





MTV INTERNATIONAL PRESENTS **'THE TRANSIT KIT'** AN MTV STAYING ALIVE PRODUCT









Welcome to the *Transit* Kit

* Our world is in the epicentre of a vicious HIV and AIDS epidemic.

- * There are more than 40 million people living with HIV and AIDS all over the world.
- * Approximately 50% of all people infected are female.
- * Half of all new HIV infections are in people under 25 years old.
- * 9 out of 10 people infected don't know that they are carrying the HIV virus.
- * HIV is the virus that leads to AIDS.
- * HIV and AIDS affect us all.

MTV, one of the largest entertainment networks for young people around the world, has been using its voice to educate young people on current issues and crises affecting their lives. HIV and AIDS is a critical issue facing young people today. Half of all new HIV infections are among people under 25 years old. MTV's innovative Staying Alive campaign explores many facets of the epidemic and helps raise awareness and prevention of the disease. This teaching kit accompanies the film *Transit* and explores issues of emotions, sex and relationships among young people in a candid and dramatic way to promote a dialogue on HIV and AIDS. *Transit* uses compelling characters and storylines to deliver HIV prevention messages to its audience.

Many people still believe that AIDS is only a problem that affects certain parts of the world – but the figures prove otherwise. Increasingly we have seen the feminisation of the epidemic. That is, more and more women are getting infected, today half of all people living with HIV and AIDS are women. Often women lack control over their bodies and their lives. When it comes to when, where and how to have sex, many women aren't always in the position to make those decisions. Sometimes lack of awareness and knowledge, as with most young people, is what puts women at risk, but often it's violence, lack of control and the behaviours of others that increases that risk.

This film follows the lives of characters living in Mexico, the US, Kenya, and Russia as they make choices. The film shows how HIV and AIDS affects our lives.

Wherever you are living in the twenty-first century as a young person, this film is relevant to you.

Although there is still no cure for HIV and AIDS, we can all do something to stop the spread, protect ourselves and make the world a better place for those living with HIV and AIDS.

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Staying Alive was set up in 1998 to provide vital information on HIV and AIDS prevention and to campaign against discrimination. This curriculum will help arm young people with knowledge.

Protect yourself by learning more and find out how you can play a part in the global fight against HIV and AIDS. Plug into award-winning Staying Alive concerts, documentaries and TV campaigns from MTV channels around the world, as well as links to local resources at **www.staying-alive.org**.

Educating young people has been targeted as a key strategy in altering the course of this epidemic. By 2010, 2/3 of all new HIV infections could be prevented by education (UNAIDS).





A note about the kit

This kit is can be used for resource rich and resource poor settings; everything required is included here. It is intended for young people ages 15-25 and can be implemented in a variety of settings such as: schools, community centres, churches, or any other places that young people regularly spend time.

The kit is simple, straightforward, and can be used by you whether you are an experienced health educator or know very little about the disease. It is intended to address basic HIV and AIDS education, decision-making and consequences, negotiating difficult situations, and risk behaviours. This kit contains materials that are designed to help engage young people in dialogue about the issues affecting them. It can be used in either classroom or non-classroom settings, in resource rich and resource poor environments.

The first section (*facilitator overview*) provides information on how to use the kit. The kit consists of 8 workshops each running 30-60 minutes. The lessons would ideally be used sequentially but each lesson can stand on its own and be used individually if specifically pertinent to one region, organization or issue. The lessons require minimal preparation. If your participants are not comfortable writing, all writing sections can be replaced by discussions with a partner. The kit also contains supplementary handouts, information and Q and A's specifically for the facilitator.

To learn more about the Staying Alive campaign or give MTV your feedback, please visit **www.Staying-Alive.org**. This web site is dynamic and youth friendly and is an additional resource to your young people if they have access to the internet.

Young people everywhere in the world are at risk. There is no cure for HIV and AIDS. Equipping them with the knowledge and decision making power they need is working on the front line to help this and the next generation stay alive.

The film and the teaching kit are globally relevant and youth relevant. This kit can and should be used with young people in any setting around the world.

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Facilitator Overview

The *Transit* teaching kit lessons are interactive, informative and globally relevant. They can be used on a stand alone basis but ideally would be used together in the full series of eight. These lesson plans are easy, informative, and require neither extra materials nor experienced teachers. All of the lessons expand on critical issues touched upon in the film *Transit*. This kit helps to explore the issues addressed in the film and how these issues relate to the young people's lives in a structured and informative manner. These discussions will raise awareness about HIV and give decision making power—two necessary tools to help combat the spread of HIV and AIDS in our communities.

The film *Transit* explores the lives of young people across the world and their relationships and decisions. See the video outline on page 12 to better understand the film and guide about showing various sections.

The most effective programs that affect young people's decisions are comprehensive, interactive, and provide lots of relevant information. This curriculum and film operating together will help to build stronger, more informed, confident and aware young people. Behaviour change is a long process but is facilitated by information and dialogue in 'safe spaces'.

Your role isn't to just tell, teach or preach, but to listen, learn and demonstrate. You are here to provide an environment that encourages conversation, and exchanging ideas as well as to offer support and safety to the participants.

When dealing with the topics in this kit it's important to look beyond the facts and into the heart of the matter. For this reason it is advisable that you gather as much information on these issues and consider local practices and situations before you embark on the lessons. Facts are useful, but life skills, attitudes and feelings are much more important. You need to know and understand the facts so that you can help your participants apply them to their own lives.

Sex is often covered in secrecy; your role is to unveil this so that the participants are able to understand it better. As sex can be a difficult subject to talk about, you will have to gain the trust of your participants so that they can trust you with their feelings, thoughts, fears and faults. Only then will you be able to help them understand and deal with the issues.

As a facilitator you will have to be aware of any bias in favour of boys or girls, men or women. Many societies are built on inequalities and people easily become blind to prejudices they have grown up with. But the gender aspect of HIV and AIDS is such a critical one that we need to be aware of everyday perceptions young people have regarding gender roles. Where possible encourage participants to talk about the gender attitudes they have, especially in regards to the lessons; in this way you can help dispel unfair attitudes.

Dealing with difficult situations:

Because of the nature of the subject, you might find that you will have to talk about topics that

Because of the nature of the subject, you might find that you will have to talk about topics that you could find embarrassing. You will need to get over this so that you can talk about the topics comfortably; your participants expect you to and if you're embarrassed they won't talk about it either.

It's okay not to know the answer. You might say, "I don't know the answer to that, but I'll try to find out and let you know" OR "Let's see if we can find the answers together."

Be assertive in responding to a breach of the group rules. Participants should know that no one in the class should feel that they need to talk about things they don't want to discuss.

Remind students to be considerate of others in the room and their feelings. It might be necessary to separate males from females during certain exercises.

Don't be overly critical of participants' comments, even if they seem inappropriate. This may discourage other students from being open and honest.

Start the class by saying it is often embarrassing to talk about these issues, and that when people are uncomfortable they may laugh or make jokes to cover up their nervousness.

If the participant's anxiety is obvious to everyone in the class, you might remind them all that no one should feel that they have to participate in something that makes them feel uncomfortable, and then ask another person to take his/her place. After class, you may want to approach the participant privately to see if he/she wants to talk or learn about services that may help him/her.

You will obviously have your own values and attitudes towards sex, gender and HIV and AIDS, but make sure your values don't affect your interaction with the participants.

The effectiveness of this material is directly due to the strength of your local organization and the relationships you as a facilitator have with the participants. With the help of the toolkit and the film, you can help contribute to make young people more aware and to make better decisions to protect themselves from HIV. The fight against HIV and AIDS can be won; you facilitating this curriculum will help that fight.



FAQ and other resources

This FAQ sheet covers frequently asked questions when addressing HIV and AIDS with young people. It is intended to help you respond to questions in an informed, concise and appropriate manner. This is a global teaching toolkit and thus does not address questions specific to your region/locality--- only general HIV and AIDS related questions.

It's important to remember that while education is an important tool in the fight against HIV and AIDS, to be really successful it has to be coupled with empowerment and access to services and tools such as condoms. Where applicable bring this point home to the participants.

When beginning to discuss sexual behaviours, questions can often take the form of:

Am I normal? Tell me more about... Is it okay if... The young person asking for help

When answering questions:

Understand the question Keep answers short and simple Explain slang terms so everyone understands Establish ground rules of trust, listening, confidentiality and respect

The last one here is key.

Ground rules must be established alongside community building to make young people feel comfortable with each other and with this delicate material. Teaching HIV and AIDS material is different than teaching mathematics or spelling. The effectiveness of the lessons will be directly related to how personal and how relevant the material is to young people. This necessitates some time and attention to building a 'safe space' for young people to engage these issues of behaviour, decision-making, power and relationships.

- Establish ground rules in the first session and remind participants of the ground rules in the beginning of every session.
- Always begin the class by arranging the participants in a circle. Make sure you, as facilitator are in the circle.
- Ask participants to brainstorm ground rules that they would appreciate common rules of respect that everyone must follow.
- Have one participant or yourself write them up somewhere visible (chalkboard or flip chart paper).
- When the participants run out of ideas or run off track or begin to take too long, interject one of these ground rules. This exercise should take no more than 5 minutes.

Your final list should include the following:

Avoid generalizations

For example instead of saying 'Every teenager knows everything about sports' say 'I happen to know everything about football (soccer) in my country'. Even if it seems silly now, as the content gets more heated, avoiding generalizations helps to ease tensions.

Trust people's motives when they speak.

Remind the participants that we're all here in a spirit of openness and understanding. Some words we use or some things in our own cultures might be offensive to someone else. If you are offended or hurt, please raise your hand and say so—but do trust people's intentions that they are here to learn, not to offend.

Be open. Practice active listening.

Be engaged.

Don't speak when someone else is speaking.

CONFIDENTIALITY. We're trying to create a safe space where everyone feels comfortable enough to speak. Therefore, anything that participants learn about each other in the course of these lessons does not leave the room.

A note on facilitation:

As a leader in your school, program or community, you probably have facilitated workshops or sessions before and are somewhat familiar with the basic facilitation skills. However, the *Transit* teaching kit really relies on the facilitator to play a larger and more active role in the workshops themselves and in leading discussions. Sections labelled 'to the participants' should be read aloud. Sections labelled 'to the facilitator' are directions, guidelines and prompts to guide you through the workshop. The success of the series of workshops greatly relies on your ability to be prepared before the session starts (read the days lesson before hand), be able to gauge your participants, move more slowly or more quickly based on their needs, reiterate the ground rules when necessary, and add locally relevant slang and examples. Make sure you watch the film in its entirety and take note of the different characters. Again, this kit provides all the necessary resources to run 8 thorough and interactive lessons; the more actively you engage the kit and work with your participants, the more successful it will be.

There is a *Resource HIV and AIDS Question and Answer* section at the back of Kit for more information.



Video Synopsis

MTV's Staying Alive campaign created the film *Transit* as a youth friendly and accessible tool to expose issues of relationships, risk behaviours and HIV and AIDS to young people around the world. The 90 minute video takes us through young people's lives on four continents. Tatjana dreams of escaping St. Petersburg, and thinks she has found a man who can take her away. Meanwhile in Mexico City, Champinon struggles to find a girlfriend in the shadow of his confident, good-looking best friend. In Los Angeles, Asha discovers the man of her dreams has been cheating on her. And in Kenya, Matthew struggles to pursue his dream of rapping and making it into Nairobi's burgeoning hip hop culture.

Tatjana leaves Russia for Mexico City in search of her lover, and Asha heads to Nairobi to shoot a documentary for her graduation project. In their new locations, the characters meet and four stories become two when Tatjana finds Champinon and Asha finds Matt. Love follows, but their relationships are not as simple as they first appear—as we discover that all their stories are interlinked.

Viewing suggestions

This film was made specifically to educate young people and trigger discussions on critical issues. Though made for a youth audience, there are scenes and language in the film that may be sensitive for some audiences depending on gender, age and culture. As the facilitator, it is important to be acquainted and comfortable with the material presented in the film. Please take time to preview the film.

Please be aware that the content of the film is for mature audiences. To have a relevant discussion on HIV and AIDS and young people today, it is necessary to address sexual behaviours, attitudes, and risk behaviours. Establishing the ground rules will help in facilitating productive and positive discussions about these sensitive issues.

The film is 90 minutes long. It is most powerful and effective when shown in one sitting. Please try to allocate the necessary time to show the film.

The film Transit covers a lot of characters, situations and a lot of materials. Encourage young people to jot down their reactions as they go -- things that surprise them, things that they didn't understand, things that touched them or things that made them think. This will be very helpful when getting to the formal lessons.

You are now ready to get started!

Lesson directions

To the facilitator:

This kit consists of eight 30-60 minute lesson plans. Each lesson covers one or two central topics addressed in the film. Included in the kit is the lesson plan, list of materials needed, relevant handouts, and time needed for each session. The facilitator is responsible for:

Preparing materials for each lesson Reminding participants of the ground rules at the beginning of each lesson Administering the lessons

Reading through the participant feedback

There is a list of common questions and answers and other resources in the back of the kit for your information. Participants should see the film in its entirety prior to lesson 1.



Lesson 1 Image — What is it all about?

Concepts

* Introduce participants to the lesson format of the *Transit* teaching kit.

* Begin a conversation about the images of the central characters in the film Transit

Objective

Images that we have of ourselves and that others have of us greatly influence our actions and are thus essential to identify and understand.

Materials Pens or pencils Lesson 1 handouts for all participants A piece of scrap paper for each participant for the opening activity

Time 45 minutes – 1 hour

1. Opening Activity (3 minutes)

Begin the class by arranging the participants in a circle. Make sure you as the facilitator are in the circle. Introduce the ground rules for the series of workshops (see page 5 for the complete list of ground rules).

2. Breaking the ice (5 minutes)

Directions to read to participants:

In silence, take a minute or two to think of an animal that best reflects you. Write that animal's name on a piece of paper, fold it in half, and put it anonymously into the middle of the circle.

Directions to the facilitator:

After everyone is finished, have the participants go into the circle and pick out a piece of paper (that is not their own). Have the participants go around and try to guess which animal belongs to which person. This should be light and fun and should also help acquaint people with each other and with each other's names. After the participants are matched up with their rightful animals (about 3 minutes), have them all explain to the entire group (if it is a small group) or to a partner (if it is a large group) why they chose the animal they did and what traits they think the animal and themselves share.

The following depends on the site and the group with which you are working: If the participants already know each other well, have them discuss the animals they would have picked for each other. Have them compare the animal they chose with the animal the person chose for his/her self. Are the animals and the traits of the animals very different or very similar to how the person sees him/her self?

(end of activity)

3. Image Workshop (20-25 minutes)

A note to the facilitator:

This lesson is intended to follow the complete viewing of the film *Transit*. Without watching the film in its entirety, it is very difficult to have a thorough and productive discussion of the participants' own lives. Encourage the participants to refer to any notes they jotted down from the film. If the conversation seems to drag or participants are not able to recall information about or reactions to the characters, re-screen as much of the film as is possible. This kit will use specific film-based characters and scenes as its method of approaching its personal health and decision-making curriculum.

Directions to the participants:

Glance over your notes and reactions from the film as much as you need to. In our sessions, we are going to look both at the characters in the film and people in our own lives. Throughout the film, each character had at least one significant turning point and made decisions that taught us a lot about them and that greatly affected his/her future. For our first couple of lessons, we're going to look at the characters and their actions from the first half of the film.

We'll begin by looking at different people's images.

Directions to the facilitator:

Split up into small groups and discuss the images of 4 main characters: Asha, Matt, Tatjana and Champinon. Distribute hand out #1 (immediately following this lesson in the packet) to all participants.

Directions to the participants:

For each of the 4 characters listed, think about the image that that character had in relation to their friends, families, colleagues and outsiders. What are some key words that describe the main image of each character? What are the first words that come to *your* mind when thinking about the character? Write all of those words in one half of the character's box.

In the other half of the box, think about the image that each of the characters had of him/her self. Take some time to write down as much as you can.

(allow 3-5 minutes for participants to reflect back)

Directions to the facilitator:

Now have the participants discuss what they wrote either in their small groups or in the larger group. Let this conversation flow and take the time it needs (approximately 5-7 minutes). Let them share these thoughts based on their reactions to the film they've seen. Encourage all participants to speak, reminding them that there is no right or wrong answer—this is all based on their individual reactions to what they have seen.

Were people's self images close to or far from the images others had of them? Did the self-images of the characters affect the decisions they made? If so how? What kinds of things contributed to people's images of themselves and each other?

If participants are stuck at all, ask them if the list can/should include things like: race, class, job, age, beauty, sexual orientation or perceived sexual orientation, sexual experience or perceived

sexual experienc

Encourage the participants to be as specific as possible with each other. If the discussion is dragging, ask some prompt questions:

Do you think Asha is a slut for doing what she did? Do you think Matt was embarrassed that he was a virgin? How did that affect his self-image?

Do you think Champinon thought of himself as a loser? Did you think of Champinon as a loser until he got that job selling beer?

If Tatjana had low-self confidence would she have left Yuri and Russia?

4. Bringing things back home (15-30 minutes)

Directions to the participants:

We are now going to bring the conversation about the characters closer to home. Take a minute or two to think through and make the same list about yourself that you did about each of the characters. On one side list the images that others have of you (teachers, friends, colleagues, parents) using any key words or ideas you want. On the other side, make a list of words you would use to describe yourself (prompted by the animal game). How do you define yourself? This paper will not be shared with anyone so please feel free to be as personal as you would like.

Take a minute or two to reflect on the differences or similarities between column 1 (other people's images of you) and column 2 (your images of yourself).

Are they similar? Different? If so, how? Do you see any similarities between yourself and aspects of any characters that we just looked at?

Have the participants discuss either in small groups or in a large group their reactions to what we just did:

Do our self-images affect the decisions we make? If so, how? Do the images others have of us affect the decisions we make? Does everyone's image of us affect us in the same way? Whose images of us most affect the decisions we make? Why? Whose images of the characters most affected the decisions they made? Was it the same people for all of the characters? In the film, whose self-image was closest to the image others had of them and whose was the furthest? Who acted because of the images others people had of them? Does the difference between your self-image and the images others have of you affect the decisions you make? (Think about relationships, jobs, schooling, clothing style/dress, partying or other things...) What are the things that contribute to your perception of someone: clothes, cleanliness, drinking at a bar, taste in music?

How did these images in the film affect the influences, relationships and power of each of the characters?

To the facilitator:

These are lots of questions—some may trigger intense discussion; some may not. The goal here is really to have the participants speak openly and freely about image. If the group is more quiet, they might talk a great deal about the characters and little about their own lives. Try to encourage them then to take a minute and write down to themselves (or discuss with one other participant) how these questions relate to their own lives. Participants might not feel

comfortable speaking about their own lives to the entire group. If the discussion is revolving mainly around participants' lives to a point you feel is sidetracking, continue to encourage them to discuss the actions and perceptions of Champinon, Tatjana, Asha and Matt. If the discussion is not moving forward, read more of the prompt questions and if necessary, replay a part of the film.

If it seems that there is a lot to say and everyone wants to speak, have the participants either take 3 minutes to write down their thoughts on paper or have the participants break up into pairs and discuss with each other. Much of this discussion relies on your facilitation and will vary based on group size, maturity, age, and comfort level with each other. This discussion can last anywhere from 5 to 25 minutes. Continue to remind participants of the ground rules (confidentiality, don't speak when someone else is, trusting each other's intent, no generalizations etc). Close the session when you feel the material has been sufficiently discussed.

5. Finishing up (3 minutes)

Hand out the response page and have the participants fill them out anonymously. Have participants pass them in to you. Read over these before the next session to see if there is anything you can do to help better facilitate the next session.

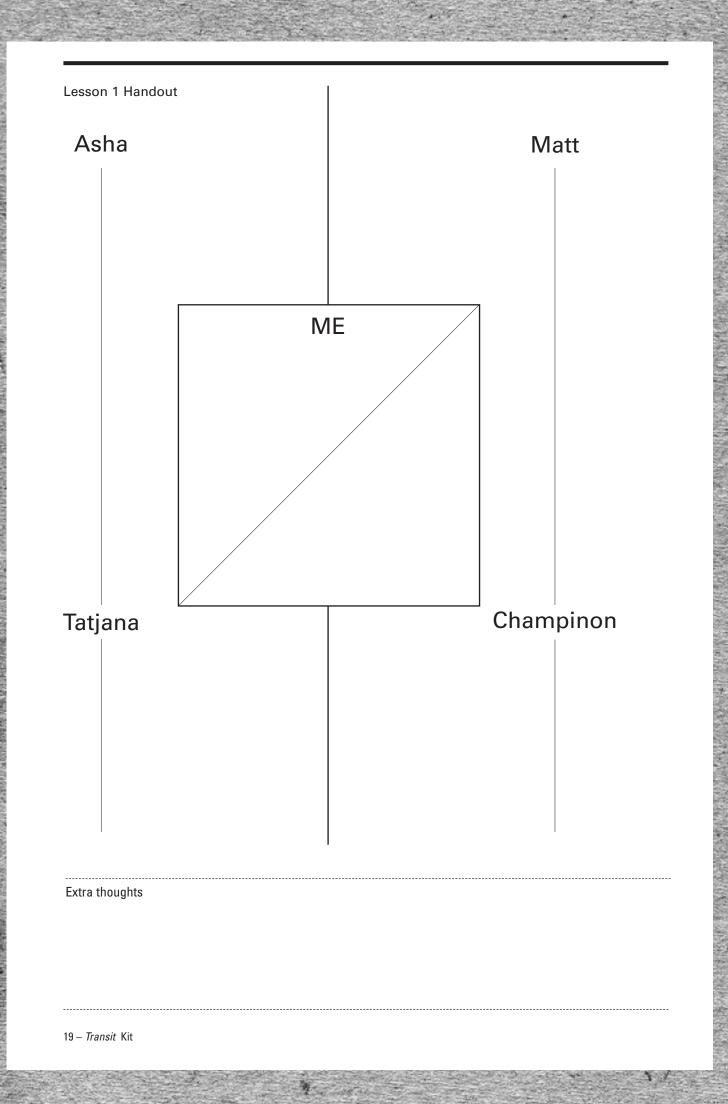
Congratulate participants on their good thorough work today. Conclude by having the participants say each other's names.

Remind participants of the time and location of the next session.



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Lesson 2 Goals— Would you do anything for a dollar?

Concept

* Define success for each of the characters in order to better understand their decisions and actions.

Objectives

To become aware of and analyze when and why people make short-term choices against their long-term health and well-being. To begin to gain tools to help make decisions based on personal life goals and to navigate high-risk situations—specifically relating to economic inequality.

Materials

Handouts for lesson #2 for all participants Pens or pencils

Time 30-40 minutes

To the participants:

In a perfect world knowledge would give everyone the power necessary to negotiate relationships and control their decisions. In this world money, class and resources contribute greatly to your power and voice in society. In addition to knowledge, it is necessary to have enough power and self-confidence to be able to assert your rights and to negotiate situations and relationships.

Today, we're going to continue the conversation we began last session on image. We looked a lot at Asha, Tatjana, Matt, Champinon and ourselves.

Asha's father defines success specifically as marrying well, getting a good degree and having a family. At that time, Asha defined success as being happy and falling in love. How do you define success? How do your parents/guardians define success? What do you want for yourself? What do you want for the next generation? Does HIV and AIDS play into this?

Today we are going to think about how, if at all, image is related to the goals we have for ourselves. We're going to do a quick ice-breaker and then Transition right into our workshop.

1. Breaking the Ice (5 minutes)

Directions to the facilitator:

Tell the participants that they have 3 minutes to get in a line in age order (based on birth day, month and year). The trick is that they must do this entire exercise without speaking though they can communicate in any other way.

After 3 minutes, tell the participants that they can now talk and have them check to see if the group completed the exercise successfully—meaning that they are arranged in a line from youngest to oldest.

Ask participants to now group up with two or three people next to them in line. Participants will use these groups for the majority of the following workshop.

2. Workshop (15-25 minutes)

Directions to the participants:

Pick two of the four characters that we looked at last session who are most interesting to you. What were/are the goals of those two characters? Make sure you include all of the different types of goals each person has. (Allow 1-2 minutes)

Directions to the facilitator:

See handout at the back of this lesson for a list of goals for each character if your participants are stuck.

The following conversation linking goals to image will flow from the following prompt questions. As in lesson 1, use these questions as needed to encourage dialogue among participants—either in the large group or in small groups. (*Depending on how quickly and easily participants speak about these issues, you may have to read very few of the prompt questions, or many more.*)

To participants: Think back to our conversation on image—Did each person's goals relate to how he/she defines him/herself? How did their self-images affect the goals they set for themselves? How did other people's images of them affect the goals they set for themselves? For example:

- If Champinon had a completely opposite self-image, what would his goals have been?
- Do you think Matt's goals about his music were realistic? What gave him the confidence to have such goals? How did Matt's actions and attitudes change after he started to be recognized for his music?
- Do you think Champinon's image of himself as a 'loser' affects the goals and the decisions he makes? What are sources of confidence, coolness and strength for him? (having a job, looking good, and getting girls)
- After Champinon was hired and began to get involved in a relationship his confidence changed—how did that change his goals and his decisions?
- How would the story have been different if Champinon didn't get the job?
- How does your self-image affect the goals you set for yourself? How do other people's images of you affect the goals you set for yourself?
- What are the major factors behind some of the risky decisions that these characters made? Are those factors similar at all to any of the factors around you?

To the facilitator:

Have the participants turn their backs to their small groups and discuss the following question: How do joblessness, hopelessness, and a lack of control contribute to destructive decision making? Think of examples from your own life or from people around you. (3-5 minutes)

3. Visualizing the cycle (5-10 minutes)

Now, distribute large flip chart paper (1 per group) and markers.

Directions to the participants:

Do you see self-image as part of a vicious cycle? With your small group, illustrate the actions and consequences of one character over the course of the film. You can choose any character; multiple groups can choose the same character. What were the actions that perpetuated the cycle? This can be a diagram or a list or anything else. Be creative.

To the facilitator:

Allow 5-6 minutes for the groups to discuss and create their images—these will vary greatly. Depending on how much time you have, have each group quickly stand and explain its image to the other groups. Hang them all on the wall.

Now distribute accompanying handout. Have the participants compare their diagrams with the handout and let the participants freely discuss this.

A prompt question for the participants:

What are some of the things both from the film and from the lives of people around us that keep the negative cycle going?

(Peer pressure, theft, alcohol, unsafe sex, bad power negotiations, violent relationships, poverty, unemployment, AIDS)

Are there any alternatives?

Let the discussion flow from all of these triggers. Participants will be most affected when the material relates closely to their lives and they can speak from personal experience. However, the story lines of the main characters in the film offer a lot of material to begin the conversation on goals, image and consequences. If the group gets to points where it feels stuck, ask the participants to talk about one specific character and that character's "path".

4. Connecting the dots (5 minutes)

To the Participant:

In the film, we see Matthew put up with a poor living situation. He has to deal with disrespectful circumstances because he needs to work. When you watched those scenes in the film, how did you react?

To the facilitator:

Prompt the participants with the following questions:

What things do people do in your community for short-term resources? Does that increase their risk for AIDS and other signs of poor health? Do some of the things that people you know or people in the film do put them deeper into a cycle of deprivation and low self-esteem?

To the participants:

Take a couple minutes to add to the handout all the words that come to your head as part of this cycle. Also think about what some of the products of this cycle are. These can be things that happened in the film or that have happened in your life or the lives of people around you (such as depression, poverty, HIV). Discuss your work/thoughts with your small group. (If the participants are having difficulty, ask them where religion, music, makeup/tight clothes/beauty, parents, education, etc., fit into the diagrams.)

To the facilitator:

Have the participants take two minutes to write down their reactions to how these two cycles affect their own lives. This should be done in silence. Encourage the participants to continue these conversations outside of the session if they please.

Thank participants for their hard and honest work today. Hand out the brief evaluation and read participant comments before the next session. Remind them of the time and location of the next session.

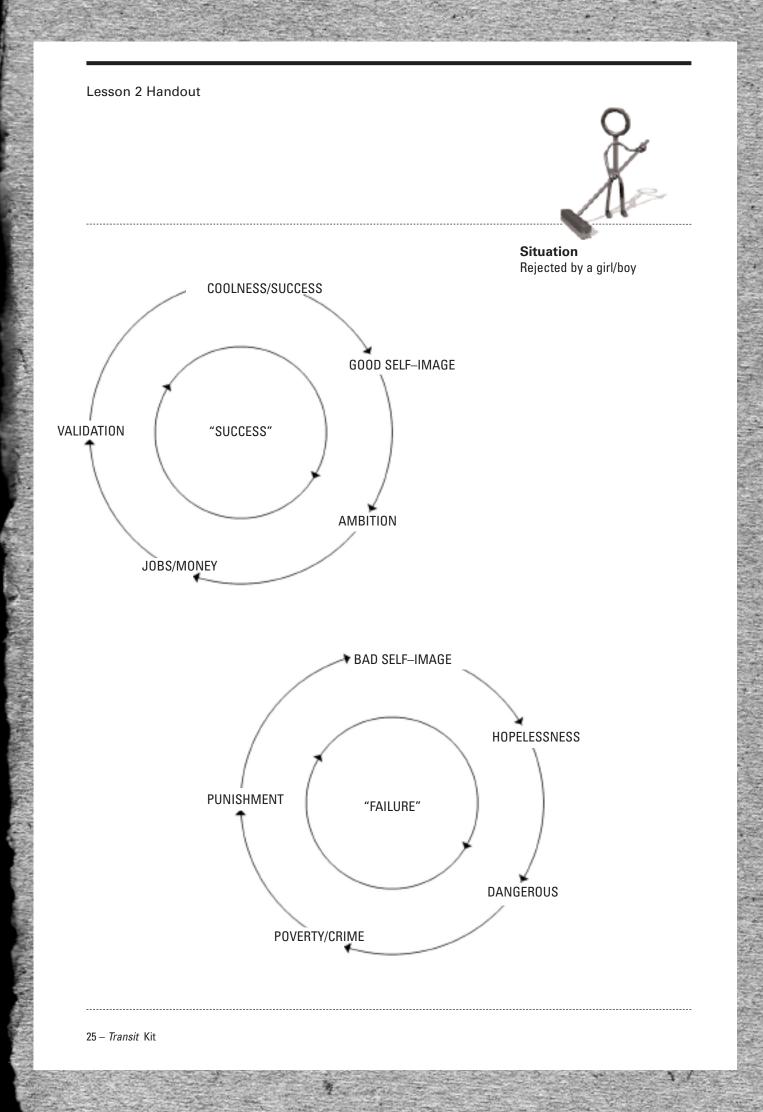






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24 – *Transit* Kit



Goals:

(there are no right or wrong answers. The following are possible answers)

Champinon To get a job and have a career To have a girlfriend/have girls like him To be cool To have money Asha To follow her dream To make her documentary To have a boyfriend To stand up for herself Tatjana To get out of Russia To leave an abusive relationship To fall in love To be independent Matthew To become a well-known rapper To spread his socially conscious message To have a job To find true love

Lesson 3 Definitions of Success (and love)

Concepts

* Understand the relationship between our goals and the decisions we make

* Analyze how the decisions of the characters in the film relate to their sometimes conflicting goals.

Objectives

To begin an investigation into the repercussions of decision-making, and how decision-making relates to our goals.

Materials Lesson #3 handouts for all participants Pens or pencils

Time 30-40 minutes

Read to participants:

Together we have a movie full of many characters in which each character had to make a number of decisions and deal with the consequences of their decisions. We have now had two sessions where we have begun to examine the images of the main characters and some of their goals. Today we are going to dig deeper into their goals and start looking at some of the various decisions each character made over the course of the film. We will continue to look both at the characters in the film and at people in our own lives.

1. Get up and moving (4 minutes)

To the facilitator:

You will read to the participants 8 prompts. For each prompt, ask the participants to find the people with the common response to the prompt. Groups will vary in size. After participants have formed their groups, ask them to quickly introduce themselves to their group. Then, read the next prompt. This exercise is meant to be a light way to get people moving, talking and introducing themselves to each other.

Prompts:

Who do you live with? (Group by whether or not you live with friends, family, by yourself etc.)

What do you want your family to look like? (Group by how many kids you want etc.) What do you want to be when you grow up? (Group by answers such as artist, teacher, doctor, lawyer, politician, etc)

What you do on a Friday night? (Group by kind of activity you do)

What radio station or TV station do you listen to or watch? Add 2-3 more locally relevant and interesting prompts such as: what is your favourite kind of food, where is your family from, what is your native tongue, etc.)

End of exercise

2. Goal lesson (20 minutes)

To the participants:

Today we're going to jump right in where we left off last time. We've been looking thoroughly at Matt, Asha, Tatjana and Champinon.

Please take a minute or two to think about the people who are close to you in your life, and which characters in the film they most resemble. Choose two characters that are the most similar to people in your own life. They can, but need not be, the characters we have already looked at. (You can also choose from Oscar, Blanco, Masha, Yuri, Vip, etc.) Divide yourselves into small groups with other participants who have chosen either one or two of the same characters that you have. Introduce yourself to your group. (3 minute)

To the facilitator:

Ask the participants to think through the goals that each of their characters had in the beginning of the film. Remind them to be as inclusive as possible. Have them write out the full list of goals for each of the characters they have chosen on the left side of each of the two columns.

Now on the other half of each column (opposite the list of goals), have the participants brainstorm together in order to identify the most notable, shocking, and memorable actions the chosen characters made over the course of the film.

After these two separate brainstorming activities take place, ask the participants to uncover both halves of the list and look at them together.

To the participants:

Did the decisions that the characters made bring them closer to or farther from the goals they had for themselves? Discuss this in your small group. (2 minutes)

To the facilitator:

Bring the groups together and have them discuss their answers in the whole group. Ask them to read aloud to the whole group what the goals of their characters were and how they defined success. They should be read in succession and there should be a lot of repeats.

After they are all read aloud, ask the participants 'which goals/definitions of success did you hear again and again?' Which of the goals dealt with love, comfort or acceptance within relationships?

Now ask the participants to discuss as a group the decisions that their characters made over the course of the film that affected their goal of being loved or of being in a relationship. Ask them to critique the character's actions: Did the decisions the characters made in the film bring them closer to or take them farther away from their goals?

Encourage the participants to be as specific as possible with the scenes and actions that took place. Let the conversation flow freely and encourage the participants to discuss with each other. If the conversation gets slow, play the devil's advocate and argue the other side of the point. If they say that it was good that Asha left Vip when she found out he had been cheating

on her, ask them if it would have been better for Asha in the long run if she had stayed and talked it through with Vip.

Also ask participants to share their initial reactions when critical decisions were made throughout the film.

Have the group split up into three small groups and give them each a scene from the film that revolves around a relationship:

The three are:

Matt deciding to lose his virginity with Asha Asha leaving Vip when she found out he was cheating on her. Tatjana leaving the country and Yuri, to be with Ruben.

Ask them to act out their scenes with another goal (either recognition by peers, money, acceptance with parents, being independent, etc.) as their central goal. Let them act out the scenes with each other (2 minutes). Now have them act out the scenes again with love in a relationship being their only goal. (2 minutes). (5 minutes total)

Bring the group back together as a whole.

To the participants:

We are going to reflect back on all we have discussed today. Use any of these questions to share things that came to your head over the course of this exercise.

How it felt to act out the two scenes? Which one was more comfortable? What differences came to your mind when acting out the first one and the second? In the film did you feel that your character had competing definitions of success? If so, how did that affect their decisions? How would it have been different if any of the character's only marker of success was EITHER money, *or* parental recognition, *or* recognition from peers, *or* love? Would you have made the same decisions the character made for love? Did your opinions of the characters' decisions change when you saw the consequences

at the end of the film? Halfway through the film, who do you think was the most 'successful'? At the end of

the film, who would you describe as being the most successful?

To the facilitator:

Let the discussion flow freely here. Encourage the participants to share their initial reactions to different decision making scenes in the film. Close the conversation after 5-7 minutes.

3. Bringing it back to our lives (10 - 15 minutes)

To the participants:

We are looking at this film not only to critique these characters' lives, but also to reflect on our own. Take a couple of minutes to reflect in pairs or on paper your own goals and definitions of success. On the other half of the page, write out some of the consequential decisions you have made. Open the page up and take a minute to reflect on your own life silently or out loud.

To the facilitator:

Again, depending on the comfort of the group members with each other, this section can be done silently or out loud. Use the following prompts to trigger a closing discussion.

Do you see huge contradictions between some of the decisions you have made and

some of your goals?

Do you think the decisions you have made take you farther away from or closer to your goals? In your own life, does one goal always win out over another?

Is it possible for you to rank your goals?

When you make decisions in order to pursue one goal, does that automatically take you farther away from your other goals? Is there any way for your multiple goals to coexist?

What is your #1 goal?

To the participants:

Think about one decision or situation that is currently happening in your life. Think about the different ways you could respond and how those different approaches relate to your goals.

Take two minutes to write silently how you felt doing this exercise and what you are thinking about right now. Does seeing what ended up happening to the characters in the film affect the way you think about any of the situations in your life right now?

To the facilitator:

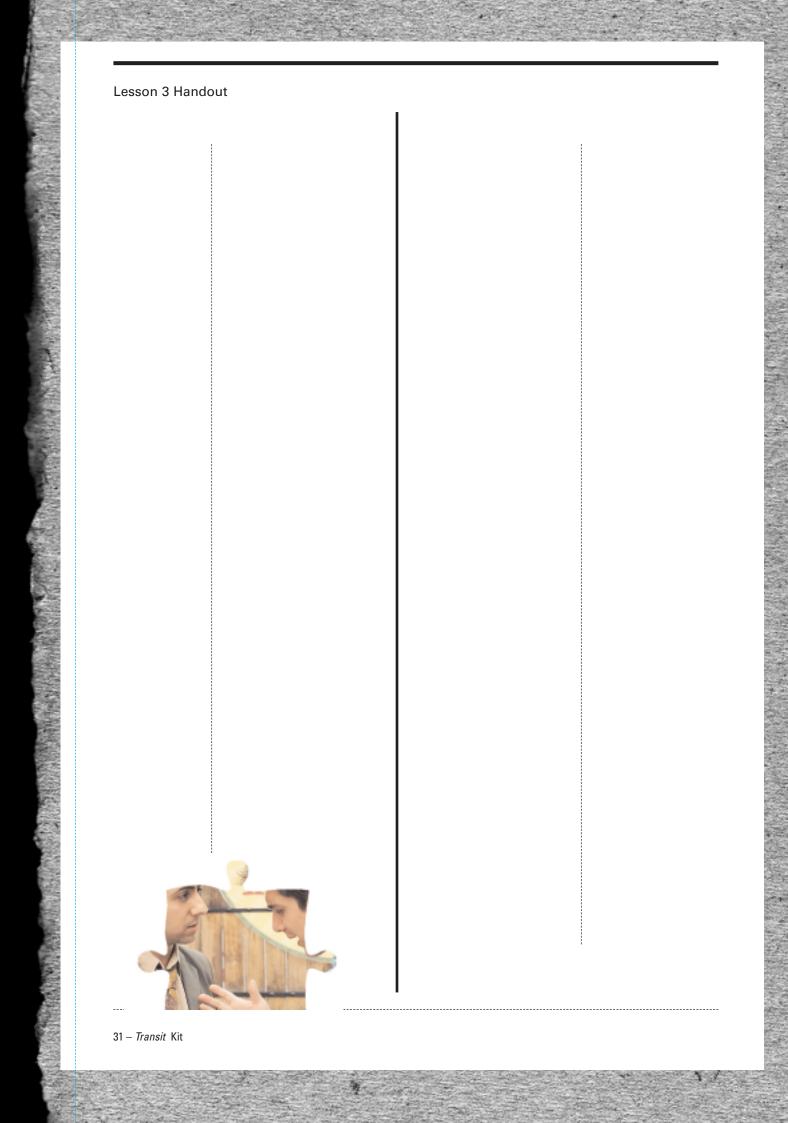
Read that question and allow the participants to reflect silently. If the group is comfortable with it, ask them to share any of their reactions out loud to the group. Remind them again that this is a confidential and safe space. You can also remind them that

they can share a situation or story about someone else in their life that is not themselves.

Let people speak freely if they want to. If not, it is okay. Silence does not mean disengagement; often it means just the opposite.

Thank the participants for their energy and honesty today. Remind them of the time and location of the next class (if applicable).





Lesson 4 Negotiating Relationships

Concepts

- * Examine the central relations in the film and whether or not they are risky/dangerous.
- * Identify desirable characteristics that you and the characters in the film want for their boyfriend/girlfriend.

Objectives

This lesson connects our previous discussions on image, goals and success to the relationships we see around us. Participants will begin to identify what are valuable and healthy characteristics in relationships. Participants will also begin to think about what constitutes an ideal boyfriend/girlfriend.

Materials Feedback form for all participants Flip Chart Paper Pens or pencils Paper for students

Time 45 minutes

1. Getting started (3 minutes)

To the facilitator: Distribute paper to each participant.

To the participants:

One of the goals that came up last session and one of the successes that each character yearned for at one time or another was love/relationships. We're going to spend today digging deeper into this topic that affected everyone in the film.

What is your ideal relationship? Take a few minutes to think about the things you would like in your life right now from someone else. Your response can take the form of a list, a drawing, a sketch, lyrics or anything else. This is for you. After you have completed this exercise (2-3 minutes), put your response away. We will come back to this at the end of the session.

To the facilitator:

Remind participants that it's ok if they aren't in a relationship now or don't want to be in one right now because of their own personal goals. They can think ahead to when the time is right for them and what they would consider to be an ideal relationship.

2. Breaking the ice (3 minutes)

To the participants:

Find one, two, three or four people with a similar first name as yourself. Take 3 minutes to sit with your group and share the story of how you got your name (or nickname).

After you have discussed this, combine groups or separate groups in order to make 4 groups.

3. Workshop (20 minutes)

To the facilitator:

Assign each group one of the four main characters (Asha, Matt, Tatjana, Champinon) Ask each group to review briefly the goals of their character. Have participants begin thinking about what their character did and did not settle for throughout the course of the film in his/her relationships.

To the facilitator:

Now the four groups will have to interact with one another. Ask the participants to remain in their groups and tell them that they will now be ranking their character in relation to the three other main characters (the three other groups). The participants must rank the four characters as a large group in regards to who would be the best and who would be the worst boyfriend or girlfriend. Who would the participants most want as boyfriend/girlfriend, who would they least want? Have them discuss this aloud with each other and try to come to a consensus as a group.

This is highly objective and will be disputable because different characters had different traits over the course of the film. Encourage them to discuss their thoughts with one another. Ask participants to pair up and discuss the exercise they just completed:

To the participants: Please discuss:

Do you agree with all of the ranking you made with the large group? Is your personal order different than the order you made as a group? What were the traits of the people towards the top of the list? What were the traits of the people towards the bottom of the list?

Were there any particular actions or scenes that changed where you placed a character? What were the deal breakers—the actions or traits that put someone far down on the list?

Think of a current or former boyfriend or girlfriend. Where would you rank them on this list of desirability of the characters from the film? Are they at the top, at the bottom, in the middle? Why?

To the participants:

Is it fair to say that our ideals for others don't always match up with who we want/we are attracted to. We're going to think a little about what happens when the people in our lives do not have all of the ideals we want.

In your 4 groups, discuss the relationship between Asha and Vip and Tatjana and Yuri.

- Do you think these were healthy relationships?
- What do you think would have been the best thing to have done in those situations? The worst way to handle them?
- What would you have done if your boyfriend/girlfriend was abusing you (physically or

mentally) or if you found out your boyfriend/girlfriend was cheating on you?

- What have your friends/family/yourself done in any similar situations?
- Do you think Asha and Tatjana are strong women for leaving?
- What is your definition of a strong woman?
- Both Asha and Tatjana left bad relationships. What are women expected to do in these types of relationship? Should women do this?
- Based on the experiences that Asha and Tatjana had from their previous relationships, how do you think that affected the expectations they had for their future partners?
- How did we see any of the characters respond to relationship violence?
 What would you have done differently as any of the characters or in any of the scenes?

To the facilitator:

The above prompts cover a wide range of topics. Let the participants speak comfortably. Really urge the participants to discuss the concept of 'strong woman'. When you feel the discussion is ready to continue, have the participants turn to the person next to them and respond to the following question:

If you could have been Masha and talked to Tatjana before she left, what would you have said to her?

Give the participants a minute or two to respond and then bring everyone back together to continue the discussion. Other prompts include:

Do you think Tatjana should have told Champinon she slept with Blanco? How did alcohol and drugs in the film affect the expectations characters had of each other and the relationships they got into? *Can relationships always be worked through? Is there a time to call it quits and leave a relationship? If so, when is it?*

To the facilitator:

This again is another free flowing conversation segment. Participants can speak both from their personal experience or the experience of those they know or from the characters in the film. Use the questions above as questions to help push the conversation along. Play devil's advocate as often as you can and ask people why they disagree with the opposite of the statement. Go back to specific scenes if necessary to trigger concrete discussion. Replay the scene between Yuri and Tatjana, or the scenes when Tatjana first likes Blanco over Champinon, or Blanco's girlfriend getting back together with him after knowing he cheated on her.

Encourage the discussion to wrap up after you feel that you've covered most of the issues well. When wrapping up stress the point that protection is also about protecting others, like sexual partners, boyfriends/girlfriends.

4. Workshop part II (15 minutes)

To the facilitator:

There are lots of different reasons why we get into or stay in relationships that are not perfect. Relationships, even those that are not perfect, have some things to offer us. —Ask participants to brainstorm a list of some of the rewards of relationships. Write these on flip chart paper or on a chalk board. The list should include things like validation, sex, affection, attention, recognition, coolness.

To the participants:

In search of all of the good things that come with relationships, sometimes people put themselves into negative or unhealthy situations. Can you think of any bad things that can happen or have happened in relationships? Brainstorm a short list of potential negative consequences with your small group or in the large group. You can use negative consequences that the characters in the film encountered in their relationships.

To the facilitator:

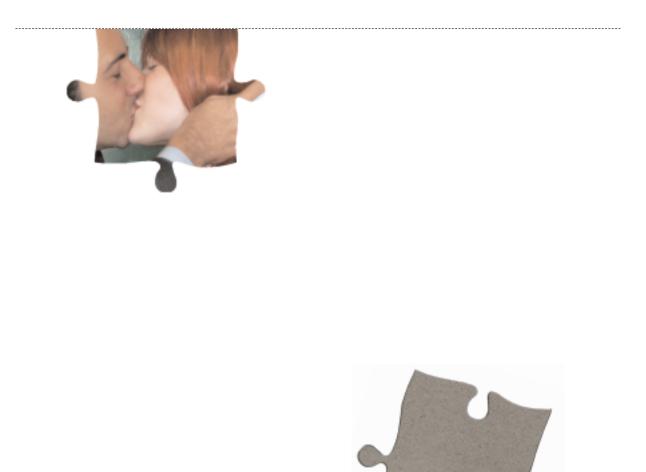
Write the negative list on the right hand column and the positive list on the left hand column. The second list could include things like rape, physical violence, sexual, emotional, and physical abuse, not having control of your own decisions, unwanted pregnancy, HIV and other STIs (sexually transmitted infections).

5. Bringing it home (3-5 minutes)

To the facilitator:

After the two columns are written together on the paper for everyone to see, ask the participants to take out the paper they made in the beginning of the session with their ideal person. Encourage everyone to take 2-3 minutes and reflect on the lists they have made, the ideal person they wrote about, and the relationships in their own lives and the lives of those around them—both past and present relationships. This 'bringing it home' section can happen silently (encourage participants to write down their thoughts) or in pairs or small groups—depending on what the participants desire.

Ask them to go around in a circle and say one word describing how they're feeling right now. Distribute participant response forms. Thank them for their time. Encourage them to continue these conversations outside of this workshop. Remind them of the time and location of the next session (if applicable).



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Lesson 5 Power and Risk

Concepts

* Identify and analyze power in relationships and in actions taken by the characters in the film. * Identify risky actions taken in the film; think about *why* characters acted in the ways they did and brainstorm ways to reduce risk.

Objectives

People both in the film and in our lives make decisions that are often harmful in order to feel powerful. Understanding the 'why' behind actions can help to prepare us from partaking in risk behaviours.

Materials Lesson 5 handouts for all participants Pens or pencils

Time 45-60 minutes

1. Opening it up (5 minutes)

To the participants:

Today we're going to begin to think about how people in the film accessed 'power' and what was power itself in the film. Was it attention, beauty, jealousy, having a boyfriend/girlfriend, having money, or something else? What are the effects of defining power in the ways that the characters did? We're going to look more at relationships and power and begin to think about how to negotiate all kinds of situations.

To the facilitator:

Give the participants the attached handout and ask them to fill it out with word associations. This will only take a minute. Have the participants write down the words, people, or anything else they associate with the words power, strong and weak.

Additionally, have the participants write down the character they think of as the 'most powerful' from the film, and the character they think of as the 'least powerful' from the film. Have them write down a person from their lives that they think of as powerful and the person they think of in their lives as weak. After they have finished the exercise, have the participants share their individual charts with their neighbours to make a commonly agreed upon power chart.

2. A moving game (7 minutes)

To the participants:

Now we will move to the second part of the exercise. Please stand in a circle facing inwards. I will read a statement. If you agree with the statement silently move into the middle of the circle; If you disagree with the statement or are not sure, stay where you are along the edge of the circle. After the statement is read and people have moved, take a minute to look around at how many people have moved in and how many have stayed on the edges. Take a minute to reflect on the question and on people's responses. Everyone will then return to the edge so that the next statement can be read. There are no right or wrong answers. This activity is intended to be done in silence. If you have any questions, please ask now.

To the facilitator:

This is a quiet exercise. After each statement is read, give the participants time to reflect as they go. Make sure there is no talking during the exercise.

Read the following statements slowly aloud:

Statement 1:	Asha getting dressed up after finding out Vip was cheating on her was a powerful thing to do.
Statement 2:	Tatjana and Yuri were in love.
Statement 3:	Tatjana leaving Yuri was power.
Statement 4:	Asha confronting Vip after she found out he hadn't been faithful was a powerful thing to do.
Statement 5:	Asha choosing to be with Matt showed her power.
Statement 6:	It was powerful that Asha never told her parents why she wasn't marrying VIP.
Statement 7:	Asha responding to her family in Kenya's racist comments in the way she did was powerful.
Statement 8:	Blanco was powerful because he could get lots of women.
Statement 9:	The fact that Matt was a virgin for most of his teenage life was powerful.
Statement 10:	Matt's success made him cooler.
Statement 11:	Matt being a socially conscious rapper is powerful.
Statement 12:	Matt being a successful rapper (later in the film) was more powerful.
Statement 13:	Asha is a strong woman for leaving Vip
Statement 14:	Tatjana is a strong woman for leaving Yuri.
Statement 15:	Blanco's girlfriend is not a strong woman for going back to him.
Statement 16:	Having multiple sex partners is powerful/strong.

Statement 17:	Hector honestly telling Champinon that he is gay "I am not a
	sex-monster, I'm a human, just like you" was a powerful thing to do.

Statement 18: Asha letting her uncle get her HIV test results, rather than getting them herself.

End of exercise.

Have participants get back into their seats and begin the discussion.

3. Just to get seen. What is power? - a discussion

(10-15 minutes)

To the participants:

Throughout the film, the characters access both "fake" power and "real" power. What do you think is fake power and what do you think is real power?

To the facilitator:

These are not hard and fast definitions but "fake power" refers to actions that make someone *feel* more powerful without affecting the number of choices that they have. Real power is having choices or options.

To the participants:

One example of "fake" power in the film is the use of jealousy and looks/beauty to get attention. For example, when Asha wants Vip to notice her in the bar, she gets all dressed, goes to the bar, and hits on Champinon. It works; Vip gets jealous. Is this an example of "fake" power or "real" power?

What are some examples from the film of 'fake' power? What are some examples of 'real' power? Do the two kinds of power lead to the same sorts of results? Do both of the kinds of power bring the characters closer to their goals? What were the consequences of some of the instances of 'fake power' throughout the film? What were the consequences of some of the instances of 'real power'?

To the facilitator:

Answers should address reputation, jealousy to get attention and to build self-esteem, competition for men or women, peer pressure, 'freedom' from parents, etc. Encourage the participants to speak freely and also speak from the reactions they had to the circle exercise they just did. What questions surprised them? Which ones were hard to answer? Why?

4. What does power look like? (5-6 minutes)

To the facilitator:

Break the participants up into small groups (3 or 4) and have them pick a turning point scene in the film such as Matt sleeping with Asha for the first time, Asha leaving Los Angeles and not coming back when things aren't going well in Kenya, Tatjana fighting back when Yuri hits her, Tatjana leaving Russia. Asha and Matt going for HIV tests.

To the participants: What were their options? What would you do in this situation? How do you assert your expectations of someone else? What does it mean to be empowered?

5. Sex—where power and risk are related—Bringing it

home (12 minutes)

To the participants:

If everyone always had all the power in the world, they would never be in a risky situation. However the reality is that people don't have limitless power and thus are sometimes in risky situations. What are some of the ways that people can reduce their risk and increase their power?

To the facilitator:

The participants should say things like: don't be alone with someone you don't trust, don't have unprotected anal, vaginal or oral sex, don't share needles. Communicate your feelings, thoughts, and decisions with your partner or people you care about. When in doubt, ask for advice from people you trust. Or seek professional help when you need it.

We are going to Transition into a quick discussion on sex—one of the places where power and risk intersect. When characters in the film were confronted with sex, each couple dealt with the situation differently.

The one thing that was evident was that when characters decided to have sex, communication was key to a healthy and powerful relationship. Where communication didn't exist, things were not good.

Write the following up on flip chart paper:

Communicate with your partner before hand about safe sex, sexual history, and goals. Get tested before hand and together for STIs (including HIV) Consistently use barrier protection Stay monogamous. Communicate often about your relationship. Avoid using drugs or other substances that alter your mind and can affect the risks you take.

Ask participants to sit with a partner (or they can do it by themselves on paper if they feel more comfortable) and rank the following as which are the most difficult to do in his/her own life and which are the least difficult. Ask participants to brainstorm with a partner plans-of-action to make the most difficult factor above less difficult for them to do in their own lives. (2 minutes)

Ask the participants: Were the characters in the film able to do these things to stay powerful and reduce their own risk while staying cool and remaining 'loved' and 'accepted'? Would they have negotiated delicate situations around sex in the film any differently if they were the main character? If so, how?

6. Skills to leave with (3 minutes)

To the facilitator:

Read the prompts below or write them up on flip chart paper. Ask participants to pick the three prompts from the prompts below that are most difficult in their own lives. Ask the participants to come up with some strategies to address each of the three in their own lives. Have them

share their results in small groups. Encourage them to share experiences they've had or they've learned about these topics.

Stop drinking or using drugs in potentially romantic situations Admit to myself that I could get HIV Ask a partner how many partners he/she has had and if they've used IV drugs before Carrying condoms Convince and go with a partner to get tested for STIs (sexually transmitted infection) Get (transportation and logistics) to a site to get tested for HIV Store condoms safely and privately Ask your partner to use a condom Stop during foreplay to use protection Stop risk behaviours if no protection is available Talk openly with a health care provider about risk factors for HIV and STIs Talk to my loved ones about my HIV status; if negative and if positive

Pass out the attached handout.

Thank the participants for the hard work they did. If time permits, have them go around and each say one thing that struck them about today's lesson. Distribute the response sheet. Remind them of the time and location of the last two sessions (if applicable).



Lesson 5 Handout Power Strong Weak 42 – *Transit* Kit

Lesson 5 Handout

Negotiating Risk, Love and Relationships

Open Communication with your partner

Don't wait to be in a tense situation to bring up HIV and AIDS, monogamy and sexual histories. When you engage in risk behaviour with someone (sharing a needle, having oral, vaginal or anal sex) you are interacting with every person that your partner has had sex with in his/her entire life. It is essential to know what you need to know to protect your body. Talk to your partner before hand about their HIV status, STI status, sexual and drug history. It is best to have this conversation early on and not wait until the last minute to find out this information.

Don't engage in any behaviour without having thought about the consequences.

Set your limits before hand. If you don't want to have sex with someone or take IV drugs, tell your friends or your partner before hand to help you stick to your limits. Drugs and alcohol impair your judgment and your capacity to contemplate engaging in risk behaviours.

Alternatives

Try to engage in behaviours that don't have detrimental consequences but that are enjoyable. These could be emotional (really sharing with one another), physical (masturbation, non-penetration), or just fun activities like going to the movies together.

With regards to partners and sex

If you're having sex to get attention or convince someone that you love them, you will probably still have those same issues after you have sex. Ask yourself, is it worth it?

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Lesson 6 Power with a capital P

Concepts

- * Engage in a conversation about what societal power is.
- * Think about how societal power affects us, the people in our communities and the characters in the film.

Objective

An understanding of what societal power is and how it affects the decisions people make helps us to better brainstorm safe and healthy alternatives to situations in our own lives.

Materials Pens or pencils Feedback form for all participants

Time ~40 minutes

1. Beginning the conversation (30 minutes)

To the participants:

We've looked at many different things that affect our decisions: self-image, relationships, definitions of success, goals, and risks. We've spent time thinking about how to negotiate power and how to make decisions in our own best interest. These last lessons will look more specifically at the high-risk consequences of our actions. Today we will look at another aspect of power.

We're going to begin by doing a short exercise. Everyone is going to stand in a line shoulder to shoulder; there will be a person on your left and a person on your right but no one in front or behind you. This activity will be done in silence. The directions are straightforward.

Pick someone.

Take a minute now to think of someone important in your life: it can be someone you respect, your boyfriend or girlfriend, a friend or a family member. You can pick a character in the film *Transit*. You can also pick yourself.

Move for each statement.

For each question, if you think the statement applies to that person take a step backward. If you think the statement does not apply to the person, take a step forward. If you really have no idea, stay put. This is not going to be perfectly accurate, it's meant to be a guess.

The exercise will now begin.

To the facilitator:

Read each statement aloud to the participants. Make sure they have adequate room in front of and behind themselves. Take 5-10 seconds in between reading statements for participants to think about the question and take their step. The statements follow.

This person has compromised themselves and their goals for somebody else's approval.

This person does not view themselves highly (do not have self-confidence)

This person has had sex for money or for food.

This person has wanted to ask his/her partner to use protection but has been scared to do so

This person has had unprotected sex.

This person has had more sexual interaction than he/she was comfortable with because he/she did not feel comfortable saying otherwise.

This person has had more sexual interaction than he/she was comfortable with because of drugs or alcohol.

This person has used IV drugs.

This person does not know a source of free condoms, HIV counselling and testing.

This person has left school or university because he/she did not have the resources or the support to finish.

This person had to work before the age of 18.

This person had to break a relationship with a family member because they disapproved of his/her actions, image, job, sexual orientation or other.

There have been nights where this person did not know if he/she would have a place to sleep.

This person has been in a dangerous relationship.

This person has stayed in a relationship (family, friend, or partner) even though he/she felt it was abusive or unsafe.

This person has done destructive things either to him/herself or to others because he/she didn't feel like he/she had other options.

This person has had to hide his/her girlfriend/boyfriend because of what others would think, say or do.

This person has had to hide his/her sexual identity because of what others would think, say or do.

There have been many times that this person can recall in their life where they have not felt safe.

Have the participants stop. By this point, their positions should be greatly varied: some close to the front, some all the way in the back, and some in between.

To the participants:

In silence, please sit down exactly where you are positioned. Look around at where everyone else is sitting and reflect for two minutes on the exercise. Reflect on the factors that brought people closer to one end and further from the other end.

Did doing this exercise change the perceptions that you have of the person you chose? Does it affect the perceptions you have of yourself? If you were playing for yourself, where do you think you would be in this game?

What statements affected you most?

Were you surprised by how many people stepped forward and backward at any particular question?

What came out in this exercise that we haven't yet touched in this series of workshops?

To the facilitator:

Let the participants openly discuss these questions. Understand that this exercise was very personal and may have touched them greatly. If participants are not responding rapidly, they are probably deep in thought. If they don't feel very vocal at this point, have them write down their answers to these prompts or share with a partner.

To the participants:

You don't know whom your fellow participants chose. Based on where they ended up standing, what if anything can you deduce about the people they chose. Who do you think had the most power? Who do you think had the least? Why?

What do you think the two ends represented?

(For the facilitator to ask a minute or so later)

Was the back wall powerlessness, disease, poverty, something else, or some combination of those?

To the facilitator:

Ask them to reflect either alone or with each other. After you feel like the group has touched on each of the questions, continue to move the discussion by asking the questions:

What is societal/institutional power?

Definitions of institutional power vary but institutional power generally refers to power (choices) given to you or taken from you for reasons outside of your control. These can include language, class, poverty, citizenship, majority religion, majority ethnic group, where you were born, being a girl in a male dominated society, etc.

Did people in the front of the game or in the back of the game have more access to institutional power? If you had institutional power would you have to have sex for food or money?

What are some of the things that give someone more power with a capital p? (listed above)

Does it (institutional power) increase or decrease your chances of 'success' as you define it?

To the participants:

Let's get back to the film. What other options did Tatjana have after fainting in Mexico? If she had money, was highly educated, and was a Mexican citizen, would her options have been different? How much institutional power does someone have who is prostituting themselves to help pay their school fees? (Or a locally relevant example that you, the facilitator, can think of).

Think about institutional power as options. The more money one has, education one has etc.. the more options one has. Take a minute to reflect on your own relationship to institutional

power. Have a discussion of some of the larger systems in places, policies, class, migration etc that increase or decrease risk of poor health. Who (the people at the front or the people at the back) are at the greatest risk for contracting HIV?

2. Where do we go from here? Connecting the dots.

(15 minutes)

To the participants:

We've talked a lot about the cycles of poverty, unemployment, lack of self-esteem and power, spending money on alcohol, drugs, and poor health.

We've talked about the fact that increasing information is a key to help stop the cycle.

We want to think about some of the other things that can help to address some of the root causes.

If you had power (economically, politically, or locally) what would you do to help stop those cycles, specifically among young people in your community? What would you do to help prevent people in the game you just played from taking those steps forward? (policy change, economic development, after school programs, education, access to health services, accessible medicines...).

To the facilitator:

Let this conversation flow, some very good things could come out of it. Depending on how much time and energy there is in the room, you can have this section be just a 5 minute closing or a full 20-30 minute brainstorming and action session. Some participants might respond really well to this task, others might not be into it. The purpose of this part of the lesson is to supplement and tie up the conversation you just facilitated. Use it as you need it.

Ask participants to pick one or two of the suggestions that they get excited about and ask them to form an action plan of what would be needed to make this happen. Part of what this project is meant to do is to remind young people that they DO have power to make changes—both within their own lives and interpersonal relationships and for their larger communities. Encourage participants to think as concretely as possible.

Do education projects, like this one for example, help to build bridges and connect people to their own voices, to each other, to information and to resources? If you think so, can you think of any other ways to replicate projects that do the same thing in your school, community centre, neighbourhood or job setting? Brainstorm a list of other things you can do such as writing an article for a paper, making a book, writing and or performing a rap song, making a play, etc.

To the facilitator:

Distribute the participant feedback form. Thank the participants for their hard work and dedication. Remind them of the time and location of the next session (if applicable).



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Lesson 7 What is High Risk?

Concepts

- * Understand that people's risk behaviours also can put them at higher or lower risk for acquiring diseases/becoming sick.
- * Realize that participating in high-risk behaviours at this time of increased travel and migration greatly increases risk for acquiring HIV.

Objective

Participants will isolate and identify high-risk behaviours from the film. Participants will brainstorm alternatives to high-risk behaviours and reasons why young people participate in these behaviours. Participants will understand why increased migration increases risk.

Materials Pens or pencils Feedback forms for all participants

Time 35-40 minutes

1. Overview for today's session (3 minutes)

To the participants:

We have spent our sessions thinking a lot about images, goals, relationships and power. We've spoken a little bit about how certain actions have very real negative consequences but up until this point we have not directly addressed those negative consequences. In today's session and in our next and last session, we will really delve into these negative consequences— specifically but not limited to HIV and AIDS. In our last session we will look extensively at the scope of the HIV epidemic on young people worldwide, the way the disease is transmitted, and services available for all young people.

If you are going to engage in risk behaviours, be smart about it. We're going to think about ways to avoid behaviours that have very negative health consequences.

In lesson 2 and 3 we talked a lot about our goals and how we define success. Many of us talked about love, recognition, good jobs, etc. Though most of us probably didn't specifically mention living a long and healthy life as a goal. However, that is such an important goal for most of us, we rarely think about it. Today we are going to explicitly add that to our list and see how that affects the actions we take.

The film *Transit* involves characters that partake in multiple different high-risk behaviours. Today you will continue to identify the high-risk behaviours from the film and then begin to relate them to our own lives.

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2. Workshop (20 minutes)

To the facilitator:

Split your group up into 4 small groups. Each small group should have 2 or 3 participants (It may help to have groups in which all participants in the group are of the same gender). Have two groups (separately) brainstorm the high-risk behaviours that Asha, Vip, (US) Matthew, Oscar, Harish (Kenya) took part in over the course of the film. Have the other two groups (separately) brainstorm the high-risk behaviours that Yuri, Tatjana, Rueben, (Russia) Champinon, Blanco, Hector, Natalia, Marina, Tatjana (Mexico) partook in during the course of the film.

Have the participants spend 3–4 minutes brainstorming and then compare notes with the other groups. Have the participants make a large list of the high-risk behaviours they saw in the film.

This list should include:

- * Yuri's drug habit
- * Blanco's multiple sex partners
- * Asha and Matt having unprotected sex
- * Champinon starting to date Tatjana without knowing any of her history
- * Tatjana going to Mexico with nothing more than Rueben's address

If the list is missing any of these things, read the answer above and ask the participants if they think that this is a risk behaviour.

The following interactive section should not take more than 5 minutes:

To the participants:

Judging from this list, what do you think makes a behaviour "high risk"?

Answers should include behaviours that put them at greater risk—INCREASE THEIR CHANCES—of contracting HIV and AIDS or other life threatening diseases and/or situations.

To the participants:

Do you think the risks here outweighed any rewards that the characters might have gotten? *(Let them respond among themselves).*

Can you think of any other situations where the risks strongly outweigh the rewards?

To the facilitator:

List these examples after participants have a minute or two to think: smoking cigarettes with friends, helping friends steal something, riding a motorcycle without a helmet/car without a seatbelt. Risks are lung cancer, criminal punishment, death or injury.

To the participants:

Many of the things listed above are long term risks. What are the rewards? (Let them respond quickly, then read the following)

As some of you have mentioned, the rewards are staying cool, having sex, being accepted, or saving time. Often the rewards are short time and the costs are in the long run.

In the movie *Transit*, do you think the risks characters took in general were worth the rewards?

How did the risks the characters took fit in with their goals and how they defined success?

If their central goal was living a full and healthy life, do you think their actions would have been different? Which ones specifically?

To the facilitator:

Let participants share their responses with one another in pairs or groups of 3 (depending how many people are in the session).

To the participants:

Even with all the knowledge, people often still partake in high-risk behaviours. People know that wearing a seatbelt in a car can save your life, yet many people do not wear seatbelts. People know that cigarettes are addictive and cause lung cancer yet people still smoke. What are a few reasons why people engage in high-risk behaviours even when they know they are high-risk?

(Potential answers include attention, seeking pleasure, rebellion; increase self esteem, not having power/control, thoughts impaired by drugs/alcohol.)

3. In closing (12 minutes)

To the facilitator:

Ask the participants to pick 3 or 4 of the high risk behaviours from the big list the group made earlier today.

In the same groups of two or three, have the participants brainstorm all the ways that the character (Asha, Tatjana etc) could have reduced his/her risk to become infected in that scene. After a few minutes have the participants share their lists.

Conclude this part of the lesson by having participants discuss with a partner if these alternatives are feasible in their own lives and relationships. Encourage participants to think of the risk factors they partake in and whether or not these options would feel satisfactory. Have them make note of questions or thoughts they would like to share with the entire group.

Thank them for their time, distribute and collect the assessment forms and remind them that next session is the last session.

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Lesson 8A Being vulnerable – Power, Risk, and HIV

A special note to the facilitator:

Lesson 8 is divided into 2 parts. Part A discusses knowledge of HIV and AIDS; Part B discusses resources and tools to stay safe. The lessons can be done together or conducted separately. Use your discretion to determine how to broach these last two lesson components.

Concepts

- * Knowledge is critical to staying safe. HIV directly affected the lives of every character in the film *Transit*. Participants will learn the basics of HIV and AIDS so that it will affect themselves less.
- * Knowledge is only useful if you have some power in your relationships to use the knowledge you have. Young people need a combination of both knowledge and power to bring about change in their own lives and steer clear of high-risk behaviours.

Objective

To examine high-risk behaviours, learn about HIV, brainstorm alternatives to high risk behaviours and learn about prevention resources.

Materials Pens or pencils Lesson handouts for all participants

Time 30–40 minutes (+ 15–20 optional supplementary section)

1. HIV introduction (10-15 minutes)

To the participants:

This last session is broken up into two parts. In the first part we will look at HIV as one of the consequences of high-risk behaviours and examine how power directly affects our health. In the second part, we will examine prevention resources.

Listen to the following situation read aloud. After the situation is read aloud, discuss with a partner how you are feeling, and what you would do.

You are a young woman (21 or 22) in a monogamous relationship with a man whom you love and admire. His job however requires that he travels a lot while you stay home. Over the past year you've noticed him change—he tells you less and less about the time he spends away and you suspect he could be having sex with other women. You both tested negative for HIV and other STIs (sexually transmitted infections) two years ago; you two don't use condoms every time you have sex because you trust each other. You ask him how his health is and he casually says 'fine'. The woman who you are is Marina from the film (Blanco's girlfriend). You fear that Blanco could be putting you at risk for HIV, what do you do?

To the facilitator:

Let participants discuss this prompt for 5 minutes to open the session. Ask them for the key words that express their feelings during this session. Write them on a piece of scrap paper and hang on the wall. Words could include: silenced, frustrated, angry, voiceless, no power, unsafe, scared.

To the participants:

You can see that even if you have all the information about HIV, that doesn't always keep you safe. It is a combination of knowledge and power that is necessary to keep yourself safe. We've already looked at how power operates in decision making and negotiating difficult situations. Now we are going to talk about HIV itself.

We are now going to think about Asha for a minute. Think back to the scene when Asha discovers Vip with another woman (on the video camera). Think also about the scene where Asha's cousin tells her to stay away from Matthew; think about how Asha responded to this situation. We are now going to examine Asha's choices by examining the knowledge and the power she had.

With a partner discuss:

What was the trigger situation here? What were her feelings because of this situation? How did she respond? What was power for her at that moment? Did her response put her at higher risk or lower risk for being hurt (physically or emotionally)? What were the long term effects of her actions? What would be an alternate way to respond to resolve the feelings in way that would do less long-term harm?

To the facilitator:

Allow 3–4 minutes for participants to discuss Asha with their partner.

To the participants:

On another note, Champinon was very discouraged when he could not find a job. Matthew was also discouraged by his unsuccessful and unappreciated hip hop career.

These two situations, along with multiple others in the film begin to look at how people's perceptions of their own power (their own self-images, power in their own families, power in their relationships, and power in the world (money, etc) affect the decisions they make.

Discuss with the large group or with your partner again the following prompts. Think about these prompts both in relation to the characters and in relation to people in your own life.

Does feeling powerlessness, jobless, hopeless, or being considered a 'loser' sometimes lead to making bad decisions?

- What are some ways that Asha and Matthew and others in the film could have avoided hig-hrisk behaviours? Do you think they had the power to do so?
- How does Asha and Matthew's conception of power relate to your concept of power for your own life?
- Can you relate to what they did? Do you think you could/would have done differently?

Some of this is review. We are trying to tie together all of our lessons. Take 3–5 minutes to discuss.

2a. HIV knowledge workshop (10-20 minutes)

To the facilitator:

Depending on the knowledge level of your group, you can move through this portion of the lesson very quickly (in 10–20 minutes) or more slowly. You can even choose to separate this material and use the following curriculum as it's own workshop if your participants need extra time to learn this material. This will be based on the level of comfort and knowledge of the participants with regards to HIV and AIDS and sexual health. Even if your young people know a lot about HIV transmission, this workshop done in an abbreviated form provides some valuable resources and information.

HIV Concepts

- * HIV is an extremely serious virus that has no cure.
- * HIV is very prevalent among young people. Knowledge is a necessary life-saving tool.
- * Discuss myths and the facts about HIV and AIDS generally.

HIV Objective

Participants will learn to identify the myths and facts about HIV. Participants will learn about the scope and the severity of the virus. Participants will understand the difference between HIV and AIDS.

A Global Killer

Have participants write down or think about 3 questions they have about HIV and AIDS that they would like answered in this session. Have them put them aside (3 minutes)

Ask participants: What is HIV? What is AIDS? How are they different? What is the scope of the disease? Is HIV and AIDS a serious epidemic?

To the facilitator:

Have the participants take two minutes to guess the answers to these questions. Then pass out the accompanying handout (Handout 1). Let them discuss any answer that surprised them or any of the information in the handout they didn't know or don't believe. (5–10 minutes)

2b. Getting infected: Fact and Fiction (15 minutes)

To the facilitator:

Ask participants to partner up or write silently for two minutes all the things that they have heard from family, friends, media, religion etc. about HIV and AIDS, including things they saw in Transit (try to get them to include Asha's testing scene).

Distribute and have participants read through handout.

2c. Connecting the dots – Making the global local

(7–20 minutes)

To the facilitator:

This section can be covered in as little as 7 minutes or could last 20 minutes. Depending on your timing, feel free to truncate or extend this component of today's discussion.

Read these prompt questions and then have the participants respond. Make sure every participant gets a chance to speak. If the discussion is only focusing on one question or if it gets sidetracked, re-read these guiding questions aloud.

To the participants:

How does knowing the prevalence of the virus affect your decisions? Do you think that the characters in the film knew this information about HIV and AIDS? If they knew all the information we learned today, do you think there is anything they would have done differently? BE SPECIFIC.

To the facilitator:

Answers may include;

Tatjana would have made sure Yuri was tested for HIV before having unprotected sex with him.

Matt wouldn't have slept with Asha without a condom.

Blanco wouldn't have had multiple sex partners.

Yuri wouldn't have been injecting drugs or sharing needles.

Champinon would have got tested with Tatjana before having unprotected sex with her.

Based on whether or not you think the concepts have been adequately addressed already with your group feel free to use or not use the following question to continue discussion:

To the participants:

What does the statement knowledge is power mean to you?

To the facilitator:

People say "knowledge is power" because in many cases, especially in the case of HIV and AIDS, knowing how HIV and AIDS is transmitted can help you avoid actions that could infect you.





3. *Supplementary — Extension questions to discuss if you want to take it further.

(10–20 minutes)

To the participants:

Do people in your community know the information you learned today? What are the major sources of information in your community?

To the facilitator:

Answers could include families talking, church/mosque/religious institution, school, radio, etc.

To the participants:

What could you do to spread the real facts and fictions about HIV and AIDS in your community?

Take some time to brainstorm mini 'action-plans' for spreading HIV and AIDS information in your own communities. Action plans for example could be distributing this handout in another setting, talking to your family about the epidemic and how it's spread, or holding a mini-forum/information session about the disease.

You are in no way meant to be experts on every aspect of this complex disease. It's okay to say you don't know if asked a complicated question. However the knowledge you received today is a vital tool that can and should be shared with your community.

Were your 3 central questions answered in the work we just did? If not, please refer to the handouts.

To the facilitator:

Distribute handout reducing HIV Risk and read through points—emphasizing the points that participants missed.

This concludes lesson 8A.

Transmission Handout Accompanying Lesson 8A

HIV lives in the fluids of an infected person - blood, vaginal secretions, semen and breast milk – often in high concentrations. HIV can be transmitted when these fluids are exchanged. The main modes of transmission are:

Sex (vaginal, anal or oral) without barrier protection (condoms and dental dams for oral sex) with an infected person.

Sharing needles/syringes when injecting drugs or tattooing or piercing needles with an infected person.

During pregnancy, childbirth or breast feeding when the mother is HIV positive. You can also become infected through blood transfusions (though this is rare)

HIV must get into your blood stream to infect you. That means if you're having sex and any of your partner's blood, semen (including pre-cum), or vaginal secretions come in contact with a cut or a tear in the lining of your vagina, anus or mouth, even tiny, invisible ones, you are at risk of being infected.

You cannot be infected with HIV through superficial contact such as:

kissing, hugging, touching, sneezing, coughing, playing sports, sharing eating utensils, or sharing a bathroom.

There are no documented cases of transmission through saliva, sweat or tears. Mosquitoes, fleas and other biting insects don't transmit HIV.

Reminder: What is the difference between HIV and AIDS?

HIV is the virus that infects your body first and leads to AIDS. Once you have AIDS, your immune system is weak and less able to protect your body from other illnesses.

Is HIV a death sentence? Can you live a long time with HIV? with AIDS?

There is no cure for HIV or AIDS. There is no way to get rid of the virus once it is already in you, but people can live a long time with HIV. HIV is not a death sentence if you are safe and lead a healthy lifestyle. People with HIV can look healthy and remain healthy if they take care of themselves. Anti-retroviral drugs can help slow down the affects of HIV and make people live a long time. HIV stands for Human Immuno-deficiency Virus, the infection which leads to AIDS (Acquired Immune Deficiency Syndrome).

Being HIV-positive is not the same as having AIDS. If you get infected with HIV then your body will try to fight the virus by producing special cells – antibodies. If you are HIV positive then these antibodies are present in the bloodstream.

HIV is a life-threatening illness but many HIV positive people don't become sick for years. However while you have HIV, even if you look healthy, you can still spread the virus. Over time, HIV attacks and wears down the immune system, making the body more vulnerable to all kinds of illnesses. AIDS is a 'syndrome' – a group of different health problems which make up the disease.

An HIV positive person is diagnosed with AIDS when their immune system has been so damaged that the level of infection fighting cells (known as CD-4+ or T-helper cells) drops below 200, or when they develop one or more opportunistic infections (OIs). Ols are infections that take advantage of weak immune system and, with reduced immunity, they can be fatal.

Is there a cure?

There is still NO cure for AIDS. Once infected, there is no way to get the virus out of your body. However, there are some drugs which help to slow down the damage HIV does to your immune system and therefore slow down the onset of AIDS. There are also other drugs to prevent or treat some of the opportunistic infections (OIs) that affect people with HIV and AIDS

For more information see www.staying-alive.org



HIV and AIDS A Global Killer Handout To accompany Lesson 8A

What is the difference between HIV and AIDS?

HIV is the virus that causes AIDS. HIV is the virus that infects your body and leads to AIDS. AIDS makes your body's immune system very vulnerable to other diseases and illnesses. Usually people don't die specifically from HIV or AIDS but from the diseases they get because their immune system is not working properly.

Is HIV and AIDS a serious epidemic?

Today, in certain countries of the world 1 out of every 3 people is infected with HIV or AIDS. Over 25 million people have already died of AIDS related diseases. At the end of 2005, there were 40.3 million people living with HIV. 2.3 million children are infected with HIV. (<15 years old). In 2005, there were almost 5 million people newly infected with HIV, 700 thousand of them children under 15. There were more than 3 million AIDS deaths in 2005 alone (more than half of a million of those were children). (UNAIDS).

Sub Saharan Africa bears a large burden of the HIV and AIDS pandemic; 64% of people living with HIV and AIDS live in Africa. Latin America, the Caribbean, Eastern Europe and Asia constitute growing epidemics. Women and children make up an increasing proportion of all new HIV infections. Teens and young adults continue to be the centre of the epidemic. Young people (age 16–24) make up half of all new HIV infections.

Worldwide, most people who have HIV do not know they are infected and continue to transmit the virus. HIV and AIDS does not discriminate. People are infected of all races, genders, sexual orientations, and ages.

Lesson 8B HIV and AIDS – Dealing with the consequences

To the facilitator:

You can continue this lesson immediately after lesson 8A or you can begin this lesson separately. Use your discretion.

Concepts

- * Recognize that knowledge about the myths and realities surrounding HIV is lifesaving.
- * Understanding that people's risk behaviours can put them at higher or lower risk for acquiring HIV.
- * Discuss myths and the facts about HIV and AIDS -transmission.
- * The constant flow of people increases peoples' risks for HIV and AIDS.
- * Conclude *Transit* Teaching Kit lessons by connecting participants to local resources and ways to continue the conversations begun in these sessions.

Objective

Participants will examine in further depth the modes of transmission of HIV. They will also combat local myths and misperceptions regarding HIV transmission. This lesson will touch on issues of stigma and discrimination of people living with AIDS. This will conclude the *Transit* teaching kit.

Materials

Lesson handouts for all participants Final feedback forms for all participants Pens or pencils Any locally relevant HIV and AIDS material or resources

Time 1 hour

1. Beginnings (4 minutes)

To the facilitator:

Distribute paper to all participants.

To the participants:

Think of someone very important to your life who is currently alive (parent, friend, boyfriend, girlfriend, sibling or friend for example). Write their name at the top of a blank piece of paper. You will now have 5 minutes to write that person a letter telling them that you have just been diagnosed with HIV.

(After 5 minutes)

You just did a very personal and sometimes a very painful activity where you saw the

repercussions of decisions people make. The rest of the lesson will then provide practical resources to protect yourself from ever having to write that letter.

2. Myths about HIV transmission

(5 minutes)

To the participants:

Since we know the modes of transmission, we can engage in behaviours that greatly reduce our risk for contracting the virus. Today we are going to examine how HIV is transmitted. Take the next 2 minutes to write down all the ways you've ever heard or that people think that HIV could be transmitted. Come up with a long list of potential modes of transmission.

Now join up with a partner and compare your lists. Together, label each statement as:

Certain that it is true Not sure if it is always true Certain statement is not true

To the facilitator:

Allow 5 minutes for participants to brainstorm and discuss these modes of transmission.

3. HIV transmission facts (10-15 minutes)

To the facilitator:

Hand out mode of transmission handout attached. Have the participants read the handout aloud. Reiterate the three modes of transmission.

To the participants:

Was there anything on the handout that surprised you? That you didn't know?

Now compare the mode of transmission handout with the list that you had made with your partner. Are the two the same? If not, how are they different? Were you right in the facts and fictions that you identified?

To the facilitator:

Have the participants discuss these answers in partners or small groups for 2–3 minutes. Now you will facilitate an exercise reiterating this information.

To the participants:

This exercise will help to review the information you just learned. For each of the following prompts read aloud, call out yes, no, or I don't know.

To the facilitator:

After each prompt, ask one person who answered yes to tell participants why he/she thinks it is true. Ask one person who answered no to tell participants why he/she thinks it is false. Let the participants discuss the answer until there is consensus. To help reduce confusion, you as facilitator can refer back to the transmission handout as needed.

Can you get HIV from eating food that an HIV positive person prepared?

(no, HIV cannot be transmitted through hands or germs).

Can you get HIV from mosquito bites?

(no, there are no documented cases of HIV being transmitted through mosquitoes)

Can pregnant mothers give their children HIV?

(yes, newborns can acquire HIV from their mothers both from the process of birth itself and from breast milk).

Can fathers give their children HIV?

(no not directly, HIV is not transmitted genetically—though they can infect the mother through unprotected intercourse. Mothers can then infect their children).

Can you get HIV through blood transfusions?

(yes, HIV can be transmitted through blood, though many countries screen all blood being transfused for HIV)

Can you get HIV by kissing an HIV positive person?

(no, saliva does not contain enough virus to transmit the virus)

Can you get HIV from anal sex?

(yes)

Can you get HIV through oral sex?

(yes)

Can you get HIV through toilet seats?

(no)

Can you get HIV by someone spitting, sneezing or coughing on you?

(no)

Can you get HIV through sharing needles?

(yes, sharing needles is a high risk way to transmit the disease)

Can you get HIV from getting a tattoo or a body piercing?

(yes, if the needle was used with an infected person and was not cleaned properly.)

Can you get HIV from swimming in a pool, ocean, or playing contact sports with an HIV positive person?

(no, the virus can only be transmitted directly through bodily fluids)

Can you get HIV as a curse?

(no, however this question requires extreme cultural sensitivity. There are many people who believe that this is a central mode of transmission. Let the participants discuss this question

but be aware that participants might not all agree that you cannot get HIV as a curse from God or through witchcraft, and/or voodoo.)

Can you cure yourself of HIV by having sex with a virgin?

(no, there is no cure for HIV and AIDS yet. This is a big myth in many countries around the world that can result in infecting a young child as well as seriously harm the child. If this is a believed myth in your setting, stress the importance of this question.)

Make sure all participants have a command of the three modes of transmission of HIV. This is necessary groundwork for the coming discussion on risk behaviours.

To the participants:

We just worked hard to learn about HIV and AIDS and risk behaviours. Living in an HIV infected world where half of those infected are young people, we are already at risk. We make choices every day that will affect our risk for contracting HIV and affect our chances of staying alive. Watching many of the characters make decisions that increase their risks of acquiring HIV should make us think about the choices we make and the futures we want.

4. Linking to resources (10-12 minutes)

To the participants:

We're going to now look at the facts and information needed to protect ourselves. We learned earlier about what HIV is, what AIDS is, and the modes of transmission of HIV and AIDS. To recap:

HIV is a virus that attacks your immune system and eventually leads to AIDS. AIDS is the name of the syndrome after the HIV virus kills lots of your immune system. HIV lives in bodily fluids and can be transmitted by vaginal, anal or oral sex, sharing needles, or from a mother to her newborn child. HIV cannot be transmitted through kissing, sharing utensils, playing contact sports, cooking food, or by mosquito bites.

To the facilitator:

With the following questions, ask each question, let the participants reply, and then add anything that wasn't covered in the response.

How many people in the film were HIV positive for sure? Is there anyone else you think could be HIV positive? What is an STI? Is HIV an STI?

An STI (sexually transmitted infection) is an infection that is transmitted through bodily fluid in pre-cum, oral sex, vaginal sex and anal sex. HIV is one of the most well-known STIs. Others include: Herpes, Chlamydia, Gonorrhoea, Syphilis, etc.

Why are STIs important?

Having an STIs untreated can lead to many health complications. Having STIs also increases the risk of acquiring HIV through oral, vaginal or anal sex.

What does someone with HIV or AIDS look like? Can someone with HIV and AIDS look healthy?

If someone has HIV and AIDS they will not necessarily look sick. Many people who are infected not only look healthy, but they don't even know that they are infected.

Now distribute formatted handout and have participants briefly read it over. Also distribute the prevention checklist handout.

5. Connecting to our resources (10 minutes)

To the participants:

A necessary part of the *Transit* toolkit is information about services. One of the goals of this series of workshops is to plug you into a network of people, information and support services that will last far beyond when this series of workshops has ended. Education is one tool in the fight against HIV and AIDS. But that education needs to be coupled with power to make choices based on the knowledge you have, as well as access to services and protection methods such as condoms. Today we will finish by learning about some necessary resources.

Over the course of these workshops, we've spoken a good deal about risk behaviours and potentially negative consequences. All of the information you've received over the course of the workshops will help in part to inform some of your choices and hopefully help you to avoid any high-risk behaviours. However not all risk behaviours are avoidable. For these reasons, please take 3 minutes to write down all of the services and resources that you would like to know about. For example: source of condoms, ...etc.

To the facilitator:

Ask participants to make a big joint list. This could include but is not limited to:

Source of (male and female) Condoms Source of Birth Control Pills and other family planning methods Rape counselling Abortion and emergency contraception services Confidential counselling HIV and AIDS testing Other STI testing Alcohol abuse HIV and AIDS treatment drugs Opportunistic Infection (OI) medicine LGTB Resources and support (lesbian, gay, transgender, bisexual) Other HIV support services

Have the participants split up into small groups and each take a section of the large list. Have them brainstorm for each service either a local place, organization, NGO or person they could contact for that resource. Have them write as much information as possible on the large group list. They can acquire information by looking up in phone books, or asking a local NGO or hospital. Encourage participants to gain as much information as possible. Information can include: contact phone number, contact name, cost of resource, whether or not services are anonymous and if there are any other restrictions. The format of this session does not allow participants to take ample time to research. Encourage them to continue researching after the session ends. Additionally, brainstorm as a group a way to approach any resources people are having trouble with.

To the facilitator:

Now, distribute the handout below that summarizes information about services. Take a few minutes for participants to read through and discuss (in small groups or as a large group) the information below. Encourage them to ask each other any questions they might have, and add any other locally relevant information. Remind participants again that this is not a comprehensive list of services but only a beginning of an ever growing and ever changing list of resources. This paper is for them to keep.

6. Testing and other important questions (5-10 minutes)

To the participants:

You've done some very good work looking at your local resources. Now we're going to see how much you already know about the process of testing. It is critical for you to do all you can to reduce your risk. Answer these questions aloud. If you have anything to add, or if you disagree with what's been said, raise your hand and add your comments. Refer to the corresponding handout and add any other notes you want to remember.

To the participants:

You have concluded the structured lessons of the Transit teaching kit. Please use the experiences you had over these past lessons as the beginning of conversations in your own community about how to change your image, refine your goals, support your relationships, and spread awareness of HIV /AIDS. Find more information about what you can do and about the Staying Alive campaign at: www.staying-alive.org. Please make sure that this does not conclude your investigation into these issues, but instead only marks the beginning.

Prevention checklist

 Not Yet! -- Not having sex or delaying sex is the best protection for your body and your life. It's the only sure way to avoid HIV and AIDS.

- Try alternative pleasure means first (behaviours that don't have as detrimental consequences.) It's a safe way to avoid risk of acquiring HIV.
- If you do decide to have sex talk to your partner about using condoms and being faithful. Every time you have unprotected sex, it increases your risk of acquiring HIV.

If you decide you're ready to have sex, make sure you:

- Talk to you partner about his/her sexual history
- Be monogamous
- Reduce your number of sexual partners
- Get tested together (see next handout for information on testing)
- Use barrier methods such as condoms (Birth control pills prevent pregnancy but do not prevent HIV transmission).
- Know your resources
- Sex is not the only way to get HIV. Make sure you also use clean needles if you do use needles, and avoid other high-risk behaviours.



Lesson 8 Handout 2 HIV Services and Testing Frequently Asked Questions

Does having other STIs put you at higher risk for acquiring HIV?

Yes, the presence of STIs, especially untreated STIs, does increase your risk for acquiring HIV. Make sure you get tested for STIs on a regular basis. If you are on medical treatment for any STI, you should avoid having sex until both you and your partner complete your treatment and test again to make sure you're both clear of the infection.

What should I do if I do something that puts me at high risk for acquiring HIV like:

- o If I'm using a condom during intercourse and the condom breaks?
- o If I come in contact with an unclean needle (tattooing, drug use, or something else)?
- o If I get raped?

Go to a health care facility immediately. There are medicines that can be given to you to treat the HIV within 48 hours of exposure and other care and support for you. If you have been exposed from rape, there are other essential services that health care centres can offer you. It is important to access those services.

Should I get tested (for HIV) alone or with my partner?

It's best to go with your partner, however you can go alone and then encourage your partner to also get tested.

How often should I get tested (for HIV)?

You should get tested for HIV whenever you just have or are going to engage in a risk behaviour. It is suggested that you go with your boyfriend/girlfriend to get tested before you become sexually involved. Testing negative once does not mean that you are immune for life —you should get tested if you think there is a chance that you could have contracted HIV.

Will my parents find out my HIV status?

This varies by age and by country. Check with the local clinics in your country. In most countries, parents can access the test results of children under 18.

What's the difference between Confidential and Anonymous testing?

There are two ways of getting tested: Confidentially and Anonymously. Confidential testing means that they take your name and your name is connected confidentially to your test results. When you go back to the clinic to get your results, they call you by name. Your test results are of course still private and confidential.

Anonymous testing means the test centre never even gets your name. Your blood sample is linked to a code that you are given. There is no official record of them being tested and positive results cannot be reported by name to public health authorities. It is up to the person

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being tested to contact the clinic/laboratory for the results. Not all countries and clinics offer anonymous testing.

There are two kinds of HIV tests. What are they and how are they different? What is a false positive? Does testing negative for sure mean I don't have HIV?

There are two most common types of tests: antibody tests and rapid tests. Rapid tests are more expensive than antibody tests and are not available everywhere. The result of a rapid test is extremely reliable. Antibody tests are the most common kind of test. These tests cannot detect virus in your blood in the first three months of infection. Therefore you might test negative and still be carrying the HIV virus. This is called a window period. It is recommended to wait for at least three months after the last time you were at risk before taking the test. It is also important that you are not at risk of further exposures to HIV during this time period. Most importantly you should continue to practice safe sex and not share needles. (Avert.org)

What about not getting tested? Some people say it's better not to know.

Infection with HIV has no specific symptoms. The only way you can find out for sure if you are infected with HIV is by taking the HIV antibody test. If you have the virus, there are medicines that can help your body. If you have the virus, it is also to important to know so that you don't give it to loved ones. (Avert.org)

What happens after I get tested? What do I do if I test negative? What do I do if I test positive?

The counsellor will walk you through your situation and your options. Counsellors are trained with all the necessary resources and information. If you tested positive, don't panic. Testing positive is not an automatic death sentence. The counsellor will talk you through your options. Many people who test positive go on to live a long life. But you will have to alter your lifestyle to ensure you stay healthy.

If you tested negative, that does not mean that you are in the clear completely. Some tests cannot see new virus in your blood. Also if you engage in any risk behaviours at any point in the future, you are still at risk for acquiring HIV.

You've heard of HIV. You've heard of AIDS. Think you aren't at risk? **Are you positive?**

Unprotected sex is the most common mode of transmission for HIV, the virus that causes AIDS. If you are sexually active, unprotected sex can put you at risk of being infected with HIV...

Protect yourself and those you love

C Use a Condom

If you are sexually active, latex and polyurethane condoms can protect you and your partner from HIV, many sexually transmitted infections (STIs) and unintended pregnancy. If you're having sex, our satest bet is using a condom each and every time, think about it: when you are having sex, ultimately you are having sex with everyone your partner has ever slept with.

C Not now

It may seem like everybody is having sex, but they're not. And there's nothing wrong with not having it. There are safe ways of being intimate and expressing love without having sexual intercourse – kissing, massages, get creative! Not having sex is the only form of protection that can totally protect you from HIV, STIs and unintended pregnancy.

Choosing not to have sex doesn't mean that you're never going to do it. Maybe you're not ready yet, or just want to take a break. Or maybe you forgot the condoms and your partner did too – skip the sex and find other ways to make each other feel good.

C 1:1

You've met the ideal person, you've both been tested for HIV and other STIs and you know each other's results. You trust each other to stay faithful. Commit to having sex with no one else but each other.

It's pretty simple...

You get HIV if an infected partner's bodily fluids, including pre-semen, pre-cum, semen, and vaginal secretions enter your blood stream through cuts in your body, (including the ones that you might not see), or while sharing injecting drug, tattoo or piercing needles with a person who is infected. If you think you may have been exposed to HIV, go get tested. Knowing your HIV status can help preserve your health in the long run.

There is no cure, but there are ways to Stay Alive.

BE WELL INFORMED visit www.staying-alive.org for confidential advice on safer sex, HIV and AIDS



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This feedback will help Staying Alive better support you. Please answer with as much information as you can.

What I liked most about the Transit lessons

What I liked least about the Transit lessons

What I liked most overall

What I liked least overall

One thing I learned

One action I will do as a result of what I have learnt

Anything else you would have liked to see/ any other comments

l wo	I would rank the Transit lessons										
1	2	3	4	5	6	7	8	9	10		
unint	teresting			ade	quate			wor	nderful		

Lesson 8B Handout

Local resource toolkit:	
Location	
Date	

Facilitator Name and contact information _____

Services toolkit: At my fingertips

Source of Condoms:

Male condoms are a very common, very effective (99.8% when used correctly) and very accessible way of preventing STIs (including HIV) and pregnancy when having sex. Avoid using lambskin condoms. Make sure you check the expiration date.

Availability/privacy/othe	
Availability/privacy/oth	
Source #2	
Cost	
Availability/privacy/othe	er
Source #3	
Cost	
Availability/privacy/othe	er
Female Condoms/Diapl	hragm/Other Barrier Methods
There are other barrier	methods which prevent pregnancy and STIs. Accessibility varies
greatly. Think about wh Item	nich methods are most locally relevant to you.
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Source of Birth Control	PIIIs
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Confidential counselling and HIV and AIDS testing It is critical to know your HIV status for your own health and the health of others Testing is often very low cost and very easily accessible. Contact person/NGO/ or Source Cost Availability/privacy/other	in your life.
Other STI testing Other STIs can increase your risk for acquiring HIV. It is important to get tested an get treated. Contact person/NGO/ or Source	nd if needed
Availability/privacy/other Alcohol abuse Counselling/Support Contact person/NGO/ or Source	
CostAvailability/privacy/other	
HIV and AIDS treatment drugs Item	
Contact person/NGO/ or Source Cost Availability/privacy/other	
Opportunistic Infection (OI) medicine	
Contact person/NGO/ or Source	
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LGTB Resources and support (lesbian, gay, transgender, bisexual) There are often confidential centres that provide support for issues related to sex Contact person/NGO/ or Source	uality.
Availability/privacy/other	
Other HIV support services Contact person/NGO/ or Source Resource	
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on the back: Participants name & contact information

Common Questions and Answers



What is the difference between HIV and AIDS?

HIV is the virus that causes AIDS. **HIV** Stands for Human Immuno–Deficiency Virus. **This means the** virus can only infect **human** beings. The virus over time makes it extremely difficult for your immune system to work. Your **immune** system is the way your body protects itself. Because the **virus** hurts your immune system, you become vulnerable to many different illnesses.

AIDS stands for Acquired Immune-Deficiency Syndrome. It is **acquired**- you must be infected with HIV; it is not transferred through genes. It affects the body's immune system. It makes the **immune** system **deficient** (makes it not work properly). AIDS is a **syndrome** because someone with AIDS may experience a wide range of different diseases.

Usually people don't die specifically from HIV or AIDS but from the diseases they get because their immune system is not working properly.

Is HIV a death sentence? Can you live a long time with HIV? with AIDS?

There is no cure for HIV or AIDS but people can live a long time with HIV. People with HIV can look healthy and remain healthy if they take care of themselves. Anti-retro viral drugs can help slow down the effects of HIV and make people live a longer time.

Being HIV-positive is not the same as having AIDS. If you get infected with HIV then your body will try to fight the virus by producing special cells - antibodies. If you are HIV positive then these antibodies are present in the bloodstream. HIV is a life-threatening illness but many HIV positive people don't become sick for years - though they can still spread the virus. Over time, HIV attacks and wears down the immune system, making the body more vulnerable to all kinds of illnesses.

An HIV positive person is diagnosed with AIDS when their immune system has been so damaged that the level of infection fighting cells (known as CD-4+ or T-helper cells) drops below 200, or when they develop one or more opportunistic infections (OIs). Ols are infections that take advantage of a weak immune system and, with reduced immunity, they can be fatal. Being diagnosed with AIDS means that your body is losing strength to fight off the virus.

Can you tell if someone has HIV and AIDS? Do they look sick?

No you cannot tell if someone has HIV or AIDS. People can be healthy and active and be carrying the virus. Not all people with HIV and AIDS look sick. Many people don't know for years that they are carrying the virus and thus could be infecting other people. This is another reason why protection is necessary. The only way you can know for sure if someone is infected with HIV is if they take an HIV test.

I've been with my partner for a long time...can I stop using condoms?

If two people don't have the virus to begin with and they have intercourse only with each other and no one else and engage in no other risk behaviours, they won't get HIV. However if either one of the partners has sex with an infected person outside the relationship, uses needles shared with an HIV infected person, or has an interaction where blood mixes, both people have a chance of becoming infected. Because there are always risk factors people may or may not know about, it is encouraged to consistently protect yourself from behaviours that could transmit the disease.

Is there a cure for HIV and AIDS?

There is no cure for HIV and AIDS. Researchers are working hard to find a cure and vaccine for the very complex virus. There are multiple strains of HIV and the virus can evolve making it very difficult to combat. The only way to stay safe is to try and not acquire the virus in the first place—to protect yourself and stay alive.



FACILITATOR FEEDBACK FORM

This feedback will help Staying Alive better support you. Please answer with as much information as you can.

Country ______Setting you worked in ______

What I liked most about the facilitation experience

What I liked least about the facilitation experience

What I thought worked best for the participants

What I thought was most difficult for the participants

What sections were most difficult/were least difficult to facilitate

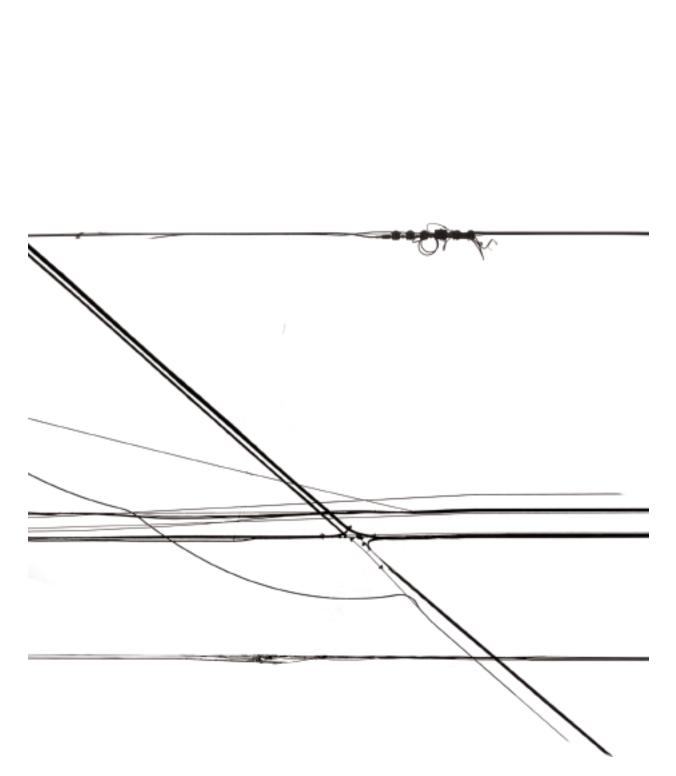
Is there anything from the workshop methods in the lessons that you will continue to use in your work? If so what?

Anything else you would have liked to see/ any other comments you would like to share with staying alive

 I would rank this teaching kit

 1
 2
 3
 4
 5
 6
 7
 8
 9
 10

 uninteresting
 adequate
 wonderful





Please send feedback forms to:

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Transit

An MTV Staying Alive Production

Anna Slynko Humberto Busto Shelley Conn Victor Gatonye

Executive producers : Georgia Arnold and Richard Godfrey Produced by Nikki Parrott Directed by Niall Maccormick

The '*Transit* kit' : written by Sangeeta Tripathi designed by Julien Queyrane

