

**CREATING A GOOD ENVIRONMENT FOR WORK ON HIV AND AIDS**

**Creating a good environment for work on HIV and AIDS. Things you will need. Special requirements. Basic groupwork techniques. Will this work with my group? Talking about prejudice. Talking about sex. Additional resources with this pack.**

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Talking about HIV and AIDS, and the issues around sexuality and drug use which are inevitably raised as a result, is often difficult for young people and the adults working with them. Creating a relaxed and safe environment is obviously crucial if everyone is to gain the most from HIV and AIDS education.

The exercises in this pack have already been used by a wide variety of groups in a large range of settings. This has enabled us to identify some of the common difficulties which arise, and to suggest some ways of dealing with them. While some of these suggestions concern practicalities, such as the materials required, others are linked to ways of working effectively around issues of sex, sexuality and drug use.

### **The Room**

In perfect circumstances the exercises in this pack would be used in a comfortable and quiet room where you are unlikely to be distracted or disturbed. However, in many schools and youth clubs this perfect situation is difficult to achieve. These exercises have, in fact, been used in settings ranging from cramped classrooms to civic centre halls. Nonetheless, it has been possible, with a little forethought, to create a warm and supportive environment where the participants have been able to learn a lot, and do exciting work.

Seating arrangements are very important. In some schools, for example, desks and chairs are arranged in rows facing the teacher's desk. This type of arrangement tends to inhibit young people, and is not conducive to the open discussion and active engagement which characterises participatory learning. If possible, try to arrange to have a room where the group can sit in a circle of chairs, or even comfortably on the floor. It might be possible to timetable exclusive use of the hall, gym, drama room or even the reading corner of the library for the duration of the sessions. If this is not possible, do not despair. Most rooms can be quickly transformed by some movement of desks and chairs. In fact, this often serves another purpose, as it communicates to the young people involved that they are about to embark on work which is of a somewhat different nature to their usual activities.

If your group has some members who use wheelchairs and some who do not, it is important to ensure as far as possible that those who do not use wheelchairs are seated at approximately the same level as those who do. Ideally the room you use needs to be large enough for a group to form one large circle and to split into three or four smaller circles when needed. There should be enough space between the smaller groups for them not to be distracted by what is being said in nearby groups.

It is essential that you should not be interrupted by people walking into the room to get to a cupboard, telephone, photocopier or anything else. HIV and AIDS tend to generate a great deal of outside interest, and it is possible that young people (and some adults) who are not involved in the group may attempt to find out what's going on by peering through windows and doors! So, make it clear beforehand to relevant colleagues what the focus of your work is to be, and that you would not like to be disturbed during the session.

### THINGS YOU WILL NEED

You will need to acquire a basic set of materials, which we have tried, for the sake of economy, to keep as simple and as inexpensive as possible.

- A Flipchart pad or loose A2 sized sheets of plain white paper. It is possible to use a roll of lining paper from a DIY supplier if money is really tight. This is preferable to a chalkboard, as you can keep clear records of what is going on for the reference of the group and later evaluation (see Chapter 6).
- Cheap felt-tip pens (allow some spare as they tend to go astray).
- Two or three large wedge-shaped felt markers in different colours.
- Several packets of 'Post-its' (small pads of self-adhesive notes available from stationers).
- Several packets of plain postcards (these will go further if you cut them into three).
- Half a dozen biros.
- A supply of rough paper (this can be salvaged from a variety of sources).

### SPECIAL REQUIREMENTS

There is not very much money around for buying special resources these days, so we have tried to keep expense to a minimum. When demonstrating condom use, for example, we suggest using a carrot or courgette, rather than an expensive model. If you ask around locally (at family planning clinics for example) it is often possible to get a few free male and female condoms. Questions are often asked about why other forms of contraception, such as the cap, do not protect against HIV, and family planning clinics often have sample kits of the various types of contraceptive device, which can help clear up these kinds of confusion.

Some schools do not allow condoms on the premises, so it is crucial that you find out about any such policies, and secure approval for any work involving condoms before you start. Also,

## BASIC GROUPWORK TECHNIQUES

because some exercises involve explicit language, or the use of condoms, remember to clear away any material which may cause offence to others at the end of sessions.

If you are working with young people who are hearing impaired, you will need interpreters. Likewise, it is possible to get videos subtitled, though you need to allow time for this to be done (see Appendix F).

You may already be familiar with the kinds of groupwork used in these exercises, or they may be entirely new. Whether you are an experienced groupworker or approaching this kind of work for the first time, do read through this introduction to the techniques used, to allow yourself time to become familiar, not only with what to do, but the reasoning behind what is suggested.

### Working round the circle

Successful groupwork depends on generating a sense of self-worth within the group, which makes it possible for everyone to feel that what they have to say will be listened to. This is especially important in HIV and AIDS education, where people may be asked to discuss quite deep and intimate feelings. It is also important that the teacher or youth worker, although taking responsibility for the exercises, should not be seen as an 'expert' giving out the 'facts', and that the group as a whole should be encouraged to take responsibility for setting ground rules, seeing that they are kept to, and participating as fully as they wish. This is best achieved by working in a circle. As discussed, chairs should be arranged in a wide circle, and once the group is settled, none should be left empty.

Forming a circle is a useful way of ensuring that everybody gets a chance to speak. It is important to establish early on the principle that if something is being discussed 'around the circle' or 'in a round', this means that everybody has a say in turn, and that nobody should speak or interrupt while someone else is speaking. The time for open discussion is after the round, when everybody who wants to has had a chance to speak. The two ground rules which need to be established at the beginning are:

- when someone is speaking, everybody else listens, and
- nobody is obliged to speak at any time. When it is their turn, people may simply say 'pass'.

Active listening is something we tend not to be very good at, and paying our full attention to someone who is speaking is a difficult skill to learn. It comes easier to some than to others, but it is a skill which needs to be learned and adhered to in groupwork.



## A Note on Groupwork in Schools

Many teachers are already familiar with groupwork techniques and the rationale behind them, and employ them with great success in their classrooms. However, some teachers and students are far less familiar with this way of working than those involved in the youth service. If your school does not regularly work in this way, and you are hoping to introduce the exercises in this pack in your classroom, you need to recognise that some people do not know about, or care for, the rationale behind participatory work, and occasionally greet it with ridicule or hostility. Older, established patterns of working, such as the 'chalk and talk' approach, often feel comfortable, and new ways of working may seem quite threatening to some of your colleagues as well as to senior staff. It is important, therefore, to be 'armed' with some defence of your intended use of participatory methods.

Curriculum Guidance 5, which deals with health education as a cross-curricular theme in the context of the National Curriculum, clearly states that health education is most appropriately and effectively delivered through active learning, and recommends that this way of working is employed in schools.<sup>1</sup> Further support of the value of participatory methods can be found in the documents which prescribe the teaching of the core subjects of the National Curriculum. The National Curriculum Council recommends that science, which is not traditionally thought of as a 'soft' subject, be taught through participatory techniques.

"Pupils learn through active engagement in learning experiences...As a result of this engagement, they develop both knowledge and understanding in the area being explored...Communication with others plays an important part in the learning process. Their learning is supported and extended through discussion with peers and adults".<sup>2</sup>

When discussing use of participatory methods with other staff, particularly those who do not know about or favour such methods, it is important to emphasise that this way of working requires careful planning, a clear focus and must be well-structured if it is to work. Some people subscribe to the view that participatory methods are ad hoc and somewhat anarchic - this view should not go unchallenged!

You may also encounter some resistance to participatory methods among students, who may not understand why these methods are being employed and feel more at ease with established ways of working. The groupwork exercises in this resource require active involvement, and some students are used to quietly sitting at the back of the classroom in what they may perceive to be relative 'safety' from contact with the teacher. Also, some students perceive that the more

traditional methods employed in some classrooms are 'real' learning, and that any departure from this is not important or valuable, and so are either a waste of their time or an opportunity to 'switch off'. Before embarking on work around HIV and AIDS then, it is important to explain why the class will be working in ways which may be unfamiliar and to explain the benefits of these methods. Once you get going, it is highly unlikely that any protests will continue, as most young people really enjoy opportunities for discussion and departures from the usual routine. In fact, the exercises in this pack generate a great deal of excitement, and many young people not only have great fun with them, but also quickly recognise and report their value as learning experiences.

Once a group has got the hang of speaking round the circle, it is useful to bring members back to the circle frequently. This often involves small groups reporting back to the main group, sharing what they have talked about. This can also be a very useful evaluation tool, enabling the group as a whole to give feedback on a particular exercise as soon as it is completed. A useful device to ensure that each takes a turn fairly is the 'Speaker's Mace', the idea of which is to pass an object (large enough to be clearly visible) around from person to person, so that someone may talk only when they are holding the object.

### **'A Few Minutes Each Way' or 'Taking Time in Twos'**

This is another strategy to ensure that everybody is heard and listened to attentively. It is useful when beginning a discussion of issues which some people find difficult to talk about, such as sex or prejudice. Working in pairs, group members are allocated a set time, usually five minutes (or less) 'each way'. This means that each member of the pair should take it in turn to talk for a few minutes about what they have been asked to think about, while the other listens attentively but does not talk. This kind of activity differs significantly from normal conversation, in which the most articulate individual can often monopolise the attention. So it is important to stress the ground rules for this activity. You will need to make it quite clear that you are taking responsibility for timing, and be sure to time fairly. By giving everyone an equal chance to speak, you will go a long way in encouraging everyone to participate.

After A Few Minutes Each Way, you can call the pairs back to the main group and ask for feedback on what was discussed. This can be done in different ways, depending on what the subject was. One good idea, as an ice-breaker and to help people practise good listening skills, is to let them know before they begin that each person will have to report back on what their partner said. It is often appropriate to allow time for pairs to agree what they do and do not want to have

shared with the whole group during the report-back. It is one thing to share your intimate thoughts and experiences with a single listener, but quite another to have what you revealed reported back to a larger group, and you will have to make it quite clear that nobody is obliged to report back anything.

### **Brainstorming**

This technique enables participants to make open comments, and is a good way of getting a group 'going' and ideas flowing. Brainstorming is, however, quite difficult in very large groups. So if you have a group of more than twelve or so, as will be the case in most classrooms, you may want to suggest they split into smaller groups. Three is the absolute minimum for successful and comfortable brainstorming. One person must be elected to keep a record of what is said, and it is their job to write down what is said to them, with no worries about spelling, and without anyone making any comments. They may also write down their own contributions.

Usually a brainstorm is done around an issue or topic heading on a large piece of Flipchart paper placed on the floor in the middle of a small group. The recorder begins by writing the topic heading at the top of the sheet, and everyone suggests words which immediately occur to them in relation to that topic. Each suggested word should be written down without comment until the sheet is filled or the time is up.

Brainstorms are a useful way of getting something down on paper which can then spark off later discussion. They are non-threatening, and nobody has to stand up and defend a point of view. As an ice-breaker, or as the first step in approaching a difficult topic which may 'freeze' some people, they are invaluable, and can be very enjoyable.

They can also be useful as an insight into what is happening within the group. Patterns may emerge which reveal quite strong feelings about the subject. Is there a clear difference between young men and young women in the group? Are certain key themes emerging? It may be useful at the end of a brainstorming session to re-draw the sheet under different headings, making any patterns which have emerged more obvious.

### **Continuums**

One of the greatest challenges when working in the area of HIV and AIDS stems from the fact that information is continually changing. There are few things we can be absolutely certain about, and few questions can be given a straight yes or no answer. This means that traditional expectations about adults being 'experts' no longer hold. It can also result in feelings of inadequacy for adults, and discomfort for young people, as all of us try to make sense of information about the risks of transmitting HIV and the consequences of HIV infection given the uncertainties that exist.

In order to cope with this, and the fact that there is no such thing as an entirely risk-free activity, continuums are used in some of the exercises. For example, when considering the risks associated with different sexual practices, particular activities can be placed along a line from 'most risky' to 'least risky', depending on the relative safety of each. Note that it is important to use the term 'least risky' in this context rather than 'safe'.

### **Setting Agendas and Ground Rules**

The approach to HIV and AIDS education advocated here aims, first and foremost, to identify and meet the needs of young people themselves. An important part of this involves young people taking responsibility, so far as is possible, for the successful running of the group, and for what is discussed.

An agenda-setting exercise is included, and should be used routinely before starting work with a new group. It is important that each group has the chance to talk about issues which are of concern to them, and your work will be much more effective if this is not only taken into account, but clearly seen to be a priority. This is not to say it should be the single over-riding focus, however. It would be quite wrong for example, to indulge a group who wanted to express racism without challenging this.

### **When to set an Agenda**

You will have some idea of what the group wants to talk about when you run the first session. Ideally, this should consist of an exercise to assess the group's level of knowledge (e.g. Exercise HIV1) together with an opportunity to set an agenda for future work. If you only have one session, try to work in such a way so as to allow time near the beginning for agenda-setting. You will then be able to select exercises to cover at least some of the points raised. If you are lucky enough to have the opportunity to work for longer than this, it is a good idea to return to the agenda every other session, to see whether new needs have arisen in the light of work that has been done.

### **Ground Rules**

At the beginning, and after an initial ice-breaker, if the group is a new one, you will need to negotiate some ground rules. Three essential ground rules are that only one person should speak at a time, that when they do they are listened to, and that nobody is compelled to participate. Other ground rules should be discussed by the group, and so far as is possible, be agreed by them. The process of agreeing ground rules could take the form of a discussion, with a designated person writing the agreed rules on a large sheet, to be displayed in clear view of the group for the rest of the session(s). Some suggested issues the group may need to consider are given here.

### **A Note on Setting Agendas and Ground Rules in Schools**

If you are working in a school, it is quite likely that the opportunity for students to set agendas and establish ground rules represents a radical departure from usual practice. Students will undoubtedly recognise this, and it is important for teachers to acknowledge openly that by working in this way they are moving away from established patterns. In fact, this provides the teacher with a chance to discuss the power relations which exist in the classroom, and to emphasise how discussion of HIV and AIDS requires special ways of working.

Teachers, perhaps even more than other adults who work with young people, are perceived as authoritative figures who hold all the knowledge, while young people in schools are often seen as 'empty vessels' waiting to be 'filled up' with information. What is more, teachers hold most of the power in schools, and have the opportunity, and often the obligation, to make and enforce rules. In work around HIV and AIDS, where nobody can claim expert status, and participatory methods are those most fruitfully employed, such power relations are counter-productive.

It is important, therefore, to point out, and to demonstrate through the way the sessions are conducted, that in your work around HIV and AIDS, everyone is to be afforded a chance to negotiate ways of working. This may require considerable courage on the part of the teacher, but it is essential. Most teachers are pleasantly surprised to find that this way of working does not compromise their position, and that young people rarely 'abuse' this new relationship. In fact, you will often find that there are positive repercussions in terms of your relationship with students which spills over into other lessons.

- Confidentiality. How important is it to group members to know that what they say or do in the group will not be reported outside the group? A good rule is 'if you do it here, hear it here, or say it here, leave it here'. However, some groups are happy for anything to be reported as long as individuals are not identified.
- Gender. How can young women be supported against potential abuse from young men? How can young men be encouraged to support each other rather than shout each other down?
- Racism. Whether in a mixed, all Black or all white group, racism is destructive, and must be dealt with. How can the group do this?



- Closed or open group? Difficult issues can arise in HIV and AIDS education and hopefully group members will get to trust each other. But how do they feel about others who wish to join a session or a series of sessions half way through?
- If you are working in a setting where smoking is usually permitted, you will need to discuss whether smoking is acceptable during sessions, or whether smoking is only to be allowed at agreed times, or in agreed places.
- Troublemakers. What does the group want to do with individuals who persistently make it difficult for the group to work?

These are just some of the issues. It is quite possible that something may arise which nobody has predicted at the beginning of the sessions, in which case it is perfectly possible to add new ground rules to the list during subsequent sessions on HIV and AIDS. In setting ground rules it is appropriate for the teacher or youth worker to contribute, in discussion with the group, to the final list of ground rules, whilst in setting agendas, which allow the young people to decide which issues are of interest and concern to them, this is clearly not the case.

### WILL THIS WORK WITH MY GROUP?

After looking through the exercises you may feel that some of them will just not work with your group. This may be because, for example, the majority of the young people you work with are disabled, and will not be able to move around rapidly. Or it may be that the level of anti-gay prejudice in your group is so high that it seems impossible to challenge. Because it is impossible to create one set of exercises which will be appropriate for every group of young people, we have deliberately designed the exercise sheets so that changes can be made where necessary. We suggest though that you do not make too many assumptions about the young people you are working with. It is quite difficult to predict accurately which exercises will be received with enthusiasm and which will not, and sometimes a group responds in quite unexpected ways.

Obviously, if your group are all wheelchair users, you will need to modify some exercises. Similarly, some exercises require literacy skills. Suggestions on how to use these exercises, and how to involve everybody irrespective of their skills, are offered on page 82.

### TALKING ABOUT PREJUDICE

It is easy to take the attitudes which people express at face value. In fact, the prejudices which people give voice to, often have little to do with what they really believe, but more to do with the need to be part of 'the crowd', or to do with the need to disassociate themselves from minority groups. To express a concern for gay men, or to announce one's willingness to be friends with someone with HIV, requires great bravery in some situations, especially when faced with the

## TALKING ABOUT SEX

ridicule of the majority. Many young people, although their bravado may suggest otherwise, are in fact glad of an opportunity to talk about their prejudices. Prejudice, after all, comes from the fear and uneasiness we all feel when faced with something we do not understand, and which we cannot immediately make sense of.

Many people, both young and older, find talking about sex openly very difficult. For young people in particular, talking frankly with adults may be a completely new experience. This needs to be borne in mind, and it is important to allow young people to set the pace of discussions, to have time to overcome embarrassment, and the right to remain silent when they so choose.

### **What is safe sex? What is safer sex?**

There is an important distinction, which is often ignored, between sexual activity which can be considered 'safe' and activity which can be characterised as 'safer'. As HIV is present in semen, blood, cervical and vaginal secretions, and as it has been shown to be transmitted during sex which involves penetration of the anus or vagina, safe sex is any sexual activity which does not involve penetration. Safer sex, on the other hand, is sex which provides some protection against the possibility of infection, through the use of condoms for example. Some adults who are working in the field of HIV and AIDS education prefer to use the expression 'safer sex' to refer to all sexual activity, arguing that no sexual activity can be completely safe.

Much publicity has been given to the role of the condom, and now the female condom or 'Femidom', in safer sex, and while it is important to enable young people to use these properly to protect themselves where this is appropriate, they do not offer 100% protection and may often not be to hand when they are needed. There are, therefore, important advantages to examining alternatives to penetrative sex. These alternatives may include other ways of having sex, as well as choosing not to have sex.

### **Talking with Young People about Condoms**

There are two basic aims when working with young people on male and female condoms. The first is simply how to use them. Condoms offer no protection if they are incorrectly used, and explicit, easy-to-understand demonstrations will quite possibly save lives in the future. The second aim is more complex in that it involves exploring and challenging some common attitudes and feelings. Women and men of all ages may find male and female condoms embarrassing to buy, unpleasant to use or in contradiction to their religious beliefs. People may find it hard to get information about how to use them correctly, and may be too embarrassed to ask. When working with young people, we need to respect this potential embarrassment. Humour and a light-hearted

approach can often serve as a way of defusing embarrassment, and this is certainly one issue where we would strongly advise that young people have the opportunity to work in single sex groups. When handling condoms, many young people will blow them up or even turn them into impromptu finger puppets. As long as this kind of frivolity does not get out of hand, or upset other group members, it can be a valuable way of releasing tensions. There may be some young people, who refuse to touch condoms at all, or who will not join in demonstrations of how to use them. This too should be respected.

### **Making a condom book**

Condoms vary greatly, and few people have the opportunity to examine the full range available. If policy, time and funds permit, a condom sample book is a very useful resource (see page 66).

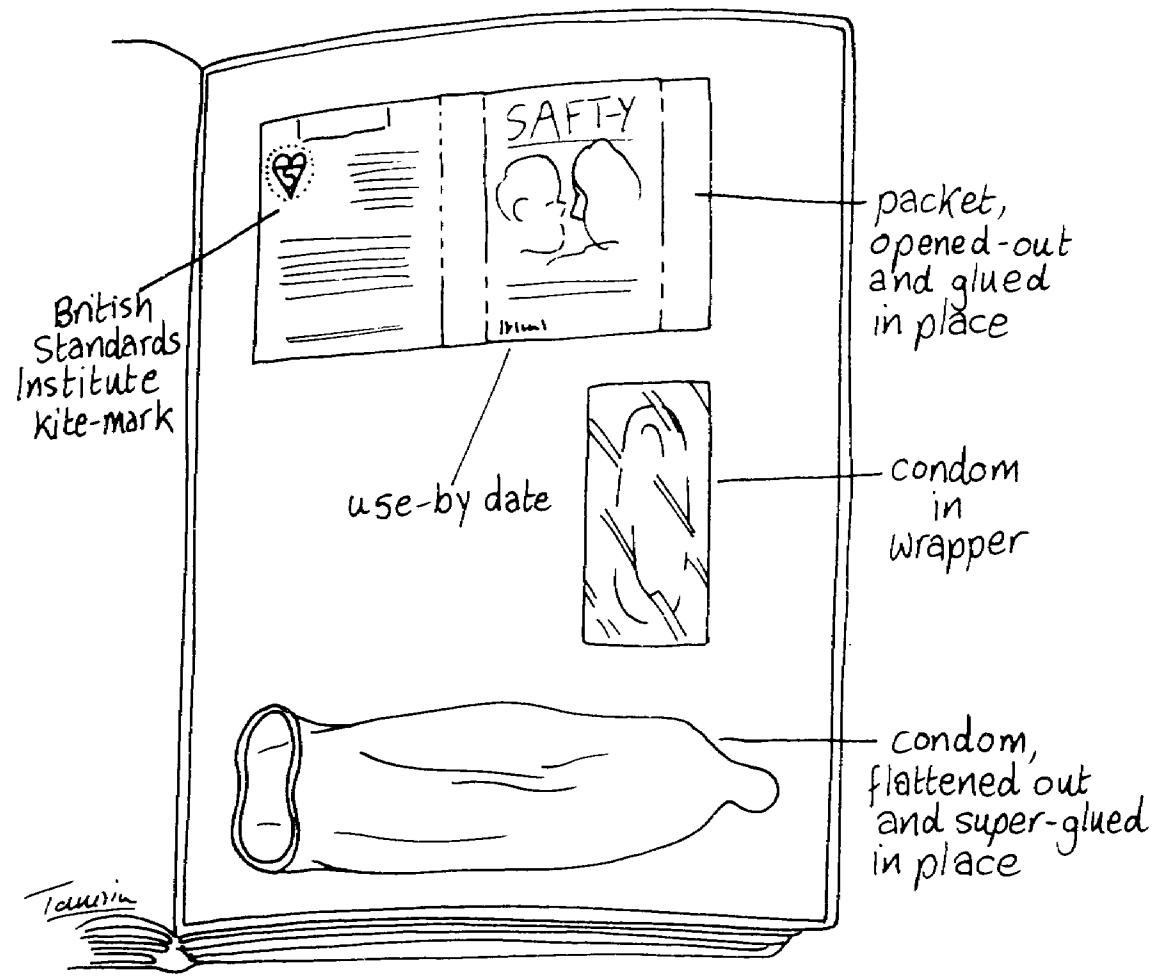
One can easily be made using the sort of display book with transparent plastic wallets readily obtainable from stationers. The illustration shows how to lay out each kind of condom, using glue to fix the condom itself and the wrapper and packet to a sheet of paper which is then slipped into the wallet.

A trip to various chemists and supermarkets should enable ten or twelve different types of condoms to be purchased, to show the range available and to defuse some of the inhibitions which people have about condoms.

### **Demonstrating Male Condom use**

To be effective, condoms must be used properly. A vibrator is about the right size and shape to demonstrate on, although carrots or courgettes are excellent both as models and for the addition of a touch of humour. You may want to practise before the group arrives if you are unsure yourself about demonstrating how to use a condom.

- Take a wrapped condom from the packet in easy view of the group. It is best to buy ones with a 'teat' end, as you will see later.
- Explain as you open the wrapper that it is important at this point to avoid damaging the condom with a fingernail, ring, or by tearing the pack too enthusiastically. It is not advisable to open the packet with teeth, since this could lead to a tear in the condom!
- Squeeze the condom out and let it lie in the palm of your hand for a brief group inspection. Some young people may never have seen one before.



British Standards Institute kite-mark

packet, opened-out and glued in place

use-by date

condom in wrapper

condom, flattened out and super-glued in place

Taurus

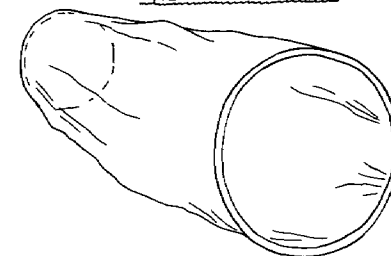
- Pinch the teat between finger and thumb, explaining that it is vital to squeeze the air out, as this space is for the semen once the man has ejaculated (come) and, if the air has not been squeezed out, the condom may break. When using condoms without teats, some slack should be left at the end of the condom for the semen.
- Put the condom, rolled up, on the tip of the carrot, and unroll it down the length. Explain that the penis must be hard for this to work, and that it is important to do it before the penis touches the partner's body, as pre-ejaculatory fluids and semen can sometimes leak out without being noticed. Also explain that when putting the condom on an uncircumcised penis, the foreskin should be gently pulled back first.
- Explain that, once the condom is in place, it should be lubricated with contraceptive cream or with commercially available water-based lubricant, such as KY jelly. Some women and some men are allergic to contraceptive creams and foams, and there are worries about their long term use, but it is important to provide plenty of lubrication to minimise the risk of splitting the rubber. A dab of lubricant inside the teat of the condom can increase pleasurable sensations for the wearer. It is essential though, to use a water-based lubricant, as an oil-based one, such as Vaseline, will dissolve the rubber.
- With the condom now in place, the couple can now continue their love-making and can engage in penetrative sex. You will need to emphasise that once the man has ejaculated, the penis must be withdrawn, while one partner holds the condom firmly in place at the base, before the penis goes limp, to avoid any danger of spillage. Used condoms must never be reused, but should be wrapped in toilet paper and thrown in the bin.

Many condoms contain illustrated instructions, and you will find a photocopiable instruction sheet on page 68.

### **The Female Condom**

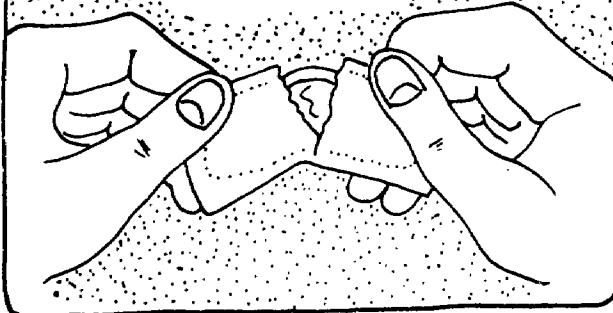
The female condom is a new form of barrier contraception, and the first of these has the brand name 'Femidom'. The female condom is made of rubber and looks somewhat like a large male condom. There is a firm rim at one end and a ring at the other, which holds the condom securely in place. The closed end is placed inside the vagina and the ring holds it safely over the cervix. The lower rim hangs slightly outside the vagina.

The female condom

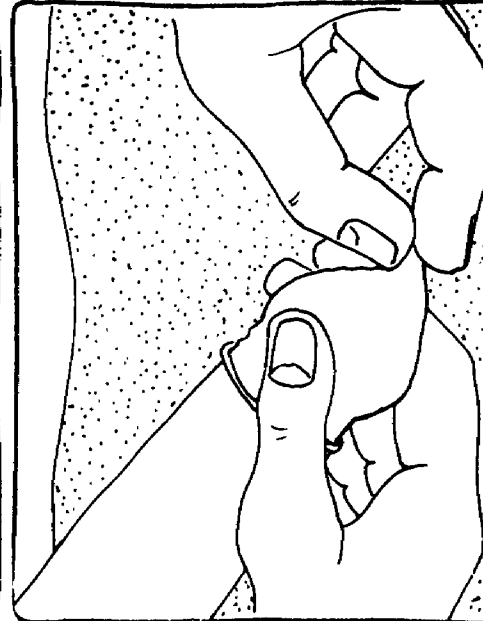


# how to use a condom

Open sealed wrapper with care. Take care not to damage the condom. If you do damage it--  
**USE ANOTHER!**

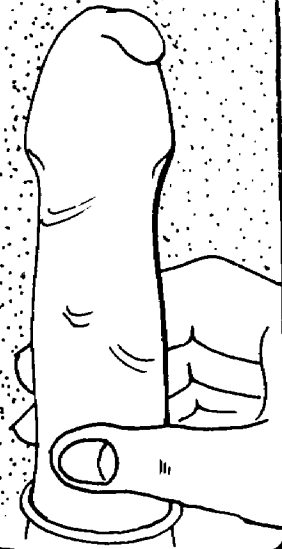


The teat is important!  
It is for the semen.  
If there is no  
teat--



Squeeze the air out of the teat. If you forget to do this, it may break. Put rolled-up condom onto tip of erect penis like a little hat.

Unroll down the entire length of the penis.

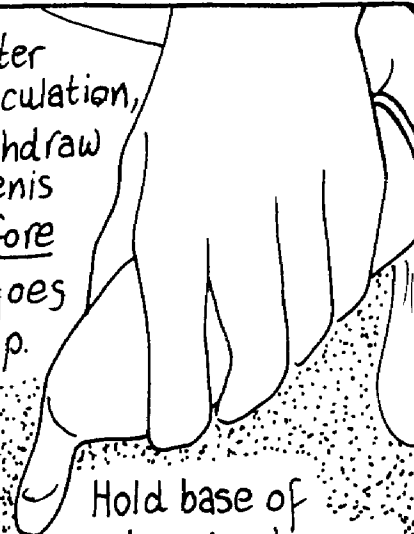


Add a blob of **WATER-BASED** lubricant--  
K.Y. Jelly or Duragel--

**NOT Vaseline**, as it destroys rubber!



After ejaculation, withdraw penis before it goes limp.



Hold base of condom in place on penis to prevent spills.

Tie knot in condom, wrap it in tissue and put it in a bin. Do **NOT** flush it down the toilet, this causes pollution.



Tauslin

As with all forms of contraception, the response of users varies. Some people report that the rim which hangs outside the vagina is too distracting, or even uncomfortable, while other women have reported that it increases stimulation of the clitoris during penetration.

The merits of this form of contraception are that while affording protection from the transmission of HIV and sexually transmitted disease (as well as pregnancy) to both partners, they are designed for use by women, and so may overcome some of the problems which women report in relation to persuading partners to wear condoms. However the difficulties and embarrassment which young women describe in relation to purchasing male condoms, remain true for the female condom also. At the present time, the 'Femidom' is also expensive. However, the advent of a female condom does offer an additional and new way in which to make penetrative sex safer for some women.

Demonstrating the female condom does present some difficulties. In order to demonstrate, you will need a model, such as those used by some family planning clinics to demonstrate the use of the diaphragm or cap. If funds do not run to the purchase of such a model, you may be able to borrow one from your local family planning clinic. If not, you may have to resort to just enlarging the diagrams which come with 'Femidoms' and distributing these among the group.

### Penetrative and non-penetrative sex

In terms of HIV infection, it is quite clear that penetrative sexual activities are the most risky. It is also clear that our culture places value on penetrative sex by affording it the status of 'real sex' which is denied to other forms of sexual activity.

Despite this, a number of studies have shown that many women do not rate vaginal penetrative sex as highly pleasurable, since clitoral, rather than vaginal stimulation, is necessary for women to reach orgasm. Yet young heterosexual women are aware that insisting on sex without penetration is often unrealistic, since their partners often value penetration so highly.

This is in part a consequence of the overwhelming emphasis which is placed on vaginal penetration as a 'rite of passage' to adulthood for heterosexual young people. It is also a way for young men to prove their masculinity. Similarly, although many gay men are comfortable with sex without penetration, some feel that without this they are losing an important part of their sexual lives.

Young women have traditionally borne the double burden of 'protecting' themselves from the label of 'slag', whilst being expected to take complete responsibility for contraception in heterosexual relationships. It is not just young people who expect women to take responsibility, adult women are well aware of the all too common male assumption that every woman is on the pill.

Some campaigns aimed at preventing the spread of HIV have chosen to focus on young women, urging them to carry condoms, with no more than a casual acknowledgement of the view



which suggests that any girl carrying condoms is presumed to be looking for easy sex. Relationships between men and women are profoundly unequal in a society where economic, physical and legal power largely rests with men, and many young women are in the position where they feel that broaching the subject of condom use, let alone asking for non-penetrative sex, is simply not possible.

Young men have traditionally been encouraged to display a cavalier attitude when it comes to sex, and this attitude fits uncomfortably with health education which urges them to carry condoms, practise non-penetrative sex and be caring and responsible. Having said that, many young men are taking the issue of safer sex seriously, even though it may be difficult for them to be open about it in the company of their peers. Research suggests that even many heterosexual men are not, in fact, so dependent on penetrative sex as we may naively assume. Work done with sexually active heterosexual men has shown that many of them prefer other forms of sexual activity, although most assume that other men inevitably prefer the 'missionary position'.

### **Feelings about penetration**

Feelings about penetration often derive from the physical act of the entering of one partner's body by another, the 'joining together' of two people carries with it a sense of emotional intimacy. When having to consider alternatives to penetration, or even the prospect of losing the opportunity for penetrative sex, many women and men go through a complex range of emotions.

As already discussed, some men regard penetration as a 'proof' of their masculinity, and do not take kindly to women suggesting alternatives. The power relations which exist between men and women can serve as a barrier to negotiating safer sex, and this needs to be borne in mind when working with young people. If the price for her concern about safer sex is to be left or abused, it is hard for a woman to act to protect herself or her partner from HIV infection.<sup>3</sup>

### **Implications for work with young people**

In working with young people it is useless to prescribe the use of condoms, or alternatives to penetrative sex as 'safer' without an understanding both of the emotional importance of penetration and the relative powerlessness of young women to suggest alternatives. This means that work with young women on assertiveness and self-esteem, and with young men on alternatives to stereotypical macho masculinity is important groundwork for HIV and AIDS education, and there are some resources referred to later to help with this (Appendix B).

It is also important to remember that young people have repeatedly been told that sticking to one partner will offer protection against HIV. It can be a welcome, as well as more accurate, message to suggest that it is not how many partners you have but the kind of sex which counts.



## ADDITIONAL RESOURCES WITH THIS PACK

Included in this pack are 7 cartoon-strips with blank bubbles incorporating some of the issues which HIV and AIDS education work brings up. There is a specific exercise using these (ATT6), but they can, in fact, be used in a variety of contexts, for example as a stimulus for role-plays and drama. It is actually far more difficult than it looks to fit appropriate words into cartoon bubbles, and it may be easier for these to be worked on in small groups rather than by individuals. If people appear to enjoy using the strips, the next step could be to ask them to design their own, inventing characters, situations and dialogue and drawing the figures.

You will also find included among the exercises the 'Build-a-Character Questionnaire'. This questionnaire is a device, quite commonly used in drama, which requires participants to build a picture of a character from their imagination. This exercise allows young people to develop a 'person' to whom they can personally relate. Once the character is built, particular experiences and scenarios can be applied to the character, allowing the young people involved to respond on behalf of their character. The 'Build-a-Character Questionnaire' is used in conjunction with several exercises in this text, but could be effectively employed in a number of other situations, including role plays and improvisation, which arise out of HIV and AIDS work.

## SUMMARY

In this chapter, we have discussed the 'ideal way' to educate young people about HIV and AIDS. It is unlikely that the room, the group, the wider environment, and the resources available will fit this ideal. Yet HIV and AIDS is an issue of great importance to all of us. And young people are faced with conflicting information and advice from a number of sources. They therefore have a real need for help and support dealing with their fears about AIDS. In this context the perfect HIV and AIDS education programme in ideal circumstances is not what is required. What young people need is the chance to begin to think about and discuss the issues with trusted adults who will be open with them, who will respect their choices and listen to what they need. This pack has been designed to start that process off and give it structure.

## REFERENCES

1. National Curriculum Council (1990) *Curriculum Guidance 5: Health Education*.
2. National Curriculum Council (1992) *Science Non-Statutory Guidance*.
3. Janet Holland, Caroline Ramazanoglu, Sue Scott, Sue Sharpe and Rachel Thomson (1991) *Between Embarrassment and Trust: Young Women and the Diversity of Condom Use*. In *AIDS: Responses, Interventions and Care* edited by Peter Aggleton, Graham Hart and Peter Davies, Falmer Press, London.