, for instance, is treatable but not curable. That means that treatment makes the disease inactive in your body, but the herpes virus can still be transmitted through sexual intercourse to your sex partner.

What is the first sign of a sexually transmitted infection?
Common symptoms are: discharge from penis or vagina, bleeding that occurs when you are between menstrual periods, burning or itching or pain when urinating, sores or lumps anywhere in the area of your genitals, pain or bleeding when you have sex.
But you can have an STI for a long time with no symptoms showing. During that time you can pass it to your sex partner through unprotected sex. If you think that you have been exposed to an STI, even without showing symptoms of infection, you should go to a medical facility to be tested so that you can begin treatment immediately if you are positive and before damage to your reproductive organs can take place.

If I am diagnosed with an STI and I have treatment, can I catch it again?
If you are sexually active and have an STI, you can transmit the STI to every one of your sex partners. Therefore, even if you are cured of the STI, your sex partner can give it back to you. The only way to prevent this is to protect yourself, and your sex partner by using a condom.

Can having an STI affect my ability to reproduce – have a baby?
Yes. STIs can cause scarring of the reproductive organs in both male and female and prevent a pregnancy from taking place. In most cases this is not a reversible condition and results in permanent infertility in the male or in the female.
What is sexual assault?

Sexual assault is any kind of sexual activity that is forced on you. Normally the victim is a female. This person who sexually assaults you frequently is someone who is stronger than you and/or in a position of authority over you. In addition to forced sexual intercourse - sexual touching, grabbing, rubbing against you – are all forms of sexual assault. In most countries these are criminal offenses and result in the person committing the assault being arrested.

How can you be sexually active without it causing problems for you?

It is difficult for a young person who is not yet an adult to be involved in sex without problems arising. Sometimes the problems are physical such as a pregnancy or an infection. Sometimes they are emotional such as the stress of having to have sex with someone you don’t like or knowing that your partner has other sex partners thus risking bringing you an STI. Since males seldom accept responsibility for pregnancies, females shoulder the burden of an unwanted and uncared-for child.

What causes infertility? Can a man become infertile?

Infertility is a disease of the reproductive system of a male or a female that prevents reproduction from taking place. Some of the causes of male infertility are: the sperm are not formed right, an infection has caused scarring in his tubes, exposure to poisonous substances such as drugs or alcohol or toxic chemicals or radiation. Some of the causes of female infertility are an infection that results in scarring of her tubes, hormone imbalance, too fat or too thin, use of alcohol or tobacco.
Real Life Stories

Teacher-coordinators can present true stories to the PHE team (for example, from newspapers) to facilitate discussion – and for the PHEs to use in their own presentations.

The following two stories have been taken from the Human Rights Watch Report *Scared at School* (March 2001).

**P.C.’s Story**

P.C., fifteen, was thinking about dropping out of school when she was interviewed by Human Rights Watch in March 2000. PC had been struggling to perform academically after she was sexually assaulted by her teacher at a Johannesburg school. “My grades are horrible. I’m not doing well because I missed so much school.”

P.C. told how her trust in her teacher was shattered when instead of helping her with Afrikaans homework, the teacher asked her to start a “dating relationship” and propositioned her for sex. “He asked me to take off my shirt but if part of my school uniform was still on I would look sexy,” she said. P.C. told Human Rights Watch that the teacher sexually assaulted her before her parents arrived to pick her up from school.

“I told him to stop. I told him it was time for my parents to come get me. My parents came ten minutes later. My mother asked me, ‘How was your Afrikaans lesson?’ I didn’t go back to school for one month after. . . . Everything reminds me of what happened.”

Although P.C.’s teacher is on leave from the school pending his criminal trial for the statutory rape of another student, P.C. is fearful and still does not feel comfortable at her school. “I don’t want to be there [at school]. I just don’t care anymore. I thought about changing schools, but why? If it can happen here it can happen any place. I didn’t want to go back to any school.”
W.H.’s Story

W.H., thirteen, excelled as a top student at an exclusive school in Johannesburg and aspired to be a lawyer. When Human Rights Watch interviewed her in March 2000, she was too intimidated by the presence of her attackers to return to school. “I left school because I was raped by two guys in my class who were supposedly my friends.”

W.H. told Human Rights Watch the boys would seek her out to harass and taunt her during breaks in class. School officials and teachers did not help W.H. or act to stop the harassment. Other students also started to tease her and call her a “liar.” Unable to cope with the constant harassment from her classmates and the indifference of the school administration, W.H. left school a week after she reported the rape to school officials and police.

When we interviewed W.H., she had not attended school for several months. She told us, “My mom asked me if I wanted to go back to school. I said no. I didn’t want to go. All the people who I thought were my friends had turned against me. And they [the rapists] were still there. I felt disappointed. [Teachers] always told me they were glad to have students like me, that they wished they had more students like me. If they had made the boys leave, I wouldn’t have felt so bad about it.”

Some questions for discussion:

How do you feel about these stories? Why did these things happen? How can we make sure such things don’t happen in our schools? How can we support our friends or school mates if they are sexually harassed or assaulted? How can we stop the rapist or abuser? Can the PHE team provide a special service to students in these matters?
**Problem Solving using I.D.E.A.L.**

*Your task:* (1) Think of a problem that youth might have (*Identify*).  (2) Then *Describe* possible solutions.  (3) With each solution, *Evaluate* the positives (pros) and negatives (cons) of each.  (4) Choose a solution (*Act*).  (5) Then think about what you learned (*Learn*).  Did the solution work? Why? Why not? What did you learn about yourself? *Use this chart to write down your answers.*

<table>
<thead>
<tr>
<th>Identify the problem</th>
<th>Describe possible solutions</th>
<th>Evaluate each solution: what are the pros and cons of each possible solution</th>
<th>Act choose a solution</th>
<th>Learn Did it work? Why? Why not? What have I learned about myself?</th>
</tr>
</thead>
<tbody>
<tr>
<td>My problem is</td>
<td>Solution #1</td>
<td>Pros:</td>
<td>I choose solution</td>
<td>I learned</td>
</tr>
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<td></td>
<td></td>
<td>Cons:</td>
<td>Number ____ Because:</td>
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<td></td>
<td>Solution #2</td>
<td>Pros:</td>
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<td>Cons:</td>
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<td>Solution #3 or 4 (Use the back of this paper)</td>
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The Role of Testing in the PHE Program

A grade of 75 or 80 in a history or mathematics exam would be considered very good result by most students and teachers. However, a grade much below 100% could be a serious problem for a Peer Health Educator. The credibility of the PHEs depends on their having a correct understanding of the important facts relating to all the health topics on which they make presentations.

Teacher-coordinators must ensure that each PHE has a thorough and correct knowledge of the material prior to the commencement of any presentation. The teacher-coordinators are also expected to report on the results of the training programs for PHEs. Therefore periodic testing and the recording of results, with follow up revision and review, are necessary tasks.

The following tests provide a sample of some tests on reproductive health and related issues that are easy and quick to administer and mark. The teacher-coordinator can devise similar tests for other topics in the program.

It is also recommended that there be a pre-test administered prior to any training program, with the same test utilized again at the end of the training as means of measuring improvement in knowledge, as well as determining whether then PHEs know the material well enough to commence presentations.

Teacher-coordinators should maintain a record of the results of all such tests, which should be forwarded quarterly to the country coordinator.
Please read the following statements and decide whether they are true or false. If the statement is true mark a “T” in the blank after the statement; if it is false mark an “F.”

Question 1 has been answered correctly for you.

1. _T_ When the body of a girl or boy begins changing to an adult, this is called “puberty”.
2. ___ The changes that take place during puberty are caused by hormones.
3. ___ Puberty always takes place in boys and girls at the same age.
4. ___ At the time of puberty in a boy, his testes (testicles) will begin to produce sperm.
5. ___ At the time of puberty in a girl, she becomes capable of having a baby.
6. ___ Conception (the beginning of a new human being) takes place when sperm from a man (or boy) fertilizes the egg of a woman (or girl) and begins to grow in the uterus.
7. ___ A girl cannot become pregnant until she has begun to menstruate (have her period).
8. ___ Some sexually transmitted infections (STIs) can make a man or woman unable to have children.
9. ___ If a married couple does not have children, it is the woman’s fault.
10. ___ Menstruation is healthy.
11. ___ A single act of sexual intercourse can cause a girl or woman to become pregnant.
Survey of Health Knowledge II: HIV/AIDS & STIs

If the statement is true mark a “T” in the blank after the statement; if it is false mark an “F.”

1. □ You can die from AIDS.

2. □ You can tell when someone has HIV (the AIDS virus) because they will look sick.

3. □ It is easier for girls to catch HIV/AIDS during sex than it is for boys.

4. □ HIV-infected pregnant mothers can pass HIV (the AIDS virus) to their unborn babies.

5. □ Birth control pills can help prevent sexually transmitted infections (STIs).

6. □ Using a condom properly protects you from AIDS and other STIs.

7. □ You can have a sexually transmitted infection (STI) and not be aware of it.

8. □ Burning, itching or pain when urinating (peeing) is nothing to be concerned about.

9. □ If a woman has sex while menstruating she is less likely to catch an STD.

10. □ Babies born to girls in their teens are more likely to have health problems than babies born to girls in their twenties.

11. □ There are expensive drugs available that will cure HIV/AIDS.

12. □ You can catch HIV/AIDS by having sex with someone who already has HIV.

13. □ Breast milk contains antibodies that protect the baby from some diseases.

14. □ Some STIs can make a man or woman unable to have children.

15. □ A single act of sexual intercourse without a condom can lead to HIV/AIDS or other sexually transmitted infections (STIs).

16. □ Girls in their teens can catch the HIV/AIDS virus more easily than older women.

17. □ You can catch other diseases because of HIV/AIDS.

18. □ A boy cannot control his sexual urges.

19. □ A condom should only be used once.

20. □ AIDS is on the increase in Africa.
Survey of Health Knowledge III

*If the statement is true mark a “T” in the blank after the statement; if it is false mark an “F.”*

1. ☐ The most effective way to prevent sexual transmission of HIV (the virus that causes AIDS) and other STIs is to avoid sexual intercourse.

2. ☐ A latex condom worn during sex can safely be used a second time, as long as it is carefully inspected for defects.

3. ☐ IUDs (intrauterine devices), sponges and diaphragms are effective in preventing STIs.

4. ☐ It is normal for a male to occasionally have discharge from his penis (other than during ejaculation).

5. ☐ STDs can lead to infertility in both men and women.

6. ☐ Smoking cigarettes should be avoided during pregnancy, but it is safe to drink alcohol.

7. ☐ Menopause is the time in a woman’s life when her menstrual cycle ceases.

8. ☐ It is possible for a person with chlamydia or gonorrhea to have no symptoms.

9. ☐ Some STDs are treated with antibiotics.

10. ☐ Sperm is produced in the penis.

11. ☐ Genital herpes and genital warts do not recur once they are treated.

12. ☐ A missed period is usually the earliest sign that a woman is pregnant.

13. ☐ Infertility is always due to a problem with the female.

14. ☐ Pre-ejaculate (semen that can ooze out of the penis before ejaculation) cannot cause pregnancy.

15. ☐ It is normal for a baby to be covered with a white cheesy substance (vernix) at birth.

16. ☐ Labour is over when the baby is delivered and the umbilical cord is clamped and cut.

17. ☐ Puberty begins at the same age for everyone.

18. ☐ Girls are born with all the eggs they will ever have.

19. ☐ It can be normal for boys to develop a small amount of breast tissue during puberty.

20. ☐ Fertilization happens when the sperm penetrates the egg.
Answers to Survey of Health Knowledge III

1. The most effective way to prevent sexual transmission of HIV (the virus that causes AIDS) and other STIs is to avoid sexual intercourse.

TRUE. Abstinence is the best way to avoid getting an STI. However, if a person is having sex, there are ways that they can protect themselves and their partner. These include using a condom every time there is any type of sexual intercourse (vaginal, anal or oral) and having only one sexual partner. Before you have sex with a new partner, it is wise to ask them to get tested for STIs.

2. A latex condom worn during sex can safely be used a second time, as long as it is carefully inspected for defects.

FALSE. Condoms should never be reused. Sexual intercourse can weaken or damage the protective barrier that a condom provides, even if there are no visible defects. This can allow the exchange of infectious fluids and contact with genital lesions. To protect against unplanned pregnancy and STIs, a new condom should be used with each act of sexual contact.

Condoms work by catching semen after a man ejaculates. They prevent sperm from entering the woman’s body and joining with an egg. The spermicides on some condoms help to immobilize sperm if the condom is torn.

3. IUDs (intrauterine devices), sponges and diaphragms are effective in preventing the transmission of STDs.

FALSE. IUDs, sponges and diaphragms are contraceptives that can be used by females. They are designed to prevent conception (the onset of pregnancy). None of these methods provide good protection against STIs. Therefore, it is crucial to use a condom even if the female is using an IUD, sponge or diaphragm.

4. It is normal for a male to occasionally have discharge from his penis (other than during ejaculation).

FALSE. Besides sperm (during ejaculation) and urine, there should be no discharge coming from the penis. Penile discharge in a sexually active male is highly suspicious for an STD. Anyone with abnormal discharge coming from the penis or vagina should do two things:
Go to a medical clinic or see a doctor as soon as possible.
Avoid sexual contact involving the genitals until the problem has been properly treated.
[But remember, a person can have an STD and have no discharge at all.]

5. STIs can lead to infertility in both men and women.

TRUE. This is most likely with chlamydia, which is a common STI. In women, the infection usually begins on the cervix. From there it can spread to the fallopian tubes or ovaries. This may result in Pelvic Inflammatory Disease (PID), which can scar and block the fallopian tubes. If both fallopian tubes are blocked, a fertilized egg cannot make it to the uterus for proper conception to occur. If the fertilized egg goes on to develop in the tubes, it is called an “ectopic pregnancy”. A woman can die from this.
In men, chlamydia can spread from the urethra to the testicles and result in a condition called epididymitis. Epididymitis can cause infertility.

6. **Smoking cigarettes should be avoided during pregnancy, but it is safe to drink alcohol.**

FALSE. Both smoking and drinking alcohol can damage unborn babies (fetuses). This is because alcohol and nicotine cross the placenta. If a pregnant woman smokes a cigarette or has a drink, so does her unborn child.

**Smoking:**
Pregnant women who smoke tobacco are more likely to have a miscarriage (loss of the fetus). Smoking may result in premature and low birth weight babies. Some of these newborns do not survive. Those that do survive can have problems later in life, including impaired physical and intellectual growth. Infants of mothers who smoke are at high risk of developing unhealthy lungs. Even “secondhand smoke” is unsafe for a pregnant woman and her fetus.

**Alcohol:**
Drinking excessive amounts of alcohol during pregnancy is linked to growth problems. Babies can be born with small brains and heart defects. They can have mental problems that do not improve with age. Their faces may show characteristic features, such as narrow eyes and short noses. This pattern of abnormalities is called “Fetal Alcohol Syndrome (FAS)”. Because it is not known how much alcohol needs to be consumed for FAS to occur, it is best for pregnant women to avoid drinking altogether. No amount of alcohol is “safe” during pregnancy.

**Marijuana:**
The effects of marijuana on the developing fetus are also harmful. Smoking pot can lead to small, low birth weight babies and other complications. In general, it is unsafe to use any type of illicit drug during pregnancy.

7. **Menopause is the time in a woman’s life when her menstrual cycle ceases.**

TRUE. All women will eventually stop having their menstrual cycle. This usually does not happen until a woman is at least forty-five years old. Menopause is a gradual process and occurs because of hormonal changes that take place in a woman’s body as she ages. It is a normal phase of a woman’s life.

8. **It is possible for a person with chlamydia or gonorrhea to have no symptoms.**

TRUE. A person can have an STI for months and not know it. This is particularly common with chlamydia. In fact, most people with chlamydia have no symptoms at all.

When symptoms of chlamydia or gonorrhea are present, they may include:
- Discharge from the penis or vagina (may be milky or yellowish with a foul odor)
- Painful urination
- More frequent urination
- Painful intercourse
- Pain in the lower abdomen
- Bleeding after sex
- Swollen or tender testicles in men
9. Some STIs are treated with antibiotics.

TRUE. Many, but not all, STIs are treated with antibiotics. There are many different types of antibiotics and certain types work well for certain infections. If symptoms do not resolve with the first course of antibiotics, the infection may require a different type of antibiotic. If this happens, go back to a doctor or medical clinic. STIs that are not cured with antibiotics include viral infections such as HIV (the virus that causes AIDS), HPV (the virus that causes genital warts), HSV (herpes simplex) and hepatitis B.

10. Sperm are produced in the penis.

FALSE. Sperm are produced by seminiferous tubules and stored in the epididymis. Both of these structures are located in the testes. During ejaculation, semen enters the vas deferens and then leaves the body through the urethra. Semen contains secretions from glands and millions of sperm.

11. Genital herpes and genital warts do not recur once they are treated.

FALSE. Both conditions can be managed, but the viruses that cause them remain in the body indefinitely. If a person has had genital herpes or warts once, they are prone to getting them again.

HSV-2:
Genital herpes lesions are usually caused by the herpes simplex virus Type 2 (HSV-2). Rarely, they are caused by HSV-1 (the virus that causes “cold sores” on and around the mouth). The first breakout with herpes is usually the worst and is characterized by painful, red blisters that develop into open sores in the genital area. Healing occurs within two to six weeks. Some people may feel unwell during a breakout with fever, fatigue and muscle aches. There are medications that can make a breakout less severe, but this does not eliminate the virus. This means that once a person has had a breakout caused by HSV, they are infected forever and may have more breakouts in the future. Fortunately, subsequent flares are usually less uncomfortable. A person with HSV can pass the virus on to a partner if there is contact between the infected person’s genitals and their partner’s genitals, anus or mouth. This can happen even if there are no lesions visible at the time. Transmission is less likely with the use of condoms but is still possible.

HPV:
Genital warts are caused by the human papillomavirus (HPV). The appearance of these lesions ranges from smooth and flat to raised and firm. They may be single or grow in clusters which can get quite large. If they are present on a female’s cervix, they will not be visible. The warts can be removed with special therapies such as liquid nitrogen, but this treatment is not available everywhere. Like HSV, the HPV virus remains in the body forever and can lead to subsequent breakouts. A person with HPV can pass the virus on to a partner if there is contact between the infected person’s genitals and their partner’s genitals or anus. This can happen even if there are no lesions visible at the time. Transmission is less likely with the use of condoms but is still possible. HPV is a dangerous virus because certain strains of it can cause cervical cancer in women (a fatal disease).
12. A missed period is usually the earliest sign that a woman is pregnant.

TRUE. However, the only way to know for sure is by taking a pregnancy test. Early symptoms usually won’t show up until at least a couple of weeks after conception. Some of these symptoms include:
- Nausea
- Feeling tired
- Increased appetite
- Having to urinate more often
- Breast tenderness

13. Infertility is always due to a problem with the female.

FALSE. It cannot be assumed that if a wife cannot get pregnant that it is her problem and that her husband’s reproductive system is normal. Approximately 1/3rd of infertility cases can be attributed to male factors, 1/3rd to female factors and 1/3rd to a combination of problems in both partners or an unexplained cause.

14. Pre-ejaculate cannot cause pregnancy.

FALSE. Pre-ejaculate carries sperm in it and can therefore result in pregnancy if it comes in contact with a women’s vagina. This is why the withdrawal method of contraception is not effective. Sperm can be released before ejaculation and result in pregnancy even if the penis is taken out of the vagina before ejaculation.

15. It is normal for a baby to be covered with a white cheesy substance (vernix) at birth.

TRUE. Vernix is a protective coating produced toward the end of pregnancy by the oil-producing glands in the baby’s skin.

16. Labour is over when the baby is delivered and the umbilical cord is clamped and cut.

FALSE. Labour is not officially over until the placenta has been delivered. Cutting the umbilical cord only detaches the baby from the placenta. When the placenta begins to separate from the uterus there will be a gush of blood from the mother’s vagina and the umbilical cord will start to lengthen. A gentle tug on the umbilical cord is usually enough to guide the placenta through the birth canal and out of the vagina.

17. Puberty begins at the same age for everyone.

FALSE. Puberty does not start at the same age for everyone, nor does it progress at the same rate. Generally, girls start earlier than boys. For girls the first sign of puberty is usually breast enlargement. Some girls start to have changes of puberty as early as eight while others don’t start until they are fourteen. Physical changes usually take 4-5 years to be completed. For boys the first sign of puberty is usually testicular enlargement. Boys generally start puberty between the ages of nine to fourteen. Physical changes in boys usually take 3-4 years to be completed.
18. **Girls are born with all the eggs they will ever have.**

TRUE. Girls are born with around 2000 eggs. Once menstruation begins a mature egg is released from the ovary about once a month (ovulation) until menopause.

19. **It can be normal for boys to develop a small amount of breast tissue during puberty.**

TRUE. During puberty some boys will develop a small amount of breast tissue that can be tender. This usually only lasts a year or two and then their breast size returns to normal.

20. **Fertilization happens when the sperm penetrates the egg.**

TRUE. After ovulation, the egg moves through the fallopian tube toward the uterus. If the egg meets a sperm in the fallopian tube and the sperm penetrates the egg, fertilization has occurred. About 5-7 days after the sperm fertilizes the egg, the egg attaches to the lining of the uterus. This is called implantation. The fertilized egg begins to grow in the uterus and is now called an embryo.
**Survey of Health Knowledge IV**

**Reproductive Health: Conception, Pregnancy and Birth**

*To be used as a Post Test after a Training Session on Reproductive Health*

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**Number the following events in pregnancy and birth in the order in which they occur. Place the correct number, from 1 (first event) to 16.**

1. Begin good prenatal (pre-birth) care.
2. Contractions of uterus opens cervix.
3. Zygote implants on wall of uterus.
4. Some sperm meet ovum (egg) in fallopian tubes.
5. Fertilized egg (zygote) travels to uterus.
6. Male’s erect penis put into female’s vagina.
7. Ejaculation: sperm enter vagina.
8. Decision to get pregnant.
9. Approximately nine months passes.
10. Sperm swim up vagina.
11. Abdominal muscles propel baby through vagina.
12. Delivery of placenta.
13. One sperm penetrates ovum (egg), resulting in fertilization.
14. Confirm pregnancy (visit a health center).
15. Umbilical cord is cut.
Survey of Health Knowledge V

*To be used as a Post Test after a Training Session on Reproductive Health*

All but one of the statements in each group are correct. Circle the **one incorrect** statement in each group.

1. Uterus:
   - Where a zygote (a fertilized egg) implants (latches on).
   - Where a fetus develops and grows.
   - Where sperm fertilizes an ovum (egg).
   - Where the blood a woman bleeds during her menstrual period comes from.

2. Vagina:
   - Where a hard penis is inserted during sexual intercourse.
   - The hole a woman urinates (pees) out of.
   - The hole that blood comes out of when a woman is on her menstrual period.
   - The passage way that a baby is born through during childbirth.

3. Testicles:
   - The organ that produces (makes) sperm.
   - Usually one hangs lower than the other.
   - They can be injured if a boy does not ejaculate (spray semen out of his penis) every day.
   - They are contained by the scrotum, which holds the testicles outside of the body to regulate the temperature sperm needs to survive and flourish.

4. Semen
   - It is made in the seminal vesicles.
   - It is the fluid that contains sperm.
   - It is ejaculated (sprayed) out of an erect (hard) penis when a boy/man has an orgasm.
   - It can contain HIV
   - It cannot get a woman pregnant

5. Vaginal Fluids:
   - Are secreted (released) when a woman is sexually aroused (wants to have sex).
   - They make the vagina wet and slippery.
   - It is normal for vaginal fluids to sometimes become very thick and white or a shade of green.
   - They can contain HIV
   - If they are in a vagina before and during vaginal intercourse (sex) a condom will be less likely to break.

6. Placenta:
   - An organ that allows nutrients (food) to get to the fetus from the mother during pregnancy.
   - An organ that allows oxygen to get to the fetus from the mother during pregnancy
   - An organ that tries to prevent infection, drugs and bad food from getting to the fetus.
   - An organ that comes out of the mother’s vagina after the baby has been delivered.
   - Is located on top of the cervix.
7. Miscarriage:
   - Is when a mother loses her pregnancy (her fetus dies).
   - Sometimes it can happen if the fetus has some type of condition that does not allow it to live.
   - Sometimes, if the mother’s body is feeling really sick it could happen in order for energy to go to the mother and make her better.
   - The mother behaved in a way that was contrary to tradition for a pregnant woman.
   - It occurs (happens) if a mother has an ectopic pregnancy (where a fertilized egg implants in a fallopian tube or in the abdomen instead of the uterus and so it cannot grow)

8. HIV:
   - Stands for Human Immunodeficiency Virus.
   - Damages the body by making the immune system weaker.
   - You can tell by looking if someone has HIV.
   - It can be transmitted (passed on) to someone when HIV positive (infected) blood, breast milk, semen or vaginal fluids enters (gets into) another person’s blood.

9. HIV:
   - Eventually it turns into AIDS (Acquired Immune Deficiency Syndrome).
   - It has no cure.
   - Those who get it eventually die because their bodies become unable to fight off infection.
   - It cannot be transmitted (passed on) through anal sex (hard penis inside anus).

10. STIs (sexually transmitted infections):
    - Some signs & symptoms include: sores around genitals, pain during urination or sex, really itchy genitals, a fever, swollen glands around genitals, a rash around genitals.
    - Often they do not have any signs or symptoms.
    - Cannot be transmitted (passed from one person to another) through oral sex (mouth on genitals).
    - Many are curable (the infection leaves your body when you take medication) and the rest are treatable (symptoms can be made better but the infection does not leave your body).
    - Can be a virus, a bacteria or a parasite.
    - Some can lead to death or serious injury like infertility (unable to make a baby).
    - Are 100% preventable through abstaining from all types of sex.

11. Condom:
    - Is made of latex
    - If it is stored in a really hot place it may become less strong (break more easily).
    - It prevents all STIs when used properly.
    - If used with an oil-based lubricant (like Vaseline/petroleum jelly) it can break more easily.
    - If used properly it is about 98% effective at preventing pregnancy or HIV.
Survey of Health Knowledge VI

50 Questions on HIV/AIDS

I. AIDS AND HIV (THE AIDS VIRUS)

What do the letters A.I.D.S. stand for, and what do these words mean?
What causes AIDS?
What do the letters H.I.V. mean and what is HIV infection?
If you have HIV positive, does that mean you have AIDS?
What is the difference between HIV/AIDS and Sexually Transmitted Diseases (STDs)?
How do I know if I am at risk of catching the AIDS virus?
How would I know if I had HIV (the AIDS virus)?
Can I have HIV (the AIDS virus) now and not known?
What do I do if I think I might have HIV (the AIDS virus), but I’m not sure?
They say that herbalists and spiritual healers have a cure for HIV/AIDS. Is this true?
Is there any hope for a vaccine against HIV/AIDS?

II. SEX AND HIV/AIDS

12. Is sex the main way that people get infected with the AIDS virus?
13. How is HIV (the AIDS virus) transmitted by sex?
14. I have heard that the AIDS virus passes through cuts and sores on the skin of the penis and vagina. Is it true?
15. What causes these cuts and sores, and how can I keep from getting cuts and sores on the skin of the penis and vagina?
16. Is it then safe to have sex if I cannot see cuts or sores on the penis or vagina?
17. Is it true that I have to be with many sex partners to get HIV (the AIDS virus)?
18. If people wash their private parts immediately after sex, won’t that protect them?
19. If I have sex and I get Gonorrhea, does that also mean I have HIV (the AIDS virus)?
20. If I have sex with an HIV-infected person, is it true that I will get the virus for sure?
21. If I have already had sex with many people in the past without condoms, why should I now change my ways?
22. How can I know if someone has HIV (the AIDS virus)?
23. Is wet kissing (placing the tongue in the other person’s mouth) a way of getting the AIDS virus?
24. Can I get the AIDS virus from touching my sex partner’s private parts with my mouth?

III. BLOOD AND AIDS

25. Except for sex, what are some other ways through which I can get HIV (the AIDS virus)?
26. What if a nurse gives an injection to a person with HIV (the AIDS virus) and then comes to give the same injection to me. Won’t that virus be passed to me?
27. If I have HIV (the AIDS virus) and I get pregnant can I pass it to my baby?
IV. DAILY LIFE AND AIDS

28. Can I give HIV (the AIDS virus) to my baby by breast-feeding?
29. Is saliva (“spit”) dangerous? What about urine, sweat and tears? What about excrement?
30. Can I get the AIDS virus from sharing a glass, plate or food with a person who has the virus?
31. Can I get AIDS from a person who has AIDS if we sleep in the same bed or use the same sheets or towels?
32. Can I get HIV from a public latrine? How about my private latrine, if a person with HIV uses it?
33. Can I get HIV from using the same enema syringe as an infected person?
34. Do mosquitoes or other insects spread HIV (the AIDS virus)?
35. Can I get AIDS if I am playing football and my team mate who is infected with the AIDS virus hits me?
36. Can a person get HIV (the AIDS virus) from helping accident victims who are bleeding?

V. CONDOMS AND HIV/AIDS

37. What can I do now to reduce my risk of getting infected with HIV (the AIDS virus)?
38. How can condoms protect me?
39. Don’t condoms tear or burst? Why should I bother to use them?
40. How can I make sure my condoms are strong?
41. What is the proper way to use a condom?
42. Can condom slip off inside the woman’s?
43. Will using two or three condoms at the same time increase their effectiveness?
44. Do condoms come in different sizes? Can any condom fit and man?
45. With so many different types of condoms on the market, how do I know which condom is good?
46. Should I use condom with my regular partner?
47. Is it true that some condoms have tiny holes that let the virus through?

VI. HIV (AIDS VIRUS) TEST

48. What are the tests for HIV (the AIDS virus)? What do they mean?
49. If I get an HIV (the AIDS virus) test and it is negative, am I safe?

VII. LIVING WITH PEOPLE WHO HAVE AIDS AND HIV

50. What do I do if someone I know tells me that he or she has HIV (the AIDS virus)?

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