Facilitators Manual For HIV Vention & Promotion Of Sexual Health

A facilitator’s resource guide and manual for promoting sexual health with peer educators reaching marginalized youth

The Caribbean Vulnerabilised Groups Project is a five-year regional project which responds to HIV and AIDS among Caribbean sex workers, men who have sex with men, socially excluded youth, and people who use drugs. The Caribbean Vulnerable Communities Coalition (CVC) have come to implement the project as sub-recipients of a Pan Caribbean Partnership against HIV and AIDS (PAN-CAP) Grant provided by the Global Fund to Fight AIDS, Tuberculosis and Malaria.

For more information, please visit our website at www.focusright.org

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Background

The vulnerable groups component of the Global Fund grant sets out to develop model outreach programs to reach key vulnerable groups, working with men who have sex with men (MSM), local and migrant sex workers, persons who use drugs, and marginalized youth. Each of these projects has a Peer Education Program as a core activity. This provides a region-wide behavior change program tailored to the specific needs of different vulnerable groups.

Although peer educators play an important role in HIV interventions carried out with Vulnerable Groups in the Caribbean, their role has often been limited to activities such as distributing condoms and providing HIV/STI prevention information. Reviewing the different systems in place in the region, CVC have observed a number of challenges facing existing systems:

- Different countries are using different manuals, materials and methodologies for their training;
- There is different understanding of Peer Education in the different countries;
- There is no clear strategy for the effective training, support and supervision of trained Peer Educators;
- There is an unclear plan on the continuous education and capacity building of Peer Educators;
- There is difficulty in discussing sensitive issues especially in the context of sexuality, (sexual identities, gender identities/expressions/behaviors, sexual orientations, sexual behaviors, sexual activities and practices), affective/intimate relationships, sexual diversity, sex work and drug use;
- Empowerment and rights based content is often lacking in the training curricula;
- Reporting on Peer Education activities may not be accurate or updated and is lacking in quality;
- There is some replication of individual peer educators’ work;
- There is often no consistent follow-up or client management aspect built into the Peer Educator’s system
- Lack of psychosocial support and supervision structures for Peer Educators hinder their ability to effectively debrief issues confronting their peers/clients thus risking being exposed to ‘second- ary trauma’ in their work settings (i.e. streets, outreach settings).
- This exposure without debriefing can negatively impact their interventions over time (resulting in burn-out and quick turn over) xi. Peer Educators are working for different intervention programs which are either funded by international agencies or government budgets. Their responsibilities and quality are varied because of different requirements and training program of each project.

In order to improve quality of Peer Education activities in the region and ensure greater consistency in peer educators’ work, the Vulnerabilized Groups Project developed sub-population-tailored Peer Education systems, using a training curriculum utilizing a sexual health approach, which is comprehensive, culturally responsive, science-based sexuality education promoting healthy human sexuality.

The Sexual Health approach conceptualizes human sexuality as a central aspect of being human and as a positive aspect of human growth and development. This Sexual Health approach shifts the focus of sex as being dangerous and risky in the discourse of youth towards promoting self-efficacy and empowerment. Underlying the model is the belief that effective HIV interventions should encourage participants to think for themselves, to identify their sexual feelings, needs and preferences, to develop their own sexual morality, to make informed choices about their behavior, and to develop individualized long term HIV prevention plans.
The analytical and conceptual frameworks employed throughout the training curriculum are rooted in gender analysis and the human rights based approach (HRBA). This is to cultivate participant ability to:

1. Deconstruct their own self-concept, values and behaviours as they pertain to sexuality, including gender.

2. Understand how early gender socialization affects their development and growth and contribute to stigma and discrimination associated with marginalized youth.

3. Understand gender and sexual stereotypes and how they are discriminatory and harmful to all genders and sexualities on the gender and sexual continuum.

4. Mainstream a comprehensive systemic sex-positive sexual health approach to HIV/STI Prevention and outreach/peer education. This curric-


Ulum is inspired by numerous human experiences and writings. We would like to especially acknowledge the following writings:


Pedagogical Approach: Psychoeducational Methodology

Psycho-educational facilitators believe that socio-emotional growth happens when young people understand the role that emotions play in their life circumstances and difficulties. Psycho-educational theory and methods include cognitive (thinking), affective (feelings), and behavior aspects.

The rationale behind a psycho-educational approach is that (with a clear understanding of the life situation or problem, whether it is social, emotional or mental health-related, or self-knowledge of own strengths, community resources, and coping skills) the individual is better equipped to deal with the problem or situation and to contribute to his or her own emotional well-being.

The core psycho-educational principle in education has a role in emotional and behavioral change. With an improved understanding of the causes and effects of the problem, psychoeducation broadens the youth's perception and interpretation of the problem/situation/challenge, and this refined view positively influences the youth's emotions and behavior. Consequently, improved awareness of causes and effects leads to improved self-efficacy (the young person believing that he/she is able to manage the situation), and improved self-efficacy leads to better self-control.

In other words, the young person feels less helpless about the situation and more in control of himself or herself. Educating youth about their own mental/emotional/social issues can be an effective way for them to get the facts and learn effective coping and adaptation strategies so that they take the steps necessary in helping themselves. Psycho-education is not a treatment; in clinical settings, psycho-education is the first step of the overall treatment plan.

Psycho-education involves anything that teaches people about health, mental health and sexual health issues. We can define mental health not as the absence of problems, but as knowing what we can realistically expect of ourselves as well as of others, in addition to knowing what to do when problems arise (coping skills). Sexual Health can be defined as an approach to sexuality founded in accurate knowledge, personal awareness and self-acceptance, such that one’s behavior, values and emotions are congruent and integrated within a person’s wider personality structure and self-definition.

Sexual health involves an ability to be intimate with a partner, to communicate explicitly about sexual needs and desires, to act intentionally and responsibly, and to set appropriate sexual boundaries. Sexual health has a communal aspect, reflecting not only self-acceptance and respect, but also respect and appreciation for individual differences and diversity, as well as adapted from Psycho-Educational Teacher for Students with Behavior Issues: http://thepsychoeducationalteacher.blogspot.mx/2010/10/what-is-psycho-education.html. Retrieved on February, 20, 2014. a feeling of belonging to and involvement in one’s sexual culture(s).

Sexual health includes a sense of self-esteem, personal attractiveness and competence, as well as freedom from sexual dysfunction, sexually transmitted diseases, and sexual assault and coercion. Sexual health affirms sexuality as a positive force, enhancing other dimensions of one’s life.

Using what psychological theory (the psycho part) and pedagogical methods (the education part) offer, psycho-education is not new to schools, being around since the 1970’s. Current psycho-educational...
models have emerged from a blending of developmental, cognitive, and learning psychological theories. Within group settings, the emphasis is on behavior management theories and methods that facilitators can use to manage and modify gender attitudes, norms, and behaviors.

Group psycho-educational approaches are oriented toward improving social behavior, teaching the young person the socio-emotional coping skills that the youth seems to be lacking. Among others, the discussion and development of emotional literacy topics like resiliency, decision-making, social problem solving, self-management of emotions and self-management of behavior or self-control are ideally suited for the group experience.

"Psycho-educational facilitators recognize that young people benefit from a degree of self-knowledge and self-awareness to be able to relate well with peers as well as with the other sex. Psycho-educational facilitators also have the goal of helping marginalized youth learn about their own feelings and behaviors. Both in clinical settings and in school settings, psycho-education is educational training and skills building."
## Psycho-education and Educational Methodology

<table>
<thead>
<tr>
<th>Educational Methodology</th>
<th>Psychoeducation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provides information</td>
<td>Provides information &amp; helps to process that information by asking how participants feel about the issue</td>
</tr>
<tr>
<td>Educates on a certain issue or topic</td>
<td>Educates on a certain issue or topic and explores meaning it has for participants</td>
</tr>
<tr>
<td>Focuses on covering the subject matter</td>
<td>Focuses on the participants by probing about feelings and meanings related to the topic</td>
</tr>
<tr>
<td>Guides the process of learning</td>
<td>Guides the process of learning but is flexible for participants to guide their own process of learning</td>
</tr>
<tr>
<td>Facilitates understanding of the issue or topic; provides opportunity for questions and answers</td>
<td>Facilitates understanding of the issue or topic by making the learning space safe, developing trust and rapport in group</td>
</tr>
<tr>
<td>Large group usually in a classroom setting</td>
<td>Small Group, cohesion develops</td>
</tr>
<tr>
<td>Interested in learning and behavioral change through the provision of information; does not usually provide space for sharing personal feeling and thoughts</td>
<td>Interested in learning and behavioral change through reflection and sharing of personal feelings and thoughts</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Curriculum-oriented</th>
<th>Participant-oriented</th>
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<tr>
<td>Topic/ Subject oriented</td>
<td>Process-oriented</td>
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</table>
Marginalized Youth Defined

In this Manual, Marginalized Youth refers to young people who have diverse gender and sexual identities, expressions and behaviors (LGBT Youth), youth who are HIV+, youth engaged in sex work and transactional sex, youth who use drugs, and migrant youth in developing and low-resource countries.

Rationale for this training resource manual

- Introduce innovative HIV prevention approaches for working with youth who have diverse gender and sexual identities, expressions and behaviors (LGBT youth), youth who are HIV+, youth who use drugs, migrant youth, youth engaged in transactional sex

- Integrate the gender perspective and gender analysis to HIV Prevention interventions with youth

- Apply the science of human sexuality to HIV/STI prevention and education

- Socialise a Sexual Health approach as an innovative, science-based intervention that focuses on the positive aspects of human sexuality

- Apply a psycho-educational methodology (introspective focus, self-awareness, self-knowledge, self-examination, increasing emotional intelligence, search for subjective meanings) to HIV/STI prevention

- Link the social-cultural and structural barriers of sexism, heterosexism, heteronormativity, homophobia, biphobia, transphobia and stigma and discrimination toward young persons to HIV/STI infection and its effects on HIV Prevention efforts

- Empower marginalized youth to develop safer spaces in their communities to discuss:
  1. Sexuality and sexual health concerns, (including talking and negotiating about sexual activities and the context in which sex takes place, examine sexual behaviours that place youth at risk and vulnerability for HIV/STI infection);
  2. How gender can act as a system of oppression (how sexism, heterosexism, heteronormativity, homophobia, biphobia and transphobia act as a policing mechanisms to control gender expressions and the sexuality of young people);
  3. The detrimental effects of these prejudicial and discriminatory practices on current HIV/STI prevention interventions

Deconstruct traditional gender roles, expectations, practices and harmful stereotypes and beliefs that limit and oppress marginalized youth
- Expand the definitions of masculinity and femininity to reflect the wide spectrum of Human Sexuality which includes Gender, Gender Identity, and Gender Expressions

- Increase sexual knowledge and ‘sexual intelligence’ with the aim to enhance healthy affective and/or sexual relationships

- Enrich participant’s knowledge of their sexuality and eroticism

- Expand participant’s repertoire of sexual self-efficacy: sexual decision-making, negotiation skills and sexual assertiveness, for example: Learning to talk about their sexuality and sexual health concerns with their sexual partner(s) in direct ways

- Expand the knowledge base and skill set of Peer Educators through a comprehensive psychosocial and Sex Positive Sexual Health approach.
Facilitators need to possess pre-requisite knowledge before implementing this programme. They should have ample experience working with youth groups and young people, have formal education in one of the helping professions or a social science degree (See below for educational background and knowledge-base criteria).

Facilitators should also be committed to upgrading their competences in the fields of sexuality, gender and development. They are expected to read additional resources and manuals on the topic of working with marginalized youth in the area of sexuality and sexual health.

This Training Resource Manual is written for advanced and formally trained HIV/STI prevention workers, health promotion educators, and HIV/STI trainers to strengthen their capacity to work with Peer Educators and Outreach Workers who work with marginalized youth.
This manual is not intended for all HIV/STI prevention workers. It is designed for HIV/STI prevention workers who meet a specific educational criterion. They must have a minimum of a Bachelor’s degree in:

- Social Work /Clinical Social Work
- Mental Health
- Psychology
- Counselling
- Counselling and Educational Psychology
- Public Health
- Social and Behavioural Health
- Nursing
- Human Development
- Social Services
- Adult Education
- Medicine
- Other health-related or helping professions

A masters degree in these areas is preferred. The psycho-educational methodology calls for professional experience in dealing with intense emotions, emotional crises, and catharsis if the need arises.

It also calls for experience in facilitating adult education using a Human Rights Based Approach (HRBA), a gender perspective and gender analysis and transformative framework, and an ethical approach in working with disenfranchised and marginalized youth.

As important, the facilitator must have strong analytical skills and creative skills in delivering the curriculum. The following is a set of skills necessary for facilitators to possess in delivering this curriculum effectively:
1. **Communicates to participants in a credible and effective age-appropriate way:**
   - Expresses oneself clearly in conversations and interactions with others; listens actively.
   - Pays attention to what participants are saying and sharing.
   - Produces effective written communications with co-facilitators, implementing agencies, partner agencies, colleagues, and supervisors and directors of implementing agencies in planning the workshops.
   - In the workshop, writes clearly on the flip chart and ensures that information is shared with participants and implementing agencies (for example, provides all relevant hand-outs to participants and gives them their written/drawing work on the flip charts).

2. **Knowing and Managing of Self:**
   - Manages ambiguity and pressure in a self-reflective way. Uses criticism and feedback from the participants, co-facilitators, colleagues, and supervisors as a development opportunity.
   - Facilitator is open for constructive feedback. Responds positively and constructively to participants.

3. **Produces Results:**
   - Produces and delivers quality results.
   - Is action-oriented and committed to achieving outcomes. For example, studies the curriculum, prepares oneself to make a professional delivery, and anticipates problems or challenges.
   - Makes sure all the materials and audio-visual equipment are available for the facilitation of the module, etc.

4. **Responds to the Evolving Capacity of Youth:**
   - Gathers important information about participants and the group that they will train, and modifies the curriculum’s content and language to reflect age-appropriate, developmental stage, and evolving capacity and needs of youth peer educators.

5. **Fosters integration and teamwork:**
   - Develops and promotes effective relationships with co-facilitators, colleagues and team members.
   - Deals constructively with conflicts.

6. **Respects individual, racial, ethnic, cultural and sexual differences:**
   - Demonstrates the ability to work constructively with people of all cultural backgrounds and sexual orientations/gender identities.
   - Respects differences and ensures that all can contribute.

7. **Sets an example**
   - Acts within professional, ethical and legal boundaries and encourages others to adhere to these boundaries.
   - Behaves consistently in accordance with clear personal ethics and values.
   - Does no harm.
   - Has no sexual relationships with participants.
   - Shows no favoritism to participants.
   - Treats people with respect and dignity.
   - Has no dual relationships with participants, and no conflict of interests.
8. Facilitates and adjusts curriculum to specific needs

- Adjusts language, breaks down the language to make suitable for beneficiary group.
- Implements a more tailor-made sexual health education intervention as required without jeopardizing the fidelity and integrity of the program with diverse cultural, socio-economic, and sexually diverse groups.

9. Researches additional science-based training resources to address the needs of client groups particularly affected by:

- Stigma and discrimination
- Poverty
- Classism
- Ageism
- Racism
- Heterosexism
- Heteronormativity
- Homophobia
- Biphobia
- Transphobia
- Negative attitudes, prejudice and discrimination toward youth who use drugs or who engage in transactional sex is particularly sensitive to how these cultural beliefs and barriers to sexual health can be internalized (believed by the beneficiary group) and how they can be expressed in the group (conflict between groups or amongst the group or individuals: for example, horizontal homophobia).


- Understands the concept of ‘human rights.’
- Embodies and makes a commitment to work from this framework.
- Believes in the inherent human dignity and worth of every single participant.
- Addresses dysfunctional or disruptive behavior in a respectful assertive manner.

11. Systemic sex-positive sexual health approach:

- Makes sure to implement this training/curriculum with marginalized youth using an integrated and systemic sex-positive sexual health approach.
- Does not focus on HIV/STI Prevention from a disease model but focuses on sexual health.
- Views sexuality including sexual behavior from a positive perspective instead of a paradigm of pathology, disease, risk, and fear.
- Focuses on strengths and resilience of participants.
- Insists on seeing the goodness in participants and in co-facilitators, colleagues, supervisors, directors, implementing and partner agencies.
- Does not focus on young people’s negativity but has the ability to focus on people’s incredible ability to love, to do good.
- Has a depth of understanding of the different systems of the social and physical environment that impacts youth.
- Has insight into how stigma and discrimination and the different phobias affect people’s capacity to grow and develop their potential.
- Understands how these pathological systems of thought can affect the physical, psychological, emotional, relational, occupational, spiritual and sexual health of youth (Systemic thinking).
Targeted Age groups for Peer Educators

The Sexual Health Programme is designed for marginalized youth between the ages of 15 to 24. Facilitators should not form groups of peer educators with vast differences in age and developmental stages. When forming groups, the following age groups are recommended:

- 15 to 17
- 18 to 21
- 22 to 24

The curriculum will require adjustments for implementation with each of these groups.

Key to the principle of ‘evolving capacity’ is making sure not to ‘lump’ all young people together.

Youth are between the ages of 15 and 24. This is a vast age range, and the capacity of a 15-year-old adolescent is quite different to the capacity of a 20-year-old young person. It is critical to take these age differences into account when supporting programmes, and thus essential to tailor programmes differently depending on the age group targeted. A programme for out-of-school youth, for example, may require different messages and strategies for youth aged 15-16, or for youth aged 20-24.

Due to the importance of tailoring programmes carefully to different age groups and to the different capacities of youth, human rights-based programmes encourage the disaggregation of data by age, to the extent possible and useful, at the situation assessment. Age-disaggregated data can be very useful for the design and planning of programmes because they enable the creation of interventions that are more accurately tailored to specific age groups, and thus are more likely to be effective in the long term.

Another point to keep in mind with respect to the principle of ‘evolving capacities’ is that programmes tailored towards youth must:

a) Be either flexible enough to change as youth continue to grow, and as their capacities evolve; or

b) Provide referrals for ongoing support for adolescents and youth as they ‘grow out of’ the particular intervention. Programmes should either provide different levels of learning for different age groups, or should refer adolescents to different programmes as they grow older and as their capacities evolve.

Adolescents and youth of the same age may have very different capacities. Young people who have been educated, or who have had access to information or other privileges may be much more outspoken and more comfortable participating in groups or other spaces than other young people who may have never been to school or who have faced other difficulties in their lives. Gender and sexual differences can be enormous in this adolescent age range, at times hampering the involvement of youth who do not follow traditional gender/sexual norms even when programmes have been specifically designed for their benefit. Ensuring meaningful participation, therefore, requires developing the capacities of disempowered youth so that they can meaningfully participate in all stages of the programme.
Group Sizes of Peer Educators

It is recommended that each group does not exceed 18 members. Therefore when psycho-educational groups are formed, they should not be bigger than 6.

Manual Content

The following table provides an overview of the topics covered in this manual.

<table>
<thead>
<tr>
<th>Module No.</th>
<th>Name of Module:</th>
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<tbody>
<tr>
<td>1</td>
<td>Basic HIV 101: Working with Marginalized Youth</td>
</tr>
<tr>
<td>2</td>
<td>Working with HIV Positive Youth</td>
</tr>
<tr>
<td>3</td>
<td>Working with LGBT Youth</td>
</tr>
<tr>
<td>4</td>
<td>Working with Youth who use Drugs</td>
</tr>
<tr>
<td>5</td>
<td>Working with Youth engaged in Transactional Sex</td>
</tr>
</tbody>
</table>

How to Use this Training Resource Manual

Through an interactive, dynamic, individualized, and intensive introspective experience, the participants will examine HIV 101; Working with HIV+ youth; Working with LGBT youth; Working with Youth who use Drugs, Working with Youth involved in Transactional Sex; Working with Migrant Youth.

The Training will use various methods to enhance learning:

- Plenary Sessions (Interactive and participatory discussions and activities)
- Individual and Personal Reflective Exercises
- Psycho Bodywork & Breath work Exercises
- Task-Centred Group Work
- Psycho-educational Small Groups

These strategies are integrated throughout the training to offer an environment of security, trust, respect and self-responsibility. The combination of these strategies allow for an introspective, dynamic, intensive, and individualized experience.
PLENARY SESSIONS:

Two or three trained facilitators will conduct these sessions. These educational modules, which are used in plenary provide science-based information on the topics mentioned above. Plenary sessions also include:

- Utilization of multimedia technology: Use of educational documentaries/films and music to stimulate critical thinking, reflective discussions, and increase awareness of sensations, feelings and emotions.
- Small group presentations/large group exercises.
- Practical elements – concrete tips for practical applications.

Individual Exercises: Participants are engaged in individual reflective exercises directed to stimulate their self-awareness in the area of sexuality and sexual health. Multi-media materials (music, films, educational documentaries, educational video-clips) increase understanding, knowledge, empathy, and facilitate the awareness of different feelings and emotions.

Psycho-Bodywork Exercises and Breath Work: For the purpose of facilitating participants’ expression and sharing of different aspects of their gender socialisation and their experiences of sexuality and sexual health, participants are engaged in psycho body movement exercises and breath work. Through these movements and breath work, participants become aware of their body and get in touch with their thoughts, sensations, feelings and emotions.

Small Task-Centered Group Work: Designed for working on specific tasks and questions/challenges given to participants. Examples include brainstorming ideas, building consensus, defining terms, drawing their sexuality, drawing the sexual and reproductive parts of the human anatomy, creating illustrations, working in dyads to engage in an experiential activity (e.g., chair massage). All of these examples are task-centred group work or activities. The aim is to work on a question or series of questions and present their findings to the larger group in plenary. These small groups are variable; they change every time the facilitator divides the larger group (all participants) into smaller task-centred groups.

Psychoeducational Small Groups 6: This small group allows the opportunity for intimate sharing of personal life experiences. This small group allows for participants’ reflection on what is presented in the small task-centered group presentations, discussions, and experiential exercises in the plenary sessions. Participants will have the opportunity to share different aspects of their sexuality and gender socialisation, and personal experiences of sexual health. This small psycho-educational group does not have a specific task to be delivered except that they meet to share their thoughts and feelings following the semi-structured guideline.

Psycho-educational Small Groups 7: A variety of groups fall into the category of psycho-educational, the conditions addressed are vast and emotionally sensitive, and there is a wide range of intended audiences. Facilitators are not presenters of information in these small psycho-educational groups. They are facilitators who are responsible for the following:

- Guiding participants’ personal learning.
- Showing group members how to interact to reduce isolation and to help each other.
- Providing opportunities for emotional expression in a safe place.
- Capitalizing on and fostering development of hope (we can reflect on sexuality and gender, sexual health, safer sex, sexual health care practices that empower us, that promote gender equality, and that promotes healthy relationships.)
- Directing and implementing learning for members.
- Implementing strategies to promote member’s self-understanding.
- Creating opportunities to practice new learning.

Format of the Training Resource Manual

What does this manual contain and how does it serve the facilitator?

This training resource manual is a support for the facilitator and contains each of the sessions/modules for the development of the workshop. Each module has a sequence, an order that allows the facilitator to review the issues and achieve the objectives of the workshop. The number of accompanying resources, such as participant handouts, will vary by module. In order to have a successful workshop it is strongly recommended to follow the order of the sequenced modules (from Module 1 to 17) and to implement each module as outlined in the steps that they have been developed. Each of the modules include the following sections:

- Module Number: Provides facilitator with the number of the module for easy reference.
- Title of the Module: Names the module; gives facilitator and participants an idea of the topic to be covered by that session.
- Learning Objectives: What will the participants learn/understand from this module? What are the participants going to achieve in terms of learning from this session? What will they take home after the session is over?
- Materials needed: What educational materials are needed to facilitate this module? (Flip chart paper, markers, scissors, card board paper, tape, Cd-player, lap top, projector, etc.)
- Approximate Time: Approximate time to facilitate the module/session/workshop.
- Steps: Step by step description of what the facilitator will do to facilitate understanding of the subject matter. This is usually referred to as procedures to carry out or to follow.
- Key Discussion Points: In every module/session there are some key points that the facilitator must cover in order to deepen the understanding of the subject matter.
- Important Points: Major Concepts to review especially with regard to the promotion of sexual health in vulnerablized groups.
- Experiential Individual and/or Group Exercises: (Dynamic activities; Experiential activities that engages and immerses participants in the learning process by doing/feeling. Exercises that engage participants to examine their attitudes; revise their attitudes, beliefs, and values.)
- Personal and Introspective Questions for Small Groups: At the end of every plenary session there is a time for small psycho-educational group. This is where participants have an opportunity to respond to the issues that were brought up in the plenary sessions. The small group is guided by a facilitator at all times and participants must adhere to the ground rules of the Small Group. This is not to be confused with task-centred groups. Task-centred groups are when the facilitator divides the large group into smaller groups to engage in brainstorming, role-play, drawing activities, etc. Those are where participants work on a specific task. Unlike task-centred groups, psycho-educational groups closer to the end of every module help participants to share personal and intimate information about their lives and experiences related to the topic discussed. It is a semi-structured group with a
set of questions to reflect on. This should be followed in order to stick to the fidelity of the program. However facilitators can use their discretion to allow stories from the participants to emerge. Again it is important that at all times facilitators adjust the language and content of the questions to reflect the age groups and the developmental stages the group members are in.

- Closure Activity: At the end of every module or session, there is a closing activity that ties the session/module together.

- Handouts: Some modules require handouts. Facilitators will need to carefully review which modules bring handouts in order to prepare them for distribution.

**Preparation for the Facilitator**

In this section facilitators will find information that will help them identify which activities to undertake in order to achieve the objectives of the workshop. Although these suggestions try to cover some general aspects, surely facilitators will face situations not mentioned, but which are important to solve or address. That is why they should have all the necessary support from their organization and their facilitator’s team to support them.

What does it mean to facilitate a sexual health capacity building workshop with a group of youth peer educators/outreach workers who work with marginalized youth?

Facilitating a group of Youth Peer Educators/Outreach Workers means being aware that we are working with individual people who have competences (knowledge, skills and attitudes) and nurture them to realize the important contribution they can make to the prevention of HIV/STIs and the promotion of sexual health in their communities. We must be willing to learn along with them and learn from them as we can only support their development and growth if we see them as partners in the learning process.

In addition, it is important to note that to achieve the objectives of the workshop, facilitators are required to:

- Accept themselves and their own way of being and constantly seek improvement and knowing oneself. Avoid giving the impression of being more important than the participants and co-facilitators. Have confidence in the possibilities of the group of participants.

- Speak from their professional experience and especially from science and the documented literature. When facilitators speak from their professional or lived experience, they must clarify that they will do so and make a distinction when speaking from a scientific/empirical base. Avoid imposing their personal views. Educate from a scientific base, from a factual base.

- They should not facilitate or teach using knowledge from their personal and cultural or religious beliefs. Follow the structure of the curriculum and in preparation for the modules do their own research to enrich their delivery.

- Do not teach sexuality and sexual health from a religious background. Use only the curriculum of the program and resources that are science-based. Have the ability to deal and make decisions in difficult situations.

- Explain any doubt arising from the group and if they do not know the response, inform participants
that you as facilitator do not know but that you will investigate.

- Respect all the contributions of the participants and co-facilitators and avoid making disapproving comments. Give constructive feedback. Facilitators may of course disagree, with respect and positive regard.

- Encourage participation from all participants.

- Listen attentively to all contributions made by participants.

What are the main functions of a facilitator?

- Schedule the modules and educational activities to implement with the group of participants.

- Prepare the necessary materials and audio-visual equipment for each session/module.

- Clearly explain the purpose or learning objectives of each session/module, give clear instructions and ensure that everyone understands.

- Encourage all group members to participate, taking care not to pressure them. Encourage appropriate self-disclosure by using yourself as an example. Be sure to inform participants that they are to share only what feels safe for them to share. They do not have to share information that they want to keep private.

- Stop any situation that hinders the progress of the module or the educational activities, such as discussions that do not lead to any thing productive or constructive and can cause fights, teasing or are disrespectful to any of the participants.

- Complete each module on the time agreed with the group of participants so that participants do not get tired or fatigued, experience boredom or become disinterested in the workshop.

- If you as facilitator cannot answer a question from the participants, make it known and promise to research the answer for the next session/module.

- Don’t allow participants to interrupt others who are participating/sharing their perspective. Encourage participants to take turns and not to talk at the same time.

- Moderate participation – for example, prevent that one participant dominating the conversation. Interrupt and say respectfully, “Ok, we have heard your perspective but we need to hear from others.”

- Summarize the major points made at the end of each module/session.

- Evaluate at the end of each session/module.

- Plan the next session/module.

- Observe and record unfinished issues that must be considered for the next session/module.
Planning a Workshop

a. About the workshop site and schedule to develop the workshop

- It is important to find a space for the development of the workshop, which is accessible to participants, is clean, is large enough for the entire group to engage in the educational and experiential activities and has good lighting. If possible, it should be air-conditioned or have fans that do not compete with hearing the facilitators and participants. Or find a room, which has sufficient ventilation. It is very important that this psycho-educational workshop be implemented in a comfortable space, one where participants feel relaxed and can be reflective about their personal life. Do not select a space that is deteriorated or hot or not conducive to learning. Chairs and tables will be needed at the workshop site. If the place you have chosen has carpet, it would be ideal because participants can lay down on the floor to do the educational activities and breath work or psycho-body movements.

- Once selected all participants must agree on: date and time for the development of the sessions/modules. Do not forget to take into account the availability of participants' time, as well as co-facilitators of the group, and comply as much as possible with the agreed time schedule. It is important that all participants have the timetable and location of each session.

b. About the preparation of the modules/sessions

- For preparation of each module/session facilitators should read and study the contents of the manual and be clear as to its development, chronological sequence and exercises to use. As a facilitator, you should not be reading the manual in front of the participants, or reading instructions in steps. The workshop should be implemented in a natural way without reading texts (with a few exceptions of the visualizations/meditations/reflections).

- You will need time to prepare all the necessary educational and audio-visual materials for the development of the modules/sessions as: pencils, pens, flipchart paper, easelboard, markers of different colors and sizes, different colored pencils, Bristol boards, masking tape, glue and all the materials described in each module. Different modules required different educational and creative materials. Make sure to carefully review the list of items needed for each module. Pay close attention to the modules where handouts are needed. Also pay keen attention to the modules where documentaries need to be shown. Research where to get these documentaries far before the module is implemented. If you are unable to get the documentaries, don't worry, they are there for personal enrichment. Perhaps you can research a video clip from the internet on the topic (resources that are peer-reviewed or science-based). Facilitators must be able to discern between educational films and films that are unscientific or garbage material.

- It is also important to ensure before each session/module that everything is ready at the place where the session/workshop will be held, from educational and audio-visual materials to the arrangement of chairs and tables, to checking ventilation, the sound system if you need it for the documentaries, checking the laptop and projector compatibility, etc.

c. About the experiential exercises

- The experiential exercises are tools to help us develop self-awareness about the issues we are dealing with and should be the main way to promote reflection and exchange of personal and field/work experiences.
Exercises pertaining to each module should be applied according to instructions described in this manual for the purpose of achieving the objectives of each module. It is very important to have facilitators experienced in dealing with emotional catharsis or strong emotions expressed in order to contain the emotions in a professional manner.

Facilitators should not implement this curriculum without experience in counselling or clinical social work facilitators must have experience dealing with situations that need psychological/psychosocial support because you will never be dealing with sensitive topics that may move participants emotionally and psychologically.

It is very important to encourage participants to talk about their own experience. We must build rapport and trust and promote an environment of positive regard and respect among participants and between them and the facilitator for the development of the sessions and modules. In this way, each participant will feel free to contribute, discuss and express their emotions free from criticism. Make sure each participant receives a copy of the ground rules for participating in the workshop and in the small groups.

d. About the first session or module of the workshop

In the first session/module, it is important to:

- Explain to the group of participants how this workshop is organised and review the days of the sessions, as the established schedules.
- Explain the purpose of the overall workshop and provide a general overview of the entire program (workshop). Provide for example, an illustration of all the topics/modules that make up the workshop.
- Mention that the participation of each participant is vital in all the sessions and activities.
- Emphasise that this will be a safe space where no one outside the group will know what is said. Stress the significance of confidentiality, respect for privacy, and honoring each other's personal stories, experiences and feelings.
- Establish a Code of Conduct or set of Ground Rules, which the participants themselves will develop in the first session. For example: punctuality to start the sessions, respect for the contributions made by the participants and their point of view, asking to speak, not raising their voice, not talking at the same time, no side-talking, avoid criticism and comments outside of the sessions, not identifying what was shared by members of small psycho-educational groups with other members of the workshop or people outside the workshop. Participants can talk to others about the content or process of the workshop without naming or identifying individuals. Have participants sign the Ground Rules after establishing them in the first session.

e. About religious, cultural and political differences

It is likely that participants will have different religious beliefs, customs and ways of thinking, as well as different political preferences. Should discussion on these issues start, the facilitator must maintain a neutral position and respect for diverse opinions to be expressed. Likewise, emphasis will be on the right of all people to have these differences and the safe space to respect them. However, it is important to establish early on the ground rules to respect each other. If a derogatory remark is made it is important that the facilitator use the opportunity to deconstruct where that belief or comment comes from. Help participants see their source of discrimination, stigma or prejudice. Help them to examine
specifically where that belief or message was learned and how it can hurt others. Remind them that as peer educators we are here to empower each other and empower and serve our communities. Discuss the fact that we live in a very diverse world with diverse practices and we must examine which practices empower and uplift people and make them better and which practices are harmful, stigmatising, disempowering and must be changed or transformed. Examine how the derogatory comment comes from a place of misinformation, a distortion of reality. Facilitators of human sexuality and sexual health education MUST come from a scientific base, not from cultural or religious belief. Facilitators can debunk myths and beliefs about fallacious issues using the science behind the subjects. That is the reason facilitators must prepare themselves and study the modules and educational activities to a level of mastery before imparting the information to other peer educators/ outreach workers.

f. About situations of emotional catharsis or other crises

- The content to be addressed during the workshop is likely to have situations of catharsis or emotional crises among some participants. In this case, it is important to remain calm, try to identify the cause of the crisis, and if necessary, seek help with the health team of the medical unit (you should have a medical practitioner available, reachable, accessible). Below are some tips to help participants in these situations:

  - When the participant is feeling confused about a topic, he/she should be invited to speak. This will help identify more clearly what they are feeling. It is necessary to help them verbalise their feelings. If they are feeling confused about a personal challenge, problem or difficulty in their own life which was triggered by the work-shop, then facilitators must make themselves available to the participant during the lunch break or after the session/module to talk about their issues. Facilitators will not be engaging in counseling or psychotherapy. They will only provide an opportunity for the participants to express themselves and ‘get the issues off their chest,’ so to speak. Facilitators should make an appropriate referral to a registered counselor/ clinical social worker/ psychologist/ psychotherapist that is accessible to youth (think about the accessibility, is it free of charge? Do they work in an organization that offers counseling at no costs?). If the youth belongs to a sexual minority group, be sure to refer them to a psychosocial practitioner who is gay or transgender friendly and provides quality care to persons who are sexually diverse.

  - When a person is showing distress, anxiety or is uncomfortable and needs to express their feelings and emotions, a good exercise is allowing the person to take some deep breaths. Help them to breathe slowly and deeply, pausing for a few seconds and exhaling. You can also ask them to take deep breaths bringing down their arms to the floor and bending their knees and exhaling taking their arms slowly up. It is important that these recommendations are carried out without forcing the person. Avoid increasing discomfort.

  - If there is a crisis where a participant is crying uncontrollably or experiences an outburst of anger, it is advisable to accompany the participant outside of the workshop (that is why it is so important to work with another co-facilitator at minimum) to allow these emotions to flow. It is important to keep the participant in a private and safe space to talk alone. It is not recommended to implement the modules/sessions alone. If there are moments of catharsis or explosion of emotions involved, you need a co-facilitator to accompany the participant outside. Never under any circumstances allow a participant to leave the room in crisis alone.

  - If there is a crisis where more than one participant is expressing strong emotions at the same time, it is important for the rest of the participants to collaborate with the facilitator by remaining silent. The facilitators should attend to the affected participants, by laying his/her hands on the shoulders of the participant, or putting a warm cloth or ice pack on their shoulder to help contain the participant. When appropriate allow the participants to express their feelings in private. If the
group has developed a strong cohesion and they have bonded and reached the levels of productivity and performance (trusts, rapport, emotional bonding, emotional intimacy because of their sharing), it might be appropriate to allow participants to express themselves in the group. But this depends on how cohesive the group has formed.

g. Ground Rules for The Workshop and the Small Psycho-educational Groups: (at the end of every module):

During the sessions/modules and throughout the program, participants will have the opportunity to meet in small psycho-educational groups to discuss personal aspects relating to the workshop modules and topics discussed. To ensure that everyone feels comfortable and has a meaningful, enjoyable, and safe experience, we ask that each participant as a member of the small group agree to the following ground rules.

1) Confidentiality: Small groups members are asked to keep what is discussed in their small groups confidential. Members and facilitators are bound ethically not to disclose the contents of the small groups in any way that could identify members of the small group (names and identifying information). Because group members might be sharing intimate information about their life, we ask you to keep their story and any identifying information to yourself. You do not have to reveal identifying information to any person outside your small group. You should honor their story by keeping your group members stories in a sacred space. No one is to use any identifying information (such as participant's name or alias) about another small group member outside of the group. You can comment to others outside your small group about issues, topics and content that was discussed without naming individuals or what they specifically said about their personal experiences/life. Remember that the space/workshop is for all of us and we are building trust and safety to be able to talk about our personal experiences including the way we relate to others.

2) Taking Responsibility: Small group members are asked to make 'I' statements as opposed to 'we' and 'you' statements. I statements reflect your story, your experience, your opinion and perspective. I also allows us to take responsibility for what we say, and does not accuse anyone. Use “I feel, I think” instead of saying we think. You cannot think for your group. Nor know what other people think about something without research. So we encourage you to talk about Your personal experiences and use I statements. Own your statements by speaking in the first person.

3) Discussion Content: We encourage you to focus the discussion on your emotions (feelings), attitudes (how you see/view things) and behaviors (what You do). We believe that you will gain much more understanding about the topics and issues discussed if you are in touch with your own self. Try tying what is being presented in each session by asking yourself: “How am I doing in this area of my life?” You are asked to use these workshop days for growing and developing personally and achieving greater understanding of yourself in relation to the sessions.

4) Personal Disclosure: The small group is designed to provide a safe place to share personal and sometimes intimate information. This is a unique opportunity for you to share with others how you feel. You may notice others share some common experiences and feelings as well. You might notice that you are not alone in these experiences. There are other participants who may be experiencing the same issues you are feeling. However, you should feel free to disclose or not to disclose any information about yourself. In this workshop, there is NO pressure to share information that you may not be ready to share. Please respect and protect the right of each group member not to disclose any personal information (for example, experiences of abuse, violence, rape, or any identifying information). Share only what feels comfortable and safe for you. Members are encouraged to share, but are to do so at their own pace and rhythm.
5) Be aware of your feelings, emotions, and sensations (experiences of your body) during the small group and also during the plenaries (large groups). It is natural that you may feel a close connection to each other in this workshop. Be aware that those feelings of closeness may disappear after the workshop or as time passes.

6) Missing a small group: If you are going to miss a small group or a module session (a workshop), please inform one of the facilitators of the workshop and also inform your small group facilitator.

7) Time Management (Arriving and leaving on time): We have 17 modules to cover in this workshop. In each module or session (every time we meet) we will also have a lot to cover. You can be of great help for the workshop to run smoothly and get the most out of the workshop by doing the following:

- The group meeting times have been set by the workshop schedule and facilitators, and you are asked to adhere to those times.

- Please let your facilitators know if you are experiencing any type of difficulties (feelings, emotions, physical discomfort, inability to attend, etc.).

- If you become ill, miss a segment, or decide to leave for any reason, please let the workshop facilitator know.

- Please be on time for the breaks schedule.

- Be efficient when you are working in your Task-Centered groups. Focus on the task that needs to be done. And enjoy it!

8) Feelings: Having a feeling and acting on it are two different actions. Acting out your feelings (on self or others) is not acceptable. The way we most respect others and ourselves is by experiencing feelings, naming them, and then allowing ourselves to talk about them.

9) Respect: Respect each other, no name-calling, interrupting, dominating the conversation or side-talking. Please turn off your cell phones. Please do not answer phone calls nor use cell phones during this workshop (texting). This will not be accepted. Please direct your questions to the facilitator if you have doubts, don’t ask your neighbor as this will disrupt the group process.

10) Responsibility: You are responsible for your own exploration of your personal reflection and growth.

Conditions of Workshop:

- Safe environment: non-judgmental, psychologically safe.
- Trained personnel in the area of Sexuality, Sexual Health, GBTM Health (health issues of gay, bisexuals, transgender and men who have sex with men), Gender-Analysis and Gender Transformative Approaches, Human Rights and Human Rights Based Approach, Relationships, Mental and Emotional Health, and Crises Management.
- Workshop Facilitation: Facilitators and Presenters.
- Access to a Licensed Medical Practitioner (MD or nurse)
- To respond to any physical ailment. Licensed/Registered/Chartered Psychologist/ Clinical Social Worker/ Counselor/Psychotherapist/Psychiatric Nurse to respond to any psychological issue that may arise.
Module Number: 1

Title of Module: Basic HIV 101: Working with Marginalized Youth (Youth engaged in sex work, youth using drugs, youth in gangs, LGBT youth, HIV positive youth, and migrant youth).

Learning Objectives: At the end of this module participants will:

- Review their attitudes and feelings towards HIV disease, transmission and safer sex practices including using condoms and lubricants.
- Identify myths about HIV and AIDS.
- Distinguish between facts and false beliefs about HIV and AIDS.
- Distinguish between facts and false beliefs about safer sex practices including condoms.

Materials:

- Flipchart paper and easel board
- Markers (several different colors)
- Masking tape
- Crayons
- Color pencils (several different colors)
- Scissors
- Images reflecting the world of medicine, treatment and care of HIV and AIDS.

Materials for each group:

- Several (enough for all participants) generic male condoms that are freely given out by governmental or non-governmental and civil society organizations or groups.
- A brand-name male condom that is sold in pharmacies, usually expensive, and never given away freely by organizations, civil society groups or institutions
- A female condom (also known as a femidom)
- A condom that has burst
- Syringe (with no needle) and test tube (the test tube can be filled with red ink if available to imitate/represent blood)
- Water-based lubricant
- Petroleum jelly
- A pretend official looking HIV test, the antibody screening test (immunoassay), result saying ‘HIV positive’
- A pretend official looking HIV test, the antibody screening test (immunoassay), result saying ‘HIV negative’
- If available a rapid HIV test such as OraQuick Rapid Advance Antibody Test
- A bottle of used antiretroviral therapy pills such as Retrovir, Truvada and Kaletra. (These may be available from persons with HIV who are connected to or working with the implementing agency).
• An image of a young man and a young transgender person French kissing (kissing deeply)
• An image of a young male sex worker hustling on the streets
• An image of a young woman escort using her computer and phone
• An image of a mosquito biting someone
• An image of a public toilet
• An image of a public pool
• An image of a public hospital or clinic that has a sign with ‘HIV Testing and Counseling done here.’
• An image of a doctor
• An image of a young person getting a tattoo
• An image of a young man sharing a needle injecting drugs
• An image of a young woman in a gang with other men
• Participant Handout: Facts about HIV Transmission

Approximate Time: 8 hrs. (One day) Steps:

1. Make sure to go over the ground rules of the workshop before beginning this module.

2. Divide the participants into small groups of 4 to 6 persons. Give each group 6 pieces of flipchart paper and different color markers. Give participants a set of the following materials (objects and/or images) listed above. Make sure each group gets a whole set of the materials and images. Ask participants to spend 60 minutes brainstorming and sharing 1) What they think and 2) What they feel about these objects and images. What do these images and objects represent to them? What do they feel about these images? Write down these feelings, whatever they may be. Ask them to list or draw how they think and feel about these materials/images. The participants should reflect their list of ideas or drawings separately by object. Whatever their ideas or drawings that the groups come up with should be written or drawn on their flipchart paper (different flip chart papers for different objects). Encourage all participants to participate actively in the small groups. Remind participants that brainstorming allows everyone to share whatever comes to mind when they think of these objects and what they feel about the objects, which represent issues, feelings and ideas. You may want to distribute the Handout ‘Feelings Lists’ to facilitate the recognition of feelings.

3. After their brainstorming in small groups, ask participants to come back to large group to share their ideas and feelings about the objects they received. Invite participants to post each group’s ideas and drawings on the wall. Sort them by object rather than by group (i.e. all ideas and feelings about the male condom from all groups posted together, all ideas and feelings about a HIV rapid test together, all ideas/feelings about lubricants together, female condom, etc.)

4. Talk about each group’s understanding of the objects and the issues and feelings they represent, paying attention to what is similar and what is different about the issues and feelings being represented. Also pay attention to any ideas that come up in discussion that may be a cultural belief but may not be a fact. (See key discussion points below). Make the difference between a cultural belief shared by a group and a scientific fact.

5. Share the participant handout called Facts about HIV and AIDS. Discuss the facts that are listed there. If necessary, compare them to the ideas and feelings that the small groups came up with. Ask participants very gently where they learned a message that is not factual. Explore the source of their knowledge and make a note that many sources of knowledge available to young people may not be factual. A lot of ideas exist to control young people’s sexuality and lives without providing them the full picture. Pay attention to any resistance in the group as they relate to your sharing of the facts. Pay attention to body language (non-verbal communication) as this may inform how participants are understanding or thinking about what is being presented as factual.
Pay attention to any major ideas or feelings that were missed.

6. Facilitate a special space to answer any questions that any participants may have on HIV and AIDS so that everyone is clear. If you are unsure about a question, tell the participant that you are unsure or don’t know but will get back to the group about that specific question. Do your research and make sure you follow-up. Another option is to ask the group to research it and get back to the group with the answer for the following session.

Key Discussion Points: (60 minutes)

- What does HIV mean to you?
- What does AIDS mean to you?
- How is HIV transmitted?
- What is the difference between HIV and AIDS?
- Where can you seek medical treatment, support and care in your community for HIV?
- What are some myths surrounding HIV?
- What are some myths surrounding AIDS?
- How might your peers’ understandings and meanings of these issues different from yours?
- What can you do to help eliminate the myths about HIV and AIDS and help your peers understand the facts about HIV disease.

Important Points to Emphasize:(60 minutes)

- An important part of achieving sexual health among marginalized and vulnerabilized young persons of diverse sexual and gender identities is being able to talk clearly about the myths and facts about HIV and AIDS. It is important to talk in a comfortable and clear way about these diseases and differentiate between them.
- It is very important for young people to be able to talk about their own attitudes towards HIV, AIDS and safer sex practices including condom use without judgment. Many young people have learned false beliefs from their family, friends, peers, church, media, popular culture, and their social environment.
- Although many young people state that they are tired of talking about HIV and AIDS and that the messages are the same (they are repetitious... same old redundant messages), research shows that many young people still believe and hold on to many myths or false beliefs about how HIV is transmitted, about HIV as a disease, and about AIDS. These need to be clarified consistently and continuously in dynamic, relevant, and interesting ways, therefore this session is very important to reduce the number of myths marginalized young people may have and increase their knowledge based on scientific facts. This knowledge may help them in making informed choices.
- Knowing about HIV transmission and what AIDS is is knowledge that contributes to our ‘sexual intelligence.’ This workshop begins by making basic knowledge about HIV and AIDS terms clear so that young participants all have a basic common understanding, one that is based on scientific facts.

Knowing the basic facts of HIV and AIDS helps us to better address our peers’ sexual health needs.
Experiential Individual Exercise: (60 minutes)

Draw an image/picture on a flip chart paper that represents what you have learned in this module. It could be a combination of pictures, images or symbols that reflects your new understanding of HIV and AIDS. Be creative. You may use the images provided in this session. You will be sharing and talking about your drawing in your small group (below). You will only share the aspects of your drawing/picture that you feel comfortable and safe to share.

Small Group: (1st Psycho-educational Group) Send participants to their Small Group.
Questions for Small Groups: (120 minutes)

In their small groups of 4 to 6, participants are asked to answer the following questions. Once participants are divided into these small groups they must stay in their small group throughout the ENTIRE duration of the training. Participants are asked to answer the following questions:

- Make sure to go over the ground rules of the workshop before beginning this module.
- What are some of your thoughts about HIV?
- What are some of your feelings about HIV?
- Do you know your HIV status? (Do not share YOUR STATUS information!)
- How do you feel about HIV testing?
- Where would you go for an HIV test? (separate question)
- How do you feel about your current risk of getting infected or re-infected with HIV? (Do not share your HIV status! Or do not feel pressured to share your HIV status. If you feel you need to share your status or you are open about your status or trust the group, then you may). Facilitator should talk about the rule of confidentiality and trust if someone discloses their HIV status, whatever their status may be.
- What are you currently doing to avoid getting infected with HIV and other sexually transmitted infections?
- What behaviors are you currently engaged in that put you at risk for HIV infection and other sexually transmitted infections?
- Using your drawing, describe your drawing with your small group. Share only what is comfortable and safe to share.
- Why is it important for young peer educators/outreach workers to understand the difference between HIV and AIDS and the facts about HIV.

Closure Activity: (60 minutes)

Post all the drawings on the wall like an exhibit. Ask participants to visit each drawing spending a few minutes watching, observing each drawing. Ask them to observe each drawing non-judgmentally. Explain what it means to be nonjudgmental (not to think of what is wrong or right with the drawing, to be open to learning from the drawing, not to focus on the artistic qualities but on the message being
portrayed). Observe each drawing; honoring the knowledge and understanding of each participant. While participants observe each drawing, the facilitator reads out the following questions for individual reflection. Participants don’t respond to the questions, they just listen to them and keep observing the drawings. Then bring back the participants to a big circle and facilitate a discussion about the drawings.

Facilitate a discussion about the drawings:

- What struck you the most about the drawings? Why? How did it make you feel?
- How do the drawings increase your knowledge of HIV and AIDS?
- What are your thoughts about how HIV is transmitted? How is this different from what you believed before this session?
- What are your thoughts about AIDS after the session as compared to what you believed before the session?
- Make a round with participants asking them to select one word that describes how they feel after this session.
**Participant Handout:**

**Basic Facts About HIV and AIDS**

**What’s the big deal about HIV and AIDS?**
It’s easy to think that AIDS and HIV are things for other people to worry about - gay or homosexual people, people who use drugs, people who have multiple partners, homeless people, uneducated and poor people, people who are sex workers. This is wrong - all teens and youth whoever they are, wherever they live need to take HIV, the virus that helps to weaken the system that protects us from diseases (immune system) and causes AIDS, seriously. But we must also recognize that due to prejudice, stigma and discrimination, youth engaged in transactional sex, youth using drugs, youth in gangs, LGBT youth and migrant youth are especially placed in vulnerable situations that put them at greater risk than the rest of the population. For HIV positive youth they are placed at greater risk for re-infection or infection with other STIs. To be able to protect yourself, you need to know the facts, and know how to avoid becoming infected.

**Isn’t it only a problem for adults?**
No. HIV is a big problem for young people, as well as adults. It is estimated that there were 3.4 million children (under 15 year olds) and 5 million young people (15-24 year olds) living with HIV in 2010, and that one third of all new HIV infections are among people aged 15-24. Globally, AIDS is the second most common cause of death among 20-24 year olds.

**What’s the difference between HIV and AIDS?**
HIV is the virus that causes AIDS. HIV stands for the ‘Human Immunodeficiency Virus’ and AIDS stands for the ‘Acquired Immune Deficiency Syndrome’. AIDS is a serious condition that breaks down the body’s defenses against illness. This means that people with AIDS can get many different kinds of diseases which a healthy person’s body would normally fight off quite easily.

**How long does it take for HIV to cause AIDS?**
These days, there are many medications (called antiretroviral drugs) that can be used to help people with HIV. People living with HIV can be treated for a very long time with antiretroviral medications that prevent or delay the beginning of AIDS. If someone infected with HIV does not take treatment, then it usually takes around ten years for AIDS to develop - however this varies from person to person because of different biological and psychological reasons. For example, a person’s stress levels, nutrition, physical health, mental well-being including emotional health all affect how they respond to the disease. Many people around the world do not have access to antiretroviral treatment and therefore people continue to die from AIDS-related illnesses. Other people begin antiretroviral drugs then stop taking them for many reasons including getting tired of taking medication to not continuing to have access of them (from their clinic or hospital or NGO).

**So how do you get infected with HIV?**
HIV is passed on in the sexual fluids or blood of an infected person, so if infected blood or sexual fluid gets into your body, you can become infected. This usually happens by either having unprotected sexual intercourse with an infected person or by sharing needles used to inject drugs with an infected person. People can also be born with HIV if their mother is infected (and have not been treated with antiretroviral drugs) and a very small number of people become infected by having medical treatment using infected blood transfusions. Kissing, hugging or shaking hands with an infected person cannot transmit HIV. HIV cannot be transmitted by sneezes, door handles or dirty glasses, using public toilets, bathrooms, or swimming pools.
What is ‘safer sex’?

Usually when people talk about sex they mean sexual intercourse or ‘penetrative sex’ and this cannot be described as ‘safer sex’. Safer sex means sexual activities which you can do even if one person is infected with HIV, and they definitely won’t pass it on to the other person. Lots of sexual activities are completely safe. You can kiss, cuddle, massage and rub each other’s bodies without sharing sexual fluids. But if you have any cuts or open sores on your skin, make sure they are covered with plasters (band-aids). Nothing you do on your own can cause you to get HIV, for example, you cannot get infected by masturbating.

Safer sex also means using a condom during sexual intercourse. Using a condom is not absolutely safe as condoms can break, but condoms with enough lubricant can be very effective in preventing HIV transmission if they are used correctly. Oral sex (one person kissing, licking or sucking the sexual areas of another person) does carry some risk of infection. If a person sucks the penis of an infected man, for example, infected fluid could get into the mouth. The virus could then get into the blood if you have bleeding gums or tiny sores or cuts somewhere in the mouth. The same is true if infected sexual fluids from a woman get into the mouth of her partner if there are sores or cuts or bleeding gums. But infection from oral sex alone seems to be very rare.

If you are going to suck a penis, it is safer to use a condom. If you are going to lick or suck a vagina or anus, it is safer to use a dental dam or cut a condom open and use that. If you decide not to use a condom or a dental dam, then you can reduce the possibility of HIV transmission by: not brushing your teeth before oral sex (at least 2 hours before sex) as brushing can cause bruises and bleeding in your mouth. Do not floss your teeth or use mouth cleansing liquids (fluorides); just wash gently with water. Do not scrape your tongue nor engage in any oral cleansing activity. If you are going to engage in anal or vaginal sex, it is a good idea to clean these sexual areas before sexual activity.

What about using drugs?

The only way to be safe around drugs is not to take them. If you are on drugs you may take risks you normally wouldn’t take, and you may have unsafe sex when you would normally be more careful. If you take drugs, you might find it more difficult to use a condom, or you might forget altogether. One of the most common drugs this can happen with is alcohol – “if you’re drunk, you might not always know what you’re doing, or you might not care.”

If you inject drugs, you should always use a clean needle, syringe and spoon, water, etc. each time you inject, and never share any of these with anyone else. If you snort drugs, and you use a note or a straw to snort through, you shouldn’t share it with anyone else, as blood can be passed from the inside of one person’s nose to another. If you are getting a tattoo or a piercing, you should make sure that the needles and equipment used are sterile. Ask the staff at the place you will have it done about what precautions they use.

Can you get infected your first time?

Yes, if your partner has HIV and you have unsafe sex, then you can become infected. Although rare, you can become infected even with pre-cum; that means your partner does not even have to ejaculate or cum inside you for you to become infected. The pre-cum contains the HIV virus if the person is infected. So it is important to use a condom (either male or female condoms) from the beginning of sexual activities to the end.

Is there a cure for HIV or AIDS?

There is no cure for HIV or AIDS. Recently, medical doctors have been able to control the virus once a person is infected, which means that a person with HIV can stay healthy for longer, but they have not managed to get rid of the virus in the body completely. Antiretroviral drugs can help to reduce the viral load (number of virus in your body) but does not remove the virus from your body.
How can I tell if someone’s infected with HIV?
There is no way to tell just by looking at someone whether they are infected with HIV. Someone can be infected but have no symptoms and still look perfectly healthy. They might also feel perfectly healthy and not know themselves that they are infected. The only way to know if a person is infected or not is if they have an HIV test.

How can I get tested?
You may find it helpful to talk to a trusted adult - perhaps a trusted parent, trusted and youth-friendly (nonjudgmental, safe) school nurse or teacher, perhaps a trusted friend, relative, or trusted and nonjudgmental physician may be able to advise you where you can have an HIV test. It’s much better to talk to someone than to worry on your own. The clinic may go ahead and do the test but may also suggest that you wait three months after your last risky sexual contact before having a HIV anti-body test. This is because the virus is difficult to detect immediately after infection.

Will they tell my parents?
The clinics in different places have different policies. Most (but not all) clinics have a confidentiality policy, and will not tell anyone, although some places may have staff that are unethical (meaning they may break the rules and tell people). Some places will want you to bring a parent to give consent. You can phone the clinic before you go to find out. There may be places where an anonymous test can be done. This means that you will not be asked for your name or any identification (I.D card).

What will they do?
Before they do anything, the health provider will ask if you are sure you want to have a test. They should do pre-test counseling. This means giving you information about HIV and options available for you for treatment and care if your result is positive. They should also talk to you about safer sex and ways to protect yourself from HIV and other sexually transmitted infections (STIs). Then they will usually take a sample of blood from you to examine. If you also want to be tested for Sexually Transmitted Diseases or Infections (STIs), they may take a urine sample, or they might ask if they can take a swab from the vagina, anus, or penis. Some places can give you the results on the same day (using HIV rapid testing for HIV), in other places you may have to wait for a week or more. While you wait, you should not have unprotected sexual contact with anyone.

I have HIV - what should I do?
If you have found that you have HIV, you will need to consider telling the people whom you have had unprotected sex with and anyone you have shared needles with so that they can decide if they want to have a test. This can be a very difficult thing to tell someone. If you think you can’t tell them, your health provider may be able to help you. There may be ways of informing them without involving you or affecting your own personal safe-ty. Your health provider at the clinic should also be able to give you more advice about how to stay healthy. They will also be able to tell you if you need to have any other blood tests done, and talk to you about medication.
Module Number: 2
Title of Module: Working with HIV Positive Youth

Learning Objectives: At the end of this module participants will:

▶ Review their attitudes and feelings towards young persons with HIV
▶ Identify the barriers and issues confronting young people with HIV
▶ Develop empathy for young people with HIV
▶ Identify the different needs of young persons with HIV and young persons with AIDS
▶ Identify ways young people with HIV can exercise their sexuality in healthy ways
▶ Advocate for the rights of young people with HIV to live without stigma and discrimination

Materials:

• Notebooks
• Pens/pencils
• Props for dramatizations: water paint, brushes, index cards for labels,
• Hospital supplies (gloves, medicines, syringes, medical paraphernalia, antiretroviral medications such as Retrovir, Truvada and Kaletra. (These may be available from persons with HIV who are connected or working with the implementing agency).

Approximate Time: 8 hrs. (One day) Steps :

1. Make sure to go over the ground rules of the workshop before beginning this module.

2. Divide the participants into small groups of 4 to 6 persons. Ask participants to share with their small group what they have heard, learned or experienced from their family, neighborhood, school, peers, friends, church, community agencies, work, businesses, or community in general about young people with HIV and AIDS. Without identifying participants, invite participants who are HIV positive and open about their status to also share with their small group what they have heard, learned and experienced (only if they feel safe to do so) in their community. For instance, without the need to self-identify and self-disclose, they can share their experience using a ‘case example.’ However, if they feel safe and secure to self-disclose their HIV status, then they can do so as well. Remind participants of the ground rules before the group begins to share. Remind participants to only share what feels safe for them to share.

3. Ask them to share with each other whether they believe what they have heard, learned or experienced.

4. After this discussion, ask participants to organize a short drama-tization, skit or play depicting
what messages they have heard, learned or lived about young people with HIV and AIDS and to also illustrate through their drama what they themselves believe to be true or not true. Encourage participants to be creative, imaginative, and reflective of their community. Give them enough time to discuss among themselves the messages and ideas they have heard, learned or lived in their community and to organize their dramatizations. Gauge the time to see how they are organizing and getting their dramatization together.

5. Encourage all participants to participate actively in the small groups and to really get into the small group discussions and into their roles for the dramatization. Remind participants that every member of the group needs to share their perspectives or experiences relating to what they have heard, learned or experienced about young people with HIV and AIDS and what they believe to be true or not. Encourage them to be honest with each other. Remind participants to only share what feels safe for them to share.

6. Allow enough time for the groups to organize their dramatic presentations. (About an hour or hour and a half). Encourage the use of the available props.

7. After they have organized themselves, invite groups to make their presentations to the large group illustrating what they have heard, learned or experienced in their community about young people with HIV and AIDS and about what they believe to be true or not. Encourage the rest of the participants to listen attentively and abide by the workshop ground rules.

8. Have each group present their dramatizations and invite the rest of participants to pay close attention to the verbal and nonverbal messages (body language) that the groups are portraying. Encourage them to note what they are showing especially as it relates to community and cultural attitudes towards young people with HIV and AIDS. Also encourage participants to get in touch with their feelings while they are watching the dramatizations. What feelings and sensations are they experiencing while watching the dramatizations? What provokes a reaction? Ask the rest of the participants to get in touch with feelings and sensations while watching the plays. Also encourage participant actors to get inside the ‘shoes’ of who they are portraying. Encourage them to empathize by imagining how it would be to be HIV positive or have AIDS, or whatever role they are portraying in the dramatization. Without identifying participants, invite participants who are HIV positive to also get in touch with their thoughts and feelings as they watch the dramatizations. As facilitator, be mindful and alert of any participant who may need to leave the space to manage his/her emotions. If this happens, the co-facilitator or other assigned support staff can accompany the person outside the training room and engage in a one on one conversation.

9. After all the dramatizations/skits have been presented, facilitate a large group discussion about what the group presented and their understanding of the issues that confront young people with HIV and AIDS. Make sure to discuss the following points noted below under key discussion points as seem relevant to each dramatization/skit. Ask participants where they heard, learned the messages or lived an experience that was portrayed in the dramatizations. Also ask participants to share (if they are feeling safe and comfortable in sharing) how they felt about each dramatic presentation or what struck them the most.

Key Discussion Points: (120 minutes)

- How do you feel about a young person with HIV?
- How do you feel about a young person with AIDS?
- What are the needs of a young person with HIV?
- What are the needs of a young person with AIDS?
- What do you think about a sexually active young person with HIV?
• Would you have sex with a young person who you like and are sexually attracted and he or she tells you that he or she is HIV positive? Why? Why not?
• Does a young person with HIV have a right to have sex with other people?
• Do you think a young person with HIV should tell his/her past sexual partners they have been diagnosed as HIV positive? Should they tell their future sexual partners? Who should they inform? Why? Would you?
• What can a young person who is HIV positive do to protect himself or herself from getting re-infected with another strain of the virus or infected with another STI?
• What are some myths surrounding young people who are HIV positive?
• What are some of the barriers and issues confronting young people with HIV in your community? In your country?
• How might your peers’ understandings and meanings of these issues different from yours?
• What can you do as a young peer educator/outreach worker to help eliminate the biases, prejudices, stigma and discrimination towards young people with HIV?
• What can you do as a young peer educator/outreach worker to advocate for the rights of young people with HIV and people with HIV and AIDS in general?
• What are your personal experiences with HIV and AIDS? (Share only what feels safe to share).
• How has HIV or AIDS affected your life?

10. Facilitate a special space to answer any questions that any participants may have about young people with HIV and AIDS so that everyone is clear. If you are unsure about a question or issue, tell the participant that you are unsure or don’t know but will get back to the group about that specific question/issue or concern. Do your research and make sure you follow-up. Another option is to ask the group to research it and get back to the group with the answer for the following session.

Important Points to Emphasize:(60 minutes)

• Young people with HIV could face stigma and discrimination depending on where they live. They should choose carefully to whom they disclose their status.
• Young people with HIV need to protect themselves from re-infection with another strain and from other STIs. They also need to protect other people from getting infected by using safer sex methods. This can be done by using condoms consistently and correctly, and using safer sex methods such as non-penetrative sex, not sharing seminal or vaginal fluids, using water-based lubricant, not using more than one condom at a time (not to use two or three condoms at the same time during sex), not engaging in unprotected penetrative sex or any sexual activity that may put them at risk for re-infection and others for infection.
• Safer sex methods include kissing, hugging, holding, massaging, playing or fondling with the genitals (as long as there are no cuts or open sores), using sex toys (make sure they are clean), masturbation, using fantasy to enhance their sexual life, using erotic material to enhance their sexual life (in a safe space).
• Rough sex may break condoms. It is recommended not to engage in rough sex as it may break a condom. If one decides to engage in rough sex, make sure to use a lot of water-based lubricant. Make sure to check occasionally if the condom is still on and if it is not broken during penetrative sex.
• If you are HIV positive and have sex with another HIV positive person, still use a condom (male
or female condom) to protect yourself and your partner from re-infection with another strain of HIV or from another STI. Remember being HIV positive weakens your immune system and this puts you at greater risk for getting diseases and infections including STIs or getting re-infected with another HIV strain.

- If you test positive for HIV anti-bodies, get re-tested to confirm your test results. There are chances of receiving false positives. Seek medical attention from a place that you know you will be treated with respect and dignity. You deserve to be treated with respect and dignity no matter your HIV or STI status. Find out about organizations (NGOs/CBOs) or clinics that provide quality services (are efficient, are youth-friendly and non-judgmental). Health providers will inform and educate you about the choices regarding anti-retroviral medication. If someone treats you with disrespect, inform his or her supervisors or the manager/director of the clinic/hospital/NGO.

- Testing positive may cause a lot of stress and worry. It is a serious health condition but it certainly is not the end of the world. The important thing to remember is: millions of people live full and rewarding lives with HIV.

- Seek support from trusted individuals. Disclosing your HIV status is a personal and private matter. The most important thing is to protect yourself and others at all times.

- Educate yourself as much as possible about the disease. The more you know about HIV and AIDS, the more you will be able to manage it effectively.

- Try and stay in contact with a caring, compassionate and sensitive doctor, nurse or some other health service provider. It is important to keep appointments and to follow advice from health providers educated in the topic. Seek second opinions from informed and educated persons when necessary.

- It is important to take antiretroviral treatment exactly as prescribed. Severe reactions to the treatment should be reported to a doctor as soon as possible to explore the possibility of switching medication.

- Due to the weakened immune system, STIs are often more severe among young people with HIV.

- Healthy eating, regular exercise and getting enough sleep, relaxation time and managing stress and anxiety can all improve a person’s well-being (both physical and mental/emotional health).

- If you confirm a positive result or already know you are HIV positive, you could think about joining a support group if they exist in your community, or an on-line community. Contact youth-friendly organizations, which might be able to connect you to other youth who are positive. As well as providing a chance to meet other young people with HIV, these groups also offer advice on all aspects of coping and living positively with HIV.

- Having HIV is living with a health condition or another disease. It is a serious matter and should not be trivialized or minimized. However, with the introduction of anti-retroviral medication (drugs), it is certainly not seen as a death sentence anymore. On the other hand, there are some countries and communities where anti-retroviral drugs are not available or not continuous. This is a serious concern for young people with HIV. HIV is seen now as a chronic disease where anti-retroviral medications are available. Antiretroviral medication makes a huge difference in people's lives. People can live full healthy lives. HIV positive people, whether young or older can live healthy sexual lives.

Experiential Individual Exercise: (60 minutes)

Getting into your client/peer’s shoes/Reflections on Being Positive

Take a few moments to do this exercise in complete silence. Ask participants to sit comfortably in their chairs or lie on the ground (only if appropriate for example, using mats or carpeted floor), whatever
is most comfortable. Be sure to have enough space between participants. Ask participants to take several deep breaths. Breathe in and slowly exhale. Breathe in again, this time exhaling very slowly and relaxing your neck, shoulders and upper and lower body. After several slow deep breaths, you are asked to ‘get inside the shoes’ of a young person who has just received an HIV positive result. If you are HIV positive, get in touch with your feelings and thoughts. Visual- ize that you have been given an HIV positive result at a clinic or hospital. Taking deep breaths, reflect on the following questions: (Facilitator leads the following questions, taking several pauses and deep breathing exercises):

- What are you feeling at this moment?
- What are your thoughts?
- What would you do immediately after leaving the clinic? Where would you go? If you are HIV+, where did you go after knowing your result?
- Would you tell anyone? If so, when and why? If you are HIV+, have you told anyone, when did you tell, and why?
- Would you seek help from someone? Who would that be? If you are HIV+, where do you seek support? Who are people who pro- vide you with support?
- Where would you go for medical attention? Do you know of any place that would treat you with respect and dignity? If you are HIV+, where do you go for medical attention? Do they treat you with respect and dignity?
- Would you choose not disclose your result? What would make you to not disclose? If you are HIV+, have you disclosed your result? In what circumstances do you not tell?
- Would you tell your sexual partners? Would you only tell your part- ner who is in a relationship with you or a regular partner? Would it be safe to tell? (Would you not be harmed?) Or would you keep it a secret. If you are HIV+, do you tell your sexual partners? Do you tell your partner who is in a relationship with you or your regular partner? Is it safe? Do you keep it a secret?
- If you kept it a secret, how do you think this would affect your life? If you are HIV+, how does keeping it a secret affect your life?
- If you chose to tell someone, what would be your fears? If you are HIV+, what are your fears?
- How would you cope if you were told you are HIV positive? What would you do to cope? How do you manage your stress for ex- ample? If you are HIV+, how do you cope? How do you manage your stress?
- What emotional supports do you have or need if you find out you’re HIV positive? If you are HIV+, what emotional supports do you have or need?

**Small Group: (2nd Psycho-educational Group)**

Send participants to their Small Group. Questions for Small Groups: (120 minutes) In their small groups of 4 to 6, participants are asked to answer the following questions. Once participants are divided into these small groups they must stay in their small group throughout the ENTIRE duration of the training. Participants are asked to answer the following questions:
- Make sure to go over the ground rules of the workshop before beginning this module.

- Have you been tested for HIV? If yes, what was your experience? If no, what has kept you from knowing your status?

- What are your fears as they relate to your own health? What are you most afraid of as it relates to your health?

- Have you experienced any serious health situation, disease or illness? If you have, would you like to share how you coped or cope with your illness? If you have not experienced a serious health condition or illness, have you taken care of someone who had a serious health condition or illness? What was your experience? (You do not have to reveal identifying information of the person and only share what feels safe in sharing).

- If you were diagnosed with HIV, whom would you tell? Who would you trust?

- How do you feel about working with a young person who is HIV positive?

- What can you do to develop your skills to better serve young people who are HIV positive?

- What do you think the needs of young people who are HIV positive are?

- If you are HIV positive, how do you cope with the condition? What do you do to manage the disease? How do you take care of yourself? (Share only if you are ready to share; or feel you trust your group or participants of the workshop; do not feel pressured to share your HIV status).

- If you are HIV positive, how do you enjoy your sexuality while taking care of yourself and your sexual partner(s)?

**Closure Activity:** **(60 minutes)**

The Shaking Medicine.

**Facilitator provides this preamble:**

Peter Levine’s Trauma Re-Negotiation methodology is taken in significant part from observation of animals in the wild. Animals know that if they receive a sudden shock, or physical trauma, they must shake it off as immediately as possible. Their survival, both physical and mental, depends upon it.

One of the videos produced by Levine’s Foundation for Human Enrichment, shows a polar bear being tracked by scientists in a helicopter above. With the loud and intrusive noise of the helicopter hovering above, the bear takes off over the ice, running, running, running. He perceives himself in danger and is seeing about his self-defense. Running, running.

Then, the scientists shoot the bear with a stun or tranquilizer pellet. He lumbers to a halt and then drops, dazed, out of it. *(The animal is only stunned for a brief time.)* Watching the bear down on the ice, now, you would observe that even while lying unconscious, his legs keep moving. In his sleep, he runs, runs, runs, both in his mind and in his unconscious action. He shakes it off.

This is because fear or stress, causing hormones to trigger in your neurophysiology, compelling you to take action in your own self-defense. These chemicals and the actions they control, need to be discharged and not held in the body. The discharge of stress from the body is imperative to your physical and mental health. Let’s do this shaking exercise then, via the route of some body play.
Come down to your hands and knees on the floor, in the yoga position known as “Cat Pose”. Do every kind of cat’s stretch that you can think of.

The facilitator needs to demonstrate the whole exercise first, before engaging participants. The facilitator reminds participants that people often don’t take time enough to play, like children do. Here is the chance. The objective is to get very, very loose, and a little bit silly. Put your ego down somewhere beside you; you won’t be needing it just now. After you’ve loosened up and played for a while, come to standing very slowly, buttocks first, head last. Curl yourself upwards, one vertebrae at a time. Keep loose. When fully upright, keep your knees bent slightly.

Then, begin to shake yourself out. First an arm perhaps, then a leg, and gradually incorporate all of your parts. Imagine that you are shaking all of the stress out of you. Fling it away. Shake, shake, shake. This is your shaking medicine.

Slowly, return to the large group space.
Module: 3
Title of Module: Working with Youth who use drugs

Learning Objectives: At the end of this module participants will:

▶ Review their attitudes and feelings towards youth who use drugs
▶ Identify the problems and barriers confronting youth who use drugs
▶ Identify ways to engage youth who use drugs in HIV prevention and sexual health care
▶ Identify ways youth can use harm reduction strategies to protect themselves from HIV infection
▶ Provide quality peer education services without judgment, stigma and discrimination.

Materials:

• Flipchart paper and easel board
• Markers (several different colors)
• Masking tape
• Notebooks
• Pens
• Resource Handouts

Approximate Time:

8 hrs. (One day) Steps:
Practical exercise in pairs: (20 minutes)

1. Ask participants to find another person to engage in a small discussion and share their responses to the following questions. They will not share their responses with the rest of the large group.

   ▶ How do you feel about youth who use drugs?
   ▶ Is there a difference between using alcohol and drugs? Is there any difference between the use of alcohol, marijuana, crack and other drugs?
   ▶ How does the use of alcohol and drugs influence the sexual behavior of youth?
   ▶ Should treatment be offered to youth who use drugs?
   ▶ Are drugs a problem in your community?

1. After this discussion in pairs, divide the participants into small groups of 4 to 6 persons. Give each
Questions for Small Group work:

1. What are the top reasons youth use drugs?
2. How do drugs affect youth’s sexual behavior?
3. How do drugs affect HIV transmission?
4. What are the problems and barriers confronting youth who use drugs? How are they seen/treated by your community?
5. How can you engage youth who use drugs in HIV prevention and sexual health care? What tips, methods, and techniques have you used or heard of what works in engaging youth who use drugs?
6. What strategies and methods can be emphasized to reduce harm when working with youth who use drugs to protect themselves from HIV infection? (So even if they continue to use drugs what can be done to reduce HIV transmission?)

2. After their small group discussion, ask participants to come back to large group to present their answers. Invite participants to post each group’s ideas on the wall. Sort them by question rather than by group (i.e. all answers from question 1 from all groups posted together, all answers from question 2 from all groups posted together, etc.)

3. Talk about each group’s understanding of the questions and the problems and feelings they represent. Pay attention to what is similar and what is different about the issues and responses being represented. Also pay attention to any ideas that come up in discussion that may be a cultural belief but may not be a fact. (See Important Points to Emphasize below).

Important Points to Emphasize: (120 minutes)

Drugs Defined

- A drug is any substance that causes changes to the function or structure of the body in some way. This excludes food and water, which are required to maintain normal body functioning.
- The drugs of most concern are those that affect the central nervous system, which are officially called psychoactive substances. They act on the brain and can change the way a person thinks, feels or behaves. For the most part the recreational or non-medical use of these psychoactive substances are illegal.
- Drug use exists along a continuum (spectrum, range, scope, gamut), it is a complex, multifaceted phenomenon that encompasses a continuum of behaviors from severe use to total...
abstinence, and acknowledges that some ways of using drugs are clearly safer than others.

- Some youth use a lot of substances and some youth are able to move along and stop using drugs. One can go from complete abstinence, to drug experimenting, to occasional use (at socials, once in a while) to managed and controlled use, to regular (once every weekend, every two days, every day) to constant and heavy use reaching chaotic levels where drug use interferes with intimate relationships, friendships, work, leisure activities and other areas in life.

- On the continuum of use an individual can easily go from low to high risk, sometimes within a short period of time.
  - Example of low risk: An occasional beer with food (no driving).
  - Moderate risk: Managed drinking at home with friends.

- Common drugs that youth come in contact with primarily in the Caribbean are alcohol (legal), cocaine in different forms: Smokable crack cocaine and cannabis (marijuana) (illicit substances). Crack-cocaine is more common than powder cocaine.

- There are strong linkages between drug use and incarceration, as many prison inmates are also people who use drugs.

- Youth engage in behaviors of people or other young people they hang around with. People for the most part are ‘herd animals.’ Young people just want to be part of the group and want to be doing what everyone else is doing. This is a very simple rule of thumb. Youth who don’t want to smoke cannabis, should not hang around people who do. Youth who don’t want to drink, should not hang out with people who drink.

- How are drug use and HIV related?
  - Drug use and addiction have been linked with HIV since the beginning of the epidemic. Although injection drug use is well known in this regard, the role that non-injection drug use plays in the spread of HIV is less recognized. This is partly due to the addictive and intoxicating effects of many drugs, which can alter judgment and inhibition and lead youth to engage in impulsive and unsafe behaviors.
  - Injection drug use. People typically associate severe or problematic drug use and HIV with injection drug use and needle sharing. When youth who inject drugs share ‘equipment’ such as needles, syringes, and other drug injection paraphernalia, HIV can be transmitted between users. Other infections--such as hepatitis C--can also be spread this way. Hepatitis C can cause liver disease and permanent liver damage.
  - Poor judgment and risky behavior. Drug use by any route (not just injection) can put a youth at risk for getting HIV. Drug and alcohol intoxication affect judgment and can lead to unsafe sexual practices, which put youth at risk for getting HIV or transmitting it to someone else.
  - Biological effects of drugs. Drug use and addiction can affect a youth’s overall health, thereby altering susceptibility to HIV and progression to AIDS-related illnesses. Use of drugs and HIV both affect the brain. Research has shown that HIV causes greater injury to cells in
the brain and cognitive impairment among severe users of methamphetamine than among HIV patients who do not use drugs.

- Drug use treatment. Since the late 1980s, research has shown that treating drug use is an effective way to prevent the spread of HIV. Drug users in treatment stop or reduce their drug use and related risk behaviors, including drug injection and unsafe sexual practices. Drug treatment programs also serve an important role in providing current information on HIV and related diseases, counseling and testing services, and referrals for medical and social services.

Facilitate a space to answer any questions that participants may have on youth who use drugs so that everyone is clear. If you are unsure about a question, tell the participant that you are unsure or don’t know but will get back to the group about that specific question. Do your research and make sure you follow-up. Another option is to ask the group to research it and get back to the group with the answer for the following session.

Small Group: (3nd Psycho-educational Group)

Send participants to their Small Group. Questions for Small Groups: (120 minutes)

In their small groups of 4 to 6, people are asked to answer the following questions. Once participants are divided into these small groups they must stay in their small group throughout the ENTIRE duration of the training. Participants are asked to answer the following questions:

- What are your feelings towards youth who use drugs?
- What are your own experiences of alcohol and drug use?
- How has drug use affected your sexual experiences?
- Has drug use had any negative effect on your life?
- Have you experienced any stigma or discrimination because of drug use or for being perceived as a youth who uses drugs?
- What can you do as a youth peer educator/outreach educator to engage youth who use drugs in HIV prevention and sexual health care?

Closure Activity: (15 minutes)

1. Ask participants to find another participant to make a pair for a discussion (not the same as the first pair) and share their responses to the following questions. They do not share their responses with the rest of the large group.

- How do I feel about youth who use drugs now after this module?
- What strategies for the reduction of harm to protect themselves from HIV infection can be used with youth?
- What could be done to provide high-quality education to youth peers without prejudice, stigma or discrimination?
Resource Hand-out: Tips for reaching Peers who use Drugs:

- There are often a lot of negative attitudes, stigma and discrimination towards youth in general. They are often seen as problems rather than assets in society. So when we add the layer of youth who use drugs, there is more stigma and discrimination. Youth who use drugs are often excluded and socially alienated in society. Youth who use drugs should not be stigmatized and discriminated just because they use drugs. Youth use drugs for various reasons and we should not judge them based on their behavior. Effective peer education does not judge young people but listens to them paying attention to their needs and tries to address them through information sharing and education. As a youth peer educator/ outreach worker, you can give specific messages around alcohol. For example, talking about not accepting exposed drinks from anyone in a bar. Open your own bottle of beer. Don’t drink from a punch bowl (to avoid drugs like Flunitrazepam or Rohypnol, the date rape drug).

- Young people use drugs for a variety of reasons. Often times they use it to deal with a deeper psychological or psychiatric issue. Often the use of drugs is seen solely as a choice and not as a symptom of a more serious problem. Drug use is just one dimension of youth who use drugs.

- Encourage youth to avoid hanging around with people that use drugs.

- Encourage youth to eat before drinking heavily, research the drug they are using by reading about it online, and understanding the effects it can have on their bodies and sexual feelings.

- Encourage youth to talk to their peer educators or people who are trained about the problems they are confronting.

- Encourage youth to delay using drugs if they must use to a later time in the day.

- If youth do choose to use drugs, there are some things they can do to reduce the risks:
  - Don’t use drugs alone- have a friend you trust with you.
  - Don’t drink alcohol or use different drugs at the same time.
  - Don’t share equipment such as pipes, rolled notes or needles as this can spread hepatitis and HIV.
  - Check the ingredients on the products you buy.
  - Stay well hydrated, particularly with drugs that stimulate – drink one pint of juice or water an hour.
  - Don’t use drugs with prescription medications such as Ritalin asthma inhalers, tranquillizers or anti-depressant medication.
  - If you are pregnant or planning a pregnancy, don’t use any drugs or alcohol.

Using psychoactive substances such as alcohol, drugs or both together increases the risk of unplanned and unprotected sex. You can reduce the risk of unplanned pregnancy and STIs by always using condoms and another type of contraception.
Module Number: 4
Title of Module: Working with Youth engaged Transactional Sex

Learning Objectives: At the end of this module participants will:

▶ Review their attitudes and feelings towards youth engaged in transactional sex.
▶ Point out some of the issues confronted by youth engaged in transactional sex.
▶ Reflect on some of the issues confronted by youth engaged in transactional sex in their community.
▶ Identify some safety tips for youth engaged in transactional sex.

Materials

- Flipchart paper and easel board
- Markers (several different colors)
- Pencils, colored pencils, crayons
- Water paint, brushes
- Masking tape
- Resource Handout 1: Attitudes towards Youth Engaged in Transactional Sex
- Resource Handout 2: Prevention of STI’s and HIV with Youth engaged in transactional sex

Approximate Time: 8 hrs. (One day)

Steps:

1. Give each participant Resource Handout 1 Questionnaire: ‘Attitudes towards Youth Engaged in Transactional Sex Work’. Inform participants that they have ten minutes to complete the questionnaire. This is an individual exercise and they should do it privately. Tell them that they are not going to be sharing their responses with the rest of the participants.

2. After the participants have finished completing the questionnaire, divide the large group into small groups and provide an opportunity for participants to answer the questions under Key Questions for Small Group Work (see below). Provide enough opportunity for participants to express their thoughts and feelings about youth engaged in transactional sex. Ask participants to write their responses on flip charts. Each question should be answered separately in flip charts.
**Key Questions for Small Group Work (60 minutes)**

- How does your community or society view youth engaged in transactional sex?
- Are there different views or attitudes based on the ages of young people?
- What are your opinions about youth engaged in transactional sex?
- How do you feel about youth who engaged in transactional sex?
- What are the reasons that youth engage in transactional sex?
- What are the challenges and difficulties confronting youth engaging in transactional sex?
- What is your role as a peer educator when working with youth engaged in transactional sex?
- What tips can you come up with that promote the personal safety and security of youth engaged in transactional sex?
- What tips can you come up with that promote the sexual health of youth engaged in transactional sex?

3. After groups have answered the questions, ask the groups to present their responses to the larger group. Encourage participants to challenge and debate their ideas. Promote dialogue and further understanding, reminding them of the workshop rules. Encourage them to suspend judgment when listening to each other.

4. After the groups have shared their responses, go over the following important points to emphasize.

**Important Points to Emphasize: 8 (60 minutes)**

- Female, transgender and MSM youth engaged in transactional sex constitute a higher risk group for HIV due to their double risk exposure and practice (biological reality of receptive partners and exposure to multiple partners who may demand unsafe sexual practices).

- Given the socio-economic drive behind transactional sex, it is essential to clearly understand risk behaviors and factors associated with their risk behaviors.

- Transactions are sometimes openly negotiated, but they are often merely expected, or made under the guise of paying for “transport fare.” Those who provide sexual transactions are generally female, transgender and MSM youth with unstable economic situations, while their paying partners are generally older and more financially established men. Poverty and socio-economic inequality are the main reasons underlying such sexual transactions.

- Contacts for transactional sex between female, transgender, and MSM and their partners are made and maintained in a variety of ways. Personal social networks and cell phones are commonly used to make connections while avoiding unwanted exposure and the security risks associated with anonymous encounters. Internet sites are increasingly popular for soliciting sexual partners.

- Not all sexual transactions are made for cash; many MSM, female, and transgender youth report that older sex partners give their younger partners gifts or favors. Clothes and shoes, cell phone cards, gift cards from stores, cell phones, sports and technology equipment, and perfumes are popular items. Offers of employment from more established sexual partners and other forms of help are also commonly made in exchange for sex. The motivating factors behind young women involved in transactional sex include consumerism and “style,” referring...
to the social status conferred on women by sporting the “right” clothes, shoes, nails, jewelry, and accessories (or “bling”).

- Encourage youth involved in transactional sex to access condoms and lubricants and to practice safer sex with their partners to avoid STIs including HIV.

- Discuss that the use of condoms and lubricants are the best tools available to date in preventing HIV and other STIs when used correctly and consistently. Explain that condoms from health agencies are good products and they are not less effective or lower quality when provided for free.

- Explain that it is better to use condoms than to engage in sex without a condom or coitus interruptus (to withdraw the penis before ejaculation).

- Explain that when people have reported getting pregnant or getting an STI even when they used condoms, it was probably because of condom breakage or because condoms were used improperly.

- Discuss that the best way to avoid STIs including HIV is to not engage in sexual intercourse that includes the exchange of bodily fluids. Avoiding the exchange of semen, vaginal fluid, and blood is extremely important.

- Encourage youth who are engaged in transactional sex to make their own safer sex tool kit. If they feel uncomfortable with condoms given freely by the health agencies, they can invest in protecting their sexual health by buying the condoms that they prefer. Educate on the many different types of condoms available in the market. Talk about the different sizes, colors, textures, thinness, and smells. Educate about condoms for oral sex.

- Encourage youth to check on the expiration dates of condoms and if they don’t show the date, encourage them to discard the condom and use another one with a visible date.

- Educate that often youth do not use condoms with their regular partner; this may be because they have developed trust, love, and intimacy with their partner. Educate that while they may be monogamous with their partner, their partner may not necessarily be monogamous.

- Encourage youth involved in transactional sex to get tested regularly, not only for HIV but for other STIs. Inform where they can go for free testing and screening.

- Talk about how verbal violence, discrimination, prejudice and stigma (for example, being called derogatory/pejorative names) can be very hurtful and affect a young person’s sense of worthiness and self-esteem which consequently can affect whether they engage in safer sex or use condoms.

- Talk about how to negotiate condom use with youths who engage in transactional sex in order to protect themselves from STI infections and avoid pregnancy.

- Talk frankly about the desire for flesh to flesh intimacy that marginalized youth have expressed as a reason for not using condoms. Discuss the many ways to experience intimacy without putting oneself at risk for STIs and HIV.

- Educate about gender-based violence with youth engaged in transactional sex.
• Discuss myths surrounding HIV with this group.

5. Provide a space for discussion or clarification of the above points and a period for questions and answers.

6. Go over Resource Handout 2: Prevention of STI’s and HIV with Youth engaged in transactional sex

7. Some of these tips can be omitted if the groups have presented them from their small group work. They can be reinforced.

Experiential Individual Exercise: (60 minutes)

Imagine you are a youth who engages in transactional sex. Using flip chart paper and pencils, crayons, color pencils, and markers, draw what a day’s activities would look like for you, from beginning of your day to the night. Draw all the activities and events you may engage in during the day. After drawing your illustration, share it with your small groups (the same small work groups you worked with earlier).

Small Group: (4th Psycho-educational Group)

Send participants to their Small Group. Questions for Small Groups: (120 minutes)

In their small groups of 4 to 6, participants are asked to answer the following questions. Once participants are divided into these small groups they must stay in their small group throughout the ENTIRE duration of the training. Participants are asked to answer the following questions:

• How does your community/culture/society view and treat youth who engage in transactional sex? How is their view similar or different from yours?

• What are your personal experiences with transactional sex?

• Have you engaged in some type of transactional sex? If so, how did you feel about it?

• What are your personal feelings about youth engaging in transactional sex?

• Do you have any issues or biases towards youth who engage in transactional sex?

• If you do have biases or prejudices against youth who engage in transactional sex? What can you do to reduce those biases and prejudices?

• What do you think your role is as a peer educator with youth who engage in transactional sex?

Closure Activity: (30 minutes) Shoulder Massage:

Inform participants that we will engage in a simple shoulder massage.

Ask participants if they are okay with having another participant put their hands on their shoulders and give them a shoulder massage. Participants who do not wish to participate may sit and observe the group. For participants who do not participate, invite them to sit quietly in a relaxed position and engage in the breathing exercises.
Form a circle with each participant standing and facing the back of another. Now start rubbing your hands until they become warm. Gently put your hands on the shoulders of your peer in front of you. Do not move them. Stay still and everyone takes a deep breath. Try breathing together again, in sync. Leave your hands on the shoulders of the person in front of you. Become aware of your feelings. Let go of any judgmental thoughts that you may have. Just get in touch with the person in front of you. This placing of the hands is called an ‘empathic connection,’ it is non-sexual and compassionate. Try connecting your spirit, your positive energy with the person you are touching. Stay still and breathe deeply. Breathe deeply, pausing, holding your breath for a few seconds and release. Now slowly give a shoulder massage to the person in front of you. Do this for about five minutes. Slowly, and gently, release your hands from the person in front of you and thank the person who massaged you.
Resource Handout 1:
Attitudes towards Youth Engaged in Transactional Sex

Individual Questionnaire
For each of the statements below, circle Agree, Undecided or Disagree.

1. Transactional sex is a type of sexual practice.
   □ Agree  □ Undecided  □ Disagree

2. Youth engage in transactional sex for various reasons.
   □ Agree  □ Undecided  □ Disagree

3. Youth who engage in transactional sex are sinful/bad people.
   □ Agree  □ Undecided  □ Disagree

4. Youth should not engage in transactional sex.
   □ Agree  □ Undecided  □ Disagree

5. Youth who engage in transactional sex have the right to do so as long as they do no harm to themselves and others.
   □ Agree  □ Undecided  □ Disagree

6. Youth who engage in transactional sex have rights like any other person in society.
   □ Agree  □ Undecided  □ Disagree

7. Youth who engage in transactional sex deserve health services like everyone else, and to be treated with dignity and respect.
   □ Agree  □ Undecided  □ Disagree

8. HIV prevention, education and health care services with youth who engage in transactional sex are very important.
   □ Agree  □ Undecided  □ Disagree

9. Youth who engage in transactional sex are a vulnerable group and at risk for HIV and other STI infections.
   □ Agree  □ Undecided  □ Disagree

10. We should provide viable and sustainable opportunities for youth, so that they have more choices and economic opportunities in life.
    □ Agree  □ Undecided  □ Disagree
Resource Handout 2:
Prevention of STI’s and HIV with Youth engaged in transactional sex

- Listen to the needs of youth engaged in transactional sex and do not make assumptions.
- Provide HIV and STI education and make referrals to friendly, sensitive and competent primary health care services
- Teach how to negotiate condom use and how to correctly use a condom
- Promote the use of condoms and lubricants consistently
- Talk about self-esteem and self-love
- Develop physical and sexual boundaries
- Educate about alcohol and drug use and risky sexual behavior
- Refer youth engaged in transactional sex to youth groups, safe spaces for youth, and skills building workshops or activities
- Organize movie nights that show films where youth can discuss safer sex
Module 5
Name of Module: Working with LGBT and MSM youth
Learning Objectives: At the end of this module, participants will:

- Review their attitudes and behaviors related to their sexuality and the consequences to their sexual health, prevention of HIV and other sexually transmitted infections (STI).
- Identify how stigma and discrimination negatively affect how they care for their sexual health, how they relate to others, and how they access prevention and sexual health services

Materials:

- White sheets of paper, letter size
- Flip chart paper and easel board
- Markers (different color markers)
- Adhesive tape
- Color pencils (of different colors)

Approximate Duration 8 hours. (one day)

Steps:

Body Mapping

1st part: Individual Exercise (60 min.)

1. Explain to participants that the present exercise is individual, personal and private, and designed to stimulate reflection for the purpose of the topic in the workshop. Inform participants to feel free to write and add whatever they consider necessary, as this material will not be shared in the following group and individual exercises. They will take it with them at the end of the session or they may do whatever they wish to do with it.

2. Give each individual colored pencils and a sheet of white paper (letter size). Ask participants to draw a picture/image that represents them. This picture/image should be drawn in the center of the paper leaving space around the edges. Participants can draw themselves naked, if they would like (This is recommended in order to reflect on the topic of sexuality, but is completely optional).

When they have completed the drawing, on the upper side of the paper, they should write a phrase “I am ...” and add their name, nickname or alias, “and I am...” and add the sexual diversity group or population with which they identify with or believe they belong to. For example, heterosexual, gay or homosexual, bisexual, men who have sex with men, (MSM), lesbian. They will then add their gender identity: “I identify as a...”; for example, man, woman, transgender individual. They may further specify their transgender identity – “I am a transwoman (MTF), transman (FTM), Transvestite,
Transsexual. Ask the participants to specify how they express their gender: “I express my gender in an Androgynous way” (demonstrating some characteristics of both genders physically, mentally, or behaviourally). Other options may include: bi-gender, agendered (showing gender neutrality, showing no particular gender expressions).

Give an Example to the Participants:

“I am Steven, and I am gay. I identify as a man. I express my gender in masculine and feminine ways.”

I am Erick, and I am heterosexual. I identify as a man. I express my gender in a bi-gendered way.”

I am Aiden, and I am bi-sexual. I identify as a man. I express my gender in a masculine way.

“I am Joanne, and I am heterosexual. I identify as a woman. I express my gender in feminine ways.

I am Tracie and I am heterosexual. I identify myself as a transwoman. I express my gender in feminine ways.”

I am Roger and I am heterosexual. I identify myself as a transman. I express my gender in anagendered way.”

3. Then, they should add and complete the phrase “and with my body I …” and they should write everything they do with their body to experience and feel pleasure. Furthermore, they can identify with their favorite color, over the drawing of their body, the parts of their body with which they can experience pleasure while engaging in a type of activity.

4. When they are finished, ask them to make two lists on the reverse side of the sheet. On the first list on the left side of the sheet, they should write positive things they experience when they engage their body with what they described on the drawing (feelings, emotions, sensations, beneficial aspects for their physical, mental, emotional, and sexual health). After this, on the right, they should write a second list, with the negative things that occur, or that they experience, that are consequences of having done those activities with their body and described in the drawing (feelings, emotions, problems, effects on physical health, mental, emotional, and sexual health). They can include by marking with a yellow or red marker, the zones of their body that are directly affected by the negative situations or consequences.

2nd part. Group Exercise (60 min)

1. Before beginning the group exercise, ask the participants to identify the sexually diverse populations that they are aware of: e.g. Heterosexuals, gays/homosexuals, and other men who have sex with men (MS M), bisexuals, lesbians, asexuals, transgenders, and intersex individuals. If the majority of the participants belong to only one sexually diverse population, form three or four groups where everyone will address the questions pertaining to the exercise relating to that population. If on the contrary, you know that in the group there are members of different sexually diverse groups/
populations, mention three or four populations which you consider the participants identify with, and ask them to go to a group/population which they are most interested in reflecting with. Make sure the groups are more or less the same size and at the same time allow for participation and contribution of all the members.

2. When the group has formed ask them to imagine an average person from the group/population that they are working with and describe the characteristics such as age, socio-economic situation, level of education, occupation, activities that they do, etc.

3. Ask each group to stick together with adhesive tape two or sheets of flip chart paper, preferably on the most narrow sides, so that at the end, there will be a long sheet of flip chart paper in which a participant can lay down and his/her silhouettes can be drawn. After this, ask them to write on the upper part the name of the group/population, which they will work with and to draw their silhouettes, the physical/body characteristics that correspond to that population (The group has the option of making their drawing with as many details or make it general).

4. Next, ask them to discuss and write on the upper side of the paper, outside of the silhouette, the practices and behaviours which that person does with his/her body to experience and feel pleasure or to feel good with himself/herself. Those practices have to be associated with the expression of sexuality and particular characteristics of the group/population they are working with.

5. Example, The expression of sexuality and: Possible transformations of the body in the case of transgenders
   - Sexual orientation and its expressions, open or hidden (in or out of the closet) in the case of gays, bisexuals, lesbians and MSM
   - The use of alcohol and drugs before or during sexual encounters
   - Sexual risk practices associated with the transmission of HIV and other STIs

6. Next, ask participants to reflect on the type of effects, consequences, risks or repercussions produced by these practices on the individual and their partner(s). For example effects on their physical, mental, emotional, and sexual health. Ask them to write them in the bottom part of the paper outside of the silhouette, putting on the extreme bottom left the positive and in the bottom right the negative consequences.

7. When the groups are finished, in plenary, ask the participants of the small groups to visit the silhouettes of the other groups to identify similarities and differences.

8. After this, facilitate a discussion in plenary, emphasizing the following points for analysis:

**Points for Analysis: (60 minutos)**

- What stimulates or motivates these groups/populations to engage in these behaviors, practices, and/or attitudes?
- What are the benefits of using their body for pleasure, the enjoyment of sexuality and feeling good about oneself?
- What attitudes or behaviors put the health of the group/population or populations being examined at risk?
What sexual practices put the sexual health of the population being examined at risk?

What behaviors or practices increase the possibility of risk for acquiring HIV and other STIs?

What situations drive this population to engage in risk taking practices in their sexual encounters?

What can they do to avoid putting themselves at risk?

Important points to Emphasize:

- The main incentive or motivation that leads groups/populations to have different practices, behaviors, and attitudes toward their body is sexuality and the search for pleasure and well-being. However, this need is so strong, mainly in adolescence and youth, that without wanting, LGBT and MSM populations sometimes engage in risky sexual encounters or without protection, which may expose them to HIV infection and other STIs; or, maintain intimate emotional or sexual relationships with partner(s) or casual sex, in situations of inequality, intimate partner violence or abuse.

- Some LGBT and MSM populations have basic information on HIV and sexually transmitted infections and how to prevent them, but that information seems not to be enough to reduce their sexual risk taking practices (review specific module related to HIV Basics 101- Working with Marginalized Youth).

- Many LGBT youth and MSM have sex under the influence of alcohol and drugs, which reduces their capacity for decision making and knowledge at the time of engaging in sex.

- Many times trust and intimacy in a partnership, on the grounds that it was stable, emotionally or intimately close or simply by being in the stage of ‘falling in love,’ influence LGBT and MSM youth to have sex without protection thereby putting themselves at risk.

- In other cases, attractive and apparently healthy appearance of the partner with whom they are with, makes them justify that it is not necessary to have protected or safer sex in the context of the transmission of HIV and other STI.

- Sometimes, because of economic situations or sexual attraction, young LGBT/MSM establish affective, sexual, or transactional sex (check corresponding module on Youth Engaged in Transactional Sex) with adults or persons older than them; who may sometimes pressure them or convince them to engage in risky sexual practices in exchange for financial support, protection, affection or other benefits that they provide.

- While social networks and new technologies such as apps on telephone or computers are creating more opportunities for young LGBT and MSM to meet more people and have sexual encounters with them, they do not always go to these ‘hook-ups’ (casual sexual encounters) prepared to have sex, or have condoms or other safer sex commodities with them to reduce the risks.

- On many occasions, a young person’s mood or emotional state may influence them to engage or not to engage in risky sexual practices. If a person is depressed or in need of affection, intimacy, or physical contact; it is easier to engage in unsafe sex.

- Searching for updated, accurate, scientific and non-biased information about sexuality, sexual
orientations, gender identity, prevention of HIV and other STIs, can be the first step in having an attitude of self-care for sexual health.

- The next step may be to seek non-governmental/civil society organizations, public health services or healthcare centers which are friendly for sexually diverse youth that provide quality, ethical, and professional support and services such as:
  
  o Voluntary counseling and testing for HIV and other STI
  o Condoms and prevention resources (lubricants), free of cost or low-cost
  o Professional psychological counseling and emotional support
  o Care and treatment of STIs and other situations related to sexual health and sexuality.

- And the third step, can be being alert to situations, conditions or contexts that place LGBT/MSM youth at risk of practicing unsafe sex, if possible, before having them, or; look for care and treatment as soon as possible, when one has already engaged in unsafe sex.

**Small Groups:**

Send participants to their small group.

**Questions for small groups: (120 minutes)**

Once the participants are divided in their small groups of 4 to 6 persons, they are asked to answer some questions. Participants must remain in the same small group during the entire workshop. Ask the participants to answer the following questions:

- How do you feel about the way you express your sexuality including your sexual behaviours?
- How do you feel about the use of your body?
- How do you feel about the way in which you construct your affective/sexual relationships, with partners or casual sexual relations?
- What type of practices or risk situations you have been confronted with in the pursuit of pleasure, enjoyment and sexual satisfaction?
- What have you done so far in these situations of risk or practices?
- What are you doing, or what can you do now to reduce risks, or address the negative effects that some of your actions, practices and attitudes have generated?

**Stigma and Discrimination**

Ask participants to return to the groups that were formed from the drawings of the silhouettes or bodies.

1. Ask them to return to their silhouettes and review the information they recorded, and from it, on another sheet of flip chart divided by a vertical line in the center, write down their thoughts about the following issues:
2. On the left side of the flip chart, describe the way in which the persons from their daily life (family, friends, colleagues at work, school or com-munity in general) relate, act, or react to what the group/population with which you worked with do with their body and sexuality.

3. Also, ask participants (on the left-hand side of the line that divides the flipchart) to, describe how this group/population feels, reacts or per- ceives themselves, in the context of what the people in their daily life say, do or think about them.

Closing Activity: (60 minutos):

1. In plenary, on the basis of what the groups recorded in the flip chart, facilitate a final reflection using the following questions:
   - Why do you think this group is discriminated against?
   - What expressions, phrases, or attitudes are used to discriminate them?
   - What disadvantages or negative effects does stigma and discrimi-
     nation have on the behavior, care and treatment of sexual health of this group?
   - How would LGBT youth be better off if they did not face stig-
     ma or discrimination?
   - What kind of support could LGBT youth look for to avoid situ-
     ations of stigma and discrimination?

Important points to emphasize:

- Young LGBT and MSM groups/populations continually face double stigma and discrimination. The first derives from their behaviors, iden-
  tity and expression of their sexuality, which goes against socially accept-
  ed behaviour.

- Young LGBT people also experience stigma and discrimination be-
  cause of the fact that they are young, and therefore, are not considered as people who have evolving capacity and maturity, suitable for making decisions about their sexuality. They are also not seen as having the social and emotional capacity to establish sexual and affective relations, which are unacceptable when they are with persons of the same sex, or with both sexes.

- Young LGBT and MSM populations often hide everything that they live, think or feel about their sexuality from adults (and sometimes also their peers). Or on the contrary, they show their sexuality in a more confrontational manner that sometimes can generate more stigma and discrimination on the part of the people in their environment.

- Young transgender people can face especially difficult situations in their search to match their image and behavior with their identity. Often gender non-conforming youth face stigma and discrimination from a very early age, which can affect their physical, mental, emotional, social health. They may even experience sexual violence (which could include sexual abuse and rape).

- The stigma and discrimination that many young LGBT/MSM youth live on a daily basis in the family, school, neighborhood, community, and when accessing health services, makes them more vulnerable to situations of risk, because their self-esteem, their sense of worthiness, and their emotional health is impacted by discrimination. Often, the rejection or aggression they receive from the people around them keeps them away from emotional support services, prevention, treatment and care of HIV, STI and sexual health services in general.

- This is further complicated if their social and economic conditions are unfavorable.
• To be able to cope with these situations, young LGBT and MSM can find support in civil society organizations, community centers or youth-friendly health services, as well as agencies and groups that provide legal defense and monitoring of their human rights.

• Although a young LGBT/MSM person may not have this type of organization and services where they live, social networks and the internet can be an alternative way for looking for this type of social support, getting more education about their sexuality, sexual health, legal matters, emotional support, and other services.

Resource Handout

LGBT Youth and the risks in the exercise of their sexuality

Sexuality, the need for affection, desire, recognition, pleasure and freedom are very strong in adolescence and youth, and this can expose LGBT youth to:

- Risky sexual encounters, without protection, and exposure to HIV infection and other STIs.
- Intimate affective relationships with a partner, or casual sexual partners, in situations not based on equality, which can lead to violence or abuse.

Among the reasons why many young LGBT/MSM youth agree to sexual practices that put them at risk for HIV infection and other STIs are:

- Their mind was altered through consumption of alcohol, smoked, or injected drugs and they lost awareness of what was happening.
- Their partner seemed to be so faithful, stable, and loving and they wanted intimacy so much, that it was not necessary for them to take care of themselves.
- The partner with whom the youth had unprotected sex looked so pretty, handsome, clean, sexy, and healthy, that there was no reason to doubt or use a condom.
- Someone gained power over the young person by giving them things, inviting them out, so that the young person feels obliged to demonstrate their “proof of love or of trust”.
- They have long term clients or partners and feel it’s no longer necessary to use protection.
- The young person hooked up on the internet, chat, Facebook or on a website, and when they met, they did not bring condoms, found themselves unprepared and did not want to let the opportunity go.
- The LGBT/MSM youth was sad or depressed, and the partner showed tenderness, and was friendly and seductive, so the youth let himself/herself be carried away.

Stigma and discrimination

LGBT and MSM youth often encounter stigma and discrimination because of the way they act, dress, speak, feel and interact, goes against what is socially accepted.

The stigma and the discrimination that youth experience in their family, school, neighborhood, and other places can:
- Affect their self-esteem
- Make the youth feel depressed or angry
- Put them at risk for HIV and STIs
- Expose them to abusive situations and/or physical, mental, emotional, social, and sexual violence that can escalate to sexual abuse and rape.
- Distance youth from health care services, psychological and emotional support, prevention, access to condoms and lubricants; out of a sense of shame or fear that the service will be refused.
- What can youth do in these situations?
- Look for scientific information -- free of prejudices about sexuality, sexual orientations, and gender identity and expression -- about the prevention of HIV and other STIs.
- Be alert to situations, conditions or contexts that place youth at risk of practicing unsafe sex. If youth have already engaged in unsafe sex, look for support, and for care and treatment as soon as possible.
- Identify civil organizations, public health services or care centers for young people that provide professional and ethical support and services, such as:
  - Voluntary counseling and testing for HIV and other STI’s
  - Low cost or free condoms and lubricants
  - Professional and ethical psychological counseling and emotional support
  - Sexual health services such as pap smears
  - Legal advice, advocacy and monitoring of human rights

While youth may not have these types of organizations and services where they live, social networks and the internet can be an alternative way for them to start looking for this type of support and sexual health education.
Module 6
Name of the Module: Working with Migrant Youth

Learning Objectives: At the end of this module, participants will:

- Review the situations of risk related to sexual health that face young migrants during their transit or stay in a place other than their place of origin
- Identify some actions and services that they can access to reduce these risks

Materials:

- Sheets of flip chart paper and easel board
- Markers (of different colors)
- Adhesive tape
- Colored pencils (of different colors)
- Resource Handouts: Young migrants

Approximate duration: 8 h. (One Day)

Steps: Typical Character Group Exercise 10 (60 min)

1. Divide the participants into small groups of between 4 to 6 members.

2. Assign each small group a subpopulation of migrant youth to work on this exercise. Ensure that at least one group works on the persona of a young migrant woman and another small group works on the persona of a young migrant man; and if the group decides or you detect that among the participants there are sexually diverse individuals such as gays, bisexuals, and other men who have sex with men (MSM), lesbians, and transgender people who are also migrants you can also assign one of these groups to one of them. Then let the participants, should they so desire, change groups if there is a population that interests them as long as this does not alter the number of members of each group.

3. Ask each small group to have a discussion to identify how a ‘typical’ or average person of that specific population that they were assigned to work with be described; preferably to describe an average person that lives in their locality (town, city, etc.) to ensure that the information they are describing is more or less known to them. Based on what they know about this population, ask them to give this ‘typical character’ an identity with data such as name, age, marital status, type of occupation, social status, ethnicity, place of origin, religion, gender identity, sexual orientation, place of residence, what occupies their free time, etc.
4. Insist that the typical character should have attributes that make him/her ‘real,’ like a name, place of birth, age, physical characteristics, religious beliefs, marital status, economic position, etc. This is important information.

5. Once the group has come to an agreement on the basic information, give each group a sheet of flip chart paper and colored pencils and ask them to draw in the center the “typical character” that they have created (this could be as detailed or general as they decide) and write their characteristics around the drawing. This should be narrated as a brief history or short biography.

**Example**

Sandra is a Trinidadian migrant young woman of 16 years of age. She was born in San Fernando and is the second daughter of a family of 6 brothers. Her family is very poor, as a very young girl she had to help in her house mainly caring for her younger siblings while her mom was selling crafts in a market place in the center of the capital. At the age of 14 she ran away from home because of problems with her stepfather. This meant she couldn’t continue studying and only reached to Standard V at primary school. She now lives in Port of Spain, waiting for an opportunity to follow her dream to go to the United States. While she works on this goal, she works in the kitchens of a public market to earn some money and be able to move ahead.

1. The description should be brief, because later on there will be time to develop more history of this typical character.

2. To finish, in plenary, ask each small group to present to the larger group their typical character. Once all the groups have submitted their work, facilitate a reflection based on the following key points.

**Key points of analysis: (60 minutes)**

- What does the ‘typical character’ tells us about young migrant youth?
- What are the issues or challenges that led them to leave their place of origin?
- Under what conditions do they currently live in their place of residence?
- What negative language or laden with stigma and discrimination has been used to describe them?
- How do adults, young people, and people in general treat them in the place where they are now living, in the context of being young, migrants, and belonging to a sub-population (women, men, or another diverse population?)

**Important Points to Emphasize:**

- Just like the adult population, the majority of migrant youth leave their communities or countries of origin mainly because they do not find opportunities for economic development or improving their quality of life.
- Poverty, lack of opportunities and unfavourable living conditions, make migrant youth face:
  - Poor nutrition
  - Difficulties in studying, furthering their education, or simply dropping out of school prior to or at the time of migration.
Verbal, physical, mental, emotional and/or economic violence by family members, or by persons responsible for their upbringing and care

Physical, verbal or emotional abuse from other young people and adults in their communities, neighborhoods and schools with a more favorable economic situation than them

In some cases, female adolescents and young women, as well as gender non-conforming young men and young transgender individuals, may have been exposed to sexual abuse and/or sexual violence by family members, acquaintances or people in her community.

When young migrants arrive at their new host country, or in the various places of transit, they confront new situations of stigma and discrimination caused by: not originating from that place, accent, style or form of speaking or expressing themselves; by belonging to some ethnic or indigenous group, by the way they dress, or by not having sufficient resources to improve their hygiene and personal image (to mention the more visible signs). In summary, many migrant youth experience situations of stigma and discrimination because of their marginal status and situation of vulnerability.

Young migrants face marginalization, stigma and discrimination when they move to other provinces, parishes, districts or departments in their home country; but their marginalization and vulnerability is further accentuated if they are migrant youth from other countries experiencing unfavourable socio-economic conditions.

Small Group: (Psychoeducational Group)

Send participants to small groups.

Questions for small groups: (120 minutes)

Once the participants are divided in their small groups of 4 to 6 persons, they are asked to answer some questions. Participants must remain in the same small group during the entire workshop. Ask the participants to answer the following questions:

- What’s your name or what do you want to be called (alias)? How old are you and where you were born?
- Tell us something about your family and how many are in your family?
- What did you do in your place of origin?
- How many years have you studied or what level of school did you reach before you left your place of origin?
- Who migrated with you from your place of origin?
- What reasons or situations made you decide to leave your place of origin?
- At what age did you leave your place of origin and how long have you been living here?
- Are you thinking of staying here or are you going to another place? Where is the place you want to get to? Why did you choose this or that other place?
- Where do you live now and how are you treated by the people of the city, town and/or population in which you are currently living?
The Lifeline Group Exercise (60 min)

1. Ask participants to return to the groups that were formed that worked on the ‘typical character.’

2. Now give each group a sheet of flip chart paper and two markers of different colors.

3. Ask each small group to create a lifeline for its typical character by drawing a horizontal line through the center of the sheet. Based on the age of your typical character, ask them to divide the line with marks with the same lengths, representing fractions of five years. If the ‘typical character’ is 20 or older, the line would be divided into 4 fractions of 5 years each, until you reach the age of the typical character.

   Example:
   
   ![Example Lifeline]

   

4. Ask participants to discuss the main life events of each character that could have marked their lives, by associating them with the age in which they occurred, giving special attention to the positive or negative aspects that they have experienced in relation to their sexual life.

5. Ask participants to mark the main life events as points on the flip chart, in relation to the age at which they occurred with regard to the lifeline (horizontal line), but place them above or below the line of life, based on the following criteria. If the events were happy (positive) mark them as a point above the line; the more favorable the event, the higher they will go above the line. If the events were unhappy (negative) mark the points below the line; the more unfavorable the event, the lower they should be placed.

6. Encourage participants to talk about the experiences of the lives of each typical character, which may have affected the way they think and feel about their sexuality, their sense of self, and their status as migrant. Encourage them to find moments in which they have been ‘approved’ or ‘disapproved’ or ‘deprecated’ socially because of their sexuality, sexual orientation, or the way they express their sexuality, sexual orientation or gender identity. Mark these experiences in the lifeline according to how happy or unhappy they were made to feel.

7. Ask them not to forget to mark the moment and the age at which they migrated from their place of origin and identify whether this was a favourable or unfavourable moment in their life; and from there, give special attention to the events that they have confronted from the moment that they left their place of origin, to the time in which they now find themselves. In this sketch of this lifeline, as in the rest of the exercise, the events should be indicated as favourable or unfavourable points during their journey.

8. Once the participants have marked the different points (favourable or unfavourable), ask them to write down or register near those points on the lifeline, words or brief phrases which capture the event or situation the typical character experienced or confronted at that moment and at that age, so that they can share and refer to the situation more easily in the plenary session, with the rest of the participants.
8. Ask them to join the different points with straight lines of a different color on the lifeline. This will form a graph with peaks, showing high points and low points, crossing the midline where the years were recorded until the lines reach the age of the ‘typical character.’

9. To conclude, ask participants to identify the social norms regarding sexuality that have affected the lives of each typical character and to discuss the possible influences of these social norms and social standards on the sexual health of their character.

10. Ask participants to identify the main risks or unfavorable situations that their ‘typical character’ faced during their journey from their place of origin to their current place, and to reflect how many of these situations are related to situations, practices or threats that have put their physical, mental, emotional and sexual health at risk.

11. To close the exercise, ask each group to present the lifeline of their typical character.

**Key Points for Analysis: (60 minutes)**

In plenary, from what the groups recorded on the flip chart, facilitate a reflection with the following questions:

This may be the closing activity, if you think as facilitator, that the group is not able to work on the topics for the next small group. But if you think that there are conditions for containment of emotions and sufficient time, leave the important points to highlight for a final plenary. After your review of the key points for analysis, send the participants to the last small group.

- What risk situations, disadvantages, or vulnerabilities are migrant youth confronted with that affect their sexual, physical, mental and emotional health?
- What are the main social and cultural norms related to sexuality that affect the life of migrant youth?
- How are these social and cultural rules special or different for migrant youth if they are male or female; if they are gay, bisexual, or men who have sex with men (MSM); if they are lesbian, or transgender individuals.
- How does stigma and discrimination affect the sexual health of migrant youth?
- What support or services could migrant youth receive to reduce risks or address problems related to their sexual health (including physical, mental and emotional health) during their journey or at the place where they are now?

**Important points to highlight:**

Migrant youth, as well as adults, face many situations of stigma and discrimination during the journey from their place of origin to their current place, whether this is simply a transit point or their final destination.

This stigma and discrimination can be expressed through:

- Jokes about their manner of speaking, dressing or behaving.
- Denial of support or services on the part of the authorities or other members of the community.
- Verbal or physical violence, and conflict with the authorities or other members of the community, because people know migrants have limited support networks in place to defend themselves.

- Arbitrary detention and other legal problems that can start due to their situation of poverty and vulnerability but that may be aggravated when those involved want to take advantage of the situation of migrant youth workers to disqualify their word or social recognition.

- Denial of work and/or payment below the normal wage to people of the same community, or denial of payment even after having worked; justifying this treatment because of the immigrants' poverty, lack of ability or educational level, age, or even, openly discriminating because they do not originate from the locality, community or country.

- These situations of stigma and discrimination can make migrant youth isolate themselves, live mainly with people who originate from their same region, province or country, or with other people who share with them the condition of migrants.

- Migrant youth can move alone in their migratory transit, but in some cases, they can move with part or all of their family, although this may not modify the situation of stigma and discrimination they may face. This just means that they experience it with the closeness of people they know.

- Lack of social support networks can put migrant youth at risk of damaging their physical, mental or sexual health, and can be furthered aggravated when migrant youth are female or belong to a sexually diverse population.

- Some of the factors which put the sexual health of migrant youth at risk are:
  - Casual sexual encounters without protection due to a need for closeness, belonging and affection, or under the influence of alcohol and/or drugs.
  - Risky sexual encounters in exchange for protection, money or to fulfill an immediate need, a situation most frequently reported and documented in women, but which is not ruled out in other populations (review Module related to Transactional Sex).
  - Harassment, abuse and/or sexual violence which migrant youth do not report for fear of being reported to the authorities for being a migrant.
  - Lack of access to condoms, lubricants and other resources for HIV and STI prevention. Often migrant youth do not know where to go to get free condoms, or fear being ridiculed or denied services because they are migrants. This can be furthered aggravated if they are women or belong to a sexually diverse population and/or because of their sexual behavior. Their sexuality or behavior may go against what is socially and sexually accepted and therefore act as a barrier for accessing resources and services in their new community.

These situations expose migrant youth to the following risks for physical, mental, emotional and sexual health:

- HIV infection and other STIs (Please see modules: Working with Marginalized Youth and Working with LGBT/MSM Youth)

- Unplanned pregnancies in the case of adolescent girls and young women
- Sexual harassment, sexual abuse and/or rape
- Anxiety, depression, guilt, and/or isolation for having faced a situation of sexual violence; for engaging in a risky sexual practice without knowing its consequences; or for breaking with social values, norms, and desired behaviors related to sexual behavior accepted in their community of origin.

Small Group: (Psychoeducational Group) Send participants to their small group.

Questions for small groups: (120 minutes)

Once the participants are divided in their small groups of 4 to 6 persons, they are asked to answer some questions. Participants must remain in the same small group during the entire workshop. Ask the participants to answer the following questions:

- What are the situations of stigma and discrimination you have faced for being a migrant youth in another city, district, or town?
- Which of these situations do you think have put your physical, mental, emotional, and sexual health at risk? Why?
- Have you identified any organization, place or service where you can receive support for these situations?
- What things can you do to address the situations of risk, and which situations have you already faced? What are you doing to address them now, or how will you address them once you have a more favorable or secure context to act and decide?
Resource Handout: Young Migrants

As a young migrant, you're not very different from other young people of your age, and as such, you feel that your sexuality is at the forefront. It can be making you experience:

- Desire
- Pleasure
- Emotions
- Feelings

But also:
- Fears
- Insecurities
- Guilt Feelings
- Have Questions

At the same time it is likely that since you left your place of origin, you've had to deal with situations like the following:

- A strong desire to embrace and to have contact with another person because you like it, you feel comfortable with him or her, and you would like to get closer.

- Loneliness, sadness, or anger because of the difficulties that you confront on a daily basis, combined with a strong desire to let them go through sex, alcohol or other drugs.

- It is possible that for these or other reasons, you've already agreed to have sexual encounters without protection or risk, because you didn't have information on HIV and other sexually transmitted infections (STI), or even if you know of the risks, you did not have access to condoms.

- It is also likely that you've agreed to have sex because someone convinced you, you felt pressured from a person or other people, and you gave in, or you had sex in exchange for something that you needed at that time, such as money, something material or some support and protection that you considered complicated to refuse.

- You may even have suffered violence on the streets, in your neighborhood or in your place of work.

- You may have experienced sexual abuse or rape and didn't know what to do, how to solve it or where to go to receive support and assistance.

Whatever the situation that you have faced, or the reasons why you engaged in sex, what is important is that you:

- Look for information about HIV and other sexually transmitted infections, so as to assess the risks from the sexual practices that you have had.

- Take an HIV test and if it is possible for other STI, to know if you have been exposed to any of them, and receive the appropriate treatment, in accordance with your needs.

- Find access to condoms, lubricants and other resources of prevention free or low-cost, so that you can use when you need and decide to use them.

- Receive medical, mental, emotional and legal support, if you were a victim of rape or sexual abuse, and
you require a timely intervention of post-exposure prophylaxis and/or emergency contraception, in the case of the female adolescents and youth.

Regardless of whether you’re a woman, man, gay, or had or have sex with men (MSM), lesbian, bisexual, transgender; as a young person you have the right to receive information, care and support to take care of your sexual health.

Search for, research and go to shelters, organizations or community or health services near where you currently live or work to learn more about these issues and support services.