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Programming Connection Case Study Package / Trousse d'étude de cas diffusée dans Connectons nos programmes

Materials from: Sexuality...Let's Talk About It!

A program of:

The First Nations of Quebec and Labrador Health and Social Services Commission
250, place chef Michel-Laveau, Local 102
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For more information on Sexuality...Let's Talk About It!, read the Case Study in CATIE's Programming Connection at www2.catie.ca/en/pc.

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Documents sur : Sexualité...parlons-en!

Un programme de :

Commission de la Santé et des Services Sociaux des Premières Nations du Québec et du Labrador
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Pour plus de renseignements sur Sexualité...parlons-en!, veuillez lire l'étude de cas dans Connectons nos programmes de CATIE à : www2.catie.ca/fr/cnp.

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Sexuality Let's talk about it!



WORKSHOP 1

Total length of meeting: 2 hours

General objective:

Learn about the issues surrounding sexual behaviours.

Specific objectives:

- 1) Identify the possible risks involved in sexual behaviours.
- 2) Know about STBBIs and the ways they are transmitted.
- 3) Know the different methods of protection and their effects on pregnancy and STBBIs.
- 4) Identify the possible excuses for not using a condom and the arguments in favour of using one.
- 5) Know the effect of drugs and alcohol on sexuality.
- 6) Know the technique for putting on a condom.
- 7) Develop the habit of using a condom at all times.

1. PRESENTATION

Length: 2 minutes

Required material:

✂ Participant's kit

The objective of this training is to improve attitudes towards sexual health in order to combat at-risk behaviours for HIV-AIDS and to prevent STBBIs.

This workshop will focus on STBBIs and the importance of using contraception.

The kit you have been given will be your work tool for the entire training.

The left side contains all the sheets necessary for doing activities. You will be informed when you need them.

The right side has a glossary explaining some of the terms used when people talk about sexuality, and a sheet of resources which may be useful to you, along with their contact information. There are also brochures on STBBIs, HIV-AIDS, Hepatitis C, contraception methods, pregnancy and puberty. A condom is included with the kit.

2. PARTICIPANT INTRODUCTIONS

Length: 5 minutes

Required material:

✂ Reference sheet on emotions

Roundtable

Participants introduce themselves and answer the following question:

We will be speaking about sexuality today. What emotion or feeling does that create in you?

Take out the "I feel..." sheet concerning the different emotions and use it to assist you.

3. RULES OF CONDUCT

Length: 3 minutes

Required material:

- ✂ Large paperboard
- ✂ Pen or pencil
- ✂ Sticky paper

Because sexuality is a topic that can be embarrassing to discuss, it is important to establish some rules of conduct allowing everyone to feel as comfortable as possible with the topic.

What rules should be followed to ensure respect for everyone during the meeting?

Write the answers on a large paperboard.

Rules of conduct

1. Listening.
2. Confidentiality (what is said here remains here).
3. Non-judgemental.

Are you prepared to follow these rules?

4. PRE-TEST

Length: 5 minutes

Required material:

- ✂ Pre-test

You will answer two identical questionnaires. The first one will measure your current knowledge before the meeting and the second one will measure your knowledge at the end of the meeting. This will allow an evaluation of the learning acquired by the end of the training.

Bring out the pre-test.

Instructions for the pre-test

- It is done individually, by each participant.
- Write your first or last name in the space indicated on the sheet and make sure you use the same name for the post-test to allow comparison of the answers by the same person.
- Raise your hand when you have finished.

Read the following questions with the participants.

Indicate whether the following statements are true or false:

- 1) The contraceptive patch is the only contraception method that can protect you from sexually-transmitted and blood-borne infections (STBBIs) and unplanned pregnancies.
- 2) Sexual behaviours with penetration bring risks of HIV transmission.
- 3) Aboriginal youths are not affected by STBBIs.
- 4) One of the steps in putting on a condom is to check its expiry date.
- 5) Flavoured condoms were created specifically for oral-genital relations.
- 6) If before having sex, the girl says that she is using the pill, this is a good reason for not using a condom because the two partners will be sufficiently protected.
- 7) Use of alcohol can increase the risk of forgetting to use a contraceptive for having sex.
- 8) All STBBIs heal by themselves.
- 9) When a person gets HIV, he or she knows it immediately.
- 10) HIV can be transmitted only by blood and sperm.

5. SEXUAL BEHAVIOURS

Length: 15 minutes

Required material:

- ✂ "Oh yes! Oh yes! Oh no! Oh no!..." poster
- ✂ Support sheet no. 1
- ✂ PowerPoint

Team work

- ✂ In teams of 3, using the “Oh yes! Oh yes! Oh no! Oh no!...” poster.

- ✂ Bring out support sheet no. 1 and the “Oh yes! Oh yes! Oh no! Oh no!...” poster.

PowerPoint

- ✂ “Oh yes! Oh yes! Oh no! Oh no!...” poster.

Read the questions with the participants.

Each team assigns a person to write down the answers on the sheet and present them to the entire group when it comes together again.

You have 5 minutes to do the exercise (max. 10 minutes).

Possible questions and answers

- 1) What do you see on the poster?
 - 2 people, who meet, kiss and have sex.
 - They don't seem to be using protection.
 - The boy is at the doctor's and does not appear to be feeling well.

- 2) What is the poster trying to get us to realize?
 - Sexual behaviours can bring risks.
 - It is important to use protection if you do not want to get an STBBI.
 - Don't trust appearances.

- 3) What are the possible consequences of the sexual behaviours of the persons in this poster?
 - STBBI
 - Pregnancy

- 4) Do you think everyone knows about these consequences?
 - No.
 - Some know them but don't pay attention to them because they think they are invincible.

Thus, sex involves certain risks. That's why we will work on these aspects to become aware of them and be better equipped to avoid them.

End of PowerPoint

6. STBBIs

Length: 15 minutes

Required material:

✂ PowerPoint

Brainstorming

What are the different kinds of STBBIs that you know about?

PowerPoint

Bacterial STBBIs

- Chlamydia
- Gonorrhoea
- LGV (Lymphogranuloma venereum)
- Syphilis

Viral STBBIs

- Hepatitis A, B, C
- Genital herpes
- HIV/AIDS
- Genital warts or HPV (Human Papilloma Virus)

Parasitical STBBIs

- Pubic lice
- Scabies
- Trichomoniasis (Trich)

The most common

Chlamydia / Gonorrhoea

- Bacteria which affect the cervix, the urethra, the rectum, the throat and the eyes.
- Chlamydia is the most common among youths aged 15 to 24, followed closely by gonorrhoea among the 15-29 year-olds.

Ways of transmission

- Unprotected oral, vaginal or anal sex.
- Penetration or ejaculation not required for transmission to occur.

- May be transmitted by a mother to her baby at delivery.

Signs and symptoms

- The majority of people do not present any symptoms.
- Vaginal discharge / urethral discharge.
- Painful urination.
- Lower stomach pain / testicular pain.
- Vaginal bleeding after sex or between menstrual periods.
- Pain during sex.

Treatment

- Antibiotics.

Possible complications

- Often associated with other undetected or untreated infections.
- Greater susceptibility of contracting and transmitting HIV.
- Spread of the infection from the uterus to the Fallopian tubes.
- Risk of ectopic pregnancy.
- Chronic pelvic pain.
- Infertility among women (rare among men).
- Eruptions, sores and joint pains.
- Systemic gonococcal infection (Gonorrhoea)

Genital herpes

- Herpes simplex virus (type 1: cold sores, type 2: anogenital herpes)
- Can cause a single skin eruption or recurring eruptions.
- Incurable (does not heal by itself).

Ways of transmission

- Direct oral, vaginal or anal sexual contact (the condom uses its effectiveness if the person has sores outside the parts that it protects).
- Oral contact with a person who has previously had cold sores.
- Through transmission of the virus when there are no symptoms or lesions.
- From mother to baby during pregnancy or delivery.

Signs and symptoms

- The majority of people do not present any symptoms.
- Painful sore (external or internal).
- Inflammation and redness.
- Fever.
- Muscular pain.
- Sensitive lymphatic ganglions.

Treatment

- Antivirals to relieve symptoms and reduce frequency and duration of relapses.

Possible complication

- Increased risk of transmitting or contracting HIV.

HIV (Human immunodeficiency virus)

- Virus which destroys cells essential for the immune system, thus reducing the body's capacity to combat other infections or illnesses.
- Weakens the immune system allowing other infections to occur and allowing AIDS (acquired immunodeficiency syndrome) to develop.
- Incurable (does not heal).
- 5 bodily fluids can transmit this virus:
 - Blood
 - Sperm
 - Pre-ejaculate
 - Vaginal secretions
 - Mother's milk

Ways of transmission

- Unprotected oral, vaginal and anal sex.
- Use of contaminated sex toys.
- Sharing of drug injection material.
- Sharing of personal items, e.g., toothbrush or razor.
- From mother to baby during pregnancy, delivery or breastfeeding.

Signs and symptoms

- The majority of people do not present any symptoms.
- At first, symptoms can be like those presented by a cold or mononucleosis.
- When the system weakens, there is swelling of the lymphatic glands, night sweats, persistent fever and diarrhea, inexplicable weight loss, fatigue, sore throat, headache, joint or muscular pain, persistent skin eruptions and nausea.

Treatment

- Antiretrovirals can slow down the progression of the infection towards AIDS.

Possible complications

Once AIDS develops, other illnesses can appear:

- Infection: pneumocystis jiroveci, cytomegalovirus (CMV) which causes blindness, candidosis (of the esophagus, lungs, bronchial tubes and vagina), mycobacterium avium complex, mycobacterium tuberculosis.
- Cancer: cervix, anus, Kaposi's sarcoma and lymphoma.
- Increased frequency or severity of herpes.
- Illnesses affecting the brain (toxoplasmosis, etc.).
- Chronic intestinal troubles.

Hepatitis C

- Virus which attacks the liver.

Ways of transmission

- Exposure to infected blood.
- Sharing of drug injection material.
- Sharing of personal items, e.g., toothbrush or razor.

Signs and symptoms

- The majority of people present no symptoms.
- Symptoms can be similar to cold symptoms.

Treatment

- Antiretrovirals for a period varying from 6 months to 1 year, but effectiveness of treatment depends on various factors. But even if you do not heal, treatment slows down the progression of the infection.

Possible complications

- 85% will be affected by a chronic infection (virus in the organism more than 6 months) because 15% of acute Hepatitis C cases heal spontaneously.
- 20% to 30% of people develop cirrhosis of the liver over a 20-year period. From this moment on, the risk of liver cancer is 1% to 4% each year.

Which of the following sexual behaviours present risks?

List of sexual behaviours and risk level

Abstinence: no risk.

Kissing: no risk.

Excluding herpes with cold sores and/or HIV, Hepatitis B and C presenting cuts or sores inside the mouth.

Petting: no risk.

Excluding herpes presenting sores, it is rare but possible to contract the illness on another body part and/or HIV, Hepatitis B and C presenting bleeding and skin lesions.

Self-masturbation: no risk.

Masturbation with a partner: risk.

Fellatio/Cunnilingus (oral-genital relations): risk.

Vaginal sex: risk.

Anal sex: risk.

If you have an STBBI or have had one before, you are at greater risk of getting another one.

The best thing to do if you think you are infected is to go for STBBI screening. You can see your family doctor or go to a medical clinic, a youth clinic or a CLSC clinic offering this service.

Even after healing, STBBIs can occur again.

End of PowerPoint

For more information, see the STBBI brochures in your kit.

7. CONTRACEPTION

Length: 10 minutes

Required material:

✂ PowerPoint

Now that you know a bit more about STBBIs and their effects, it is important to have clear knowledge of the ways to avoid getting them.

Brainstorming

According to you, what can you do to avoid getting an STBBI?

What can you do to avoid pregnancy?

What contraceptive methods do you know?

You will be shown some images and asked to say what kind of contraception is involved.

Power Point

Contraception method

Contraception method	
Male condom	<ul style="list-style-type: none">• Protection against pregnancy.• Protection against STBBIs. • Supple and disposable latex sheath (also available in polyurethane for those who are allergic to latex).• Many forms, sizes, thicknesses, colours, flavours.• Prevents exchange of bodily fluids.• No need for a doctor's prescription.• Is placed on the erect penis.• Can be used only once.• Is sold over-the-counter in pharmacies and some other stores.• Available free of charge at the health centres, youth centres and the CLSC.• Effective against pregnancy in 98% of cases.

<p>Female condom</p>	<ul style="list-style-type: none"> ● Protection against pregnancy. ● Protection against STBBIs. ● Supple and disposable polyurethane sheath. ● Prevents exchange of bodily fluids. ● No need for a doctor's prescription. ● Must be placed in the vagina before sex. ● Can be in place for up to 8 hours before sex. ● Can be difficult to use. ● Can be used only once. ● More expensive than the male condom. ● Is not available in all pharmacies. ● Effective against pregnancy in 95% of cases.
<p>Oral contraceptive "The pill"</p>	<ul style="list-style-type: none"> ● Protection against pregnancy. ● No protection against STBBIs. ● In the form of a pill. ● Prevents release of an ovum by the ovary. ● Is effective immediately if taken within the first 5 days of the menstrual cycle; otherwise, use additional protection for 7 days. ● Must be prescribed by a doctor. ● Must be taken every day. ● Effective in 99.7% of cases.
<p>Contraceptive patch "EVRA"</p>	<ul style="list-style-type: none"> ● Protection against pregnancy. ● No protection against STBBIs. ● Adheres to the skin. ● Prevents release of an ovum by the ovary. ● Is effective immediately if applied the first day of the menstrual cycle; otherwise, use additional protection for 7 days. ● Must be prescribed by a doctor.

	<ul style="list-style-type: none"> • Must be changed once a week. • Effective in 99.7% of cases.
<p>Vaginal ring “NuvaRing”</p>	<ul style="list-style-type: none"> • Protection against pregnancy. • No protection against STBBIs. • Flexible ring inserted in the vagina. • Prevents release of an ovum from the ovary. • Is immediately effective if inserted within the first 5 days of the menstrual cycle; otherwise, use additional protection for 7 days. • Must be prescribed by a doctor. • Must be kept in place for 3 weeks. • Effective in 99.7% of cases.
<p>Injectable contraceptive “Depo-Provera”</p>	<ul style="list-style-type: none"> • Protection against pregnancy. • No protection against STBBIs. • Injectable form of contraception. • Prevents release of an ovum by the ovary. • Is immediately effective if injected within the first 5 days of the menstrual cycle; otherwise, use additional protection for 7 days. • Must be prescribed by a doctor. • Injections given in the arm or buttocks 4 times a year. • Fertility returns 9 months after the last injection. • Effective in 99.7% of cases.
<p>Intra-uterine system IUS or “Mirena”</p>	<ul style="list-style-type: none"> • Protection against pregnancy. • No protection against STBBIs. • Small T-shaped device with a tiny cylinder containing a hormone. • Prevents sperm cells from fertilizing the ovum.

	<ul style="list-style-type: none"> • Effective immediately if inserted within the first 7 days of the menstrual cycle. • May be inserted any time during the menstrual cycle only if the woman has had protected sex within the 10 days preceding insertion. • May not be used as emergency contraception. • Must be prescribed by a doctor. • Inserted in the uterus by a doctor. • Can stay in place for up to 5 years. • Effective in 99.8% of cases.
<p style="text-align: center;">Intra-uterine device IUD or “Copper IUD”</p>	<ul style="list-style-type: none"> • Protection against pregnancy. • No protection against STBBIs. • T-shaped device surrounded by a copper wire. • Prevents sperm cells from fertilizing the ovum. • Is effective immediately if inserted within the first 7 days of the menstrual cycle. • Can be inserted at any time during the cycle if the woman has had protected sex during the 10 days preceding insertion. • Can be inserted at a time outside the cycle, even if the woman has had unprotected sex in the days preceding insertion, up to 7 days after the estimated date of ovulation. • Excellent emergency contraceptive. • Must be prescribed by a doctor. • Inserted in the uterus by a doctor. • Can remain in place for up to 5 years. • Effective in 99.1% of cases.
<p>Information adapted from: www.sexualityandu.ca</p>	

End of PowerPoint

Discussion

After having examined the different contraception methods, which one is the most effective for protecting against both STBBIs and unplanned pregnancies?

➤ Condom

Even if condoms are highly effective, a condom can break. Thus, it is a good idea to use another means of contraception as well. If the condom breaks, you will at least be protected against pregnancy.

IMPORTANT: Do not use two condoms (one inside the other) as this increases the risk that they will break.

PowerPoint

Flash Info

- Beginning at the age of 14, your visit to a doctor is confidential. This means the doctor cannot speak to your parents about your visit without your consent.
- The day-after pill is available in drug stores without prescription and is taken within 3 days after having unprotected sex.

End of PowerPoint

There are other forms of contraception. For more information, see the brochure "Which is the best contraceptive for me?" in your kit.

8. BREAK

Length: 10 minutes

Take a ten-minute break.

9. NEGOTIATING USE OF A CONDOM

Length: 20 minutes

Required material:

- ✂ Support sheet no. 2
- ✂ PowerPoint

Even when you know the risks of getting an STBBI and the importance of using a condom, it can be difficult to stick to your best intentions in the heat of the moment. The following workshop will give you practice in affirming yourself in a future sexual relationship.

Role play

In teams of 3, you will do a role play involving 2 people who want to have sex. One of the partners wants to use protection and the other one doesn't want to use protection.

Bring out support sheet no. 2.

Each team selects a person who will be for condom use during sex and another person who will be against it. The third person takes notes on support sheet no. 2 of the 'for' and 'against' arguments used for negotiating. These answers are reported to the main group after the exercise.

You have 10 minutes to do the exercise (max. 15 minutes).

PowerPoint

You can get ideas from the excuses and arguments given in the PowerPoint.

Examples of excuses and arguments

I'm 'safe'...

You might have an STBBI and not know it!

I haven't made love for weeks...

Some STBBIs can take several months to appear.

I'm a virgin...

How can I be sure of that?

I love you...

Love doesn't change anything.

Discussion

What are the arguments "for" using a condom?

What are the arguments "against" using a condom?

What did you think of the exercise?

You saw that it is not always easy to negotiate use of a condom. Wanting to protect yourself is not enough; you must dare to affirm yourself and present good arguments for using a condom.

Excuses for not using a condom and arguments to counter them

Trust me, I don't need a condom. I'm safe.

You can have an STBBI and not know it! Even if you test negative, there can be a risk. So, if your partner tells you he or she is safe, don't take any risks. With a condom, you can make love with peace of mind and without worrying about STBBIs or an unplanned pregnancy.

I don't know if I have any 'crabs' because I haven't had sex for weeks.

Some STBBIs can take several months before appearing and some do not present any visible signs or symptoms. Furthermore, STBBIs need treatment to be eliminated. Use a condom to protect yourself from them and from unplanned pregnancies.

I'm a virgin.

How do you know this is true? And perhaps you're not a virgin...Use a condom to protect both of you.

I love you. Do you think I'd try to spread a disease to you?

Love won't prevent STBBIs. Even with the most powerful feelings in the world, you can still infect your partner.

I'm on the pill so we don't need a condom.

The pill protects against pregnancy but not against STBBIs.

No-one in my group uses condoms.

If others take risks, that doesn't mean you have to do the same thing. You can answer, "I'm not ready to get an STD or to have a baby."

I'm much too young to get an STBBI.

You can get an STBBI at any age. Just one partner is enough to give you an infection.

I hate wearing a condom! It gives me fewer sensations.

There are thin lubricated condoms to enhance your sensations. Also, in some cases, a condom can prevent early ejaculation and thus prolong the pleasure...

A condom interferes with my spontaneity.

Using a condom can be erotic. The best thing to do is to put it on without stopping the stimulation. You can slip it over the head of the penis (the glans penis) and take your time to unroll it. Here's a tip: open the condom package during the first caresses and then you just have to put it on when the time comes for that.

Elements taken from: www.jcapote.com

End of PowerPoint

10. DRUGS AND SEXUALITY

Length: 5 minutes

For some people, using drugs and/or alcohol is a part of their lifestyle.

Brainstorming

What reasons do people have for taking drugs or alcohol before sex?

- They think it reduces anxieties such as:
 - Embarrassment
 - Fear of not satisfying one's partner
 - Desire to perform

What effect can drugs and/or alcohol have on sexuality?

- Increase sexual desire.
- Heighten one's sensations.
- Reduce vaginal lubrication.
- Cause erection difficulties.
- Make people do things they normally wouldn't do.

- Have regrets the morning after.
- Have sex with someone you would never have normally thought of sleeping with.
- Forget to use protection.
- Give in more easily to your partner's excuses for not using a condom.

11. ANXIETIES RELATED TO CONDOM USE AND CONTRACEPTION

Length: 15 minutes

Required material:

- ✂ Support sheet no. 3
- ✂ Video "Techniques for using a condom"

Team work

In teams of three, you will do a simulation exercise on the anxieties associated with the use of contraceptive methods.

Bring out support sheet no. 3.

Read the simulation exercise and questions with the participants.

Each team selects a person to write down the answers on the sheet and present them to the other teams when the whole group comes together again.

You have 5 minutes for the exercise (max. 10 minutes).

Simulation

Tony wants to have a sexual relationship with Sophie but he doesn't know how to put on a condom. This causes great anxiety in him, but he doesn't dare to tell Sophie because he's afraid she will think he is not a good lover. He would like to ask someone for help, but he doesn't know who to ask.

Sophie is not concerned. She tells herself that she doesn't have to worry about contraception because that is the boy's job. Like Tony, she doesn't know how to use a condom.

Finally, when they have sex, the condom breaks. Tony and Sophie do not understand how this happened and don't know what to do about it.

Questions

- 1) Why are Tony and Sophie anxious about having sex?
 - Fear of putting on a condom.
 - Fear of not performing well.
- 2) What do you think they can do to reduce this anxiety?
 - Speak about it together or with resource persons.
 - Learn the steps for putting on a condom.
 - Manipulate a condom beforehand.
- 3) What are the roles of the boy and the girl regarding contraception?
 - They have the same role. They must be involved in contraception. If the boy and the girl both make sure they carry condoms with them, there is less risk of not having one when they want to have sex. Girls can also get prescriptions for another contraceptive method to ensure double protection. Boys can tell the girls they would like them to use another method in addition to the use of a condom, to give more protection.
- 4) Why do you think the condom broke?
 - Improperly put onto the penis.
 - They didn't follow the steps correctly for putting on a condom.
 - Not enough lubricant.
 - The lubricant was not water-based (was oil-based or petroleum-based).
- 5) What should you do if a condom breaks during sex?
 - See if there is still a piece of it in the vagina.
 - The girl should take a morning-after pill if she doesn't use another form of contraception.
 - Go for STBBI screening.
- 6) What are the possible consequences when a condom breaks?
 - STBBI
 - Unplanned pregnancy.

Knowing the steps for putting on a condom increases the chances of using one properly and reduces the risks associated with STBBIs and pregnancy.

Video

"Techniques for using a condom"

These steps are given on the condom holder in your kit.

If you put a condom inside-out on the penis, throw the condom away and replace it by a new one because there could be a risk of pregnancy and STBBI transmission.

A non-lubricated, thin and flavoured condom is the best one for fellatio.

For cunnilingus, a dental dam (a square piece of thin latex) should be used for protection against STBBIs. This can be found in some stores, but it is easy to make one out of a condom.

PowerPoint

- Take the condom carefully out of its package and unroll it.
- Cut off the tip and base of the condom; then cut it lengthwise.
- Open it up into the form of a rectangle.

End of PowerPoint

12. THE CONDOM AND ITS 5 SENSES

Length: 10 minutes

Required material:

✂ Condoms

Whether you are familiar or not with condoms, it is a good idea to look at some of its characteristics.

Give a condom to each participant.

Have participants wait for instructions before opening the package.

Step 1: Opening a condom package

What are the steps to follow before opening the package?

- Check the expiry date.
- Check for air in the package.

- Don't use sharp objects that can cut the condom and damage it while you are opening it.
- Squeeze the condom to the bottom of the package to avoid breaking it while opening the package.
- Tear away the package carefully.

Remove and unroll the condom.

Do this exercise as well.

Holding the condom by the ring, make sure the ring is turned outward so that it unrolls easier. For assistance here, you can blow on the condom or unroll it lightly with your fingers to see that the ring is turned outward properly.

Step 2: Look at the condom

What do you see?

- A piece of rubber with a little reservoir at one end and a ring at the other end.

Step 3: Touch the condom

What is the texture of the condom?

- Oily
- Slippery
- Elastic

Step 4: Smell the condom

What does it smell like?

- Rubber (but there are different smells available, e.g., vanilla, chocolate, etc).

Step 5: Taste

What does it taste like?

- Rubber, but there are condoms with different tastes.

13. END OF THE MEETING

Length: 2 minutes

The objective of the meeting was not to make you afraid or to prevent you from having an active sex life. Instead, the objective was to inform you about the reality (with both positive and negative aspects) surrounding sexual relations so that you can make well-informed decisions.

Sexuality is an agreeable part of life which gives pleasure and wellness to oneself and others. But to make sure it stays pleasurable, it is important to have protection against STBBIs and unwanted pregnancy.

14. POST-TEST AND TRAINING EVALUATION

Length: 5 minutes

Required material:

- ✂ Post-test
- ✂ Training evaluation

Participants complete the post-test, which contains the same questions as the pre-test. They also do an evaluation of the training.

Bring out the post-test and the training evaluation.

Instructions for the post-test

- It is done individually.
- Write your first or last name in the space indicated on the sheet and make sure it is the same name used for the pre-test to allow comparison of the answers by the same person.
- Raise your hand when you have finished.

Read the questions with the participants.

Instructions for the evaluation

- It is done individually.
- Raise your hand when you have finished.

Thanking of participants

Thank you for taking part in this training.

PowerPoint

Answers to test

Indicate whether the following statements are true or false:	TRUE	FALSE
1) The contraceptive patch is the only contraception method that can protect you from sexually-transmitted and blood-borne infections (STBBIs) and unplanned pregnancies.		x
2) Sexual behaviours with penetration bring risks of HIV transmission.	x	
3) Aboriginal youths are not affected by STBBIs.		x
4) One of the steps in putting on a condom is to check its expiry date.	x	
5) Flavoured condoms were created specifically for oral-genital relations.	x	
6) If before having sex, the girl says she is using the pill, this is a good reason for not using a condom because the two partners will be sufficiently protected.		x
7) Use of alcohol can increase the risk of forgetting to use a contraceptive for having sex.	x	
8) All STBBIs heal by themselves.		x
9) When a person gets HIV, he or she knows it immediately.		x
10) HIV can be transmitted only by blood and sperm.		x