

13. GB Club – An informed adolescence – Sexually Transmitted Infections

Girls and Boys Club Script template

Title of session: An informed adolescence - Sexually Transmitted Infections

This episode summarises sessions 10-12, reinforces messages about peer pressure/teasing, and gives additional sexual reproductive health information that may be helpful to students such as, family planning centres, HIV/AIDS, STIs

Length of recording: 40 mins

Actors: 2 hosts, Dr Koroma and Mrs Ngombu

Sound effects (SFX): Intro music, transitional music, hands clapping, people cheering

Content	
Intro:	'Girls and Boys Club Theme Song' (for 1 min)
Awanatu (female host):	Hello everyone and welcome back to the Girls' and Boy's club! Many of you already know me, but for any of you who don't – my name is Awanatu and I am one of your hosts for the club. And let me introduce our second host, Mohammed.
Mohammed (male host):	Hello everyone! It's great to be back! My name is Mohammed and thanks for joining our Girls' and Boys' Club this week. We're very glad that you're here!
Awa:	Now, Mohamed and I are both part of the Leh Wi Lan programme sponsored by UK Aid.
Mohamed:	And Leh Wi Lan supports the Ministry of Basic and Senior Secondary Education to deliver Free Quality School Education to <i>all</i> students in Sierra Leone.
SFX:	Hands clapping, people cheering
Awa:	Now Mohamed, before we start, do you remember the club rules?
Mohammed:	Of course! The rules spell out the word 'REAL' R is for Respect. E is for Equal participation. A is for Ask questions. L is for languages! The Languages of the club are English and Krio.
Awa:	Exactly.
Mohamed:	So, when we follow the club rules, we're keeping it REAL.
SFX:	<i>Keeping it real song</i>
Awa:	Excellent. Now, Mohamed, do you remember what our last session was about?
Mohamed:	I sure do: last time, we talked about menstruation and contraception.
Awa:	That's right, we started with a detailed discussion about menstruation – what it is, why it happens and how to manage it. It can be really difficult for young women, especially if they don't have access to sanitary pads. So, we then discussed ways that we can all work together to support girls when and if they are having their periods!

Mohamed:	Exactly. Then we had a detailed discussion about contraceptive methods – we learned how to put a condom on and what the strengths and weaknesses are of the pill, Auntie Marie injections and Captain Band implants. Of course, not having sex at all is the most effective way to avoid unwanted pregnancy or an STI, but if done correctly, using these contraceptive methods can be very effective.
Awa	Correct. And then we had a group vote on ways that we can reduce unwanted pregnancies in our schools and communities: first, by making sure that <i>all</i> students follow the ground rules of RNRM and second, by doing everything we can to avoid, prevent and report <i>all</i> cases of sex for grades or sex for gifts.
Mohamed:	Great! That was everything from last week. This week we will talk more about sexually transmitted infections – or STIs. We’ve also collected many questions from students about the sexual health topics that we’ve covered so far so we’ll aim to address these.
Awa:	Great, I think we’re ready to start today’s session! Girls and boys, are you ready to participate? If so, say ‘yes!’
SFX:	<i>A group of people shouting ‘yes!’ but at a quiet/low mixing level. We want to give students an idea of what they should be shouting.</i>
Awa:	I couldn’t hear you!
SFX:	<i>People shouting ‘yes!’ but at a quiet/low mixing level</i>
Awa:	Okay, let’s get started!
SFX:	Transition music
Awa:	Ok, students, like we said, today we will talk more about STIs. The S stands for Sexually, the T stands for Transmitted, and the I stands for Infections.
Mohammed:	And to help us with this discussion, we would like to introduce our favourite Community Health Officer...the one, the only, Mrs Patricia Ngombu!!
SFX:	People cheering and clapping
Mrs Ngombu:	Thank you, Mohamed and Awa. It’s great to be back. Hello students, how are you? (pause for 2 seconds) Good. I’m glad that you’re fine. I’m fine too.
Awa:	Now, Mrs Ngombu, I recall that the Community Health Centre that you work at provides youth friendly sexual health services. Could you remind us what that means?
Mrs Ngombu	Of course. There are many health centres, family planning clinics and hospitals that provide youth-friendly services. What this means is that we can answer any questions that young people have about puberty, sex, preventing pregnancy and STIs. We provide a private place for these discussions and we keep these conversations confidential. We also have contraceptive methods onsite, like condoms, pills, injections and implants.
Awa:	Wow, that’s very helpful and good to know. So, can we ask you some questions about STIs today?
Mrs Ngombu:	Absolutely.

Awa:	Great. Let's start then. Mrs Ngombu, earlier on we learned that STIs are infections are passed from one person to another through unprotected sex or skin to skin sexual contact. Can you tell us more about this?
Mrs Ngombu:	Sure, as you mentioned, there are two ways to get an STI – through having unprotected sex or through skin to skin contact. Unprotected sex means having sex without a condom. The reason wearing a condom gives you 'protection' is because it provides a barrier that prevents the transfer of bodily fluids, such as semen, saliva or blood.
Mohamed:	So, some STIs are spread through these fluids that come during sex?
Mrs Ngombu:	Correct. And the other way to get an STI is when you touch the genitals of a person who has an STI. You can touch their genitals with your hand, mouth or <i>your own</i> genitals. Skin to skin contact usually occurs during sex, but clearly there are times when this type of touching happens without sex too.
Mohamed:	I see. Could you please be more specific about where these genital areas are?
Mrs Ngombu:	Sure, genital areas include the skin around the penis, vagina and anus. Many STIs produce sores that appear around these areas and if you touch them, it is likely you will get infected. Young people often have pubic hair in these areas but this does not protect you from touching the sores and getting infected.
Awa:	Okay, before we discuss these specific STIs, can you first explain what the consequences of STIs are?
Mrs Ngombu:	Sure. There are a variety of STIs – some are serious and potentially life-threatening, some can cause infertility and some can just cause itching and discomfort. And some STIs, but not all, are curable.
Awa:	I think there are many STIs and I don't think we can talk about all of them today. But can we discuss the most common STIs in Sierra Leone?
Mrs Ngombu:	Yes, of course. Do either of you know what is the most common STI in Sierra Leone?
Mohamed:	Oh – I know this! Is it HIV?
Mrs Ngombu:	Correct. Across West and Central Africa there are more than 6 million people living with the HIV virus. The virus weakens your immune system, so if you get ill while you have HIV you can die because your body is not able to fight against the sickness.
Mohamed:	That's horrible. How is HIV transmitted?
Mrs Ngombu:	HIV is transmitted through bodily fluids, such as semen, vaginal fluid, breastmilk and blood. If a person has many sexual partners, and they do not use a condom, their chances of getting HIV are very high.
Mohamed:	So, is a condom is the best way to avoid getting HIV? Because it creates a barrier that prevents fluids from going into another person?
Mrs Ngombu:	Abstinence from sex is probably the <i>best</i> way to prevent transmission, but if you want to have sex and make sure you're protected, yes, always wear a condom . Monogamy is also a good strategy. Monogamy is when both partners only have sex with each other and no one else. If neither person has HIV, there is no way they can get it if they only have sex with each other.
Awa:	Can you get HIV from someone if you kiss, hug or share food with them?

Mrs Ngombu:	No, HIV is not passed through touching or skin to skin contact. You can have regular contact with someone who has HIV – just do not have unprotected sex with them.
Awa:	Can an HIV infection be cured or treated?
Mrs Ngombu:	HIV cannot be cured, but it can be treated. The current treatment is called antiretroviral therapy. It is a combination of drugs that reduces the level of HIV virus in the blood and slows down the destruction of the immune system.
Mohamed:	Can a person get tested to see if they have HIV?
Mrs Ngombu:	Yes, and I always recommend it. It is a simple blood test and it is the only way to know if you or your sexual partner is HIV-positive. Obtaining a negative test result can bring enormous relief to a person. And it can also encourage that person to practice safe sexual behaviour in the future.
Awa:	Wow. That is very helpful, Mrs Ngombu. Thanks for the information. Now, could you tell us about another common STI in Sierra Leone?
Mrs Ngombu:	Of course. Chlamydia is also a common STI that is found in the semen of men and vaginal fluids of women who have the infection. The infection is not life-threatening like HIV, but it makes it very painful to urinate – it feels like it is burning. Luckily, chlamydia can be treated with antibiotics. But if it goes untreated, it can cause infertility in the future.
Awa:	So, the best way to protect yourself from getting Chlamydia is to wear a condom?
Mrs Ngombu:	Yes.
Awa:	But what if you were stupid and had sex without a condom and then started feeling a burning sensation when you urinate - should you get tested for Chlamydia?
Mrs Ngombu:	Absolutely. And if you test positive, it can be easily treated with antibiotics.
Awa:	Good to know.
Mrs Ngombu:	Now, another common STI is Gonorrhoea. It is somewhat similar to Chlamydia in that fluid from the penis or vagina can pass the infection from one person to another during sex. If you get infected it can also be painful to urinate, but with gonorrhoea, you may also see green or yellow discharge coming out of your penis or vagina. Luckily it can also be treated with antibiotics, but if it goes untreated it can also cause infertility.
Mohammed:	Wow. So again, the best way to protect yourself from getting Gonorrhoea is to wear a condom?
Mrs Ngombu:	Definitely.
Mohammed:	But if you have sex without a condom and feel a burning sensation when you urinate, can you get tested for both Gonorrhoea <i>and</i> Chlamydia?
Mrs Ngombu:	Since the symptoms are similar, yes, it would make sense to get tested for both.
Awa:	And Mrs Ngombu, I've heard of something called Zika virus? What is that?
Mrs Ngombu:	I'm glad you asked. The Zika Virus can also be transmitted through sex and gives you a fever and rash. It can be treated with medication, but if a woman gets the virus and then gets pregnant, it can have a dangerous effect on the baby. Many babies who get the virus from the mother are born with very small heads.

Mohammed: Wow. That's scary. But I hear that Zika virus can be transferred through mosquitos too. Not just sex.

Mrs Ngombu: Yes, you're right. The Zika virus can be transferred through fluids from the penis or vagina, and it can also be passed on by mosquitos. So the best way to protect yourself is to wear a condom during sex and avoid getting stung by mosquitos. So use a bed net! A bed net will protect you from mosquitos that can give you both zika and malaria.

Mohammed: Aha. Thanks for clarifying. Zika can be transmitted through both sex and mosquitos. But malaria is a different virus and is only transmitted through mosquitos.

Mrs Ngombu: Correct.

Awa: Wow, we've heard about HIV, Chlamydia, Gonorrhoea and Zika. And we learned that you can protect yourself from all of these STIs by wearing a condom, which prevents the transfer of bodily fluids from one person to another.

Mrs Ngombu: That's right. And there are a few more STIs that we need to talk about!

Awa: Absolutely. But I think at this point it would be good for us to do a padi padi to discuss what we've learned so far.

Mohamed: Good idea, Awa. Students, padi padi and pick a partner who you feel comfortable speaking with. We want you to discuss what you've learned about HIV, Chlamydia, Gonorrhoea and Zika. Have you learned any thing new? Do you have any questions? What will *you* do to prevent getting these STIs?

Awa: Okay everyone, you will have three minutes to discuss these questions. Are you ready? Padi-Padi now!

SFX: Background activity music for 2 minutes.

Awa: Club Leaders, we have 1 minute left!

SFX: Background activity music for 50 seconds

Awa+Mohamed: Club Leaders, we have 10 seconds left! We will start our countdown now. 10...9...8...7...6...5...4...3...2...1! Okay stop your Padi-Padi!

SFX: *Clapping and cheering*

Awa: Now, Mrs Ngombu, you said you have a few more STIs to discuss with us today. Let's continue!

Mrs Ngombu Great. These next STIs are ones that are spread through skin to skin contact.

Mohamed: Oh – that is when you touch the genitals of a person who has an STI with your hand, mouth or *your own* genitals.

Mrs. Ngombu Correct, but remember, you will only get infected if you touch the sores or blisters that come from their STI. So, for example, syphilis is an STI that produces sores around the genital area – these are very infectious and if someone comes in contact them, usually during sex, they will probably get infected.

Awa: And what happens if you get syphilis?

Mrs. Ngombu	Well, as I mentioned it starts with sores, but these eventually go away after a few weeks. But then after that you start to get a rash on your body, often on the palms of your hands or soles of your feet. This rash also eventually goes away but if you don't get treatment, the syphilis virus stays in your body for many years and then a third set of symptoms can form.
Awa:	So, if you see symptoms like genital sores or a rash on your hands or feet you can get treated and it goes away?
Mrs Ngombu:	Yes, a treatment of antibiotics will cure the syphilis. But because the symptoms go away on their own, many people think they are fine and don't realise that the virus stays in their body. And without treatment, about 30% of people will have the virus spread to their brain, heart, nerves and organs, causing blindness, paralysis and even death.
Awa:	Wow – that's bad. So what is the best way to protect yourself from getting syphilis?
Mrs Ngombu	Well, unfortunately, a condom can only protect you from touching sores that might be on a person's penis. But if there are sores around the genital areas that <i>are not</i> covered by the condom, then you can still get infected.
Awa:	So even if you wear a condom, it is possible to get infected?
Mrs Ngombu	I'm afraid so.
Awa:	So, the best thing to do is to not have sex?
Mrs Ngombu	Well, definitely do not have sex with someone who has sores around their genitals. But sometimes these are very hard to see. The best thing to do is to ask your partner about their sexual history – ask how many people they have had sex with. And ask if they have experienced any symptoms like sores around their genitals. If they have had <i>many</i> partners or if they have experienced <i>any</i> symptoms, ask them to get tested. If not, you are putting yourself at risk if you have sex with them.
Mohamed:	Wow. Mrs Ngombu, that's good advice. Now, I think there is another STI that is similar to syphilis – is it called herpes?
Mrs Ngombu:	Oh yes, genital herpes. This infection is more common than syphilis and not quite as dangerous. It also causes blisters or sores on the skin around your genitals. These blisters are highly infectious and again can be passed from one person to another through skin to skin contact. Unfortunately, unlike syphilis, there is also no cure for Herpes. The blisters do go away but keep returning throughout your life and you can easily infect someone when the blisters are around.
Mohammed:	There's no cure? Does that mean it can possibly kill you as well?
Mrs Ngombu:	No, it does not cause death. It is much milder than syphilis, but the infectious sores will keep coming back and you can give it to someone when these sores are around.
Mohammed:	So what is the best way to prevent the transmission of herpes?
Mrs Ngombu:	Well, like syphilis, a condom can only provide a barrier for sores that might be on the penis. But if there are sores around the genital area that <i>are not</i> covered by the condom, then yes, you can still get infected.
Awa:	So, the best thing to do is ask any potential sexual partner about how many people they have had sex with and whether they have experienced any symptoms. If the person has had <i>many</i> partners or has seen a blister around their genitals, then you are putting yourself at risk if you have sex with them. So, I'd say, <u>do not</u> have sex with someone like that!

Mrs Ngombu: That's right. But sometimes we make mistakes. So if you *do* start to feel a blister or sore around your genitals, get tested for herpes and syphilis. If you test positive, you then need to be honest with all sexual partners you may have in the future. When the blisters temporarily go away, you won't likely transmit the infection. That is the safest time to have sex and your partner can then decide if it is worth the risk.

Awa: That's good advice, Mrs Ngombu. You are very wise.

Mrs Ngombu Thanks. And I have one more STI that is transmitted through skin to skin contact. It is called the Human Papillomavirus. People call it HPV as well, but do not get it confused with HIV. It is very different! Like herpes and syphilis, HPV can cause blisters or warts around the genitals and if you come in contact with these, you can get infected.

Mohammed: And if you get HPV, what happens?

Mrs Ngombu Well, there are many different strains or types of HPV – most are very mild and your own immune system will make it go away. However, there are two types of HPV that are dangerous, and these can eventually cause cancer in women. There is a vaccine for these dangerous types of HPV, but it is not yet widely available in Sierra Leone.

Mohammed: Right, so the best way to protect yourself from HPV is to ask any potential sexual partner about how many people they have had sex with and whether they have seen any warts around their genitals. If the person has had *many* partners or has experienced any symptoms, don't have sex with them!

Mrs Ngombu You got it.

Mohammed: Wow. That's a good piece of advice. Thanks.

Awa: Great. And now I think it would be good for us to do a padi padi again to discuss what we've learned so far.

Mohamed: That's right. We've now learned a lot about syphilis, herpes and HPV, which all produce some sort of sore, blister or wart around the genital areas. These sores are highly infectious and if you come in contact with them with your own genitals, hands or mouth, you will likely get the STI.

Awa: Correct. So students, let's do padi padi again with a partner who you feel comfortable speaking with. We want you to discuss what you've learned so far about these STIs. Have you learned anything new? Do you have any questions? What will you do to prevent getting infected?

Mohamed: Okay everyone, you will have three minutes to discuss these questions. Are you ready? Padi-Padi now!

SFX: Background activity music for 2 minutes.

Mohamed: Club Leaders, we have 1 minute left!

SFX: Background activity music for 50 seconds

Awa+Mohamed: Club Leaders, we have 10 seconds left! We will start our countdown now. 10...9...8...7...6...5...4...3...2...1! Okay stop your Padi-Padi!

SFX: *Clapping and cheering*

Awa: Thank you, students. And thank you Mrs Ngombu for all this information. We've talked

about seven different STIs today and how we can protect ourselves from getting infected. Can we go over these protection strategies one more time?

Mrs Ngombu: Of course. Number one: the most *effective* way to protect yourself from getting an STI is to not have sex or genital contact with someone who could have an STI.

Awa: Which is abstinence.

Mrs Ngombu: Correct. Number two: Another effective protection strategy is to use a condom. Condoms protect against STIs that are transmitted through bodily fluids, such as HIV, Chlamydia, Gonorrhoea and Zika. But remember, condoms do not protect against *all* STIs.

Awa: That's right, because some STIs will be passed on through touching infected sores that might not be covered by a condom, which is the case with syphilis, herpes and HPV.

Mrs Ngombu: Correct. So number three: the best protection strategy in this case is to ask your partner how many people they have had sex with and if they have ever had sores around their genitals. If they have had *many* partners or if they have experienced *any* symptoms, ask them to get tested.

Awa: How many partners is too many, Mrs Ngombu?

Mrs Ngombu: That's a difficult question because it only takes one infected person to give you an STI. But generally, if a person who is under 25 has had more than 5 or 6 different sexual partners, then they have raised their chances of being exposed to an STI. That doesn't mean they automatically have one, but you should ask if they have always used a condom and if they have ever experienced any symptoms, like genital blisters, sores or pain when urinating.

Awa: That makes a lot of sense. And if you yourself experience any genital sores, blisters or painful urination, you should get tested yourself, right?

Mrs Ngombu: Yes. Early testing and early treatment reduces the consequences of most STIs. And if you *do* find out that you have an STI and get treated for it, it is your obligation to be honest with any future sexual partners about this.

Mohamed That's right. This is in line with RNRM – Respect your partner, say No at any time, Know the risks and prevention strategies, and have a clear Mind. If you have an STI, you should be honest with your partner so that they know that they risk getting it from you.

Mrs Ngombu: Yes. These ground rules are really good and very important.

Awa: Agreed. Now, Mrs Ngombu and Mohamed, we have covered a lot of information. I want to change things up a little bit and bring out a surprise for you both.

Mohamed Really?

Mrs Ngombu: Oh, I like surprises.

Awa: Yes – remember how we said that we would address some of the questions that we've collected from students about the sexual health topics from the last few sessions?

Mohamed Yep.

Awa: Well, I thought it'd be nice if we brought back an old friend to help us with the answers. Ladies and gentlemen, girls and boys, please welcome back - Dr Koroma!

SFX: Clapping and cheering. Maybe some fun music?

Mrs Ngombu: Ha ha! Hello Henrietta! It's good to see you...it's been too long! (*in Krio?*)

Dr Koroma: Patricia, yes, it's been too long! So nice to see you! (*in Krio?*)

Awa: That's right, I forgot you two were friends! I'm glad we could bring you back together!

Dr Koroma: Yes, we did our training on youth-friendly sexual health services together. We both believe it is very important for young people to have all the information and support they need...thank you for letting us help!

Mrs Ngombu: Indeed.

Mohammed: Awa, this was a great idea because we have a lot of questions that we've collected from students *all over* the country. Dr Koroma and Mrs Ngombu, shall we get started?

Dr Koroma: Yes!

Mrs Ngombu: Let's do it!

Mohammed: Right, I've got a bowl full of questions here. Some of the questions are about puberty, sex, contraception, STIs...and some other issues!

Mrs Ngombu: Not a problem.

Mohammed: Okay, Awa and I will reach into the bowl and read out a question for you two to answer. Is that okay?

Dr Koroma: Sounds good.

Mrs Ngombu: Let's get started!

SFX: Clapping and cheering.

SFX: Fun transition music

Awa: Okay, Mrs Ngombu and Dr Koroma, here is your first question that has come from a student in Kono...

Awa: This student says: I have heard that a condom can fall off during sex and be left inside of a woman. Is this possible? I've also heard that that the lubricant on the condom can be harmful and can leave the man and woman infertile. Is this true?

Mrs Ngombu: Henrietta, can I answer this?

Dr Koroma: Of course.

Mrs Ngombu: Thank you for this question. The first answer is – no, it is *not* possible for a condom to come off during sex and be left inside a woman's body. Condoms always have a tight fit around the penis and if it is correctly rolled all the way down to the base of the penis, it will not come off. And secondly, there is no chance that a condom or its lubricant will cause infertility. All types of contraception – like condoms, pills, injections or Captain Band implants are 100% safe and *will not* cause infertility in the future.

Mohamed: Great. Thank you. Okay, here is our second question that has come from a student in Kailahun...

Mohamed: This student says: I am 16 years old and have grown pubic hair and my penis has gotten larger. I sleep in the same room as my parents and have seen pictures of naked women and these things sometimes give me sexual feelings. Does this mean I should have sex?

Dr Koroma: This question reminds me of the discussion we had when we discussed puberty. During puberty, young people will experience physical and psychological changes as they transition into adulthood. Like this student, boys will grow pubic hair, they will feel sexual desire and get erections. This is all perfectly normal - but just because your body is changing into that of an adult *does not* mean that you *should* be having sex. Having sex first requires that the ground rules are met. Do you remember these?

Mohamed: I do! RNRM! Respect, say No at any time, know the Risks and have a clear Mind.

Dr Koroma: Correct. If a boy or girl *does not* feel that these ground rules are being met, then he or she *should not* have sex.

Mohamed: And Dr Koroma, RNRM applies to people whatever age they are. I've definitely used them to guide my actions as an adult.

Dr Koroma: Very good. And remember, my same advice applies to girls. Just because a girl starts her period and develops breasts, it *does not* mean she is ready to have sex. Before *anyone* is ready to have sex, they should be in a relationship where RNRM is in place.

Awa: Great. Thank you, Dr Koroma. Okay, here is our third question that has come from a student in Pujehun...

SFX: Drum roll and symbol

Awa: This student says: there is a girl in my school who is pregnant and she says that having a baby is a wonderful time in a woman's life and that it is better to have a baby young than wait until you are too old. Is this correct?

Mrs Ngombu: I'd like to answer this one.

Awa: Please do.

Mrs Ngombu: Having a baby can be a wonderful experience, but *only* if the woman *and* her partner, are old enough and ready to raise a child. Most teenage girls are not ready to be a mother. They still want to finish school, spend time with their friends, and pursue their goals. Many girls who become pregnant have to drop out of school because of social pressure, they have to take care of the baby or because school administrators force them to leave.

Dr Koroma: And teenage girls and boys still rely on their parents and caregivers emotionally and financially, so they are not financially ready to provide for their child.

Mrs Ngombu: Correct. And having a baby too young can be dangerous - girls who give birth before the age of 15 are 5 times more likely to die in childbirth than women in their 20's. And their babies are less likely to live beyond their first birthday.

Dr Koroma: I had my first child when I was 35 years old. My husband and I had achieved many of our career goals and we were financially stable so we could easily take care of our baby. You can have babies well into your thirties and motherhood is *much* better when you are socially and financially ready for it.

Mohamed: Absolutely agree. Thank you both. Okay, here is our fourth question that has come from a student in Moyamba...

Mohamed:	This student says: I'm from a poor family and I cannot afford to buy condoms from the local pharmacy. I could try to get free ones at a family planning clinic, but it is in town an hour away. My brother gave me a condom a long time ago – can I just wash it out and re-use it when I need to?
Mrs Ngombu:	The answer here is NO. No, you cannot wash a condom out and re-use it. It is made from very thin latex rubber which will tear if you use it again. And do not use a condom if it is too old! Condoms have expiry dates printed on the packet. If it is past the expiry date, the latex will have deteriorated and can likely tear. If you have a torn condom you have no protection at all!
Dr Koroma	And I appreciate that not everyone lives near a clinic that provides free condoms or contraception. However, would you rather spend two hours walking to get free condoms or spend <i>the rest of your life</i> supporting a child you are not ready for?
Mohamed:	Or spend the rest of your life getting treatment for HIV?
Mrs Ngombu:	Correct!
Awa:	Mrs Ngombu, is it okay for a girl to get a condom from the clinic and then ask her partner to use it?
Mrs Ngombu:	Absolutely! Girls are certainly allowed to take or buy condoms and they should <i>not</i> feel embarrassed to do so. Nor should they feel bad for asking their partner to use one. Even though a condom goes on a penis, it is designed to protect <i>both</i> the female and male from pregnancy and STIs. So <i>both</i> people should be able to get them and insist on their use!
Awa:	Great. Thank you. Okay, here is our fifth question that has come from a student in Tonkolili...
Awa:	This student says: I am 15 years old and my mother wants me to join the Bondo society. All of my friends are doing it and are pressuring me to join. They say that when you do Bondo, you will be clean down there, you will be a complete woman ready for marriage. Is this true?
Dr Koroma:	One activity in the Bondo society is genital cutting. This is when you cut off part of a girl's vagina. As a doctor, I can tell you now - genital cutting does not make you 'clean' down there. It does not make you hygienic, nor does it stop any itching or smells. Cutting off part of your vagina is like cutting off part of your finger - it is dangerous and can cause severe bleeding, pain and infections.
Mrs Ngombu:	And being cut does not make you complete or ready for marriage. You will be more complete if you finish school! And you'll be more ready for marriage if you are older and if there is RNRM in your relationship. There are millions of women who <i>do not</i> do Bondo who are complete and happily married. Like me.
Dr Koroma:	And me!
Awa:	And me!
Mohammed:	And my two sisters! My mother actually wanted them to join Bondo but they refused and stuck together. I supported them too and helped convince my mother that it wasn't necessary. They also supported each other when their friends made them feel bad for not joining.
Awa:	It is a tough situation for some girls, but if they know about the medical dangers that Dr Koroma discussed, they should explain these dangers to their parents. And if they know that millions of women in Sierra Leone and other countries <i>do not</i> do Bondo and are very happy and successful women, these girls should not feel bad if they do not join.

Mo + Dr Koroma + Mrs Ngombu: Agreed!!

Awa: Okay, I think it is time to wrap up! But first of all, I want to give an enormous thank you to Mrs Ngombu and Dr Koroma for joining us today. You have both been extremely helpful and have given us a lot to think about.

Mrs Ngombu: It has been my pleasure to be here and I hope students feel empowered to make some good decisions.

Dr Koroma: Yes, we wish students all the best and we hope we've given them some good information and advice. RNRM! Don't forget it!

Awa: Brilliant. Thank you. Okay Mohamed, would you like to recap what we discussed today?

Mohammed Sure. Today we went into more detail about STIs, which stands for Sexually Transmitted Infections. We learned about STIs that are transmitted through bodily fluids, like HIV, Chlamydia, Gonorrhoea and Zika virus.

Awa: And we learned that the best way to protect yourself from getting one of these STIs is by using a condom, because it creates a barrier that prevents bodily fluids from being transferred from one person to another.

Mohammed Correct. And we learned about STIs that are transmitted through skin to skin contact, like syphilis, herpes and HPV.

Awa: That's right – these STIs all produce sores or blisters around the genital area that are highly infectious, so if you touch them with your hand, mouth or genitals you will likely get infected.

Mohammed Right. And the best way to protect yourself is to ask your partner how many different people they have had sex with and whether they have had any sores around their genitals. If they have had many partners or have experienced any symptoms, make them get tested for STIs! Then *you* can decide if you want to take the risk of having sex with them.

Awa: And finally, we brought Dr Koroma back into the studio to do a question and answer session with Mrs Ngombu. We had lots of questions from students across the country and they gave us a lot of great answers.

Mohammed Correct.

Awanatu: Okay everyone, I think we can wrap up with some 'Reflection Time' now. We're going to take 30 seconds for everyone to sit quietly and reflect on what we've discussed today. Students, you can use this time to think about what you liked most about today's session.

Mohamed: I learned more about symptoms of STIs today, and I never knew Zika could be transmitted through sex.

Awa: Exactly. You can also use this reflection time to think about something that you found interesting or that you didn't know before.

Mohamed: I can think of a lot of new things I learned today. Can I tell my friends and family about them?

Awa: Of course you can. Please do! And students, you can also think about any questions you may have. Please write down your questions and give them to your Club Leaders after Reflection Time.

Mohamed: Will do.

Awa: Okay everyone, please be quiet now and enjoy your 30 seconds of Reflection Time.

SFX: Reflection Time music (30 seconds)

Awa: Okay, thank you for reflecting. Remember, if there was something that you liked from today's session – share what you learned with others. If there was something that you have a question about, I hope you wrote it down. Please give your questions to your Club Leaders now.

Mohamed: Now, we're going to have Question Time. Club Leaders, we're going to play the background music for three minutes and give warnings when you have one minute and 10 seconds left. Please read out any questions that you have received and see if anyone can help answer. If not, save the question and ask your Mentor for help.

Awa: If you can't finish answering *all* the questions during these two minutes, feel free to continue after the session if there is time. Ready? Club Leaders, please read out the first question!

SFX: Background activity music for 2 minutes

Mohamed: Club Leaders, we have 1 minute left!

SFX: Background activity music for 50 seconds

Mohamed: Club Leaders, we have 10 seconds left! We will start our countdown now.
Mohamed/ Awa together 10...9...8...7...6...5...4...3...2...1! Stop Question Time!

Awa: That was great. I think it is time to wrap up the session now. Did you have any other points to make?

Mohamed: Yes, I want to make sure that everyone promises to come to the next club session on time!

Awa: Agreed.

Mohamed: Club Leaders, could you please remind us of the day, time and place for our next session?

SFX (drums and pause for 3 seconds)

Mohamed: Thank you. Students, do you promise to be on time?

SFX (group of people shouting 'yes!')

Mohamed I didn't hear you!

SFX (group of people shouting 'yes!')

Mohamed: Great. See you then!

Awa: Okay, thank you again for your participation and we look forward to seeing you for our next session, which is called: **What are you thinking?**

Mohammed: That sounds interesting! What will we talk about?

Awa: We will explore some of the things that go through your mind in different situations. Just

as you learn more about your body, you can also learn more about how your mind works and how it influences you.

Mohammed: I am very curious now! I will definitely be there.

Awanatu: Great. Hope to see you all at the next session!

Mohammed: See you all soon! (in Krio)

SFX: Closing music (2 minutes)