



ADOLESCENT HEALTH VOLUNTARY WORK REPORT



BY

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Section One: INTRODUCTION

1.1.0 Background of the Organization

Unbound, formerly the Christian Foundation for Children and Aging (CFCA) is a nonprofit sponsorship organization headquartered in Kansas City, Kansas, 1 Elmwood Avenue. Unbound was founded by lay Catholic workers acting on the Gospel call to serve the poor. Its Hope for a Family sponsorship program provides basic necessities such as food, education, clothing and access to medical care to children and elderly in some of the world's poorest communities. Today, Unbound supports more than 300,000 children, youth and aging persons in 20 countries namely: Mexico, Costa Rica, Bolivia, Kenya, India, Dominican Republic, El Salvador, Brazil, Philippines, Guatemala, Chile, Madagascar, Honduras, Colombia, Tanzania, Nicaragua, Ecuador, Uganda, Peru, and Venezuela.

Historically, On November 20, 1981, Unbound was founded by siblings Bob Hentzen, Bud Hentzen, Jim Hentzen, Nadine Pearce and their friend Jerry Tolle. The siblings wanted to start a nonprofit to honor their late parents. Bob and Jerry were both missionaries who had witnessed firsthand the effects of poverty in developing countries, so they formed a sponsorship organization based on Catholic social teaching.

Unbound's first headquarters was in Bob's basement in Kansas City. Around 1982, the foundation relocated its office to a farmhouse. In 1991, Unbound converted an abandoned warehouse into the office that remains the current headquarters.

Over the years, more than 625,000 children, youth and aging persons and their families have been served through the sponsorship program. Currently there are more than 300,000 sponsored children and aging persons.

1.1.1 Vision

Offering hope. Restoring dignity. Worldwide

1.2.0. Programs

1.2.1. Sponsorship Program

Unbound uses a sponsorship model of direct support. Its Hope for a Family sponsorship program aims to help families living in extreme poverty by connecting them with sponsors in the U.S. Sponsorship requires a \$30 monthly commitment to help fund basic necessities and, in many instances, livelihood programs to help families become self-sustaining.

Sponsors have the opportunity to offer encouragement and support for their sponsored friends through the exchange of letters and photos. They also may choose to travel on Unbound awareness trips to meet their sponsored friends, learn about their lives and see how contributions are used.

Benefits and services provided through sponsorship are personalized according to the needs of the family and may include: food, school uniforms, school supplies, tuition or other school fees, clothing, housing repairs, medical and dental care, livelihood initiatives, literacy training for adults, Christmas and birthday celebrations and social outings and assistance for the elderly.

1.2.2. Scholarship Program

The Unbound Scholarship Program provides educational scholarships to students pursuing post-secondary. Scholarships are used for tuition, transportation, school supplies and books. Recipients are selected to help dynamic, talented older students who, because of economic circumstances, are struggling to continue their education, demonstrate leadership potential and interest in community service. Recipients perform service projects as a requirement of the program.

Scholarships are intended as supplemental assistance, and families contribute what they can towards the student's education.

1.2.3. Unbound service-scholarship program

The program based on a contract of commitment between Unbound Scholarship program committee and the scholarship recipient was committed to provide a scholarship equivalent to \$168 per every half of the year, once all of the registration requirements required by Unbound are met. I was expected to maintain good grades, show each report card to the Unbound scholarship committee to evaluate my scholastic progress and to assess the effectiveness of the scholarship assistance.

I contributed 400 hours of community service annually through meaningful service projects in areas of active participation during medical team visits and duties/activities, sanitation programs, health education and anti-parasite programs.

2.1.0 Adolescent Health

Adolescents are young people between the ages of 10 and 19 years, are often thought of as a healthy group. Nevertheless, many adolescents do die prematurely due to accidents, suicide, violence, pregnancy related complications and other illnesses that are either preventable or treatable. Many more suffer chronic ill-health and disability. In addition, many serious diseases in adulthood have their roots in adolescence. For example, tobacco use, sexually transmitted infections including HIV, poor eating and exercise habits, lead to illness or premature death later in life.(Adolescent Health WHO, 2015)

Adolescents face many challenges as regards to their reproductive and sexual health which are also similar to those of adults, but may include additional concerns about teenage pregnancy, infection with STDs (HIV/AIDS, Syphilis, etc) and lack of adequate access to information and better health services.

Worldwide, around 16 million adolescent girls give birth every year, mostly in low- and middle-income countries. The causes of teenage pregnancy are diverse ranging from rape from adults who provide basic needs to forced marriages due to material benefits from family members. Some adolescent girls do not know how to avoid becoming pregnant, are unable to obtain contraceptives, or are coerced into sexual activity. Adolescent pregnancy, especially in developing countries, carries increased health risks, and contributes to maintaining the cycle of poverty (wiki/Reproductive health Adolescent health, 2015)

THEME: PREVENTION OF UNINTENDED PREGNANCIES, HIV/AIDS AWARENESS AND UNDERSTANDING THE DANGERS OF STDs CAN HELP PREVENT THESE HEALTH CHALLENGES AMONG ADOLESCENTS/ TEENS.

TARGET POPULATION: SECONDARY SCHOOLS

H*health education approach is a primary intervention to prevention and control common infections and diseases among the communities (schools, households, patients on wards) with least access to updated information on disease trends.*

We all know that the golden key in life is “**prevention is better than cure**”. Health education and talks to communities such as schools, households, patients in the waiting rooms are vital as they create awareness that disease are still prevailing in the communities in which they live. This empowers them with knowledge to make informed decisions and an improved life with few or free from infections. In schools, prevention of cross infection from one student to another can be achieved if good health habits like abstinence from sexual contact are done. This can also reduce unwanted pregnancies and acquisition of sexually transmitted infections/diseases in school-age-going children. Proper use of toilets and regular cleaning creates an environment free from disease-causing micro-organisms e.g. **Candidiasis and Urinary Tract Infections (UTI).**

Abstinence from sex, staying in school, use of condoms plus other contraceptives and prevention of early marriage can be a preventive measure to stop the wide spread of sexually transmitted infections such as **HIV/AIDS, Syphilis and Gonorrhea. Hepatitis C, Hepatitis B, Pubic lice, Trichomoniasis, UTIs, candidiasis (Thrush) , Bacterial Vaginosis (BV), PID (Pelvic Inflammatory Disease), unintended pregnancies.**

The campaign (health education) to secondary schools which was in form of A COMMUNITY DIALOGUE THAT ENSURED HIV/AIDS AND OTHER STDs, SEXUAL AND REPRODUCTIVE HEALTH (ADOLSCENT HEALTH) REMAIN A PRIORITY IN THE POST 2015, presented issues on sexually transmitted Diseases(STDs) , adolescents Health and reproductive and sexual health. These students were aged 13-22 years, and included both boys and girls who had attained secondary Sexual characteristics such as breasts, hips, deep and soft voices. Which expose them to challenges concerning their sexual and reproductive health.

Section Two: Objectives.

By the end of the health talk (Objectives);

The learner had to know the following;

- Developing and analyzing strategies related to the prevention of unintended pregnancies and communicable diseases such as STIs.
- Analyzing the effectiveness and ineffectiveness of barrier protection e.g. condoms, keeping in mind the effectiveness of remaining abstinent until marriage.
- Analyzing the importance of abstinence in relation to prevention of STDs and unintended pregnancies among teens and adolescents.
- Explaining the relationship between alcohol and other drugs used by adolescents and the role these substances play in the transmission of HIV/AIDS, other STIs and unintended pregnancies.

2.1.1 Problem statement

Sexually transmitted infections (STIs) are a major global cause of acute illness, infertility, long-term disability and death with serious medical and psychological consequences of millions of men, women and infants. There are over 30 bacterial, viral and parasitic pathogens identified to be transmitted sexually. Quantifying the incidence and burden of these infections is important for planning appropriate interventions and advocating for the necessary resources. The report which presented global and regional estimates for 2008 of the incidence and prevalence of four curable STIs– *Chlamydia trachomatis*, *neisseria gonorrhea*, syphilis and *trichomonas vaginalis* – in adults between 15 and 49 years of age (WHO, 2008).

These estimates were generated using the same approach as used to generate the 2005 global estimates. The total number of new cases of the four STIs in 2008 in adults between the ages of 15 and 49 was estimated to be 498.9 million: 105.7 million cases of *c. trachomatis*, 106.1 million cases of *n. gonorrhea*, 10.6 million cases of syphilis and 276.4 million cases of *t. vaginalis*. In addition, at any point in 2008 it was estimated that 100.4 million adults were infected with *c. trachomatis*, 36.4 million with *n. gonorrhea*, 36.4 million with syphilis and 187.0 million with *t. vaginalis*. (WHO, 2008)

Sub-Saharan Africa, whilst accounting for 20% of the global STI estimates, has the highest prevalence and incidence rates. The overall yearly incidence rate of curable STIs in Africa is estimated at **254** per **1000** people in reproductive ages (15–49 years) (*Gerbase ac, Rowley jt et al 1998*). HIV/AIDS contributes the highest infection among other non curable STIs. In 2011, there were an estimated **1.8 million** [1.6 million–2 million] new HIV infections in sub-Saharan Africa (UNAIDS, 2012). Sub-Saharan Africa continues to bear a disproportionate burden of the HIV disease with an estimated 22.5 million people living with HIV (UNAIDS 2010).

HIV prevalence in east Africa is generally moderate to high, and second behind southern Africa. However, general prevalence has been in decline for the past two decades. For example, Kenya has seen its HIV prevalence drop from a high of 14 percent to nearly 6 percent. Uganda and Tanzania also have prevalence over 5 percent, with the lowest seen in Madagascar (0.5 percent) and Mauritius (1.2 percent). The prevention and treatment of HIV/AIDS is one of the foremost public health challenges Uganda faces today. The rate of new infections is at 7.3% and still very high (UAIS/PACE annual report 2012/13)

Girls aged 15-19 make up the majority (64%) of teen HIV infections, 30 adolescents become infected with HIV every hour, a teen is infected with HIV every 2 minutes. AIDS is the leading cause of death among adolescents in Africa (UNICEF Africa 2015)/ <http://uni.cf/iccym3>. Only 20% of girls and 29% of boys (15-19 years old) have a full understanding of how HIV/AIDS is transmitted (UN Youth 2015).



A recent UNAIDS report claims that 80 young people are newly infected with HIV globally per hour which translate to 1920 youths' infection per day, 13,440 per week, 53760 per month and 6456,120 annually.

Uganda's youths' infections on the other hand are sizeable component of the 383 new HIV infections in the country per day. The prevalence rate amongst girls is reportedly increasing to 5%, on those joining University and 3.7% women and men aged 15-24 years are HIV positive. Observably, part of the problem lies with young students' failure to comprehend the existence of a sizeable number of their fellow youths/ students² that were born with HIV hence got into sex (New vision, 2012). Unlike today when prevention of HIV/ AIDS is possible; it was not the same case before when the HIV prevalence rates, including those of expectant mothers were at their highest.

In 1992, for instance, when Uganda's population was about 19 million, the HIV prevalence rate was 16%. Over 3 million Ugandans were positive then; expectant mothers inclusive. They eventually transmitted to their babies at birth or at breast feeding stage. Their babies then are now in their youthful stage. Much as fellow youths are supposed to embrace them without any form of stigma the unfortunate thing is that on many occasions, their friendliness has degenerated in to sex (New vision, by Muwonge, 2014).

Also the highest harassment of teens/adolescents' sexual and reproductive health has been seen/ observed in the rampant cases of rape by HIV positive relatives and employers e.g. Uncles, Aunties and other grandparents who are paying school fees or where teens get material support like clothes/ visit during their holidays. The multiplier effects are the unintended pregnancies and HIV/ AIDS infection. They don't have a choice to make since these are of help to them and are their elders hence these youth are keeping the trauma and the infections (OPio Sam Caleb, Daily Monitor, 2011).

Many young people today are unaware of the growing risks of STIs (sexually transmissible infections) including Chlamydia, gonorrhea, HPV, Herpes, Syphilis and HIV/AIDs and the neglected STIs like trichomoniasis and Candidiasis.

Section Three

2.1.2 Activity program/Agenda

Prevention of unintended pregnancies, HIV/AIDS awareness, and understanding the dangers of STDs can help prevent these health challenges among Adolescents/ Teens.

1. Opening prayer
2. Brief introduction to entire student body/school.
 - My name
 - Profession/area of interest
 - My SCHOLARSHIP funders Unbound /CFCA
 - Major objective of the meeting/ health talk.

3. STI Overview

- i. Introduction
- ii. Problem statement
- iii. Overview on a specific STI.
- iv. Prevention strategies/ options

4. Focus group discussion

5. Conclusion/advice

6. Way forward

7. A word from the school leaders (MATRON, SENIORWOMAN, HEAD

TEACHER/TEACHER ON DUTY).

8. Closing prayer.



2.1.3 Activity descriptions

Prevention of unintended pregnancies, HIV/AIDs awareness and understanding the dangers of STDs can help prevent the spread of these health challenges among adolescents/ teens. The approach of health education as a primary prevention intervention for STI acquisition was used, to avoid the rampant spread of STIs due to lack of access to true and resourceful information. The activity done in fulfillment of the Unbound SERVICE-SCHOLARSHIP PROGRAM's vision had an obligation to give back to different communities in regards to the beneficiary's education area of interest. Furthermore the activity also incorporated demonstration models to drive and make the subject matter understood by the activity participants and it also mobilized and empowered communities (schools) with skills to reduce HIV infection among the teens.

Prior to the activity, negotiation and time allocation was reached, on the first visit and meeting with the school administration (headmaster/headmistress, teacher on duty the director of studies, school counselor and the senior woman) on the suitable time to conduct the activity without provoking the general school time-table and other co-curricular activities. Several specific days were suggested by the different schools and I had to decide the most favorable day for each school.

The sessions lasted about 1 hour and 30minutes. Other key participants in the activity were; a volunteering secretary, camera man/woman, student leader, school counselor, senior woman and teacher on duty/ teacher in charge of students' health.



2.2.0 Sexually Transmitted Infections (STIs) Overview.

HIV (Human Immunodeficiency Virus) /AIDS (Acquired Immunodeficiency Syndrome),

HIV infects cells of the immune system. Infection results in the progressive deterioration of the immune system, breaking down the body's ability to defend off some infections and other diseases.

AIDS (Acquired Immunodeficiency syndrome) refers to the most advanced stages of HIV infection, defined by the occurrence of any of more 14 opportunistic infections or related cancers.

Opportunistic infections such as

Mycobacterium Tuberculosis	Toxoplasma Gondi
Candidiasis	Staphylococcus Aureus
Cryptosporidiosis	Streptococcus Pnuemoniae
Cryptococcus Neofromans	Streptococcus Pyogens
Kaposi Sarcoma	Aspergillus species
Cytomegalo virus	Salmonella Typhi.
Histoplasma Capsulatum	
Isospora belli	

Genital Herpes

A sexually transmitted disease (STD) that can cause sores in the genital area and is transmitted through vaginal, oral, or anal sex especially from unprotected sex when infected skin touches the vaginal, oral or anal area. Occasionally, it can be spread by secretions in Saliva. Because the virus does not live outside the body for long, you cannot catch genital herpes from an object, such as toilet seat.

Syphilis

A sexually transmitted infection caused by the spirochete bacterium *Treponema pallidum* subspecies *pallidum*. The primary route of transmission is through sexual contact; it may also be transmitted from mother to fetus during pregnancy or at birth, resulting in congenital syphilis

Gonorrhea

A common human sexually transmitted infection caused by the bacterium *Neisseria gonorrhea*. The usual symptoms in men include a burning sensation with urination and penile discharge. Women, on the other hand, are asymptomatic half the time or have vaginal discharge and pelvic pain. In both men and women, if gonorrhea is left untreated, it may spread locally, causing inflammation of the epididymis or pelvic inflammatory disease or throughout the body, affecting joints and heart valves.

Chlamydia

A common sexually transmitted infection in humans caused by the bacterium *Chlamydia trachomatis*. The term *Chlamydia infection* can also refer to infection caused by any species belonging to the bacterial family *Chlamydiaceae*. *C. trachomatis* is found only in humans. Chlamydia is a major infectious cause of human genital and eye disease.

Bacterial Vaginosis (BV)

BV is not an STI. It occurs when the normal balance of different bacteria in the vagina changes. A sign is a change in vaginal fluids. BV may clear up without treatment, but it is best to be treated with antibiotics to avoid complications.

Thrush (Candidiasis)

This isn't an STI. It is an infection caused by a yeast-like fungus that normally lives in the vagina. This can cause soreness, itching or discharge. It is easily treated using creams and tablets.

PID (Pelvic Inflammatory Disease)

PID is a common and serious complication of some STI especially Chlamydia and gonorrhea. It can result in the swelling or infection of your reproductive organs. PID can be cured with antibiotics. This treatment cannot reverse any damage that has already occurred to your reproductive organs.

Crabs (Pubic lice)

Pubic lice or crabs are small parasites that infest the pubic hair, armpits or chest hair. They suck blood and cause redness, sores or itching. Usually they are sexually transmitted by direct skin-to-skin contact. Creams can normally quickly fix this.

Trichomoniasis

Trichomoniasis is a curable STI that can infect both males and females. Symptoms can include discharge, pain when urinating and during sex and itching of the genital area. Usually it can be cured with antibiotics. If left untreated it can lead to infertility or early labour in pregnant females.

UTI's (Urinary Tract Infections)

UTI's are infection of the urinary tract caused by small organisms or germs – usually bacteria. These germs are not sexually transmitted and are easily treated with antibiotics.

Hepatitis A

Can be spread sexually through oral or anal contact with an infected person. It is a short-term viral infection that affects the liver. Quick treatment and easy vaccination are available.

Hepatitis B

It is a virus that can lead to severe liver diseases and liver failure. It can be spread sexually through exposure to infected blood or body fluids including breast milk, saliva, vaginal fluids and semen. Several types of medication and a vaccination are available.

2.2.1 The following were the discussion questions

1. What can you do to participate in the HIV/AIDS and other STDs awareness campaign?
2. Your health is affected by the decision you make regarding risk behaviors. What strategies do use to help you make responsible decision?
3. Advocacy. Write an article for your school notice board to inform students about the STD epidemic, include the negative consequences that can affect a person's life as well as strategies related to prevention of STDs that you can affect a person's life as well as strategies related to the prevention of STDs that you have developed and analyzed.

2.2.2 Risk behaviors (Risk Factors)

1. Being sexually active with more than one person. This includes having serious sexual relationships with one person at a time. However, being sexually active even one partner puts a person at risk. Most teens are unaware of a partner's past behavior and whether he or she already has an STD.
2. Engaging in either unprotected or protected sex. Barrier protection is not 100 percent effective in preventing the transmission of STDs and it is not effective at all against HPV- the human Papillomavirus. Abstinence from sexual activity is the only method that is 100 percent effective in preventing STDs.
3. Poor personal hygiene (putting wet and dirty knickers/ panties.)
4. Selecting high- risky partners. Such partners including those with a history of being sexually active with more than one person and those who have injected illegal drugs.
5. Using alcohol and other drugs. Alcohol use can lower inhibitions. In some more recent surveys, more than 25 percent of teens who engaged in sexual activity had been under the influence of alcohol or drug use.
6. Urinating in wet humid places (bathrooms, Urinals) e.g. Candida can be got from such places.

How do I know that I have an STD/STI, Signs and symptoms of STDs in both females and males may include;

- Redness, swelling and/ or discharge from the infected area.
- A burning sensation
- Itching
- Sores, rashes
- **In females**, abnormal vaginal discharge is where there are some changes in color, texture, amount and odor. Lower abdominal pain.
- **In males**, a urethral discharge is clear or yellow and occurs intermittently or continuously, severe pain in the testicles.

2.2.3 The consequences of STDs.

Most of the people most especially the teens aren't aware of the consequences of STDs. These are serious infections that can dramatically change the course of a person's life.

1. Some STDs are incurable. The pathogens that cause these STDs cannot be eliminated from the body by medical treatment, such as antibiotics. The viruses that cause genital herpes and AIDs (the human immunodeficiency virus or HIV) for example remain in the body for life.
2. Some STDs cause cancer; the hepatitis B virus can cause cancer of the liver. The human papillomavirus (HPV) can cause cancer of the cervix. These STDs also cannot be cured and may last a lifetime.
3. Some STDs can cause complications that affect the ability to reproduce. Females can develop pelvic inflammatory disease (PID), which damages reproductive organs and cause sterility.
4. Some STDs can be passed from an infected female to her child before, during or after birth. STDs can damage the bones, nervous system and brain of a fetus. Premature births can result and infants infected with STDs at delivery may become blind or develop pneumonia and some may die.

2.2.4 Prevention Options.

There are several ways to avoid or reduce your risk of sexually transmitted infections.

- **Abstain.** The most effective way to avoid STIs is to abstain from sex. Prevent exposure to STDs by practicing abstinence, the deliberate decision to avoid harmful behaviors, including sexual activity before marriage and use of tobacco, alcohol, and other drugs.
- **Use refusal skills to avoid situations,** in which you may be at risk. Choose friends who are abstinent and who support your decision to abstain.
- **General improvement of personal hygiene,** bathing daily washing your knickers/ pants and avoid putting on wet ones.
- **Stay with 1 uninfected partner.** Another reliable way of avoiding STIs is to stay in a long-term mutually monogamous relationship with a partner who isn't infected.
- **Wait and verify.** Avoid vaginal and anal intercourse with new partners until you have both been tested for STIs. Oral sex is less risky, but use a latex condom or dental dam — a thin, square piece of rubber made with latex or silicone — to prevent direct contact between the oral and genital mucous membranes. Keep in mind that no good screening test exists for genital herpes for either sex, and human papillomavirus (HPV) screening isn't available for men.

- **Get vaccinated.** Getting vaccinated early, before sexual exposure, is also effective in preventing certain types of STIs. Vaccines are available to prevent human papillomavirus (HPV), hepatitis A and hepatitis B. The Centers for Disease Control and Prevention (CDC) recommends the HPV vaccine for girls and boys ages 11 and 12. If not fully vaccinated at ages 11 and 12, the CDC recommends that girls and women through age 26 and boys and men through age 26 receive the vaccine. The hepatitis B vaccine is usually given to newborns, and the hepatitis A vaccine is recommended for 1-year-olds. Both vaccines are recommended for people who aren't already immune to these diseases and for those who are at increased risk of infection, such as men who have sex with men and IV drug users.
- **Use condoms and dental dams consistently and correctly.** Use a new latex condom or dental dam for each sex act, whether oral, vaginal or anal. Never use an oil-based lubricant, such as petroleum jelly, with a latex condom or dental dam. Condoms made from natural membranes are not recommended because they're not as effective at preventing STIs. Keep in mind that while condoms reduce your risk of exposure to most STIs, they provide a lesser degree of protection for STIs involving exposed genital sores, such as human papillomavirus (HPV) or herpes. Also, non barrier forms of contraception, such as oral contraceptives or intrauterine devices, don't protect against STIs.
- **Don't drink alcohol excessively or use drugs.** If you're under the influence, you're more likely to take sexual risks.
- **Communicate.** Before any serious sexual contact, communicate with your partner about practicing safer sex. Reach an explicit agreement about what activities will and won't be OK.
- **Teach your child.** Becoming sexually active at a young age tends to increase a person's number of overall partners and, as a result, his or her risk of STIs. Biologically, young girls are more susceptible to infection. While you can't control your teen or preteen's actions, you can help your child understand the risks of sexual activity and that it's OK to wait to have sex.
- **Consider male circumcision.** There's evidence that male circumcision can help reduce a man's risk of acquiring HIV from an infected woman (heterosexual transmission) by as much as 60 percent. Male circumcision may also help prevent transmission of genital HPV and genital herpes.
- **Consider the drug Truvada.** In July 2012, the Food and Drug Administration approved the use of the combination drug emtricitabine-tenofovir (Truvada) to reduce the risk of sexually transmitted HIV infection in those who are at high risk. Truvada is also used as an HIV treatment along with other medications.

When used to help prevent HIV infection, Truvada is only appropriate if your doctor is certain you don't already have HIV infection. Your doctor should also test for hepatitis B infection. If you don't have hepatitis B, your doctor may recommend the hepatitis B vaccine if you haven't had it yet. If you have hepatitis B, your doctor should test your kidney function before prescribing Truvada.

Truvada must be taken daily, exactly as prescribed, and you'll need follow-up HIV and kidney function testing every few months. Truvada should only be used along with other prevention strategies such as condom use every time you have sex.

3.1.0 Way forward,

ADVICE

1. Always test for HIV/ AIDS and other STIs at any healthy center if you are suspicious of your status.
2. Avoid stigmatizing HIV positive people living positively.
3. Always encourage those who are living a positive life to continue taking their medication and abstain from sex or use condoms to reduce on transmission and further protect their lives because they may contract another HIV subtype.
4. Always avoid sexual networks e.g. sugar Daddies, sugar mummies.
5. Practice good personal hygiene.
6. In case of unwanted pregnancy meet the healthcare team, school counselor, senior woman and so on and you discuss about it never induce an abortion in a poorly resourced setting.

Where to go for information and help about our sexual and reproductive health/ STDs/HIV information (Sources of information and help)

- Sexual health centre
- STD clinic
- Parents
- Teachers
- Peer educators
- Teen clinic
- Doctor
- School nurse
- School counselor.

Section Five

3.1.1 Limitations

Lack of a projector to bring out the clear picture of the activity/ diagrams/ relevant pictures and supporting videos (DEMONSTRATION MODELS).

Limited time since it was the same time I used to collect my data at Kalisizo Hospital, Rakai District for my research paper which assessed the prevalence of *T.V (Trichomonas vaginalis)* among patients of reproductive age group attending Kalisizo hospital, Rakai District.

Lack of enough funds to facilitate my transport to distant schools. Printing costs of the activity reports that had to be supplied to the participating schools to further strengthen their knowledge and skills of the programme/ activity.

Tight/ busy school time tables since my activity wasn't planned for, in the general school time table, at the start of the school term.

3.1.2 Section Six: Lessons learnt;

From the youth;

Most of the people most especially the teens lack up-to-date information on the disease trends, factors putting them at risk of getting HIV and other STDs, consequences/ complications associated with STDs, people to approach in cases of sexual and reproductive health.

Fear and the risk of stigmatizing the infected youth when they share with old people is a challenge. Youth prefer to talk to fellow youth on issues regarding their sexual and reproductive health (sharing more sensitive health concerns)

Youths also highlighted bad peer pressure groups as a big contributing risk factor that lead them to acquire cases of STDs, unintended pregnancies, increased school dropouts of friends and classmates.

From the school administration,

All schools were appreciative and showed the interest of hosting the activity/ dialogue again, but proposed that it could be better if we use the week (dormant week) after their end of term examinations, where the teachers are in the process of marking the students' scripts/ examinations. During this time students are always free from any other school activity except relaxing and waiting to go back home.

By the peer educator

Public speech on issues regarding community health and interpersonal skills. Community service experience has helped me to apply academic learning to real human needs and to make knowledge gained to practical dimensions, critical thinking and problem solving skills, improvement of my communication skills, and exposure to diversity of section leaders.

Section Seven

3.1.3: Recommendations

Youth friendly services; involving youth/ young people in designing and running services. Youth or young people may more ably than adults identify needs of their peers and provide appropriate ways to meet these needs. Youth should be trained as peer educators to support other youth.

Public health interventions to prevent new HIV/AIDS/ STD infections need to be put in place promote safe behavior like protected sexual intercourse, increase age at sexual debut, reduce levels of pre and extramarital sexual intercourse, promote condom use e.t.c among adolescents, school youth and young women. Interventions can range from Health education, promotion of behavior change, treatment of STIs to social marketing of condoms.

Raising awareness should widen the range of prevention options to include condom use as well as avoidance of casual sexual contact. This will help the programme gain momentum of acceptance. The united Republic of Tanzania is in the process of scaling up its most successful school programmes of using a combination of peer and life skills education school, parent AIDS and other STDs committee to bring awareness into the community and guardian programmes to counter the sexual harassment of girls. Teachers need to receive capacity building in facilitating lessons in their schools.

Political influence based on the local council system to all administrative levels should be enlisted to HIV/AIDs and other STDs control through mass media and folk media. Government and political personnel should conduct mass campaigns with support from community resource and network with people living with HIV/AIDs and other STDs.

A new body of health educators should be formed at the national, District, County, village and urban levels to promote awareness on safe sexual practices including use of condoms. Since some cases of STIs, like Candida are found in secondary scholars, parallel network should be established in school to promote

peer influence skills in the prevention and control of these infections. e.g. abstinence to sex and refusal mechanisms.

Fall in STDs/ HIV/AIDs prevalence can come through decades of long planning and donor involvement directed at building local capacity through a comprehensive approach combining services education, more research on STDs.

Section Eight

3.1.4 Conclusion:

Health education activity is an approach which addresses the preventive measures to common diseases (e.g. HIV/AIDS and other STDs), unintended pregnancies to school going children, who will act as ambassadors of positive change in their respective families disseminating the golden key preventative tools and knowledge.

An environment free from common infections/ diseases will be created, regular attendance at school will be achieved, and good grades will be scored by the scholars due to regular attendance.

The overall goal of the program is to create understanding, contribute to knowledge of common disease or infections, and their prevalence in the community. The activity also disseminates the preventive measures to those infections and their complications in the community.

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Appendix I: General album of the activity photos

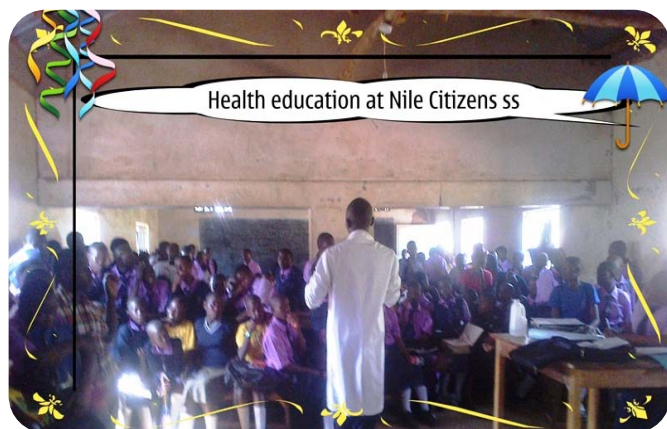


A group representative photo at GREATER HORIZONS PRIMARY SCHOOL KALISIZO, the school has a capacity of over 500 Students (GIRLS AND BOYS), WITH A VISION OF EMPOWERING YOUNG GIRLS AND BOYS THROUGH PRIMARY EDUCATION. But the school had many cases of Candidiasis reported in girls by the HEADMISTRESS.

1st/ March/2015

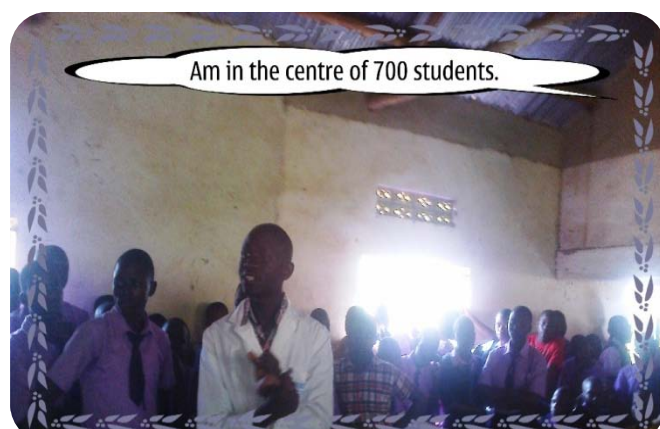


A group representative photo at CHRIST THE KING SS GIRLS' KALISIZO, The school has a capacity of over 800 students (GIRLS), has both A AND O-LEVEL. With A VISION OF EMPOWERING YOUNG GIRLS THROUGH SECONDARY EDUCATION. 25th/February/2015



Health education at Nile Citizens ss

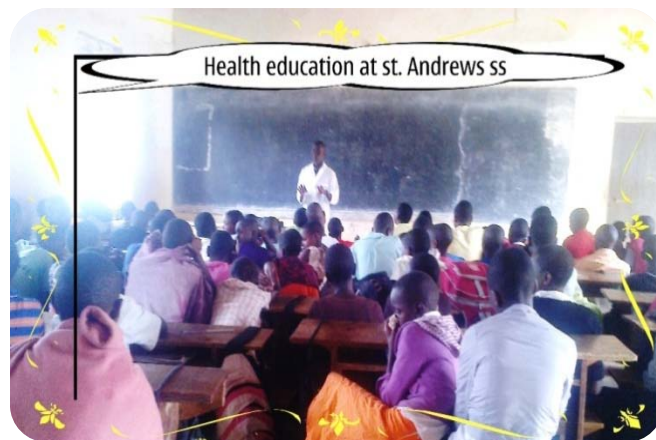
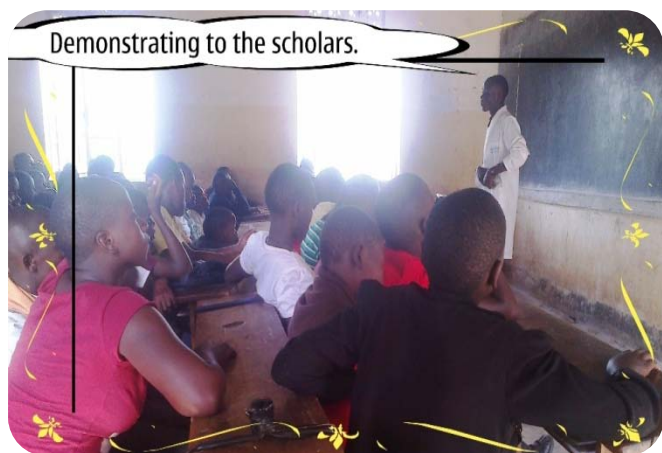
During the session at NILE CITIZEN SENIOR SECONDARY SCHOOL. Has a population of 567 students both boys and girls.



Am in the centre of 700 students.

Explaining the activity contents to scholars of Nile Citizen Senior Secondary school on 26th/February/2015

Group representative photos at ST. ANDREWS SS MATALE, the school has a capacity of 700 students (GIRLS AND BOYS).



Group representative photos at ST JAMES SS KALUGULU, THE SCHOOL has a capacity of 351 students (BOYS AND GIRLS \$ GIRLS) the school has o-level and vocational studies.





During one of the sessions at St. James Senior secondary school and vocational, Kalugulu.



Health education to these adolescents at Greater Horizon Primary school, the school has both boys and girls but the administrator had reported many cases of Candida among these young teens and these were due to cross infection in dirty urinals, bathrooms and toilets as my observation.

Appendix II: Statistics for planningDistrict: **Rakai**Date: **29-07-2011**Sub-County: **Kalisizo Town Council**

Number	Indicator			Total
1	Number of House holds			1690
2	Population size	Male 4150	Female 6233	10388
3	Number of Administrative Units	Village 08	Parishes 04	Lower local government 01
5	Primary school enrollment	Male 2111	Female 2504	Total 4615
6	Proportion of children aged (6-12 years) who are not in primary school (%)	Male 10.8%	Female 14.1%	Total 24.9%
7	Secondary school enrollment	Male 495	Female 1573	Total 2068
8	Proportion of children aged (13-18 years) who are not in secondary school (%).	Male 12%	Female 18%	Total 30%
9	Number of safe water points (piped covers both households and stand alone taps.	Piped 548	Bore holes 08	Protected wells 10
10	Number of households lacking toilets			30
11	Number of health centers	HCII__	HCIII__	HCIV HOSPITAL
12	Number of households keeping livestock	Cattle 116	Goats 125	Pigs 379
13	Main sources of livelihood by the community members.	TRADE	TRADE	TRADE
14	Number of households supported by NAADs programme.			338
15	Number of households accessing micro-finance services			768

16	Number of households engaged in crop farming.			800
17	Number of persons with disabilities	Male 38	Female 27	Total 65
18	Number of households benefiting from the Community Driven Development Program.			220

Sources of information:

1. Community information systems;
2. Population and Housing Census;
3. Administrative Records

Appendix III: Costs and Equipment used

COSTS/ EXPENSES	Ushs
STATIONARY	10,000
TRANSPORT	10,000
REFRESHMENTS	5,000
AIRTIME	5,000
REPORT PRINTING	20,000
TOTAL	50,000

EQUIPMENT USED

LAPTOP

PHONE/CAMERA

CHARTS

PRINTED ACTIVITY TOOLS

Appendix IV: a map showing the location of Kalisizo hospital, Rakai district

