

A. If you haven't got breast cancer by the time you are 40, you won't get it.

B. The older a woman gets, the more she is at risk for breast cancer.

A. The larger the breasts, the more likely a woman will get cancer.

B. Size has nothing to do with getting the disease.

A. The mammogram is dangerous because it uses an X-ray.

B. The x-ray dose is too low to cause harm.

A. Why cells become cancerous is not fully known.

B. Bumping or bruising a breast causes it to become cancerous.

A. Nipple discharge changes in color and appearance with cancer.

B. Nipple discharge has nothing to do with cancer.

A. Pain in the breast can indicate cancer.

B. Unless it is bone cancer, there is little association between breast pain and cancer.

A. Taking oral  
contraception increases  
the risk of getting breast  
cancer.

B. Using the pill is not  
related to breast cancer.

A. White women have less  
breast cancer than black  
women.

B. Black women have less  
breast cancer than white  
women.

A. Jewish women have  
more breast cancer than  
non-Jewish women.

B. Jewish women have less  
breast cancer than non-  
Jewish women.

A. Poor women get breast  
cancer less than rich  
women.

B. Rich women get breast  
cancer less than poor  
women.

**CHECK  
EXPIRATION  
DATE**

**INSPECT  
PACKET**

**CAREFULLY  
OPEN PACKET**

**REMOVE  
CONDOM  
FROM PACKET**

**PLACE CONDOM  
OVER THE HEAD  
OF PENIS AND  
ROLL DOWN TO  
BASE**

**PINCH TIP**

**SMOOTH OUT  
AIR BUBBLES**

**HAVE SAFE  
SEX**

**EJACULATION/  
ORGASM**

**HOLD BASE OF  
THE CONDOM**

**WITHDRAW  
PENIS WHILE  
STILL ERECT**

**PULL OFF  
CONDOM**

**ERECTION**

**PULL BACK  
FORESKIN**

**WRAP IT OR  
TIE IT**

**DISPOSE OF  
CONDOM IN  
THE PROPER  
RECEPTACLE**

**PRACTICE  
USING  
CONDOMS  
WITH  
PARTNER**

**APPLY  
LUBRICANT  
TO THE  
OUTSIDE OF  
THE CONDOM**

**PUT DAB OF  
LUBRICANT  
AND/OR  
SPERMICIDE IN TIP  
OF CONDOM**

1: Gently wash your vulva and anus regularly. Pat dry.

2: Do not use other people's washcloths and towels.

3: Avoid irritating sprays and powders.

4: Wear clean, white, all cotton underpants and avoid nylon underwear and panty hose.

5: Avoid pants that are tight in the crotch and thighs

6: Always wipe your genital and anus area from front to back.

7: Make sure your sexual partners have washed (remember to use a condom).

8: Avoid intercourse until the infection has cleared up.

9: Use a sterile, water-soluble jelly if lubrication is needed during intercourse.

10: Avoid sexual intercourse that is painful or abrasive to your vagina.

11: Cut down on coffee, alcohol, sugar, and refined carbohydrates because diets high in sugar can radically change the normal acidity of the vagina

12: Don't use plain yogurt to reduce mild symptoms of a vaginal infection because it makes diagnosis difficult and may contribute to the infection.

13: Do not douche. Douching can change the acidity of the vagina or remove normal organisms. This makes it easier for other organisms to get in or grow too much.

14: Take care of yourself. Not eating well or resting enough makes you more susceptible to infection.

15: Avoid tampon use, especially if you have a history of frequent vaginal infections.

**Card 1: CHLAMYDIA - Questions**

1. WHAT HARM CAN IT DO TO YOU?
2. WHAT HARM CAN IT DO TO YOUR BABY?
3. WHAT ARE THE EARLY WARNING SIGNS?

**Card 1: CHLAMYDIA- Answers**

1. Pelvic Inflammatory disease, infertility, inflamed rectum, inflamed eyes, and more vulnerable to HIV.
2. If exposed, the newborn baby can get eye infections and pneumonia.
3. None, or very mild. (May have vaginal discharge or pain urinating.)

**Card 3: GONORRHEA - Questions**

1. WHAT HARM CAN IT DO TO YOU?
2. WHAT HARM CAN IT DO TO YOUR BABY?
3. WHAT ARE THE EARLY WARNING SIGNS?

**Card 2: GENITAL HERPES - Questions**

1. WHAT HARM CAN IT DO TO YOU?
2. WHAT HARM CAN IT DO TO YOUR BABY?
3. WHAT ARE THE EARLY WARNING SIGNS?

**Card 2: GENITAL HERPES – Answers**

1. Lesions can keep reoccurring. Makes you more easily infected with **HIV**.
2. Can be passed to baby depending on the stage in the mother. Can lead to a premature delivery.
3. Some early signs such as itching, burning sensations, pain in legs and buttocks, vaginal discharge and abdominal pressure.

**Card 4: HEPATITIS B - Questions**

1. WHAT HARM CAN IT DO TO YOU?
2. WHAT HARM CAN IT DO TO YOUR BABY?
3. WHAT ARE THE EARLY WARNING SIGNS?

### **Card 3: GONORRHEA - Answers**

1. Can spread and result in pelvic inflammatory disease. Can lead to infertility and ectopic pregnancy (tubal pregnancy). Increases susceptibility to **HIV**. If untreated, can damage the heart valves, joints and brain.
2. Can be passed to the newborn who will be vulnerable to the same damage.
3. None or so mild you can't tell.

### **Card 5: HIV - Questions**

1. WHAT HARM CAN IT DO TO YOU?
2. WHAT HARM CAN IT DO TO YOUR BABY?
3. WHAT ARE THE EARLY WARNING SIGNS?

### **Card 5: HIV - Answers**

1. Weakened immune system leading to opportunistic infections.
2. Baby may become infected with HIV.
3. Some may experience flu-like symptoms.

### **Card 4: HEPATITIS B - Answers**

1. Cirrhosis of the liver. Weaken the immune system and lead to immune system disorders. More vulnerable to HIV.
2. Can be passed to baby during birth.
3. No obvious signs. Person may experience fever, headache, fatigue and loss of appetite.

### **Card 6: CYTOMEGALOVIRUS - Questions**

1. WHAT HARM CAN IT DO TO YOU?
2. WHAT HARM CAN IT DO TO YOUR BABY?
3. WHAT ARE THE EARLY WARNING SIGNS?

### **Card 6: CYTOMEGALOVIRUS - Answers**

1. Weakens the immune system, infections, blindness. More vulnerable to HIV. Often leads to infectious mononucleosis. (Not always a sexually transmitted disease.)
2. If mother has this disease during pregnancy, it can lead to congenital birth defects such as mental retardation, blindness, deafness and epilepsy.
3. No clearly defined symptoms. Not easily noticed. May have painful urination, painful intercourse, rectal bleeding and vaginal discharge.

**Card 7: HUMAN PAPILLOMA VIRUS - Questions**

1. WHAT HARM CAN IT DO TO YOU?
2. WHAT HARM CAN IT DO TO YOUR BABY?
3. WHAT ARE THE EARLY WARNING SIGNS?

**Card 7: HUMAN PAPILLOMA VIRUS - Answers**

1. Cervical and genital cancer. Genital warts. More vulnerable to HIV.
2. Can cause warts in the throat of an infant which can be life-threatening.
3. No visible symptoms.

**Card 9: SYPHILIS - Questions**

1. WHAT HARM CAN IT DO TO YOU?
2. WHAT HARM CAN IT DO TO YOUR BABY?
3. WHAT ARE THE EARLY WARNING SIGNS?

**Card 8: PELVIC INFLAMMATORY DISEASE (PID)**

(May be caused by Gonorrhoea, Chlamydia or other untreated infections that have spread to the upper genital tract.) - Questions

1. WHAT HARM CAN IT DO TO YOU?
2. WHAT HARM CAN IT DO TO YOUR BABY?
3. WHAT ARE THE EARLY WARNING SIGNS?

**Card 8: PELVIC INFLAMMATORY DISEASE (PID)**

(May be caused by Gonorrhoea, Chlamydia or other untreated infections that have spread to the upper genital tract.) – Answers

1. Infertility, tubal pregnancies, chronic pelvic pain. Can be life threatening.
2. Can be fatal to the fetus.
3. None or very minor such as lower abdominal pain and abnormal vaginal discharge.

**Card 10: TRICHOMONIASIS - Questions**

1. WHAT HARM CAN IT DO TO YOU?
2. WHAT HARM CAN IT DO TO YOUR BABY?
3. WHAT ARE THE EARLY WARNING SIGNS?

### **Card 9: SYPHILIS - Answers**

1. Heart abnormalities, mental disorders, blindness and more chance of getting HIV.
2. Can be passed to newborn and may cause serious physical and mental problems. Can cause still-birth babies.
3. Very mild symptoms such as sores and rashes.

### **Card 10: TRICHOMONIASIS - Answers**

1. Increased risk of HIV.
2. Can have a premature baby. Can have a low birth-weight baby.
3. Often occurs without symptoms. Symptoms can appear years after the infection. When signs occur, they are typically vaginal discharge, painful urination, painful intercourse and vaginal odor.

# **Women's Health Education Trainer's Manual**

# **Session 1**

# **BODY SYSTEMS**

HEALTH EDUCATION SERIES

SESSION: WHAT ARE MY BODY'S SYSTEMS?

(90 MINUTES)

OBJECTIVES:

1. Women will learn the names of the body's systems.
2. Women will know what parts of the body are in the different systems.
3. Women will be able to define the terms of the immune system.
4. Women will recognize the components of the immune system.

RATIONALE:

To better understand women's health issues, it is useful to have a general knowledge of the body and how it works, including learning that the body is made up of systems. The systems include: respiratory, circulatory, digestive, nervous, lymphatic, endocrine, and immune. Because this group covers diseases faced by women, special attention is given to the immune system. Terms related to immune system functioning and the components of the immune system are presented.

SUMMARY OF EXERCISES:

1. Introduce the facilitator, women, and session topic. Present an introductory story. (20 minutes)
2. Review body systems. (25 minutes)
3. Match functions to systems and determine which different parts belong to which system. (25 minutes)
4. Review the components of the immune system. (15 minutes)
5. Assign homework. (5 minutes)
6. Do breathing exercise and end session. (5 minutes)

MATERIALS

Resource Books

Workbooks

Newsprint, Markers, Easel

Exercise 1: What Is This Course All About?  
(20 minutes)

**(The purpose of this exercise is to make the women feel comfortable through introductions and a brief scene.)**

Step 1: Welcome the women and introduce yourself and session topic. Have the women introduce themselves, telling their first names, the neighborhood they are from and what they want to know about their bodies.

Example: *Welcome to this session on women's health. I want to introduce myself: My name is \_\_\_\_\_. I like this group program because it helps women take care of themselves. This program has personal meaning to me because \_\_\_\_\_.*  
*I want you to introduce yourselves. Tell us your first name, what neighborhood you are from, and what you want to know about your body.*

Step 2: Review group rules.

Example: *As you know, there are just a few rules for this group. They are important, so lets review them before we get started.*

Explain the rules to the group. These rules are as follows:

1. If members need to miss a session, be late or leave early, they should notify the group leader or co-leader.
2. They must try to participate in the group. This doesn't mean they have to share things they are uncomfortable with sharing, but to offer ideas and perhaps help out others.
3. Members must listen to others while they talk; while in the group, members must treat others as they would like to be treated, creating an atmosphere of mutual respect (no interrupting others; no physical contact between group members).
4. Unless there is a break, members should not leave group unless they absolutely must.
5. To help everyone feel safe, it is essential that nothing a patient says in session is ever repeated to anyone outside of the group.

NOTE: Rules are posted on the wall as a reminder, group leaders should refer group to this list. Don't miss group, Participate, Listen, Stay for the whole session, Never repeat what you've heard in group.

Step 3: Read a brief scene to introduce the topic of body systems. Have two women volunteer to read the parts of Lucille and Donna. Refer to the script.

*Example: Please turn to page 2 in your workbooks under session: Body Systems. To introduce today's topic I would like two volunteers to read this script. Who will play Donna and who will play Lucille? Thanks. Go ahead and read the scene aloud.*

**DONNA AND LUCILLE**

DONNA: Hi!

LUCILLE: Hello.

DONNA: How are you doing?

LUCILLE: Oh, so, so.

DONNA: You've always got something wrong with you. What is it this time?

LUCILLE: You think I complain too much?

DONNA: Forget what I said. Just tell me what's wrong.

LUCILLE: Well, under my armpit feels a little tender.

DONNA: That's your lymph node. Your immune system is working.

LUCILLE: It is hard to catch my breath.

DONNA: That's your respiratory system.

LUCILLE: I'm not sure about my heart.

DONNA: That's your circulatory system.

LUCILLE: Thanks, I wouldn't have known.

DONNA: Your brain. That's part of your nervous system.

LUCILLE: What are you? A medical dictionary?

DONNA: You got a big mouth.

LUCILLE: That's part of my eating and kissing system.

DONNA: They call your mouth part of your digestive system.

LUCILLE: I give up.

THE END

Step 4: Explain what the day's session is about.

Example: *As you can probably guess today we will learn about the body by understanding the different systems. Because the immune system is so important in fighting many diseases, we will pay special attention to it.*

Exercise 2: What Are The Basic Systems Of The Body?  
(25 minutes)

**(The purpose of this exercise is to increase the women's knowledge of the body's basic systems. Review and discussion are the approaches taken.)**

Step 1: Refer to the systems without identifying body parts that fit in that system.

Example: *Please turn to page 3 in your workbook labeled session: Body Systems. There you will find a list of the different body systems. Let's take a few minutes to review it before I ask you questions about it.*

BASIC HUMAN BODY SYSTEMS

RESPIRATORY

CIRCULATORY

DIGESTIVE

NERVOUS

IMMUNE

LYMPHATIC

ENDOCRINE

Step 2: Have the women write in parts of the body that might be associated with each system.

Example: *There is plenty of room for you to write on this page. Look at each system and write in parts of the body that might fit into this system. For example, under the digestive system you might write, "stomach." Go ahead and see what you can come up with.*

Step 3: Refer them to their resource books for the completed form of body systems and go over it.

Example: *On page 1 in your resource book labeled session: Body Systems you will find a form with brief explanations on it. No one expects that you would be able to list many of the body parts that go with these systems. Let's see how your answers match the information on the form.*

### BASIC HUMAN BODY SYSTEMS

#### RESPIRATORY

Components: Lungs, Sinuses, Bronchials  
Intake oxygen; exhale carbon dioxide.

#### CIRCULATORY

Components: Blood, capillaries, veins, arteries, heart  
Transports oxygen and nutrients; removes wastes.

#### DIGESTIVE

Components: Mouth, liver, spleen, stomach, esophagus, bladder, kidneys, intestines  
Ingest food; process it; eliminate wastes.

#### NERVOUS

Components: brain, sense organs, nerves  
Receives signals from outside and inside. Programs body to act.

#### IMMUNE

Components: Antibodies, lymphocytes, macrophages, T-cells  
Protects body against disease.

#### LYMPHATIC

Components: Lymph nodes, lymph cells  
Transports human defense system.

#### ENDOCRINE

Components: Pancreas, pituitary, thyroid, testes, ovaries, adrenal gland  
Controls hormones that regulate sexual development and physical growth.

Exercise 3: What Have We Learned?  
(15 minutes)

**(The purpose of this exercise is to reinforce learning about the main body systems. Asking for suggestions about system functions and matching organs to systems are the approaches taken.)**

Step 1: Explain that the next exercise will be used to determine if the group can indicate which function goes with which system.

*Example: Now we want to see if we understand what the different systems do. I will give you a function and you tell me which system does it. First, please put away the information with all the systems and functions written on it.*

Step 2: Ask the group which system has the function you describe. Write responses on newsprint.

*Example: I will describe a function and you give me suggestions about which body system performs that function. Then I will write your ideas on newsprint. If you need to, you can refer to the list on p. 3 of your Workbook.*

*Which system pumps blood throughout the body?*

*Which system handles all our food needs and processes?*

*Which system transports immune cells?*

*Which system gives us air?*

*Which system fights disease?*

**Step 3: Review the responses and compare them to the information handout.**

Example: *Now let's take a look at your responses and compare them to the fact sheet on systems. If there was any confusion, what do you think accounted for it?*

**Step 4: Explain that now you want the group to match body parts with systems. First have them put the information away.**

Example: *This time I will name a body part and you tell me what system it belongs to. Before we start, please close your resource books that contain this information.*

*Which system does the heart belong to?*

*What system does the thyroid belong to?*

*What system do the intestines belong to?*

*What system do the lungs belong to?*

**Step 5: Review the answers and correct any misconceptions.**

Example: *Let's go over what your answers were.*

*Heart- circulatory*

*Thyroid- endocrine*

*Intestines- digestive*

*Lungs- respiratory*

Exercise 4: What Does The Immune System Consist Of?  
(20 minutes)

**(The purpose of this exercise is to increase the women's knowledge about the components of the immune system. A review of the components is the approach employed.)**

Step 1: Describe the general characteristics of the immune system.

*Example: The immune system is the body's defense against foreign invaders. This system is located throughout the body. The immune system is decentralized, which means it is not in one certain area and it is made up of different components.*

Step 2: Review terms of the immune system. Refer the women to their resource books to follow along.

*Example: Please turn to page 2 of your resource books labeled session: Body Systems which defines important terms about the immune system. Let's go over them together.*

**TERMS OF THE IMMUNE SYSTEM**

**Antigens** are foreign molecules from bacteria, virus or other invaders. They come from outside the body.

**Antibodies** are produced by the immune system B-cell. They bind to the antigens and neutralize them so they cannot harm the body.

**Lymphocytes** are the cells of the immune system. There are two types of lymphocytes. (T-cell and B-cell)

**Macrophages** are scavengers or scouts that ingest (eat) dead cells and notify T-cells of antigens in the body. The name comes from the Greek and means "the big eater".

**T-cells** come in several varieties.

**T-4 cells** are also called helper cells. They produce more T-cells and orchestrate (direct) the immune system response to an invasion.

**T-8 cells** are also called killer or suppresser cells. They produce poisons called cytokines. The poisons kill antigens- foreign invaders. Suppressers limit B-cell and T-cell activity.

**B-cells** or B lymphocytes produce antibodies. They are also called memory cells because they recall or remember previous exposure to antigens.

Step 3: Review the components of the immune system. Refer the women to their resource books to see components. After describing the thymus, demonstrate thymus thumping.

Example: *Please turn to page 3 of your resource books labeled session: Body Systems which describes the components of the immune system. Let's go over it together.*

### COMPONENTS OF THE IMMUNE SYSTEM

- SPLEEN: *Large, dark red organ on the left side of the body. It contains macrophages. It removes worn out red blood cells and other foreign bodies from the bloodstream.*
- LYMPH NODES: *Found in groups all throughout the body. They contain lymphocytes that become activated by antigens. The adenoids are lymph tissues at the rear of the nose. (Recurrent throat infections will enlarge the adenoids and obstruct breathing.)*
- TONSILS: *Found in the throat. They protect against infection.*
- LYMPHATIC VESSELS: *Network of vessels, which at certain points become nodes*
- BONE MARROW: *Tissue contained in the internal cavities of the bone. It produces B-cells.*
- THYMUS: *Composed of two lobes. Located in the middle of the chest, above and in front of the heart. Produces t-cell lymphocytes.*

Step 4: Do Eastern Thymus Thumping after mention of the thymus. Help participants locate the thymus and do thymus thumping using the example below.

Example: *In the East, some groups believe that thumping the thymus can help to stimulate the thymus to produce t-cell lymphocytes. Here is how you do it. Move your fingers down the center of your chest until you find a tender area in the middle of your chest. Close your eyes and think positive thoughts, or imagine a relaxing scene that makes you feel calm. Now, using two fingers of each hand, tap gently on the thymus. Try it with me for about 20 seconds. (Some people call in the Tarzan call, because you pound on your chest like Tarzan.) How did that feel? Any reactions?*

Step 5: Answer questions

Example: *Are there questions that you have? I'll try to answer them.*

Exercise 5: Assign Homework and End Session  
(5 minutes)

**(The purpose of this exercise is to take the knowledge learned in the session back to the neighborhood and to end the session.)**

Step 1: Assign homework of locating clippings on the woman's body and women's health issues.

Example: *For homework, I want you to see what you can find, in newspaper clippings or magazine articles, about women's bodies and about women's health issues. Please cut them out and bring them with you. We will post them for all to see. Any questions?*

Exercise 6: Do Breathing Exercise and End Session  
(5 minutes)

**(The purpose of this exercise is to end the session on a calm, strong experience. A breathing exercise is used.)**

Step 1: Let the group become relaxed through a breathing exercise.

*Example: One way to improve our health is to learn how to relax. Breathing is an effective way to relax the body. Let's try a breathing exercise. First, if you're comfortable doing so, I want you to close your eyes. Put both feet on the ground with your hands relaxed in a comfortable position. I want you to begin to attend just to your breathing. Breathe through your nose. Notice the cool air as you breathe in (pair with inhalation)...and the warm moist air as you exhale (pair with exhalation). Just continue to attend to your breathing. Now each time you exhale, repeat to yourself the word, Relax. Inhale, exhale, relax.....Inhale, exhale, relax... (continue for 10-12 cycles). Now, remain in the relaxed state for several moments and, when ready to end the relaxation, take a deep breath as you slowly open your eyes.*

*How was that?*

*Thank you for participating in today's session. See you next week.*

*End of Session: Body Systems*

## **Session 2**

# **FEMALE ANATOMY**

## HEALTH EDUCATION SERIES

SESSION: THE FEMALE ANATOMY  
(90 MINUTES)OBJECTIVES:

1. Women will be able to locate the organs in the female reproductive system.
2. Women will know the functions of the organs in the female reproductive system.
3. Women will feel more comfortable exploring their own bodies.

RATIONALE:

Many women do not know the parts of their reproductive systems and what they do. We believe that knowing the reproductive system and what it does has a number of advantages. First, it improves self-health care and makes doctors' visits more useful because the woman can describe her symptoms more easily and do a better job of following up on her health needs. Second, contraception and preventing disease is easier when familiar with one's parts. For example, inserting a diaphragm is less difficult when a woman knows her reproductive anatomy. Third, some women avoid contraceptive devices and tampons because they do not like inserting anything into their vaginas. Knowing their anatomy (becoming familiar) may help reduce those fears. Finally, knowing the parts of one's body can create a sense of ownership and pride in one's body.

SUMMARY OF EXERCISES

1. Orient the women, which includes introductions and the day's agenda, and answer any questions. (15 minutes)
2. Read a story about a woman exploring her body, tell personal stories, and try to answer why the woman in the story wouldn't look at her genitals. (20 minutes)
3. Conduct an attitude survey on women's views of their exterior organs and parts. (15 minutes)
4. Present the parts and functions of the female reproductive system (20 minutes)
5. Reinforce learning by playing a team knowledge game putting parts and functions together. (10 minutes)
6. Assign homework (5 minutes)
7. Do breathing exercise and end the session (5 minutes).

MATERIALS

Resource Books

Workbooks

Female Anatomy Poster

Newsprint, Markers, Easel

Exercise 1: What Is This All About?  
(15 minutes)

**(The purpose of this exercise is to make the women feel comfortable through introductions.)**

Step 1: Welcome the women and introduce yourself giving your first name, and state the favorite part of your body. Have the women introduce themselves, telling first name, and favorite part of their body.

Example: *Welcome to this session on women's health. I want to introduce myself to all of you: My name is \_\_\_\_\_ and the favorite part of my body is \_\_\_\_\_. Now I want you to introduce yourselves. We will all go around the room. Please tell us your first name, and what part of your body you like the best. It can be any part of you from head to toe.*

Step 2: Review group rules.

Example: *As you know, there are just a few rules for this group. They are important, so let's review them before we get started.*

1. If members need to miss a session, be late or leave early, they should notify the group leader or co-leader.
2. They must try to participate in the group. This doesn't mean they have to share things they are uncomfortable with sharing, but to offer ideas and perhaps help out others.

3. Members must listen to others while they talk; while in the group, members must treat others as they would like to be treated, creating an atmosphere of mutual respect (no interrupting others; no physical contact between group members).

4. Unless there is a break, members should not leave group unless they absolutely must.

4. To help everyone feel safe, it is essential that nothing a patient says in session is ever repeated to anyone outside of the group.

*NOTE: Rules are posted on the wall as a reminder, group leaders should refer group to this list. Don't miss group, Listen, Participate, Stay for the whole session, Never repeat what you've heard in group.*

Step 3: Homework review.

Example: *Now it's time to review your homework assignment. Was everyone able to find a magazine article or newspaper clipping? Good, let's post them for all to see.*

Exercise 2: What Do I Feel About My Private Parts?  
(20 minutes)

**(The purpose of this exercise is to uncover feelings about examining and naming the reproductive parts of the body. A story and discussion is used.)**

Step 1: Introduce the use of a story to uncover and illustrate feelings toward the reproductive anatomy.

Example: *Many women have strong feelings about exploring and touching different parts of the body. First, we want to identify what some of these feelings are. We want to start slowly and respectfully in learning about these feelings. So, we will begin with the story of Miranda and Latifa.*

Step 2: Have them read the story of Miranda and Latifa. The facilitator starts off and then women in the group take turns reading aloud.

Example: *Please turn to page 8 in your workbooks under session: Female Anatomy. Here you will find the story of Miranda and Latifa, which we will read aloud. I will start off reading part of it, and then I will ask you to take a turn reading aloud. Is that clear? Now I will start.*

Step 3: Explore the feelings of the girls in the story.

Example: *Let's take a minute to see what the story tells us. Why were the girls curious about their bodies? What did the girls feel? Why did the girls feel as they did? Why was Latifa unwilling to look at her anatomy in the mirror?*

### MIRANDA AND LATIFA

Miranda had lived in a village by the ocean until she was four when her family moved to a big city. The village had been protected by hundreds of tall palm trees and patrolled by flocks of pelicans scooping fish from the blue waters. Miranda could recall the nameless days running on the sparkling sand which circled around the entire island. All her memories of life in the village were like wonderful dreams which always pleased her. When her mother and father could arrange to visit relatives, they all returned. The time between visits had grown longer and longer.

Miranda had not returned to the village for three years, and in that time many changes had occurred. She had grown taller and put on weight. Miranda was no longer the skinny kid from next door. More surprising were the other ways in which her body was different than it had been three years ago. Her breasts were almost as large as her mothers. She now had dark, curly hair between her legs, and Miranda was menstruating. The one change in the village came when she met her old, best friend, Latifa. When they first saw each other again they screamed and jumped up and down like six year olds. Then, Miranda and Latifa rushed into each other's arms and cried.

It was at that point that Miranda became aware that Latifa had breasts also. At first, she didn't mention Latifa's body becoming more of a woman's. They had so many things to catch up on. The two of them talked for hours. After dinner, they sat on the beach as the sun went down and watched the moon rise like a silver dollar.

"Do you have hair down there too?" asked Miranda.

"Yes, and you?" said Latifa.

Miranda confessed that she had hair also. She wondered if anything else had changed down there.

"Have you ever looked down there?" Miranda questioned.

"Of course not," exclaimed Latifa. "I wouldn't do a thing like that."

"I'm curious," said Miranda. "But I can't bend over enough to take a look. I have an idea. Why not get a mirror and look at your private parts. Do you want to do that?"

"You are crazy," Latifa told her. "Is that what happens when you go to the big city? You get wild ideas about using a mirror to look at what's down there."

"What is wrong with that? Shouldn't a girl know her own body? I don't have any idea what my pussy looks like," explained Miranda. "I don't even know what you call things there."

“How can you use that word – pussy? If my mother ever heard me saying that, she would wash my mouth out with soap.” Latifa was surprised at her friend’s language and ideas.

“See if you can find a mirror tomorrow,” said Miranda. “You are my best friend and the only person I would want to do this with. Aren’t you interested in what you look like down there?”

“I’m interested,” said Latifa, “but I don’t want to do it. It isn’t right.”

“I’ll see you tomorrow,” said Miranda.

THE END

Exercise 3: What Does The Group Believe About Their Anatomy?  
(15 minutes)

**(The purpose of this exercise is to shift to positive beliefs about the reproductive anatomy. A survey is the approach used.)**

Step 1: Introduce statement sheets and explain the procedure.

Example: *We want to see what the group's attitudes are toward exploring the reproductive system. **Please turn to page 10 of your workbooks under session: Female Anatomy.** I will read a statement and you mark yes or no next to that statement on your sheet. "Yes" means you agree with the statement and "No" means you disagree with the statement. After all of the statements are read and answered, I will collect the sheets. No one will know what your answer was.*

Step 2: Read statements, have the group mark the sheets and hand them in.

Example: *I will read the statements one at a time and collect the sheet after all the statements are read.*

1. The human body is beautiful.
2. The female parts- vagina, clitoris - are dirty.
3. The male parts- penis, testicles - are dirty.
4. The vagina and clitoris should not be used for pleasure.
5. If a woman touches her vagina or puts things in it, she may start masturbating.
6. If a woman feels pleasure when exploring her vagina, she should stop.

Step 3: Tabulate the answers for each statement. Ask the group what they think of the responses. Do not be critical of a woman's beliefs.

Example: *Here are the results of the survey. What do you think of the group's attitudes? What attitudes might interfere with learning about the reproductive system?*

Exercise 4: What Are the Parts and Functions of the Female Reproductive Anatomy?  
(20 minutes)

**(The purpose of this exercise is to learn where the parts of the reproductive system are. The approach is to use diagrams of female anatomy [found in the Resource Book])**

Step 1: Put up a poster of the female anatomy with the names of parts in the correct places. Point out where each part is.

*Example: Here is a poster with the names of the women's female anatomy and where each part is found. Some are found inside the body and some are visible on the outside. The parts are as follows:*

*Vagina  
Uterus  
Cervix  
Ovary  
Vulva  
Egg, Ova  
Fallopian tubes  
Endometrium  
Mons Pubis  
Labia Majora  
Labia Minor  
Clitoris  
Hymen*

Step 2: Review the functions of the female reproductive anatomy.

*Example: Now I want you to learn what the function is of each part. What does it do? If you look in your resource book on page 1 under session: **Female Anatomy** this will explain it. I will go over it with you now.*

FEMALE REPRODUCTIVE ANATOMY

Vagina

The muscular passageway from the uterus to the outside of the body. Menstrual blood and babies both leave the body through the vagina. It is often called the birth canal. During vaginal intercourse the penis is inserted into the vagina.

### Uterus

The womb. In pregnant women, the uterus is the place where the baby grows until it is ready to leave the woman's body.

### Cervix

The bottom portion of the uterus where it expands into the vagina.

### Ovary

Two glands, one on either side of the uterus, which house the woman's eggs. (ova, ovum). Each woman is born with all the eggs she will ever have. During each menstrual cycle, one egg matures. Female hormones are produced in the ovaries, particularly estrogen.

### Vulva

The female external, genital organs. The fleshy area covering the clitoris.

### Egg, Ova

Men have sperm. Women have eggs. The eggs or ova are located in the ovaries. Girls are born with all the eggs they will ever need. Each menstrual cycle, one egg ripens and leaves the ovary. If the egg and a sperm meet, fertilization and a pregnancy can occur.

### Fallopian Tubes

Tubes which lead from a woman's uterus to her ovary. They provide the method by which an egg during ovulation can get from the ovary to the uterus. Fertilization occurs in the fallopian tubes, and then the fertilized egg moves into the uterus where it implants in the endometrium.

### Endometrium

The lining of the uterus. During a woman's menstrual cycle, it grows and becomes rich in blood and nutrients which will be able to nourish a fertilized egg, allowing it to grow during pregnancy. If fertilization has not occurred, the endometrium will start to break down and will exit the woman's body through her bloody discharge. This process is called a "period," or menstruation.

### Mons Pubis

The fatty area which covers and protects the pubic bone.

### Labia Majora

Also called the outer lips. The outermost covering of the vaginal opening.

### Labia Minor

Also called the inner lips. The covering of the vaginal opening located inside the labia majora and made of smoother skin than the outer lips.

### Clitoris

A small external organ. The purpose of the clitoris is to provide sexual sensation and pleasure.

### Hymen

A mesh of fibers inside the vagina which protect the vaginal opening and which can be broken by tampons, fingers, exercise or vaginal intercourse.

## Other Important Concepts

### Menstrual Cycle

A cycle occurring in a woman usually every 21-35 days during which the egg in the ovary ripens, the woman ovulates, the endometrium builds up and then discharges from the body if no pregnancy occurs.

### Ovulation

When the ripened egg is released from the ovary.

### Hormones

Chemical substances which are produced in a person's body which control a person's sexual and physical development. A woman's primary hormones are estrogen and progesterone.

### Pregnancy

A pregnancy occurs when an egg which is fertilized by a sperm travels through the fallopian tubes in the uterus and implants in the endometrium.

Exercise 5: Know It All Game  
(10 minutes)

Example: *Now I want you to play the “Know It All Game.” First, please put away the handout which explains what the parts do.*

*Divide yourselves into two teams. I will give each team a question and see if they can come up with the right answers. First one team will go and then the other.*

Questions for Teams

1. The passageway in which the egg is fertilized is called what? (Fallopian tubes)
2. Where does the baby grow until it is ready to leave the woman's body? (Uterus)
3. The small organ whose main function is to give pleasure is called what? (Clitoris)
4. What can be broken by exercise? (Hymen)
5. What is the muscular passageway from the uterus to outside called? (Vagina)
6. The bottom part of the uterus where it extends into the vagina is called the what? (Cervix)
7. Where are the woman's eggs stored? (Ovary)
8. What is an egg called? (Ovum)

Step 3: Play the “Know It All Game.” Give a point for each correct answer.

Example: *Now we will start the game. A team receives one point for each correct answer. The game will give you a chance to show off how much you have learned.*

Exercise 6: What Can I Do Between Sessions?  
(5 minutes)

**(The purpose of this exercise is to make women more aware of women's health issues. A homework assignment is the method used.)**

Step 1: Assign homework related to breast cancer.

Example: *Your homework assignment will be to go home and think about anyone you know who has been diagnosed with breast cancer and what they might have shared with you (their fears, experiences, knowledge, etc.).*

Exercise 7: Becoming Relaxed through Breathing  
(5 minutes)

Step 1: Let the group become relaxed through a breathing exercise.

Example: *Now, we're going to do a breathing exercise. If you're comfortable doing so, I want you to close your eyes. Put both feet on the ground with your hands relaxed in a comfortable position. I want you to begin to attend just to your breathing. Breathe through your nose. Notice the cool air as you breathe in (pair with inhalation)...and the warm moist air as you exhale (pair with exhalation). Just continue to attend to your breathing. Now each time you exhale, repeat to yourself the word, Relax. Inhale, exhale, relax.....Inhale, exhale, relax... (continue for 10-12 cycles). Now, remain in the relaxed state for several moments and, when ready to end the relaxation, take a deep breath as you slowly open your eyes.*

Step 2: End the session.

Example: *That is the end of today's session on female reproductive anatomy. We will see you next time when we start to examine women's health problems.*

## **Session 3**

# **BREAST CARE**

HEALTH EDUCATION SERIES

SESSION: I AM AFRAID OF BREAST CANCER

(90 MINUTES)

OBJECTIVES:

1. Women will learn how to protect themselves from breast cancer.
2. Women will know some of the myths about breast cancer.
3. Women will be able to do a breast exam.

RATIONALE:

Breast cancer is one of the diseases women fear most. This session is designed to make women knowledgeable about breast cancer, and to increase both their getting regular mammograms and regularly giving themselves a breast self exam. Misconceptions are dealt with, and women are taught how to do a self-exam and what to expect when going to the doctor for mammography.

SUMMARY OF EXERCISES:

1. Introduce the facilitator, the women, and session. Review the homework. Present an introductory story. (20 minutes)
2. Explore attitudes and misconceptions. (15 minutes)
3. Watch a video on breast care. (20 minutes)
4. Learn how to do a breast self exam. (25 minutes)
5. Assign homework. (5 minutes)
6. Do breathing exercise and end session (5 minutes)

MATERIALS:

Resource Books

Workbooks

Statement Cards

Video of Breast Care

Newsprint, Markers, Easel

Blank Index Cards for Homework

Exercise 1: What Is Today's Session All About?  
(15 minutes)

**(The purpose of this exercise is to make the women feel comfortable through introductions, a review of the homework, and a brief scene.)**

Step 1: Welcome the women, Introduce yourself and session topic. Have the women introduce themselves telling their first names and what they like about their physical appearance.

Example: *Welcome to this session on women's health. I want to introduce myself: My name is \_\_\_\_\_. Today we are looking at breast care, but first I want you to introduce yourselves. Tell us your first name, and what pleases you about your physical appearance. My name is \_\_\_\_\_, and I am pleased by \_\_\_\_\_. It might be your hair, the way you keep your nails, the color of your skin, your figure, whatever it is about your physical appearance that you like.*

Step 2: Review group rules.

Example: *As you know there are just a few rules for this group. These are important, so let's review them before we get started.*

Explain the rules to the group. These rules are as follows:

1. If members need to miss a session, be late or leave early, they should notify the group leader or co-leader.
2. They must try to participate in the group. This doesn't mean they have to share things they are uncomfortable with sharing, but to offer ideas and perhaps help out others.
3. Members must listen to others while they talk; while in the group, members must treat others as they would like to be treated, creating an atmosphere of mutual respect (no interrupting others; no physical contact between group members).
4. Unless there is a break, members should not leave group unless they absolutely must.
5. To help everyone feel safe, it is essential that nothing a patient says in session is ever repeated to anyone outside of the group.

*NOTE: Rules are posted on the wall as a reminder, group leaders should refer group to this list. Don't miss group, Participate, Listen, Stay for the whole session, Never repeat what you've heard in group*

Step 3: Review the homework assignment.

Example: *Last time for homework we asked you to think about someone you know who has been diagnosed with breast cancer. Let's go around the room and say a couple of words about your findings.*

**Step 4:** Have two women read a brief scene and then check on emotional reactions to it.

Example: *Please turn to page 13 of your Breast Care Workbooks. I need two volunteers. One of you will read Maria the wife and the other person will read Adolfo the husband. Pretend this is a scene from the soaps.*

**THE EXAMINATION**

MARIA: I hope little Ricky gets home soon.

ADOLFO: You worry too much. The kid will get home OK.

MARIA: I don't want the dinner to get cold. I tried a new dish. You probably won't like it.

ADOLFO: See, you are still worrying. The food will be good. I know.

MARIA: I hope that Mr. Bergin isn't at work tomorrow. He's always bugging me.

ADOLFO: Can't you ever stop worrying?

MARIA: I guess I should feel good today and stop worrying.

ADOLFO: What happened today?

MARIA: Well, I've been worrying about this bump on my breast.

ADOLFO: I didn't think this good news was going to be about worrying.

MARIA: My grandmother died of breast cancer. God rest her soul. And mama had it too, about 15 years ago. That was before I met you.

ADOLFO: Is that why she's got all those red marks on her chest?

MARIA: That was from radiation therapy. So, with cancer in my family I need to worry. The lump is a cyst. There's no cancer.

ADOLFO: How do they know?

MARIA: They take out a few cells with a long thin needle and test them.

ADOLFO: Did it hurt?

MARIA: No. I hardly knew she did it. And I had a mammogram several weeks ago and that's OK too.

ADOLFO: What's a mammogram?

MARIA: As I understand it, a mammogram is a low dose x-ray of the breast that can tell if you have cancer.

ADOLFO: I'm glad you're OK, but I don't like hearing about this. I don't want anything to happen to you. We have to make sure everything is alright with you. Are you eating OK? Are you getting enough rest? Are you working too hard? You better take another one of those mam things in a few months.

MARIA: Now who's the worrier?

THE END

Step 5: Have a brief discussion of the scene. Use it only to get women involved with the topic. Ask how the women felt.
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Example: *When you were listening to that scene how did you feel? And did your feelings change when the topic of breast cancer came up? Today we are going to learn about one of women's biggest fears: breast cancer. We will learn how to detect breast cancer and what can be done if you find that you have it. As we said a few minutes ago, early detection is critical.*

Exercise 2: What Are My Attitudes Toward Breast Cancer?  
(15 minutes)

**(The purpose of this exercise is to correct any misconceptions that the women have about breast care and breast cancer. Using a card game with misconceptions on them is the approach taken.)**

Step 1: To start learning about breast care, we need to explore some attitudes and facts about it. Give each person a card with two statements on it. Have the women ask the group which statement is more true. The back provides the more accurate point of view.

*Example: To begin learning about breast care and cancer, we need to explore your thoughts about breast care. I will give each of you a card. The card has two statements on it. Your task is to ask the group which statement is more true. Here are the cards.*

CARD 1

- A. If you haven't got breast cancer by the time you are 40, you won't get it.
- B. The older a woman gets, the more she is at risk for breast cancer.

Back: Statement B is more accurate.

CARD 2

- A. The larger the breasts, the more likely a woman will get cancer.
- B. Size has nothing to do with getting the disease.

Back: Statement B is accurate.

CARD 3

- A. The mammogram is dangerous because it uses an X-ray.
- B. The x-ray dose is too low to cause harm.

Back: Statement B is more accurate.

CARD 4

- A. Why cells become cancerous is not fully known.
- B. Bumping or bruising a breast causes it to become cancerous.

Back: Statement A is more accurate.

CARD 5

- A. Nipple discharge changes in color and appearance with cancer.
- B. Nipple discharge has nothing to do with cancer.

Back: Statement A is more accurate. (note: discharge is not a major symptom.)

CARD 6

- A. Pain in the breast can indicate cancer.
- B. Unless it is bone cancer, there is little association between breast pain and cancer.

Back: Statement A is more accurate. (note: pain is not a major symptom.)

CARD 7

- A. Taking oral contraception increases the risk of getting breast cancer.
- B. Using the pill is not related to breast cancer.

Back: Statement B is more accurate.

CARD 8

- A. White women have less breast cancer than black women.
- B. Black women have less breast cancer than white women.

Back: Statement B is correct. (note: but black women are more likely to die from it.)

CARD 9

- A. Jewish women have more breast cancer than non-Jewish women.
- B. Jewish women have less breast cancer than non-Jewish women.

Back: Statement A is more accurate.

CARD 10

- A. Poor women get breast cancer less than rich women.
- B. Rich women get breast cancer less than poor women.

Back: Statement A is more accurate.

Step 2: Have the women, one at a time, read their cards and ask the group which statement is more accurate.

Example: *I want each woman to read her card to the group and ask the group to identify the statement that is more accurate. Here we go.*

Step 3: When all the cards have been read and the more accurate statements selected, ask the women how they experienced the activity and if they can think of other attitudes toward breast care and breast cancer. Discuss exceptions to these facts in relation to inflammatory breast cancer.

Example: *How did you think and feel doing that activity? Did you learn anything from it? Can you think of other attitudes that women have which might be misconceptions about breast care and breast cancer?*

*I also want to tell you about another form of breast cancer that's less well-known and that does have some of the symptoms we said were less accurate. It's called Inflammatory Breast Cancer. Has anyone ever heard of that? (If not, go on; if so, ask what they have heard).*

*INFLAMMATORY BREAST CANCER (IBC) is a form of breast cancer usually not detected by mammograms or ultrasounds and does not include a lump in the breast. Some women who have inflammatory breast cancer may not be diagnosed, even while seeing their doctor to learn the cause of her symptoms. The symptoms are similar to mastitis, a breast infection and some doctors, not recognizing IBC, will prescribe antibiotics. If there is no response to antibiotics after a week, a biopsy should be performed or a referral to a breast specialist is warranted.*

*Some of the symptoms of IBC include:*

*Swelling, usually sudden, sometimes a cup size in a few days*

*Itching*

*Pink, red, or dark colored area, sometimes with texture similar to the skin of an orange*

*Ridges and thickened areas of the skin*

*What appears to be a bruise or an insect bite that does not go away*

*Nipple retraction*

*Nipple discharge, may or may not be bloody*

*Breast is warm to the touch*

*Breast pain /(from a constant ache to stabbing pains)/*

*Change in color and texture of the areola*

*IBC also has earlier onset than other forms of breast cancer and is more common in African Americans than other ethnic groups. So, if you have any breast changes that concern you, you should see your doctor and ask about IBC.*

Exercise 3: What is an Overview of Breast Care?  
(20 minutes)

**(The purpose of this exercise is to give women an overview of breast care. Showing a video is the approach used.)**

Step 1: Introduce the video on breast care.

Example: *Next, we will look at a video on breast care. As you watch it, keep track of questions you have which the video did not answer.*

Step 2: Show the video.

*NOTE: The video suggested is "Komen Breast Health Basics: A Guide to Performing Breast Self-examination." The Susan G. Komen Breast Cancer Foundation, www.komen.org, 1999. It is approximately 6 minutes.*

Example: *Here is the video.*

Step 3: Ask for responses to the video. Encourage discussion.

Example: *What did you think of the video? What unanswered questions do you still have? Did you find out anything that was surprising to you?*

Exercise 4: How Do I Give Myself a Breast Exam?  
(25 minutes)

**(The purposes of this exercise are to teach women how to do a breast self-exam and to learn about mammograms. Explanations, pictures, and demonstration are used.)**

**Step 1: Explain the need to do a breast exam.**

Example: *Most lumps are found by the woman through a self-exam or when having her breasts caressed. As early detection is the best weapon against breast cancer, doing a regular breast exam is the desired approach. Note: Mammograms are much more accurate.*

**Step 2: Give tips on maintaining breast exams.**

Example: *It is easy to forget doing a regular monthly exam. First, it helps to think of the exam as another way you stay healthy – just like brushing your teeth, bathing, showering or eating well.*

*Second, start to examine your breast on a certain day of the month. Do it after your period is over when your breasts are not tender or swollen.*

*Try doing a breast self-exam at those times when it is usual to touch your breasts like when soaping in the shower or when putting body lotion on.*

**Step 3: Refer to a picture or drawing of a woman doing a breast exam that they will find in their resource books.**

Example: *On page 1 in your resource book labeled session: Breast Care you will find a picture of a woman doing a breast self-exam. First, she moves her fingers over her breasts in a circular motion pressing firmly with the soft part of her fingers, not the tips. Then, she checks under her armpit. The third step is designed to see if there is any discharge from the nipple. If you find any lumps, don't panic. A lump can be caused by a number of things, not only breast cancer. Be sure to go to your doctor as soon as possible to get a breast exam.*

Step 4: Explain the mammogram and its use.

Example: *The mammogram is a low intensity x-ray that detects breast cancer. If you are 40 or over, you should get a mammogram every one to two years. If you are 50, you need a mammogram every year.* **Note: Women who have a family history of breast cancer should consult with their health care provider for recommendations re: the frequency of mammograms.**

*If you are having regular menstrual periods, schedule your mammogram appointment after your period. On the day of the appointment, **do not** use powder, deodorants, perfumes or body lotion.*

Step 5: Direct women to Resource Book for facts about stages of breast cancer and treatment options

*Since our time here is limited, we are not going to discuss the specifics of having breast cancer or breast cancer treatment options. However, this information is provided in your Breast Care Resource Book.*

Exercise 5: What Is the Homework?

(5 minutes)

**(The purpose of this exercise is to carry over activity to the home setting. A task is assigned and the session is ended.)**

Step 1: Ask the women to think of a time when they had a vaginal infection and to write on a card one word that tells us how they felt.

Example: *For homework, I want you to think of a time when you had a vaginal infection. Remember how you felt. Write how you felt on a card, using just one word. If you have never had a vaginal infection, maybe you know someone who has. Please try to talk to them about how they felt and write that one word on your card.*

Step 2: Hand out index cards on which the one word can be written. Explain what we will do with them next time.

Example: *Here is a card to write your one word on. Next time we will collect the cards and stick them up on the board.*

Exercise 6: Breathing  
(5 minutes)

Step 1: Let the group become relaxed through a breathing exercise.

Example: *Now, we're going to do a breathing exercise to help you relax before you leave. If you're comfortable doing so, I want you to close your eyes. Put both feet on the ground with your hands relaxed in a comfortable position. I want you to begin to attend just to your breathing. Breathe through your nose. Notice the cool air as you breathe in (pair with inhalation)...and the warm moist air as you exhale (pair with exhalation). Just continue to attend to your breathing. Now each time you exhale, repeat to yourself the word, Relax. Inhale, exhale, relax.....Inhale, exhale, relax... (continue for 10-12 cycles). Now, remain in the relaxed state for several moments and, when ready to end the relaxation, take a deep breath as you slowly open your eyes.*

Step 2: End the session with an appreciation.

Example: *That is all for today. I enjoyed working with you and hope to see you next time.*

# **Session 4**

# **INFECTIONS**

HEALTH EDUCATION SERIES

SESSION: VAGINITIS  
(90 MINUTES)

OBJECTIVES:

1. Women will know what the most common vaginal infections are.
2. Women will learn how to reduce the risk of getting vaginitis.
3. Women will know the main ways of treating vaginitis.

RATIONALE:

*This session is on vaginal care and vaginal infections. We have chosen to focus on vaginitis because most women will have it at some time in their lives. Vaginitis affects the vulva and vagina. Vaginal infections have known causes, ways to prevent them, and moderately straightforward ways to treat them.*

SUMMARY OF EXERCISES

1. Introduce the women and the session. Review homework. Use a script to engage women in the session. (15 minutes)
2. Use fact sheets to explain what vaginitis is. (15 minutes)
3. Use cards to inform how to prevent vaginal infections. (15 minutes)
4. Explain the treatment of vaginitis. (15 minutes)
5. Integrate knowledge through "Dear Abby" letter. (20 minutes)
6. Assign homework. (5 minutes)
7. Do breathing exercise and end the session. (5 minutes)

MATERIALS:

Resource Books  
Workbooks  
Tape to post homework  
Prevention Cards  
Blank Paper for "Dear Abby" Response and Pencils  
Newsprint, Markers, Easel

**EXERCISE 1: What Is This Session All About?**  
(10 minutes)

**(The purpose of these exercises are to create a comfortable environment. Introductions, homework review, and a script are employed.)**

Step 1: Introduce yourself and the groups members, asking them to give their first names and what they feel most proud about.

*Example: My name is \_\_\_\_\_ and I am the group's facilitator. I know some of you have been here before, but we like to start off each session with introductions. Please tell us your first name and the one thing you are most proud about. For example, a woman might say, "My name is Rose, and I am most proud of completing one year of college." So, go ahead and introduce yourselves.*

Step 2: Review group rules.

*Example: As you know, there are just a few rules for this group. They are important, so let's review them before we get started.*

Explain the rules to the group. These rules are as follows:

1. If members need to miss a session, be late or leave early, they should notify the group leader or co-leader.
2. They must try to participate in the group. This doesn't mean they have to share things they are uncomfortable with sharing, but to offer ideas and perhaps help out others.
3. Members must listen to others while they talk; while in the group, members must treat others as they would like to be treated, creating an atmosphere of mutual respect (no interrupting others; no physical contact between group members).
4. Unless there is a break, members should not leave group unless they absolutely must.
5. To help everyone feel safe, it is essential that nothing a patient says in session is ever repeated to anyone outside of the group.

*NOTE: Rules are posted on the wall as a reminder, group leaders should refer group to this list. Don't miss group, Participate, Listen, Stay for the whole session, Never repeat what you've heard in group.*

Step 3: Have the group members hand in their homework. Read two cards first and then post them for the group to see.

Example: *At the end of the last session on breast care you were given homework. That was to think of a time when you had a vaginal infection and write in large letters on a card one word describing how you felt. Please hand your cards in and I will mix them up and put them on the board. Before posting them, I will read a couple of them. Next, we will learn more about vaginitis.*

If anyone has forgotten their cards, hand out more, and have women write their descriptive word.

Step 4: Have two volunteers read the script which introduces the topic.

Example: *I would like two volunteers to read the parts of Fran and Sylvia. This brief scene will tell us what the session is all about. **You will find this scene on page 19 of your workbook under session: Infections.***

#### FRAN AND SYLVIA

FRAN: I have a question, but I am too embarrassed to ask.

SYLVIA: Go ahead. I won't laugh at you.

FRAN: Are you sure?

SYLVIA: Positive.

FRAN: OK. Did you ever have something dripping down there?

SYLVIA: Something dripping from your vagina?

FRAN: Yes.

SYLVIA: Sure. That's a sign of infection. You should see a doctor so she can treat it.

FRAN: No. I don't want to see a doctor.

SYLVIA: Sometimes I treat my infections with yogurt.

FRAN: You eat yogurt, and it helps?

SYLVIA: I think it helps, but I don't eat the yogurt. I put plain yogurt in my vagina.

FRAN: How about chocolate yogurt?

SYLVIA: Plain.

FRAN: I thought that cherry might help.

SYLVIA: No, it has to be plain, natural yogurt.

FRAN: Listen. I'm being serious now. You don't really stuff your vagina with yogurt, do you?

SYLVIA: Of course. Sometimes it really helps.

FRAN: I think I'll go to the doctor after all.

THE END

Step 5: Explain that the focus today is on vaginitis.

Example: *As you could guess from the scene, the topic we are covering today is vaginal infections. There are many misconceptions about how to treat vaginal infections. We'll talk about them here.*

Exercise 2: What Is Vaginitis?  
(15 minutes)

**(The purpose of this exercise is to inform the women about the nature of vaginitis and the main infections that make up the group. Having volunteers teach the group by presenting from fact sheets is the approach taken).**

Step 1: Explain that first we will learn about vaginitis by having three members of the group present the facts using fact sheets.

*Example: Our first step is to learn what vaginitis is. I will ask for three volunteers to teach us. They will have a fact sheet to guide them.*

Step 2: Ask for three volunteers and refer them to their resource books for this information.

*Example: May I have three volunteers to teach us about vaginitis? Each one of you will read from a fact sheet that will tell you the main things about a kind of vaginal infection. Vaginitis means vaginal infection. But these infections are caused by different organisms. **Please turn to pages 1 through 3 in your resource books under session: Infections for this info.***

BACTERIAL INFECTIONS

The most common one is called bacterial vaginosis (BV). Sometimes this is called Gardnerella. This infection is caused by an overgrowth of bacteria that is normally present in the vagina. Bacterial vaginosis is associated with sexual activity.

The discharge caused by these bacteria is gray or yellow and sometimes streaked with blood or pus. It is often watery in consistency and may have a bad odor.

TRICHOMONIAL INFECTIONS

This infection is usually called trich (trick).

Trich is a single cell organism that is found in both men and women.

The organism is a sexually transmitted disease that can be passed from person to person by intercourse. In rare cases it may be passed by washcloths, towels, bathing suits, and almost any moist object.

The discharge is yellow/green, or gray but foamy. The discharge has a foul odor.

Some women have no signs or symptoms.

## MONILIA (CANDIDA) INFECTIONS

Monilia infection is the most common of infections, and it goes by many names such as yeast infections, candidiasis, moniliasis.

Monilia is not passed from person to person; it is not an STD.

Monilia is a fungus which is normally found in small amounts in the mouth, the digestive tract and the vagina. The small amount is harmless.

When the acidity of the vagina is changed or when other organisms are killed off (for example, when you take oral antibiotics, that kills the natural bacteria in the vagina) the monilia may grow very quickly.

The discharge caused by monilia is white, thick, and may have the consistency of cottage cheese. Often white deposits are left on the vulva. The odor of the discharge is strong, but not that unpleasant. Itching is a common symptom.

Women of any age can get a fungus infection, but it is usually acquired during the child-bearing years or after menopause. These are times when the hormonal condition changes.

Step 3: Have the three women make brief presentations.

Example: *Let's have the three of you make a brief presentation, telling us about the different infections. Go ahead and start.*

Step 4: Point out that all vaginal infections need lab tests to figure out which kind of infection is present. All vaginal infections have serious consequences and need to be treated.

Example: *I want to make it clear that these infections are serious and need to be treated. To treat effectively we need to know which kind of infection is present. Although the discharges are different, lab tests are required to determine the kind of infection.*

Step 5: Introduce the next section on preventing infections.

Example: *Before exploring treatment, we need to consider ways of reducing our risk of getting vaginal infections. That's what we will do next.*

Exercise 3: How Can I Reduce my Risk of Getting Vaginal Infections?  
(15 minutes)

**(The purpose of this exercise is to familiarize women with ways to reduce the risk of getting vaginal infections. Having each woman describe a strategy written on cards is the approach taken).**

Step 1: Explain that each woman will receive a card with a prevention strategy on it. Going around the room, each woman will share her strategy.

*Example: Now we are going to work on preventing vaginal infections. Each woman will receive a card with a step you can take to prevent infections. We will go around the room and have each woman share her step.*

Step 2: Pass out a prevention card to each woman. Pass out all the cards. Some women may receive two cards.

*Example: Here is your card. Take a look at it and then we will go around the room with your suggestions.*

CARD 1: Gently wash your vulva and anus regularly. Pat dry.

CARD 2: Do not use other people's washcloths and towels.

CARD 3: Avoid irritating sprays and powders.

CARD 4: Wear clean, white, all cotton underpants and avoid nylon underwear and panty hose.

CARD 5: Avoid pants that are tight in the crotch and thighs.

CARD 6: Always wipe your genital and anus area from front to back.

CARD7: Make sure your sexual partners have washed (remember to use a condom).

CARD 8: Avoid intercourse until the infection has cleared up.

CARD 9: Use a sterile, water soluble jelly if lubrication is needed during intercourse.

CARD 10: Avoid sexual intercourse that is painful or abrasive to your vagina.

CARD 11: Cut down on coffee, alcohol, sugar, and refined carbohydrates because diets high in sugar can radically change the normal acidity of the vagina.

CARD 12: Don't use plain yogurt to reduce mild symptoms of a vaginal infection because it makes diagnosis difficult and may contribute to the infection.

CARD 13: Do not douche. Douching can change the acidity of the vagina or remove normal organisms. This makes it easier for other organisms to get in or grow too much.

CARD 14: Take care of yourself. Not eating well or resting enough makes you more susceptible to infection.

CARD 15: Avoid tampon use, especially if you have a history of frequent vaginal infections.

Step 3: Have each woman read her cards and then discuss the suggestions when everyone is finished reading.
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Example: *First, let's go around the room and have each woman read her card with a suggested prevention recommendation. Then we will talk about your reactions to these suggestions.*

Exercise 4: How Do You Treat Infections?  
(15 minutes)

**(The purpose of this exercise is to introduce women to the treatments available for vaginal infection, as well as guidelines to follow when undergoing treatment).**

Step 1: Explain the typical treatments for vaginal infections.
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Example: *Let's spend a few minutes on treatment. Typically some form of medication is used.*

*For candida (yeast) anti-fungal medication is used. There are both vaginal suppositories and creams. Medications for yeast can now be bought over-the-counter in a drug store (Ask women and name some). But you should have a doctor diagnose a yeast infection the first time you have one.*

*For trich, a medicine called Flagyl(metronidazole) is used. It is taken by mouth. In all cases of taking medicine you should check out the dangers and side effects.*

*For bacterial infections metronidazole or other antibiotics in cream or suppository form are used.*

Step 2: Review guidelines to follow when being treated.
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Example: *You will find some ideas about what to do when being treated on page 4 in your resource books under session: Infections.*

1. Use medication exactly as prescribed by your physician.
2. Don't stop taking the medicine until it is completely finished.
3. If your physician wants to see you for a follow-up appointment, be sure to go and follow her advice.
4. If your doctor has prescribed a vaginal medication there may be some leaking. Use a sanitary napkin. A little leaking does not hurt because it spreads the medicine across the vulva where it should be.
5. Check with the health team about any medications you are already taking.
6. Don't scratch as it can spread the infection.
7. Warn your sexual partners that they too may be infected.
8. Avoid intercourse when the infection's symptoms are at their worst.
9. After a bowel movement, wipe from front to back.
10. Don't wait for vaginal infections to go away. See your doctor at the first signs.
11. Remember that your body's resistance is an important part of recurring vaginitis. Work with the health team to see if any undiscovered conditions might be contributing to your problem.

Step 3: Answer any questions the group has about treatment.

Example: *I have presented quite a bit of information in a very brief way. What questions do you have? Since I am not a nurse or physician, there may be complicated questions that I cannot answer, but I will seek out an answer between sessions and get back to you.*

Exercise 5: How Would I Help a Woman with Vaginitis?  
(20 minutes)

**(The purpose of this exercise is to integrate what has been learned so far. Responding to a “Dear Abby” letter is the approach taken).**

Step 1: Explain that this exercise is an opportunity to demonstrate what they have learned through responding to a “Dear Abby” letter.

Example: *We want you to show what you have learned by responding to a “Dear Abby” letter. You will find a copy of the letter on page 20 in your workbook under session: Infections. I will hand out paper and pencils. Please take about 10 minutes to respond. Then we will collect the letters and select a few to read. First tell Dorothy the things she is doing right. Then give Dorothy suggestions for other things she can do about her problem.*

Step 2: Give out the paper and pencils.

Example: *Here is some paper and pencils. You have ten minutes to make up a response.*

Dear Abby,

My itchy vagina is driving me crazy! I've had this problem for years, and it never seems to go completely away.

And I have tried everything. I used a garlic suppository, herbs, cranberry juice, and hot baths with teas. I have soaked a tampon in different healing solutions and inserted it.

I have douched and changed my underwear every eight hours. I had a ceremony done over me and had no sex for nine months. I use only white cotton underpants and unscented toilet paper. Sometimes I put hot compresses on my vulva and sometimes cold compresses. I have cleaned my vagina and parts so much that I irritated them and made myself feel worse.

What can I do?

Desperate Dorothy

Step 3: After ten minutes, stop the women, and ask if anyone wants to read her letter. If no one volunteers, collect the letter, mix them up and draw a few to read.

Example: *It is time to stop. Does anyone want to read the letter you wrote to Desperate Dorothy. If yes, have the volunteers read a few. If no, I will collect the letters and mix them up, and read a few aloud.*

Step 4: Discuss the letters.

Example: *What did you think of the letters that we read? What did you like about some of the responses and what would you have done differently?*

Exercise 6: What Is Our Homework?  
(5 minutes)

**(The purpose of this exercise is to carry the concern about women's health issues back home. Giving a homework assignment is the approach used).**

Step 1: Assign homework of coming in with a list of people (known to the group member) who are either HIV positive or who have died from AIDS.

Example: *Your homework assignment is to think about people you know who are HIV positive or who have died from AIDS. We'll talk about that next time.*

Exercise 7: Breathing for Relaxation  
(5 minutes)

Step 1: Let the group become relaxed through a breathing exercise.

Example: *Now, we're going to do a breathing exercise to help you relax before you leave. If you're comfortable doing so, I want you to close your eyes. Put both feet on the ground with your hands relaxed in a comfortable position. I want you to begin to attend just to your breathing. Breathe through your nose. Notice the cool air as you breathe in (pair with inhalation)...and the warm moist air as you exhale (pair with exhalation). Just continue to attend to your breathing. Now each time you exhale, repeat to yourself the word, Relax. Inhale, exhale, relax.....Inhale, exhale, relax... (continue for 10-12 cycles). Now, remain in the relaxed state for several moments and, when ready to end the relaxation, take a deep breath as you slowly open your eyes.*

Step 2: End the session with appreciation for the group's attention.

Example: *Our time is up for today. You have been very good in giving your attention to the information on vaginitis. See you next time.*

# **Session 5**

# **HIV/AIDS**

HEALTH EDUCATION SERIES

FACILITATOR'S MANUAL

SESSION: LEARNING THE FACTS ABOUT HIV/AIDS

(90 MINUTES)

OBJECTIVES:

1. Women will gain a general understanding about HIV/AIDS
2. Women will be able to name the major modes of HIV transmission
3. Women will know the difference between exposure and infection

RATIONALE:

This session is designed to fill in the details of the women's understanding of HIV/AIDS. For many drug users HIV infection came about through sharing drug paraphernalia. For others infection came about through sexual activity. This sex transmission could be the gateway for more people to become infected, and we need to understand sexually transmitted diseases as an overall topic. This session will also assist women in not "judging" or "assuming" a person has HIV or AIDS by the way that person may look.

SUMMARY OF EXERCISES

1. Introduce the session, have the women introduce themselves and review homework. (10 minutes)
2. Give a brief history of AIDS. (10 minutes)
3. Present the definition of HIV/AIDS (10 minutes)
4. Watch video about HIV and discuss (40 minutes)
5. Review routes of transmission and prevention (10 minutes)
6. Assign homework. (5 minutes)
7. End session with breathing exercise. (5 minutes)

MATERIALS:

Resource Books  
VCR and HIV Video  
Newsprint, Markers, and Easel

Exercise 1: What Are My Questions?  
(10 minutes)

**Step 1: Welcome the women and have them introduce themselves.**

*Example: Now let's go around the room and tell us your first name. Also tell us what your favorite song is. Also tell us your favorite song that has made you give thought to your life. Such as: "I will survive" was a favorite for many women due to the fact that Ms. Gloria Gaynor was singing about being able to move on in life after a heartbreak.*

**Step 2: Review group rules.**

*Example: As you know, there are just a few rules for this group. They are important, so let's review them before we get started.*

Explain the rules to the group. These rules are as follows:

1. If members need to miss a session, be late or leave early, they should notify the group leader or co-leader.
2. They must try to participate in the group. This doesn't mean they have to share things they are uncomfortable with sharing, but to offer ideas and perhaps help out others.
3. Members must listen to others while they talk; while in the group, members must treat others as they would like to be treated, creating an atmosphere of mutual respect (no interrupting others; no physical contact between group members).
4. Unless there is a break, members should not leave group unless they absolutely must.
5. To help everyone feel safe, it is essential that nothing a patient says in session is ever repeated to anyone outside of the group.

*NOTE: Rules are posted on the wall as a reminder, group leaders should refer group to this list. Don't miss group, Participate, Listen, Stay for the whole session, Never repeat what you've heard in group*

**Step 3: Briefly discuss homework assignment and answer any questions.**

*Example: Let's briefly go over your homework assignment which was to think of people you know who are HIV+ or who have died from AIDS. You do not have to disclose your own status. Think about people in the media who you've hear about. Imagine everyone coming up with lists like yours. This is just a reflection of the magnitude of this disease.*

Exercise 2: A Brief History of AIDS  
(10 minutes)

**(The purpose of this exercise is to have the women recall a time when they first heard of the word “AIDS” and to elicit from them how they felt at the time of hearing it. What were their impressions, thoughts, feelings.)**

Step 1: Explain the purpose of the exercise. The facilitator will ask the women questions and get responses.

Example:

*What year did you first hear about AIDS? Do you remember what you heard? Do you remember hearing about any specific people who had HIV?*

*What did you think about what you heard?*

*Did you feel as if it affected you or anyone you knew?*

Step 2: Facilitator will instruct the women to turn to their resource book, session: HIV/AIDS, page 1 “**History of AIDS**”.

*As you can see, we've provided information about the history of AIDS in your Resource Book. But now, we'll move on to learn more about the definition of HIV and AIDS, how it's transmitted, and how to prevent it.*

Exercise 3: What is the Definition of HIV/AIDS?  
(50 minutes)

**(The purpose of this portion of the session is to increase the women's understanding of HIV/AIDS by watching a video about HIV, defining the acronyms and explaining the meaning of an HIV test.)**

Step 1: Ask the women what they think HIV means, and then break down the acronym. Remind the women that in session: Body Systems, the systems of the body were broken down into components, and they can now recall some of what was learned in earlier weeks.

Example:

*Human. Meaning that the virus is specific to humans.*

*Immunodeficiency: A deficiency in the immune system.*

*Virus: This particular virus has been called a "lenti virus" (meaning: slow) that is believed to cause the immune system to dysfunction and possibly lead to what is known as AIDS.*

Step 2: Ask the women what they think AIDS means, and then break down the acronym.

Example:

*Acquired: Something received or obtained from the outside. Not inherited nor contagious.*

*Immune: The immune system, which is the body's way of fighting off disease. When that ability is weakened or doesn't exist germs have the opportunity to multiply freely and cause what in AIDS are called "opportunistic infections."*

*Deficiency: Not having, without. Means that the immune system is suppressed and unable to perform its normal function.*

*Syndrome: Means symptoms or conditions that occur together and indicate or characterize a disease.*

Step 3: Explain testing methods and the difference between HIV and AIDS.
--

Example:

*The HIV antibody test is conducted to determine if a person has HIV antibodies in their immune system. If the immune system has recognized something that is normally not found in the system, this test will pick it up. HIV antibodies have their own color, shape and form.*

*The standard tests for HIV antibody detection are the EIA and the Western Blot. There are also new “rapid tests” that detect antibodies using a strip that changes color almost immediately if the antibody is present. It works like store-bought pregnancy tests. HIV antibody screening test does not test specifically for the virus, therefore those tests are run to find out if a person has the antibodies in the blood.*

*If HIV antibodies are detected, then a doctor would decide if a person is HIV+ or has AIDS. The three parts of being diagnosed as having AIDS are 1) that a person has tested positive for HIV (has any viral load), 2) has one or more CDC-defined opportunistic infections (an illness that takes advantage of a compromised immune system) and 3) a T-cell count of 200 or less. An AIDS diagnosis **can only** be given by a doctor.*

*AIDS, the syndrome or clinical symptoms, are caused by a defect of the body's immune system. People do not die of AIDS but from the opportunistic infections/diseases which the body cannot fight off. Examples of opportunistic infections include a certain type of pneumonia (pneumocystic), tuberculosis, genital herpes and other STDs, shingles and meningitis.*

Step 4: Explain “Exposure vs. Infection.”
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Example:

*There is a difference between being exposed to HIV and being infected with HIV. Exposure is the behavior that people engage in that can put them at risk for HIV infection.*

*Infection means that the virus is in someone's blood.*

*Exposure to HIV does not guarantee infection. For example, there are documented cases of long term sex partners of HIV infected individuals (exposed if they took semen, blood, or vaginal secretions into their body) who are not, themselves, infected. There are cases of individuals who were infected from one sexual contact in which semen was taken into the body. The more exposure one has the more likely one will become infected. Whether the exposures are from one partner or many partners does not matter.*

Step 4: View video
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*To learn more about HIV, how it's transmitted and how to prevent transmission, let's watch a video.*

After watching video, engage women in discussion.

*What are your reactions to this video? What thoughts or feelings come up? Did anything surprise you? Do you have any questions. I'll try to answer them.*

Step 5: Review the modes of HIV transmission. Encourage women to participate in answering questions. Write responses on the newsprint. Remind women this information can be found in the resource book.

Example:

*What are the ways HIV can enter the body?*

**1) Exposure to Infected Blood/Blood Products:**

Anything having to do with blood, such as:

Using someone else's syringe to shoot drugs (including steroids or vitamin injection shots) into the veins or muscles (information about proper cleaning of needles is in your Resource Book).

Sharing a cooker or cotton used to inject drugs.

- Tattoos
- Razors
- Manicures
- Ear piercing (and other body piercings)
- Organ transplants
- Blood transfusions

*Note: Blood Transfusion: Blood products prior to April of 1985 were not screened for HIV. Recipients of such products before that time are at risk for HIV infection. Since, then, all blood donated and used in the United States has been screened for HIV antibodies. Although highly effective, there remains the very slight possibility that the blood was donated during the "window period," and therefore would not show HIV antibodies. Blood products such as those used by hemophiliacs can be heat treated, which kills any virus, and so may be safer than whole blood transfusions.*

**2) Sexual Contact with:**

- Blood
- Semen
- Vaginal Secretions

*Blood, semen and vaginal secretions have significant enough concentrations of HIV to cause infection. Any sexual activity in which blood, semen or vaginal secretions enter another person's body (through vaginal, oral, or anal sex) should be considered a high- risk behavior. Blood and semen have higher concentrations of the virus than vaginal secretions. Pre-ejaculatory fluid (pre-cum) is also thought to be a transmissible fluid. The anus and the vagina are "better" ports of entry to the bloodstream than the mouth.*

### 3) **Infected Mothers to Babies Through Perinatal Exposure or Breast Milk:**

-Perinatal means "around the time of birth." This transmission can occur from mother to fetus during pregnancy (in utero) or from mother to child during delivery. There is some evidence that transmission is more likely if the woman is HIV symptomatic, but asymptomatic women can also pass the virus to their children.

-Infants born to women with HIV will test antibody positive at birth due to "passive immunity"—being born with some of their mother's antibodies. At 8-10 months of age-but not later than 18 months—babies shed their mother's antibodies and begin to develop their own. Then an antibody test can determine if the child is infected or not.

-Infants exclusively breastfed by women who are HIV+ have about a 14% greater chance of acquiring HIV than infants fed by replacement methods. This risk increases in cases of partial breastfeeding (mixing with other liquids/solids or supplementing).

#### **What is considered low risk?**

-Acupuncture—needles are not hollow and therefore blood is only on the outside of the needle. There are now disposable acupuncture needles.

-Barrier protection (condoms, dental dams, female condom, saran wrap)

#### **What is considered no risk?**

-Abstinence

-Sex with an uninfected partner

-Casual contact with HIV+ persons or people diagnosed with AIDS

-Handshaking

-Eating from same plates as HIV+ person/s

*Casual contact is considered any physical contact not involving the intake of blood, semen, or vaginal secretions.*

*The term "body fluids" should not be used when discussing transmission because it may mislead people to believe that HIV can be spread through tears, sweat, and saliva. HIV may be found in these body fluids, but in very low concentrations—not enough to cause infection. Urine and*

*feces, even when blood is found in them, probably do not contain sufficient concentrations of HIV to cause infection.*

*Note: Mention that all this info we went over is in their resource book under Session:HIV/AIDS.*

Exercise 5: It's Homework Time

**(The purpose of this exercise is to raise the women's awareness of contraception and safer sex techniques. Giving a brief homework assignment is the approach taken.)**

Step 1: Ask the women to think about the type of contraception they use and how it works for them.

Example: *For this week's homework assignment I would like each of you to think about what type of contraception you use and how you feel this method works for you. Please be prepared to share your information with the group, next week.*

Exercise 6: Breathing  
(5 minutes)

**(The purpose of this exercise is to end the session on a calm, strong experience. A breathing exercise is used.)**

Step 1: Let the group become relaxed through a breathing exercise.

Example: *It's time for a breathing exercise. First, if you're comfortable doing so, I want you to close your eyes. . Put both feet on the ground with your hands relaxed in a comfortable position. I want you to begin to attend just to your breathing. Breathe through your nose. Notice the cool air as you breathe in (pair with inhalation)...and the warm moist air as you exhale (pair with exhalation). Just continue to attend to your breathing. Now each time you exhale, repeat to yourself the word, Relax. Inhale, exhale, relax.....Inhale, exhale, relax... (continue for 10-12 cycles). Now, remain in the relaxed state for several moments and, when ready to end the relaxation, take a deep breath as you slowly open your eyes.*

*Thank you for participating in today's session. See you next week.*

*End of Session: HIV/AIDS*

## **Session 6**

# **CONTRACEPTION**

HEALTH EDUCATION SERIES

FACILITATOR'S MANUAL

SESSION: WHAT METHOD IS BEST FOR ME?

*OBJECTIVES:*

1. Women will understand the difference between methods of contraception that prevent pregnancy.
2. Women will learn the hierarchy of safer sex methods.
3. Women will learn the steps for proper use of a condom.
4. Women will view a video regarding the Reality Condom for women.

*RATIONALE:*

A critical issue for most women is choosing methods of protection against pregnancy and disease. Choice is a central factor in developing empowerment. While there are several effective methods for preventing pregnancy, there has been little research in effective disease prevention methods over which women have control. This session focuses on female controlled methods. Now greater attention is being made to developing approaches for women that do not require male involvement. Furthermore, we attempt to discriminate between methods with great value for preventing pregnancy while failing to stop infections and methods that range from good to better-than-nothing in limiting HIV/STDs.

SUMMARY OF EXERCISES

1. Introduce the session and the women. Review between session assignment. (10 minutes)
2. Discuss and present advantages and disadvantages of contraception methods. (15 minutes)
3. Present information on the methods hierarchy. (10 minutes)
4. The Condom Game (15 minutes)
5. View a video (Reality Condom). (30 minutes)
6. Assign homework. (5 minutes)
7. End with breathing exercise (5 minutes)

MATERIALS:

Resource Books  
Workbooks  
Cards of Condom Use Steps  
VCR and Video "Reality Condom"  
Newsprint, Markers, Easel  
Samples of Male and Female Condoms

Exercise 1: Getting Started  
(10 minutes)

**(The purpose of this exercise is to acquaint the women with one another and the facilitator and review homework.)**

Step 1: Welcome the women back by having them give first names and completing the following sentence: "I am not afraid to....."

Example: *Please introduce yourselves. This time I want you to give your first name and complete this sentence: "I am not afraid to....." For example, you might say, "Hi! I'm Toni and I am not afraid to ask my husband to take care of the kids once in a while." Let's go around the room.*

Step 2: Review group rules.

Example: *As you know, there are just a few rules for this group. They are important, so let's review them before we get started.*

Explain the rules to the group. These rules are as follows:

1. If members need to miss a session, be late or leave early, they should notify the group leader or co-leader.
2. They must try to participate in the group. This doesn't mean they have to share things they are uncomfortable with sharing, but to offer ideas and perhaps help out others.
3. Members must listen to others while they talk; while in the group, members must treat others as they would like to be treated, creating an atmosphere of mutual respect (no interrupting others; no physical contact between group members).
4. Unless there is a break, members should not leave group unless they absolutely must.
5. To help everyone feel safe, it is essential that nothing a patient says in session is ever repeated to anyone outside of the group.

*NOTE: Rules are posted on the wall as a reminder, group leaders should refer group to this list. Don't miss group, Participate, Listen, Stay for the whole session, Never repeat what you've heard in group*

Step 3: Review the homework assignment, clarify questions and answers. And introduce today's session.

Example: *Your between-session task was to think about what type of contraception you use and how it works for you. Today, one of the things we're dealing with is choosing a method for protecting yourself from getting pregnant. This method is called contraception.*

Exercise 2: What are The Different Forms Of Contraception On The Market?  
(15 minutes)

**(The purpose of this exercise is to increase women's awareness about the different contraception methods available.)**

Step 1: Explain the exercise. Have the women get involved in this portion of the session by asking questions.

*Example: Now let's review the information on different methods. This information helps us learn which methods might work for preventing pregnancy but don't work against HIV. It is important to see what the advantages and disadvantages of each type of method are. You can see what some of the choices are, and there will be more choices in the future. For years, scientists did not try to discover how to improve existing approaches and develop new ones for women. On pages 4-6 of your Resource Book in session: Contraception is a chart which provides information on both preventing infection (STDs and HIV) and pregnancy. Let's take some time to review what this chart can tell us.*

*But, before we do this, what are some contraception methods that you know about?*

*Solicit the responses.*

Step 2: Acknowledge the responses and then go over the ones mentioned.

**Prevention and Contraception Methods**

*Effectiveness is based on assumption the method is used consistently and correctly.*

**Male Condoms**

Prevention of pregnancy:	High. Effectiveness is increased if used with a spermicide.
Protection against disease:	Assumed high. Should be used with a spermicide.
Partner cooperation:	Requires partner willingness to have sex with it on. May interrupt sex.
Comment:	May cause irritation in some women.
Cost:	\$0.50 per usage.

**Female Condoms**

Prevention of pregnancy:	High. Effectiveness is increased if used with a spermicide.
Protection against disease:	Assumed high. Should be used with a spermicide.
Partner cooperation:	Requires partner willingness to have sex with it in. Is visible.
Risk of infection:	None.
Cost:	Approximately \$2.00 per usage.

**Cervical Cap**

Prevention of pregnancy: Good if used with spermicide and inserted correctly.  
 Protection against disease: Moderate.  
 Partner cooperation: None. Measured and fitted by a doctor. Must be removed after 10-12 hours.  
 Risk of infection: Requires vaginal spermicide for best protection against STDs.  
 Cost: Initial outlay of \$50.00-\$85.00 which includes examination costs.

**Diaphragm**

Prevention of pregnancy: Good if used with spermicide and inserted correctly.  
 Protection against disease: Moderate.  
 Partner cooperation: None. Measured and fitted by a doctor. Must be removed after 10-12 hours.  
 Risk of infection: Some women are prone to bladder infections.  
 Cost: Initial outlay of \$50.00-\$85.00 which includes examination costs.

**Suppository**

Prevention of pregnancy: Fair.  
 Protection against disease: Low.  
 Partner cooperation: None. Can be inserted with an applicator or by fingers.  
 Comment: Must be applied within one hour of intercourse.  
 Cost: \$0.50 per usage.

**Foam**

Prevention of pregnancy: Fair.  
 Protection against disease: Low.  
 Partner cooperation: None. Requires applicator.  
 Comment: May cause irritation in some women.  
 Cost: \$0.50 per usage.

**Jelly/Cream**

Prevention of pregnancy: Fair.  
 Protection against disease: Low.  
 Partner cooperation: None. Requires applicator.  
 Comment: Must be applied within one hour of intercourse.  
 Cost: \$5.00 per tube.

**The Pill**

Prevention of pregnancy: High.  
 Protection against disease: None.

Partner cooperation: None. Pill is taken orally.  
 Risk of infection: The pill may raise risk of infection.  
 Cost: Between \$25.00-40.00 per month.

**Norplant**

Prevention of pregnancy: High – works for up to five years.  
 Protection against disease: None.  
 Partner cooperation: None. Inserted under the skin.  
 Risk of infection: May cause bleeding in some women, which raises the risk of infection.  
 Cost: Approximately \$150 a year

**Depo-Prevera**

Prevention of pregnancy: High – works up to 12 weeks.  
 Protection against disease: None.  
 Partner cooperation: None. Injection.  
 Risk of infection: May cause bleeding in some women, which raises the risk of infection.  
 Cost: \$50 per injection

**IUD**

Prevention of pregnancy: High.  
 Protection against disease: None.  
 Partner cooperation: None. Inserted into the uterus by a doctor.  
 Risk of infection: May slightly “poke” the partner, which can raise the risk of infection.  
 Cost: Between \$150.00-\$500.00 per insertion. (Every 1-4 years depending on type of IUD inserted.)

**Early Withdrawal**

Prevention of pregnancy: Poor.  
 Protection against disease: Poor.  
 Partner cooperation: Depends completely on partner cooperation and cannot be counted on.  
 Comment: Danger of sperm and infection in semen which may leak out before ejaculation.  
 Cost: None.

Exercise 3: What's The Most Safe, Least Safe, In-Between?  
(10 minutes)

**(The purpose of this exercise is to introduce women to the hierarchy of safer sex options by providing them with the information needed to make wise choices for protecting themselves against pregnancy and STDs, including HIV.)**

**Step 1: Present the hierarchy of safer sex harm reduction options.**

*Example: First, I am going to tell you about the hierarchy of protection methods: which ones are really effective, and which ones are not very effective but better than nothing. Then we will look at these methods in more detail. **This information can be found in your resource book on page 1 under session: Contraception.***

METHODS PREVENTING HIV

*Let's take a closer look at the information on the hierarchy of methods. **Turn to page 1 of your resource book under session: Contraception.** The page says "Hierarchy of Safer Sex Harm Reduction Options." Let's spend some time going over this material.*

HIERARCHY OF SAFER SEX OPTIONS

MOST EFFECTIVE - No HIV/STD risk

- Delay onset of sexual activity, especially for adolescents
- Abstinence from oral, vaginal, anal intercourse
- Mutual masturbation
- Sex with a partner who is HIV negative (tested six months after any HIV risk behavior) and no other risk for HIV. Both partners avoid all other HIV risk activities (for example, the partners do not shoot drugs and do not have sex with others.)
- Sexual practices that do not involve the exchange of semen, vaginal fluids, or blood- such as hugging, dry kissing, masturbation.

VERY EFFECTIVE – must be used correctly to reduce HIV risk in vaginal or anal intercourse

- Use a male condom with spermicide
- Male using a latex condom lubricated with spermicide (some spermicides may cause "burning" for some people. If so, use the latex condom with just a water-based lubricant and see a doctor or nurse for more information.)
- In vaginal intercourse, the woman using a female condom and also using a spermicide either in the condom or on the partner's penis. If the spermicide causes burning or discomfort, use a plain water-based lubricant instead and see a doctor or nurse for more information.

LOW EFFECTIVENESS – Risky, but may help

In vaginal intercourse, the woman using a diaphragm and vaginal spermicide. The spermicide is put around the rim of the diaphragm and for extra safety, more is put in the vagina.

INEFFECTIVE

In vaginal intercourse, the woman using vaginal spermicide (no condom or diaphragm with it)  
 Withdrawal

**Hierarchy of Safer Sex- Harm Reduction Options continued**

*(direct participants to page 2 of resource book)*

Ways to reduce HIV risk in oral sex:

For oral sex on a male, use a latex condom with spermicide put into the tip before oral sex.

For oral sex on a female, use of a barrier between the mouth and vagina (such as a dental dam or plastic wrap) may prevent contact with vaginal fluids. This method is not proven to prevent the spread of HIV.

Ways to reduce HIV risk in sex play:

Use latex gloves or finger cots if fingers or hands might come into contact with blood or body fluids in sex play.

Don't share sex toys.

If partners are piercing or cutting each other, clean the needles and razors with bleach then rinse with clean water.

Considerations when Using Spermicide: Use of vaginal application of spermicide containing nonoxynol-9 more than once every other day is not advised due to possibility of vaginal irritation; vaginal irritation may increase the chance of becoming infected if having vaginal intercourse with a person with HIV infection; consult a physician if use of spermicide with nonoxynol-9 causes vaginal or penile irritation.

Considerations Regarding STDs: Regular screening and early treatment of STDs can be important in reducing the risk of HIV; the presence of an STD (even if the person doesn't have symptoms) can increase the likelihood of transmission of HIV infection during sex, with an infected partner.

Remember: If an STD is present, the risk of HIV transmission from an infected individual to a non-infected individual is greater. Treatment of STDs can reduce HIV transmission significantly.

Exercise 4: The Condom Game  
(15 minutes)

**(The purpose of this game is for the women to learn the proper procedure for using condoms.)**

Step 1: Present the pieces of the puzzle that make up the entire instructions for using a condom.

Example: *Instruct women to stand up and form a circle in the center of the room. Facilitator hands out condom use steps cards until all cards are distributed. Group members read the cards they are holding. Women put the steps in order by placing them on the floor.*

Step 2: Once they have finished, the facilitator will read out the correct order.

Example: *Encourage the women to switch the order of the pieces as necessary.*

Step 3: Brief discussion on the importance of using condoms, correctly.

Example: *Now look around at the order we've come up with. (Ask a volunteer to read out loud the order the cards are now in. End by saying this is the proper way to use a condom. Ask for questions).*

Exercise 5: So What Is The Female Condom?  
(Video and Discussion 30 minutes)

**(The purpose of this exercise is to increase the women's information through the use of a video, on the proper way to insert the "Reality" female condom.)**

Step 1: Explain that the group will view a video that will demonstrate step-by-step the use and application of the female condom.

Example: *As you learned earlier, when examining the different methods, female condoms are one of the best. Therefore, it is important to know how to put them in and how to take them out.*

*Show video.*

Step 2: Discuss the women's reaction and concerns.

Example: *In real life, female condoms are difficult to put in at first. It takes several tries, but once mastered many women prefer them.*

Step 3: Distribute female condoms and demonstrate insertion using procedures from the video and diagrams in the resource book.

Now I'd like you to see the reality condom. (Distribute one per person and review procedures for insertion, use and disposal as demonstrated in trainer's video).

*What was your reaction to that practice? What are your thoughts about using the female condom? Have you heard from anyone who has tried it? Complete instructions for use of the female condom can be found on page 9 of your Contraception Resource Book.*

Exercise 6: What Is The Homework?  
(5 minutes)

**(The purpose of this assignment is to increase the women's knowledge of pregnancy and childbirth.)**

Step 1: Ask the women to cut out photos or articles related to pregnancy or childbirth and ask them to bring them in to the next session.

Example: *What I would like you to do for next week's session is to look for some photos or articles on pregnancy and childbirth to bring in to the next group. You can cut them out of magazines, newspapers or maybe you would like to bring in a photograph of yourself or someone you knew when they were pregnant.*

Exercise 7: How Can We Stay Calm?  
(5 minutes)

**(The purpose of this exercise is to develop relaxation and centering skills and to enable the women to leave in a strong but calm state of mind.)**

**Step 1: Reinforce that relaxation is important to empowerment.**

Example: *We want you to leave here in a calm and strong state of mind. Relaxation is empowering because you control it and can put yourself into desirable states. Relaxation is totally yours. It also puts you in touch with the strong parts of yourself.*

**Step 2: Let the group become relaxed through a breathing exercise.**

Example: *Now, let's do a breathing exercise. if you're comfortable doing so, I want you to close your eyes . Put both feet on the ground with your hands relaxed in a comfortable position. I want you to begin to attend just to your breathing. Breathe through your nose. Notice the cool air as you breathe in (pair with inhalation)...and the warm moist air as you exhale (pair with exhalation). Just continue to attend to your breathing. Now each time you exhale, repeat to yourself the word, Relax. Inhale, exhale, relax.....Inhale, exhale, relax... (continue for 10-12 cycles). Now, remain in the relaxed state for several moments and, when ready to end the relaxation, take a deep breath as you slowly open your eyes.*

**Step 3: End the session.**

Example: *It was great working with you today. I look forward to seeing you next week.*

*END OF SESSION: Contraception*

# **Session 7**

# **PREGNANCY**

HEALTH EDUCATION SERIES

FACILITATOR'S MANUAL

SESSION: PREGNANCY

OBJECTIVES:

1. Women will understand the different pregnancy testing techniques.
2. Women will learn about the three trimesters of pregnancy.
3. Women will learn certain precautions to reduce the risk of infections during pregnancy.

RATIONALE

At some point in most every woman's life, she will think about pregnancy. We will discuss becoming pregnant while staying healthy and preventing the contraction of any infections from the time of conception throughout the pregnancy. Impress upon the women the importance of regular prenatal care visits. (This may be a doctor, nurse or midwife.)

SUMMARY OF EXERCISES:

1. Introduce the session and the women. Review between session assignment. (10 minutes)
2. Use a script to engage women in the session. (15 minutes)
3. Present information on the different pregnancy testing techniques. (15 minutes)
4. Present information on pregnancy trimesters (15 minutes)
5. Present information on methods of preventing infections while trying to conceive and also during pregnancy (10 minutes)
6. Use a "Dear Nurse Cookie" letter to practice knowledge. (20 minutes)
7. Assign homework and end session. (5 minutes)

MATERIALS:

Resource Books

Workbooks

Blank Paper for "Nurse Cookie" Response and Pencils

Newsprint, Markers, Easel

**Exercise 1: Getting Started**

(10 minutes)

**(The purpose of this exercise is to have the women learn more about themselves and each other through introductions.)**

Step 1: Welcome the women back by having them give first names and completing the following sentence: "When I first found out that I was pregnant I felt....."

Example: *Please introduce yourselves again. This time I want you to give your first name and complete this sentence: "When I first found out that I was pregnant I felt.....". If you have never been pregnant, think of your first reaction to finding out about someone close to you who was pregnant. For example "When I first found out that my sister was pregnant I felt.....". Let's begin!*

Step 2: Review group rules.

Example: *As you know, there are just a few rules for this group. They are important, so let's review them before we get started.*

Explain the rules to the group. These rules are as follows:

1. If members need to miss a session, be late or leave early, they should notify the group leader or co-leader.
2. They must try to participate in the group. This doesn't mean they have to share things they are uncomfortable with sharing, but to offer ideas and perhaps help out others.
3. Members must listen to others while they talk; while in the group, members must treat others as they would like to be treated, creating an atmosphere of mutual respect (no interrupting others; no physical contact between group members).
4. Unless there is a break, members should not leave group unless they absolutely must.
5. To help everyone feel safe, it is essential that nothing a patient says in session is ever repeated to anyone outside of the group.

*NOTE: Rules are posted on the wall as a reminder, group leaders should refer group to this list. Don't miss group, Participate, Listen, Stay for the whole session, Never repeat what you've heard in group*

Step 3: Review the homework assignment and introduce today's session.

Example: *Your homework assignment was to bring in an article or photograph of a pregnant woman. One by one, please bring your photograph, picture or article up to the front and post it on the board for all to view. As you have probably already guessed, today's session is about pregnancy and childbirth.*

**Exercise 2: Jodi and Pat**

(15 minutes)

**(The purpose of this exercise is to increase women's awareness of pregnancy.)**

**Step 1: Explain the exercise. Ask for two volunteers to read the parts of Jodi and Pat.**

*Example: Please turn to page 24 in your workbooks under session: Pregnancy. I would like to have two volunteers read the parts of Jodi and Pat. Thank you. Now, let's read the script and we can have a brief discussion afterward. You may begin when you're ready.*

**JODI AND PAT**

JODI: Hi Pat, what's up?

PAT: You don't want to know.

JODI: Of course I do. Why do you think I asked?

PAT: Well, I know what you're going to say but...here goes. I didn't get my period this month or last.

JODI: Again!?

PAT: You see, I never should have told you.

JODI: I'm sorry, but you know you've gone through this before and I'm your friend. I worry about you.

PAT: I know. But things are different this time.

JODI: What's so different, did Joey convince you to keep it?

PAT: It wasn't just Joey, it's me. I keep worrying that we won't have enough money or that the apartment isn't big enough, but Joey and I sat down and discussed it. I'm still going to school, but he's working a steady job now and we love each other enough to make it work.

JODI: So, what's the problem?

PAT: Well, you know I've had four abortions and I don't know what effect, if any, that will have on this baby. I don't know what to expect. To tell you the truth, I'm really scared!

JODI: Being scared is natural, but it seems like you have lots of questions and the best person to ask would be your doctor.

PAT: You're right. I'll call to make an appointment first thing in the morning. Thanks Jodi. I knew I came to the right person.

JODI: Anytime Pat, that's what friends are for. Oh, by the way, if you're still a little scared just let me know when your appointment is and I can go with you if you'd like.

THE END

Exercise 3: Pregnancy Testing  
(15 minutes)

(The purpose of this exercise is to have the women become knowledgeable in the first signs of pregnancy and the different pregnancy testing techniques.)

Step 1: Explain to the women the first signs of pregnancy.

Example: *The most common first sign of pregnancy is a missed menstrual period. Sometimes you may miss a period because of illness, stress or a change in your lifestyle, so there are other signs that might indicate pregnancy. Some of these other signs include sore or tender breasts, nausea and vomiting, frequent urination and fatigue.*

You may experience all, some or none of these signs because every woman's body is unique and so is every pregnancy.

Step 2: Discuss when to get a pregnancy test.

Example: *The sooner you know you are pregnant, the sooner you can begin proper pre-natal care. Therefore, it is important to have a pregnancy test as soon as possible after you miss your first period or as soon as you think you might be pregnant.*

Step 3: Present and discuss different pregnancy testing techniques.

Example: *Some tests can be done as early as a few days after a single missed period. These tests are done on a sample of your urine. They are usually performed in a lab by a technician. You can also buy do-it-yourself pregnancy testing kits in the drug store. These tests are also done on a urine sample. It's a good idea to see your doctor no matter what the result of the home test is. Another test in the lab can double check your result and, if you are not pregnant, help the doctor find out why you missed a period. **More information on the do-it-yourself tests and their instructions are in your resource book on pages 1 & 2 under session: Pregnancy.***

### **Exercise 4: The Trimesters of Pregnancy**

(15 minutes)

**(The purpose of this exercise is to educate the women about the trimesters of pregnancy.)**

*Step 1: Explain the importance of understanding the development of the fetus, as well as changes in the women's body over the course of a pregnancy. Focus on the distinct trimesters.*

We're going to talk about the different developmental stages of pregnancy. These are called trimesters, because there are three distinct stages. Let's talk about what to expect during each stage. (Ask group what they know about each specific trimester, in turn. Then read and review material below as needed. Remind women that these stages are approximate and that some of these facts will vary among women)

**The first trimester:** A person may experience only a few signs of pregnancy and gain only 3 to 4 pounds. Yet, the first 3 months of pregnancy are critical to your baby's health. During this time, the baby will grow 3 inches long and will have developed all of the major organs. Pre-natal care, good nutrition, and adequate rest should start immediately. Untreated illness or disease, radiation or the use of tobacco, drugs or alcohol during this time may harm your baby for life.

**The second trimester:** Begins with your 15<sup>th</sup> week of pregnancy. Many of the discomforts of the first trimester will disappear and you will begin to feel pretty good. You can feel the baby move and you will start to look pregnant. Your baby will also start to gain weight. The baby can be clearly identified as a boy or a girl. Good nutrition will help you and your baby gain weight at the correct rate. Your doctor will now begin listening for your baby's heartbeat with an instrument called a "Fetoscope."

**The third trimester:** You will have completed 24 weeks of pregnancy. During the last 3 months, your baby will continue to grow and gain weight, and so will you. You may experience some discomfort from the pressure on your stomach and bladder. You will feel that the baby's movements are stronger and more frequent. Now is the time to start preparing yourself and your home for the baby's arrival.

**Exercise 5: Preventing Infections During Pregnancy**

(10 minutes)

**(The purpose of this exercise is to educate the women in the necessity of preventing infections during pregnancy.)**

*Step 1: Explain the importance of preventing infections and/or treating already existing infections immediately, so as not to endanger the unborn child.*

Example: *Previously, we spoke about contraception and safer sex. This was not just for preventing pregnancy but it is equally important to prevent transmission of any infections to the mother and/or the unborn child.*

*Some prevention techniques may include, but are not limited to:*

*Continued use of condoms because this can prevent infection.*

*See your doctor immediately if you suspect pregnancy. By doing this the doctor may be able to detect and treat an already existing infection that a woman has been unaware of and may ultimately clear the baby of any potential danger. If possible, having a pre-pregnancy visit can help with this. The pre-pregnancy visit can also help if you have had problems with prior pregnancies.*

***Remember***, *it is important to the welfare of the unborn that during the doctor visits, to answer all questions the best as possible regarding the parents' family history and background. This will give the doctor a better idea of how to help and/or treat a person during pregnancy.*

**Exercise 6: So, How Could I Help Someone Else?**

(20 minutes)

**(The purpose of this exercise is for the women to practice the knowledge they have acquired thus far. Responding to a “Dear Nurse Cookie” letter is the approach taken.)**

*Step 1: Explain to the women that this exercise is a way for them to demonstrate what they have learned. The method they will use is responding to a “Dear Nurse Cookie” letter.*

Example: *Let's review some of what you have learned by responding to a “Dear Nurse Cookie” letter. You have a copy of the letter in your workbook on page 25 under session: Pregnancy.*

*I will hand out some blank paper and pencils and you will have 10 minutes to respond to this letter. When you finish, I will collect them. Then I will ask for a couple of volunteers to pick responses and read them out loud.*

**Step 2: Give out the paper and pencils.**

Example: *Now that you have the paper and pencils, you may begin. Remember you have 10 minutes to respond.*

Dear Nurse Cookie,

For the past week or two I've had a really bad discharge. I've had this before, but it just goes away and then comes back again. Some people say it's normal, that every woman gets that from time to time, but I don't know what to believe. I've tried a lot of remedies that my friends have suggested but nothing seems to work. This time I'm really worried because I just found out last month that I'm pregnant. What should I do?

Signed,  
Pregnant and worried in Wyoming.

**Step 3:** After 10 minutes, stop the women. Collect the responses, mix them up, ask for a volunteer to read a response out loud. If no one volunteers, facilitator will read a few responses.

Example: *Okay, time is up. Put all of the responses in the basket that I will pass around.*

*Ask: Would someone like to volunteer to pick one of the responses and read it aloud to the class?*

**Step 4:** Discuss the letters.

Example: *What did you think of the letters we just read? Did you feel that some of the responses gave some good advice? Would you have anything else to add to them?*

**Exercise 6: What is the Homework?**

(5 minutes)

**(The purpose of this exercise is to carry the concern about women's health issues back home. Giving a homework assignment is the approach taken.)**

Step 1: Ask the women to go home and think about one way they could prevent contracting an STD.

Example: *Alright, your next homework assignment is to think of one way you could prevent contracting an STD.*

*An example: Using a female/male condom.*

Step 2: Close the session.

Example: *I enjoyed working with you today and I look forward to seeing you next time.*

END OF SESSION: Pregnancy

## **Session 8**

# **Sexually Transmitted Diseases**

HEALTH EDUCATION SERIES

SESSION: SHOULD I WORRY ABOUT STDs?

OBJECTIVES:

1. Women will understand what STDs are.
2. Women will understand what the treatment is for STDs.
3. Women will learn how to reduce the risk of contracting an STD.
4. Women will know the effects of STDs on their own health and their unborn child's.

RATIONALE:

STDs are some of the most common diseases going around. Over 12 million people in the US have a sexually transmitted disease. Herpes and HIV have no cure. Many women do not realize the damage that an STD can do to themselves and their children. Having had an STD increases the chances of becoming infected with the AIDS virus. One of the problems is that STDs often do not present symptoms. People do not know that they are infec

SUMMARY OF EXERCISES

1. Introduce women, facilitator, and the topic. (10 minutes)
2. Do a guessing game about STD facts. (10 minutes)
3. Present facts on STDs (15 minutes)
4. You are the Expert. (25 minutes)
5. Review how to reduce the risk of getting an STD. (15 minutes)
6. Take a brief self-test on STDs. (10 minutes)
7. Assign homework and end the session. (5 minutes)

MATERIALS:

Resource Books

Workbooks

Newsprint, Markers, Easel

Exercise 1: What Is This Session All About?  
(10 minutes)

**(The purpose of this exercise is to create a comfortable environment and to set the stage for the session to follow. Introduction, homework review and a script are employed.)**

Step 1: Introduce yourself and the group members, asking them to give their first names and what they need to do to stay in good health.

Example: *My name is \_\_\_\_\_ and I am the group's facilitator. I know you may have been here before, but we like to start off each session with introductions. Please tell us your first name and tell us one thing you need to do to stay in good health. For example, a woman might say, "My name is Fran, and I need to not drink as much diet Pepsi each day." So, go ahead and introduce yourselves.*

Step 2: Review group rules.

Example: *As you know, there are just a few rules for this group. They are important, so lets review them before we get started.*

Explain the rules to the group. These rules are as follows:

1. If members need to miss a session, be late or leave early, they should notify the group leader or co-leader.
2. They must try to participate in the group. This doesn't mean they have to share things they are uncomfortable with sharing, but to offer ideas and perhaps help out others.
3. Members must listen to others while they talk; while in the group, members must treat others as they would like to be treated, creating an atmosphere of mutual respect (no interrupting others; no physical contact between group members).
4. Unless there is a break, members should not leave group unless they absolutely must.
6. To help everyone feel safe, it is essential that nothing a patient says in session is ever repeated to anyone outside of the group.

NOTE: Rules are posted on the wall as a reminder, group leaders should refer group to this list. Don't miss group, Participate, Listen, Stay for the whole session, Never repeat what you've heard in group

Step 3: Review the homework.

Example: Your homework assignment was to think of one way you could prevent contracting an STD. Let's briefly talk about some suggestion speople may have come up with.

*Step 4: Have two volunteers read the script, which introduces the topic.*

Example: *I would like two volunteers to read the parts of Donna and Rachael. This brief scene will tell us what the session is all about. **Please turn to page 27 in your workbook labeled session: STDs to find the script.***

DONNA AND RACHAEL

RACHAEL: That bastard, Jose.

DONNA: What's the matter?

RACHAEL: I can't tell you.

DONNA: Of course you can tell me.

RACHAEL: He gave me an STD.

DONNA: What's that?

RACHAEL: A sexually transmitted disease.

DONNA: You must have given him something too.

RACHAEL: I'm not sick.

DONNA: He didn't give it to you for nothing.

RACHAEL: It's not funny.

DONNA: So, you got a little dripping and itching. What's the big deal?

RACHAEL: It's not funny.

DONNA: Jose is really cute. Was it worth it?

RACHAEL: I'm not talking to you.

DONNA: I was just teasing.

RACHAEL: You don't seem to get how serious this is. It could make me so I couldn't have a baby. Or I might get HIV. You don't play around with STDs.

DONNA: If you hadn't been playing around, you couldn't have an STD in the first place.

RACHAEL: Don't get smart.

DONNA: Did you use a condom?

RACHAEL: Of course not. Jose says he never uses them.

DONNA: He just goes around giving girls STDs.

RACHAEL: I hate him.

DONNA: Maybe the disease will get him or his thing will drop off or they will put him in jail for trying to kill you with an STD.

RACHAEL: You can't seem to comprehend how much trouble I'm in. Don't keep trying to be funny. You're not funny.

DONNA: Or maybe they could hang him by his you know what or put hot sauce in his ointment.

RACHAEL: I beg of you to stop.

THE END

Step 5: Ask what their reaction was to the scene and explain that today's session is on STDs.
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Example: *As you can guess from that scene, today's session is on STDs. What did you think of that scene?*

Exercise 2: How Do We Play the Guessing Game about STDs?  
(10 minutes)

**(The purpose of this exercise is to start women thinking about what STDs are. Having them guess at the answers to basic questions is the approach taken.)**

Step 1: Explain the purpose of the "Guessing Game" and emphasize that guessing is desired even if the person is not sure of the right answer.

*Example: Next, we are going to play the "Guessing Game." I will ask you a question about STDs and you guess at the right answer. There are no points or penalties. The important thing is to take a chance and guess.*

Step 2: Play the "Guessing Game" giving one question at a time and encouraging guessing. When the guessing for each question is over, give the right answer. Feel free to give hints and prompts.

*Example: So, here we go. After you have taken guesses, I will give you the answer. We will go question by question. The first question is:*

- Q. Are STDs usually spread by sitting on a dirty toilet seat?*
- A. No, it would be very rare to get a disease from the toilet seat. Fresh moist secretions would have to enter your body.*
- Q. How long do the organisms which cause STDs live outside of the body?*
- A. A minute or two.*
- Q. Can herpes II be cured?*
- A. No, herpes II cannot be cured, but it can be kept under control.*
- Q. How many Americans get an STD each year?*
- A. 12 million.*
- Q. Which statement is the most true? (a) STDs can be transmitted from animals to humans; (b) STDs can be transmitted through oral sex; (c) condoms don't work against bacteria; (d) once you have had an STD you cannot get the same kind again.*
- A. B is the correct answer. STDs cannot be transmitted from animals to humans, are contained when using a condom, and you can become infected with the same STD more than once.*

**Step 3: Reinforce their guessing and asking questions.**

Example: *That was very good. We had a sampler of information about STDs. Guessing and asking questions is a great way to learn more.*

**Step 4: Explain why knowing about STDs is important for women.**

Example: *Why are we interested in STDs? They can cause debilitating conditions in women and even death. Some can make a woman sterile. They can damage the health of your newborn child. And they increase your chances of getting HIV. As we learned, some STDs have no cure and require life long management.*

**Exercise 3: What Are the Facts?**

(15 minutes)

**(The purpose of this exercise is to give a broad view of STDs and what to do about them.)**

Step 1: General information on STDs is provided in their resource books.

Example: *STD is a term used to describe any disease acquired primarily through sexual contact. These diseases can be caused by bacteria, viruses, tiny insects or parasites. The most common STDs are listed on page 1 of your resource books under session: STDs. Let's review this together.*

*Chlamydia*

*Gonorrhea*

*Human papilloma virus infection (genital warts)*

*Genital Herpes*

*Nongonococcal urethritis*

*Trichomoniasis*

*Bacterial vaginosis- may not be sexually transmitted*

*HIV*

*Syphilis*

*Pediculosis pedis (crabs)*

*Scabies*

*Chancroid*

*Hepatitis B*

*These diseases generally enter the body through the mucous membranes- the warm moist surfaces of the vagina, urethra, anus and mouth. You can see that the infection might be passed through genital, oral and anal sex.*

*Let's take a few minutes to comment on a select group of STDs. **Gonorrhea** is caused by bacteria, and, if you have the bacteria on your hand and touch your eye, you can create an infection in your eye. 80% of women with the disease don't know they have it. Men usually have a milky discharge from the penis and feel a burning sensation when they urinate.*

***Herpes** is caused by a virus- a tiny primitive organism. It travels up the nerve endings and lives at the base of the spine. We don't know how to cure herpes. Burning and itching are symptoms. Men usually feel the discomfort in the testicles.*

***Syphilis** is caused by a small spiral-shaped bacterium. There are four stages- primary, secondary, latent, and late. In the early stage a sore called a chancre appears for many people. Later, a rash over much of the body is a sign. For men, the chancre usually appears on the penis or scrotum.*

**Genital warts** are caused by a virus. This is one of the most common sexual infections. Something that looks like a wart on the skin is the first sign. They often appear on the bottom of the vaginal opening. For men, they usually start on the head of the penis.

**Human papilloma virus (HPV)** is one of the most common sexually transmitted diseases in the United States. There are more than 100 types of HPV, and very often there are no symptoms or signs of the infection. Some types of HPV can cause cervical cancer or genital warts (see above).

**Chlamydia** is a common sexually transmitted disease that is caused by bacteria. Most often there are few signs or symptoms of infection among men and women. Those who do have symptoms may experience mild discharge (mucus or pus) from the vagina or penis and mild pain while urinating. If untreated, chlamydia may lead to Pelvic Inflammatory Disease (PID) in women, which could lead to infertility. Both partners must be treated for chlamydia to be cured.

In your resource book, there are materials that describe in detail symptoms of STDs in women and men. Please read that section when you have a chance.

Exercise 4: YOU Are the Expert. Name that Diagnosis (STD) and Make A Recommendation.  
(25 minutes)

**(The purpose of this exercise is to increase knowledge of STDs. Women learn how to identify symptoms of STDs (or lack thereof) by using their resource books [and problem solve regarding diagnosis and course of action])**

Step 1: Present the idea of participants playing the expert or doctor in response to several fictional cases. Give volunteers one description (or can be read by facilitator) to be read aloud. Participants respond to cases with diagnosis, recommendations and precautions (cases are also listed in workbook). Note that 6 cases are provided, depending on time fewer cases may be presented

*Example: Now that we've reviewed some of the facts, we are going to ask you to be the doctors or experts. Turn to page 5 in your Workbook. We've prepared some fictional "cases"- these are women with different physical problems. Your job is to listen to the description or list of problems and then say which STD might be causing those problems. Next, you should say what the person should do about their symptoms, and don't forget to warn them about what could happen if they ignore your 'expert' advice.*

Case One:

Maya is on birth control pills and has been having sex with her boyfriend for six months. A few weeks ago she started feeling itchy in her vagina and saw a little bit of mucus discharge. She's feeling run down, tired and has a busy schedule with her 3 kids. She tries to rest for a few days and hopes to feel better. The next week she notices small red bumps on her vagina when she is taking a shower.

*Diagnosis?* Genital Herpes

*Recommendations?* See a doctor to get tested and receive treatment. Take the medicine prescribed. Talk to her boyfriend about what happened. Learn the signs of herpes infection, avoid intercourse during outbreaks and use protection when having sex.

*What will happen if she ignores her symptoms?* The outbreak could be more protracted severe, and therefore further compromise her immune system. She could spread the disease to someone else.

Case Two:

Linda is a teenage virgin who is dating Tyrell. She doesn't feel ready for sex, but he is older and is putting a lot of pressure on her. Linda doesn't want Tyrell to think that she's a baby, and so she is pretending to be more experienced than she really is, and agrees to have unprotected sex. Linda was hanging out with Tyrell's friends last weekend and saw them shooting dope. She really didn't understand what they were doing, but was scared by the needles.

*Diagnosis?* At high risk for: Hepatitis B and HIV and pregnancy; also at risk for other STD's

*Recommendations?* Use protection (list forms) at all times while having sex. See a doctor to get tested (HIV, pregnancy, Hep B and STDs) and receive treatment, if necessary.

What will happen if she ignores her symptoms? She doesn't have symptoms, but is at very high risk for serious illnesses. She needs information to allow her to make better choices and know the risks that she is taking.

Case Three:

Toya's boyfriend Jesse has been having intense pain when he urinates, as well as pus discharge from his penis. They've been having unprotected sex for a few weeks, and Jesse hasn't said anything about his symptoms or diagnosis (he knows he has an STD). Toya has no symptoms.

*Diagnosis?* Gonorrhea

*Recommendations?* She needs to see a doctor and be diagnosed to get treatment. Yearly visits are important for this reason because without the checkup she won't know what's going on and how to protect herself and treat it.

Case Four:

Patricia has been married to Angel for a few years. They frequently have sex and have not been using protection because they want to have a baby. Patricia has a history of sexual abuse and hates going to the gynecologist because she feels very frightened. She went to a clinic once and there was a male doctor who she felt was rough and made her feel uncomfortable, so she hasn't ever gone back to a clinic. She's very sad because she's had no luck and has been trying to get pregnant for over a year. She has NEVER had any symptoms.

*Diagnosis?* Might not be an STD; What STDs cause infertility? Chlamydia (often no symptoms), Gonorrhea (mild or no symptoms) & Pelvic Inflammatory Disease (PID; minor or no symptoms)

*Recommendations?* Ask friends to accompany her to MD to feel safe. Talk to someone (therapist) about history and not feeling safe. Request a female MD, if that would make her more comfortable. Most importantly, get to a clinic to be tested to find out if there is a problem and treated if there is a problem!

Case Five:

Barbara has been having unprotected oral sex with Steve. She's been overwhelmed lately because her mother is elderly and ill, and Barbara has been trying to take care of her. She is often tired and stressed out. Recently she noticed that she has a mild rash on her vagina, but didn't think twice about it because she didn't have intercourse. She's hoping it's going to go away, but hasn't for a few weeks.

*Diagnosis?* Syphilis

*Recommendations?* Go to the doctor to get diagnosis confirmed and treated. Oral sex can cause STDs.

**Case Six:**

*Shaniqua is an attractive woman who always has men around her. She likes getting attention, affection and she enjoys having sex. She is educated and knows the risks of unprotected sex and so she generally uses protection. In fact, she's gotten really good at getting her dates to use condoms, and also knows how to use female condoms. However, a few months ago she and her friends had a little too much to drink and she didn't use protection with the man she had sex with. A month ago she had a small growth that looked like cauliflower, but that disappeared. She has not had her period in six weeks.*

*Diagnosis?* HPV- genital warts & may be pregnant. What if she's pregnant? Some STDs can be transmitted to your baby while you're pregnant, and some can be given to the baby when you give birth. Testing is important to get treatment that can sometimes prevent serious birth defects that may occur if STDs go untreated. These birth defects include certain diseases themselves as well as organ damage.

*Recommendations?* Go to the doctor to get diagnosis confirmed and treated.

Exercise 5: How Can I Prevent STDs?  
(15 minutes)

**(The purpose of this exercise is to enable the women to know about approaches to prevention. A description of methods is presented.)**

Step 1: Present the methods that can be used to prevent STDs. Answer questions as you go along. This info is in their resource books.

Example: *Now I am going to go over some of the methods for preventing STDs. Please turn to page 4 in your STD resource books.*

*The following methods are medically effective against STD in laboratory or clinical tests. No method is 100 percent effective, but using any of them should greatly reduce your chances of catching an STD.*

1. *Latex condoms (rubbers) used during vaginal, oral and anal intercourse are the best method of prevention we have so far. The man must put on the condom before his penis touches your vulva, mouth or anus.*
2. *Use the new female condoms. This could be especially useful for women whose male partners can't or won't use a condom.*
3. *Use vaginal spermicides (contraceptive foams, creams and jellies). You can purchase these in a drugstore without a prescription and use them with or without a diaphragm or condom. For maximum protection, use them with a diaphragm. When using with a condom, put an applicator full of spermicide inside the vagina before sexual intercourse. If you take the pill or have an IUD, it is wise to use spermicides, too.*
4. *Use a diaphragm (preferably with spermicide) to protect against STDs that primarily affect the cervix (as with gonorrhea and chlamydia). Some researchers have found that women who use diaphragms have a lower incidence of chlamydia infection than those who use other forms of birth control.*
5. *Washing genitals before and right after sex is of questionable use for women. It is important for men to wash their testicles and penis, particularly after anal sex and before having vaginal or oral sex. Douching does not prevent STDs, as it washes away normal vaginal secretions that help our bodies fight off infection and may even push infections higher up in your reproductive system.*

6. *We do not recommend morning-after antibiotic use. Taken just before or within nine hours after exposure to an infected person, these antibiotic pills contain enough drug to prevent these diseases, but not enough drug to cure an established infection. This method has serious drawbacks. Each time we use an antibiotic, we increase our chances of becoming resistant to that particular family of antibiotic, and then we cannot use that antibiotic for another illness for which it may be the most effective treatment. Also, if you take antibiotics frequently or in less than the optimal dosage, you may encourage the development of resistant strains of gonorrhea. We do not recommend this method.*
  
7. *There are also barrier methods that can be used for mouth-to-vagina or mouth-to-anus contact. These have not been scientifically tested or approved, but some people now place household plastic wrap over the area before contact and then discard it after one-time use.*

**Step 2: Ask for group's impressions about the methods recommended.**

Example: *What are your reactions to the recommended methods? Do you have other points of view?*

**Exercise 6: How Can I Test My Knowledge?**

(10 minutes)

**(The purpose of this exercise is to help women remember some of the facts they have been exposed to. A self-test is employed.)**

**Step 1: Explain the value of the self-test. It is strictly for the benefit of the person taking the test.**

*Example: Taking a self-test helps you to learn something. You answer the questions and score your own test. The answers are right there. You will find the questions on one page and the answers on the next. This test is for your benefit alone. No one else needs to see it.*

*Step 2: Refer them to their workbooks for the self-test. Inform them that they have seven minutes to complete it.*

*Example: If you turn to page 32 in your workbook labeled session: STDs you will find the self-test. You have seven minutes to take it. At the end, we will see if any other questions exist.*

**SELF-TEST ON STDs  
Questions**

1. How are STD's transmitted?
2. If gone untreated, who can they harm?
3. Is there always an early warning sign?
4. What is the first thing a person should do when they suspect they have been exposed to an STD?
5. Should a person continue to have sex once they suspect they have been exposed to an STD as long as they protect themselves and their partner?
6. Should a person tell anyone once it has been confirmed that they have an STD?
7. What questions should a person ask the doctor when the doctor prescribes medications to treat an STD?
8. Can a person get the same STD twice?

Step 3: Stop the group after seven minutes. Briefly review the test experience and see if there are other questions that the group wants answers to.

## SELF-TEST

### Answers

**Example:** *Let's turn to page 33 in your workbook labeled session: STDs to review the answers of the self-test.*

1. They are transmitted sexually and also from a mother to her unborn child.
2. They can cause permanent damage to you and your unborn child.
3. Remember the importance of protecting yourself from getting an STD because there are not always early warning signs to detect a problem.
4. The first thing a person should do is go see your doctor.
5. Even though a person might be using protection, it is better to wait until the STD has been treated and then always, as we learned, use protection.
6. It is always best to notify any sexual partners that a person has been with, so they have the same opportunity to receive proper treatment. Note: A person can always notify their partner anonymously through a letter.
7. A person should always be clear about the specified dose of the medication and how long it should be taken. Also, let the doctor know if you are on any other medication which might interfere.
8. A person can get the same STD more than once. Having an STD does not make you immune from getting it again.

Exercise 7: What Is the Homework?  
(5 minutes)

**(The purpose of this exercise is to prepare women to discuss nutrition. Women are asked to bring in a healthy snack.)**

Step 1: Assign homework of bringing in healthy snack.

Example: *Next time we will talk about nutrition. In preparation for that session, your task is to bring in a healthy snack.*

Step 2: End the session with appreciation.

Example: *Thank you for all your work. I hope you learned a lot.*

THE END OF SESSION: STDs

# **Session 9**

# **NUTRITION**

HEALTH EDUCATION SERIES

FACILITATOR'S MANUAL

SESSION: NUTRITION

OBJECTIVES:

1. Women will understand the concept of proper nutrition.
2. Women will learn the purpose of good nutrition in relation to their health.
3. Women will review the "Daily Food Guide Pyramid" and participate in activities based on this guide.
4. Women will explore how to gradually change poor eating habits.

RATIONALE:

An issue most people can hear about today on the television, in certain sections of most newspapers, and on bookstands everywhere is nutrition and ways to stay healthy. This session is intended to give women information so they can make decisions regarding a healthier lifestyle by exploring the common chart on basic food groups and food preparation.

SUMMARY OF EXERCISES:

1. Introduce the facilitator, women and the session. Review the homework. (10 minutes)
2. Explore the meaning of good nutrition and a well balanced diet and identify common barriers to healthy eating (15 minutes)
3. Discuss the purpose of "proper nutrition" and how it relates to women's health. (15 minutes)
4. Utilize the "Daily Food Guide Pyramid" to engage women in activities. (30 minutes)
5. Explore how to gradually change poor eating habits. (10 minutes)
6. Assign homework (5 minutes)
7. End session with breathing exercise. (5 minutes)

MATERIALS:

Resource Books

Workbooks

Newsprint, Markers, Easels

**Exercise 1: Let's Begin**

(10 minutes)

**(The purpose of this exercise is to set the stage for the session that follows. Introductions and a review of the homework assignment is the method used.)**

Step 1: Introduce yourself and the group members, asking them to give their first names and what their favorite food is.

Example: *Welcome back, my name is \_\_\_\_\_ and as you know, I am the group's facilitator. Let's begin this session with some introductions. Please tell us your first name followed by your favorite food. For example, "My name is \_\_\_\_\_ and my favorite food is pizza.*

Step 2: Review group rules.

Example: *As you know, there are just a few rules for this group. They are important, so let's review them before we get started.*

Explain the rules to the group. These rules are as follows:

1. If members need to miss a session, be late or leave early, they should notify the group leader or co-leader.
2. They must try to participate in the group. This doesn't mean they have to share things they are uncomfortable with sharing, but to offer ideas and perhaps help out others.
3. Members must listen to others while they talk; while in the group, members must treat others as they would like to be treated, creating an atmosphere of mutual respect (no interrupting others; no physical contact between group members).
4. Unless there is a break, members should not leave group unless they absolutely must.
7. To help everyone feel safe, it is essential that nothing a patient says in session is ever repeated to anyone outside of the group.

*NOTE: Rules are posted on the wall as a reminder, group leaders should refer group to this list. Don't miss group, Participate, Listen, Stay for the whole session, Never repeat what you've heard in group*

*Step 3: Review the homework assignment, clarify questions and answers, and introduce today's session.*

Example: *Your homework assignment was to bring in a healthy snack. Does everyone have a snack? One by one, please tell us what you brought in and why you feel it is healthy. Let's begin.*

**Exercise 2: Nutrition and a Balanced Diet**

(15 minutes)

**(The purpose of this exercise is to define nutrition and the meaning of a well balanced diet.)**

Step 1: Begin this exercise with some questions, solicit responses and list responses on newsprint.

Example: *What is nutrition? What is the meaning of a well balanced diet? What are good eating habits?*

Step 2: Define nutrition.

Example: *All of you had some good things to say. Now I will give you a definition of nutrition.*

*Nutrition is eating a variety of foods in order to get the nutrients needed for our bodies and at the same time getting the right amount of calories to maintain a healthy weight.*

*Eating a wide range of fresh foods will provide you with a broad range of nutrients. A simple way to assure yourself that you are getting these nutrients is to shop for foods of different colors. For example, red, orange, yellow, green, dark brown, dark purple, black, and white. When you eat a range of colors, you get a range of nutrients. It's also important to drink plenty of water, as it helps with digestion and keeps your body running more smoothly.*

*Step 3: Discuss barriers to health eating.*

Example: *Most people know that they should eat a healthy, well-balanced diet. But this is sometimes difficult to do. What are some of the reasons that you may not always eat the most healthy diet?*

*(Have women discuss barriers to eating healthy. If not mentioned, include not having time, not knowing what to eat, financial issues, convenience, pressure from other family members, especially children)*

*Step 4: Briefly mention vitamin supplements.*

Example: *What about vitamin supplements? Are they good or not? Vitamin supplements are good when you are already eating foods containing those vitamins, but maybe not enough of them. **Remember** – Vitamins should always be taken in addition to a healthy diet, not instead of one.*

*Step 5: Briefly mention the connections between nutrition, health, mood and thinking.*

Example: *During this session, we will also discuss the different food groups, what they consist of and how this can help a person develop and maintain a healthy, balanced diet. What we eat can dictate how we feel and can affect our bodies, our health, our moods and our minds.*

### **Exercise 3: Nutrition and Your Health**

(15 minutes)

**(The purpose of this exercise is to educate the women on how nutrition plays a large part when it comes to women's health issues.)**

Step 1: Begin with a couple of questions to raise the consciousness of different women's health issues in relation to what we eat.

Example: *What women's health issues might be affected by what we eat?*

Step 2: Solicit responses and discuss.

Example: *Very good.*

*Statistics have shown that **Osteoporosis, heart disease and breast cancer** are especially common in women over 50 and can be affected by what we eat.*

*Even though these are statistics for women over 50, what we do from now until then greatly affects this. In other words, we shouldn't wait until we are 40 something to start increasing our calcium intake to build stronger bones. Certain foods can also lower your risk of heart disease and breast cancer.*

*Examples of some of these foods are: brown rice, beans, radishes, tofu, potatoes, rhubarb and green tea.*

*Can you think of anything else? (others include hypertension, obesity, dental problems)*

*What question do you have? If I cannot answer all of your question at this time, I will get back to you.*

Step 3: Discuss health impact of different types of fats.

Example: *You probably know that it's important to limit the amount of fat in your diet. However, you also need fat in your diet, since fats supply energy and essential fatty acids, as well as help absorb certain nutrients. Some types of fats, especially saturated fats, increase the risk for heart disease by raising cholesterol. Food labels must indicate the total amount of fat, as well as the amount of saturated fat, in a product. Soon labels will include information about trans fatty acids, often found in hard margarines and shortenings, that also tend to raise cholesterol. Always try to use unsaturated fats, such as olive, canola and peanut oils, in cooking.*

**Exercise 4: Let's Have Some Fun**  
(30 minutes)

**(The purpose of these exercises is to expand the women's knowledge of nutrition by utilizing two activities)**

Step 1: Refer to the daily food guide pyramid found in their resource books. Briefly explain its use.

*Example: If you turn to page 1 in your resource books under session: Nutrition, you will find the daily food guide pyramid listing the different food groups and amount of servings necessary per day for a healthy diet. Let's take a few minutes to go over it.*

Step 2: Blank pyramids will be found in their workbooks, so the women can fill in the foods they ate the day before, in the appropriate sections. The women will be able to determine whether or not they are eating a well balanced diet.

*Example: Activity #1: Please turn to page 35 in your workbooks under session: Nutrition and fill in everything that you ate yesterday in the corresponding sections. For example, bread will go in the grain group, apples in the fruit group and so on.*

*Remember – Pizza falls into many categories, and can be considered “healthy” when broken down into different food groups.*

Step 3: Ask for three volunteers to read their pyramid results out loud.

*Example: Let's have three of you volunteer to read your pyramid results for the group. You don't have to read out the actual foods, just tell us how many servings you came up with in each group.*

Step 4: The women will be able to compare their findings with the list of daily servings for women.

*Example: If you look in your resource information, you can determine if you are eating a well balanced diet. Notice that the lowest number of servings is the amount for women.*

Step 5: Refer to the “What went in your body” questionnaire. Ask the women to go around the room and reading the different questions regarding what they did yesterday and get answers from the group by asking for a show of hands after each question.

*Example: Activity #2: Please turn to page 36 in your workbooks under session: Nutrition. Now I would like to do a survey about what went into your body yesterday. We can take turns reading the questions aloud. Please raise your hand if a question applies to you. We'll count the number of people who raise their hands and write the number in each box*

Step 6: Complete activity and review and discuss the findings. Also, solicit responses to some questions.

*Example: Let's take a look at the results of our survey.*

*According to our findings, did you observe that most women are eating a balanced diet or could we improve our eating habits? What are some of the areas where we need to pay additional attention? What is the group doing well in terms of eating habits?*

*What are some of the reasons we, as women, have for not eating as well as we should?*

*Solicit responses and be prepared to hear comments like “too busy with the home and family to sit down to eat”, “I don't have time for all that food grouping stuff”, “who looks at colors when buying vegetables?”*

**Exercise 5: Changing Poor Eating Habits**

(10 minutes)

**(The purpose of this exercise is to help the women explore ways of changing their eating habits.)**

Step 1: Explain to the women different ways that they can make a change in their diet if they choose to do so.

Example: *The best way to make changes in a diet if a person chooses to is to do it gradually. This seems to be the easiest way to get adjusted to a new way of eating.*

Step 2: Give the women some examples of ways to add gradual changes in their diet.

Example: *One way to make a change to a healthier diet might be to start buying non-processed foods. So, instead of choosing frozen dinners, that may have a lot of salt and fat, try buying and preparing fresh foods instead. Also, fresh and frozen vegetables are preferable to canned vegetables, which also can have high levels of sodium or salt.*

*Some people choose organically grown foods, as well as purchase meats from animals raised on organically grown feeds. This means that the vegetables and fruits have not been exposed to any pesticides or chemical fertilizers and neither have the food that the animals are raised on.*

*“Natural” foods mean that at the time the foods were picked or at the time the animal was slaughtered there were no chemicals administered for a certain amount of time before that. This does not guarantee that chemicals were never given.*

*So, to sum all of this up, “natural” is better than “commercial” but if there is a choice, go with “organic.” Realize, though, that organic and natural foods tend to be more expensive than regular fruits, vegetables, and meats.*

*Other ways to make gradual changes would be to replace your converted white rice with brown rice, or try whole wheat bread instead of white bread. Here is a suggestion for a healthier breakfast: try whole wheat toast with peanut butter, fruit and herbal tea instead of a bagel with cream cheese and coffee. You can also reduce the fat in your diet by choosing 1% or 2% milk instead of whole milk.*

*Here is another helpful hint: Quitting smoking, cutting down or eliminating coffee, eliminating alcohol, and starting to exercise will give your health a boost.*

***In your resource book pages 8-14, you will find some recipes for a new way of eating and staying healthy.***

**Exercise 6: What Can We Do Between Sessions?**

(5 minutes)

Step 1: Assign homework.

*Example: It was great working with you today. For your homework assignment, I would like you to think about what you know about high blood pressure from people you know who might have this problem. Can you think of anyone you know who has high blood pressure?*

Exercise 7: How Can We Stay Calm?

(5 minutes)

**(The purpose of this exercise is to develop relaxation and centering skills and to enable the women to leave in a strong but calm state of mind.)**

Step 1: Reinforce that relaxation is important to empowerment.

Example: *We want you to leave here in a calm and strong state of mind. Relaxation is empowering because you control it and can put yourself into desirable states. Relaxation is totally yours. It also puts you in touch with the strong parts of yourself.*

Step 2: Let the group become relaxed through a breathing exercise.

Example: *Now, let's do a breathing exercise to get relaxed. If you're comfortable doing so, I want you to close your eyes. Put both feet on the ground with your hands relaxed in a comfortable position. I want you to begin to attend just to your breathing. Breathe through your nose. Notice the cool air as you breathe in (pair with inhalation)...and the warm moist air as you exhale (pair with exhalation). Just continue to attend to your breathing. Now each time you exhale, repeat to yourself the word, Relax. Inhale, exhale, relax.....Inhale, exhale, relax... (continue for 10-12 cycles). Now, remain in the relaxed state for several moments and, when ready to end the relaxation, take a deep breath as you slowly open your eyes.*

*END OF SESSION: NUTRITION*

# **Session 10**

# **HIGH BLOOD PRESSURE**

HEALTH EDUCATION SERIES

SESSION: DO I NEED TO WORRY ABOUT HIGH BLOOD  
PRESSURE?

(90 minutes)

OBJECTIVES:

1. Women will understand what high blood pressure is.
2. Women will understand the treatment for high blood pressure.
3. Women will know how to reduce the risk of getting high blood pressure.

RATIONALE:

It is important for us to learn about high blood pressure because women are as likely to have it as men, and because it is more common in African-Americans. Also, there are no symptoms associated with high blood pressure. In other words, a person can have high blood pressure and not know about it.

SUMMARY OF EXERCISES:

1. Introduce women, facilitator, and the topic and read a brief scene. (15 minutes)
2. Do a guessing game about basic high blood pressure facts. (15 minutes)
3. Review the facts on high blood pressure (20 minutes)
4. Take a brief self-test on high blood pressure. (10 minutes)
5. Review issues that women worry about. (10 minutes)
6. Respond to a "Dear Abby" letter. (15 minutes)
7. Assign homework and end the session. (5 minutes)

MATERIALS:

Resource Books

Workbooks

Blank Paper for Dear Abby Response and Pencils

Newsprint, Markers, Easel

**Exercise 1: What Is This Session All About?**

(15 minutes)

**(The purposes of this exercise are to create a comfortable and engage the group members. Introductions, homework review, and a script are employed.)**

Step 1: Introduce yourself and the group members, asking them to give their first names and one word to describe how healthy they think they are.

Example: *My name is \_\_\_\_\_ and I am the group's facilitator. I know some of you may have been here before, but we like to start off each session with introductions. Please tell us your first name and give us one word that tells us how healthy you think you are. For example, a woman might say, "My name is Alicia, and my health is great." So, go ahead and introduce yourselves.*

Step 2: Review group rules.

Example: *As you know, there are just a few rules for this group. They are important, so let's review them before we get started.*

Explain the rules to the group. These rules are as follows:

1. If members need to miss a session, be late or leave early, they should notify the group leader or co-leader.
2. They must try to participate in the group. This doesn't mean they have to share things they are uncomfortable with sharing, but to offer ideas and perhaps help out others.
3. Members must listen to others while they talk; while in the group, members must treat others as they would like to be treated, creating an atmosphere of mutual respect (no interrupting others; no physical contact between group members).
4. Unless there is a break, members should not leave group unless they absolutely must.
8. To help everyone feel safe, it is essential that nothing a patient says in session is ever repeated to anyone outside of the group.

*NOTE: Rules are posted on the wall as a reminder, group leaders should refer group to this list. Don't miss group, Participate, Listen, Stay for the whole session, Never repeat what you've heard in group*

*Step 3: Review the homework assignment, clarify questions and answers, and introduce today's session.*

Example: *As you can guess, today's session is on high blood pressure. Your homework assignment was to find out about high blood pressure from someone you know who has it. Who spoke with someone who has high blood pressure? What did you learn?*

Step 4: Have two volunteers read the script, which introduces the session topic.

Example: *I would like two volunteers to read the parts of Lydia and Carmen. This brief scene will tell us what the session is all about.*

### **LYDIA AND CARMEN**

LYDIA: I am really annoyed.

CARMEN: Why is that?

LYDIA: I went to this stupid health fair today, and they said I had high blood pressure. That's crazy.

CARMEN: You mean someone just walked up to you and said you had high blood pressure?

LYDIA: No. They had this stupid little booth with this guy sitting there in a white coat. He smiled and said in this low sexy voice, "hey, baby, come get your blood pressure tested." So, fool that I am, I went in. He wrapped that thing around my arm and pumped me up. I thought it was kind of fun.

CARMEN: You let him touch you?

LYDIA: Well, he had to touch me to get the stupid cuff on. Then he says to me, "Baby, you got a problem." I thought he was just flirting with me. Then he says, "I kid you not. You got high blood pressure." I could have hit him. Look at me, Carmen. I'm as healthy as a horse.

CARMEN: I read some place that there are no symptoms for high blood pressure. Lots of people got it and don't know it. If you catch it early you can do something about it.

LYDIA: What am I supposed to do?

CARMEN: Go to a doctor. You may need medicine. I hear that changes in diet are often necessary. My aunt had to change her whole lifestyle.

LYDIA: I don't want to change anything.

CARMEN: Please go and check it out. It may not be as bad as you think.

Step 5: Ask what their reaction was to the scene

Example: *What did you think of that scene?*

**Exercise 2: How Do We Play the Guessing Game about High Blood Pressure?**

(15 minutes)

**(The purpose of this exercise is to start women thinking about what high blood pressure is. Having them guess at the answers to basic questions is the approach taken.)**

Step 1: Explain the purpose of the “Guessing Game” and emphasize that guessing is desired even if the person is not sure of the right answer.

Example: *Next we are going to play a “Guessing Game.” I will ask you a question about high blood pressure and you guess at the right answer. There are no points or penalties. The important thing is to take a chance and guess.*

Step 2: Play the “Guessing Game” giving one question at a time and encouraging guessing. When the guessing for each question is over, give the right answer. Feel free to give hints and prompts.

Example: *So, here we go. After you have taken guesses, I will give you the answer. We will go question by question. The first question is:*

- Q. What is high blood pressure?*
- A. Everyone has blood pressure. It is the force of blood against the walls of the arteries. This force is created by the heart as it pumps blood to all parts of the body. In some people, blood pressure is higher than it should be. Doctors don't always know what causes most high blood pressure, but they can help you control it.*
- Q. What is another name for high blood pressure?*
- A. Hypertension.*
- Q. Why is high blood pressure called the “Silent Killer”?*
- A. Because there are no symptoms. Without warning, you could suddenly have a problem.*

*Q. What could increase a person's chance of developing high blood pressure?*

*A. Heredity, race (African-Americans are more likely to have high blood pressure), being male, age, sodium sensitivity, obesity.*

*Q. What does the word "systolic" refer to?*

*A. Systolic refers to the pressure in the arteries when the heart is pumping them full of blood. (Diastolic refers to the pressure in the arteries when the heart is resting and filling with blood.)*

**Step 3: Reinforce their guessing and asking questions.**

Example: *That was very good. We had a sampler of information about high blood pressure. Guessing and asking questions is a great way to learn more.*

**Step 4: Explain why knowing about high blood pressure is important for women.**

Example: *Why are we interested in high blood pressure? There are four reasons.*

- 1. Many more women have hypertension than you might imagine.*
- 2. Many women have high blood pressure and don't know it.*
- 3. African-American women have more high blood pressure than other women.*
- 4. High blood pressure can easily be treated. If not treated, high blood pressure can lead to other serious health problems (stroke, heart disease, kidney disease.)*

**Exercise 3: What Are the Facts?**

(20 minutes)

**(The purpose of this exercise is to give a broad view of hypertension and what to do about it by presenting facts about high blood pressure)**

**Step 1: Review facts about high blood pressure, writing down key concepts on newsprint.**

*Example: We just talked about some good reasons why women would want to know more about hypertension. And we played a guessing game to start learning some of the facts about high blood pressure. Let's continue by learning more about high blood pressure. Turn to page 39 in your workbook and follow along as we review some additional facts about high blood pressure.*

**What is High Blood Pressure?**

Blood pressure is the force of the blood against the vessel walls. The more the pressure, the harder the heart is working.

Blood pressure often goes up and down during the day. When it goes up and stays high, then it is high blood pressure. The medical term is hypertension.

An easy test measures blood pressure. It uses an inflatable cuff around an arm. If the pressure is high, the test will be repeated on several days to get an accurate reading. You probably have had such a test on a visit to your doctor. Has anyone every had their blood pressure checked? Can you describe what it was like?

A blood pressure test gives two numbers: The *systolic* pressure is the pressure of blood in the vessels as the heart beats. The *diastolic* pressure is the pressure of the blood between heartbeats. The numbers are usually written like a fraction with the systolic above or to the left. An example is 120/80 mm Hg (millimeters of mercury), which is a normal adult blood pressure.

Both numbers count. Your blood pressure is high if the systolic pressure is 140 or above, or the diastolic pressure is 90 or above, or both are high. The following chart shows the different blood pressure categories for adults (write these on newsprint):

***Blood Pressure Categories for Adults***

	<u>Category</u>	<u>Systolic**</u>	<u>Diastolic**</u>
Normal	less than 130	less than 85	
High Normal	130-139	85-89	
High Blood Pressure			
Stage 1	140-159	90-99	
Stage 2	160-179	100-109	
Stage 3	180-209	110-119	
Stage 4	over 210	over 120	

If you do not know your blood pressure, you should have it taken. Those with high blood pressure often do not feel sick. In fact, high blood pressure is often called “the silent killer,” because it may cause no symptoms for a long time. It can damage the kidneys and raise the chance of stroke, heart attack, or other cardiovascular (“heart and vessels”) problems. It causes three of every five cases of heart failure in women. (“Heart failure” is a severe condition in which the heart cannot adequately supply the body with blood.) Women who have both diabetes and high blood pressure are at an even higher risk of stroke and heart and kidney problems than those who have only high blood pressure.

Three of every four women with high blood pressure know they have it. Yet fewer than one in three are controlling it. All women can and should take steps to control their high blood pressure. This is especially important for women who have heart disease.

When blood pressure is lowered, the heart does not work as hard. Women who have had a heart attack are less likely to have another if they reduce their high blood pressure. You can control your blood pressure with these lifestyle changes:

- Lose weight if you are overweight
- Become physically active
- Choose foods low in salt and sodium
- Limit your alcohol intake

## Blood Pressure Medications

For some, making the lifestyle changes listed above can lower high blood pressure enough. For others—and especially those with heart disease—medication may also be needed. Fortunately, there are many blood pressure drugs available today. Some of the main high blood pressure medications are:

**Diuretics (e.g., Lasix, Aquatensen)**—These are sometimes called “water pills” because they work in the kidney and flush excess water and sodium from the body through urine. This reduces the amount of fluid in the blood. And, since sodium is flushed out of blood vessel walls, the vessels open wider. Pressure goes down. There are different types of diuretics. They are often used with other high blood pressure drugs.

**Beta blockers (e.g., Levatol, Inderal)**—These reduce nerve impulses to the heart and blood vessels. This makes the heart beat less often and with less force. Blood pressure drops and the heart works less hard.

**Alpha blockers (e.g., Cardura, Minipress, Catapres)** —These work on the nervous system to relax blood vessels, which allows blood to pass more easily.

**Alpha-beta blockers (e.g., Coreg)**—These work the same way as alpha blockers but also slow the heartbeat, as beta-blockers do. As a result, less blood is pumped through the vessels.

**Nervous system inhibitors (Clonidine, reserpine)**—These relax blood vessels by controlling nerve impulses.

**Vasodilators (e.g., Apresoline)**—These open blood vessels by relaxing the muscle in the vessel walls.

Other commonly prescribed medications for HTN: Accupril, Procardia

If you have high blood pressure and need medication, your doctor will decide which of these drugs is right for you.

## Help Medications Work

Although you may have to take the drug for a long time, you will get big health benefits from controlling your high blood pressure. When the doctor prescribes a high blood pressure drug, be sure you understand the instructions. Know the amount you should take, if you should take it each day, and what times you should take it during the day. If you are not sure about the instructions, ask while you are at the doctor's office or clinic. Write down the instructions. Later, if you do not remember something or are confused, call back and ask. Do not be embarrassed. You cannot take the drug properly if you don't understand the instructions.

As with all drugs, those for high blood pressure can cause side effects. For example, some can make you sleepy or tired; others can cause a rash or cough. Pay attention to how you feel. If you think you have a side effect, do not stop taking the drug. That can cause trouble. Instead, tell your doctor as soon as possible about what you feel. The doctor will see if the drug is the cause. If the drug is causing a side effect, your doctor will probably change its dose or give you a different drug. It may take some adjustments to find the best amount or drug for you.

**Step 2:** After the presentation of facts, discuss women's responses to it.

*We're reviewing a lot of information about high blood pressure. What are your reactions to what you've learned. I'll try to answer any questions you have.*

**Step 3:** Acknowledge that there was a lot of information to learn and next we will try to cement some facts in their memories.

Example: *We want you to learn as much as you can, although sometimes processing so much information can be difficult. Next, we will try to help you remember some of the information.*

Exercise 4: How Can I Test My Knowledge  
(10 minutes)

**(The purpose of this exercise is to help women remember some of the facts presented. A self-test is employed.)**

Step 1: Explain the value of the self-test. It is strictly for the benefit of the person taking the test.

*Example: Taking a self-test helps to learn something. You answer the questions and score your own test. The answers are right there. You will find the questions on one page and the answers on the next. This test is for your benefit alone. No one else need see it.*

Step 2: Refer women to the self-test found in their workbooks.

*Example: Please turn to page 42 in your workbooks under session: High Blood Pressure, where you will find a self-test. You have seven minutes to take it. At the end, we will see if you have any other questions.*

SELF TEST ON HIGH BLOOD PRESSURE

Questions (front)

1. A blood pressure of 150 systolic and 95 diastolic is (a) Stage 4 hypertension; (b) Stage 1 hypertension; (c) borderline hypertension; (d) normal?

2. Having hypertension means that you (a) are a tense person; (b) are under stress; (c) have more pressure than is normal in your arteries; (d) have high energy.

3. What do diuretic medications do? (a) slow the heart; (b) expand the size of the arteries; (c) reduce cholesterol; (d) increase the outflow of urine and salt.

4. The potential negative health effects of high blood pressure are (a) stroke; (b) kidney problems; (c) heart failure; (d) all of the above.

5. Which are risk factors for high blood pressure? (a) getting older; (b) smoking; (c) excessive salt in the diet; (d) being overweight; (e) all of the above.

6. If you are experiencing side effects from high blood pressure medication, you should (a) stop taking it immediately; (b) take half of what has been prescribed; (c) discuss it with your doctor at your next scheduled appointment; (d) tell your doctor as soon as possible.

Answers (Back)

- 1.B.Mild. Normal is systolic less than 130 and diastolic less than 85.
- 2.C.Pressure in the arteries.
- 3.D.The less fluid, the less pressure.
- 4.D. High Blood pressure can cause a variety of serious health problems..
- 5.E.They are all risk factors.
- 6.D. Always let your doctor know about side effects as soon as possible.

Step 3: Stop the group after seven minutes. Briefly review the test experience and see if there are other questions that the group wants answers to.

Example: *In a few minutes, we will explore some of the issues people have raised when they have learned about being hypertensive. Before working on them, I want to hear your reactions to the self-test. Are there questions you would like to ask the group? We will see if we can answer them.*

Exercise 5: What Are the Major Issues?  
(10 minutes)

**(The purpose of this exercise is to explore some questions people have about being hypertensive. A presentation and questions are the approaches used.)**

Step 1: Review the major issues.

Example: Here are some major issues. Let's see what some reasonable answers are.

MAJOR ISSUES

**What factors go into deciding on a treatment plan?**

How severe the blood pressure problem is, how long the problem has been in existence, other diseases or medical conditions that exist, the results of a physical exam and perhaps the results of the test such as a blood test, an electrocardiogram or echocardiogram, a urinalysis and maybe even a chest X-ray are all factors that can be used to guide treatment.

**What kinds of exercise are important for managing hypertension?**

Any aerobic activity, such as brisk walking or riding a bicycle, if it is done at a moderate level for 20 minutes or longer, at least three times a week, is beneficial. It is important to check with your doctor before starting any new exercise program.

**Is salt (sodium) always a culprit in high blood pressure?**

Some people are especially sensitive to sodium; their blood pressure can increase dramatically when their sodium intake increases. Even for those who are not sodium sensitive, a decrease in salt intake may help control blood pressure.

Sodium is present in many foods in surprising amounts. A cheeseburger, for example, could have 1000 mg of salt, which is about half the maximum recommended daily amount. Fast foods, as well as soups, pickles, celery, dairy products, breads and margarine can also be high in sodium.

**If patients change their lifestyle and their blood pressure goes down, why must they continue to take medication?**

Usually, the reason your blood pressure has gone down is that you are taking medication. Never start or stop taking medication for high blood pressure without consulting your doctor.

Be aware that some over-the-counter medications such as cold medicines may increase blood pressure. Always check with your doctor and pharmacist about taking medication, prescribed or not prescribed.

**Step 2: Determine if the answers were clear and if there are other important questions.**

Example: *Were there any questions and answers that were not clear? Are there questions you have that were not answered? What are your comments?*

Exercise 6: How To Respond to a Dear Abby Letter  
(15 minutes)

**(The purpose of this exercise is to increase the women's skills in integrating and using what they learned. Responding to a "Dear Abby" letter is the approach.)**

Step 1: Refer the women to their workbooks for the "Dear Abby" letter.

Example: If you turn to page 44 in your workbooks under session: High Blood Pressure you will find a "Dear Abby" letter. Please write a response. After 10 minutes, I will collect them and then we will draw to see which letters get read.

**Dear Abby Letter**

Dear Abby,

I found out that I have high blood pressure. It is a terrible shock. I am only thirty-two. I am determined to quit smoking. They really push that in the clinic. I guess I could eat different and cut down on the salt. But I HATE exercise.

The thing that gets me most is they say I have to take medicine for the rest of my life. I can't stand the idea of being on a pill forever. It seems weak. It's like taking drugs. Being an addict.

What am I going to do? I don't want to die, but I also don't want to be hooked on diuretics and beta blockers. They sound terrible.

Reluctant Rita

Step 2: Stop after 10 minutes. See if someone wants to read their response. If not, collect the responses, mix them up and pick several to read.

Example: *It is time to stop. Does someone want to read her reply to Reluctant Rita? If not, we will mix up the letters and select a few to read. Here are our first replies to Rita. What did you think of the responses? What did you like and what would you have done differently?*

Exercise 7: What Is the Homework?  
(5 minutes)

**(The purpose of this exercise is to prepare women for dealing with diabetes. Having the women interview a woman who has diabetes is the approach taken.)**

Step 1: Assign homework of interviewing a woman with diabetes.

Example: *Next time we will talk about diabetes. In preparation for that session, your task is to interview a woman with diabetes. What is it like having diabetes?*

Step 2: End the session with appreciation.

Example: *Thank you for all your work. I hope you learned a lot.*

END OF SESSION: High Blood Pressure

# **Session 11**

# **DIABETES**

## **HEALTH EDUCATION SERIES**

### SESSION: WHAT IS IT LIKE HAVING DIABETES?

(90 minutes)

#### OBJECTIVES:

1. Women will understand what diabetes is.
2. Women will understand what the treatment is for diabetes.
3. Women will know how to live with diabetes.
4. Women will learn how to reduce the impact of life changes due to diabetes.

#### RATIONALE:

The food we eat is broken down into simple sugars such as glucose, which is the source of energy for many of the body's cells. In diabetes, the body has trouble using glucose, therefore blood glucose levels become abnormally high. Many people don't realize that the most common form of diabetes affects people after age forty. It is also important to note that African-Americans, Mexican-Americans, Native-Americans, and Asian-Americans are at higher risk. Currently, there are about 10 million people diagnosed with Type II diabetes and another 5 million people who have it and are undiagnosed. Diabetes is a serious medical condition. It cannot be cured, but if it is carefully monitored and treated, complications can be prevented.

#### SUMMARY OF EXERCISES

1. Introduce women, facilitator, and the topic. Review homework. Read a brief scene. (15 minutes)
2. Do a guessing game about basic diabetes facts. (15 minutes)
3. View and discuss video about diabetes (35 minutes)
4. Take a brief self-test on diabetes. (10 minutes)
5. Review issues that women worry about. (10 minutes)
6. Assign homework and end the session. (5 minutes)

#### MATERIALS:

Resource Books  
 Workbooks  
 VCR and Diabetes Video  
 Newsprint, Markers, Easel

Exercise 1: What Is This Session All About?  
(15 minutes)

**(The purpose of this exercise is to create a comfortable environment and to set the stage for the session to follow. Introductions, homework review, and a script are employed.)**

Step 1: Introduce yourself and the group members, asking them to give their first names and to tell the group one word that is the secret to a happy life.

*Example: My name is \_\_\_\_\_ and I am the group's facilitator. I know you may have been here before, but we like to start off each session with introductions. Please tell us your first name and share with us one word that is the secret to a happy life. For example, a woman might say, "My name is Alicia, and my one word for a happy life is patience." So, go ahead and introduce yourselves.*

Step 2: Review group rules.

*Example: As you know, there are just a few rules for this group. They are important, so let's review them before we get started.*

Explain the rules to the group. These rules are as follows:

1. If members need to miss a session, be late or leave early, they should notify the group leader or co-leader.
2. They must try to participate in the group. This doesn't mean they have to share things they are uncomfortable with sharing, but to offer ideas and perhaps help out others.
3. Members must listen to others while they talk; while in the group, members must treat others as they would like to be treated, creating an atmosphere of mutual respect (no interrupting others; no physical contact between group members).
4. Unless there is a break, members should not leave group unless they absolutely must.
9. To help everyone feel safe, it is essential that nothing a patient says in session is ever repeated to anyone outside of the group.

*NOTE: Rules are posted on the wall as a reminder, group leaders should refer group to this list. Don't miss group, Participate, Listen, Stay for the whole session, Never repeat what you've heard in group*

*Step 3: Review the homework assignment.*

Example: *Your homework assignment was to find out about diabetes from someone you know who has it. Who spoke with someone who has diabetes? What did you learn? As you can guess, today's session is on diabetes.*

Step 4: Have two volunteers read the script, which introduces the topic. This is in their workbooks.

Example: ***Please turn to page 46 in your workbooks under session: Diabetes. I would like two volunteers to read the parts of Blanca and Marjorie. This brief scene will tell us what the session is all about.***

BLANCA AND MARJORIE

BLANCA: My friend just found out that she has diabetes.

MARJORIE: That's really terrible.

BLANCA: How come?

MARJORIE: Well, for one thing, you have to prick your finger every day and check your glucose level. I can't stand pain.

BLANCA: It doesn't hurt that much.

MARJORIE: I hate the sight of blood.

BLANCA: You get used to it.

MARJORIE: I am afraid that I would get confused and not read the level properly.

BLANCA: It takes a little practice.

MARJORIE: She also has to give herself a shot of insulin. I could never stick myself with a needle.

BLANCA: You barely feel it.

MARJORIE: And you have to lose weight.

BLANCA: What is so bad about that?

MARJORIE: Every diet I tried I failed at.

BLANCA: Maybe if you had diabetes you would have more motivation.

MARJORIE: And you are supposed to exercise. Can you see me exercising?

BLANCA: If it were a matter of life and death, I could see you going to an exercise class.

MARJORIE: I would have to cut out all the junk food that I love.

BLANCA: No more potato chips. Poor you.

MARJORIE: The worst part of all would be having a label. I wouldn't want anyone to know I was a diabetic.

BLANCA: There is no shame in having diabetes.

MARJORIE: People wouldn't like me.

BLANCA: I have diabetes. Did you know that?

MARJORIE: No. I didn't. Let me digest that for a moment. It's amazing!

BLANCA: What is?

MARJORIE: I still like you.

BLANCA: That's good.

THE END

Step 5: Ask what their reaction was to the scene.

Example: *What did you think of that scene?*

Exercise 2: How Do We Play the Guessing Game About Diabetes?  
(10 minutes)

**(The purpose of this exercise is to start women thinking about diabetes. Having them guess at the answers to basic questions is the approach taken.)**

Step 1: Explain the purpose of the "Guessing Game" and emphasize that guessing is desired even if the person is not sure of the right answer.

*Example: Next we are going to play the "Guessing Game." I will ask you a question about diabetes and you guess at the right answer. There are no points or penalties. The important thing is to take a chance and guess.*

Step 2: Play the "Guessing Game" giving one question at a time and encouraging guessing. When the guessing for each question is over, give the right answer. Feel free to give hints and prompts.

*Example: So, here we go. After you have taken guesses, I will give you the answer. We will go question by question. The first question is:*

- Q. How many types of diabetes are there?
- A. Two types. Type I - insulin-dependent diabetes and Type II - non-insulin-dependent diabetes.
- Q. What happens to glucose when you have diabetes?
- A. The body has trouble using glucose, so blood glucose levels become abnormally high.
- Q. What groups of Americans are more at risk?
- A. African, Mexican, Native, and Asian Americans are more at risk.
- Q. What are some of the signs of having diabetes?
- A. Being thirsty, needing to urinate frequently, and increased appetite with weight loss are some of the common signs. Some people have no signs of the condition.

Step 2: Reinforce their guessing and asking questions.

*Example: That was very good. We had a sampler of information about diabetes. Guessing and asking questions is a great way to learn more.*

Step 3: Explain why knowing about diabetes is important for women.

Example: *Why are we interested in diabetes? There are about 10 million people diagnosed with diabetes, and there are another 5 million who have it but who are not diagnosed. It could happen to us or to someone we love.*

Exercise 3: What Are the Facts?  
(35 minutes)

**(The purpose of this exercise is to give a broad view of diabetes and what to do about it. A video on diabetes is shown.)**

Step 1: Show the video on diabetes.

Example: *We just talked about some good reasons why women would want to know more about diabetes. We have a video that does a fine job at explaining diabetes and what to do about it. We will see that next.*

Step 2: After the video, discuss women's responses to it.

Example: *What did you think of that video? What is one thing you learned that you didn't know before?*

*Step 3: Acknowledge that there was a lot of information to learn and next we will try to cement some facts in their memories.*

Example: *That video was packed with information. We want you to learn as much as you can, although processing so much information can be difficult. Next we will try to help you remember some of the information.*

**Exercise 4: How Can I Test My Knowledge?**

(10 minutes)

**(The purpose of this exercise is to help women remember some of the facts in the video. A self-test is employed.)**

**Step 1:** Explain the value of the self-test. It is strictly for the benefit of the person taking the test.

*Example:* Taking a self-test helps to learn something. You answer the questions and score your own test. The answers are right there. You will find the questions on the front side and the answers on the backside. This test is for your benefit alone. No one else need see it.

*Step 2:* Refer to the self-test. Inform them that they have seven minutes to complete it. It can be found in their workbooks.

*Example:* **On page 48 of your workbooks under session: Diabetes** you will find a self-test. You have seven minutes to take it. At the end, we will see if any other questions exist.

**SELF-TEST ON DIABETES**Questions

1. What does insulin do?
2. What happens to glucose in the blood when there is not enough insulin?
3. Which organ regulates the amount of glucose in the blood? (a) heart; (b) liver; (c) spleen; and (d) pancreas.
4. What happens in Type I diabetes?
5. What happens in Type II diabetes?
6. What are some of the things a person with diabetes monitors besides glucose levels?
7. What hormone do all people with Type I diabetes take?
8. People with diabetes are supposed to eat complex carbohydrates. What are some examples of complex carbohydrates?
9. Why is exercise important in helping to control diabetes?
10. People with Type II diabetes may be prescribed sulfonylureas and/or metformin. How are they taken? (a) by injection; (b) orally; (c) suppository; (d) nasally.

**SELF-TEST ON DIABETES**Answers

1. Insulin attaches to specific sites on the cells. This prompts a gate to open, which allows glucose to enter the cell where it is stored or changed into energy.
2. Glucose accumulates in the blood and causes high blood sugar.
3. D is the correct answer. The pancreas.
4. In Type I diabetes, the beta cells cannot produce any insulin.
5. In Type II diabetes, some insulin is produced, but it cannot get into the cells.
6. Weight, blood pressure, cholesterol, teeth, eyes and feet.
7. Insulin, which helps the body use sugar by letting sugar pass into the cells.
8. Potatoes, pasta, rice, peas and beans and foods high in fiber.
9. Exercise burns off sugar in the blood, thereby decreasing glucose levels.
10. B is the correct answer. They are taken orally.

Step 3: Stop the group after seven minutes. Briefly review the test experience and see if there are other questions that the group wants answers to.
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Example: *In a few minutes, we will explore some of the issues people have raised when they are concerned about diabetes. Before working on them, I want to hear your reactions to the self-test. Are there questions you would like to ask the group? We will see if we can answer them.*

**Exercise 5: What Are the major Issues?**

(15 minutes)

**(The purpose of this exercise is to explore some questions people have about diabetes. A presentation and questions are the approaches used.)**

Step 1: Review the major issues. These are also listed in their resource books.
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*Example: Some major issues are listed in your resource book on page 2 under session: Diabetes. Let's see what some reasonable answers are.*

**MAJOR ISSUES****What about the increased risk for cardiovascular disease with diabetes?**

The chief cause of death in diabetes is cardiovascular disease. People with diabetes tend to develop heart and blood vessel disease more often than those without diabetes. A healthy diet and exercise coupled with adherence to a treatment regimen will help to reduce these risks.

**How can I plan a healthy diet?**

Become familiar with these three concepts: portion size, what to eat and when and how to include favorite foods in a diet tailored for diabetes. Pay attention to cholesterol-controlling choices.

**Why is the timing of food intake and insulin administration important in managing diabetes?**

It's important to coordinate food intake with the time you take insulin, so that the insulin is available to help glucose from food enter the body's cells. Careful control of blood sugar can prevent many long-term complications.

**How can patients deal with sexual problems caused by diabetes?**

Sexual dysfunction can be a problem for both men and women with diabetes. Men may experience impotence. Women may experience lack of sexual desire, vaginal dryness or difficulty fighting infections. Diabetes management, specific treatments and counseling can all help to overcome these problems. Don't be afraid to ask your nurse or doctor questions about sexual problems.

**What kinds of new treatments are under development?**

Research into gene therapy may make it possible to prompt cells other than those in the pancreas to produce insulin. Researchers are exploring how to transplant new beta cells into people with diabetes and how to block the action of hormones that cause obesity, a major contributor to Type II diabetes. New medications are continually being developed that offer further protection for the eyes, nerves and kidneys against the effects of diabetes.

Step 2: Determine if the answers were clear and if there are other important questions.
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Example: *Were there any questions and answers that lacked clarity? Are there questions you have which were not answered? What are your comments?*

**Exercise 6: What Is the Homework?**

(5 minutes)

**(The purpose of this exercise is to prepare women for the session on menopause. Having the women interview a woman who has reached menopause is the approach taken.)**

Step 1: Assigning homework of interviewing a woman who has reached menopause.

Example: *Next time we will examine menopause. In preparation for that session, your task is to interview a woman who has reached menopause. What difference did reaching menopause bring about?*

Step 2: End the session with appreciation.

Example: *Thank you for all your work. I hope you learned a lot.*

THE END OF SESSION: DIABETES

# **Session 12**

# **MENOPAUSE**

HEALTH EDUCATION SERIES

FACILITATOR'S MANUAL

SESSION: Menopause

OBJECTIVES:

1. Women will understand the definition of menopause.
2. Women will learn the purpose of menopause in relation to their health.
3. Women will review the "Common Discomforts" associated with menopause.
4. Women will learn a brief history of major health problems associated with menopause.
5. Women will explore how to treat and manage menopause.
6. Women will view a video "menopause".

RATIONALE:

All women will experience menopause at one time in their lives. This session is intended to give women information about common health problems and discomforts often associated with menopause and ways they can actively manage these issues. This session also educates women on the biological changes that occur in the body when menopause takes place, and some of the things women can do to reduce symptoms and stay healthy.

SUMMARY OF EXERCISES

1. Introduce the facilitator, women and the session. Review the homework. (10 minutes)
2. Explore the meaning of menopause and its three stages (10 minutes).
3. View a video ("Menopause") and discuss (35 minutes).
4. Discuss common discomforts associated with menopause (10 minutes).
5. Discuss health problems associated with menopause (10 minutes).
6. Discuss the purpose of "proper treatment" and how it relates to women's health (10 minutes).
7. End session with breathing exercise (5 minutes)

MATERIALS:

Resource Books  
VCR and "Menopause" Video  
Newsprint, Markers, Easel

**Exercise 1: Let's Begin**

(10 minutes)

**(The purpose of this exercise is to set the stage for the session that follows. Introductions and a review of the homework assignment is the method used.)**

Step 1: Introduce yourself and the group members, asking them to give their first names and complete a sentence.

*Example: Welcome. My name is \_\_\_\_\_ and as you know, I am the group's facilitator. Let's begin this session with some introductions. Please tell us your first name and complete the following sentence. For example, "My name is \_\_\_\_\_ and something I do just for me is \_\_\_\_\_."*

Step 2: Review group rules.

*Example: As you know, there are just a few rules for this group. They are important, so let's review them before we get started.*

Explain the rules to the group. These rules are as follows:

**1. If members need to miss a session, be late or leave early, they should notify the group leader or co-leader.**

**2. They must try to participate in the group. This doesn't mean they have to share things they are uncomfortable with sharing, but to offer ideas and perhaps help out others.**

**3. Members must listen to others while they talk; while in the group, members must treat others as they would like to be treated, creating an atmosphere of mutual respect (no interrupting others; no physical contact between group members).**

4. Unless there is a break, members should not leave group unless they absolutely must.

10. To help everyone feel safe, it is essential that nothing a patient says in session is ever repeated to anyone outside of the group.

*NOTE: Rules are posted on the wall as a reminder, group leaders should refer group to this list. Don't miss group, Participate, Listen, Stay for the whole session, Never repeat what you've heard in group*

Step 3: Review the homework assignment, clarify questions and answers, and introduce today's session.

*Example: Your homework assignment was to speak to a woman who has experienced menopause and find out what that experience was like. Let's go around the room and share our information.*

Exercise 2: What Does All This Mean?  
(10 minutes)

**(The purpose of this exercise is to define menopause and its three stages.)**

Step 1: Begin this exercise with some questions, solicit responses and list responses on newsprint.

Example: *What is menopause? Why does menopause occur?*

Step 2: Define menopause.

Example: *All of you had some good things to say. Now I will give you a definition of menopause.*

*The natural changes from reproductive life to mid-life are known as menopause or perimenopause. This is the time when the ovaries stop producing eggs and menstrual cycles end. It usually happens naturally when a woman is about 50, but many women enter menopause as early as 40 or as late as 60. Usually by the age of fifty-one the ovaries stop making estrogen. This loss of estrogen causes the typical symptoms of menopause.*

*During the time when these changes occur in the reproductive organs, many women experience a cluster of symptoms, including hot flashes, night sweats, insomnia and mood swings.*

*Menopause is a process that unfolds over several years and is unique for each woman. Doctors divide it into three stages.*

Step 3: Briefly mention the three stages.

Example: *What about menopause should you know? The three stages are important in understanding the process of biological changes that occur in the body during menopause.*

**Stage 1** – *Perimenopause, a transitional time when hormone levels become unstable, lasting anywhere from 5 to 10 years. Peri means “around”, so perimenopause means “around the time of menopause”.*

**Stage 2** – *Menopause itself, the time when menstrual periods have stopped.*

**Stage 3** – *Postmenopause, the time that follows menopause, when hormones have stabilized at a lower level.*

Exercise 3: What Are the Facts?  
(35 minutes)

**(The purpose of this exercise is to present the experience of menopause and what women can do about it. A video on menopause is shown.)**

Step 1: Show the video on menopause

Example: *We just talked about the stages of menopause. We have a video that illustrates the experiences of women going through menopause. We will see that next.*

Step 2: After the video, discuss the women's responses to it.

Example: *What did you think of that video? What is one thing you learned that you didn't know before?*

### **Exercise 4: Menopause and Common Discomforts**

(10 minutes)

**(The purpose of this exercise is to educate the women on early physical symptoms that can indicate signs of menopause.)**

Step 1: Continuing discussion from the video, discuss physical symptoms of menopause.

Example: *Based on what you saw in the video, what are some of the early physical symptoms that could be warning signs of menopause?*

Step 2: Solicit responses and discuss, providing additional details about the physical symptoms of menopause, as described below Use newsprint to record participants responses.

Example: *Very good.*

**Hot Flashes** – *Early physical symptoms include hot flashes, night sweats and sleeplessness. Those infamous hot flashes usually last between three and six minutes and may occur up to several times a day. Hot flashes can be disabling and physically draining. They can be associated with profuse sweating and can be embarrassing. They can also cause insomnia. Hot flashes generally begin suddenly on the chest, neck and face. Associated symptoms such as headache or pressure, nausea, and difficulty with concentration are common. Those are the classic signs of menopause but have only recently become the focus of scientific study.*

**Infections** – *There are also vaginal symptoms including dryness, thinning and shrinking which increases the risk of vaginal and bladder infections. With the loss of estrogen, the vagina become thinner and shorter, making it susceptible to irritation and infection. There are still other symptoms in store for the menopausal woman. She may experience irregular bleeding. Common too is too much or too frequent bleeding. Changes in a woman's sex life are widespread too. Often these include vaginal burning or pain and a decrease in sex drive.*

**Sexual Problems** – *Sexual function can be divided into two components. The first consists of desire, motivation, fantasies, satisfaction and pleasure. The second is characterized by orgasmic response. Both of these functions are affected by decreases of estrogen and androgens during and after menopause with a resulting decline in sex drive or sexual desire.*

**Mood Swings** – *With all these symptoms, it is not surprising women complain of emotional problems at menopause including mood swings, crying spells, irritability. These symptoms are remarkably similar to those of PMS (pre-menstrual syndrome) and both probably are related to a drop in estrogen levels. Often women see menopause as an end of their youth. This is especially true as our society prizes youth and one may feel less attractive. This transition from youth to maturity often triggers a self-examination and review of life's ups and downs. However, the downs may have a way of overshadowing the accomplishments, especially when all of those other menopausal changes are occurring simultaneously. Our society is now beginning to value maturity and wisdom. Unfortunately, it is usually men who are valued for these attributes.*

***Irregular Bleeding*** – Changes in the menstrual flow are common during the peri-menopausal period. The most common is a decrease in flow with skipping periods and finally no bleeding. However, it is not unusual to see an increase in flow and longer or more frequent periods. Gynecological ultrasound, D&C, biopsy or hysteroscopy are used to diagnose these diseases. Most often, episodes of excessive bleeding can be treated with hormones.

*Can you think of anything else?*

*What questions do you have? If I cannot answer all of your questions at this time, I will get back to you.*

### **Exercise 4: Menopause and Your Health**

(10 minutes)

**(The purpose of this exercise is to educate the women on how menopause plays a large part when it comes to women's health issues.)**

Step 1: Begin with a couple of questions to raise the consciousness of health issues related to menopause.

Example: *What women's health issues might be affected by menopause?*

Step 2: Solicit responses and discuss.

Example: *Very good.*

*Statistics have shown that **Osteoporosis** and **heart disease** increase among women over 50 and can be affected by menopause.*

**Osteoporosis** – Resulting in brittle bones, is a “silent thief” – it robs your bones of calcium. There are no early warning signs until the disease results in broken bones. The skeleton becomes weaker and a minor fall can result in a fractured hip or wrist. Bones are not lifeless mineral deposits. Bones are constantly changing. They are dynamic. However, starting in the peri-menopausal period, bones begin to lose calcium, making them weaker.

*There are signs of late osteoporosis. They include back pain, height loss, a curving back, a history of broken bones or a recent broken bone. A bone density test is the best way to detect osteoporosis in the early stages, before broken bones occur.*

**Heart Disease** – Any pathological or abnormal condition of the heart. A lot has been written about the role hormones play in causing or preventing heart disease and stroke in women. After menopause, women are at increased risk of heart disease – blockages in the arteries leading to the heart that may cause heart attacks. Taking estrogen pills can help these arteries stay healthy.

**Mental Health** – As described earlier, menopause can cause mood swings, depression and irritability that may be quite serious. It is important to keep in mind that our mental health needs attention as well.

*Can you think of anything else?*

*What questions do you have? If I cannot answer all of your questions at this time, I will get back to you.*

**Exercise 5: What Are Ways to Manage and Treat Menopause?**

(10 minutes)

**(The purpose of this exercise is to inform women of ways to manage and treat menopause.)**

Step 1: Facilitator will give a brief history of treatment and management of menopause.

Example: **Ask the women:** *In your culture, what types of home remedies have been used to treat menopause?*

**Solicit responses.**

**Ask them:** *What are some of the benefits someone could get from using home remedies?*

*Home remedies have been used as healing agents since the beginning of time. Certain roots and barks, seeds, leaves and sometimes whole plants are used. With modern medicine home remedies are being used less and less. Modern science has been advancing toward cures or medicines to help diseases become manageable.*

*Many symptoms of menopause can be relieved by Hormone Replacement Therapy (HRT), estrogen or a combination of estrogen and progesterone. In addition to treating menopausal symptoms, HRT may help decrease the risk of osteoporosis and heart disease. There are pros and cons of HRT. As with all treatments, you should discuss if HRT is right for you with your doctor.*

Hot flashes may be reduced by avoiding caffeine and alcohol, by not smoking and by dressing in light clothing.

*Breathing exercises can help you sleep better. Kegel exercises can help control incontinence and improve your sex life. Vaginal dryness can be helped with a lubricant or, for more severe cases, a vaginal cream with estrogen prescribed by your doctor.*

*Foods you eat can directly affect your hormone levels. Doctors know that high-fiber, low-fat diets can reduce circulating estrogens, and some compounds such as bioflavonoids, which are plentiful in citrus, can help regulate this hormone. Soybeans and soy products are thought to have possible cancer-fighting properties since they are rich in phytohormones-plant hormones that mimic and modulate the action of your own hormones. Scientists and researchers have found that women who over their lifetime have eaten a diet that has included grains, beans, fresh vegetables and fruits have not had a difficult menopause.*

*Getting enough calcium in your diet (1000 to 1500 mg daily) is important for maintaining bone density. Talk with your doctor or pharmacist about taking calcium supplements. Many older people do not get enough calcium in their diets. You get 1500 mgs from drinking 4 (8 oz.) glasses of milk. Weight bearing exercise can also help prevent osteoporosis. Some weight bearing exercises are walking, working out with weights and bike riding.*

**Note:** *Since milk contains a lot of fat, here are some foods high in calcium to replace milk:*

Nuts: Almonds, hazelnuts, brazil nuts, walnuts and sunflower seeds.

Beans: Garbanzo, black and pinto.

Green vegetables: Parsley, broccoli, watercress, kale and collard greens.

Sea vegetables: Hijiki, wakame, kelp and kombu.

Sardines

Exercise 7: How Can We Stay Calm?  
(5 minutes)

**(The purpose of this exercise is to develop relaxation and centering skills and to enable the women to leave in a strong but calm state of mind.)**

Step 1: Reinforce that relaxation is important to empowerment.

*Example: We want you to leave here in a calm and strong state of mind. Relaxation is empowering because you control it and can put yourself into desirable states. Relaxation is totally yours. It also puts you in touch with the strong parts of yourself.*

Step 2: Let the group become relaxed through a breathing exercise.

*Example: Now, let's do a breathing exercise. If you're comfortable doing so, I want you to close your eyes. Put both feet on the ground with your hands relaxed in a comfortable position. I want you to begin to attend just to your breathing. Breathe through your nose. Notice the cool air as you breathe in (pair with inhalation)...and the warm moist air as you exhale (pair with exhalation). Just continue to attend to your breathing. Now each time you exhale, repeat to yourself the word, Relax. Inhale, exhale, relax.....Inhale, exhale, relax... (continue for 10-12 cycles). Now, remain in the relaxed state for several moments and, when ready to end the relaxation, take a deep breath as you slowly open your eyes.*

*I would like to thank you for participating in today's session. I will see you next time.*

END OF SESSION: MENOPAUSE

# Women's Health Education Session Materials

## Session 1:

- Workbooks
- Newsprint, marker, and easel
- Resource books [**NOTE**: resource materials will be available in January 2009.]

## Session 2:

- Workbooks
- Newsprint, marker, and easel
- Female anatomy poster [we purchased large laminated posters from a medical supply store (or medical school bookstore). You can probably easily order something online.]
- Resource books

## Session 3:

- Workbooks
- Statement Cards
- Video of Breast Care ["Komen Breast Health Basics: A Guide to Performing Breast Self-examination." The Susan G. Komen Breast Cancer Foundation, [www.komen.org](http://www.komen.org), 1999]
- Newsprint, Markers, Easel
- Blank Index Cards for Homework
- Resource Books

## Session 4:

- Workbooks
- Tape to post homework
- Prevention Cards [included with manual materials]
- Blank Paper for "Dear Abby" Response and Pencils
- Newsprint, Markers, Easel
- Resource Books

## Session 5:

- VCR and HIV video [HIV video used in CTN-0015 no longer available; replace with appropriate video of your own selection with similar length]
- Newsprint, markers, and easel
- Resource book

## Session 6:

- Workbooks
- Cards of Condom Use Steps [included with manual materials]
- VCR and Video- Reality Female Condom [Learn about it (instructions and women talk about using Reality): Information Ph: 312-595-9123 ([info@femalehealth.com](mailto:info@femalehealth.com))]

- Newsprint, Markers, Easel
- Samples of Male and Female Condoms (enough for each participant)
- Resource Books

**Session 7:**

- Workbooks
- Blank Paper for “Nurse Cookie” Response and Pencils
- Newsprint, Markers, Easel
- Resource Books

**Session 8:**

- Workbooks
- Newsprint, Markers, Easel
- Resource Books

**Session 9:**

- Workbooks
- Newsprint, Markers, Easels
- Resource Books

**Session 10:**

- Workbooks
- Blank Paper for Dear Abby Response and Pencils
- Newsprint, Markers, Easel
- Resource Books

**Session 11:**

- Workbooks
- VCR and Diabetes Video [“Diabetes, An Introduction: Controlling your Diabetes: A guide to Working with Your Doctor (InforMed)” is available for purchase at [www.amazon.com](http://www.amazon.com). They also have a variety of other diabetes informational videos available on amazon. Other educational videos and materials available at [www.diabetes.org](http://www.diabetes.org) and [www.joslin.org](http://www.joslin.org)]
- Newsprint, Markers, Easel
- Resource Books

**Session 12:**

- VCR and Menopause Video [“All About Menopause” available at <http://www.nourish.net/books.htm>]
- Newsprint, Markers, Easel
- Resource Books

# **WOMEN'S HEALTH EDUCATION**

## **Information for Facilitators**

Used in NIDA protocol CTN-0015, Women's Treatment for Trauma and Substance Use Disorders, Denise Hien, Ph.D., Lead Investigator.

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Questions about the manual and materials can be directed to Gloria Miele at [gmm23@columbia.edu](mailto:gmm23@columbia.edu)

## **HOW TO USE THIS TRAINER'S MANUAL**

This training guide was written as a “how to teach” 18 session series on Health Education. It has been modified to include 12 sessions. It was written to give you the main concepts, goals, objectives, and contents on a session per session basis. It also attempts briefly to give you some of the essential elements necessary for any training to be successful.

The “Trainer’s Manual” gives recommended step-by-step instructions on how to approach each session. Note that these are recommendations, and the facilitator can and should modify the manual according to the special needs of the women in the group.

This manual is a simple teaching outline for the use of the trainer only. It includes the session Objectives (which are best written on large flip chart paper and posted before the start of each class) and the Rationale (why the topic is being taught). The facilitator should read aloud the Objectives and Rationale prior to beginning the session. This is followed by a summary of exercises to be conducted during the session and a listing of materials needed in pre-session preparation. This is a checklist, which needs to be consulted and completed prior to facilitating class. This is for your own use and does not need to be presented to the participants.

A “Resource Book” and “Workbook” are also included for each session. The Resource Book typically contains handouts related to the session topic. The Workbook contains any activities or special exercises that will be conducted during a session.

At the beginning of each session, the group members will receive the “Resource Book” and “Workbook” for that particular session.

### **Tips on Facilitating/Training**

A group member’s initial impression of the group can determine future attendance and the success of the overall project. For this reason, it is important to take special measures to insure that the impression you make is one that will leave the women desirous of participating. The following is an outline of some of the steps you need to take.

Trainers should not have to be concerned with administrative details once the session begins. The room must be set up well in advance and preparations made for the unexpected, such as a small turnout or lateness. All materials needed for the session, like newsprint charts, videos, additional handouts, and room set up must be done before the session. The objective is to create a degree of professionalism, which will also be expected from the participants.

All materials needed by a group member, such as resource/workbook, paper, pencils, et cetera, will be provided by the program. This will give group members the feeling of truly participating in an educational process without having to worry about affording a student’s “tools”.

Facilitating/Training is an art! It takes a lot of preparation and energy to create and maintain interest in what you are going to say in the next 90 minutes. It is your enthusiasm and commitment to the material that will help to build self-motivation in members of the group.

Most importantly, it is the trainer's primary responsibility to create a non-threatening, open environment conducive to learning. One way to do this is to maintain an open, non-judgmental attitude at all times. Session topics may evoke strong reactions from both participants and facilitators. Please be aware of your own reactions to the material and maintain a neutral, positive stance. Facilitators should also limit self-disclosure during the sessions. While self-disclosure can be helpful in certain cases, it can also make participants feel uncomfortable at times. By limiting your own disclosures, you can keep your focus on the participants and their responses to the sessions.

The next few pages will outline in a very cursory way the keys of successful presentation. Reread this section occasionally. Try to measure your sessions against some of the following criteria and suggestions. Ask colleagues to give you feedback on your sessions and presentation. Attempt to deliver the best possible training always.

Be open to feedback from group members and your sessions will remain energetic and fresh.

New group leaders, always remember that feeling nervous about speaking before a group is absolutely natural, but within the first few minutes of your talk this will dissipate. And, of course, with practice it will diminish even further.

### **The Training Environment**

- Keep the training environment simple and clean.
- Make sure that any visual aids can be seen from all seats.
- It might serve you to change the seating arrangements according to the type of activity chosen for each session; e.g.:
  - Seats placed in a circle facilitate group discussions.
  - Classroom style rows are good for didactic lectures.
- You may need to take a brief break in the middle of the session. A 5-minute break in which participants can stretch their legs is appropriate.

### **Visual Aids**

- Visual Aids include newsprint/flipcharts and videotapes. They are important because they give the presenter an outline and motivate the students as well as help them retain more of the material.

- We recommend that all objectives be written on newsprint using colored markers. Each printed letter should be at least 2 inches in height. Test your newsprint/ flipcharts out. See if they are legible from all angles of the session room. Flipcharts can also be used to keep you on track. Small and light pencil notes, which are visible only to you, could replace hand held notes or the need to constantly read from the trainer's manual.
- Review all materials before the session for appropriateness and content.

*Remember that you are your best visual!*

- Speak out in a voice tone and volume that will engage your audience.
- Make eye contact with everyone. It will help you to gauge your audience's interest and include them in your presentation. Eye contact has a powerful influence on comprehension and credibility. It also helps to control your nervousness as it gives you the feeling of speaking one-on-one.
- Get audience participation by asking open-ended questions. Let group members come to their own answers. Always try to get participants to offer ideas about a topic. This keeps the material fresh, even during a didactic presentation. Self-discovery is a very effective way to learn.

### **Other Training Considerations**

Know your audience.

- What is their attitude about being in the group?
- Are group members all at the same knowledge level?
- Are there any special needs?
- Is your group all or almost all one ethnicity?
- Is there any background that you should know about?

Anything that you can do to familiarize yourself with the group will enhance your chances of making these sessions a meaningful experience for everyone.

Know your objectives and what you need to accomplish on a session per session basis.

Organize your materials (session handouts, visual aids, seating, trainer's notes, etc.) ahead of session each and every time.

Practice, Practice, Practice. Run through each session using visual aids in front of a mirror or a colleague. Identify potential problems or questions which may come up in a session. This will help you become comfortable with the use of visuals, enhance your familiarity with the material, and reduce nervousness.

## **Your Role as a Facilitator/Trainer**

There are two types of training used in this curriculum: didactic and experiential. The didactic portion concentrates on the health information content. When presenting this material, you should follow the script and present all of the information in the Trainer's Manual. If you find that there is additional time at the end of an exercise, feel free to turn to the Resource Manual for supplemental information. You can continue with a didactic review of any of these materials. In the end, you will become quite an expert in women's health, as well as skilled in finding a balance between presenting factual information and getting participants involved.

The experiential training is one of content and process. The participants experience the issues and the training itself. The experiential model allows participants to find their own answers without the intervention of the trainer. It is essential that you are able to shift your role from that of didactic trainer to facilitator when the subject matter requires you to.

Within the curriculum, you will be required to conduct structured experiences and activities. The experiences are at a very simple level and therefore will require that a few simple rules be remembered:

Announce to the session that there will be an activity.

- Explain the activity, its goal, and how it will be done.
- Participants need to be asked to suspend judgment of the activity, do it and then evaluate it later. A group's or person's refusal to participate in an activity suggests that there is a lack of trust.
- Get a confirmation from the session that they understand the activity.
- Give the group a time frame for the activity and announce when time is ALMOST up (5 minutes should be sufficient).
- Process the activity—make sure that those who want or need to share have a chance to do so. This is especially crucial when dealing with sensitive health issues as in this manual.

The next step, which is included at the end of the activities, is to relate the sessions' experiences to theoretical principles. Be prepared for activities to produce other than the desired results. Group discussions can produce more questions or very deep feelings such as anger. These need to be expressed within the contexts of the ground rules, which are laid out in the beginning of each session.

As a facilitator, remember to step back and be aware of what is happening with the participants AND WITH YOU. Ask yourself,

- What am I feeling?

- Is it uncomfortable?
- Do I need to further clarify?
- Are all group members participating? If not, why?

***Do Not Rush, Take Time To Notice What Is Happening Around You.***

Name: \_\_\_\_\_

**Women's Health Education**

**Workbook**

# **BODY SYSTEMS**

**DONNA AND LUCILLE**

DONNA: Hi!

LUCILLE: Hello.

DONNA: How are you doing?

LUCILLE: Oh, so, so.

DONNA: You've always got something wrong with you. What is it this time?

LUCILLE: You think I complain too much?

DONNA: Forget what I said. Just tell me what's wrong.

LUCILLE: Well, under my arm-pit feels a little tender.

DONNA: That's your lymph node. Your immune system is working.

LUCILLE: It is hard to catch my breath.

DONNA: That's your respiratory system.

LUCILLE: I'm not sure about my heart.

DONNA: That's your circulatory system.

LUCILLE: Thanks, I wouldn't have known.

DONNA: Your brain. That's part of your nervous system.

LUCILLE: What are you? A medical dictionary?

DONNA: You got a big mouth.

LUCILLE: That's part of my eating and kissing system.

DONNA: They call your mouth part of your digestive system.

LUCILLE: I give up.

**THE END**

**BASIC HUMAN BODY SYSTEMS**

**RESPIRATORY**

**CIRCULATORY**

**DIGESTIVE**

**NERVOUS**

**IMMUNE**

**LYMPHATIC**

**ENDOCRINE**

## **BODY SYSTEM QUESTIONS**

Which system pumps blood throughout the body?

Which system handles all our food needs and processes?

Which system transports immune cells?

Which system gives us air?

Which system fights disease?

**BODY PARTS AND SYSTEMS**  
**Questions**

What system does the heart belong to?

What system does the thyroid belong to?

What system do the intestines belong to?

What system do the lungs belong to?

**IMMUNE SYSTEMS**  
**Questions**

What is an antigen?

Where is the thymus?

A T-4 cell is also called what?

Where are the lymph nodes found?

Which part of the immune system is called the big eater?

What is in the throat that protects against infection?

What is an antibody?

What is another name for B-cells?

# **FEMALE ANATOMY**

**MIRANDA AND LATIFA**

Miranda had lived in a village by the ocean until she was four when her family moved to a big city. The village had been protected by hundreds of tall palm trees and patrolled by flocks of pelicans scooping fish from the blue waters. Miranda could recall the nameless days running on the sparkling sand which circled around the entire island. All her memories of life in the village were like wonderful dreams which always pleased her. When her mother and father could arrange to visit relatives, they all returned. The time between visits had grown longer and longer.

Miranda had not returned to the village for three years, and in that time many changes had occurred. She had grown taller and put on weight. Miranda was no longer the skinny kid from next door. More surprising were the other ways in which her body was different than it had been three years ago. Her breasts were almost as large as her mothers. She now had dark, curly hair between her legs, and Miranda was menstruating. The one change in the village came when she met her old, best friend, Latifa. When they first saw each other again they screamed and jumped up and down like six year olds. Then, Miranda and Latifa rushed into each others arms and cried.

It was at that point that Miranda became aware that Latifa had breasts also. At first, she didn't mention Latifa's body becoming more of a woman's. They had so many things to catch up on. The two of them talked for hours. After dinner, they sat on the beach as the sun went down and watched the moon rise like a silver dollar.

“Do you have hair down there too?” asked Miranda.

“Yes, and you?” said Latifa.

Miranda confessed that she had hair also. She wondered if anything else had changed down there. “Have you ever looked down there?” Miranda questioned.

“Of course not,” exclaimed Latifa. “I wouldn't do a thing like that.”

“I'm curious,” said Miranda. “But I can't bend over enough to take a look. I have an idea. Why not get a mirror and look at your private parts. Do you want to do that?”

“You are crazy,” Latifa told her. “Is that what happens when you go to the big city? You get wild ideas about using a mirror to look at what's down there.”

“What is wrong with that? Shouldn't a girl know her own body? I don't have any idea what my pussy looks like,” explained Miranda. “I don't even know what you call things there.”

“How can you use that word – pussy? If my mother ever heard me saying that, she would wash my mouth out with soap.” Latifa was surprised at her friend's language and ideas.

“See if you can find a mirror tomorrow,” said Miranda. “You are my best friend and the only person I would want to do this with. Aren’t you interested in what you look like down there?”

“I’m interested,” said Latifa, “but I don’t want to do it. It isn’t right.”

“I’ll see you tomorrow,” said Miranda.

THE END

## **ANATOMY STATEMENTS**

### **True or False How Do You Feel?**

The human body is beautiful.

The female parts- vagina, clitoris- are dirty.

The male parts- penis, testicles- are dirty.

The vagina and clitoris should not be used for pleasure.

If a woman touches her vagina or puts things in it, she may start masturbating.

If a woman feels pleasure when exploring her vagina, she should stop.

## **THE FEMALE REPRODUCTIVE ANATOMY**

### **Questions**

Where does the baby grow until it is ready to leave the woman's body?

The small organ whose main function is to give pleasure is called what?

What can be broken by exercise?

What is the muscular passageway from the uterus to outside called?

The bottom part of the uterus where it extends into the vagina is called the what?

Where are the woman's eggs stored?

# **BREAST CARE**

**THE EXAMINATION**

- MARIA: I hope little Ricky gets home soon.
- ADOLFO: You worry too much. The kid will get home OK.
- MARIA: I don't want the dinner to get cold. I tried a new dish. You probably won't like it.
- ADOLFO: See, you are still worrying. The food will be good. I know.
- MARIA: I hope that Mr. Bergin isn't at work tomorrow. He's always bugging me.
- ADOLFO: Can't you ever stop worrying?
- MARIA: I guess I should feel good today and stop worrying.
- ADOLFO: What happened today?
- MARIA: Well, I've been worrying about this bump on my breast.
- ADOLFO: I didn't think this good news was going to be about worrying.
- MARIA: My grandmother died of breast cancer. God rest her soul. And mama had it too about 15 years ago. That was before I met you.
- ADOLFO: Is that why she's got all those red marks on her chest?
- MARIA: That was from radiation therapy. So, with cancer in my family, I need to worry. But the lump is a cyst. There's no cancer.
- ADOLFO: How do they know?
- MARIA: They take out a few cells with a long thin needle and test them.
- ADOLFO: Did it hurt?
- MARIA: No. I hardly knew she did it. And I had a mammogram several weeks ago, and that's OK too.
- ADOLFO: What's a mammogram?
- MARIA: As I understand it, a mammogram is a low dose x-ray of the breast that can tell if you have cancer.

ADOLFO: I'm glad you're OK, but I don't like hearing about this. I don't want anything to happen to you. We have to make sure everything is alright with you. Are you eating OK? Are you getting enough rest? Are you working too hard? You better take another one of those mam things in a few months.

MARIA: Now who's the worrier?

THE END

### BREAST CARE CARD GAME

CARD 1

- A. If you haven't gotten breast cancer by the time you are 40, you won't get it.
- B. The older a woman gets, the more she is at risk for breast cancer.

CARD 2

- A. The larger the breasts, the more likely a woman will get cancer.
- B. Size has nothing to do with getting the disease.

CARD 3

- A. The mammogram is dangerous because it uses an X-ray.
- B. The X-ray dose is too low to cause harm.

CARD 4

- A. Why cells become cancerous is not fully known.
- B. Bumping or bruising a breast causes it to become cancerous.

CARD 5

- A. Nipple discharge changes in color and appearance with cancer.
- B. Nipple discharge has nothing to do with cancer.

CARD 6

- A. Pain in the breast can indicate cancer.
- B. Unless it is bone cancer, there is little association between breast pain and cancer.

CARD 7

- A. Taking oral contraception increases the risk of getting breast cancer.
- B. Using the pill is not related to breast cancer.

CARD 8

- A. White women have less breast cancer than black women.
- B. Black women have less breast cancer than white women.

CARD 9

- A. Jewish women have more breast cancer than non-Jewish women.
- B. Jewish women have less breast cancer than non-Jewish women.

CARD 10

- A. Poor women have less breast cancer than women with high socioeconomic status.
- B. Rich women get less breast cancer than poor women.

**BREAST CARE CARD GAME**  
**Accurate statements**

CARD 1 Back

Statement B is more accurate.

CARD 2 Back

Statement B is more accurate.

CARD 3 Back

Statement B is more accurate.

CARD 4 Back

Statement A is more accurate.

CARD 5 Back

Statement A is more accurate.

CARD 6 Back

Statement A is more accurate.

CARD 7 Back

Statement B is more accurate.

CARD 8 Back

Statement B is more accurate.

CARD 9 Back

Statement A is more accurate.

CARD 10 Back

Statement A is more accurate.

# **INFECTIONS**

**FRAN AND SYLVIA**

- FRAN: I have a question, but I am too embarrassed to ask.
- SYLVIA: Go ahead. I won't laugh at you.
- FRAN: Are you sure?
- SYLVIA: Positive.
- FRAN: OK. Did you ever have something dripping down there?
- SYLVIA: Something dripping from your vagina?
- FRAN: Yes.
- SYLVIA: Sure. That's a sign of infection. You should see a doctor so she can treat it.
- FRAN: No. I don't want to see a doctor.
- SYLVIA: Sometimes I treat my infections with yogurt.
- FRAN: You eat yogurt, and it helps?
- SYLVIA: I think it helps, but I don't eat the yogurt. I put plain yogurt in my vagina.
- FRAN: How about chocolate
- SYLVIA: Plain.
- FRAN: I thought that cherry might help.
- SYLVIA: No, it has to be plain, natural yogurt.
- FRAN: Listen. I'm being serious now. You don't really stuff your vagina with yogurt, do you?
- SYLVIA: Of course. Sometimes it really helps.
- FRAN: I think I'll go to the doctor after all.

THE END

Dear Abby,

My itchy vagina is driving me crazy! I've had this problem for years, and it never seems to go completely away.

And I have tried everything. I used a garlic suppository, herbs, cranberry juice, and hot baths with teas. I have soaked a tampon in different healing solutions and inserted it.

I have douched and changed my underwear every eight hours. I had a ceremony done over me and had no sex for nine months. I use only white cotton underpants and unscented toilet paper. Sometimes I put hot compresses on my vulva and sometimes cold compresses. I have cleaned my vagina and parts so much that I irritated them and made myself feel worse.

What can I do?

Desperate Dorothy

# CONTRACEPTION

## CONDOM GAME

CHECK EXPIRATION DATE

INSPECT PACKET

CAREFULLY OPEN PACKET

REMOVE CONDOM FROM PACKET

PUT DAB OF LUBRICANT AND/OR SPERMICIDE IN TIP OF CONDOM  
(OPTIONAL)

APPLY LUBRICANT TO THE OUTSIDE OF THE CONDOM (OPTIONAL)

ERECTION

PULL BACK FORESKIN (IF APPLICABLE)

PINCH TIP

PLACE CONDOM OVER THE HEAD OF PENIS AND ROLL DOWN TO BASE

SMOOTH OUT AIR BUBBLES

HAVE SAFE SEX

EJACULATION/ORGASM

HOLD BASE OF THE CONDOM

WITHDRAW PENIS WHILE STILL ERECT

PULL OFF CONDOM

WRAP IT OR TIE IT

DISPOSE OF CONDOM IN THE PROPER RECEPTACLE

PRACTICE USING CONDOMS WITH PARTNER

# **PREGNANCY**

**JODI AND PAT**

JODI: Hi Pat, what's up?

PAT: You don't want to know.

JODI: Of course I do. Why do you think I asked?

PAT: Well, I know what you're going to say but...here goes. I didn't get my period this month or last.

JODI: Again!?

PAT: You see, I never should have told you.

JODI: I'm sorry, but you know you've gone through this before and I'm your friend. I worry about you.

PAT: I know. But things are different this time.

JODI: What's so different, did Joey convince you to keep it?

PAT: It wasn't just Joey, it's me. I keep worrying that we won't have enough money or that the apartment isn't big enough, but Joey and I sat down and discussed it. I'm still going to school, but he's working a steady job now and we love each other enough to make it work.

JODI: So, what's the problem?

PAT: Well, you know I've had four abortions and I don't know what effect, if any, that will have on this baby. I don't know what to expect. To tell you the truth, I'm really scared!

JODI: Being scared is natural, but it seems like you have lots of questions and the best person to ask would be your doctor.

PAT: You're right. I'll call to make an appointment first thing in the morning. Thanks Jodi. I knew I came to the right person.

JODI: Anytime Pat, that's what friends are for. Oh, by the way, if you're still a little scared just let me know when your appointment is and I can go with you if you'd like.

Dear Nurse Cookie,

For the past week or two I've had a really bad discharge. I've had this before, but it just goes away and then comes back again. Some people say it's normal, that every woman gets that from time to time, but I don't know what to believe. I've tried a lot of remedies that my friends have suggested but nothing seems to work. This time I'm really worried because I just found out last month that I'm pregnant. What should I do?

Signed,  
Pregnant and worried in Wyoming.

# **Sexually Transmitted Diseases**

**DONNA AND RACHAEL**

RACHAEL: That bastard, Jose.

DONNA: What's the matter?

RACHAEL: I can't tell you.

DONNA: Of course you can tell me.

RACHAEL: He gave me an STD.

DONNA: What's that?

RACHAEL: A sexually transmitted disease.

DONNA: You must have given him something too.

RACHAEL: I'm not sick.

DONNA: He didn't give it to you for nothing.

RACHAEL: It's not funny.

DONNA: So, you got a little dripping and itching. What's the big deal?

RACHAEL: It's not funny.

DONNA: Jose is really cute. Was it worth it?

RACHAEL: I'm not talking to you.

DONNA: I was just teasing.

RACHAEL: You don't seem to get how serious this is. It could make me so I couldn't have a baby. Or I might get HIV. You don't play around with STDs.

DONNA: If you hadn't been playing around, you couldn't have an STD in the first place.

RACHAEL: Don't get smart.

DONNA: Did you use a condom?

RACHAEL: Of course not. Jose says he never uses them.

DONNA: He just goes around giving girls STDs.

RACHAEL: I hate him.

DONNA: Maybe the disease will get him or his thing will drop off or they will put him in jail for trying to kill you with an STD.

RACHAEL: You can't seem to comprehend how much trouble I'm in. Don't keep trying to be funny. You're not funny.

DONNA: Or maybe they could hang him by his you know what or put hot sauce in his ointment.

RACHAEL: I beg of you to stop.

THE END

### STD GUESSING GAME

- Q. Are STDs usually spread by sitting on a dirty toilet seat?
- A. No, it would be very rare to get a disease from the toilet seat. Fresh moist secretions would have to enter your body.
- Q. How long do the organisms which cause STDs live outside of the body?
- A. A minute or two.
- Q. Can herpes II be cured?
- A. No, herpes II cannot be cured, but it can be kept under control.
- Q. How many Americans get an STD each year?
- A. 12 million.
- Q. Which statement is the most true? (a) STDs can be transmitted from animals to humans; (b) STDs can be transmitted through oral sex; (c) condoms don't work against bacteria; (d) once you have had an STD you cannot get the same kind again.
- A. B is the correct answer. STDs cannot be transmitted from animals to humans, are contained when using a condom, and you can become infected with the same STD more than once.

**YOU ARE THE EXPERT**Case One:

Maya is on birth control pills and has been having sex with her boyfriend for six months. A few weeks ago she started feeling itchy in her vagina and saw a little bit of mucus discharge. She's feeling run down, tired and has a busy schedule with her 3 kids. She tries to rest for a few days and hopes to feel better. The next week she notices small red bumps on her vagina when she is taking a shower.

Diagnosis?

Recommendations?

What will happen if she ignores her symptoms?

Case Two:

Linda is a teenage virgin who is dating Tyrell. She doesn't feel ready for sex, but he is older and is putting a lot of pressure on her. Linda doesn't want Tyrell to think that she's a baby, and so she is pretending to be more experienced than she really is, and agrees to have unprotected sex. Linda was hanging out with Tyrell's friends last weekend and saw them shooting dope. She really didn't understand what they were doing, but was scared by the needles.

Diagnosis?

Recommendations?

What will happen if she ignores her symptoms?

Case Three:

Toya's boyfriend Jesse has been having intense pain when he urinates, as well as pus discharge from his penis. They've been having unprotected sex for a few weeks, and Jesse hasn't said anything about his symptoms or diagnosis (he knows he has an STD). Toya has no symptoms.

Diagnosis?

Recommendations?

Case Four:

Patricia has been married to Angel for a few years. They frequently have sex and have not been using protection because they want to have a baby. Patricia has a history of sexual abuse and hates going to the gynecologist because she feels very frightened. She went to a clinic once and there was a male doctor who she felt was rough and made her feel uncomfortable, so she hasn't ever gone back to a clinic. She's very sad because she's had no luck and has been trying to get pregnant for over a year. She has NEVER had any symptoms.

Diagnosis?

Recommendations?

Case Five:

Barbara has been having unprotected oral sex with Steve. She's been overwhelmed lately because her mother is elderly and ill, and Barbara has been trying to take care of her. She is often tired and stressed out. Recently she noticed that she has a mild rash on her vagina, but didn't think twice about it because she didn't have intercourse. She's hoping it's going to go away, but hasn't for a few weeks.

Diagnosis?

Recommendations?

Case Six:

Shaniqua is an attractive woman who always has men around her. She likes getting attention, affection and she enjoys having sex. She is educated and knows the risks of unprotected sex and so she generally uses protection. In fact, she's gotten really good at getting her dates to use condoms, and also knows how to use female condoms. However, a few months ago she and her friends had a little too much to drink and she didn't use protection with the man she had sex with. A month ago she had a small growth that looked like cauliflower, but that disappeared. She has not had her period in six weeks.

Diagnosis?

Recommendations?

**SELF-TEST ON STD'S  
Questions**

1. How are STD's transmitted?
  
2. If gone untreated, whom can they harm?
  
3. Is there always an early warning sign?
  
4. What is the first thing a person should do when they suspect they have been exposed to an STD?
  
5. Should a person continue to have sex once they suspect they have been exposed to an STD as long as they protect themselves and their partner?
  
6. Should a person tell anyone once it has been confirmed that they have an STD?
  
7. What questions should a person ask the doctor when they are prescribed medications to treat an STD?
  
8. Can a person get the same STD twice?

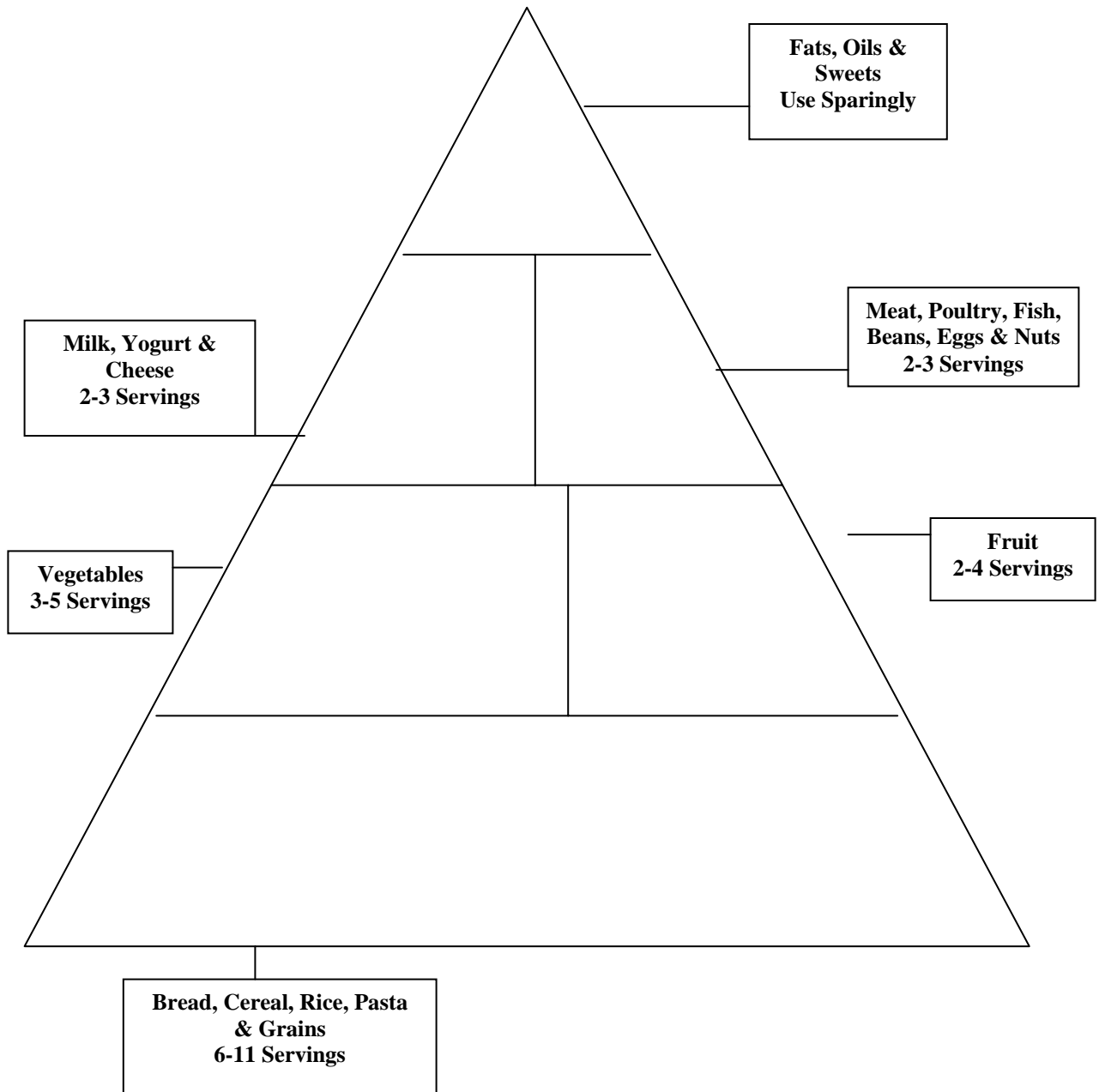
## **SELF-TEST ON STD'S**

### **Answers**

1. They are transmitted sexually and also from mother to unborn child.
2. They can cause permanent damage to you and your unborn child. This may also result in death.
3. Remember the importance of protecting yourself from getting an STD because there are not always warning signs to detect a problem.
4. The first thing a person should do is go to see their doctor.
5. Even though a person might be using protection it is better to wait until the STD has been treated and then always, as we learned, use protection.
6. It is always best to notify any sexual partners that a person has been with, so they have the same opportunity to receive proper treatment. Note: A person can always notify their partner anonymously through a letter.
7. A person should always be clear about the specified dose of the medication and how long it should be taken. Also, let the doctor know if you are on any other medication which might interfere.
8. A person can get the same STD more than once. Having an STD does not make you immune from getting it again.

# **NUTRITION**

# The Food Guide Pyramid



**What Went In Your Body?  
Questionnaire**

Who ate 2 fruits yesterday?  _____	Who did not smoke more than 5 cigarettes yesterday?  _____		Who did not have more than 3 cups of caffeinated coffee yesterday?  _____	Who did not buy more than two items from the vending machine yesterday?  _____
Who ate 3 vegetables yesterday?  _____	Who did not eat "junk" food yesterday?  _____		Who drank 3 cups of water yesterday?  _____	Who ate chocolate yesterday?  _____
Who ate lunch sitting down yesterday?  _____	Who ordered out for at least one meal yesterday?  _____		Who had a "healthy" snack yesterday? (e.g., raisins, pretzels)  _____	Who ate fried food yesterday?  _____
Who drank 2 diet colas yesterday?  _____	Who did not eat breakfast yesterday?  _____		Who was influenced by their friends about what they ate yesterday?  _____	Who skipped lunch yesterday?  _____
Who had a cup of milk or yogurt yesterday?  _____	Who drank 2 regular caffeinated colas yesterday?  _____		Who knows the suggested fruit and vegetable servings per day?  _____	Who drank at least one cup of juice yesterday?  _____

# **HIGH BLOOD PRESSURE**

**LYDIA AND CARMEN**

LYDIA: I am really annoyed.

CARMEN: Why is that?

LYDIA: I went to this stupid health fair today, and they said I had high blood pressure. That's crazy.

CARMEN: You mean someone just walked up to you and said you had high blood pressure?

LYDIA: No. They had this stupid little booth with this guy sitting there in a white coat. He smiled and said in this low sexy voice, "Hey, baby, come get your blood pressure tested." So, fool that I am, I went in. He wrapped that thing around my arm and pumped me up. I thought it was kind of fun.

CARMEN: You let him touch you?

LYDIA: Well, he had to touch me to get the stupid cuff on. Then he says to me, "Baby, you got a problem." I thought he was just flirting with me. Then he says, "I kid you not. You got high blood pressure." I could have hit him. Look at me, Carmen. I'm as healthy as a horse.

CARMEN: I read some place that there are no symptoms for high blood pressure. Lots of people got it and don't know it. If you catch it early you can do something about it.

LYDIA: What am I supposed to do?

CARMEN: Go to a doctor. You may need medicine. I hear that changes in diet are often necessary. My aunt had to change her whole lifestyle.

LYDIA: I don't want to change anything.

CARMEN: Please go and check it out. It may not be as bad as you think.

## Blood Pressure Facts

### **What is High Blood Pressure?**

Blood pressure is the force of the blood against the vessel walls. The more the pressure, the harder the heart is working.

Blood pressure often goes up and down during the day. When it goes up and stays high, then it is high blood pressure. The medical term is hypertension.

An easy test measures blood pressure. It uses an inflatable cuff around an arm. If the pressure is high, the test will be repeated on several days to get an accurate reading. You probably have had such a test on a visit to your doctor.

The test gives two numbers: The *systolic* pressure is the pressure of blood in the vessels as the heart beats. The *diastolic* pressure is the pressure of the blood between heartbeats. The numbers are usually written like a fraction with the systolic above or to the left. An example is 120/80 mm Hg (millimeters of mercury), which is a normal adult blood pressure.

Both numbers count. Your blood pressure is high if the systolic pressure is 140 or above, or the diastolic pressure is 90 or above, or both are high. The following chart shows the different blood pressure categories for adults:

### Blood Pressure Categories for Adults

	<u>Category</u>	<u>Systolic**</u>	<u>Diastolic**</u>
Normal	less than 130	less than 85	
High Normal	130-139	85-89	
High Blood Pressure			
Stage 1	140-159	90-99	
Stage 2	160-179	100-109	
Stage 3	180-209	110-119	
Stage 4	over 210	over 120	

If you do not know your blood pressure, you should have it taken. Those with high blood pressure often do not feel sick. In fact, high blood pressure is often called “the silent killer,” because it may cause no symptoms for a long time. It can damage the kidneys and raise the chance of stroke, heart attack, or other cardiovascular (“heart and vessels”) problems. It causes three of every five cases of heart failure in women. (“Heart failure” is a severe condition in which the heart cannot adequately supply the body with blood.) Women who have both diabetes and high blood pressure are at an even higher risk of stroke and heart and kidney problems than those who have only high blood pressure.

Three of every four women with high blood pressure know they have it. Yet fewer than one in three are controlling it. All women can and should take steps to control their high blood pressure. This is especially important for women who have heart disease.

When blood pressure is lowered, the heart does not work as hard. Women who have had a heart attack are less likely to have another if they reduce their high blood pressure. You can control your blood pressure with these lifestyle changes:

- Lose weight if you are overweight
- Become physically active
- Choose foods low in salt and sodium
- Limit your alcohol intake

## Blood Pressure Medications

For some, making the lifestyle changes listed above can lower high blood pressure enough. For others—and especially those with heart disease—medication may also be needed. Fortunately, there are many blood pressure drugs today. Some of the main high blood pressure medications are:

**Diuretics**—These are sometimes called “water pills” because they work in the kidney and flush excess water and sodium from the body through urine. This reduces the amount of fluid in the blood. And, since sodium is flushed out of blood vessel walls, the vessels open wider. Pressure goes down. There are different types of diuretics. They are often used with other high blood pressure drugs.

**Beta blockers**—These reduce nerve impulses to the heart and blood vessels. This makes the heart beat less often and with less force. Blood pressure drops and the heart works less hard.

**Alpha blockers**—These work on the nervous system to relax blood vessels, which allows blood to pass more easily.

**Alpha-beta blockers**—These work the same way as alpha blockers but also slow the heartbeat, as beta-blockers do. As a result, less blood is pumped through the vessels.

**Nervous system inhibitors**—These relax blood vessels by controlling nerve impulses.  
**Vasodilators**—These open blood vessels by relaxing the muscle in the vessel walls.

If you have high blood pressure and need medication, your doctor will decide which of these drugs is right for you.

### **Help Medications Work**

Although you may have to take the drug for a long time, you will get big health benefits from controlling your high blood pressure. When the doctor prescribes a high blood pressure drug, be sure you understand the instructions. Know the amount you should take, if you should take it each day, and what times you should take it during the day. If you are not sure about the instructions, ask while you are at the doctor's office or clinic. Write down the instructions. Later, if you do not remember something or are confused, call back and ask. Do not be embarrassed. You cannot take the drug properly if you don't understand the instructions.

As with all drugs, those for high blood pressure can cause side effects. For example, some can make you sleepy or tired; others can cause a rash or cough. Pay attention to how you feel. If you think you have a side effect, do not stop taking the drug. That can cause trouble. Instead, tell your doctor as soon as possible about what you feel. The doctor will see if the drug is the cause. If the drug is causing a side effect, your doctor will probably change its dose or give you a different drug. It may take some adjustments to find the best amount or drug for you.

## SELF TEST ON HIGH BLOOD PRESSURE

### Questions (front)

1. A blood pressure of 150 systolic and 95 diastolic is (a) Stage 4 hypertension; (b) Stage 1 hypertension; (c) borderline hypertension; (d) normal?
2. Having hypertension means that you (a) are a tense person; (b) are under stress; (c) have more pressure than is normal in your arteries; (d) have high energy.
3. What do diuretic medications do? (a) slow the heart; (b) expand the size of the arteries; (c) reduce cholesterol; (d) increase the outflow of urine and salt.
4. The potential negative health effects of high blood pressure are (a) stroke; (b) kidney problems; (c) heart failure; (d) all of the above.
5. Which are risk factors for high blood pressure? (a) getting older; (b) smoking; (c) excessive salt in the diet; (d) being overweight; (e) all of the above.
6. If you are experiencing side effects from high blood pressure medication, you should (a) stop taking it immediately; (b) take half of what has been prescribed; (c) discuss it with your doctor at your next scheduled appointment; (d) tell your doctor as soon as possible.

Answers (Back)

- 1.B.Mild. Normal is systolic less than 130 and diastolic less than 85.
- 2.C.Pressure in the arteries.
- 3.D.The less fluid, the less pressure.
- 4.D. High Blood pressure can cause a variety of serious health problems..
- 5.E.They are all risk factors.
- 6.D. Always let your doctor know about side effects as soon as possible.

Dear Abby,

I found out that I have high blood pressure. It is a terrible shock. I am only thirty-two. I am determined to quit smoking. They really push that in the clinic. I guess I could eat different and cut down on the salt. But I HATE exercise.

The thing that gets me most is they say I have to take medicine for the rest of my life. I can't stand the idea of being on a pill forever. It seems weak. It's like taking drugs. Being an addict.

What am I going to do? I don't want to die, but I also don't want to be hooked on diuretics and beta blockers. They sound terrible.

Reluctant Rita

# DIABETES

**BLANCA AND MARJORIE**

BLANCA: My friend just found out that she has diabetes.

MARJORIE: That's really terrible.

BLANCA: How come?

MARJORIE: Well, for one thing, you have to prick your finger every day and check your glucose level. I can't stand pain.

BLANCA: It doesn't hurt that much.

MARJORIE: I hate the sight of blood.

BLANCA: You get used to it.

MARJORIE: I am afraid that I would get confused and not read the level properly.

BLANCA: It takes a little practice.

MARJORIE: She also has to give herself a shot of insulin. I could never stick myself with a needle.

BLANCA: You barely feel it.

MARJORIE: And you have to lose weight.

BLANCA: What is so bad about that?

MARJORIE: Every diet I tried I failed at.

BLANCA: Maybe if you had diabetes you would have more motivation.

MARJORIE: And you are supposed to exercise. Can you see me exercising?

BLANCA: If it were a matter of life and death, I could see you going to an exercise class.

MARJORIE: I would have to cut out all the junk food that I love.

BLANCA: No more potato chips. Poor you.

MARJORIE: The worst part of all would be having a label. I wouldn't want anyone to know I was a diabetic.

BLANCA: There is no shame in having diabetes.

MARJORIE: People wouldn't like me.

BLANCA: I have diabetes. Did you know that?

MARJORIE: No. I didn't. Let me digest that for a moment. It's amazing!

BLANCA: What is?

MARJORIE: I still like you.

BLANCA: That's good.

THE END

## **SELF-TEST ON DIABETES**

### Questions (front)

1. What does insulin do?
2. What happens to glucose in the blood when there is not enough insulin?
3. Which organ regulates the amount of glucose in the blood? (a) heart; (b) liver; (c) spleen; and (d) pancreas.
4. What happens in Type I diabetes?
5. What happens in Type II diabetes?
6. What are some of the things a person with diabetes monitors besides glucose levels?
7. What hormone do all people with Type I diabetes take?
8. People with diabetes are supposed to eat complex carbohydrates. What are some examples of complex carbohydrates?
9. Why is exercise important in helping to control diabetes?
10. People with Type II diabetes may be prescribed sulfonylureas and/or metformin. How are they taken? (a) by injection; (b) orally; (c) suppository; (d) nasally.

## **SELF-TEST ON DIABETES**

### **Answers (back)**

1. Insulin attaches to specific sites on the cells. This prompts a gate to open, which allows glucose to enter the cell where it is stored or changed into energy.
2. Glucose accumulates in the blood and causes high blood sugar.
3. D is the correct answer. The pancreas.
4. In Type I diabetes, the beta cells cannot produce any insulin.
5. In Type II diabetes, some insulin is produced, but it cannot get into the cells.
6. Weight, blood pressure, cholesterol, teeth, eyes and feet.
7. Insulin, which helps the body use sugar by letting sugar pass into the cells.
8. Potatoes, pasta, rice, peas and beans and foods high in fiber.
9. Exercise burns off sugar in the blood, thereby decreasing glucose levels.
10. B is the correct answer. They are taken orally.