

# **LIFE SKILLS MANUAL**



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# ACKNOWLEDGMENTS

This *Life Skills Manual* was compiled and adapted from excellent materials created by the following organizations: World Health Organization; United Nations Educational, Scientific and Cultural Organization (UNESCO); Alice Welbourn and ACTIONAID; the Curriculum Development Unit, Ministry of Education, Zimbabwe; and UNICEF, Harare. We gratefully acknowledge the talent and skill of the authors of those materials.

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**PART I:**  
**THE LIFE SKILLS PROGRAM—**  
**BACKGROUND AND INTRODUCTION**





# WELCOME TO THE LIFE SKILLS PROGRAM!

Are you a health worker struggling with the rising rates of Human Immuno-Deficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS), Sexually Transmitted Diseases (STDs), unwanted pregnancy, or maternal mortality? Are you a teacher working daily with young people who seem to have little direction, leave school due to pregnancy, or get in trouble for drinking alcohol or smoking chamba (marijuana or Indian hemp)? Have you been providing health information for years and yet see no positive change in your community? Are you a parent, community volunteer, or concerned community leader fearful of the toll HIV/AIDS and alcohol/drug abuse are taking on your area? Are you a young person ready to do something to help lead your friends into a brighter future? If you answered “yes” to any of the above questions, the Life Skills program might be for you.

## THE LIFE SKILLS CONCEPT

The Life Skills program is a comprehensive behavior change approach that concentrates on the development of the skills needed for life such as communication, decision-making, thinking, managing emotions, assertiveness, self-esteem building, resisting peer pressure, and relationship skills. Additionally, it addresses the important related issues of empowering girls and new values for boys. The program moves beyond providing information to the development of the whole individual—so that a person will have the skills to make use of all types of information, whether it be related to HIV/AIDS, STDs, family decision-making, safe motherhood, other health issues, or any relevant data. The Life Skills approach is completely interactive, using role plays, Forum Theater, games, puzzles, group discussions, and a variety of other innovative teaching techniques to keep the participant wholly involved in the sessions.



## BACKGROUND TO THE LIFE SKILLS PROGRAM IN MALAWI

Mzimba boma, a town in Northern Malawi, was identified in late 1995 as a pilot area for the new philosophy of Sexual Health. Through a series of Peace Corps sponsored training of trainers (TOTs) in Tanzania and Malawi for Peace Corps Volunteers (PCVs) and health workers, a number of people from all over the country learned how to implement the program.

In 1996, the Sexual Health Program was implemented as a pilot project in the four secondary schools in Mzimba boma through Tovwirane Centre with start-up financial support from Strategies for Action, a non-governmental organization (NGO). The program was implemented by two Volunteers working with Tovwirane Centre. The headmasters and teachers of the four schools were trained in the model, and although the program was well received, it was very clear that some serious modifications had to occur. In general, community leaders were offended and concerned by the Sexual Health approach, but seemed to be very interested in the Life Skills model. After some quick modifications to the program based on this feedback, 12 peer educators (three in each school) were chosen and trained as trainers in the Life Skills program. These 12 peer educators conducted weekly sessions in their respective schools around these Life Skills topics throughout the year.

The success of this pilot project prompted the decision to introduce the Life Skills program in targeted areas in Mzimba district. With financial support from UNICEF, eight sites were chosen based on their high incidences of maternal mortality. A Knowledge-Attitudes-Practices (KAP) survey was conducted in those areas to determine a baseline for this program. The results of this KAP survey were disseminated to the eight health centers and were used to tailor the Life Skills program to the respective sites.

A TOT was held in Mzimba in January 1998 with funding from UNICEF. Three facilitators trained the group. Twenty-four participants were chosen based on their perceived ability to work with the youth. An effort was also made to ensure an equal gender mix among facilitators. Two trainers were chosen from each of the eight health centers. Eight district-level trainers were chosen also, one for each health center. The idea was for maximum support at the district level. Each District facilitator was responsible for the success of his/her health center program.

These 24 trainers then went to the health center areas and conducted trainings for community leaders and for peer educators. Life Skills sessions continue in each of these areas under the direction of the health center trainers and the peer educators.

In addition to the implementation of Life Skills at a district level, the program became the central theme in all Youth Technical Subcommittee (the youth branch of the AIDS prevention program) trainings and Out-of-School Youth Club trainings throughout the district. Life Skills has complemented or replaced Edzi Toto (anti-AIDS) clubs in parts of the district.

While the program was developing in Mzimba district, peer education and Life Skills Programs were also springing up in other parts of Malawi. Such programs are currently running successfully in six areas. In particular, Peace Corps/Malawi Women In Development (WID) has done a great deal of Life Skills programming, including a girls' retreat in the north, which led to the creation of 16 girls' clubs in the region, and Life Skills retreats in the central and southern chapters.

In late 1999, UNICEF and the World Bank were to introduce Life Skills into the curriculum in Malawi's schools.

Whenever the program is introduced and implemented, it seems to be received with much excitement. The rate of HIV and STD infection is growing steadily and the future of Malawi's youth is threatened by unwanted pregnancy, and alcohol and chamba use. Community leaders, teachers, and health workers are looking for answers. Only time will tell if this program will prove effective in changing behavior, but with the help of every teacher, parent, community leader, health worker, and concerned individual, perhaps Life Skills can positively affect the lives of those building the future.

## ABOUT THE MANUAL

The manual consists of over 50 different lesson ideas that you can use with any group—anti-AIDS clubs, girls' clubs, boys' clubs, youth clubs, women's groups, and so forth. The manual is written with a strong bias towards youth work. These lessons are quite easy to adapt to any age, however. In addition to the lesson plans, some “lessons learned” regarding peer education are included, as are some sample schedules, and tips to facilitators. The lessons are grouped roughly according to an identified Life Skill, but you can present them in whatever order you choose. It may be best to do an exercise or two from each “skill” as a preview and then delve deeper into each of the areas later.

The “Facing Facts About HIV/AIDS and STDs” section was written in Peace Corps/Washington by an Africa regional Health Specialist. While written with peer educators in mind, the information in this section is crucial to facilitating all other sections. If you are about to begin the program, it is suggested that you learn this section well, so that you will be able to answer the many questions that will arise regarding HIV and STDs. If you have any questions or need clarification regarding this or any



other health issue addressed in the book, it is recommended that you contact the National AIDS Control Program in your country for up-to-date information or refer to any of the Web sites listed in the “Facing Facts” section in Part II. If you are a Peace Corps Volunteer, you may also contact your Associate Peace Corps Director (APCD), health trainer, or the Peace Corps Medical Officer (PCMO) for more information.

# LESSONS LEARNED

## LESSONS LEARNED—TIPS FOR IMPLEMENTING LIFE SKILLS

Below are some suggestions for effectively implementing a Life Skills program in your area:

- Before implementing the program, perform an assessment such as a survey or a focus group discussion to help tailor the program to specific community needs. The “Assessments and Evaluations” ideas in the next section may be useful in helping you structure your community assessment.
- Always train community leaders first. Our community leader trainings have proven invaluable in keeping the program supported. If your training is going to be with school students, train the headmasters and teachers first so that they will understand the program and help in the implementation. Some wonderful things can happen if the community gets energized to do Life Skills. They may even start programs within their own populations—in churches, women’s groups, and so forth.
- Consider all of the positives and negatives before deciding whether to incorporate peer educators into the program. A peer educator approach may not be right for every situation. Make sure you will be able to support your peer educators before embarking on such a program. It is possible to do Life Skills without peer educators. For a discussion on the pros and cons of peer educators, see “Peer Education” (Part II).
- If you do decide to work with peer educators, be sure to send letters home to parents about the program. Let them know exactly what you are doing. Be upbeat and congratulate them that their son/daughter was chosen for such an important program. Remember to write in local language!



- Do not limit your Life Skills approach to youth only. Life Skills can be implemented in so many different populations! Adapt, adapt, adapt!
- Most of these materials had to be translated into Chitumbuka (Mzimba's local language) before we could use them in Mzimba. Consider the language your community or particular group is most comfortable with and translate the key learnings into that language.
- Be very conscious of the gender division of your facilitators. Having an equal number of men and women can be much more powerful for the sessions than merely *talking* about gender equality. It also helps by introducing everyone's perspective on the topics and by demonstrating the crucial life skill of interacting well with the opposite sex.
- Consider implementing Life Skills in your everyday work. If you are a teacher, try to include skills development approaches in your classes. If you are a health worker, adapt training programs to include these ideas. The "About the Manual" section in Part I contains some ideas regarding implementation of the program in your community.
- If you are surprised that the emphasis on HIV prevention espoused in this manual is not on exploring alternatives to sex and other issues around sexuality, do not be concerned! We found that when we set out to talk about sex, we got little cooperation from participants. But when we were talking about other issues such as communication, relationships, and so forth, sexuality always came up. An "indirect" approach may be more culturally appropriate.
- Once your program or your peer educators are working well at the secondary school or teenage level, consider sending them into your local primary school to conduct sessions with the later years of elementary school.
- For sensitive topics, it may be best to separate into single-sex groups to encourage better participation from both girls and boys. It is important, however, for them to come back together and present their ideas to each other. This sharing of information between sexes and attempting to work together comfortably is essential to the program.
- Start morning and afternoon sessions with warm-ups or fun energizers.
- You may not need money or resources to implement this program on the local level. If you are working within a school, you might make Life Skills activities part of your Edzi Toto (anti-AIDS) club. If you are working at the community level, Life Skills sessions may be part of your daily or weekly group activities—in churches, women's groups, AIDS committees, or wherever!

- If you are working at the district level or other area where funding is really necessary for trainings, some organizations that might be supportive include UNICEF—especially the Youth Reproductive Health Project, the NGO Strategies for Action/ActionAID, the International Women’s Association, Peace Corps Small Projects Assistance (SPA), and local clubs such as Rotary or Lion’s Clubs.

## LESSONS LEARNED—ASSESSMENTS AND EVALUATIONS

Although Peace Corps Volunteers (PCVs) and health workers typically conduct Participatory Rural Appraisal (PRA), Participatory Analysis for Community Action (PACA), or other needs assessments when they are first posted to their sites, many resist the idea of conducting assessments before beginning a program like Life Skills. With only two years to implement projects, Volunteers often feel that time does not permit additional assessment activities. Similarly, health workers and teachers in the field are already overburdened with work and not enough time to complete it; they may be unwilling to begin each new program with an assessment of the community. Although these concerns are valid, it is crucial for the success of any behavior change program that the facilitators have an understanding about the attitudes in communities in which they serve. Assessments are thus an important first step in beginning any program.

### HOW DO ASSESSMENTS HELP?

- An assessment of the community before implementing the Life Skills program can help you to
  - Raise awareness of key issues before beginning the program.
  - Network with community leaders and members.
  - Determine the current level of understanding of the issues addressed by Life Skills in the community. This will provide a baseline to help you to measure behavior change that might occur as a result of the program.
  - Discover the most appropriate subgroups in the community in which to target the program, for example women’s groups, out-of-school youth, girls’ clubs, church groups, and so forth.
  - Tailor the Life Skills program to meet the needs of the community.
- Short reassessments at various points in the program can
  - Indicate the strong aspects of the program, as well as those that might be improved.



- Help you determine new priorities and approaches.
- Bolster your confidence and renew your energy as you see the program begin to work!
- If the program is about to end or transition, an evaluation can
  - Help determine to what degree the project has achieved knowledge, attitude, skills, and behavior change in the community.
  - Point to any changes that could be implemented to improve the program.
  - Indicate whether or not the program is an effective tool for behavior change.
  - Provide guidance in terms of how the program might be replicated in other areas.
  - Be used to secure donor funding to continue or expand the project.
  - Renew the energy and strengthen the confidence of those who have worked on the project.

### **ANY SUGGESTIONS ON HOW TO CONDUCT AN ASSESSMENT FOR THE LIFE SKILLS PROGRAM?**

Your assessment might be different depending on whether you are working at the local, rural level, or at a small town, or district office. Also, school-based programs might have different types of assessments than Health sector projects. The experience in Mzimba was in implementing the Life Skills program into four local secondary schools using written questionnaires as an assessment tool before expanding the project through the district hospital to eight health center areas, using Knowledge-Attitudes-Practices (KAP) focus group discussions as an assessment method. The school assessment was accomplished locally, with little donor funding, while the district-level assessment was a large, UNICEF-funded project requiring more resources. These two examples are described on the following page. However, remember that assessing a small, rural community or limiting the scope of the program to a specific group would allow for less elaborate needs assessments and less need for funding.

### **WRITTEN QUESTIONNAIRES—THE LOCAL MZIMBA EXPERIENCE**

The community volunteers in Mzimba were already well-known to the local secondary schools before the start of the Life Skills program. The volunteer educators from Tovwirane Centre had conducted HIV/AIDS information sessions for several years before attempting to enter the schools with a Life Skills program.

We believe that the constant contact, networking, and assistance from the school administration and teachers were invaluable in implementing the program.

If you are relatively new to the area, the time you invest in getting to know the community leaders and the local culture will pay off in their respect for you and willingness to work with you on such projects. Spending the first few months of placement at a new site drinking tea with nurses and teachers, chatting by the borehole and at the market, and engaging in community activities may seem wasteful to those with Western-minded ideas of productivity, but they may make all the difference in terms of your acceptance in the community, ability to implement behavior change programs, and gaining assistance with new initiatives.

The Mzimba volunteers felt that they should conduct an assessment of the secondary school students, both to determine their needs for starting a Life Skills program, and as a means to justify such a program to the teachers and headmasters. The community volunteers felt that these school leaders might be in denial about the prevalence of sexual activity at the secondary school level, and, therefore, that they would believe such a program was unnecessary.

The volunteers received permission from the headmasters to distribute a short written questionnaire to the schools. This survey was completed by students from Forms 1 through 4 (the four years of high school), and included questions regarding students' sexual activity, drug activity, knowledge of HIV and STDs, and questions regarding students' opinions about future goals, friendships, marriage, and so forth. When designing such a written survey for your own area, you might want to consider the following:

- Keep it short so the students will be encouraged to answer it.
- Be sure that you understand the literacy levels of the groups surveyed.
- Make it anonymous so that students will be more comfortable being honest.
- Write the questions and accept answers in the local language—especially for Forms 1 and 2 (first two years of high school).
- Discuss local prevalence of STD infection, early pregnancy, and other health-related issues with a local nurse or health worker to ascertain which issues might be best addressed in the questionnaire.
- Avoid language that might be acceptable in English but could be considered offensive in the local language and tradition.



- Assess the resources available. Will you have enough paper to conduct such a survey? Do students have pens and pencils, or should you provide them?

Additionally, if you are a PCV, the advice and wisdom of your counterpart is of great importance in terms of how best to approach the community. Consider what methods of survey distribution might be most effective. If you distribute them yourself, the fact that you are an American might lead to different responses than if your counterpart, a community volunteer, teacher, or health worker conducted the surveys. Your status as an outsider may bias the collection of information. On the other hand, this may work in the opposite direction. If the headmaster or an authority figure in the community distributes the survey, students may be hesitant to be honest about issues of sexuality and drug use and be more likely to produce expected, or culturally acceptable, answers to the questions. Discussions between you and your counterpart and other respected community contacts may help determine the best course of action.

After collecting the surveys and compiling the results, it is important to report back to all parties involved. Communities are often studied by donor organizations and development agents, and a frequent, justified concern is that these groups collect information without respecting the communities enough to report back and engage community leaders in discussions about the results.

Reporting back may take the form of published reports to headmasters, teachers, important community leaders, donors that might have funded the project, and other contacts in the area. The Mzimba volunteers found it most effective to provide a report along with a letter suggesting a meeting time and place to discuss the results. If you intend to have a community leader training, teacher training, or training of trainers, it may be most effective to schedule this meeting regarding the results of the survey for the first “Motivation” day of training, or for the last “Application” day.

In these action planning meetings, be respectful of the enormous wisdom of community leaders. These individuals have been intervening in problems far longer and probably with more success than any outside health worker or teacher. Simply provide the information collected in the surveys and facilitate a discussion on the implications of the data for the young people and the community as a whole, especially in relation to health, HIV/AIDS, and the long-term survival of the community. This information and discussion often is powerful enough to spark debate, suggestions, and a commitment to intervention.

A note to PCVs: The less involved you are in these discussions, the better. These are community problems, and it is best simply to assist in facilitating the discussion, rather than to provide overt

suggestions for change. Community leaders frequently are silenced by the sometimes arrogant approaches of donors and outsiders. Since you have, in all likelihood, initiated this meeting and possibly provided refreshments, there might already be a strong impression that you have an agenda here and that you expect that agenda to be a new approach to these issues. It is often the most difficult challenge for eager and enthusiastic new Volunteers to withhold their many ideas for helping. But this is often one of the most rewarding aspects to the Peace Corps—earning the respect and learning the wisdom of local leaders and beginning to truly understand grass-roots change. Building the program together will make it much more effective, even if the initial ideas seem contrary to your personal beliefs.

For example, most Americans cannot imagine an HIV/AIDS program without overt discussions of alternatives to penetrative sex, diagrams of body parts, and frank discussions about sexual activity. To many local cultures, this approach is anathema, and can lead to a rigorous resistance to the program. This was one of our most difficult “lessons learned” in Mzimba, as we began the program by calling it “Sexual Health,” in and of itself an offensive notion to the community. Our program was graphic and frank about sex, and it was completely rejected by the community. By listening to the advice of community leaders and respectfully adapting the program to a fuller focus on Life Skills, we managed to gain acceptance and support from the entire community, yet discussions about sex arose in each and every session. Whether the topic was communication, decision-making, thinking, emotion management, or relationship skills, the underlying and then overt focus was always sexuality. The discussion arose naturally from each group and was thus much more culturally acceptable in Mzimba’s indirect society than our original approach would have been. (Nevertheless, there have been 10 new, important HIV/AIDS sessions added to this manual. They contain critical information for all trainees of Life Skills, and may be appropriate to include at certain places within your programs.)

When using the questionnaire approach, it can be relatively easy to evaluate the project at various points in its implementation. You might simply reword the survey and ask the same questions at a later date, comparing the responses with the baseline questionnaire. This provides a rapid and quantifiable mechanism for measuring knowledge and reported attitudes and practices.

Using written questionnaires has the limitation of gathering more statistical data than deeper understanding of participant’s knowledge, attitudes, practices, and perspectives. To achieve richer, more qualitative information, you may find it useful to engage in focus group discussions.



## **KAP FOCUS GROUP DISCUSSIONS—THE MZIMBA DISTRICT EXPERIENCE**

After the local program was in place and had been achieving some success for about a year, the need in Mzimba's most remote rural areas became so pressing that district-level workers decided to attempt to replicate the program in the eight most burdened health center areas. These eight areas were chosen because of their high incidences of maternal mortality and STD infection, which were assumed to be good indicators of the need for behavior change programming.

Focus group discussions were conducted in each of these health center areas as a first step to implementing the program. We began the process with a training to prepare facilitators to conduct a KAP survey. Questions were created with these facilitators who were clinical officers, nurses, and health extension agents familiar with the local communities. The facilitators were encouraged to allow the discussion to take on the form of a conversation, taking their cues from participants regarding areas to emphasize. Some of the questions they used to lead the discussions are listed below. Modify or add other questions according to the issues of your group.

When the KAP survey facilitators went into the field, they traveled as a unit of three people—one older male health worker, one older female health worker, and a younger man or woman who was involved with youth programs. Focus groups were conducted in such sets of three; the older male met with the men in the community, the female met with the women of the community, and the younger member of the team met with a mixed-gender group of youth. Each discussion was held over the course of a half-day, and all conversations were taped and transcribed. The results were translated and compiled into a report to be used in the training of trainers (TOT) for implementing the Life Skills program in these health center areas.

The TOT brought together district-level facilitators (clinical officers, nurses, health extension agents, and community volunteers) with health workers drawn from the eight areas in which the program would be implemented. All TOT participants were provided with the transcripts of the focus groups for their areas before the sessions so that they would have an opportunity to read and think about the responses. The KAP survey transcripts became an integral part of both the motivation session on the first day of the TOT, and the implementation sessions on the final day of the TOT. The new trainers attempted to tailor the general principles of the program to the specific needs of the community by using the information provided by the survey results.

The KAP survey transcripts also became an important part of the training of community leaders in each of the areas. Presenting the

issues raised in the focus group discussions to the community leaders was a powerful way to motivate them to create and support strategies for dealing with problems identified by their community members. Community leaders often took on other projects based on the data collected in the KAP survey, creating interventions at the levels of church or chief to deal with some of the issues raised.

Based on the experiences with the two kinds of needs assessments, the Mzimba facilitators believed the focus group discussions were a much more effective strategy for understanding the issues at work in the community. The qualitative feedback afforded by a conversation was much more powerful than a written tool, which can often be limiting in the amount of information collected. We would suggest using focus group discussions or other methods of participatory assessment, such as those discussed in the Peace Corps' *Participatory Analysis for Community Action (PACA) Manual*, which is available in Peace Corps country offices or through the Information Collection and Exchange (ICE) catalog (M0053).

### **Sample Focus Group Questions**

- What are the signs of an STD?
- What should you do if you see such signs?
- How can we prevent STDs?
- How is HIV/AIDS transmitted?
- Can we identify HIV positive (HIV+) people by looking at them?
- Is there a cure or any treatment for HIV/AIDS?
- If someone has an STD, is there a greater chance of getting HIV/AIDS?
- Are condoms reliable?
- If a mother is HIV+, should she breastfeed her baby?
- If two people are HIV+, should they get married? Have a baby?
- What is the best protection from STDs and HIV/AIDS?
- How can we defeat HIV/AIDS?
- Is it proper for a wife to ask her husband to use a condom?
- Is it proper for a wife to ask her husband for sex?
- Who is responsible for making decisions about the family?
- When is it best for a woman to have her first child?
- When is it best for a woman to have her last child?



- When should an expectant mother begin to go to the antenatal clinic?
- How often should an expectant mother visit the antenatal clinic?
- What happens if a woman finds herself pregnant before she starts menstruating?
- When can a mother and father begin to have sex again after the birth of a child?
- Why do women prefer delivering at home or with the traditional birth attendant rather than in the hospital or clinic?
- What procedures are followed at antenatal clinics?
- Is any medication given at the antenatal clinic?
- What worries an expectant mother during her pregnancy?
- Who is responsible to prevent maternal death?
- What are the main causes of maternal death?
- Do many women in the area give birth to dead babies?
- Who is responsible to stop this?

## LESSONS LEARNED—TIPS FOR FACILITATORS

Here are a few ideas to make your facilitation smoother and more effective:

- Drama! Be lively and creative in front of your group. Use many different tones of voice, move around, act things out—have fun!
- Summarize your points on a flip chart or blackboard, if possible. Use different colored pens and/or chalk as you summarize.
- If working with flip charts, hang those pages you have finished at different places throughout the room so that participants can refer back to them throughout the day/session.
- Leave the “Bridge Model” (Session 1 in Part III) posted on the wall through every Life Skills session. You will find you constantly refer to it.
- Try using a “Mood Meter” every day to gauge how your participants are feeling. A mood meter is a sheet of paper with three faces drawn on it—one is a very happy face, one has no expression, the other is sad or angry. Post the “Mood Meter” at the door for participants to tick (check) on their

way out. This provides a quick method of evaluating how the session's topic was received.

- Monitor how your group is feeling, have an alternative to teach the same subject, and change styles as needed.
- Pay attention to the scheduling of your sessions. Sessions near the end of the day or after meals should be lively to keep people awake. One session should move logically into another session.
- It may be helpful to structure the flow of your training into the following broad approaches: 1) motivation, 2) information and skills, 3) practice, and 4) application. Start your programs with sessions that motivate participants to want to learn. Why are you implementing this program? What are the issues identified by the community? Help your participants see the need for the sessions. Examples might include starting with the impact of AIDS or the consequences of teenage pregnancy. Then move to providing information and skills. This is the meat or essence of the session—the actual subject matter. Topics might include basic facts about HIV/AIDS, or any of the Life Skills sessions on communication, decision-making, and so forth. The third step is practice where you provide opportunities for your participants to practice the information and skills you have been exploring. Finally, move to application. How will participants apply this program in their own lives? In their communities?
- Collect resources on the day's subject and create a resource table at the back of the room for participants to peruse during breaks.

## LESSONS LEARNED—OPPORTUNITIES FOR IMPLEMENTING A LIFE SKILLS PROGRAM

One of the greatest benefits of the Life Skills approach is that the sessions are adaptable to many different contexts, and can be used to meet many different needs. The program is most often used with youth groups, both in and out of school. Girls' clubs, boys' clubs, anti-AIDS clubs, and out-of-school-youth groups are all natural venues for integrating a Life Skills program. We also have found that community leaders, health workers, and teachers have been very creative with their adaptations of the program, especially the use of the "Bridge Model," to meet many different needs. Some suggestions are listed on the following page. We encourage you to be creative in adapting the program to meet the specific needs of your area.



- **WOMEN'S GROUPS**

Whether through agricultural cooperatives, church groups, or widows' associations, the Bridge Model and the Life Skills approach can focus on whichever planks in the bridge that women need to consider when building a bridge to a more positive future. The planks might become microcredit opportunities, farm inputs, skills training, self-esteem building, and so forth, with those topics becoming the basis for the sessions to follow.

- **MEN'S MOTIVATION GROUPS**

We found it very important to involve men in personal ways when beginning any discussion about gender roles, specifically as they related to family decision-making, maternal health, and transmission of HIV/AIDS. One of the biggest pitfalls in working on gender issues is that many approaches attempt to raise awareness among women, yet ignore the men who are really in the positions to make decisions in the family. We suggest creating male motivation groups, in which responsible, committed male community leaders facilitate a version of the Life Skills program with the men in the community. By appealing to some of the gender roles of men, these sessions are able to focus on the responsibility that men have for the health and welfare of their families. We found that this approach to behavior change, in concert with women's and/or youth groups, has been much more powerful than one type of program alone.

## SAMPLE SCHEDULES

- **DISTRICT AIDS COORDINATING COMMITTEES (DACCs), COMMUNITY AIDS COORDINATING COMMITTEES (CACCs), AND TECHNICAL SUBCOMMITTEES (TSCs)**

One of Malawi's approaches to HIV/AIDS is to coordinate all anti-AIDS activities through central committees like DACCs, CACCs, and TSCs, like the Orphan Technical Subcommittee or the Youth Technical Subcommittee. Often involving high-level professionals from a variety of ministries, these committees can offer a great deal of support and expertise in the fight against HIV/AIDS. Incorporating the Life Skills program into the work of these committees proved to be a powerful collaboration in the Mzimba example, and one that could be easily replicated in other districts.

- **PEACE CORPS' PRE-SERVICE TRAINING (PST)**

Incorporating the Life Skills approach into Pre-Service Training for all Volunteers, especially those from the health and education sectors, can offer new Volunteers a practical framework through which to view their assignments. We incorporated a full Life Skills training of trainers (TOT) into the week-long counterparts' conference in which Trainees met their new counterparts, which provided an opportunity for both Trainees and professionals from the ministries to consider integrating the program in their future work.

- **WOMEN IN DEVELOPMENT (WID) OR GENDER AND DEVELOPMENT (GAD) PROJECTS**

Peace Corps/Malawi's WID chapters incorporated the Life Skills approach into a number of their leadership and development projects with young girls, women, and boys. Exercises from the *Life Skills Manual* were used in a girls' retreat, a leadership training, and even in some of the Habitat for Humanity projects that WID sponsored with local girls.



- **PEOPLE LIVING WITH HIV/AIDS GROUPS (PLWHA) OR AIDS SUPPORT ORGANIZATIONS**

The “Bridge Model” (Session 1 in Part III) can be adapted to explore the planks that HIV positive people might develop in order to remain healthier longer and to manage their infections. For example, some planks might become good nutrition, using condoms, emotional support, or even writing a will.

When implementing a Life Skills program, we recommend that you begin with a discussion of the “Bridge Model” and the Life Skills approach, followed by a preview of each skill—Communication, Decision-Making, Thinking, Relationships, and Emotion Management. With this framework in mind, you can then go back and delve more deeply into each topic area. When you have only a limited time to introduce the topic of Life Skills, you may wish to pick the sessions from this book that are most appropriate for your community. The suggested schedules that follow are merely intended as examples. As with all aspects of the Life Skills program, they should be adapted to make them appropriate to the local situation.

## **SAMPLE SCHEDULES—TRAINING OF TRAINERS (TOT)**

Most of our TOT programs were about five days. Choose your trainers well. Teachers, nurses, health assistants, clinical officers, medical assistants, and AIDS center volunteers all can make good trainers if they have a natural ability with, or interest in, youth. The approach used in this TOT is for the facilitators to actually experience the program by doing the sessions. As they proceed through the program remind them that they will be training the same sessions. They should constantly reflect about how they will present the sessions, including ways to improve them. Time to discuss their reflections, ideally, would be a part of each day’s schedule.

A suggested schedule is as follows:

### **DAY ONE**

1. Warm-up
2. Opening Session including Self-Introduction, Title Throw-Away, Expectations, Review of Schedule, Ground Rules
3. Official Opening by District Health Officer, District Education Officer, In Charge of the Health Center, Chief, or Other Official
4. “Exchanging Stories (The Impact of AIDS Variation)” (Session 4 in Part V)

5. Film, “Consequences” and/or “Yellow Card” and discussion, or use “Consequences of Teen Pregnancy” (Session 9 in Part V).

*Trainer notes: “Consequences” is a film on unwanted teenage pregnancy, and “Yellow Card” is about male responsibility for teen pregnancy. It is available in AIDS resource centers throughout Malawi, or by contacting the National AIDS Control Programme, Ministry of Health, P.O. Box 8204, Causeway, Harare, or Media for Development Trust, 19 Van Praagh, Milton Park, Harare, Zimbabwe <Mfd@samara.co.zw>*

*This schedule assumes that health workers are the participants in the TOT. If this is not the case, you may wish to incorporate a variety of the sessions from the “Facing Facts about HIV/AIDS and STDs” (Part II) in the overall training design. You might also use a test on the first day to assess how much time you will need for these types of sessions.*

## **DAY TWO**

1. Warm-up
2. “The Bridge Model: How do we build a bridge from information to behavior change?” (Session 1 in Part III)
3. “Introduction to Life Skills” (Part III)
4. Communication Skills: “The Communication Puzzle” (Session 1 in Part IV)
5. Decision-Making Skills: “Steps in Making a Good Decision” (Session 1 in Part V)
6. Thinking Skills: “The Devil’s Advocate Game” (Part VI)

## **DAY THREE**

1. Warm-up and Review of the “Bridge Model”
2. Relationship Skills: “The Best Response Game” (Session 1 in Part VII)
3. Relationship Skills: “Peer Pressure Role Plays” (Session 2 in Part VII)
4. Emotion Management Skills: “Oh! Henry! and Managing Emotions Gallery Walk” (Part VIII)
5. Review of Facts: STDs, HIV/AIDS, Family Decision-Making, Safe Motherhood using the True/False Game from “Facing Facts About HIV/AIDS and STDs” sessions (in Part II)

## **DAY FOUR**

1. Warm-Up
2. “Bringing It All Together—Forum Theater” (Part IX)
3. “What are Gender Roles?—Gender Cards Exercise” (Session 7 in Part VII)



4. “Gender Picture Codes and Role Plays” (Session 8 in Part VII)
5. Film: “*These Girls Are Missing*” (optional)

*Trainer notes: This film is an excellent look at some of the challenges for girls’ education. It should be available at the Peace Corps Resource Center with a session plan. The session plan also is in **Girls Education; Booklet 3, ICE #M0054.***

### **DAY FIVE**

1. Warm-up
2. Peer Educators’ Sessions (Part II)
3. Review of Assessments

*Trainer Notes: Whatever method you used to assess the community might be presented to the new trainers so that they may strategize regarding the best approaches to use in their communities.*

4. Implementing Life Skills in the Community
5. Review of Session Ideas and Techniques from the **Life Skills Manual**
6. Closing Ceremony and Presentation of Certificates

## **SAMPLE SCHEDULES—COMMUNITY LEADERS’ TRAINING**

A training for community leaders might be about the same as a TOT, but the emphasis would be on content rather than how to train others. References would be how to help the youth or other members of the community understand the concepts. If you are unable to have a full five-day training, you might cut some of the following sessions: “Review of Facts,” all films, and most of the implementation sessions at the end. You also can shorten the Life Skills part—cut one of the Relationship Skills or combine Emotion Management with Forum Theater. We recommend you include either “Whose Rights and Who’s Right?” (Session 11 in Part VII) or the “Game of Life” (Session 12 in Part VII). Also be sure to provide time to review the assessment and have the community leaders determine strategies to address the issues raised in the assessment. You may find it is more useful to do this on Day One as part of “Motivation,” particularly if the findings are upsetting or surprising.

If you are working with peer educators, it is crucial that you schedule some time on the last day to do a session about peer education and to address how you and the community leaders together can choose the proper young people for this role. Be very clear about what you want from the peer educators before this session, but be flexible enough to adapt to what the community leaders want.

## SAMPLE SCHEDULES—PEER EDUCATORS

In many ways, this may be your most important training. Everything may take longer in this session than in other training sessions, as you should spend extra time to emphasize the issues and techniques. Warm-ups should be longer and more lively, and breaks more frequent. Young people need to keep moving and stretching! You can do more role playing in the peer educator sessions—most love dramas!

The sample schedule is 10 days. It may be impossible to do such a lengthy training all at one time. Options include conducting training on the weekends over a four- or five-week period, or training your peer educators over many weeks after school.

It is very important that you give the peer educators time to digest and internalize the ideas, especially the “Facing Facts about HIV/AIDS and STDs” sessions in Part II, and that you give them time to practice facilitating sessions. You may wish either to cover the facts about HIV/AIDS consecutively until all 10 sessions are finished, or you may wish to add one or two sessions a day as you discuss Life Skills.

### DAY ONE

1. Warm-up
2. Opening Session including Self-Introduction, Expectations, Review of Schedule (including the sample teaching session), Ground Rules, and, possibly, Official Opening
3. “Exchanging Stories—Role Models/The Person I Admire” (Session 4 in Part V)
4. Why Use Peer Educators? (Part II)
5. “Facing Facts about HIV/AIDS” (Session 1 in Part II)
6. Film, “*Consequences*” or “*Yellow Card*” and discussion, or use “Consequences of Teen Pregnancy” (Session 9 in Part V)
7. Introduce journals and if possible, distribute written information about HIV/AIDS, family decision-making, STDs, and so forth. Give “Who Am I?” as a journal assignment.

### DAY TWO

1. Warm-up
2. “The Bridge Model—How Do We Build a Bridge From Information to Behavior Change?” (Session 1 in Part III)
3. “Introduction to Life Skills” (Part I)
4. “Identifying the Missing Element” (Session 2 in Part III)
5. “Facing Facts about HIV/AIDS” (Sessions 2 and 3 in Part II)



**DAY THREE**

1. Warm-up and Review of the “Bridge Model”
2. Communication Skills: “The Communication Puzzle” (Session 1 in Part IV)
3. Decision-Making Skills: “Steps in Making a Good Decision” (Session 1 in Part V)
4. Tonight’s Assignment: Decision-Making Skills Journal Questions
5. Relationship Skills: “The Best Response Game” (Session 1 in Part VII)
6. Thinking Skills: “The Devil’s Advocate Game” (Session 2 in Part VI)
7. Emotion Management Skills: “Oh! Henry! and Managing Emotions Gallery Walk” (Part VIII)
8. Relationship Skills: “Peer Pressure Role Plays” (Session 2 in Part VII)

**DAY FOUR**

1. Warm-Up
2. “Facing Facts about HIV/AIDS and STDs” (Sessions 4 and 5 in Part II)
3. “Assertiveness: Passive, Assertive, Aggressive” (Session 4 in Part IV)
4. “Assertiveness/Peer Pressure: Responding to Persuasion” (Sessions 6 and 7 in Part IV)
5. “Delaying Sex” (Session 3 in Part V)

**DAY FIVE**

1. Warm-up
2. “What are Gender Roles?—Gender Cards Exercise” (Session 7 in Part VII)
3. “Gender Picture Codes and Role Plays” (Session 8 in Part VII)
4. “Whose Rights and Who’s Right?” (Session 11 in Part VII)
5. Film: “*These Girls Are Missing*” (optional)

*Trainer notes: From day five onward, peer educators should lead all warm-ups, and they should be controlling the action as much as possible. Assign the peer educators a topic to teach on day nine. You might assign topics in teams of two peer educators.*

**DAY SIX**

1. Warm-up

2. “Facing Facts about HIV/AIDS and STDs” (Sessions 6 and 7 in Part II)
3. “Bringing It All Together—Forum Theater” (Part IX) (all afternoon)

### **DAY SEVEN**

1. Warm-Up
2. “Facing Facts about HIV/AIDS and STDs” (Sessions 8 and 9 in Part II)
3. Allow time in the schedule for peer educators to work on their presentations

### **DAY EIGHT**

1. Warm-up
2. “Self-Esteem Building—A Pat on the Back” (Session 6 in Part VII)
3. Teaching Techniques: “Dealing with Problems in Groups” (Session 2 in Part II)
4. Peer Education: “Support for Responsible Behavior” and “Communication Skills and Sources of Support” (Sessions 1 and 3 in Part II)
5. “Facing Facts about HIV/AIDS and STDs” (Session 10 in Part II)

### **DAY NINE**

1. Warm-up
2. Peer Education Presentations

### **DAY TEN**

1. Warm-Up
2. Planning for Your Future (Sessions 5, 6, and 7 in Part V)
3. “Your Goals?” (Session 8 in Part V)
4. Implementing Life Skills—A Planning Session
5. Closing Ceremony and Presentation of Certificates

Remember to continually reinforce your peer educators’ skills by providing refresher courses or mini-sessions. Be sure that they have a comprehensive understanding of the topics they are facilitating.



## SAMPLE SCHEDULES—A BRIEFING

If you are ever called upon to introduce the idea of Life Skills to a group just for information purposes, it is recommended that you present the “Bridge Model” session and the “Introduction to Life Skills.” If you are permitted more time than that, add “Forum Theater” and/or the “Best Response Game.” These sessions usually provide a lively and interesting overview of the program.

## SAMPLE SCHEDULES—YOUTH TECHNICAL SUBCOMMITTEE (YTSC) TRAININGS

Finally, if you are considering collaborating with the District AIDS Coordinating Committee (DACC) Youth Technical Subcommittee, you might consider adapting the DACC/Community AIDS Coordinating Committee (CACC) YTSC trainings to include Life Skills.

### DAY ONE

1. Warm-Up
2. Opening Session
3. “Exchanging Stories (the Impact of AIDS Variation)” (Session 4 in Part V)
4. National Youth Policy Guidelines—Briefing on current programs and on new approaches to youth work
5. “The Bridge Model” (Session 1 in Part III) and “Introduction to Life Skills” (Part III)
6. Communication Skills: “Communication Puzzle” (Session 1 in Part IV)

### DAY TWO

1. Warm-Up
2. Decision-Making Skills: “Steps in Making a Good Decision” (Session 1 in Part V)
3. Thinking Skills: “The Devil’s Advocate Game” (Part VI)
4. Relationship Skills: “The Best Response Game” (Session 1 in Part VII)
5. Emotion Management Skills: “Forum Theater” (Part IX)
6. Sports and the Youth

### DAY THREE

1. Warm-Up

2. “What are Gender Roles? Gender Cards Exercise” (Session 7 in Part VII)
3. Continuum of Touch
4. Group Formation
5. Entrepreneurship and Income-Generating Activities
6. Planning for the Future—Creating Workplans





# PART II: PEER EDUCATION





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# PEER EDUCATORS/PEER LEADERS

It is up to you and your community to decide whether or not to work with peer educators (also known as peer leaders) in your program. The addition of peer education may require a significant commitment in time, resources, and support, yet the benefits of using peer educators can be considerable.

## WHO ARE PEER EDUCATORS/ PEER LEADERS?

Peer educators or peer leaders are people selected for their leadership potential in helping others. They are trained to help other students learn through demonstrations, listening, role playing, encouraging, serving as role models, providing feedback, and supporting healthy decisions and behaviors.

## BENEFITS OF USING PEER EDUCATORS

- Young people are likely to listen to, and imitate, peers that are well liked and respected.
- Peer educators who model examples of healthy behaviors can influence behaviors of other peers and help them to avoid taking risks.
- Peer educators can support, encourage, and help their peers both inside and outside of sessions.
- Peer educators may assist you by presenting the lesson, thereby allowing more time for individual attention in small groups and for wider access to a larger group of young people.
- Peer educators may be able to help manage and solve problems among the group.



- By serving in this capacity, young people boost their self-esteem, learn valuable and marketable skills, make contacts, and perhaps take more pride in their lives and behaviors than prior to their roles as peer educators.

## WHAT ARE SOME QUALITIES OF GOOD PEER EDUCATORS?

Some characteristics you might want to look for when choosing peer educators might include:

- Considered opinion-leaders by other young people (popular, influential)
- Concerned about the welfare of their peers
- Able to listen to others, nonjudgmental
- Self-confident
- Dependable, honest
- Well-liked by other young people
- Well-rounded young people—not necessarily the top student in the class
- Equal mix of male and female peer educators
- Equal mix of young people from different age ranges/forms in school
- Perhaps some young people who have engaged in risk behaviors before and are now willing to speak out against such behaviors
- Mix of young people from different clubs, sports teams, interests to reach wider range of people

## WHAT ARE SOME PROBLEMS IN USING PEER EDUCATORS? PROPOSED SOLUTIONS?

- Peer educators require an extra time commitment. You should be willing to spend significant time choosing, training, re-training, monitoring, and evaluating peer educators.
- It can be difficult maintaining motivation. Often peer educators want an incentive for the work that they provide. Emphasize the benefits of being a peer educator, including skills and self-esteem building, contacts, and so forth. You might provide a group uniform/badge to set them apart from others, make it possible for them to network with other

peer educators (going on a trip), and consider them for youth conferences or trainings that might arise.

- Students may become jealous of peer educators. Strike a balance between motivating the peer educators through praise/opportunities and making other young people angry/jealous by your treatment of the peer educators. If others are jealous of the peer educator, he or she will be much less effective than if they are well liked and feel a part of the group.
- Some peer educators engage in risk behavior. Even after training and working with a young person, he/she may become involved in the very activities you are teaching students to avoid. A peer educator who becomes pregnant, gets caught drinking, and so forth can be incredibly damaging to the program. For this reason, constant monitoring, re-training, and reinforcement are crucial for your peer educator program.
- Peer educators may not be knowledgeable and convey incorrect information. When peer educators spread health information, other young people typically believe them; after all, you have chosen and trained these young people, so the belief is that they must be experts. Therefore, if peer educators are spreading incorrect information, it can be doubly harmful. It is imperative to spend time training and re-training these young people to disseminate correct information. Alternately, peer educators might work in pairs, to reinforce each other's behavior and serve as sources of mutual support.
- Peer educators move, transfer, and leave the program. It is important to have a number of peer educators in the program to offset the inevitable reality of losing peer educators.

## HOW CAN WE CHOOSE PEER EDUCATORS?

There are a number of ways to choose your peer educators. There are positives and negatives about all of them. Here are a few ideas:

- Involve the community leaders. If you are presenting a community leader training/briefing, include a few sessions on peer education. Assign small groups to answer the questions in this section. Make sure the community leaders are very clear on what a peer educator does, what type of person makes the best peer educator, and so forth. Have them nominate twice as many peer educators as you actually want in the program. Then, put the potential peer educators through some exercises—the “True/False” game, role plays,



a personal interview, and so forth. Based on the personalities that manifest themselves in these sessions, choose a good mix of peer educators. This system has worked well within the schools—the headmasters and patrons nominated students, and after a series of exercises, half were chosen. It is empowering for everyone when such a selection comes from the community.

- When conducting KAP surveys or focus group discussions, include “Who might you go to in the community if you had a problem?” In this way, you may come up with a list of potential peer educators.
- Ask the young people to nominate or choose peer educators. Perhaps if you are in a school, simply train the prefects (the lead student in each class or grade level). It is certainly a good idea to have young people choose those who will represent them. You can try to avoid the popularity contest phenomenon by asking them to vote for twice as many peer educators as you need; then using the process above, choose the best peer educators.
- If you are working in a school, it may be best to select the peer educators from all the forms (grades). If all peer educators are from Form 4 (senior year), you will lose all your peer educators at once.
- To reach a wider range of people, choose young people from different groups, clubs, and interests.

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## PEER EDUCATOR SESSION PLANS

# SESSION 1: COMMUNICATION SKILLS AND SOURCES OF SUPPORT

## OVERVIEW

This session is a brief exercise to emphasize to your peer educators the importance of good communication. It is best presented after you have completed communication skills exercises with the group. The final note in the session is a reminder to the peer educators that there are some issues that are too serious to be dealt with by them and should be referred to other sources of support.

## TIME

1 to 2 hours

## OBJECTIVES

By the end of the session, participants will be able to:

1. Identify their own strengths and weaknesses in communicating.
2. List elements of “good listening.”
3. Identify strategies for giving feedback.
4. List resources within their communities that they might use if they require assistance or information.

## MATERIALS

Flip chart or board

Markers or chalk

Handout: *Communication Check* (Note: revise statements to make them culturally appropriate.)



## DELIVERY

### I. GOOD LISTENING SKILLS (30 MINUTES)

Introduce the topic to your peer educators. Explain that since they will be working with other young people, it is important for them to focus on using good communication skills. They probably have many of these skills since they have been selected as peer educators; however, three skills most people need to continue to improve are listening actively, giving feedback, and showing empathy (showing you understand how the other person feels or his/her point of view).

Brainstorm with the group some of the points to remember when listening well so that you really hear and understand what another person is saying. Some ideas might include: (Modify, as necessary, to make statements culturally appropriate)

- Focus on the person—direct eye contact, facing the person, and so forth
- Do not interrupt
- Do not interrupt to describe your experience
- Do not give your attention to outside disruptions
- Reflect what the person is saying back to them
- Check for understanding
- Draw out more information from the speaker
- Try not to use the word “but.” Use “and” instead
- Be comfortable with silence

Next, give the group a chance to rate themselves on how well they communicate. The scores on the *Communication Check* will not be collected—it is simply for them to see where their strengths lie and what areas they will need to improve to be good peer educators. Give students time to rate themselves on the *Communication Check*.

### II. GIVING FEEDBACK (15 MINUTES TO 1 HOUR— DEPENDING ON WHETHER YOU WISH TO INCLUDE THE ROLE PLAYS)

After completing the *Communication Check* spend some time brainstorming and discussing what it means to give good feedback. To give feedback to another person involves commenting on the person’s statements, behavior, or performance. When you do this, you show the other person that you are listening and care about what he/she has said or done. Discuss appropriate or inappropriate ways to give feedback. Consider how different types of feedback might be received. You may even wish to role play a few situations in which

these young people might be called upon to give feedback to a member of the group. (You can use the same “Problem Situations” from the last session or create others.)

Some suggestions for giving feedback are as follows:

**Do:**

- Ask questions to show you are interested in the person (e.g., “How do you feel about that?”).
- Be sincere, caring, and understanding.
- Use verbal encouragement such as “What happened then?”
- Use nonverbal encouragement (body language) such as nodding your head.
- Ask questions to make the situation clearer.
- Summarize the person’s points and feelings.

**Don’t:**

- Judge the person.
- Comment on things that cannot be changed.
- Interrupt too early to give feedback.

### III. SOURCES OF SUPPORT (15 MINUTES)

For the final part of the session, discuss the kinds of issues that peer educators should not try to deal with themselves. They may have the opportunity to talk privately with young people who need information and counseling that they cannot provide. Therefore, it is important to know where to get help in your community. Using brainstorming, small group work, or an outside-the-session project, the peer educators should identify a number of sources and how to reach them. These sources will enable young people to get information about HIV/AIDS and STDs, to obtain medical help, to go for counseling or to get advice, and to be tested for HIV. Suggestions for such a resource list include: doctors, clergy, health centers/hospitals, counselors, church groups, places where you can buy or get free condoms, nurses, AIDS groups or centers, STD clinics, District Social Welfare Office, community development assistants, District Youth Office, youth groups, teachers, and so forth.

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## COMMUNICATION CHECK

1. Rate each of the following skills using the key below:  
1 = Never true    2 = Sometimes    3 = Often    4 = Always true
  - a. I do not interrupt others in my group.
  - b. My voice is appropriately pitched (not too loud, not too soft).
  - c. I do not dominate the conversation (giving others a chance to speak).
  - d. I talk an equal amount compared to others.
  - e. I look people in the face.
  - f. I do not criticize (put down) others.
  - g. When listening, I show my reaction to the speaker (e.g., by nodding).
  - h. I express what I feel; not only what I think.
  - i. I face the speaker and avoid crossing my arms or turning away from him/her.
  - j. I ask or encourage others to speak.
  - k. I respond to the speaker, showing interest.
  - l. I do not interrupt others to make my point.
  - m. I pay attention to the speaker the entire time he/she is talking.
  - n. I ask questions to show interest in what the speaker is saying.
  - o. I evaluate what a speaker says and how he/she says it rather than judging the speaker himself/herself.
2. Add your scores for the items and identify where you stand on the score chart below:  
15-27 points = Poor    28-39 points = Fair  
40-47 points = Good    48-60 points = Excellent
3. List your communication strengths:
  
  
  
  
  
  
  
  
  
  
4. List the communication skills you need to improve:





## PEER EDUCATOR SESSION PLANS

# SESSION 2: DEALING WITH PROBLEMS IN GROUPS

## OVERVIEW

Sometimes peer educators will be responsible for leading sessions and small groups. This session provides opportunities to discuss some of the problems that might arise in groups and create strategies for dealing with them.

## TIME

1 hour

## OBJECTIVES

By the end of the session, participants will be able to:

1. List potential problems that might occur in a group.
2. Identify strategies to cope with problems that arise in groups.

## MATERIALS

Flip charts or board

Markers or chalk

Handout: *Problem Scenario Cards* (each numbered statement is a separate card)



## DELIVERY

### I. SMALL GROUP WORK (20 MINUTES)

Introduce the topic to your peer educators. Explain that they are going to do a short exercise to look at the kinds of problems that might come up in small group discussions and ways to deal with those problems.

Split the peer leaders into groups or pairs. Give each group/pair a problem card. They should read the situation, discuss it, and report back to the group:

1. What might be the effect of this behavior on the whole group?
2. What are strategies for dealing with this behavior?

### II. DEALING WITH PROBLEMS IN GROUPS— LARGE GROUP DISCUSSION (40 MINUTES)

Have all groups report back. Discuss each situation and possible ways to approach the problem. Come to an agreement with the group about how to handle the issue. After all groups have presented, ask everyone to help summarize the strategies. Write them on a flip chart/board so that you can refer to them later. Some of the ideas might be as follows:

#### DEALING WITH PROBLEMS IN GROUPS

1. Create “Ground Rules” for the group during the first session and refer to them when there is a problem.
2. If there are disruptions, politely remind the group that there is a task or problem to solve as well as a time limit.
3. Talk privately to the person causing the problem. Review the basic group rules and how the person’s behavior is negatively affecting the group. Request his/her support and cooperation for the next time the group meets.
4. Respond to those who interrupt by saying, “Excuse me. Just a reminder that everyone in the group has a right to speak without being interrupted.” Or “Excuse me, please let . . . finish before speaking.”
5. If the behavior is so disturbing that it cannot be ignored, address it in the group. Criticize what is being said or done (not the person responsible for the disruption). Point out how the behavior blocks the groups from functioning well.
6. At the end of a group session, lead a discussion about how the group is doing. Try to do this in such a way that feelings are not hurt.

Develop a list of suggested ground rules. Post that list, also.

**SOME SUGGESTED GROUND RULES**

- Everyone will be given an opportunity to talk.
- Everyone will participate fully and freely.
- Everyone has a right to “pass” (to decide not to discuss a personal issue).
- Only one person talks at a time; no interrupting others.
- No put-downs/insults to others/negative comments.
- Keep on the topic; no side discussions or other topics.
- Be on time; maintain punctuality.
- “What you hear stays here.” Information should be confidential.

## EVALUATION TOOLS

Problems inevitably will come up even in the “Peer Education” sessions. You will have some idea of how well the peer educators will handle the problems in groups, based on how well they manage the tensions within the peer group over the course of the training period.

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**PARTICIPANT CARDS**  
(EACH NUMBERED STATEMENT IS A SEPARATE CARD)

## PROBLEM SCENARIO CARDS

1. The small group has been together for a few days now and it is quite clear that Gift dominates the others. He talks most of the time and when others say something, he does not pay attention.
2. Sara has been very quiet during the first group meeting. However, suddenly she becomes very critical of the other group members. She makes rude remarks to one person in particular but also objects to opinions expressed by the rest of the group.
3. Henry is a little older than the others in the group. He tells people in his group what to do and how to do it. No one has objected to what he is doing, but you can tell they are not happy about the situation.
4. Helena often interrupts others in the group. She also puts others down by calling their ideas stupid or dumb. The rest of the group is getting angry with her because of her behavior.
5. Martin is not really interested in the group meetings. When he attends, he acts bored and does not contribute. At other times, he tries to talk to someone in the group about something completely off the topic. If others do not join him, he becomes loud and disruptive.
6. The boys in the group always talk first, answer questions first, and dominate the discussions. The girls always seem to wait for the boys to speak first—even if they obviously know the answer.





## PEER EDUCATOR SESSION PLANS

# SESSION 3: SUPPORT FOR RESPONSIBLE BEHAVIOR

## OVERVIEW

Since they are serving as role models and leaders among their friends, it is important to emphasize the peer educators' responsibility to be supportive of those young people who are engaging in healthy behavior. This exercise takes a look at a few situations in which a young person might need some support and encouragement and gives the peer educators a chance to practice giving appropriate responses.

## TIME

1 hour, 30 minutes, to 2 hours

## OBJECTIVES

By the end of the session, participants will be able to:

1. Identify common situations where their intervention might be helpful.
2. Identify strategies to support responsible behavior.

## MATERIALS

Props for the role plays

Handout: *Peer Support Situation Cards* (each numbered statement is a separate card)



## DELIVERY

### **I. SMALL GROUP WORK (30–40 MINUTES)**

Introduce the topic to the peer educators. Discuss the fact that sometimes young people take risks with their health and safety. Because of consequences like HIV/AIDS, STDs, and unwanted pregnancy, taking risks can be very dangerous. Young people who make healthy decisions to delay sex, to use a condom, or to be tolerant and compassionate to people with HIV/AIDS need the support of their friends, especially the peer educators.

Divide the peer educators into groups. Give each group a role play card. They are to:

1. Read and discuss the situation.
2. Decide what they would do to give the main person in the story support for this healthy decision.
3. Create a role play showing the situation with support for the person.

### **II. ROLE PLAYS (1 HOUR OR MORE, DEPENDING ON THE SIZE OF THE GROUP)**

Have all groups perform their role plays in front of the larger group. Discuss the strategies suggested by the peer educators and provide any additional ideas regarding ways to support the person in the story.

You may wish to ask the following questions as you summarize this activity:

1. Why do many young people feel it is not “cool” to support healthy decisions?
2. What difficulties might you have if you support these healthy behaviors?
3. How might you overcome these problems?

Remind the participants about the important responsibility they have as peer educators. Supporting healthy decisions when they look “uncool” is one of their most important, but perhaps most difficult, tasks. As peer educators, they can set the tone for the behavior of the other young people. If young people begin to see that delaying sex or using condoms has the support of their friends, it will be much easier for everyone to choose to make these healthy decisions.

## EVALUATION TOOLS

You might consider instituting a period at the beginning of each peer educator meeting during which they would share situations that might have happened since the last meeting in which they supported responsible behavior.

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## PARTICIPANT CARDS

(EACH NUMBERED STATEMENT IS A SEPARATE CARD)

### PEER SUPPORT SITUATION CARDS

1. You have been seeing a person for a short time now and you feel you are really “in love.” This person is trying to persuade you to have sex. You use all of your assertive skills but the situation gets worse. He/she will not agree with you and becomes impossible to talk to. You ask a friend who is with you to walk you home. On the way home, you tell your friend what happened. Your friend supports your decision not to have sex by saying, “\_\_\_\_\_.”
2. You have been going out with the same person for some time now. You love each other very much. You have talked about sex and have agreed to use a condom when you have sex to protect yourself from HIV. You have had sex with a condom a few times but this night you somehow forgot to bring a condom and you really would like to have sex. After some discussion, you decide to be affectionate with each other without sex. The next day you discuss the decision with your best friend. Your friend supports your decision by saying, “\_\_\_\_\_.”
3. After school, you and some friends want to go to the local store for candy. Someone says, “I’m not going there.” Someone else asks, “Why not?” The first speaker says, “I’ve heard the shopkeeper has HIV. I’m not going to risk getting AIDS.” Another person says, “You can’t believe everything you hear.” This person asks you what you think. You say, “\_\_\_\_\_.”
4. It is Monday morning and you are talking to some friends in the hallway about what happened over the weekend. One of the members of the group is bragging about being at a party where there was alcohol and sex. A couple of people in the group are impressed and say things that support him, “Yeah! You must have had a great time!” You are not impressed by what went on, and you feel you should say something. You say, “\_\_\_\_\_.”
5. You are at a Teen Time Dance. You notice a group of people in the corner laughing and pushing someone. Getting closer, you overhear them teasing the boy/girl because he/she is refusing to take some of the beer they are passing around. They are a bit drunk, and are getting rough with the person. The person keeps trying to refuse to drink—saying he/she does not like alcohol. They continue to tease him/her. What do you say or do? \_\_\_\_\_.





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# FACING FACTS ABOUT HIV/AIDS AND STDs

This section of the *Life Skills Manual* gives basic information about Human Immuno-Deficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS), and Sexually Transmitted Diseases (STDs) that can be incorporated into the Life Skills curriculum. The following 10 sessions go into depth about these subjects and were designed for training of literate peer educators or community health workers who will be training others in the community. Sessions may also be selected for pre-service training for Peace Corps Volunteers (PCVs). These sessions were designed especially for countries in Sub-Saharan Africa where as many as 25 percent of the audience may already be infected. Therefore messages should be addressed to people potentially living with HIV as well as those who are currently not infected.

The sessions build on each other and concentrate on addressing the knowledge and attitudes of participants as they relate to HIV/AIDS. Participants are empowered to use new knowledge in a reassessment of their own attitudes. Once denial is overcome and appropriate skills are developed, participants can begin expressing intent to change their behaviors. Behavior change can be supported throughout the sessions either by group check-ins or by pacts between individuals.

These sessions avoid using fear tactics or blame of any group for the infection. Messages of fear and blame have caused people to avoid the topic of HIV/AIDS rather than confront it. In addition to addressing the urgency of dealing with the disease in their community, these sessions clarify commonly held myths about AIDS. The ultimate goal of the sessions is to move participants to a place of hope and affirm their ability to respond intelligently and effectively to the pandemic that faces them.

The 10 sessions are designed around the following concepts:

1. AIDS is a severe problem in my country, and we have the power to do something about it.
2. HIV attacks our immune system; so, we should do all we can to strengthen our immune system.



3. It is clear how HIV is transmitted.
4. Early treatment of other STDs can dramatically reduce the risk of infection with HIV.
5. Women in Africa are especially vulnerable to HIV infection and need information and skills to protect themselves and their children from infection.
6. There are simple and effective ways for everyone to prevent HIV infection.
7. The time it takes for HIV to lead to AIDS can vary greatly, and our health behaviors can affect that time period.
8. Although there is no cure for AIDS, there are many treatments available.
9. Protecting the human rights of people living with HIV/AIDS not only helps them to live positive and productive lives, but also helps to prevent HIV transmission in our community.
10. Knowledge, attitudes, and skills need to be used together to help us practice behaviors that reduce risks for HIV and lead us to a healthier life.

## FACING FACTS ABOUT HIV/AIDS AND STDs SESSION PLANS

# SESSION 1: FACTS AND MYTHS ABOUT AIDS

## OVERVIEW

This introductory session addresses the facts and myths about HIV/AIDS. It addresses this concept: **AIDS is a severe problem in my country, and I have the power to do something about it.**



2 hours

## OBJECTIVE

By the end of the session, the majority of participants will be able to recognize the seriousness of HIV/AIDS in their community.



Tape

Signs placed on the wall with the words “true” and “false.” Bowl with pieces of paper in it describing myths and facts such as the following:

### **True**

1. Africa has been more affected by AIDS than any other part of the world.
2. Although Africans do not have access to many of the drugs to treat AIDS that others do, there are medicines that can slow down disease progression.
3. As of the year 2000, approximately 14 million Africans have died of AIDS.



4. In *Malawi* about 15 percent of adults are infected with HIV. (Use UNAIDS Web site to update statistics for your country.)
5. Although treatments to slow the progression of AIDS exist in Africa as well as other countries, there is still no cure for AIDS.
6. More young teenage African girls have HIV than young boys of the same age.
7. The amount of food we have to eat can be related to the number of people who have AIDS in our community.

**False**

1. AIDS is a disease that mostly affects white people.
2. Since everyone dies of AIDS, it is better not to know if you have it.
3. You can be cured of AIDS by having sex with a virgin.
4. Unlike Africans, people in the United States have access to medicines that can cure them.
5. In our country, very few people have AIDS.
6. More young teenage boys in our country have HIV than young girls.
7. Traditional healers in our country have cured AIDS.
8. AIDS is a disease of immoral people, such as bargirls (prostitutes).
9. It has recently been proven that HIV does not cause AIDS.

## DELIVERY

### I. FACTS AND MYTHS (90 MINUTES)

Have participants take out one piece of paper from the bowl with statements, read it to themselves, and tape it under either “True” or “False.” Then they read aloud the statements to the group and decide if the group agrees with the placement. After the statements are placed and questions answered, the facilitator makes corrections and leads the group in discussion questions.

*Trainer notes: To help participants evaluate the statements, use the following information:*

*Background for True Statements:*

1. According to UNAIDS, at least 20 million of the 34 million people estimated to be living with HIV in the world are living on the African continent.
2. New drugs like anti-retroviral therapy and protease inhibitors are not usually available to Africans due to high cost and lack of

*infrastructure for monitoring the immune system. There are, however, medicines to treat and prevent opportunistic infections.*

3. *UNAIDS statistic.*
4. *Check the UNAIDS Web site for updates for your country.*
5. *There are many treatments, but no cure, for AIDS. Reading “Cure or Treatment,” session 8 in Part II will give you a clearer distinction of the difference between “treatment” and “cure.”*
6. *UNAIDS statistic.*
7. *This question is looking at the impact of HIV disease on agricultural production. The most dramatic statistics are from Zimbabwe. They document reductions in the following areas of agricultural production due to AIDS deaths: maize, 61 percent; vegetables, 49 percent; groundnuts, 37 percent; number of cattle owned, 29 percent.*

*Background for False Statements:*

1. *See statistics for Sub-Saharan Africa in the first true statement, but emphasize that people of every race and nationality have been infected with HIV.*
2. *Although people may believe that the stress of knowing one’s HIV status can be a terrible burden, it is clear that knowing one’s status can help prolong one’s life by getting early treatment for opportunistic infections and taking care of one’s general health. (Read “Disease Progression and Positive Behaviors,” Session 7 in Part II.) Also, knowing one’s status can help us protect families and loved ones from infection and help people prepare for the future.*
3. *This myth is common throughout Africa. Not only is it not true, but acting on it can spread the infection to many young girls.*
4. *Although people in the United States have access to medications often not available to Africans, these medications do not cure AIDS. (See “Cure or Treatment,” Session 8 in Part II for the difference between “treatment” and “cure.”)*
5. *See UNAIDS statistics for your country. If you are in a country with low prevalence, you may want to eliminate this question or rephrase it to say that although we do not have a high prevalence of HIV in our country, we still have a need to protect ourselves by practicing HIV prevention.*
6. *See statistics from question 6 in “true” statements.*
7. *No one has yet found a cure for AIDS. It is possible that traditional healers have some remedies that may alleviate some of the symptoms of HIV temporarily. Other practices, however, may cause HIV to progress more rapidly or increase the possibility of transmitting HIV if procedures involve sharing instruments with blood on them. It is important that medical doctors and traditional healers communicate in order to share what they have learned about the disease.*



8. *Since HIV is mainly transmitted through sexual activity, many people infected with HIV have been accused of being immoral. Women particularly are blamed for immoral behavior. In fact, according to the United Nations Development Program (UNDP), two-thirds of all women infected with HIV in the world relate that they have had only one sexual partner. Studies done in several metropolitan cities, that compare prevalence of HIV among prostitutes to women who do not engage in prostitution, demonstrate that prostitutes are at no greater risk than other women unless they use injected drugs. It is much harder to negotiate condom use with your spouse than with casual contacts. Fidelity, if it is to be used by women as their prevention method, needs to include a way of determining if their partner is already infected with HIV.*
9. *There has been much public controversy over this issue in the South African press. It has been scientifically proven that both HIV and AIDS exist and that infection with HIV attacks the immune system and will lead to AIDS in most people. The UNAIDS Web site has an official response to this false statement.*

## **II. DISCUSSION QUESTIONS (30 MINUTES)**

- Do you believe that AIDS has affected our community? Why or why not? What evidence do you see of the effects of AIDS in our village?
- What other things have you heard about AIDS in our community that you think might be untrue?
- Do you think that everyone who has AIDS knows that he/she has it? Why or why not?
- Would people hide the fact that they or someone in their family has AIDS? Why or why not?
- Have you ever heard someone say that they have a cure for AIDS? Why do you think someone might say that when there is no cure?
- Why do you think young girls are infected more often than boys?
- Which of our Life Skills can help protect us from AIDS?
- What can we do to help our community fight AIDS?

## **III. EVALUATION (5 MINUTES)**

Before and after the session, have students raise their hands if they think AIDS is a serious problem in their community, or if AIDS could be a danger for themselves or their family. Observe if the number of hands raised increases at the end of the session.

If the group feels uncomfortable sharing opinions in public, participants may vote by paper anonymously before and after the session.

## RESOURCES

For ongoing updates on continual breaking news related to HIV in Africa:

- Web site: [News@hivcybermail.org](mailto:News@hivcybermail.org)
- Web site: [af-aids@hivnet.ch](mailto:af-aids@hivnet.ch)
- Web site: [www.unaids.org](http://www.unaids.org)

A number of excellent publications are available for free from the UNAIDS web site by following the “Publications” link to “How to Order.”

See especially, *AIDS epidemic update: December 1999*  
UNAIDS



## FACING FACTS ABOUT HIV/AIDS AND STDs SESSION PLANS

# SESSION 2: THE IMMUNE SYSTEM

## OVERVIEW

By providing specific biological information, this session addresses the concept: **HIV attacks our immune system; so, we should do all we can to strengthen our immune system.**

## TIME

2 hours

## OBJECTIVES

By the end of the session, participants will be able to:

1. Describe the functions of at least five components of the immune system.
2. Demonstrate how HIV attacks the immune system.

## MATERIALS

Handouts: *Drawings of Parts of the Immune System*

Numbered small pieces of paper for writing questions

Tape

Candy



## PREPARATION

If possible, make a copy of one drawing for each participant. Write the description of the cell's function (from the text below) on the back of each drawing.

## DELIVERY

### I. OVERVIEW (30 MINUTES)

Facilitator explains to the group the following facts about the immune system using the drawings. It may be best to stimulate discussion by asking participants to share the facts they already know.

What is our immune system? The immune system is our body's way of fighting disease. It is very complex and has more parts than we can discuss today. Understanding some basic facts about the immune system, however, can help us learn both how to prevent disease and how to help slow down disease progression if we are already infected.

- Our blood cells are labeled by what two colors?

Red and white.

- What is the major function of red cells?

Red cells, called erythrocytes, carry oxygen through our system and carry away carbon dioxide.

- What is the major function of white blood cells?

White blood cells, called leukocytes, are our immune cells. Your immune system is made up of white cells that protect you from diseases. Some of the main cells in your immune system are:

- *The macrophage:* Macro = Big, Phage = Eater. The Big Eater. This cell eats the invaders or germs (called antigens) and sends a signal to the captain of your immune system that an invader is present and that the immune system army needs to respond.
- *The T4 Helper Cell (CD4):* Captain of your immune system. It receives the message from the macrophage when an invader (antigen) is present and orders two more cells (the B cell and the T8 killer cell) to search for, and destroy, the invader. The T4 Helper Cell is also the cell that HIV attacks and destroys. T cells are called "T" because they mature in the thymus gland.
- *The B Cell:* Like a factory. It identifies the shape of the invader (antigen) and makes "antibodies" (like keys),

which fit the antigen. These antibodies can recognize immediately future antigens of this kind and stop them from making you sick in the future.

- *The T8 (CD8) or Cytotoxic or Killer Cell:* Also called by the T4 Helper Cell to attack the invader and kill it directly.

- What is an *antigen*?

An antigen is a foreign invader or germ that enters our system. It can be a virus, a bacteria, fungus, protozoa, and so forth. Have the group name an antigen common in their community besides HIV.

- What is an *antibody*?

An antibody is a response to an invading antigen. Antibodies are produced by B cells. They work like “keys,” fitting the shape of the antigen “locks.” When an antigen enters the system again, it is recognized and attacked by antibodies.

- What is *Human Immuno-Deficiency Virus (HIV)*?

The virus that attacks the T4 Helper Cell. When it cripples enough T4 Helper Cells, the rest of the immune system is not called into action. Other antigens invade the body and cause disease. At this point, the infected person develops *Acquired Immune Deficiency Syndrome (AIDS)*.

## II. DRAMATIZING ATTACK OF THE IMMUNE SYSTEM (30 MINUTES)

With the help of the group, use the drawings to show how the immune system works to destroy the antigen.

- What happens when HIV (Human Immuno-Deficiency Virus) enters the body? Use the drawings to demonstrate that when HIV enters the system, it is eaten the same way by the macrophage, but when it gets to the T4 Cell it invades that cell, the Captain, and takes it over, later killing it. A T4 Helper Cell damaged by HIV does not call out the other forces to attack the invader. When enough T4 Helper Cells are destroyed, all kinds of other invaders (antigens), like tuberculosis (TB) germs, can enter without being stopped by the Captain. Then a person gets sick with Acquired Immune Deficiency Syndrome (AIDS).
- Give each participant one of the drawings of the parts of the immune system and have them reflect on what they do to fight disease. Then have each member of the group introduce themselves, holding up their pictures, and explaining what they do. One complete group will dramatize for the others how the immune system works, first with the invasion of a regular antigen, and then with the



invasion of HIV. They will show how HIV takes over the T4 Helper Cell and does not call the other helpers, and new antigens invade. The whole group can then be invading antigens and the immune system collapses. Everyone falls down.

### III. EVALUATION (1 HOUR)

During the last hour, play a game where questions from this and the previous session are written under little numbered pieces of paper taped to the board that says, “Win the National Lottery!” (Use an appropriate title for the host country.) Sample questions might include:

1. What is the percentage of people in our country estimated to be living with HIV?
2. What is the function of the B cell?

The group divides into three teams. Each team takes turns selecting a number and reading the question aloud in front of the whole group. They have one minute to confer with their team and answer the question. If they answer the question correctly they get a point. If not, the next team has a chance to answer the question and win that point, and so on. Some numbers do not have questions but are lucky numbers, and teams or individuals are told they win candy, or should give a candy to someone who has changed their attitude about AIDS. The team with the most points wins the game and the rest of the candy. Observe which questions are answered correctly.

## RESOURCES

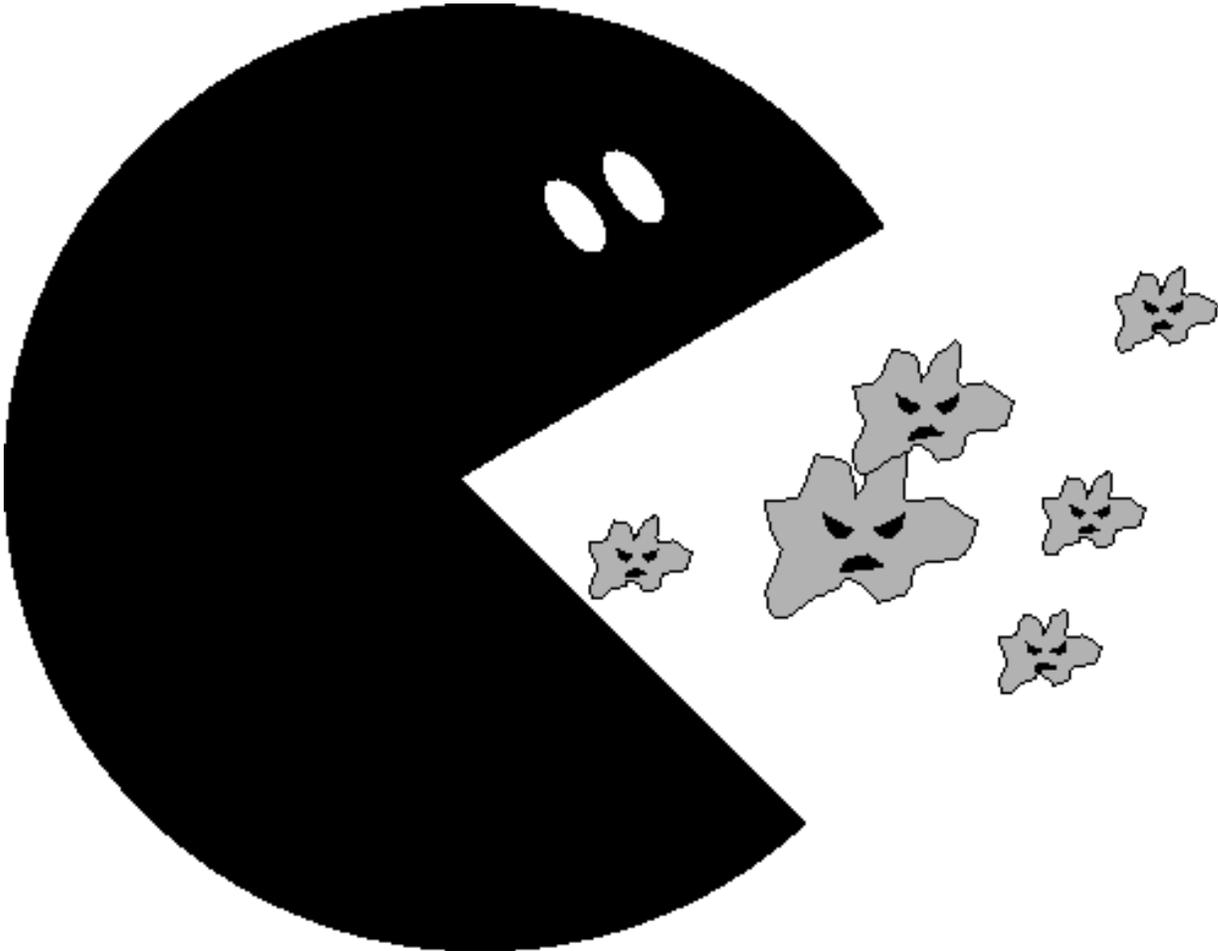


For more detailed information on the immune system check:

- Web site: [www.aidsmap.com](http://www.aidsmap.com)

# DRAWINGS OF PARTS OF THE IMMUNE SYSTEM

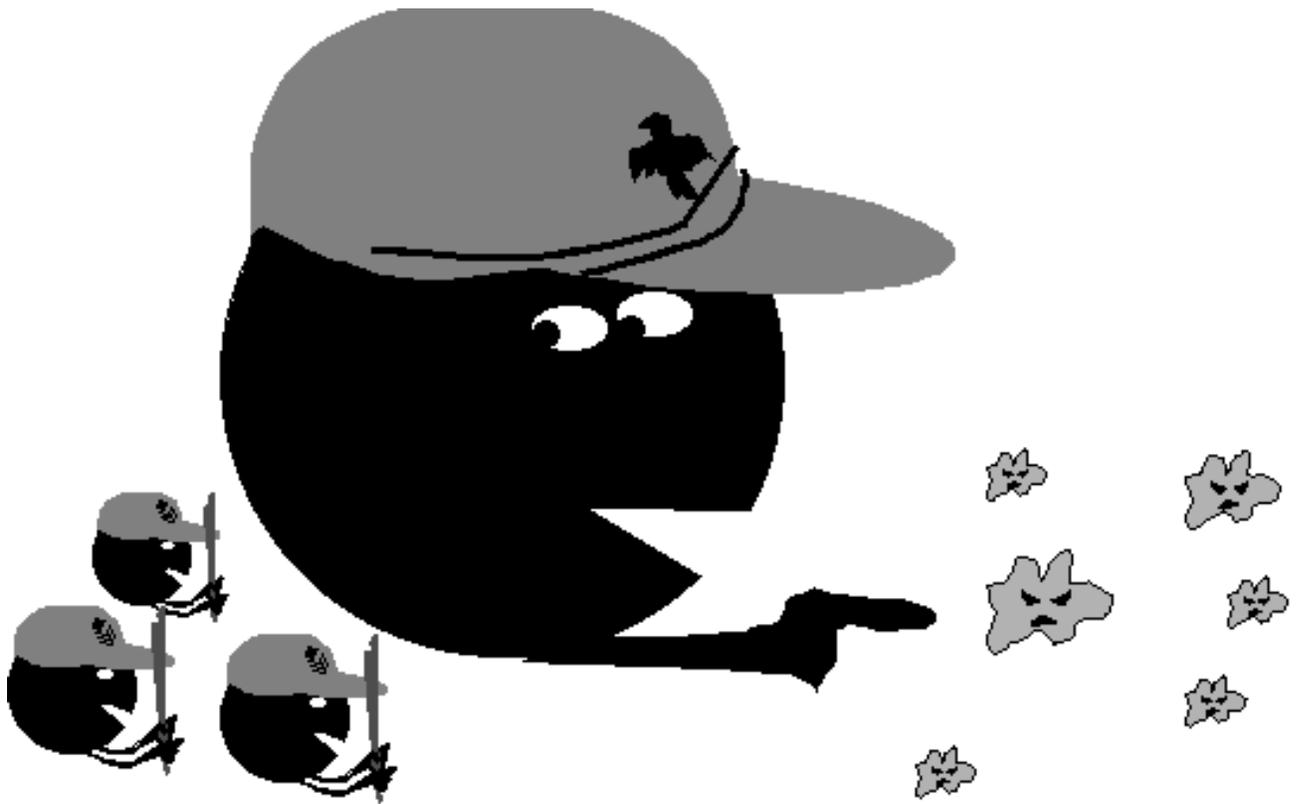
## MACROPHAGE — BIG EATER





## DRAWINGS OF PARTS OF THE IMMUNE SYSTEM

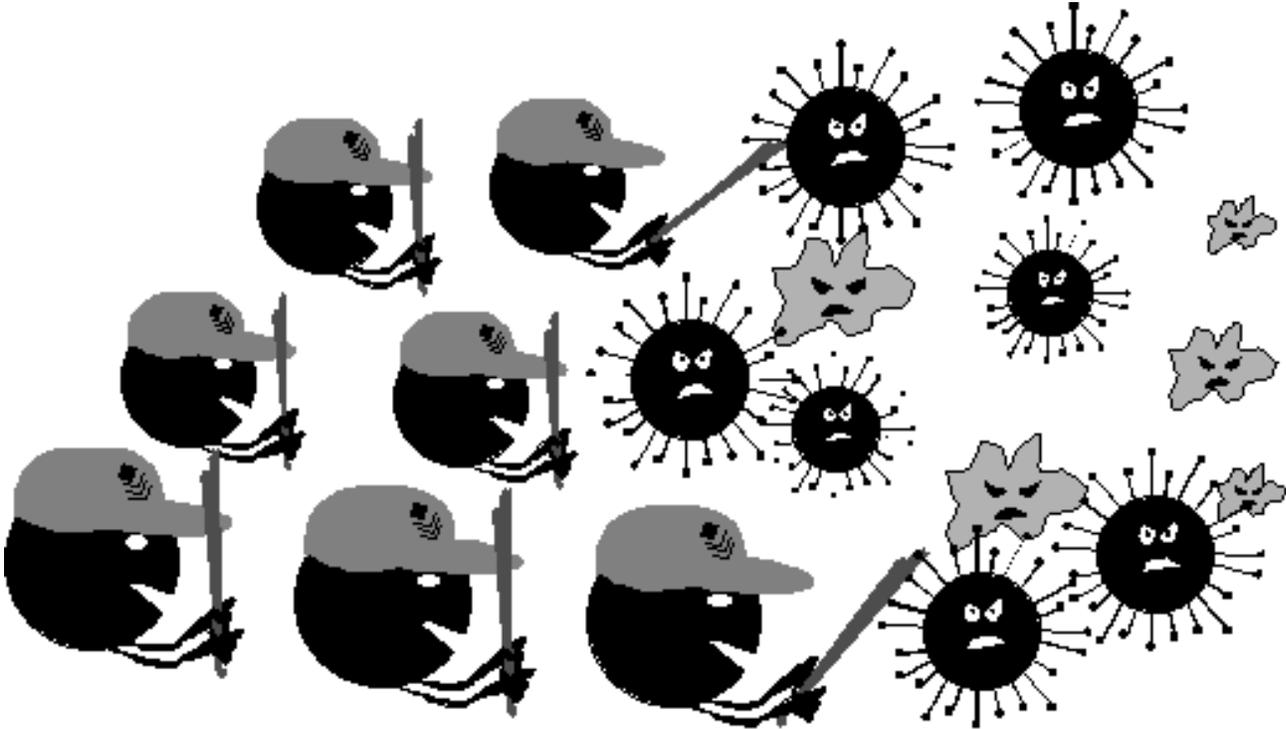
### T4 HELPER CELL (CD4) — THE CAPTAIN





# DRAWINGS OF PARTS OF THE IMMUNE SYSTEM

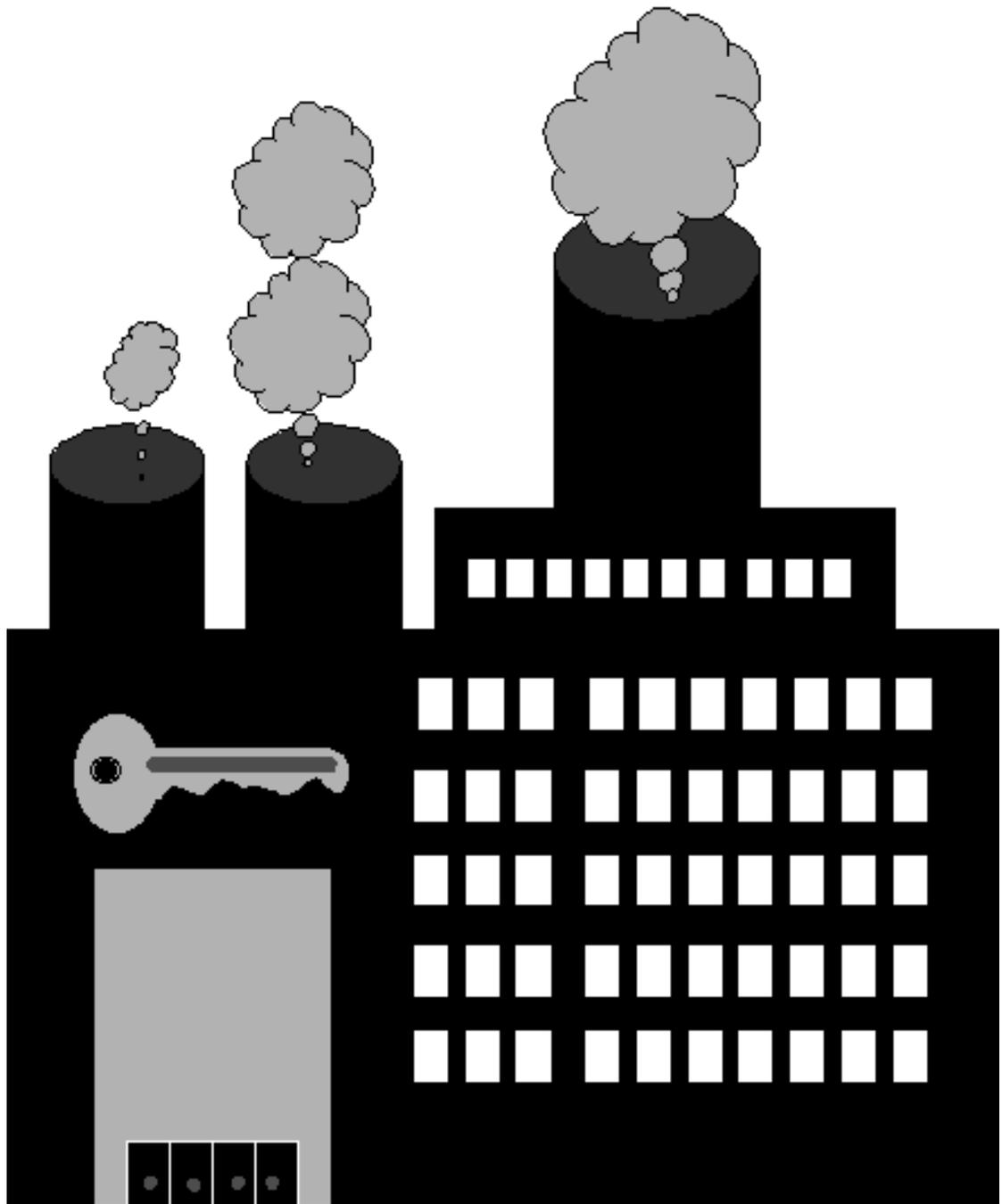
## T8 (CD8) — CYTOTOXIC OR THE KILLER CELLS





## DRAWINGS OF PARTS OF THE IMMUNE SYSTEM

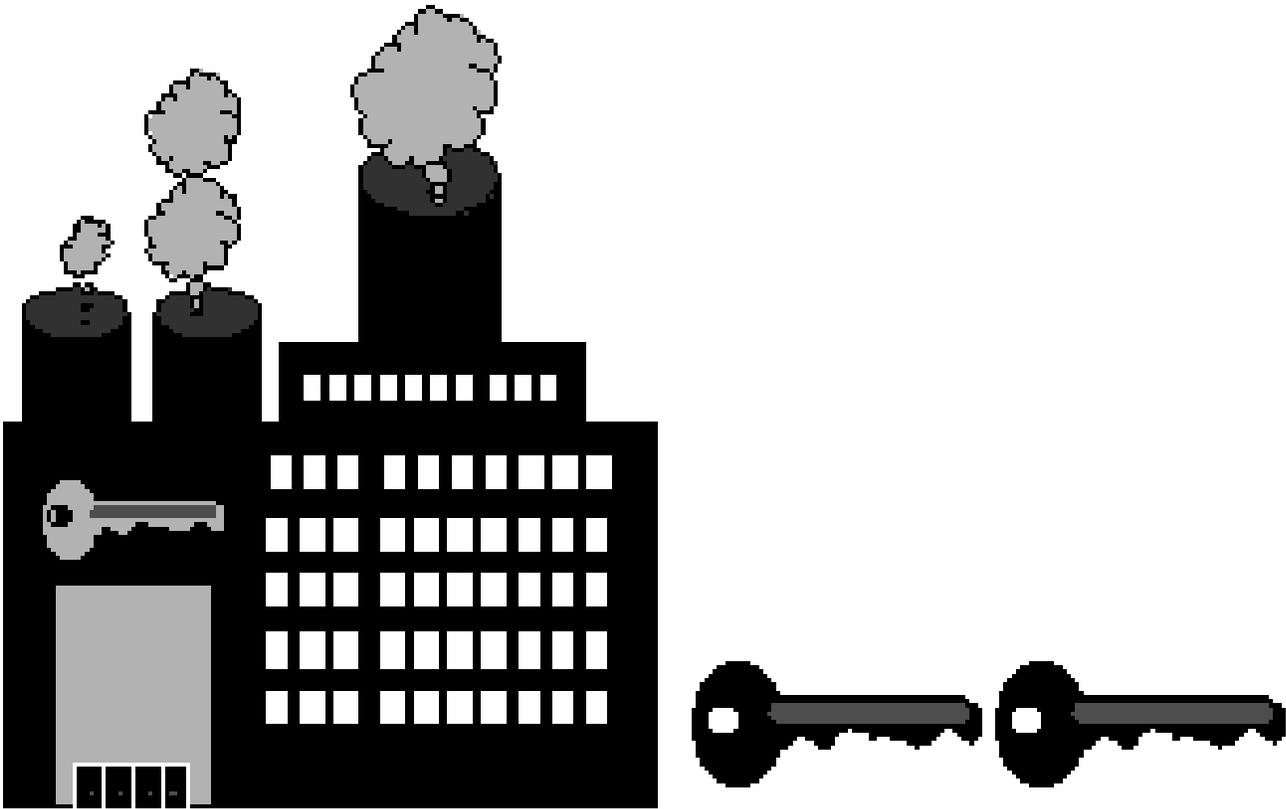
### B CELL — THE FACTORY





# DRAWINGS OF PARTS OF THE IMMUNE SYSTEM

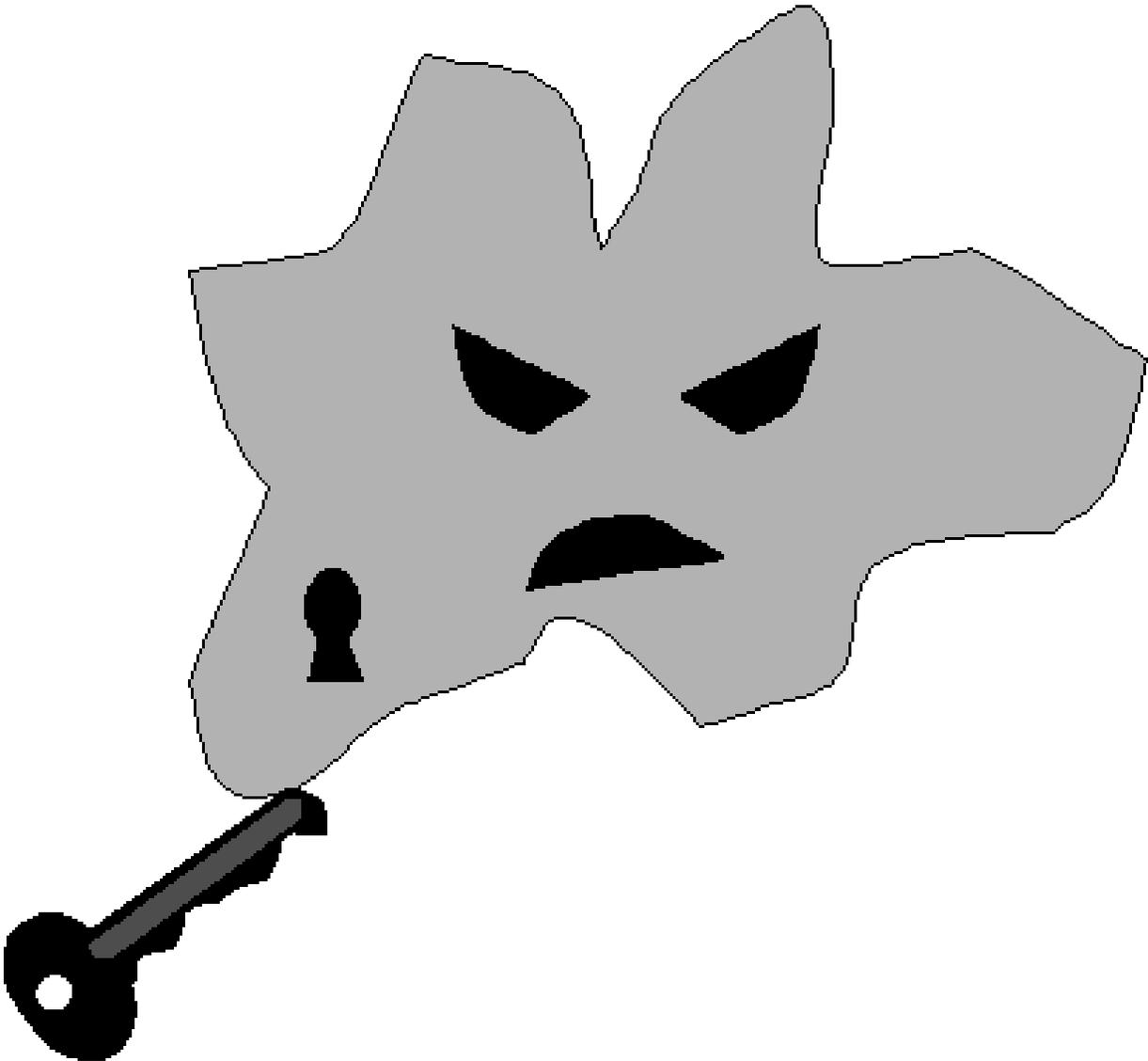
## ANTIBODY — THE KEY





# DRAWINGS OF PARTS OF THE IMMUNE SYSTEM

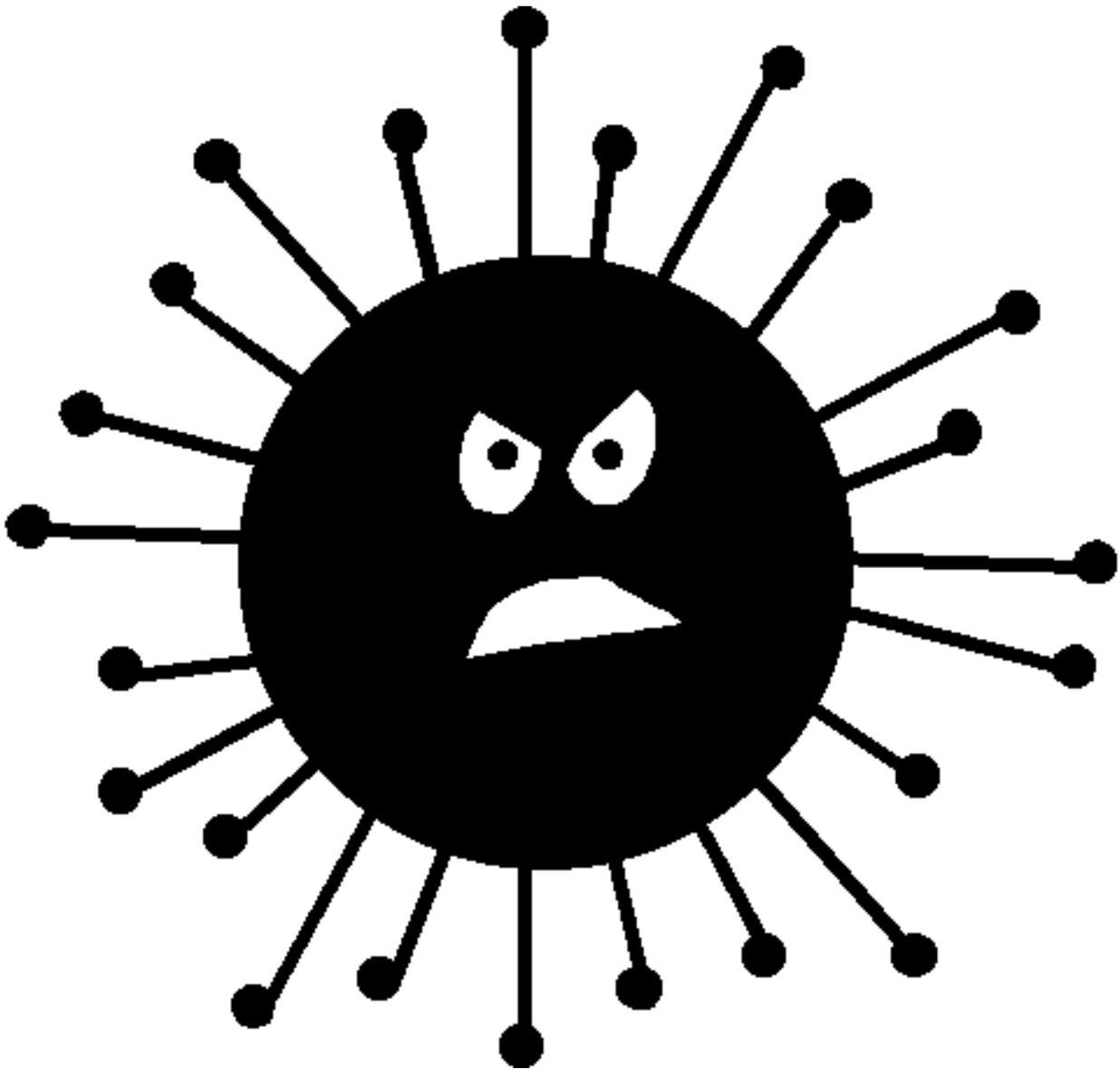
## ANTIGEN — THE INVADER





## DRAWINGS OF PARTS OF THE IMMUNE SYSTEM

### HUMAN IMMUNO-DEFICIENCY VIRUS





## FACING FACTS ABOUT HIV/AIDS AND STDs SESSION PLANS

# SESSION 3: How HIV IS TRANSMITTED

## OVERVIEW

There are many ideas among the public about how HIV is transmitted. **It is clear how HIV is transmitted.** In this session, participants will learn to differentiate between the myths and facts.

## TIME

2 hours

## OBJECTIVES

By the end of the two-hour session participants will be able to:

1. List the four main fluids that transmit HIV.
2. Describe the term “portal of entry.”
3. Distinguish between ways they can and cannot contract HIV.

## MATERIALS

Flip chart or board

Markers or chalk

Tape

Handouts: *Activities that Can and Cannot Transmit HIV* (each activity is a separate card)



## DELIVERY

*Trainer notes: Expect discomfort in the audience when talking about the following topic, and acknowledge it. Lead the group through their embarrassment and agree that these things are sometimes very hard to talk about. It is a very important Life Skill to be able to talk about sexual things clearly and openly. You may want to brainstorm with the group about why being able to name and talk clearly about these embarrassing things is important for everyone's protection. Some ideas might be to understand your own body and how it works, to be able to talk to your children accurately about sexual matters, to be able to explain to a doctor what you are feeling, to clearly understand what can put you at risk for HIV/AIDS and STDs, and to talk with your friends and also your partner to make informed and conscious decisions regarding sex.*

### I. OVERVIEW (30 MINUTES)

HIV can be contracted only in very specific ways. First a person must be in direct contact with one of four main body fluids that transmit HIV. Do you know what these are? Brainstorm with the group: List these suggestions only under a heading "Fluids that **do** transmit HIV": blood, semen, vaginal fluids, or breast milk. Write other suggestions under the heading "Fluids that **do not** transmit HIV." Say that there are a few other fluids like amniotic fluid (that an unborn baby floats in) that doctors or nurses or other health workers may be exposed to that could transmit HIV. Confirm that they understand what "semen" and "vaginal secretions" are, by asking participants what local terms are used to describe them. Explain that in order to get infected, these fluids need a *portal of entry* into your body. A portal of entry is the way that HIV enters the body. This is either through a *cut, sore, or opening in the skin* or through the soft tissue called "mucous membrane" located in *the vagina, the tip of the penis, the anus, the mouth, the eyes, or the nose*. The participants now can evaluate whether any given activity can transmit HIV by:

1. Determining if one of these fluids that transmits HIV is present, and
2. Determining if there is a portal of entry into the body.

The most common ways of transmitting HIV are through vaginal and anal sex; possibly oral sex; through sharing needles or other sharp equipment such as razors, which could have another's blood on it; through direct blood transfusions of untested blood; or from mother to infant during pregnancy, delivery, or breastfeeding. There is no way to catch HIV by being near a person with HIV, or by sharing their cups or bathrooms, or by hugging them or kissing them when blood is not present. There are no documented cases of HIV transmission through sharing toothbrushes. This practice could only present a risk if there was blood present on the toothbrush.

## II. ACTIVITY CARDS (90 MINUTES)

Use cards listing activities that either can or cannot transmit HIV. Facilitator then tapes the cards on the backs of participants. Participants walk around the room and ask questions that can only be answered by “yes” or “no” to other participants in an effort to discover the activity taped on their back. When the activity is guessed, the participants tape the activity to their front and keep assisting others by answering “yes” or “no” to their questions. Activities could be “being bitten by a mosquito” or “having vaginal sex with a virgin.” Questions could be “Could this activity transmit HIV?” or “Does this activity involve the mouth?” and so forth. When all activities are guessed, group members stand in a circle and share their activities with each other. They take turns taping their activities under the headlines of “Can transmit HIV” or “Cannot transmit HIV.” If controversy occurs over the correct column, the facilitator leads the group through reasoning by asking whether the activity involves one of the fluids that can transmit HIV and a portal of entry.

*Trainer notes: Depending on what community you are working with, you may encounter resistance to talking openly about sexual activities and seeing them printed on people's backs. This activity is designed to help overcome taboos about talking about sex which exist in most cultures. Select sexual activities that are practiced in the culture of your community. Make it clear that because a person is wearing an activity, that does not mean that they practice it or condone its practice. Encourage participants to be aware that others, however, may practice those activities. We are here to clarify how HIV is and is not transmitted and not to judge others. There should be no resistance from participants to addressing activities that do not transmit HIV, but the trainer should select activities that are common misconceptions about HIV transmission in the community.*

## EVALUATION TOOLS

Proper placing of transmission cards will indicate the level of knowledge gained on transmission dynamics. Also, it is important to observe the participants' ability to use their newly gained knowledge about fluids and portals of entry to reason out if any particular activity can or cannot transmit HIV.



## RESOURCES

- Web site: [www.aidsmap.com](http://www.aidsmap.com)
- Web site: [www.unaids.org](http://www.unaids.org)

A number of excellent publications are available free from this web site by following the “Publications” link to “How to Order.” The following resources are applicable to this session:

*UNAIDS KM67 School Health Education to Prevent AIDS and STD: A Resource Package for Curriculum Planners 1999*

*UNAIDS KM60 AIDS and HIV Infection: Information for United Nations Employees and their Families 1999*

**PARTICIPANT CARDS**  
**(EACH ACTIVITY IS A SEPARATE CARD)**

## **ACTIVITIES THAT CAN TRANSMIT HIV**

- Vaginal sex
- Direct blood transfusion of untested blood
- Sharing needles
- Contact with blood of an infected person
- Breastfeeding
- Mother to infant during delivery
- Mother to infant during pregnancy
- Exchange of blood
- Mucous membrane contact with semen
- Mucous membrane contact with vaginal fluids

## **ACTIVITIES THAT CANNOT TRANSMIT HIV**

- Being near a person with HIV
- Sharing a drinking cup with a person with HIV
- Hugging a person with HIV when blood is not present
- Kissing a person with HIV when blood is not present
- Shaking hands with a person with HIV when no blood is present
- Proper use of a condom during sex





## FACING FACTS ABOUT HIV/AIDS AND STDs SESSION PLANS

# SESSION 4: THE RELATIONSHIP OF STDs AND HIV/AIDS

## OVERVIEW

This session describes the four major sexually transmitted diseases and their symptoms. Participants learn the concept that **early treatment of sexually transmitted diseases can dramatically reduce the risk of infection with HIV**. They have an opportunity to role play telling a partner about STDs and why they should get treated.

## TIME

2 hours

## OBJECTIVES

By the end of the session, participants will be able to:

1. Identify symptoms of five STDs.
2. Describe how an STD infection increases the risk of HIV transmission.
3. State why it is important to get early treatment for an STD.
4. Visit an STD treatment site before the next session.

## MATERIALS

Flip chart or board

Markers or chalk

Handouts: *Common STDs Cards* (each STD is a separate card) and *Symptoms of STDs Cards* (each symptom is a separate card)



## DELIVERY

### **I. OVERVIEW—THE ROLE OF SEXUALLY TRANSMITTED DISEASES (STDs) IN HIV TRANSMISSION (15 MINUTES)**

Having an STD is one of the most important factors in HIV transmission. In Africa, it increases the risk of HIV transmission by 350 percent. A recent study showed that the presence of STDs in eastern and southern Africa was one of the two major reasons why there was a higher incidence of AIDS in these regions of the continent.

A genital sore or ulcer as in syphilis, chancroid, or herpes expands the portal of entry. Having a discharge, as in gonorrhea or chlamydia, means that more white blood cells are present. Since white blood cells are hosts for HIV, it means that more virus can be transmitted or received when the discharge is present. Quick and proper treatment of STDs and immediate referral of partners can be important strategies for HIV prevention. Often women do not have apparent symptoms of sexually transmitted diseases, so check-ups and partner referrals are very important. But men, too, may occasionally not have symptoms, even of gonorrhea; so, it is important that the man seek treatment also if his partner is infected and avoid blaming partners for infection.

### **II. THE STD GAME (45 MINUTES)**

Tape the names of STDs horizontally along the top of the wall. Write popular names of the diseases in parentheses next to the scientific names. Throw the cards with the names of the signs and symptoms on the floor. Divide the group into four groups, giving each one a name of one disease. Each group seeks out the cards believed to be related to their disease and tapes them in the appropriate column on the wall. The facilitator leads a discussion with the group to realign any misplaced cards.

### **III. DISCUSSION QUESTIONS (30 MINUTES)**

Lead the participants in the following discussion:

1. Where do people go in our community to get treated for STDs?
2. Which of these places is the best place to go to get treated? Why?
3. Are people afraid to seek treatment for STDs? Why?
4. Why is it important to get treated early for an STD?
5. Why is it important that your partners get treated?
6. How can we tell someone that they have been exposed to an STD without blaming them or getting hurt ourselves?

#### IV. ROLE PLAY (30 MINUTES)

Have volunteers role play two situations. In the first situation, have a male partner inform his female partner that she needs to get treated for gonorrhea because he is having symptoms of that disease. In the second situation, have a female partner tell her male partner that he needs to get treated for syphilis because she just learned in her prenatal exam that she has that disease.

Evaluate how the situations went. Were they realistic? Did they achieve the desired outcome—willingness of the partner to get tested? Did partners feel blamed? Are there other ways to reveal this news that would have been more effective at getting the desired outcome?

#### V. HOMEWORK

Ask if participants have ever visited a clinic for an STD check-up. Would any members of the group be willing to visit a clinic or STD treatment site before the next session and report on the experience? They could evaluate the accessibility of services, availability of medications, knowledge of STDs by provider, confidentiality, cleanliness, and attitudes of service providers to clients.

## EVALUATION TOOLS

- Proper placing of STD symptom cards
- Observation of communication skills in role play
- Number of correct answers to discussion questions
- Number of participants who describe visit to an STD clinic at following session

## RESOURCES

***Sexually Transmitted Diseases***, Office of Medical Services Pre-Service Training, Peace Corps. Available in PC Medical office.

- Web site: [www.unaids.org](http://www.unaids.org)

A number of publications are available free from this web site by following the “Publications” link to “How to Order.” The following resource is applicable to this session:

*UNAIDS GPA 14 Management of Sexually Transmitted Diseases*





**PARTICIPANT CARDS**  
(EACH STD AND EACH SYMPTOM IS A SEPARATE CARD)

**COMMON STDs AND SYMPTOMS**

<b>GONORRHEA</b>	<b>SYPHILLIS</b>	<b>HERPES SIMPLEX</b>	<b>CHANCROID</b>
<ul style="list-style-type: none"> <li>• Yellow–green or white discharge from the penis or vagina</li> <li>• Burning sensation on urination</li> <li>• Symptoms usually 2 to 14 days after exposure</li> <li>• Possibly no symptoms</li> <li>• Possible swelling in area of testicles</li> <li>• Possible sterility if untreated</li> <li>• Possible blindness in newborns if not treated with drops in eyes</li> </ul>	<ul style="list-style-type: none"> <li>• Painless sore on penis or in vagina</li> <li>• Sore appears 10 to 90 days after exposure</li> <li>• Non–itching rash on body (palms and soles)</li> <li>• Hair loss, fever, and chills</li> <li>• Possible death if untreated</li> <li>• Possible death or bone deformation in newborn if mother not treated early in pregnancy</li> </ul>	<ul style="list-style-type: none"> <li>• No cure, treatment is Acyclovir</li> <li>• Small painful blisters on genitals or mouth</li> <li>• Symptoms may recur when under stress</li> <li>• Viral infection</li> <li>• Severe neurological damage or death to newborns if exposed in birth canal</li> </ul>	<ul style="list-style-type: none"> <li>• Painful sore on penis or vagina</li> <li>• Sore appears 3 to 5 days after exposure</li> <li>• Inflammation of lymph gland on one side</li> <li>• Greatest risk factor for HIV transmission</li> </ul>





## FACING FACTS ABOUT HIV/AIDS AND STDs SESSION PLANS

# SESSION 5: WOMEN AND AIDS

## OVERVIEW

Women in Africa are especially vulnerable to HIV/AIDS and need information and skills to protect themselves and their children from infection. In this session both biological and cultural factors that put women at higher risk than men are explored. Symptoms of HIV specific to women and children are discussed, as well as ways to reduce the risk to these two groups.

## TIME

2 hours

## OBJECTIVES

By the end of the session, participants will be able to:

1. List five symptoms of HIV specific to women (gynecological).
2. List at least three symptoms of HIV specific to infants infected with HIV.
3. Describe the modes of perinatal transmission of HIV and give at least three ways to reduce the risk of HIV transmission from mother to child.
4. Describe at least three cultural and three biological factors that put woman at higher risk for HIV infection.
5. List ways in which they can help reduce the risk of HIV transmission to women and children in their community.



## MATERIALS

Flip chart or board

Markers or chalk

Handouts: *Symptoms of HIV Specific to Women and Children* on cards (each symptom on a separate card)

### **Women's Symptoms:**

Recurring lower abdominal pain; repeated vaginal yeast infections (white itching discharge); abnormal menstrual periods (either extremely heavy flows or missing periods); cervical cancer; sores of unknown origin in the vagina

### **Infant's Symptoms:**

Failure to thrive or grow at a normal rate; enlarged liver or spleen; earaches (otitis media); repeated thrush or white spots in the mouth

## DELIVERY

*Trainer notes: The following session deals with issues of female anatomy that may be difficult for women to talk about at all, and that are very embarrassing to address when men are present. The trainer may decide to make this a women-only session. If women are completely unfamiliar with their genital area, the facilitator may want to use pictures or have women draw pictures of their genital area before doing the following activities. Some women in the community, such as midwives or those involved in initiation rites, may be very familiar with women's genitalia, and it could be helpful to have these women help facilitate this session. Stress that although these are embarrassing topics, knowing about our bodies helps us take care of our health and teaches us how to better educate our female family members. In describing symptoms, we may be using terms that seem very clinical. Use local language and terms to help identify these symptoms and repeatedly check to see if the women have questions or concerns throughout the activities.*

### **I. SPECIFIC SIGNS AND SYMPTOMS OF HIV IN WOMEN AND INFANTS (20 MINUTES)**

Explain to the group that infection with HIV may not cause symptoms initially. Later symptoms of HIV infection may appear, but diagnosis of AIDS is usually determined either by presence of an opportunistic infection like tuberculosis (TB), or a combination of symptoms from given lists. Certain symptoms like weight loss, fever and chills, cough, and so forth may be common symptoms of early HIV infection in men and women alike. Women and children, however, may have specific symptoms of HIV that are

unique to them. Because these symptoms are often not listed in brochures about HIV/AIDS, women may go for a long time without realizing that they could possibly be infected with HIV. Although the signs and symptoms we will discuss do not necessarily mean that a woman or infant is infected with HIV, if they are persistent it may be useful to talk to a health professional about getting a test for HIV.

Place the cards randomly on the floor. Explain that the cards have HIV symptoms written on them that are specific for either women or infants. Have the group organize them into two groups: those that they think are women's symptoms and those that they think are infants' symptoms. Once the group has placed the cards, explain what the symptoms are and make any corrections necessary.

## II. PERINATAL TRANSMISSION (40 MINUTES)

Ask the group if they understand how HIV can be transmitted from a woman infected with HIV before, during, and immediately following delivery (perinatal period). Build on their answers by talking about exposures in the womb, during delivery, and through breastfeeding. Explain that the risks are highest when a woman has a high viral load, that is, immediately following infection or when the woman is very sick with AIDS. African studies have shown that the risk of perinatal transmission is between 25 and 50 percent in that geographic region. Remember that almost all babies born to HIV-infected mothers will test positive at birth, but this test is looking at the mother's antibodies, which have been passed passively to the baby. It can take up to 18 months for the baby to lose its mother's antibodies, and have a negative test.

Write the following four highlighted statements on the board and have group members read them out loud and discuss their opinions of the following suggestions for reducing the risk of perinatal transmission.

- **Avoid getting pregnant if you are HIV positive.** Does an HIV-positive woman have the right to choose if she wants to get pregnant? Can the baby get infected if the father is positive but the mother is not infected? (No, as long as she is not in the window period. See "Disease Progression and Positive Behavior," Session 7 in Part II, for description of window period.)
- **Breastfeed even if you are HIV positive.** Who has the right to decide whether to breastfeed or not? The facts are that breastfeeding increases the overall risk of HIV transmission by 14 percent. When a mother is infected during the time she is breastfeeding, studies in Rwanda demonstrated that as many as 50 percent of the babies will get infected through breastfeeding. But breastfeeding is very important for a



baby's health and protects babies from other diseases. In many countries in Africa where infant mortality is high, it is suggested that a mother continue to breastfeed even if she is positive, especially if she cannot find another source of noncontaminated milk. What could be other sources of noncontaminated milk? It was also shown that if a mother decides to breastfeed when she is HIV positive, it is better to breastfeed exclusively.

Also, using a condom, if having sex during the time she is breastfeeding, will prevent more virus from being put into the bloodstream and the breastmilk.

- **Have a Caesarean delivery.** Studies have recently shown that Caesarean deliveries with sterile precautions can reduce the risk of HIV transmission. Is this a practical solution for women in your community?
- **Start treatment with AZT/Niverapine during pregnancy.** This treatment can drastically reduce the transmission of HIV from mother to child to as low as eight percent. This treatment is available to some pregnant women in African countries through clinical studies. What about following pregnancy? What are the consequences for the woman and the baby if the woman does not have access to drugs after pregnancy?

### **III. WHAT MAKES WOMEN ESPECIALLY VULNERABLE TO HIV INFECTION? (40 MINUTES)**

Hopefully before this session, participants will have had some exposure to gender role discussions either from the Life Skills sessions or through PACA and WID/GAD materials. More women than men are infected with HIV in Africa, and women have a greater risk than men for becoming infected with HIV during a single sexual encounter. Women are at greater risk for biological reasons, and because of social roles, or cultural practices.

Lead participants in brainstorming ways that women may be at greater risk biologically or culturally in their communities. Write their suggestions on a flip chart or the board.

#### **Possible Biological Risk Factors:**

- Women receive greater quantities of possibly infected fluids during a sexual encounter.
- Women have a surface area of mucous membrane (portal of entry) that is greater in size than men's.
- Very young women have more risk of infection during sex both because the cells in the vagina in underdeveloped women are more likely to receive the virus, and because tearing may cause bleeding which increases the risk of infection.

- If a woman has been circumcised or uses natural substances to dry out her vagina, the smaller or drier area may rupture more easily during sex.
- Because the vagina is an internal organ, women are less likely to know that they have sores from STDs, which could facilitate HIV transmission.

**Possible Cultural Risk Factors:**

- Gender roles that do not permit women to participate in sexual or reproductive decisions
- Girls' initiation rites that could include female circumcision or young girls' sexual initiation by an older male relative
- Taboos related to speaking about sex
- Men's preference for dry sex, which can encourage women to put drying agents in the vagina that can cause tearing
- Lobola (bride price) or marriage rites that give women a property value
- Extreme poverty that encourages the exchange of sex for money, school fees, or food
- Belief that a man can cure AIDS by sleeping with a virgin
- Beliefs that condoms either do not work or are actually contaminated with the virus
- Lack of female-controlled prevention methods such as microbicides

*Trainer notes: When discussing the above factors, it is important to be objective and nonjudgmental. Have the group address specifically how these cultural factors might affect HIV transmission. Also examine with the group if there are ways that these cultural practices could also be turned into opportunities for reducing the risk of HIV. For example, could initiation rites include some kind of symbolic practice that represents circumcision, and could it also include education about working with husbands to prevent HIV from entering into the family?*

#### **IV. WHAT CAN WE DO? (20 MINUTES)**

Go around the room and have participants say one thing they plan to do to help protect themselves as women or their female partners (if men) and their unborn children from getting infected with HIV.

If men are not in the group, it will be essential to include men in a later session concerning this issue, since men usually have the greatest decision-making power in the community related to reproductive health and sexual decisions. How do the women think their partners would respond to this information? What do they think is the best way to reach their men on this topic? Do any



of the women have husbands who would be good leaders of public opinion? What is the next step?

## EVALUATION TOOLS

- Correct placing of symptom cards and clarity of understanding of symptoms in the discussion period
- Observation of discussion in second activity and ability of women to express their own opinions publicly on the controversial topics discussed
- Identification of biological and cultural risk factors in the third activity
- Number of women who come up with a concrete suggestion for preventing HIV transmission among women and infants

## RESOURCES

- Web site: [www.unaids.org](http://www.unaids.org):

A number of excellent publications are available free from this web site by following the “Publications” link to “How to Order.” The following resources are applicable to this session:

*UNAIDS KM72: Counseling and Voluntary HIV Testing for Pregnant Women in High HIV Prevalence Countries 1999*

*UNAIDS KM64: Prevention of HIV Transmission from Mother to Child: Strategic Options 1999 (English, French, and Spanish)*

*UNAIDS KM50 Gender and HIV/AIDS: Taking Stock of Research and Programmes 1999*

*UNAIDS KM47 AIDS 5 years since ICPD, Emerging Issues and Challenges for Women, Young People, & Infants 1999*

*UNAIDS KM20 HIV and Infant Feeding: Guidelines for Decision-Makers 1998*

*UNAIDS KM17 Facing the Challenges of HIV/AIDS/STDs: A Gender-Based Response 1998 (English and French)*

*UNAIDS POV9 Women and AIDS 1997 (English, French, and Spanish)*

## FACING FACTS ABOUT HIV/AIDS AND STDs SESSION PLANS

# SESSION 6: HIV PREVENTION

## OVERVIEW

In this session participants learn the importance of universal precautions since it is impossible to determine who might be HIV positive. The session also addresses the concept that **there are simple and effective ways for everyone to prevent HIV infection.**

## TIME

2 hours

## OBJECTIVES

By the end of the session, participants will be able to:

1. Define universal precautions and identify when to use them.
2. Demonstrate proper application of a condom.
3. Demonstrate refusal skills in a role play.

## MATERIALS

Flip chart or board

Markers or chalk

Gloves or plastic bags for every participant

Wooden penises or soda bottles for condom demonstrations

Condoms for every participant

Samples of female condoms, if available



## DELIVERY

*Trainer notes: You may wish to invite a nurse or doctor to conduct the section on universal precautions. This could be a host-country national medical professional or a Peace Corps Medical Officer.*

### **I. DISCUSSION ON UNIVERSAL PRECAUTIONS (20 MINUTES)**

Begin by asking participants, “Who knows what the term ‘universal precautions’ means?” Universal precautions is a term usually used by health care professionals working in hospital and clinic settings. It means that everyone “universally” should be considered to be potentially infected with HIV. You should not decide to use barriers for protection from infectious bodily fluids based on how sick a person may look or how at risk they appear to be. All people, including yourself and your sexual partner, should be considered to be potentially infected with HIV unless you have tested negative at least three to six months after your last possible risk activity. If you are exposed to the blood of another person, it is not necessarily helpful to test them for HIV, since they may test negative for antibodies and still have the virus.

Therefore when handling blood or any of the fluids mentioned earlier (blood, semen, vaginal secretions, and breast milk, as well as others that health workers could be exposed to such as amniotic fluid, pleural fluid, cerebral spinal fluid, or synovial fluid), you must create a barrier between the fluid and the portals of entry mentioned. (Review “How HIV is Transmitted,” Session 3 in Part II, if necessary.) Proper disposal of the barrier, such as gloves, is also important, as is hand washing after the event. These precautions also protect you from hepatitis B, which is much more infectious than HIV.

This means that when you are dealing with any of the above fluids:

- Use latex gloves or plastic barriers if gloves are not available.
- Clean up blood spills immediately using gloves or plastic barriers and wipe with a bleach/water solution; then, dispose of soiled items in plastic bags.
- Put used injection needles in puncture-proof containers. Do not recap needles, as this is the most common way that health care workers have infected themselves.
- If a person you are working with begins to bleed, hand them a cloth to stop the bleeding themselves until a medical person arrives.
- If working in a situation where blood could be splattered in your face, such as helping with a delivery, cover your

eyes with glasses and your nose and mouth with a mask, if possible. Wash your hands.

- At your school or worksite, keep a first-aid kit with gloves and bandages and antiseptic available.
- If you do become exposed, contact a medical officer immediately for possible prophylactic treatment. Be sure not to treat the person whose blood you may have touched only as a possible infector, but show concern for their health as well by offering information and possible testing.

## II. THE GLOVE GAME (15 MINUTES)

Give each participant one glove or plastic bag to place on one hand. Call out different situations that would either require use of a barrier or not. Have participants raise their gloved hand if the activity requires universal precautions or the bare hand if it does not. Sample situations might include:

- When dressing the bleeding wound of a young student (glove)
- When shaking hands with a person you know to be sick with AIDS (bare)

## III. CONDOM DEMONSTRATION (40 MINUTES)

Since HIV is usually transmitted through sex, not having sex is a good way to prevent HIV transmission. If someone has sex, latex condoms are a good barrier to protect one from coming in contact with the fluids we talked about. Ask the group if anyone has seen condoms. What do they think about them? Let them express their dislike, fears, incorrect information and discomfort openly. Tell them that condoms are not 100 percent effective, usually because they are not used consistently or correctly. But in studies done with couples where one partner is infected and the other is not, and where partners used the condom consistently and correctly, the other partner did not get infected.

Do a demonstration in front of the class, or ask a participant to do a demonstration and talk through the important steps to keep a condom from breaking:

1. Check the expiration date.
2. Check that the condom has not been left too long in the sun by feeling for an air pocket in the wrapper.
3. Open the package carefully.
4. Find out which way the condom rolls out.
5. Pinch the tip of the condom to prevent air being trapped.



6. To increase sensation for the man, add a drop of *water-based* lubricant (not any oil product) inside the unrolled condom as you are pinching it.
7. Roll the condom gently down to the base of the object symbolizing the erect penis.
8. Withdraw before the erection is completely gone and remove the condom carefully, tying it off so that the fluid does not spill.

*Trainer notes: If you have a safe environment in the room and a sufficiently mature audience, it is good to have pairs in the class practice putting the condom on a bottle or wooden object by themselves while the partner observes and clarifies the steps. Emphasize to the group that working with condoms will help overcome embarrassment and make them more effective peer educators or health trainers. Doing condom demonstrations in educational settings has never been shown to increase or promote earlier sexual activity among young non-sexually-active people.*

*If female condoms are available in your community, demonstrate how one is used. Talk about the advantages of a woman-controlled prevention method, a product that covers a wider surface area, and one that is made of a sturdier product than latex and will not break if oil-based lubricants are applied. Negative factors include lack of availability, cost, and awkwardness of application. Many African women who have tried female condoms have liked them once they got used to them. If you have married people in your group, you may want some couples to experiment with a female condom three times and report back to the group.*

#### **IV. ROLE PLAY REFUSAL SKILLS (40 MINUTES)**

Have volunteer participants role play at least two scenarios in front of the group. The participants may create the situations themselves. Examples would be:

1. A young girl is being pressured to have sex by an older man who will buy her a nice dress, and the girl is refusing to have sex with him.
2. A woman wants her husband to use a condom until he sees a doctor because he has been complaining that it burns when he urinates. She refuses to have sex with him unless he uses a condom.

Discuss whether the role plays were realistic. Did the outcomes protect the partners from infection or not? What else could the person say that might be effective in these situations?

#### **V. EVALUATION (5 MINUTES)**

Have participants state one new thing they learned during the session and one thing they plan to do protect themselves or their family from contracting HIV. (Examples could be talking to partner or family member about HIV, making a first-aid kit to

have at their worksite, getting an HIV test or an STD check-up, trying a female or male condom with their partner, refusing to have sex with partner who is not willing to use protection.) At the next sessions, follow up on the progression of their action plans.

## EVALUATION TOOLS

- Accuracy of selection of gloved hand for universal precautions
- Observation of correct steps in condom demonstrations
- Observation of negotiation skills used in role plays

## RESOURCES

Contact with Peace Corps Medical Officers (PCMOs), local clinics, condom vendors, and local Population Services International (PSI) representatives.

- Web site: [www.unaids.org](http://www.unaids.org)

A number of excellent publications are available free from this web site by following the “Publications” link to “How to Order.” The following resources are applicable to this session:

*UNAIDS: GPA 21 Report of the Consultation on Action to be Taken after Occupational Exposure of Health Care Workers to HIV (English and French)*

*UNAIDS: GPA 10 Guide to Adapting Instructions on Condom Use (English and French)*

*UNAIDS: GPA 45 Condom Promotion for AIDS Prevention—A Guide for Policymakers, Managers, and Communicators*

*UNAIDS: P.V 7 The Female Condom: Point of View 1998*





## FACING FACTS ABOUT HIV/AIDS AND STDs SESSION PLANS

# SESSION 7:

## DISEASE PROGRESSION AND POSITIVE BEHAVIORS

### OVERVIEW

The time it takes for HIV to lead to AIDS can vary greatly and our health behaviors can affect this time period. There is a pattern to disease progression and the presence co-factors can increase the speed of progression.

### TIME

2 hours

### OBJECTIVES

By the end of the session, the majority of the participants will be able to:

1. Define the terms: window period, incubation period, and honeymoon period. Explain what they have to do with HIV disease progression.
2. List at least three symptoms of early HIV infection and four infections common to people with AIDS.
3. Explain the meaning of the term “co-factor” and give at least three examples of co-factors.

### MATERIALS

Flip charts or board

Markers or chalk

A large rope

Two different colored tapes or chalks



Handouts: *Disease Progression Diagram* and *Early Symptoms of HIV and Opportunistic Infections and Cancers* on cards (each symptom of HIV, opportunistic infection, or cancer is a separate card)

**Early symptoms of HIV:**

weight loss, cough, chronic diarrhea, yeast infections, fever, chills

**Opportunistic infections and cancers:**

tuberculosis (TB), pneumonia, shingles, Kaposi sarcoma, toxoplasmosis, cervical cancer

## DELIVERY

### I. OVERVIEW (10 MINUTES)

Not everyone infected with HIV has developed AIDS and died. In a study where over 500 HIV-positive individuals were followed for 14 years, 32 percent did not develop AIDS, and nine percent were symptom free. There are many things people can do to live longer and feel better even when they are infected with HIV. There are also many behaviors and other factors which can speed up the time it takes from when someone is infected with HIV until she/he gets sick with AIDS. These are called co-factors.

### II. DISEASE PROGRESSION (30 MINUTES)

*Trainer note: Describe the steps in disease progression without using the diagram, as the development and use of it are in step III.*

There are three major periods of HIV infection:

**Window period**

The time between infection and when a person develops enough antibodies to show up positive on the HIV test—usually between two weeks and three to six months. At this time, a person has a high viral load and is very infectious because no antibodies are controlling the virus. The person's test is still negative at this time because the test detects antibodies, not the virus.

**Incubation period**

The time between infection and the development of disease symptoms associated with AIDS that are similar to TB. This could take many years. Some people infected over 15 years ago have still not progressed to AIDS.

**Honeymoon period**

This is the time between the end of the window period and the end of the incubation period. It is called the honeymoon period because the persons are living in relative harmony with their virus.

They may have a few minor symptoms, but usually do not look sick. During this time, their antibody load is high, and their viral load is low. Although they can still pass the virus to others through sex, they are less infectious. During this time, pregnant women have less chance of passing HIV to their babies, either during delivery or through breastfeeding.

### **III. CREATING A DISEASE PROGRESSION DIAGRAM (30 MINUTES)**

Either at the flip chart with colored markers or on the floor with colored tape, convene the participants in a circle and have them help create the disease progression diagram by talking them through the steps. Then throw the cards on the floor with names of early symptoms and opportunistic infections and have the group place them along the timeline. Ask them how a person could find out if he/she really had HIV or another disease; talk about the symptoms of the opportunistic infections; and ask them if there are treatments at their local hospital or health clinic to treat the symptoms or the diseases listed. As a homework assignment, two of the students could visit a local hospital to find out what treatments are available and report back to the group.

### **IV. CO-FACTOR BRAINSTORMING (30 MINUTES)**

What are some of the co-factors which could make a person already infected with HIV get sick faster? Elicit responses such as:

- Not eating healthy foods
- Not getting enough rest
- Smoking, drinking alcohol, or using chamba (marijuana or Indian hemp), which weakens the immune system
- Getting re-infected with more HIV by having sex without a condom with your infected partner
- Not preventing or treating other diseases as early as possible, such as TB or STDs
- Feeling stressed or anxious, such as when you feel all alone and guilty and you have no one to support you

### **V. CO-FACTOR TUG-OF-WAR (30 MINUTES)**

Have half of the group stand holding one end of a large rope, the other half holding the other end. Each member of the group calls out one co-factor that can speed up progression of the disease or something positive someone can do to prevent progression of the disease. Help the group think of many positive things they can do for their physical, emotional, and spiritual health. Students take their position on the positive or negative end of the rope and play tug of war to see if the positive behaviors can pull down the co-factors. Or use the Bridge Model (Session 1 in Part III) to build



a bridge to a longer and healthier life through positive behaviors, even while infected with HIV. After the tug of war ask the participants if and why they think it might be important to find out early if they are infected with HIV. Do they know where they can get tested and counseled? Consider conducting a future field visit to this site and offering the experience of getting tested as an alternate activity.

## EVALUATION TOOLS

- Observation of participants' ability to create disease progression chart
- Correct placement of symptom cards on the time line
- Ability to list co-factors in the tug-of-war game

## RESOURCES

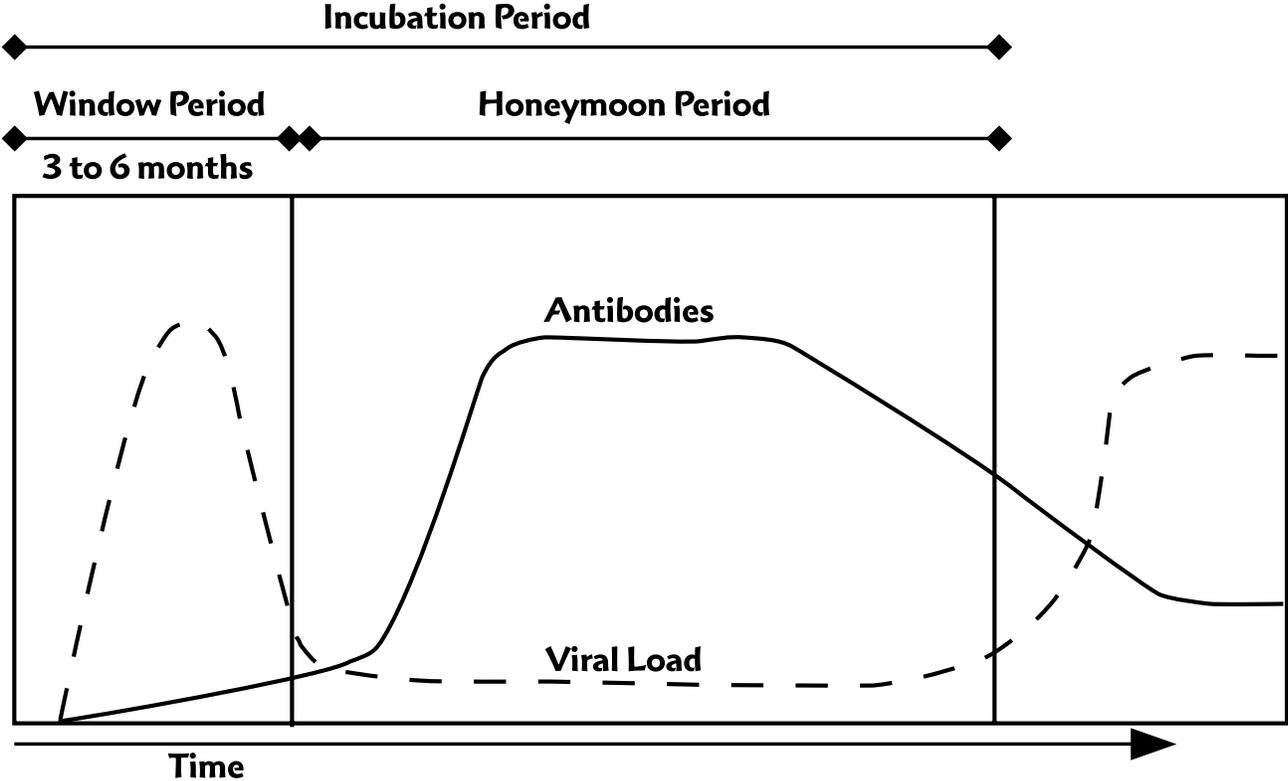
- Web site: [www.projinf.org](http://www.projinf.org)  
Opportunistic Infection Table
- Web site: [www.unaids.org](http://www.unaids.org)

A number of excellent publications are available free from this web site by following the "Publications" link to "How to Order." The following resources are applicable to this session:

*UNAIDS TU8 HIV-Related Opportunistic Diseases: Technical Update 1998 (in English, French, and Spanish)*

*UNAIDS: POV8 Tuberculosis and AIDS 1997 (in English, French, and Spanish)*

# DISEASE PROGRESSION DIAGRAM





## FACING FACTS ABOUT HIV/AIDS AND STDs SESSION PLANS

SESSION 8:  
CURE OR TREATMENT?

## OVERVIEW

There are mistaken beliefs that some people have been cured of HIV/AIDS, and that wealthy people or countries are the only ones who can get treatments. This session addresses these ideas and emphasizes the concept that **although there is no cure for AIDS, there are many treatments available to Africans (as for all people)**. The cycle of well-being is explored and activities within each sector are explored for people with HIV/AIDS.

TIME 

2 hours

## OBJECTIVES

By the end of the session, participants will be able to:

1. Agree that there are ways to treat HIV in Africa and that it is important to find out early if you are infected.
2. Distinguish between “cure” and “treatment” and give at least five examples of treatment strategies available in Africa.

MATERIALS 

At least 30 pieces of paper—3”× 8”

Colored markers

Tape

Handout: *Components of Well-Being*



Flip chart: Components of Well-Being (only the center circle of the diagram)

## DELIVERY

### I. OVERVIEW (20 MINUTES)

*What is the difference between a treatment and a cure? Has anyone in the group heard of anyone in their village or in the world being cured of AIDS? What do they think this means?*

A “cure” means that the germ that causes a disease has been completely killed or eliminated from the body and will not return unless a person is re-infected. “Treatment” means use of a drug, injection, or intervention that can cause the symptoms to become less painful or pronounced or cause them to disappear altogether. A treatment may not always lead to a cure, however, because in some cases symptoms may be “dormant” (asleep), but the antigen is still in the body and the symptoms may recur at a later date without re-infection. Bacteria can usually be cured, while viruses (such as the cold virus, herpes, or HIV) are missing some basic genetic material (such as RNA or DNA) and they must use this genetic material from our cells to survive. Therefore, we cannot kill the virus without killing the cell. In other words treatment but not cure is possible.

Sometimes people say that people have been cured of HIV because HIV can no longer be detected in their blood. The viral load could be so low that it cannot be picked up on a laboratory test. Many people believe that an American basketball player is cured of AIDS, but really his viral load is so low due to the medicines he is taking that his virus is not currently showing on his tests. But the virus could be reproducing in his bone marrow. Many people who have taken medications have had undetectable levels of virus, but later their viral load has risen. People could also be so sick that they no longer have enough antibodies to be detected on an antibody test. Perhaps you have heard of stories in your country where someone who was previously known to have had a positive test for HIV became very sick, but then they were said to be cured of AIDS because their antibody test was no longer positive. They still have the virus but no longer can produce antibodies.

#### **An Expanded Understanding of the Meaning of “Treatment”**

If we look at health in a broader sense, our physical health is only one component of our total well-being and is influenced by the other components. “Treatment” in its broadest sense can mean any intervention that helps improve any aspect of our well-being. There are many strategies we can use to prolong our life and improve its quality even if we are infected with HIV. This concept is very important for Africans. Although we should still struggle

to create access to new anti-retroviral treatments for everyone in the world, there are still many forms of treatment that are currently available to Africans.

## II. WELL-BEING SECTORS (20 MINUTES)

Ask the group to describe what each sector of the well-being chart means to them. What are examples of elements of each section? Help elicit responses similar to those below. Which sections of the circle do they see as being the most important for maintaining and restoring their health? Who are people in the community who help to support their well-being in different sectors?

- **General Health Maintenance:** nutrition, rest, exercise, avoiding infections, avoiding drugs and alcohol. Studies have shown that these things strengthen our immune system.
- **Psychological well being:** having a positive attitude, building self-esteem, counseling, reducing stress.
- **Spiritual well-being:** having faith or a belief system, practice prayer, or meditation
- **Social well-being:** having spousal or family support, peer support, a social system that protects one from discrimination, continuing productive work or advocacy. Studies have shown that women with breast cancer who were involved in support groups lived twice as long as those who were not.
- **Physical well-being:** at least three types of medical interventions
  1. Treatments to strengthen the immune system which could include traditional remedies like herbs and acupuncture, and so forth.
  2. Treatment to prevent or alleviate symptoms and cure opportunistic infections like TB, pneumonia, diarrhea, skin conditions, and so forth.
  3. Anti-retroviral therapy and protease inhibitors such as AZT, D4T, Indinavir, Nevirapine often not available in Africa except for treatments to reduce risk of perinatal transmission.

## III. CREATING A HOLISTIC TREATMENT PLAN (45 MINUTES)

Divide group into five subgroups, and have each group represent one of the aspects of well-being. Each group writes in large letters on 3"× 8" paper activities within their sector they could do to improve the health status of someone living with HIV/AIDS. Group members tape their plan around the outer rim of the



diagram on the wall. Groups take turns explaining their treatment plan to the whole group.

#### **IV. EVALUATION (15 MINUTES)**

Ask for a show of hands of how many believe that treatments for HIV are available to people in their community. Discuss what and where available.

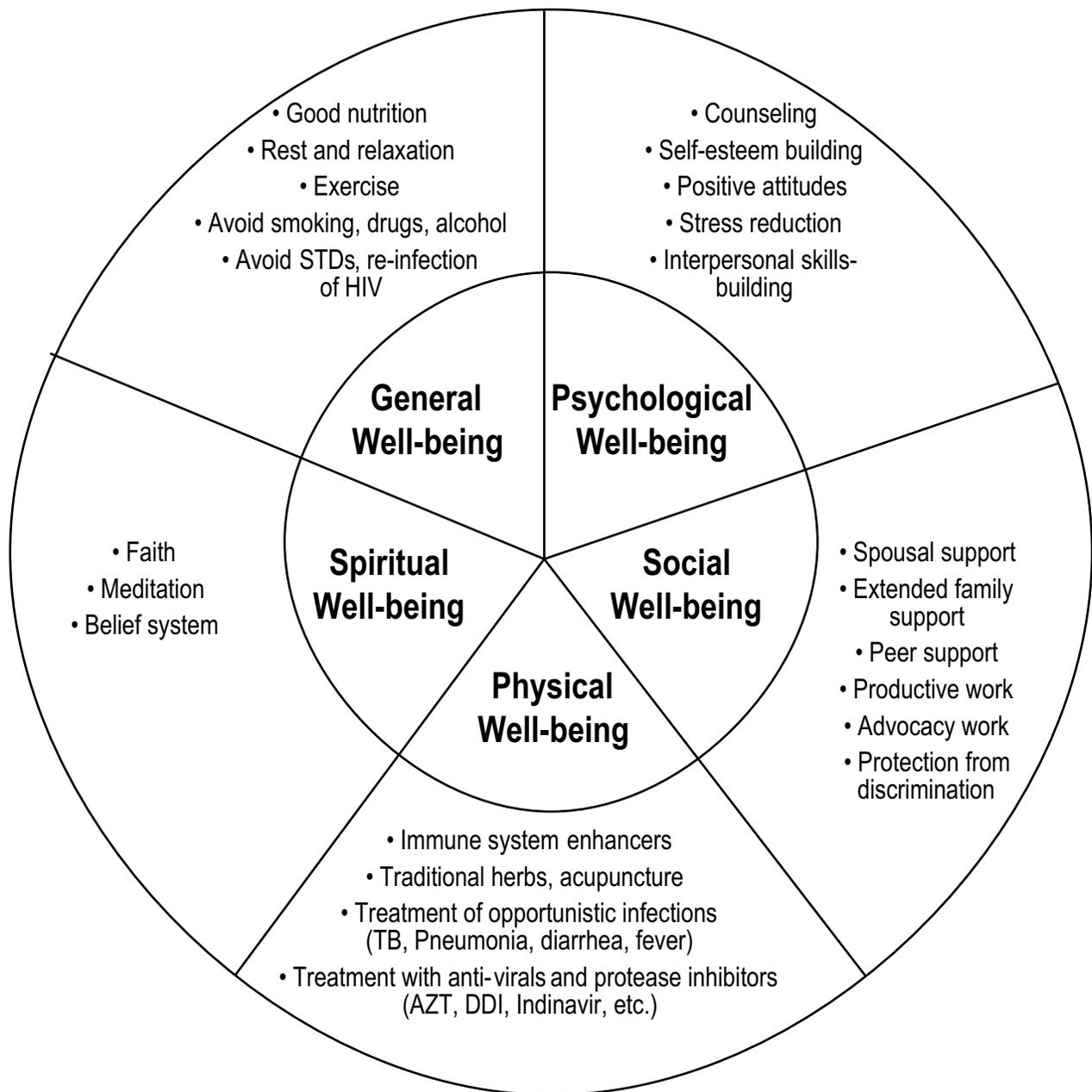
Ask for a show of hands of how many think it would be a good idea find out early if you had HIV. Lead a discussion about the reasons why this might be true.

## **RESOURCES**



- Web site: [www.projinf.org](http://www.projinf.org) (for Treatment Information)

## CREATING A TREATMENT PLAN FOR THE WHOLE PERSON





## FACING FACTS ABOUT HIV/AIDS AND STDs SESSION PLANS

# SESSION 9: HIV/AIDS AND HUMAN RIGHTS

## OVERVIEW

This session explores the concept that **protecting the human rights of people living with HIV/AIDS not only helps them to live positive and productive lives, but also helps to prevent HIV transmission.**

## TIME

2 hours

## OBJECTIVES

By the end of the session, participants will be able to:

1. List at least five human rights of people living with HIV.
2. Identify a link between the protection of human rights for people living with HIV and the prevention of infection.
3. Define what it means to live positively with HIV/AIDS.
4. Describe how participants' attitudes towards people living with HIV/AIDS have changed after the session.

## MATERIALS

Five small pieces of paper for each participant

Pencils

A basket for collection of papers

Water for the speaker

Tissues



Handout: Excerpts from *HIV/AIDS and Human Rights International Guidelines*, United Nations, 1998

## PREPARATION

A few weeks before this session, visit local organizations of people living with HIV/AIDS and find out if they have a speakers' component. Get to know their philosophy and experience related to public speaking on personal experiences of living with HIV/AIDS. Talk to speakers; explain your purpose; and select the best speaker for your presentation on human rights. Offer a stipend or meal, along with transportation to the session.

Use the *HIV/AIDS and Human Rights International Guidelines*, attached, as a background for the discussion in Activity I.

## DELIVERY

### I. DISCUSSION OF HUMAN RIGHTS (20 MINUTES)

Ask the group what the term "human rights" means to them. What human rights do they have? Brainstorm with the group what they consider to be basic human rights for all people regardless of their health status. Ideas might include the right to medical care, employment, housing, education, reproductive rights, and so forth.

### II. LOSING OUR RIGHTS (40 MINUTES)

Give each participant five small pieces of paper and have them write down five rights that are important to them, one on each piece of paper. Then have them hold the papers up like a hand of cards. The facilitator walks around the room with a basket and randomly takes slips of paper from the participants putting them in the basket. You may skip some participants altogether and take all five from another. Then process with the group what rights they lost, and how that made them feel. How did they feel about the injustice of the selection process? If they thought they might be infected with HIV and they knew that they would probably suffer discrimination would they want to get tested? If they knew they were positive for HIV would they tell their partner or potential partner? If not, could this affect transmission of HIV in our community?

### III. INTERACTING WITH A PERSON LIVING WITH HIV/AIDS (60 MINUTES)

Spend an hour in a dialogue between group members and a person living with HIV or AIDS regarding how this disease has affected his/her life.

*Trainer notes: Many HIV support groups in Africa now have people living with HIV who are willing to educate groups about AIDS by sharing their personal experience with the disease. The group should be prepared ahead of time for this visit, and the facilitator should check with the speaker what types of questions they are comfortable answering. Sample questions could relate to the human rights theme. What made the speaker decide to speak publicly about his or her HIV infection? Has he or she experienced any discrimination? What have been the advantages to speaking out? The group should make a pact of confidentiality related to the speaker's comments. It is important to select a speaker who is honest, prepared, and eager to speak with groups, and who can model what it means to live positively with HIV. This can be a transformational moment in changing stereotypes about the disease and breaking through denial about personal risk factors.*

#### **IV. EVALUATION (HOMEWORK)**

Have students either write an essay about what they learned from the experience or write a letter to the visitor thanking him/her and saying how the speaker's talk influenced their views towards people living with HIV and/or affected their behavior.

## **RESOURCES**

- Web site: [www.unaids.org](http://www.unaids.org):

A number of excellent publications are available free from this web site by following the "Publications" link to "How to Order." The following resource is applicable to this session.

*UNAIDS KM 21 HIV/AIDS and Human Rights: International Guidelines*, Joint publication of UNAIDS and the United Nations 1998

Lists of local associations of people living with AIDS in your country.



## PARTICIPANT HANDOUT

### PAGE 1 OF 4

Excerpts from HIV/AIDS and Human Rights International Guidelines,  
United Nations, 1998

### III. International human rights obligations and HIV/AIDS

#### *Introduction: HIV/AIDS, human rights and public health*

72. Several years of experience in addressing the HIV/AIDS epidemic have confirmed that the promotion and protection of human rights constitute an essential component in preventing transmission of HIV and reducing the impact of HIV/AIDS. The protection and promotion of human rights are necessary both to the protection of the inherent dignity of persons affected by HIV/AIDS and to the achievement of the public health goals of reducing vulnerability to HIV infection, lessening the adverse impact of HIV/AIDS on those affected and empowering individuals and communities to respond to HIV/AIDS.

73. In general, human rights and public health share the common objective to promote and to protect the rights and well-being of all individuals. From the human rights perspective, this can best be accomplished by promoting and protecting the rights and dignity of every one, with special emphasis on those who are discriminated against or whose rights are otherwise interfered with. Similarly, public health objectives can best be accomplished by promoting health for all, with special emphasis on those who are vulnerable to threats to their physical, mental or social well-being. Thus, health and human rights complement and mutually reinforce each other in any context. They also complement and mutually reinforce each other in the context of HIV/AIDS.

74. One aspect of the interdependence of human rights and public health is demonstrated by studies showing that HIV prevention and care programmes with coercive or punitive features result in reduced participation and increased alienation of those at risk of infection.<sup>15</sup> In particular, people will not seek HIV-related counselling, testing, treatment and support if this would mean facing discrimination, lack of confidentiality and other negative consequences. Therefore, it is evident that coercive public health measures drive away the people most in need of such services and fail to achieve their public health goals of prevention through behaviour change, care and health support.

75. Another aspect of the linkage between the protection of human rights and effective HIV/AIDS programmes is apparent in the fact that the



## PARTICIPANT HANDOUT

### PAGE 2 OF 4

incidence or spread of HIV/AIDS is disproportionately high among some populations. Depending on the nature of the epidemic and the legal, social and economic conditions in each country, groups that may be disproportionately affected include women, children, those living in poverty, minorities, indigenous people, migrants, refugees and internally displaced persons, people with disabilities, prisoners, sex workers, men having sex with men and injecting drug users—that is to say groups who already suffer from a lack of human rights protection and from discrimination and/or are marginalized by their legal status. Lack of human rights protection disempowers these groups to avoid infection and to cope with HIV/AIDS, if affected by it.<sup>16</sup>

76. Furthermore, there is growing international consensus that a broadly based, inclusive response, involving people living with HIV/AIDS in all its aspects, is a main feature of successful HIV/AIDS programmes. Another essential component of comprehensive response is the facilitation and creation of a supportive legal and ethical environment which is protective of human rights. This requires measures to ensure that Governments, communities and individuals respect human rights and human dignity and act in a spirit of tolerance, compassion and solidarity.

77. One essential lesson learned from the HIV/AIDS epidemic is that universally recognized human rights standards should guide policymakers in formulating the direction and content of HIV-related policy and form an integral part of all aspects of national and local responses to HIV/AIDS.

#### ***A. Human rights standards and the nature of State obligations***

78. The Vienna Declaration and Programme of Action, adopted at the World Conference on Human Rights in June 1993,<sup>17</sup> affirmed that all human rights are universal, indivisible, interdependent and interrelated. While the significance of national and regional particularities and various historical, cultural and religious backgrounds must be borne in mind, States have the duty, regardless of their political, economic and cultural systems, to promote and protect universal human rights standards and fundamental freedoms.

79. A human rights approach to HIV/AIDS is, therefore, based on these State obligations with regard to human rights protection. HIV/AIDS demonstrates the indivisibility of human rights since the realization of economic, social and cultural rights, as well as civil and political rights, is essential to an effective response. Furthermore, a rights-based approach to HIV/AIDS is grounded in concepts of human dignity and equality which can be found in all cultures and traditions.

## PARTICIPANT HANDOUT

### PAGE 3 OF 4

80. The key human rights principles which are essential to effective State responses to HIV/AIDS are to be found in existing international instruments, such as the Universal Declaration of Human Rights, the International Covenants on Economic, Social and Cultural Rights and on Civil and Political Rights, the International Convention on the Elimination of All Forms of Racial Discrimination, the Convention on the Elimination of All Forms of Discrimination against Women, the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment and the Convention of the Rights of the Child. Regional instruments, namely the American Convention on Human Rights, the European Convention for the Protection of Human Rights and Fundamental Freedoms and the African Charter on Human and Peoples' Rights also enshrine State obligations applicable to HIV/AIDS. In addition, a number of conventions and recommendations of the International Labour Organization are particularly relevant to the problem of HIV/AIDS, such as ILO instruments concerning discrimination in employment and occupation, termination of employment, protection of workers' privacy, and safety and health at work. Among the human rights principles relevant to HIV/AIDS are, *inter alia*:

The right to non-discrimination, equal protection and equality before the law;

The right to life;

The right to the highest attainable standard of physical and mental health;

The right to liberty and security of person;

The right to freedom of movement;

The right to seek and enjoy asylum;

The right to privacy;

The right to freedom of opinion and expression and the right to freely receive and impart information;

The right to freedom of association;

The right to work;

The right to marry and found a family;

The right to equal access to education;

The right to an adequate standard of living;

The right to social security, assistance and welfare;



## PARTICIPANT HANDOUT

### PAGE 4 OF 4

The right to share in scientific advancement and its benefits;

The right to participate in public and cultural life;

The right to be free from torture and cruel, inhuman or degrading treatment or punishment.

81. Particular attention should be paid to human rights of children and women.

<sup>15</sup> J. Dwyer, "Legislating AIDS Away: The Limited Role of Legal Persuasion in Minimizing the Spread of HIV", in 9 *Journal of Contemporary Health Law and Policy* 167 (1993).

<sup>16</sup> For the purposes of these Guidelines, these groups will be referred to as "vulnerable" groups although it is recognized that the degree and source of vulnerability of these groups vary widely within countries and across regions.

<sup>17</sup> A/CONF.157/24 (Part I), chap. III.

## FACING FACTS ABOUT HIV/AIDS AND STDs SESSION PLANS

# SESSION 10: HIV/AIDS AND BEHAVIOR CHANGE

## OVERVIEW

In this session, participants work to apply what they have learned in previous sessions. Through a case study they explore the concept that **knowledge, attitudes, and skills need to be used together to help people practice behaviors that reduce risks for HIV and lead to healthier lives.** An evaluation of all 10 sessions on HIV/AIDS and planning for next steps are included.

## TIME

3 hours, including 1 hour for final evaluation and closure

## OBJECTIVES

By the end of the session, participants will be able to:

1. List at least three principles that influence behavior change.
2. Design a behavioral change intervention plan for an African family affected by AIDS.

## MATERIALS

Flip chart paper

Markers

Tape

Certificates for those completing the training



Handouts: *African Family Exercise: (Group 1 through Group 4)* and *Principles of Behavior Change*

## DELIVERY

### **I. OVERVIEW (5 MINUTES)**

Facilitator discusses with the group how difficult it is to change behavior. No one can really change the behavior of another person, and changing our own behavior is a slow process, often marked by many relapses. Although information is important for us to form opinions, it alone will not lead to behavior change. To move from information to adopting new behaviors, we must move through re-examining our attitudes and developing new skills. It is for this reason that the skills-building exercises in this *Life Skills Manual* are so important.

### **II. PERSONAL COUNSELING FOR BEHAVIOR CHANGE (30 MINUTES)**

Have participants pair up. One person will describe either a health behavior they have changed or a health behavior they have not changed but know they ought to change. The listener establishes a pact of confidentiality around the content and draws the speaker out either as to what helped change his/her behavior or what impeded the behavior change. Preferably, they will discuss a behavior they have been working on related to HIV/AIDS as a result of the previous sessions. After 15 minutes the facilitator will ask participants to report to the group the factors that helped change behavior and those factors that blocked change. Write down the factors on a large sheet in front of the group. If time permits, reverse roles so each person gets to describe a health behavior they are trying to change.

### **III. DISCUSSION (15 MINUTES)**

Compare what participants listed with the *Principles of Behavior Change* article by Thomas Coates. Then lead the group in the following activity.

### **IV. AFRICAN FAMILY EXERCISE (1 HOUR, 15 MINUTES)**

Facilitator states that an African family has been informed by a doctor that their 18-month-old daughter died of AIDS. Participants now divide into four groups. Each group takes 35 minutes to strategize interventions for a different family member. Have one member of each group take on the role of the particular family member in order to get a deeper understanding of the person's issues.

Each group will have 10 minutes to report their plan to the large group. (If they have been introduced to "The Bridge Model,"

Session 1 in Part III, have them relate their plan to the model.) After all of the presentations, discuss the importance of families knowing about HIV/AIDS transmission and treatment.

## **VI. OVERALL EVALUATION OF HIV/AIDS SESSIONS (1 HOUR)**

Develop an evaluation form for the sessions. This could be a scale from one to five along with room for comments on each session, the facilitator's performance, and participants' overall evaluation of the training. Ask each participant to state or write the most important information learned in the sessions, what attitudes changed during the sessions, what skills were learned, and what behavior he/she intends to change as a result of the sessions. Discuss the possibility of following up on their behavior change plans in six months.

Ask the group if they feel ready to educate others about AIDS. Do they need additional training in any area? What kind of ongoing support would they like as they educate others? Give out any monitoring tools you have developed with the group to track their presentations, and schedule the first follow-up meeting with the group.

Close the session with a validation exercise in which each participant validates the others for what they have contributed. Award certificates to the participants.

## **EVALUATION TOOLS**

- Group list of behavior change principles that compares favorably with the "Behavior Change Principles."
- Group's ability to build a bridge to a healthier life for the family members using elements of knowledge, attitudes, skills, and behavior they intend to change as a result of the sessions. In six months, follow up on their behavior change plans.





## AFRICAN FAMILY EXERCISE

### GROUP 1

The 45-year-old father of the family is feeling very ill and has been unable to work for two months. He has fever, chills, and weight loss, and a cough that is beginning to produce blood. He has taken some herbal remedies, but does not want to go to the hospital. He believes that the doctor's story that his child died of AIDS is just part of the white man's conspiracy to blame Africans and that AIDS does not exist.

Draft an action plan for the father. Select at least one behavioral change that you believe would be important to improve the health of the father. List possible alternative options that would improve his health.

- What attitudes or cultural beliefs might you want to change or strengthen to help him attain the above action?
- What skills will he or other family members need to support him?
- What knowledge about AIDS would you share with him?
- How would you phrase those messages, and who would you select to share those messages with him? What can the father do to support his family?





## AFRICAN FAMILY EXERCISE

### GROUP 2

The 35-year-old mother is tired. She is experiencing lower abdominal pain and chronic vaginal yeast infections. She has just learned that she is pregnant again. She is grief-stricken over the death of her child and feels that it is her fault that her baby died, maybe because her breast milk was bad. She is very worried about everyone in the family.

Draft a strategy with the mother for an action plan to deal with her situation.

- What actions should she take to improve her health?
- What actions should she take to protect the health of her fetus?
- What specific knowledge about HIV does she need?
- What attitudes are creating obstacles or strengthening her health status? For those attitudes that are creating obstacles, what strategies would you develop to deal with them?
- Identify people who could best influence her attitudes and behaviors.
- Among her family, whom does she choose to care for first? What resources exist to help her with these tasks?
- What can the mother do to support her family?





## AFRICAN FAMILY EXERCISE

### GROUP 3

The 17-year-old son, Ababu, is not in school, but he knows that people can get AIDS from sex. Because his father is sick and his mother is busy caring for the rest of the family, he spends lots of time with his friends on the streets. He is good-looking and has many girlfriends, and often has sex with commercial sex workers after drinking with his friends.

Design an action plan for Ababu that focuses on behaviors you think are important for him to address. Discuss options with him for addressing those behaviors.

- What attitudes are contributing to his behaviors, and how do you plan to address those attitudes?
- What knowledge and skills does he need to reduce his risks?
- What are the major social, cultural, and economic influences on his behavior? How will you help him address these influences?
- What life options does he have to maintain his health?
- What messages will you give, and who will help you give them?
- What can Ababu do to support his family?





## AFRICAN FAMILY EXERCISE

### GROUP 4

Kadija is the 11-year-old daughter in the family. She is frightened by what is happening at home and does not understand why her baby sister died, or why her father is so sick. Because her father is no longer working, she does not have money to buy clothes and books for school. A kind man has offered to buy these things for her if she will be sweet to him.

Strategize an intervention plan for Kadija.

- What knowledge does she need?
- How would you phrase messages to make her aware of her vulnerability? Who would be good resources to help her with her confusion?
- What skills does she need to deal with the “kind man?”
- What options does she have to keep herself healthy and safe, as well as meet her other needs?
- What can Kadija do to support her family?





## PRINCIPLES OF BEHAVIOR CHANGE

Excerpts from the article by Thomas Coates, Ph.D.

Center for AIDS Prevention Studies at UCSF

Changing health behavior is difficult, but changing sexual behavior is especially tricky. Various organizations have developed behavior change models, including the U.S. National Academy of Sciences (NAS). The seven principles listed below are based in part on the NAS work.

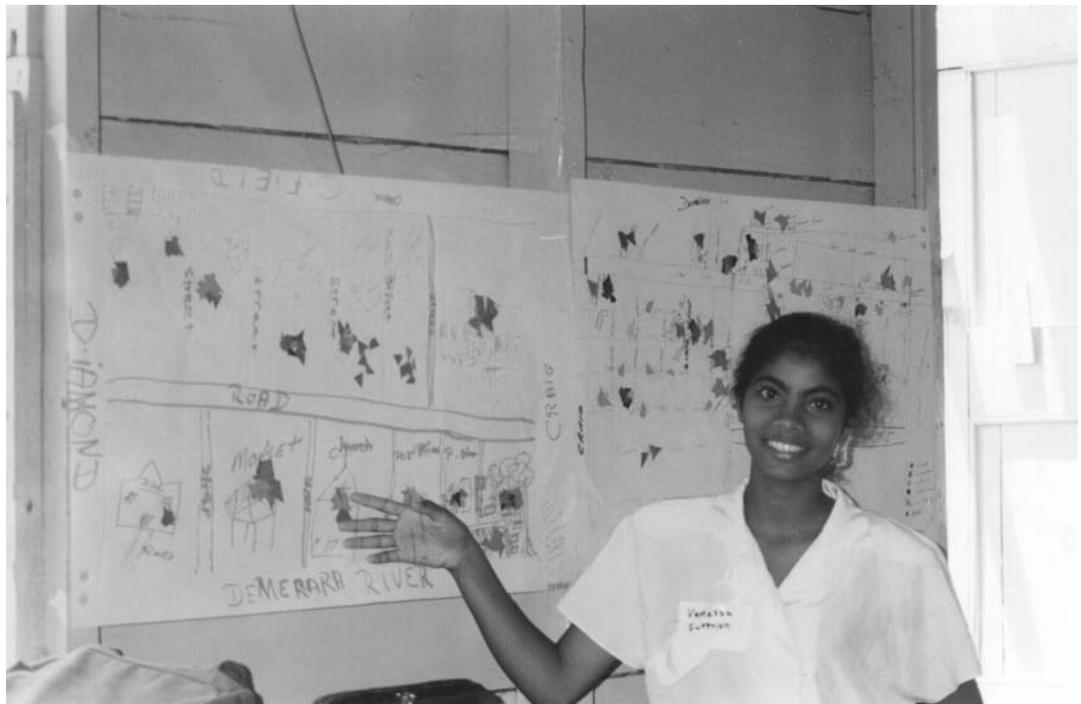
1. Providing information is the logical starting point in any behavior change effort. Information, although necessary, is rarely enough by itself to produce behavior change in most people. The information must be easily understood and relevant to the individuals you are trying to reach.
2. Fear messages have limited use in motivating behavioral change. If fear is overwhelming it can hinder, rather than help efforts to change. Too much fear may cause people to deny they are at risk, to rationalize by pointing to others who have practiced similar behaviors and survived, sometimes avoiding seeking medical care altogether. Fear based information must provide specific steps people can take to protect their health. Attention must be drawn to the **positive** consequences of engaging in the behavior. (Using words like “scourge” or “plague” may cause people not only to ostracize those infected with HIV/AIDS, but to deny their own risks for contracting the infection.)
3. People are more likely to try behaviors that they feel capable of performing. It is important to teach people the skills for engaging in the desired behaviors. Seeing examples of people engaging in the healthy behavior will help a person believe that he or she too can engage in that behavior. It is often easier to encourage people to substitute a behavior rather than to eliminate an unhealthy behavior altogether. Using condoms may be more acceptable if people believe they are pleasurable, enjoyable, and popular.
4. Individuals are more likely to adopt a new behavior if they are offered choices among alternatives. (Do not just promote abstinence or condoms, but give ranges of possible behaviors that reduce risk, like getting an HIV test with your partner, practicing less risky sexual behaviors, or discussing issues of risk with your partner or child.)
5. Campaigns should create environments that encourage change. The objective is to help people to avoid settings associated with unhealthy behaviors and to work on changing social norms in favor of the healthy behavior.
6. Change is more likely to occur if influential people in a community adopt the change.
7. Relapse is expected. Therefore, any program that seeks to maintain safe behaviors over time needs to build in ways to continue to maintain safe behaviors.

Adapted with permission from “Principles of Behavior Change,” an article by Thomas Coates, Ph.D., Center for AIDS Prevention Studies at the University of California, San Francisco.





# PART III: INTRODUCTION TO LIFE SKILLS





## LIFE SKILLS: BASIC SESSIONS

# SESSION 1: THE BRIDGE MODEL: HOW DO WE BUILD A BRIDGE FROM INFORMATION TO BEHAVIOR CHANGE?

## OVERVIEW

This session is the crux of the entire Life Skills program. The Bridge Model is a visual way of presenting the concept of behavior change that is used in the Life Skills model. A thorough understanding of this model is essential in structuring a Life Skills program in your community.

The Bridge Model seems to be a very simple concept, but we have found that a “light comes on” for most people when this session is presented. Although the concepts are simple, most people have not thought about the behavior change issue in these terms before. Visually imagining the process of behavior change as building a bridge has been a powerful moment for many of our participants.

It is most effective to introduce this model after conducting some motivation sessions. These sessions might include “Exchanging Stories (The Impact of AIDS Variation)” (Session 4 in Part V), “Consequences of Teenage Pregnancy” (Session 9 in Part V), or other sessions that highlight some of the risk activity of youth.

## TIME

2 hours, to 2 hours, 30 minutes

## OBJECTIVES

By the end of the session, participants will be able to:

1. List risks facing young people in the community.
2. Identify Life Skills that might help young people to avoid risk and build a healthy, positive future.
3. List five categories of Life Skills.



## MATERIALS

Flip chart: Bridge Model

Markers or chalk

Props for the role play

Handout: *The Role Play*

## PREPARATION

Post the Bridge Model on a prominent wall, roll it or cover it up, and arrange the chairs around it in a half-circle.

Prepare and rehearse the role play in advance. Ask two of your female participants to act in the role play. It is much more effective to choose two people from the larger group, rather than using fellow facilitators or peer educators. Fellow participants performing in the role play usually heightens the interest of the group. This role play will be the basis for your discussion of the Bridge Model, so it is essential that it be performed well and cover the topics you wish to highlight.

## DELIVERY

### I. THE BRIDGE MODEL ROLE PLAY (20 MINUTES)

When introducing this activity, you may wish to refer to some of the sessions on the impact of AIDS or teenage pregnancy to remind the group of the reasons for beginning a new program to work with youth on risk behavior. Invite the group to sit back and watch the following role play, which may be very similar to situations we are seeing in our communities.

Stop the role play when it is clear that the point has been made: Lucy was exposed to much information to keep her safe from pregnancy, STDs, and HIV/AIDS; yet she got pregnant anyway. Why?

### II. THE BRIDGE MODEL (1 HOUR, 20 MINUTES)

Referring back to the role play, ask leading questions to invite the participants to explore the situation. Some examples might be:

1. Is this a realistic situation? Have you seen this happen in our community?
2. Do you think Lucy understood the risks of having sex with Gift?

3. If she understood what could happen and had all of the information, why did she have sex anyway?
4. What were some of the things Gift said to pressure Lucy?
5. Did Lucy have good reasons for not using the condoms Rita gave her?
6. What will happen to Lucy now? What do you think will happen between her and Gift?

After discussing the role play, reveal the Bridge Model flip chart.

Discuss the model with the participants. Point out that in Malawi, young people generally know a great deal about the risks of sexual activity. In a sense, the young people are standing on top of all of the knowledge they need to keep themselves safe from the risky behavior of life. Ask the participants to read with you the current knowledge understood by most young people: facts about HIV/AIDS, information on drugs/alcohol, etc. Most young people learn all about HIV/AIDS prevention in school. Does that mean that no one gets infected? Emphasize that *even though people have the knowledge, that does not mean that they do not engage in risk behaviors*. It is helpful to continually refer back to Lucy during this discussion.

Now draw attention to the other side of the bridge. Point out that, as teachers, community members, parents, peer educators, and others we want to help our young people move to the “Positive, Healthy Life” side of the bridge. We want to help them use the knowledge that they have to live a stronger, healthier life. (Use gestures to show this movement on the Bridge Model.)

While gesturing towards the “sea,” ask participants to tell what is awaiting young people if we do not find a way to help them successfully cross from knowledge to a positive, healthy life. Equipped with nothing but knowledge, young people face the risk of falling into a sea of problems like HIV infection, alcohol and drug addiction, early pregnancy, and so forth.

So, what then is missing? What does it take to help young people to use their knowledge to lead a better life? Lead a group brainstorming session about what it takes to get across the bridge. You should continue to refer to Lucy and the role play during this brainstorming session, using questions like, “What was Lucy missing? What did she need to help her to use the information she had to make the right decision? Didn’t Lucy know the risks? Did she have the information?” You may need to guide the group to explore all angles of the situation so that you can get as many different suggestions as possible.

Each time someone gives a suggestion, it becomes a “plank” in the bridge. Write it on the chart above the sea between the two hills. Keep brainstorming until the entire bridge is completed—there



should be many, many ideas. Guide the group to understand these links by referring to the role play.

When the bridge is finished and all ideas are exhausted, process the concept with the group again. These planks in the bridge are the “Life Skills”—the tools a person needs to help translate the knowledge that they have into healthier behavior. It is our job to help to develop these Life Skills in people—to help them acquire the skills and tools necessary to lead healthier, happier lives. Point out that even if a few skills are missing (cover some of the planks with your hands), what happens? The person will still fall into a sea of problems. It is therefore necessary to launch a comprehensive program that targets all of these issues to better equip the people in our community to make healthy decisions for their futures.

So, the work of the Life Skills program is not to provide information since we believe that most of the information is already understood. Instead, we are developing the skills (refer to the bridge with your hand) to help better use this information to lead to a positive, healthy life. Our sessions, then, focus on the development of these Life Skills.

### **III. INTRODUCTION TO LIFE SKILLS CATEGORIES (30 MINUTES)**

As a continuation of the above session, write the five categories of Life Skills on a flip chart or on the board.

#### **Communication Skills**

#### **Decision-Making Skills**

#### **Thinking Skills**

#### **Relationship Skills**

#### **Emotion Management Skills**

Explain that we have simply grouped the Life Skills into a handful of categories to make it easier to work with them. Go over each category, and ask the group to suggest which of the Life Skills were written on the Bridge Model might fit into each category (for example, relationship skills might include good role models, gender issues, communication skills, self-esteem, and resistance to peer pressure). Many of the Life Skills will fit into more than one category.

Do not spend too much time on this topic. Just make sure that the participants understand that these are just groupings for the sake of convenience. All of the Life Skills are important, and some fit in more than one category.

#### **IV. EVALUATION (15 MINUTES)**

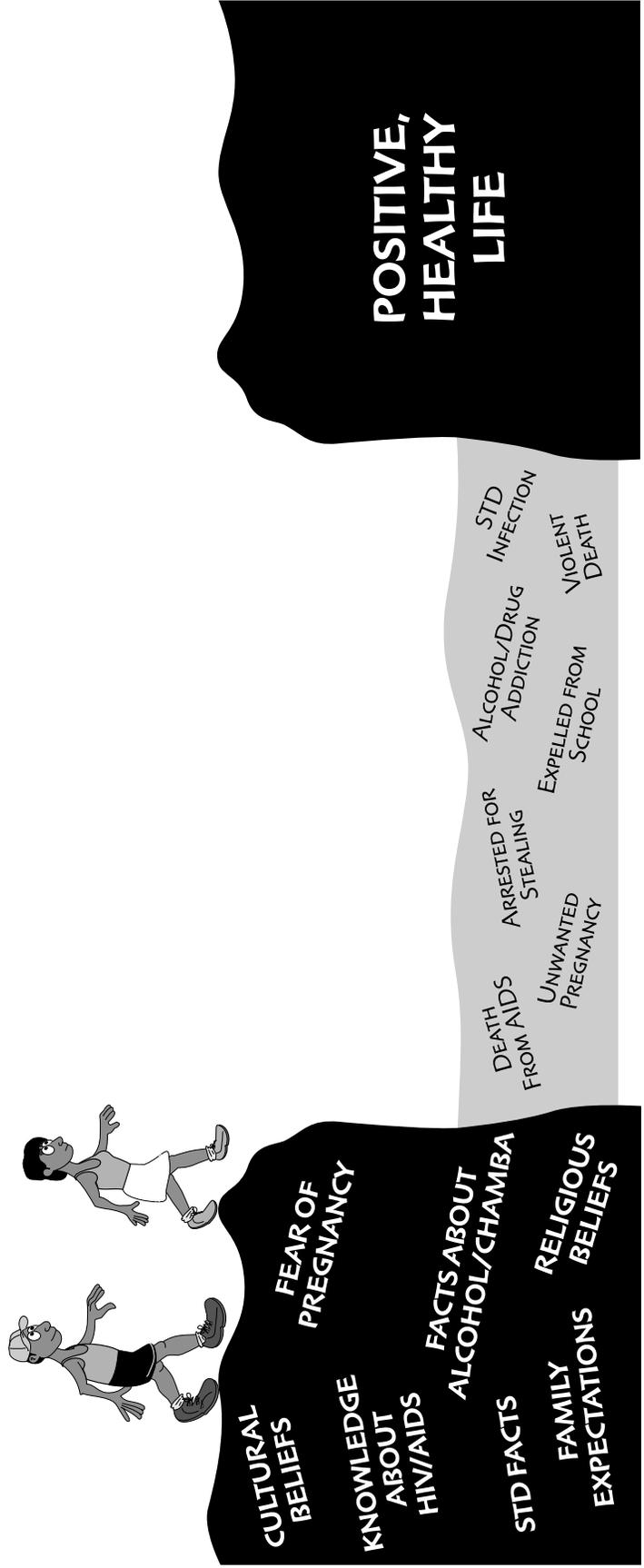
To ensure that the group truly understands the philosophy of the Life Skills model, ask the participants to pair off and to explain the model to each other while referring to the bridge. Move about the room and observe the level of understanding in the group and clarify points as necessary.

The Bridge Model was presented at the Peace Corps/Malawi workshop "Promoting Sexual Health," held in Lilongwe, Malawi, in July 1996.



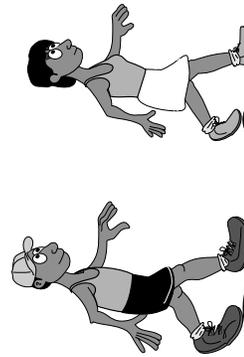


# OUR BEHAVIOUR CHANGE MODEL: How Do We Build a Bridge from Information to Behaviour Change





# OUR BEHAVIOUR CHANGE MODEL: How Do We Build a Bridge from Information to Behaviour Change



CULTURAL BELIEFS  
KNOWLEDGE ABOUT HIV/AIDS  
STD FACTS  
FAMILY EXPECTATIONS  
FEAR OF PREGNANCY  
FACTS ABOUT ALCOHOL/CHAMBRA  
RELIGIOUS BELIEFS

Communication Skills  
Understanding Consequences  
Good Role Models  
Resistance to Peer Pressure  
Decision-Making Skills  
Negotiation Skills  
Strength  
Goals for the Future

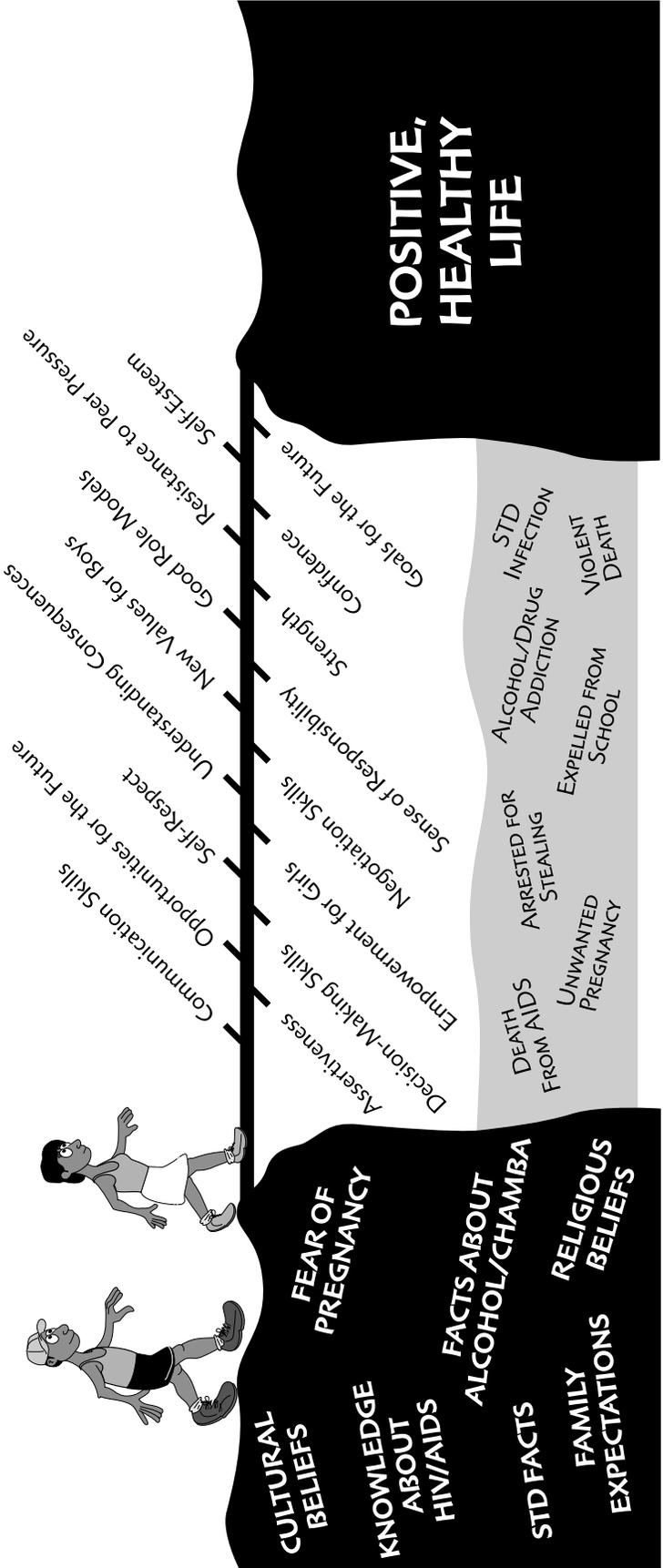
POSITIVE, HEALTHY LIFE

DEATH FROM AIDS  
UNWANTED PREGNANCY  
ARRESTED FOR STEALING  
EXPULSED FROM SCHOOL  
ALCOHOL/DRUG ADDICTION  
STD INFECTION  
VIOLENT DEATH





# OUR BEHAVIOUR CHANGE MODEL: How Do We Build a Bridge from Information to Behaviour Change





## THE ROLE PLAY

### TWO CHARACTERS:

**Rita:** A Form 4 (final year of high school) girl who has dropped out of school due to teenage pregnancy. She has been advising her friend, Lucy, to stay in school and to avoid boyfriends, sex, and so forth, before completing her education.

**Lucy:** A Form 1 (first year of high school) girl who is doing very well in school. Despite her friend's warning, she has become pregnant and has come to break the news to her friend.

Rita is sitting outside her house on the mpasa (straw mat). She is rocking her baby in her arms. As she sits alone with the baby, she talks about how tired she has been and how much work the baby turned out to be. She might say things like, "Oh, my baby—how troublesome you are! Keeping me up all night like that! Won't you ever settle down?"

Lucy walks up and shouts "Odi! Odi!" (Roughly equivalent to "Hello, is anybody home?" or a verbal knock on the door.) She is welcomed warmly by Rita. Lucy sits on the mpasa and greets her friend. She inquires after the health of the baby, and Rita tells her that the baby has been sick and has yet to sleep through the night. The friends chat for a moment before Rita comments on how odd it is to see Lucy like this during a school day. Rita asks Lucy why she is not in school, but Lucy changes the subject by talking about the baby. Rita asks Lucy again, and she again avoids the topic by asking Rita about Rita's boyfriend, Innocent. Rita responds by saying that she has not heard from Innocent since the birth of their baby. She has heard that he is now studying in the U.K., but he has never come to see her or the baby. Rita reminisces that she, too, could have gone to the U.K. for studies—her scores were so high—and she reminds Lucy of how important it is to avoid these boys and stay in school.

Rita asks again why Lucy is here on a school day. Lucy says something like this—"My friend, do you remember the advice that you are always giving me?" Rita responds—"Of course I do—I told you! Don't make the same mistakes I made—forget these boys until you are finished with your studies. Abstaining from sex is the best way to avoid getting pregnant or getting diseases—even AIDS!" Lucy probes further. "What else have you advised me?"

Rita says, "I told you that if you and that boyfriend of yours, Gift, cannot abstain, then remember to use a condom. You remember! I even gave you some condoms! Ah! But come on, my friend, what are you really doing here? Are you in trouble? What is it?"

Lucy, now in tears, confesses that she is pregnant with Gift's baby. Rita becomes angry. She reminds Lucy of all the advice she has given her; she reminds Lucy of the example of her own life. Lucy protests with ideas like, "But he loves me! He has promised to marry me!" Rita reminds Lucy that Innocent promised her the same thing. Rita asks why Lucy had sex with Gift after all her warnings. Lucy says that Gift threatened to leave her if she did not have sex with him. He said it was the only way to show him that she loved him, that everyone was having sex, etc. Rita asks why Lucy didn't use any of the condoms she gave her, "Were they finished?" Lucy says that her church is against condom use, and besides—Gift refused to use them.

Finally, in defense of herself, Lucy says, "Well, why wait? Why not have a baby now? Gift is going to be a doctor. I want to be his wife! What is the difference if I finish school? Look at Chimwemwe—she finished her MSCE (final high school examinations; college entrance tests) and she is 'just staying.' There are no jobs anyway!"





## LIFE SKILLS: BASIC SESSIONS

# SESSION 2: IDENTIFYING THE MISSING ELEMENT

## OVERVIEW

Intended to follow the “Bridge Model” (Session 1 in Part III), this role play activity is useful in ensuring that the participants have fully understood the Bridge Model and the Life Skills concept. Use it to review and reinforce the foundation of the program before moving on to exploring specific Life Skills.

## TIME

1 hour, 30 minutes, to 2 hours

## OBJECTIVES

By the end of the session, participants will be able to:

1. Identify specific Life Skills that are missing or need reinforcement in common community situations.
2. Describe the Bridge Model for behavior change.

## MATERIALS

Assorted props for role plays

## DELIVERY

### I. CREATING THE ROLE PLAYS (30–40 MINUTES)

Remind the participants of the ideas discussed in the “Bridge Model” session. Indicate that this session will reinforce our understanding of the concept of Life Skills.



Divide the participants into small groups. Instruct each group to create a role play showing a typical risk situation that a young person might face. Examples might include being pressured to drink alcohol, being pressured to have sex, and so forth. The role play should show the young person engaging in the risk behavior because one of the Life Skills we listed on the bridge is missing. For example, the role play might show a young person incapable of being assertive and then giving in to drinking alcohol.

## **II. IDENTIFYING THE MISSING ELEMENT (1 HOUR)**

After the group has come back together, invite each group to perform its role play. Members of the larger group should then identify which element, or which Life Skill, is missing in the role play. The group may notice that more than one Life Skill is missing—perhaps the person is lacking self-esteem, good communication skills, and resistance to peer pressure. Let the group brainstorm about the many Life Skills that might have helped the young person effectively manage the situation in the role play. Use this exercise as a means of exploring the way these Life Skills could change a situation in a young person's life.

## **III. EVALUATION (20 MINUTES)**

To ensure that the group has internalized the Life Skills concept, invite different participants to stand in front of the Bridge Model and explain it to the others. Participants can use the role plays they just saw as examples in their explanations.

This session was modeled at the Peace Corps/Malawi workshop "Promoting Sexual Health," held in Lilongwe, Malawi, in July 1996.

# PART IV: COMMUNICATION SKILLS





## COMMUNICATION SKILLS SESSIONS

# SESSION 1: COMMUNICATION PUZZLE

## OVERVIEW

As an introduction to the idea of good communication, this session is useful as the first activity for developing communication skills. After this session, the group can move on to exercises that practice the good communication skills they have discussed.

## TIME

1 hour, 30 minutes

## OBJECTIVES

By the end of the session, participants will be able to:

1. List barriers to good communication.
2. Identify good communication skills.

## MATERIALS

One puzzle (cut up into five puzzle pieces) in an envelope for each participant

Flip chart or board

Markers or chalk

Flip charts with titles: First Round, Second Round, Third Round, Good Communication Skills

Handout: *Communication Puzzle* (complete)



## PREPARATION

Prepare one puzzle in an envelope for each participant before the start of the session. (If supplies are a problem, participants can use paper and pencil and draw the puzzle each time.)

## DELIVERY

### I. INTRODUCTION (5 MINUTES)

Refer the group to the “Bridge Model” (Session 1 in Part III) and briefly review it. Suggest that one of the skills on the Bridge Model is perhaps the most important skill of all—in other words, the basis of all other Life Skills. Ask the participants to guess which skill is fundamental to all of the others. After some ideas, suggest or agree that communication skills are essential to all other Life Skills, and as such, it is important to begin the program by taking a closer look at barriers to good communication and to think about some of the steps to good communication. This exercise will introduce the idea of good communication skills. Ask for one volunteer from the group. Ask that volunteer to leave the room—you will join him/her outside in a few moments.

Now, instruct all participants to remove everything from their desks. They do not need to have anything in front of them at all. Give one envelope to each participant. Instruct everyone not to open the envelope or even look at it. They are asked just to place it on the desk in front of them and await further instructions.

Explain that they will get three chances to assemble the puzzle correctly.

### II. FIRST ROUND (10 MINUTES)

#### Instructions to the Participants:

- Do not take the pieces out of the envelope until the volunteer tells you to do so.
- Under no circumstances are you to look at someone else’s puzzle. You will be disqualified if you are caught looking at another puzzle.
- Absolutely no talking is permitted. There can be no questions. Silence!
- Wait for the volunteer to give instructions. Follow the instructions step-by-step.
- After the volunteer is finished, we will check each puzzle for a winner before going on to the second round.

**Instructions to the Volunteer:**

Prepare the volunteer outside the room. Instruct him/her in the following:

- Give the volunteer a copy of the puzzle sheet. Tell him/her to make sure that the participants cannot see the puzzle sheet. Suggest that the volunteer hold it close to the body to make sure no one can see it.
- Explain that each participant has pieces of the puzzle in the envelope. The volunteer is to go inside and explain step-by-step how to put together the puzzle.
- Emphasize that under no circumstances should the volunteer entertain any questions. There should be absolute silence from the participants. If a question is asked, the volunteer should ignore it completely and continue.
- Ask the volunteer to stand with his/her back to the group while providing instructions on how to complete the puzzle.

Guide the volunteer into the room, make sure his/her back is to the group, and wait while he/she gives the instructions. When he/she has finished, walk with the volunteer around the room to see if anyone has completed the puzzle correctly. In all likelihood, no one has done so. Ask the volunteer to leave the room and await your further instructions. (If by chance a participant has managed to do the puzzle correctly, congratulate him/her and remove the participant and the puzzle from the larger group.)

**III. SECOND ROUND (10 MINUTES)****Instructions to the Participants:**

- The instructions for the Second Round are basically the same. Ask that the participants follow the volunteer's instructions without looking around them. They should do their best to complete the puzzle.
- This time, however, the participants are permitted to ask questions and to speak. They should feel free to ask questions.

**Instructions to the Volunteer:**

*Trainer's note: The instructions for this round are crucial. It is important to ensure that the volunteer understands not to answer questions.*

- This time, the volunteer is permitted to face the group.
- Tell the volunteer that under no circumstances are the participants permitted to ask any questions. No matter what questions are asked or comments are made, the volunteer should continue without stopping. This is crucial to the



success of the exercise. Make sure that the volunteer understands that he/she is not to respond to anything that the group says. (Yes, this is something of a trick.)

Guide the volunteer back into the room. After the volunteer provides directions to the group, walk around the room with the volunteer to see if anyone has done the puzzle perfectly. Then escort the volunteer out of the room.

At this point, many of the participants will be frustrated or annoyed. This is part of the idea. Do not discuss how they feel or entertain any questions. Just continue with the final round of the exercise. Explain that this is their final chance to complete the puzzle.

#### **IV. THIRD ROUND (15–20 MINUTES)**

##### **Instructions to the Participants:**

- This time, the participants should feel completely free. They may ask any questions; they may look at the puzzles around them. They should do whatever they need to do to ensure that the puzzle is completed correctly.

##### **Instructions to the Volunteer:**

- This time, the volunteer can feel completely free. He/she may move freely around the room. He/she may answer all questions, provide examples, and offer words of encouragement—whatever it takes to ensure that each and every participant successfully completes the puzzle.

#### **V. PROCESSING THE EXERCISE (APPROXIMATELY 45 MINUTES)**

It is very important to process this exercise well. First of all, thank the volunteer for a job well done. Participants might be angry with the volunteer. Remind participants that the volunteer was following specific instructions.

Reveal the flip chart labeled First Round. Ask the participants to tell you about some of the problems that came up during the first round. Why was it difficult to complete the puzzle? What was good about this round? Frustrating? What would have made it easier to complete the puzzle? How did they feel during this round? Be sure to check in with the volunteer to see how he/she was feeling during this round. Ideas might include:

- No way to communicate
- Volunteer not even facing us/not looking at us
- No eye contact/no encouragement
- Went too fast/did not realize we were not getting the puzzle
- Did not understand any of his/her instructions

Next, unveil the flip chart labeled Second Round. Ask guiding questions about the second attempt. How was it better this time? Was anything improved? What were the frustrations? Really spend some time on this round. Many of the participants may be angry or frustrated that the volunteer ignored them during this part of the exercise. What were the feelings associated with being ignored by the speaker? What does this mean for communication skills? Remember to check in with the volunteer and to see how he/she processed this experience. Some ideas generated by the group might be:

- Asked questions, but was ignored
- Volunteer was not helping us/being rude
- We could see his/her face this time, and that helped sometimes
- He/she slowed down because it was clear we were not getting puzzle
- Faced us this time; looked at us; felt more in touch with speaker

Continue with the Third Round. Why was it so much easier to complete the puzzle this time? List all of the helpful things that happened in this round. Third Round ideas might include:

- Moved around the room and helped us
- More encouraging, improved body language and eye contact
- Answered our questions; responded to our needs
- Seemed much more friendly and helpful
- We were allowed to help each other; more support
- Thought we knew what the puzzle would turn out to be, but it does not look like anything

Finally, reveal the Good Communication Skills flip chart or write the title on the board. Use the exercise to help the group develop a list of good communication skills. Examples:

- Body language, gestures, good eye contact
- Responsive to questions, encouraging attitude
- Important *not* to assume you know what the person is saying, but to keep your mind open (corresponds with thinking they knew what the puzzle would look like in the end)
- Encouraging words or sounds
- Listening skills
- Feedback



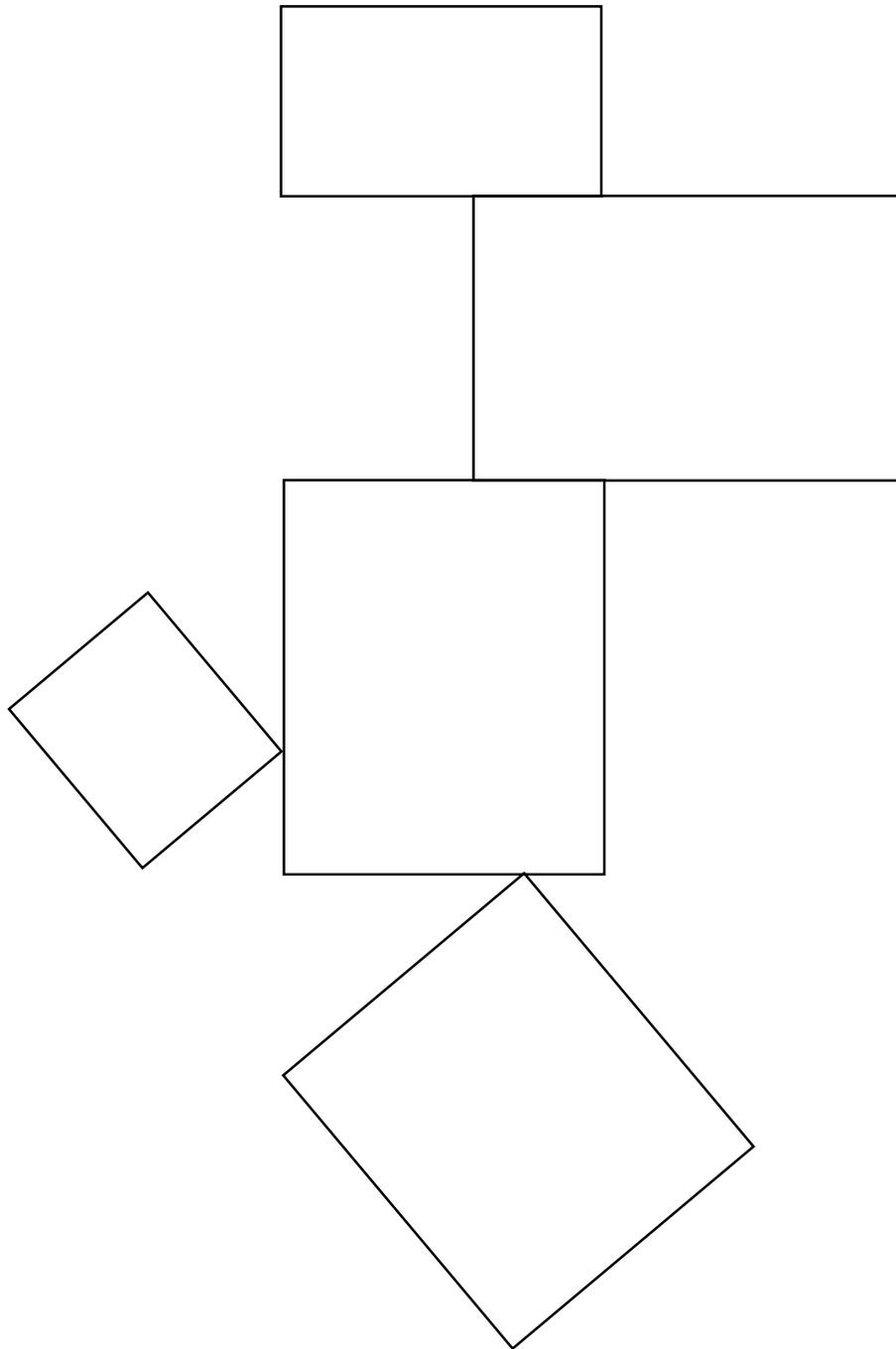
Summarize the activity. Point out that good communication skills have an impact on all the other Life Skills; so, it is important to be conscious of how you are communicating at all times and to take steps to become a good communicator.

## EVALUATION TOOLS

It will be clear from the final brainstorming for Good Communication Skills whether participants have understood the basics of good communications discussed in this session.

This session was modeled at the Peace Corps/Malawi workshop "Promoting Sexual Health," held in Lilongwe, Malawi, in July 1996.

# COMMUNICATION PUZZLE





## COMMUNICATION SKILLS SESSIONS

**SESSION 2:  
BODY LANGUAGE****OVERVIEW**

This session addresses the importance of “body language” in communication. We can often tell what people are saying, thinking, or intending merely by looking at how they use their bodies and gestures to express themselves. These cues help us as we try to interpret another person’s motivations and may even keep us safe in dangerous situations. Lastly, understanding the importance of body language helps us realize that we communicate a great deal, even when we are not speaking.

**TIME** 

1 hour, 30 minutes

**OBJECTIVES**

By the end of the session, participants will be able to:

1. Describe the importance of body language to good communication.
2. Identify hidden meanings to uncomfortable or inappropriate body language in everyday situations.

**MATERIALS** 

Cards with body language situations on them. Change any of these examples to make them culturally appropriate or to address specific local issues.

1. Someone you do not know looks at you continuously when you are not having a conversation with him.



2. A male stranger continuously stares at a young girl's breasts while she is talking to him.
3. A stranger approaches you with a funny look on his face.
4. Your friend is asked by the teacher to carry some books to the house and you notice fear on your friend's face.
5. Your sister suddenly holds her hand to her face as your father is talking to her.
6. A young boy scratches his head as someone talks to him.

## PREPARATION

Write body language scenarios on cards or small sheets of paper.

## DELIVERY

### I. INTRODUCTION (5 MINUTES)

Briefly introduce the topic by referring back to the "Bridge Model" (Session 1 in Part III) and/or to the list of good communication skills you may have generated in a previous session. Briefly mention that this session will address and indicate the silent aspect of communication: body language.

### II. PAIR DEMONSTRATIONS (20 MINUTES)

Divide the group into pairs. Using chairs in front of the group, have the pairs come to the front of the room one at a time. When they reach the front of the room, read out one of the following situations (create extras if your group is large). Have the pair briefly act out a situation without speaking.

1. Two friends discuss how they will spend the weekend.
2. A job interview is about to take place.
3. A boyfriend and a girlfriend discuss when they plan to marry.
4. Two friends discuss something they want no one else to hear.
5. A son talks to his mother-in-law about his sick wife.

After all pairs have had a turn, take some time to discuss the differences in the way people were sitting or moving in each situation. Why were they different? What were some of the specific changes in their movements based on? Ideas might include:

- Movements based on their relationship with the other person

- Issues of nervousness or anxiety
- Various feelings expressed in motion and action

### III. PAIR PRACTICE (20 MINUTES)

Next, have all of the pairs spread out all over the room. Again, you will read out situations, and the participants will act them out without speaking. This time, all of the pairs will do it at the same time, just to practice communicating with body language.

1. A “sugar daddy” (older man who offers gifts or money then pressures for sex) approaches a teenage girl and tries to persuade her to get into his car. The girl is offended.
2. A young girl tries to talk to a young man who does not like her. The man is angry and annoyed.
3. A young girl is asked by an uncle to allow him to touch her breasts. She is upset and embarrassed.
4. A young boy is asked by an adult male stranger to come with him. The boy is suspicious.

Spend some time discussing each situation and the ways in which emotions were expressed through movement.

### IV. DISCUSSION OF DANGER SITUATIONS (45 MINUTES)

Lastly, give each pair one of the cards prepared earlier. The pair should read what is written on the card and discuss what is *really* happening in these situations. After about 10 minutes, bring the large group back together and spend some time going over each situation. Discuss the underlying meaning behind each of the situations. Some of the situations may involve issues of danger or safety. How can we react in ways that will protect us from such situations? How can an understanding of body language help us to know when we are in unsafe situations? Explore these ideas with the group and generate some ideas about ways to react to body language that may be causing us some concern.

Summarize the idea that body language is a very effective means of communication. We must always try to be aware of what we are saying, even when we are not speaking. Similarly, being aware of the body language of others, and attempting to infer meanings from it, can help us protect ourselves.

### V. EVALUATION

At the end of the session, ask participants one by one to state a new idea they learned about the importance of body language to good communication.

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## COMMUNICATION SKILLS SESSIONS

# SESSION 3:

## ASSERTIVENESS: ATTACK AND AVOID

### OVERVIEW

This session can be used as an introduction to the idea of “assertiveness.” This concept will be foreign to most people, so it may be necessary to spend a few sessions simply focusing on definitions of the terms “assertive,” “aggressive,” and “passive.” This session is the beginning of the creation of these definitions. Sessions 4 and 5 continue elaborating the definitions. Sessions 6 through 8 provide practice.

### TIME

1 hour, 30 minutes

### OBJECTIVES

By the end of the session, participants will be able to:

1. Describe the difference between “attacking” and “avoiding.”
2. Identify factors that indicate attacking behavior or avoiding behavior.
3. Identify attacking and avoiding aspects of their own behavior or the behavior of those close to them.
4. Describe the emotions involved in being in positions of power or powerlessness.

### MATERIALS

Flip charts or board

Markers or chalk



## DELIVERY

### I. STATUES OF POWER (40 MINUTES)

*Trainer notes: The exercise may inspire strong reactions, so you should monitor the group closely and be aware of this possibility. Those with strong reactions may welcome the opportunity to talk about them, so you may want to provide for feedback in small groups.*

This exercise is meant to stimulate some of the emotions associated with power and how these emotions affect us.

Divide the group into pairs. Each pair is going to produce a tableau (frozen image) showing one person in a position of power and the other in a powerless position. Allow them a few minutes to prepare their first tableau. Then ask them to change roles (so that the powerful figure becomes the powerless one and vice versa) and prepare a second tableau.

When they have prepared both tableaux, give each pair the opportunity to show them to the rest of the group. Ask for quick comments about what people observe. Ask both members of each tableau to express what they are feeling in one word (proud, scared, humble, and so forth.)

Which of the two positions felt more familiar to participants? Can they relate any of the emotions they felt to situations in their lives? What did they feel for the powerless person when they were in the powerful position? Vice versa?

### II. ATTACK AND AVOID (40 MINUTES)

After processing the above exercise, gather everyone into a circle. Ask participants to listen to the list of actions that you are going to read out.

- If they think they do an action often, they should put both hands in the air.
- If they think they do an action sometimes, they should put one hand in the air.
- If they think they never do an action you mention, they should keep both hands down.

*Trainer notes: You may wish to react to the actions yourself. If you feel participants are ready to be more active, you could ask them to move to different corners of the training area in response.*

The actions appear in two columns. Read down the first column first, then the second. Ask participants to react after each word.

### List of Actions

<b>Attacking</b>	<b>Avoiding</b>
Nagging	Withdrawal
Shouting	Sulking in silence
Persisting (I am right!)	Taking it out on the wrong person
Revenge (I'll get you back)	Saying that you are being unfairly treated
Warning (If you don't...)	Talking behind someone's back
Correcting (Look at the facts ...)	Trying to forget about the problem
Interrupting	Feeling ill
Exploding	Being polite but feeling angry
Sarcastic	Feeling low and depressed
Insulting	Not wanting to hurt the other person

Next, point out to everyone that the words you read first (in the first column) are attacking behaviors and the second list are avoiding behaviors. Ask members of the group to reflect for a moment about which set of behaviors they engage in more often than others.

Brainstorm the word “attack” and then the word “avoid.” Allow a few minutes for each word. Ask participants to call out what each word means for them. There may be good and bad feelings expressed about each word. Note these ideas on the flip chart or board.

Then ask participants to think of one personal reason why they would behave in an attacking or avoiding way. Ask for a few volunteers to describe their examples to everyone.

Ask participants to consider how “attacking” or “avoiding” could be expressed. What would they say? How would they say it? How would they say it with their bodies? Note some of these ideas on the flip chart or board.

*Trainer notes: If you have already done the “Oh! Henry” Emotion Management exercise (Part VIII), or “Body Language” (Session 2 in Part IV), you may wish to refer back to them now.*

Ask them to think of one word or phrase that they use when either avoiding or attacking, whichever is their most frequent behavior. They should consider how the phrase is said and the body language that goes with it. An example of avoiding behavior might be, “Where are you going?” said in a soft, uncertain way.



This indicates that the questioner is expecting an angry answer (body language might be hunching the shoulders and turning away). Ask how the same phrase could be said in an attacking way.

You might point out how the effect of what people say is very much dependent on what they do—their body language. With the “Where are you going?” example, you could suggest that they try using the phrase while looking straight at the person with a big smile and speaking with a strong, certain voice. This behavior will have a big effect on what they say and the message that is being communicated. In this example, the participants may find that when they change their body language, what they actually say is interpreted much more positively.

In groups of three, take turns giving examples while the other two in the group offer suggestions about how body language could change to make the response a positive one rather than an attacking or avoiding one. Try other examples, including participants’ suggestions, or, “What time are you coming back?” or “What are you doing?” and so forth.

### **III. EVALUATION (10 MINUTES)**

Summarize and evaluate the session using some of the following questions:

1. What warning signs can help us recognize and even predict the behavior of others?
2. What warning signs can we learn to recognize in ourselves that we are embarking on an avoiding approach?
3. How can we alter our pattern of reacting and begin to learn a new response?
4. How does it feel to change our body position?

Responses to these questions will give you an indication regarding the participants’ understanding of the topic.

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## COMMUNICATION SKILLS SESSIONS

# SESSION 4: ASSERTIVENESS: PASSIVE, ASSERTIVE, AGGRESSIVE

## OVERVIEW

Usually best used after “Attack and Avoid,” Session 3 in Part IV, this session focuses on more specific definitions for “passive,” “assertive,” and “aggressive.”

## TIME

2 hours (can be shortened to 1 hour, 30 minutes)

## OBJECTIVES

By the end of the session, participants will be able to:

1. Define the terms “passive,” “assertive,” and “aggressive.”
2. Identify passive, assertive, and aggressive behaviors.

## MATERIALS

Flip charts or board

Markers or chalk

Handouts: *Role Play Number One*, *Role Play Number Two*

Flip charts: *Passive Behavior*, *Assertive Behavior*, *Aggressive Behavior*

## PREPARATION

Prepare flip chart or board before the session. It can also be helpful to add a picture to each word to make the definitions clear.



Prepare the two assertiveness role plays with peer educators or volunteers from the group before the session. Make sure to rehearse these role plays well before the session.

## DELIVERY

### **I. THE YES/NO GAME (20 MINUTES)**

Ask participants to stand up and split into two groups. One group should make a line facing the center of the training area; the others should make a line facing them. Explain that one group is the “yes” group and the only word allowed is “yes.” The other group is the “no” group, and “no” is the only word allowed. Each group needs to try to convince the other group of the truth of its own statement, but can only use the assigned word—yes or no.

Give them a minute to determine a statement to use. Then let them begin speaking to each other.

After a minute or so, have the groups change roles; the “yes” group says “no,” and vice versa.

After another few minutes, ask participants to describe how they felt doing this exercise. If not mentioned, ask about body language, use of “attacking or avoiding” stances, laughter, and so forth. Discuss how laughter is also an important means of expression. Laughter can be a good thing at times, but at other times it can be very harmful. Ask for examples.

### **II. PASSIVE, ASSERTIVE, AGGRESSIVE (40 MINUTES)**

Ask someone from the group to come up to the front of the room and remind everyone of the meanings of attacking behavior and avoiding behavior. Write these ideas on the flip chart or board as the volunteer summarizes the ideas from the “Attacking and Avoiding” session.

Next, explain that during this session we are going to talk in depth about these different kinds of behavior. Review the description of “attacking behavior”; point out that we call this type of behavior “*aggressive*.” Ask for examples of aggressive behavior. Refer to some of the examples given in the “Attacking and Avoiding” session.

When it seems clear that the group understands the connection between “attacking” and “aggressive,” move on to the “avoiding” description. Point out that what we called “avoiding behavior” is called “*passive*.” Ask for examples of passive behavior, perhaps by referring back to those discussed in “Attack and Avoid” (Session 3 in Part IV).

Next, remind the group about the feelings associated with both attacking and avoiding behavior during the last session. Ask them

to remember how they felt during the Statues of Power exercise. (It may even be helpful to have one pair come up and remind the group by showing their tableau from the previous session.) Ask the group which type of behavior is better. Are either of them the best type of behavior? Is there another way to act? What would be a better approach to interactions with each other?

Allow the answers to these questions to lead you to the idea of assertiveness. Tell the group that it is not necessary for someone to be in the powerful or powerless position—in other words, it is not necessary to attack or to avoid. Instead, it is possible to reach a balance between those two behaviors. We call this type of behavior “assertive.” Ask if anyone from the group can define assertive behavior.

Finally, reveal the definitions prepared before the session. Review each of the definitions with the group. Ask participants to give you examples of each type of behavior.

### III. ROLE PLAYS (45 MINUTES)

Explain that we are going to see two role plays to help us to fully understand the differences between passive, assertive, and aggressive behavior. Tell the group to watch the first role play and to try to identify any passive, assertive, or aggressive behavior.

Have the volunteers do the role play.

After Role Play Number One, discuss the following points:

- A. Is Rob’s behavior passive, assertive, or aggressive?  
(Aggressive)
- B. Why? What did Rob do to make you decide he was aggressive? What did he say? How did Rob say it? What was his body language like? Answers might include:
  1. Body Language—moving closer to her and occupying her physical space; standing “nose to nose” or with “hands on hips”
  2. Interrupting
  3. Speaking in a loud voice
  4. Insulting her by calling her “stupid”
- C. Is Joyce’s behavior passive, assertive, or aggressive?  
(Passive)
- D. Why? What did she do to make you decide she was passive? What did she say? How did she say it? What was her body language like? Answers may include:
  1. Body language—head down, soft voice
  2. Giving in to the will of others



3. Putting herself down—"I know you'll think I'm crazy, but ..."

Ask volunteers to do the second role play.

After Role Play Number Two, discuss the following points:

- A. Is Tana's behavior passive, assertive, or aggressive?  
(Assertive)
- B. Why? What did she do to make you decide she was assertive? What did she say? How did she say it? What was her body language like? Ideas might include:
  1. Spoke in calm, firm voice
  2. Discussed her needs; made her feelings clear
  3. Checked to see if he was comfortable with her statements
  4. Body language—faced him, looked him in the eye

When summarizing the session, remind the group about some of the issues you discussed in the Bridge Model session. Ask someone to tell you how assertiveness might be a helpful Life Skill.

#### **IV. EVALUATION (15 MINUTES)**

A powerful way to evaluate the ideas from this session is to encourage the group to get back into the Statues of Power pairs and to position themselves into their attacking/avoiding tableaux. When everyone is ready, suggest that each pair move from the attacking/avoiding stance to a more assertive posture. Watch as the pairs transform themselves from positions of powerlessness and power to positions of equality and mutual empowerment.

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## PASSIVE BEHAVIOR

- Giving in to the will of others; hoping to get what you want without actually having to say it; leaving it to others to guess or letting them decide for you
- Taking no action to assert your own rights
- Putting others first at your expense
- Giving in to what others want
- Remaining silent when something bothers you
- Apologizing a lot
- Acting submissive—for example: talking quietly, laughing nervously, sagging shoulders, avoiding disagreement, hiding face with hands

## ASSERTIVE BEHAVIOR

- Telling someone exactly what you want in a way that does not seem rude or threatening to them
- Standing up for your own rights without putting down the rights of others
- Respecting yourself as well as the other person
- Listening and talking
- Expressing positive and negative feelings
- Being confident, but not “pushy”
- Staying balanced—knowing what you want to say; saying “I feel” not “I think”; being specific; using “I” statements; talking face-to-face with the person; no whining or sarcasm; using your body language (standing your ground, staying centered).

## AGGRESSIVE BEHAVIOR

- Expressing your feelings, opinions, or desires in a way that threatens or punishes the other person
- Standing up for your own rights with no thought for the other person
- Putting yourself first at the expense of others
- Overpowering others
- Reaching your own goals, but at the expense of others
- Dominating—for example: shouting, demanding, not listening to others; saying others are wrong; leaning forward; looking down on others; wagging or pointing finger at others; threatening, or fighting.





## ROLE PLAY NUMBER ONE

Rob has been seeing Joyce for about one month now. He wants her to come to his house; his parents are not home. Because he often talks about getting into a more physical relationship, Joyce is feeling pressured to be alone with Rob. She tries to speak about her feelings a few times, but Rob keeps interrupting her. Joyce, her head down, finally says to Rob, in a soft voice, "I know you'll think I'm crazy, but ...". Rob interrupts again, approaches Joyce nose to nose, and says loudly with his hands on his hips, "You *are* crazy, and not only that, you're stupid too!" Joyce hangs her head down, looks at the ground, and agrees to go to Rob's house.





## **ROLE PLAY NUMBER TWO**

Tana has been upset with Lovemore. When she sees him, she says, “Lovemore, I need to talk to you right now. Could we talk where no one is around?” Moving to another room, Tana sits straight with her hands on the table and looks Lovemore in the eye. She says in a calm but firm voice, “I’ve thought about your suggestion for our date, but I feel uncomfortable about it. I think we need more time to be close friends before being alone. I really like you and I know you’d like for us to be alone, but I’m not ready for that yet. Is that OK with you?”





## COMMUNICATION SKILLS SESSIONS

# SESSION 5: ASSERTIVENESS: ASSERTIVE MESSAGES

## OVERVIEW

We suggest that this session follow “Passive, Assertive, Aggressive” (Session 4 in Part IV). It is a continuation of that idea and builds on what participants have learned. Now, the group will discuss how to formulate and deliver an “assertive message.”

## TIME

Approximately 2 hours

## OBJECTIVES

By the end of the session, participants will be able to:

1. Identify the steps to an assertive message.
2. Develop assertive messages in a variety of situations.

## MATERIALS

Flip charts or board

Markers or chalk

Handouts: *Steps to Deliver an Assertive Message* and *Assertiveness Scenario Cards* (each numbered statement is a separate card)

Flipchart: Steps to Deliver an Assertive Message



## PREPARATION

Prepare the scenarios on cards or small sheets of paper before the session. Prepare the Steps to an Assertive Message flip chart.

## DELIVERY

### I. OPENING A FIST (25 MINUTES)

Explain the following to participants, acting it out as you say it: We have seen how our body language can influence other people's responses to us. For instance, if someone is acting aggressively towards us, he/she may be leaning forward at us, with clenched fists. By changing our body language, we can improve the situation. For instance, if we are sitting down, we can relax our shoulders, uncross our arms, open our palms upwards, uncross our legs, hold our heads straight, look right at the aggressive person. All of these changes help to create a more balanced response in the aggressive person.

Now ask participants to divide into pairs. First, one will act as the aggressive person and the other will act as the assertive person; then they will switch roles. The aggressives must hold their hands up in a very tight fist and feel very angry. The assertives must try to persuade or convince the aggressives to undo their fists.

The assertives should use all their skills to persuade the aggressives to calm down and to open their fists. The assertives and the aggressives must not touch each other, but the assertives can say or do anything that they think will work to calm down the aggressives and persuade them to open their fists. If the aggressives think that the assertives have done a good enough job, they may open their fists, but they must not give in too easily!

Give the pairs eight minutes each to try out their persuasion/assertiveness skills on each other. See by a show of hands how many people managed to persuade their partners to open their fists. Praise and encourage everyone and explain that this gets easier with practice.

### II. ASSERTIVE MESSAGES (40 MINUTES)

Spend some time in the beginning reviewing the definitions of passive, assertive, and aggressive, and summarize the activities from the first two sessions on assertiveness. Make some connections between this assertive behavior and building the bridge to a positive, healthy life. Assertiveness is one of the most important Life Skills. An assertive person is able to fully use good communication skills, self-respect, and personal strength to create healthy relationships with other people. But to be assertive you must first learn the skills. The first time you do this, it will be

difficult. As you practice, it will be easier and feel more natural. Explain that you have summarized these skills into four steps for making an assertive message.

Hang up on the wall or uncover the flip chart Steps to Deliver an Assertive Message. Explain the situation at the top, and then go step-by-step through the process. Act out the “messages.” Remind the group that body language and tone of voice may be just as important as the messages that are sent. Make sure everyone is clear on the steps before proceeding.

Next, use the following scenario to develop assertive messages with the whole group. This will help the group to understand the steps and prepare them for the pair work to follow.

### **The Situation**

You are 14 and this is your second date with Lackings. He has given you a small gift and he wants to take you to the dance. You do not want to have sex with Lackings, but you think he will want to because of the gift. You decide to tell him that you do not want the gift, and you do not want to go to the dance.

After reading the situation aloud and making sure it is clear, go through each step with the group and ask for suggestions on the “messages.” (It is helpful to write the steps on the board or flip chart, and then fill in a message for each step.)

## **III. CREATING OUR OWN ASSERTIVE MESSAGES**

### **(1 HOUR)**

Explain that it is time to try to create our own assertive messages. This may be awkward at first, but will become easier with practice. Split the group into pairs. Give each person a different scenario card. (Each pair will have two scenarios—one each.) After reading the situation, each person will write out assertive messages following the steps on the board/flip chart. Then each person will share the messages with their partners—getting any advice and making any changes that they might decide together. Lastly, the pair will act out each situation with each other and practice delivering their assertive messages.

Make sure you go around to each pair to ensure that the instructions are clear. Assist people as needed. Allow at least 30 minutes for this part of the exercise. After each pair practices two different situations, invite interested pairs to come up in front of the group and act out their assertive messages. Use these situations to spark discussion and create many different approaches to these assertive messages. Summarize the activity at the end of the session.



## EVALUATION TOOLS

You will be able to evaluate the effectiveness of this exercise based on the role plays and discussion at the end of the session. These final activities will give you some idea about whether participants are beginning to master the skills necessary for assertive behavior.

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## STEPS TO DELIVER AN ASSERTIVE MESSAGE

Aaron and Frank are good friends. Aaron has a part-time job and he has loaned money to Frank on several occasions. Lately Aaron has noticed that Frank is becoming slower to pay the money back. Aaron decides to discuss this matter with Frank and to ask Frank to pay the money back sooner.

STEPS	DESCRIPTION	WORDS YOU MIGHT SAY...	MESSAGES
1. Explain your feelings and the problem	State how you feel about the behavior/ problem. Describe the behavior/ problem that violates your rights or disturbs you.	<ul style="list-style-type: none"> <li>• "I feel frustrated when ..."</li> <li>• "I feel unhappy when ..."</li> <li>• "I feel ... when ..."</li> <li>• "It hurts me when ..."</li> <li>• "I don't like it when ..."</li> </ul>	"I feel as if I'm being used when I lend you money and don't get it back in good time."
2. Make your request	State clearly what you would like to have happen.	<ul style="list-style-type: none"> <li>• "I would like it better if..."</li> <li>• "I would like you to ..."</li> <li>• "Could you please..."</li> <li>• "Please don't ..."</li> <li>• "I wish you would ..."</li> </ul>	"I would like it better if when you borrow money you would give it back as soon as possible."
3. Ask how the other person feels about your request	Invite the other person to express his/her feelings or thoughts about your request.	<ul style="list-style-type: none"> <li>• "How do you feel about it?"</li> <li>• "Is that OK with you?"</li> <li>• "What do you think?"</li> <li>• "Is that all right with you?"</li> <li>• "What are your ideas?"</li> </ul>	"Is that OK with you?"
Answer	The other person indicates his/her feelings or thoughts about your request.	The other person responds.	"Yes, I guess you're right. I'm not too good at getting money back right away, but I'll return it sooner next time."
4. Accept with thanks	If the other person agrees with your request, saying "thanks" is a good way to end the discussion.	<ul style="list-style-type: none"> <li>• "Thanks."</li> <li>• "Great, I appreciate that."</li> <li>• "I'm happy you agree."</li> <li>• "Great!"</li> </ul>	"Thanks for understanding. Let's go and listen to some music."

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**PARTICIPANT CARDS**  
**(EACH NUMBERED STATEMENT IS A SEPARATE CARD)**

## **ASSERTIVENESS SCENARIO CARDS**

1. A person of the opposite sex asks you to go to a party with him/her. You don't know anyone who is going, which makes you feel a little uncomfortable. You have also heard that this person uses drugs and does not have a very good reputation at school. You decide to be assertive and say no.
2. You are talking to a number of your friends. Most of them have had sex and are teasing you about the fact that you have not. One member of the group hurts your feelings by saying something inappropriate. You decide to make an assertive reply.
3. You decide to get your ears pierced. Your friend tells you that you can get it done at a place in town. You go to the place, but it does not look very clean. You have heard about HIV/AIDS and unclean needles. You decide to ask the person if the needles are clean and to see the equipment used for cleaning. The person won't show you, but insists that the shop is very clean and safe. The person urges you to get the procedure done. You decide to say no assertively.
4. A friend of your family asks if you want a ride home after school. You do not feel very good about this person, and you feel uncomfortable about the situation. You decide to be assertive and refuse the ride.

*Trainer notes: These situations, like many in this manual, are really youth-oriented. Be sure to adapt them and create your own if you are working with other groups. For example, if you are working with women's groups, you might do some scenarios about being assertive with a husband in a household situation.*





## COMMUNICATION SKILLS SESSIONS

# SESSION 6: ASSERTIVENESS/PEER PRESSURE: RESPONDING TO PERSUASION—PART I

## OVERVIEW

In previous sessions, we have addressed the issue of assertiveness and provided techniques to help participants deliver an assertive message. But assertiveness is not always so easy. Other people will not always agree with you when you are assertive. In fact, they may interrupt you, get you off the topic, or try to persuade you to do something you do not want to do. Therefore, it is important to learn how to respond to such attempts at persuasion.

## TIME

2 hours

## OBJECTIVES

By the end of the session, participants will be able to:

1. List six techniques often used to persuade others.
2. Identify possible responses to persuasion.

## MATERIALS

Tape

Handout: *Persuasion Role Play, Large Persuasion Cards, Small Persuasion Cards*

**Large Persuasion Cards** (each word/phrase is a separate card)

“Argue”      “No Problem”      “Put You Down”

“Reasons”      “Threaten”      “Getting Off the Topic”



**Small Persuasion Cards** (each phrase is a separate card)

“You’re just afraid.”

“Aren’t you grown up enough to do this?”

“Why not? Everyone’s doing it!”

“What do you think can happen?”

“What do you know about...anyway?”

“Do it or goodbye.”

“I’ll find someone else who will.”

“I can hurt you if you don’t.”

“Nothing will go wrong.”

“Don’t worry.”

“I’ll take care of everything.”

“I’ve got it all handled.”

“But we’re getting married anyway.”

“You can’t get pregnant if you just have it once.”

“You owe me.”

“You’re old enough now.”

“You have nice eyes.”

“I like you when you’re angry.”

“You know that I love you.”

**PREPARATION** 

Prepare large and small cards before the session. Put tape on the back of each card. Prepare and rehearse the role play with peer educators or volunteers from the group.

**DELIVERY** **I. PERSUASION CATEGORIES (1 HOUR)**

Indicate that the group will take a look at the different ways people might try to get you off your topic (the assertive message) or refuse to accept your assertive message.

Tape the prepared *Large Persuasion Cards* at different points along a blank wall. Review each card and discuss how people can use the technique to convince, persuade, or distract from assertive messages.

Next, hand one *Small Persuasion Card* to each participant. In turn, all members of the group should stand up, read the statement on their cards, explain the possible categories where the statement might belong, and tape the statement to the wall underneath an appropriate category. Use this short exercise as a way to identify the types of persuasion someone might use to change someone's assertive message. (You can also refer back to the "Best Response Game," Session 1 in Part VII, if you have already played it. The "pressure lines" were examples of persuasion, and the game gave us practice in responding to such types of persuasion.)

### Persuasion Categories

<b>Put you Down:</b>	"You're just afraid." "Aren't you grown up enough to do this?"
<b>Argue:</b>	"Why not? Everyone's doing it!" "What do you think can happen?" "What do you know about ... anyway?"
<b>Threaten:</b>	"Do it or goodbye." "I'll find someone else who will." "I can hurt you if you don't."
<b>No Problem:</b>	"Nothing will go wrong." "Don't worry." "I'll take care of everything." "I've got it all handled."
<b>Reasons:</b>	"But we're getting married anyway." "You can't get pregnant if you have it just once." "You owe me." "You're old enough now."
<b>Getting Off the Topic:</b>	"You have nice eyes." "I like you when you're angry." "You know that I love you."

When the different statements are on the wall and the group seems to understand the idea of persuasion, move on to some strategies to deal with these types of pressure.

On a flip chart or on the board, write "What do you say when someone tries to get you off the topic?" Brainstorm with the group some statements to use if someone is making distracting statements, trying to change the subject, or trying to get them off topic. Possible suggestions might be:

What do you say when someone tries to get you off the topic?

1. "Please let me finish what I am saying."
2. "Please don't stop me until I'm finished."
3. "That's fine, but please listen to what I have to say."



4. “I know you think..., but let me finish what I was saying.”

5. “Thank you, but...”

Next, go through the same process with the following question: “What do you say when someone tries to persuade you (change your mind, convince you)?” Once you have brainstormed a list of suggestions, you may wish to group them into three categories: refuse, delay, or bargain.

What do you say when someone tries to persuade you?

**Refuse** Say no clearly and firmly, and if necessary, leave.

- “No, no, I really mean no.”
- “No, thank you.”
- “No, no—I am leaving.”

**Delay** Put off a decision until you can think about it.

- “I am not ready yet.”
- “Maybe we can talk later.”
- “I’d like to talk to a friend first.”

**Bargain** Try to make a decision that both people can accept.

- “Let’s do ... instead.”
- “I won’t do that, but maybe we could do ...”
- “What would make us both happy?”

## II. PERSUASION ROLE PLAY (1 HOUR)

To illustrate the above ideas, have your peer educators (or other volunteers) perform their pre-rehearsed role play. Explain that you are about to see a role play in which someone is trying to deliver assertive messages, while the other person is trying to persuade the person or move off the topic. The group should watch for the steps to delivering an assertive message in the role play, and should also notice whether the person is defending with “Refuse,” “Delay,” or “Bargain” techniques. The short role play will be shown three times, using all three strategies.

Make sure that the participants are clear about the different steps used during the conversation in the role play. Have them name the steps to you, referring back to “Assertive Messages” (Session 5 in Part IV).

Summarize the activities at the end of the session. If you intend to move on “Responding to Persuasion—Part II” (Session 7 in Part IV), inform the students that you will be exploring these ideas further in the next session.

## EVALUATION TOOLS

The responses to the role play provide an excellent opportunity to evaluate the success of the previous exercises. Participants’ understanding of the subject matter should be clear from their

recollection of the Steps to Deliver an Assertive Message, and their discussion about how to respond to persuasion in the role play.

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## PERSUASION ROLE PLAY

Your older brother is supposed to give you a ride home. You meet him but he is staggering and slurring his words. You feel that he has had too much to drink and it would not be wise to drive with him. He tries to persuade you to go with him. You will do the role play three times, each time using a different ending: refuse, delay, or bargain.

Work together to come up with a *short* role play to show this situation. Use the following kinds of statements in your role play.

Sister: "I feel scared about driving with you when you have been drinking."

Brother: "What do you know about drinking anyway?"

Sister: "Please let me finish what I am saying. I don't want to drive home with you and I really don't think you should be driving. What do you think? Will you please not drive home?"

Brother: "Hey, I'm fine. You have nothing to worry about."

Sister: (three alternative endings)

**Refuse:** "I don't agree and I'm not going with you. So goodbye." (You leave.)

**Delay:** "Let's go for a walk and talk about it."

**Bargain:** "Why don't you leave the vehicle here and we'll walk home together?"





## COMMUNICATION SKILLS SESSIONS

# SESSION 7: ASSERTIVENESS/PEER PRESSURE: RESPONDING TO PERSUASION—PART II

## OVERVIEW

This session builds on “Assertive Messages” (Session 5 in Part IV), adding steps for responding to persuasion as part of the process. The session focuses on assertive responses to persuasion.

## TIME

2 hours

## OBJECTIVES

By the end of the session, participants will be able to:

1. List the steps for responding assertively to a persuasive message.
2. Identify strategies for refusing, delaying, and bargaining.

## MATERIALS

Flip chart or board

Markers or chalk

Flip chart: Revised Steps to Delivering an Assertive Message—Responding to Persuasion

Handouts: *Persuasion Scenario Cards* (each numbered statement is a separate card)



## PREPARATION

Write the steps on a flip chart or on the board before the session. Also prepare scenarios on cards or small sheets of paper; each numbered statement is a separate card.

## DELIVERY

### I. REVISED STEPS TO DELIVERING AN ASSERTIVE MESSAGE—RESPONDING TO PERSUASION (1 HOUR)

Spend a few moments in the beginning of the session reviewing the previous discussions about assertive behavior, assertive messages, and persuasion. Make sure the group remembers the ideas of refusing, delaying, and bargaining when trying to resist persuasion.

Reveal the Revised Steps to Deliver an Assertive Message. Go step-by-step through the process. Act out the “messages.” Point out the changes made to our original steps to include the response to persuasion. Make sure everyone is clear on these steps before proceeding.

Next, use the following situation to develop assertive messages with the whole group. This will help the group to understand the new steps and prepare them for the pair work that will follow. After reading the situation and making it clear, go through each step with the group and ask for suggestions on the “messages.” It is helpful to write the steps on the board or flip chart, and then fill in a message for each step.

#### **The Situation**

You are alone with your boyfriend at his house. It is getting late and he lives quite a distance from your home on a deserted road.

He is usually very gentle but tonight he has been drinking beer. He becomes quite aggressive with his demands for sex. He interrupts you and tries to talk you into having sex. You refuse, delay, or bargain.

This is a potentially dangerous situation. Which is the safest course of action? If you simply refuse, will you be putting yourself in danger? What else could you do? Some ideas might include:

1. If his parents are coming home soon, you might use delaying tactics until they arrive.

2. You might bargain with him by indicating that you might consider being with him sexually soon, but only if he does not approach you when he is drinking.
3. You might delay by discussing the fact that he is drinking and the effect that seems to be having on his behavior.
4. You might bargain with him to lie in bed while you “get ready.” Then stay in the toilet until he falls asleep.
5. If you are feeling in any real danger, you might pretend to go to the toilet, but run to a neighbor instead.

## II. PERSUASION SCENARIOS (1 HOUR)

Next, we will practice adding distracting/persuasive statements to our assertive messages. Split the group into pairs. Give each pair one situation card. (Each pair will have a different situation.)

The pair will decide together on how to handle the situation using the steps we have reviewed. They will decide whether they would refuse, delay, or bargain, and they should think about the assertive statements they could use in the situation. Lastly, the pair will act out the situation with each other, practicing and delivering their assertive messages. After one person gives a successful assertive message, the pair should change roles so that the other person has a chance to practice responding to persuasion.

After each pair has practiced both roles, invite interested pairs to come up and act out their assertive messages in front of the group. Remember to review the responses to persuasion and discuss the strategies used. Summarize the activity at the end of the session.

## VARIATIONS

### NEGOTIATING CONDOM USE

The same exercise can be adapted to a session on negotiating condom use. Create a list of persuasive lines someone might use to keep from using a condom during sex. Follow the same Steps for Delivering an Assertive Message, and have the group practice delivering that message and responding to persuasion. You can think of many situations.

Here are some samples:

“We’re both clean...we don’t need to use a condom.”

“I still don’t want to have sex with a condom. It’s not natural.”

“I’d be embarrassed to use a condom.”

“I don’t want to use a condom. I don’t like condoms.”

“I don’t have a condom. Let’s do it just this once.”



“Your chances of getting a disease doing it just once are about zero.”

“A condom would make it so awkward.”

“It’s like eating a sweet in the wrapper.”

“They spoil the mood.”

“They don’t feel good.”

“You think I have a disease.”

“They have HIV in them.”

“They make me feel dirty.”

“You’re already using the ‘shot’.”

“I’d be too embarrassed to get them from the health center.”

“It’s against my religion.”

## EVALUATION TOOLS

To evaluate the effectiveness of this method, observe the strategies used by each pair to respond to persuasion in each situation.

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## REVISED STEPS TO DELIVERING AN ASSERTIVE MESSAGE: RESPONDING TO PERSUASION

STEPS	WORDS YOU MIGHT SAY
1. Explain your feelings and the problem.	<ul style="list-style-type: none"> <li>• “I feel frustrated when ...”</li> <li>• “I feel unhappy when ...”</li> <li>• “I feel ... when ...”</li> <li>• “It hurts me when ...”</li> <li>• “I don’t like it when ...”</li> </ul>
2. Distracting Statements	Other person tries to get you off topic.
3. Get back on topic.  4. Make your request.  5. Ask how the other person feels about your request.	<ul style="list-style-type: none"> <li>• “Please let me finish what I was saying.”</li> <li>• “I’d like you to listen to what I have to say ...”</li>   <li>• “I would like it better if ...”</li> <li>• “I would like you to ...”</li> <li>• “Could you please ...”</li> <li>• “Please don’t ...”</li> <li>• “I wish you would ...”</li>   <li>• “How do you feel about that?”</li> <li>• “Is that okay with you?”</li> <li>• “What do you think?”</li> <li>• “Is that all right with you?”</li> </ul>
6. Persuasive statement	Other person tries to get you to change your mind.
7. REFUSE  DELAY  BARGAIN	<ul style="list-style-type: none"> <li>• “No, I really mean no.”</li> <li>• “No, and I’m leaving.”</li> <li>• “No, I am not going to do that.”</li>   <li>• “I’m not ready now—maybe later.”</li> <li>• “Maybe we can talk later.”</li> <li>• “I’d like to talk to a friend.”</li>   <li>• “Let’s do ... instead.”</li> <li>• “How about if we try ...”</li> <li>• “What would make us both happy?”</li> </ul>





**PARTICIPANT CARDS**  
**(EACH NUMBERED STATEMENT IS A SEPARATE CARD)**

**PERSUASION SCENARIO CARDS**

1. Your friend wants you to skip school and go to the river to drink beer. He tells you a whole group is going. He says, "You are afraid, aren't you?" You got caught out of bounds (off the school grounds) last month and do not want to get caught again. You decide to tell him you don't want to go.
2. Your parents are away and you invite a friend of the opposite sex over to study. After doing the homework he/she grabs you and tries to kiss you. You push him/her away but he/she says, "Come on, you didn't invite me over just to do homework." You take a firm stand so it will not happen again.
3. Your boyfriend/girlfriend thinks it is time to have sex. You love him/her but you feel that sex before you are ready is wrong. Your boyfriend/ girlfriend says, "You're just scared. If you really loved me, you'd show it." Although you are afraid it will end the relationship, you decide to tell him/her that you are just not ready.





## COMMUNICATION SKILLS SESSIONS

# SESSION 8:

## ASSERTIVENESS/PEER PRESSURE: PRACTICE IN RESISTING PERSUASION

### OVERVIEW

This interactive exercise can be used as a review of all of the previous assertiveness sessions. Participants are able to practice their understanding of assertive behavior, steps to delivering assertive messages, and responding to persuasion.

### TIME

1 hour

### OBJECTIVES

By the end of the session, participants will be able to:

1. List strategies for responding to persuasion assertively.
2. Demonstrate quick responses to persuasive situations.

### MATERIALS

Handouts: *Situation Cards* (each statement is a separate card)

*Trainer notes: These are some suggested situations for participants to practice on one another. You may want to include other, more specific examples that your group is currently dealing with.*

### PREPARATION

Prepare the cards before the session; each statement is a separate card.



## DELIVERY

### I. INDIVIDUAL PRACTICE (45 MINUTES)

Begin by reviewing the ideas from previous assertiveness sessions. You may wish to review the “Assertive Messages” (Session 5 in Part IV) by having a volunteer describe them for the group.

Explain to the group that we often find ourselves in situations where we have to think very quickly about what we want to say, and we often do not think of a good response until it is too late. This exercise will give us a chance to practice thinking fast!

Give each participant a card. Ask them to look at their cards and try to come up with a persuasive statement to use as an “opening line.” For instance, in a group of young women, if I am told that I am supposed to be a older man proposing to a schoolgirl, my opening line might be, “Did you know you are very beautiful? Would you like a ride in my car?”

Participants then form a circle, and one-by-one, each turns to the person on the left and states briefly the relationship and the situation. For example, “I am a sugar daddy and you are a young girl. I want to propose to you.” The person will then state the pressure line that he/she has just thought up. The person to the left has to make an *immediate* response, trying to state his/her position without accepting the offer. For example, “Thank you for the compliment, but I do not want a ride in your car.” Give everyone the chance to use a line and to respond to someone else’s line.

### II. SUMMARY DISCUSSION (15 MINUTES)

Ask participants which responses are most effective and why. How did people deal with the offer? How do they usually respond to similar situations? What could they do differently?

Ask participants to review what they have learned about communication through a series of questions or single word/concept prompts such as body language, aggressive style, passive style, assertive style.

## EVALUATION TOOLS

This brief exercise is a good evaluation of all the previous assertiveness sessions. Observe the strategies used by the participants to respond to persuasive messages.

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**PARTICIPANT CARDS**  
**(EACH STATEMENT IS A SEPARATE CARD)**

## **YOUNGER AND OLDER WOMEN'S SITUATION CARDS**

- Sugar daddy (older man who offers gifts or money then pressures for sex)
- Partner wanting to have sex with you when you know he has another lover
- Boyfriend or husband wanting you to have sex with him without a condom, when you want to use one
- School teacher bribing student with higher grades in return for sex
- Man at market suggesting sex in return for groceries
- Boyfriend putting pressure on you to have sex with him
- Husband or boyfriend wanting you to have sex with him when it is late and you are tired
- Being laughed at for not wanting to have a boyfriend or get married yet
- Being laughed at for wanting to study, instead of hanging around with your friends
- Uncle wanting you to have sex with him, in return for money
- Bwana (boss, employer, person in high position) saying you will get promoted if you have sex with him—or; you will lose your job if you will not have sex with him
- Wanting to have sex with someone, but no condoms are available

## **YOUNGER AND OLDER MEN'S SITUATION CARDS**

- Being encouraged by your friends to drink too much
- Being laughed at for not having sex with your girlfriend
- Being laughed at for wanting to use a condom
- Being ridiculed for not having several girlfriends
- Being laughed at for staying with one woman or not wanting a girlfriend
- Being laughed at for wanting to study
- Being proposed to (propositioned) by an older woman, maybe in return for money or alcohol
- Being proposed to by an attractive young woman
- Young woman not wanting to use a condom because maybe it means you think she's a prostitute





# PART V: DECISION-MAKING SKILLS





## DECISION-MAKING SKILLS SESSIONS

# SESSION 1: STEPS IN MAKING A GOOD DECISION

## OVERVIEW

This session is an introduction to the topic of decision-making skills. The exercise invites participants to create one possible framework to explore when making decisions.

## TIME

1 hour, 30 minutes

## OBJECTIVES

By the end of the session, participants will be able to:

1. List some steps in making a decision.
2. Describe some of the important factors to consider in decision-making.

## MATERIALS

Flip charts or board

Markers or chalk

Handout: *Decision-Making Scenario Cards* (each numbered statement is a separate card)

## PREPARATION

Prepare the scenario cards before the session.



## DELIVERY

### **I. SMALL GROUP WORK (30–45 MINUTES)**

It is important to spend some time discussing the link between good decision-making and avoiding risk activity. It can be helpful to refer back to the “Bridge Model” (Session 1 in Part III) and the role play with Rita and Lucy.

What steps might young people take if they have to decide something crucial? What should they do first? Next? Should they seek advice? From whom?

In trying to devise a list of steps in making a sound decision, it may be helpful to put ourselves in the position of someone about to make an important decision. The idea behind this exercise is to imagine that we are about to make an important decision, to work through the process that we might use to come up with ideas towards that decision-making, and finally, to list the steps that we might take in attempting to make that decision.

*Trainer notes: You may wish to emphasize that the actual decision the groups reach is less important than understanding the process someone might go through to make such a decision and the factors to be considered.*

Divide the participants into small groups. Give each group one card with one decision-making scenario on it. The groups should do the following:

1. Meet and discuss the situation.
2. In trying to make the decision, what should the people in the scenarios do first?
3. List the steps that the people should take in trying to reach their decision.
4. Finally, as a group, discuss the situation and make a decision for the scenario on the card.
5. On the flip chart or part of the board, write the steps to making a decision, what decision the group would make for the scenario, and the reasons for the final decision.

### **II. STEPS IN MAKING A DECISION (45 MINUTES)**

Have each group present its ideas to the larger group. Discuss each situation in turn. After all groups are finished, summarize the decision-making process and help consolidate all group ideas into one list of Steps in Making a Decision.

*Trainer notes: These steps can and have been presented in many different forms. In some cases, a decision-making wheel or decision-making flowchart can be helpful. In other cases, it is helpful to simply list a*

variety of different steps or ideas that can be followed to arrive at a decision. You should decide with your group on the best formula for the process. Some suggestions from past groups include the following:

*Stop.*

*Take some “time out.”*

*Define the problem/Identify the problem.*

*Think about the situation.*

*Seek advice from others.*

*Listen to the advice given.*

*Pray.*

*Consider family values and personal values.*

*Consider cultural practices and religious beliefs.*

*Consider all of the options/alternatives available.*

*Imagine the consequences and possible outcomes of each option.*

*Consider the impact of actions on other people.*

*Choose the best alternatives.*

*Make the decision.*

*Act on the decision.*

*Accept responsibility for your actions.*

It is very useful to emphasize the final point on this list—accepting responsibility for your actions. Young people should learn early that each of their actions comes with a consequence; and that, after being given the ability to make a decision and choose, they must accept responsibility for the choices they make. This is the very essence of what it means to be an adult.

### **III. EVALUATION (15 MINUTES)**

Often, the decisions we make are based on what we want out of life. Our goals and our beliefs profoundly affect all of our decisions. Working alone, make a list of what you want in the future—things such as work, family, friends, home, and so forth. Then, share your list with a partner and discuss.

Summarize with questions, such as how can an understanding of what we want in the future help in the decision-making process? How can understanding what we want, and the decisions that will be needed to achieve those things, translate into avoiding risk behavior?

### **OPTIONAL HOMEWORK ASSIGNMENT**

A powerful follow-up exercise to this session is to give the following homework assignment (especially for those groups



keeping a journal). Ask participants to think about all of the decisions past and present that are affecting their lives. They will then make the following three lists:

- Decisions that have been made for me (past)
- Decisions I have made for myself (now)
- Decisions I will have to make in the future

Encourage the participants to write down all kinds of decisions regardless of how large or how small. After making these lists, encourage the participants to think about all of these decisions and how they have affected or are affecting their lives.

Adapted from a “Decision-Making Skills” exercise from the Peace Corps/ Malawi “Promoting Sexual Health Workshop,” August 1996

Homework assignment adapted and reprinted with permission of UNICEF Harare from *Think About It! An AIDS Action Programme for Schools—Form 1*, p. 33. © UNICEF Harare 1995

## PARTICIPANT CARDS

(EACH NUMBERED STATEMENT IS A SEPARATE CARD)

## DECISION-MAKING SCENARIO CARDS

1. You are a 15-year-old girl living in a semi-urban area (small town). You are keeping four younger orphans, and you cannot find money for meat or vegetables to eat. You have a friend near the market who has been offering you nice gifts and buying some food for you. Recently, he has suggested that you should meet together at a resthouse (inn or motel). What will you do?
2. You are a 20-year-old man, and you have recently married. You and your wife are students at the university. You want to start a family, but you also want to finish your degrees and get jobs. Your wife has suggested using the Loop.
3. You are a 38-year-old woman, and you have seven living children. You really do not want to get pregnant again, but your husband is opposed to using the Loop or the “shot.”
4. You and your boyfriend are in love and you plan to be married. You have been abstaining from sex until after you get married, but it is becoming harder and harder to abstain as time passes. Lately, your boyfriend has been suggesting that you have sex now. After all, you are truly committed to each other and are getting married anyway.
5. You are a 17-year-old girl in Form 2 at a secondary school (high school). Your anti-AIDS club has been very active lately, and you have been thinking a lot about AIDS. You think that your past experiences may have put you at risk to be HIV positive, but you are afraid to know for sure. A close friend has suggested that you get an HIV test.
6. You are a 36-year-old teacher at a primary school (elementary school). Your husband is teaching at a secondary school, and you have been married for 16 years. You have five older children, and you are in the hospital for a month with complications from delivering your sixth child. While you are in the hospital, your husband takes a second wife. You have always agreed that you would be his only wife, and you are shocked and upset at his decision.
7. You are a 20-year-old boy just entering Form 4 (the final grade in high school). Your father died several years ago, and your uncle has paid your school fees for the last few years. Your uncle has just died, and now there is no one to pay for your final year in school. You scored very high on the Junior Certificate exams (early high school exams), and you are hopeful that you can get a placement at university if you are able to sit the MSCE (take the college entrance exams). But because there is no money for school, you are considering trying to find some work for a few years and return to school later.





## DECISION-MAKING SKILLS SESSIONS

**SESSION 2:  
JUST BETWEEN US****OVERVIEW**

This is a good follow-up to the introductory session, “Steps in Making a Good Decision” (Session 1 in Part V). It provides a forum for practicing making decisions and also sparks debate about important topics in the community. If there is a particular issue in your area or school, you may wish to create a different role play that addresses that issue.

**TIME** 

Approximately 2 hours

**OBJECTIVES**

By the end of the session, participants will be able to:

1. Identify important factors in making a decision.
2. Describe the link between values and decision-making.

**MATERIALS** 

Handout: *Role Play Cards* (each numbered situation is a separate card)

**PREPARATION** 

Write out the role play situations on paper or cards. Each numbered situation is a separate card.



## DELIVERY

### **I. SMALL GROUP WORK (1 HOUR)**

Divide the group into two smaller groups. Explain that we are going to practice using our decision-making and thinking skills in a debate-style role play. Give each group one role play situation.

Give the groups time to come up with their role plays. They should be thinking first of what decisions they would make in these situations and how they will end their role play. These are difficult issues; so, encourage a great deal of discussion among the groups before they decide on what the outcome of their situation will be.

### **II. ROLE PLAYS AND DEBATE (50 MINUTES)**

Each group performs its role play for the other group. After each role play, process the exercise with some of the following questions:

1. Do we all agree with the decision that was made?
2. Does anyone think the situation should have ended differently? How?
3. What values were at work in arriving at these decisions?

Allow some debate to develop here.

In summarizing the activity, point out that decision-making is not always an easy process. Personal values play a large part in the decisions we make, and if we go against those values, it can lead to feelings of guilt and confusion.

### **III. EVALUATION (10 MINUTES)**

Reinforce the “Steps in Making a Good Decision” session by inviting participants to tell you what steps their groups took in making these decisions.

## PARTICIPANT CARDS (EACH NUMBERED SITUATION IS A SEPARATE CARD)

### ROLE PLAY CARDS

1. A month before exams, James tells David he has some important information for him if he promises to keep it secret. David is curious and agrees. James says he knows how to get the history exam in advance. His brother has a friend who has a friend who works in the Ministry. This person is selling examination papers secretly. James says two classmates have already bought papers. He wants David to buy one too. David feels frightened and angry. He does not believe in cheating. He thinks James and the others should be reported to the Headmaster, but he promised to keep it a secret. Now he doesn't know what to do.

Decide what David is going to do. Then create a role play acting out the situation and showing the reactions of all of David's friends to his decision.

2. An American doctor had a patient whom she knew well. The patient was ill and the doctor thought he might have HIV. She sent him for a blood test, which came back positive. The doctor knew the patient had several girlfriends and advised him to tell them so they could protect themselves. The patient became angry and told her to mind her own business. His girlfriends must not find out.

The doctor worried a lot about this. She knew doctors should not discuss their patients' illnesses but she knew her information could save people's lives. She decided to break the rule of confidentiality and inform the girlfriends. The patient was very angry and took the doctor to court because she had broken her oath of confidentiality.

Act out the court case. Present the patient's case and then allow the girlfriends to take the stand. Appoint someone as judge. Do you find the doctor guilty of breaking her professional code of confidentiality? Take a group vote on the verdict.





## DECISION-MAKING SKILLS SESSIONS

**SESSION 3:  
DELAYING SEX****OVERVIEW**

When discussing peer pressure, assertiveness, and responding to persuasion, groups frequently discuss ways to say “no” to sex. It is useful to spend some time with them discussing the reasons to delay sex. If they do not truly understand *why* to say “no,” the process of behavior change has not really begun.

**TIME** 

2 hours

**OBJECTIVES**

By the end of the session, participants will be able to:

1. List reasons to delay sexual activity.
2. Identify strategies to help in delaying sex.

**MATERIALS** 

Flip charts or board

Markers or chalk

Handouts: *The Role Play* and *Delaying Sex Scenario Cards* (each numbered scenario is a separate card)



## PREPARATION

Prepare the role play with peer educators or volunteers before the session. Create one scenario card for each group of about five in the class.

## DELIVERY

### I. DELAYING SEX ROLE PLAY (15 MINUTES)

Spend a few minutes introducing the idea of abstinence, or delaying sex (until after marriage, until older, until more responsible, and so forth). Explain that we are now going to watch a common situation between two young people. As they watch the role play, the group should think about the reasons why these young people should delay their sexual activity.

*Trainer notes: If your group has been doing too many role plays, you may wish to provide a copy of the situation to participants, read it together, and discuss.*

### II. REASONS TO DELAY SEX (40 MINUTES)

After the role play ends, use leading questions to explore the situation with the group. Make two lists: “Reasons for Saying Yes” and “Reasons for Saying No.” What are some reasons to have sex in this situation? What are some reasons to delay sex in this situation? Lists may look something like this:

#### **Reasons for Saying Yes**

- They should prove their love to each other
- The relationship might end otherwise
- Curiosity about sex
- “Everyone is having sex”
- It “feels right”
- One partner convinces the other that there will be no problems
- Both are comfortable with the decision

#### **Reasons for Saying No**

- Fear of pregnancy
- Fear of an STD
- Family expectations (not to have sex)
- Friendship (to allow it to grow)
- Other forms of affection possible

- Religious values (don't approve of sex before marriage)
- Not ready (perhaps too young)
- Not with the right person

Go through these lists with the group. What are the good reasons? Less convincing ones? What might be the consequences of each situation? What should Brave and Micki do? What reasons might be the strongest or most important for them?

Now, focus your attention on the "Reasons to Say No" list and attempt to expand on it with the group. List any additional reasons to delay sex that the group suggests. Strive to come up with a working list that you and your group will agree on as good reasons to delay sex.

### **Top 10 Reasons to Delay Sex**

- Fear of pregnancy  
"No sex" is 100 percent effective in preventing pregnancy.
- Fear of a STDs or HIV/AIDS  
HIV and other STDs are transmitted through sexual intercourse.
- Family expectations  
Parents expect "no sex" until marriage.
- Fear of violence  
In a sexual situation, there is the possibility of being forced to have sexual intercourse.
- Friendship  
Allow time for the friendship to develop.
- Drinking involved  
Alcohol can lead to poor decisions (such as having sex without condoms).
- Religious values  
Values may say preclude sex before or outside of marriage.
- Not ready  
You feel too young or just not ready.
- Waiting for the right person  
You want the person to truly love you before you have sex.
- Wait until marriage

### **III. HELP FOR DELAYING SEX (1 HOUR)**

Once your group has come up with good reasons to delay sex, spend some time discussing the fact that sometimes delaying sex can be difficult, especially if both partners love each other and truly want to be more intimate and physical. It may be helpful to come up with some strategies to make delaying sexual activity



easier. How can you avoid situations that may lead you to have sex with your partners? Are there any steps you can take?

Split participants into three small groups of not more than five members (or more if the group is large). Give each group a different situation card. Ask the groups to read their situation card and come up with some suggestions to help the two people to delay sex. What are some ways for them to avoid sexual situations? What will make it easier for them to delay sex?

After the groups have finished working on their suggestions, have each group present the scenario and their list of ideas on how to delay sex to the larger group. Discuss these strategies together and come up with a list that the whole group agrees on. (It may be a good idea to post a copy of this list in the area where you usually meet.)

### **Help for Delaying Sex (suggested items)**

- Go to parties and other events with friends.
- Decide how far you want to “go” (your sexual limits) before being in a pressure situation.
- Decide your alcohol/drug limits before a pressure situation arises or do not use alcohol or drugs at all.
- Avoid falling for romantic words or arguments.
- Be clear about your limits. Do not give mixed messages or act sexy when you don’t want sex.
- Pay attention to your feelings. When a situation is uncomfortable, leave.
- Get involved in activities (e.g., sports, clubs, hobbies, church).
- Avoid “hanging out” with people who might pressure you to have sex.
- Be honest from the beginning, by saying you do not want to have sex.
- Avoid going out with people you cannot trust.
- Avoid secluded places where you might not be able to get help.
- Do not accept rides from those you do not know or cannot trust.
- Do not accept presents and money from people you cannot trust.
- Avoid going to someone’s room when no one else is at home.
- Explore other ways of showing affection than sexual intercourse.

The final suggestion on this list may raise a number of questions or a great deal of interest. If the group wants to talk about different ways to show affection other than sex, take this opportunity to explore what the group believes to be other options. Spend time creating such a list and analyzing the suggestions for possible risk activity. This may lead you to further discussions about alternatives to sex, as well as risk behavior and the different levels of risk.

#### **IV. EVALUATION (5 MINUTES)**

As a wrap-up to the session, invite participants to name one strategy that they will use to delay sexual activity.

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## THE ROLE PLAY

Brave is 17 years old and helps his uncle in his shop. His parents are hard working and hold traditional values. They believe that young people should not have sex before marriage. Brave is quite shy but would like to have sex because most of his friends say that it is great.

Micki is 14 but appears and acts older. Her sister became pregnant when she was 15 and her parents were very upset. Micki hasn't known Brave very long. She has just finished three classes on AIDS and really does not want to get HIV. She is afraid, however, that she might lose Brave if she refuses to have sex with him.





**PARTICIPANT CARDS**  
**(EACH NUMBERED SCENARIO IS A SEPARATE CARD)**

## **DELAYING SEX SCENARIO CARDS**

1. Ja'o and Miriama have been seeing each other for six months now. They have not had sex yet but find it difficult to control their sexual feelings for each other. Miriama has promised herself not to have sex until she is older, and so far Ja'o has respected that wish. Miriama has been thinking about how much she likes Ja'o. One of their friends, who lives on his own, is going to have a party, and they are invited. Ja'o says he will bring some beer and that maybe they could stay all night. Miriama thinks about her promise to herself but also thinks it would be great fun to be alone with Ja'o.
2. Desire and Memory are very serious about their relationship and would like to get married in a few years. Desire has invited Memory over to her house for the afternoon. Memory knows that Desire's parents will not get back until evening. This could be a good time for sex for the first time. Memory has been learning about pregnancy, HIV/AIDS, and STDs, and he is not sure he wants to have sex yet. However, he feels Desire would like to have sex and will probably tease him or tell her girlfriends if he doesn't.
3. Fatima met a young man, Boubacar, at school. She was attracted to him because he is good looking and a good athlete. He said hello to her after school and gave her a small, beautiful present—for future friendship, he said. He invited her to go for a walk to the river. Fatima is attracted to him but feels uncomfortable about the situation. However, she must give him an answer soon.





## DECISION-MAKING SKILLS SESSIONS

# SESSION 4: EXCHANGING STORIES—ROLE MODELS ("THE PERSON I ADMIRE")

## OVERVIEW

This session provides participants with an opportunity to clarify the characteristics and qualities they admire and seek to emulate. By visualizing the person they want to become, participants are encouraged to set personal goals for their lives.

*Trainer notes: This exercise can be adapted for a number of different types of sessions, and is especially effective as part of a Peer Educator training. (See Variations at end of session.)*

## TIME

1 hour, to 1 hour, 30 minutes

## OBJECTIVES

By the end of the session, participants will be able to:

1. List the characteristics or qualities they most admire in others.
2. Identify qualities they wish to develop in themselves.

## MATERIALS

Flip charts or board

Markers or chalk



## DELIVERY

### **I. EXCHANGING STORIES (30–45 MINUTES)**

Introduce the session by referring back to the “Bridge Model” (Session 1 in Part III). Suggest that in building the “me you want to be” it is important to think about the qualities of a strong, healthy person. To begin a discussion about building a positive, healthy life as a strong, motivated person, we are going to do an exercise called “Exchanging Stories.” Africa has always been known for its stories. Stories, legends, and fables have been handed down from generation to generation to teach the young and to communicate the history of an ethnic group.

Next, write the term “role model” on the flip chart or board. Ask the participants to brainstorm about the meaning of the term. Discuss the ideas and arrive at something like this for a definition: “Someone whose example you follow in your life” or, “Someone you admire and wish to be like.”

Ask participants to think about the person that they most admire in the world. Who is their role model? Who would they most want to be like in the world? It can be a famous person or someone that they know personally. It can be from anywhere in the world, or at any time in history. Give the participants a few moments to think quietly about the person they will choose.

Now, tell each participant to turn to a partner. One person should share the story about the person she/he most admires. After about five minutes, the pair should change roles so that both people get a chance to tell their stories.

Next, ask each pair to choose one of their two stories to share with others.

Each pair will then join up with another pair for a total of four people. Two stories will be told—one from each pair.

After the two stories are told, each group of four will again pick the one story that they most want to share with the others. They will then join up with another set of four—each set telling one story. Continue in this way, adding two groups together, until you are finally left with two or three groups only (this will depend on the number of participants).

Finally, have one representative of each of the remaining groups stand up and tell the large group the story of their choice for a role model. Two or three stories will be told—one from each of these larger groups.

### **II. QUALITIES WE ADMIRE (APPROXIMATELY 30 MINUTES)**

Now use a blank sheet of flip chart paper or write on the board to process this exercise. Ask the participants to reflect on all of the

stories told. What qualities do these role models share? What do they have in common? What makes us admire these people? How are they alike? Brainstorm with the whole group and write each response on the flip chart. Ideas might include:

- Honest
- Reliable/dependable
- Started with nothing but became successful
- Support many people in the family/community
- Active in the church and community
- Pays attention to the needs of others

Finally, discuss with the group the importance of role models such as the people they admire. Are you working hard to develop these same qualities in yourselves? Can watching these role models help to lead you on the right path and help you to avoid dangerous situations that might compromise your own goals? Suggest that this is the time in life to start developing those qualities to become strong, healthy, happy adults.

### III. EVALUATION (15 MINUTES)

Invite all participants to state one thing that they will do to become more like the person they admire.

## VARIATIONS

### IN A PEER EDUCATOR TRAINING

Point out that because they were chosen as peer educators, they will be looked to as role models by the other young people in their community or school. Point out what a big responsibility that is, and the importance of taking this responsibility seriously and modeling good behavior for the other students to follow.

### IN A GIRLS' CLUB TRAINING OR ANY ALL-GIRL ENVIRONMENT

It is often effective to adapt this exercise from “Role Models” to “Woman I Admire.” Instead of discussing a *person* one admires or wishes to be like, the young women can discuss the *woman* they admire or wish to be like. This can be an incredibly empowering exercise for the girls, as it gives them a chance to reflect on the many strong, powerful women in their lives—something they probably do not do very often.

### AS AN INTRODUCTION TO THE TOPIC OF HIV/AIDS

This exercise can also be an effective introduction to the “Impact of AIDS.” In the beginning of the session, discuss the fact that each and every one of us has been personally affected by HIV/AIDS. We all have our own personal stories to share about HIV/AIDS



and the impact it has had on our lives. Stress that we are not talking about the life of the nation or any other part of the community, but on the *personal* lives of each and every one of us in this room. Perhaps we know someone who has died; perhaps we are infected ourselves; maybe we are keeping AIDS orphans in our home; perhaps we have changed our behavior due to the threat of HIV/AIDS; perhaps it has been the focus of our work. In some way, each of us has had a personal exposure to this disease.

Participants should take some time to think about how HIV/AIDS has affected them *personally*. Proceed with the rest of the exercise using the same technique outlined above. When processing, use the personal stories to make connections to the wider impact that HIV/AIDS has had on the individual, the community, and the entire nation.

The “Exchanging Stories” technique was modeled at the Peace Corps/Malawi “Community Content Based Instruction” workshop held in Lilongwe, Malawi, in July 1997.

## DECISION-MAKING SKILLS SESSIONS

# SESSION 5: IMAGINING THE FUTURE

## OVERVIEW

One of the most crucial “planks” in the “Bridge Model” (Session 1 in Part III) is having goals or planning for the future. Young people who have clear and specific goals are much less likely to fall into risky behaviors because they are usually focused and determined to reach their objectives. This session explores the goals and dreams among the group members, and provides an opportunity to discuss some of the factors that influence those ambitions.

## TIME

1 hour, 30 minutes

## OBJECTIVES

By the end of the session, participants will be able to:

1. List five career goals.
2. List five hopes and dreams.
3. Identify some factors that influence goals and dreams.

## MATERIALS

Flip chart or sheets of paper

Markers, pens, or pencils

Handout: *Future Scenario Cards* (each numbered scenario is a separate card)



## PREPARATION

Write scenarios on cards or sheets of paper. Each numbered scenario is a separate card.

## DELIVERY

### I. GROUP WORK (45 MINUTES)

Referring back to the “Bridge Model,” introduce the importance of setting goals to avoid risk behavior. Ask a few participants to explain the link between goal-setting and risk reduction for the group.

Next, divide the group into small, single-sex groups. Each group should make two lists on flip chart paper or the board.

1. List 10 careers in order of preference that your group would like to pursue after leaving school.
2. List your group’s hopes and dreams. This can include marriage, traveling, children, and so forth.

After all groups are finished, invite each group to share their lists with the larger group. Lead a discussion addressing the following questions:

- Are the boys’ and girls’ lists similar?
- Which careers and hopes were similar?
- Were there any differences between the sexes in the career choices? In the hopes and dreams? In the ranking or order?
- What are the reasons for these differences? Is it just a matter of personality? Does it have something to do with culture?
- Did anyone say that they wanted to become an alcoholic or a bargirl (prostitute)? Why not?

Our goals for the future are in many ways influenced by our values or what we believe in. Having an understanding of your values can help when deciding about your future.

### II. DISCUSSION OF FUTURE SCENARIOS (40 MINUTES)

Next, give each group a *Future Scenarios* card or slip of paper. Have the groups meet and discuss the situations. The groups should answer the following:

- What are some of the reasons that the young people in these situations think the way they do?
- Do you agree with their thinking?
- What advice would you give them?

Have each group report back to the larger group, and lead a discussion regarding the various factors that influence young people's decisions regarding their futures.

### **III. EVALUATION (5 MINUTES)**

Go around the room and ask participants to state their top goal or dream and to name one factor that influenced that choice.





**PARTICIPANT CARDS**  
**(EACH NUMBERED SCENARIO IS A SEPARATE CARD)**

## **FUTURE SCENARIO CARDS**

1. Hendrix is a 17-year-old boy in Standard 8 (final grade of junior high school). He has repeated Standard 8 three times in the hopes of getting into secondary school (high school). He has decided to simply drop out of school and remain at home to help his parents in the gardens (fields), as it seems clear that he was meant to be a farmer. He has been wasting his time at school.
2. Hadiza, a 17-year-old girl, failed her MSCE examinations (final exams for high school; college entrance exams) last year, and she does not think she is going to bother to write them again. She feels that finishing school is enough for her, and she cannot imagine repeating another year. She feels she needs to start thinking about getting married. After all, a woman is not complete unless she is married.
3. Haruna is 16 and in Form 3 (junior year of high school). His elder brother left school after Standard 8 and now runs a minibus service. Haruna feels that there is no need for him to get into Form 4. If he leaves school right away, he can make a lot of money through “dealing.” After all, South Africa is full of goods that people need and want. Besides, a number of students from his school still have not found employment after passing their MSCE examinations.
4. Sabrina is 18 years old and waiting for her JC exam results (given after the first two years of high school). If she passes, she can get a job with a small grocery owned by a friend of her brother. She wants to get a job, any job, as soon as possible, in order to earn some “real” money. When she has money, she will be able to buy some beautiful clothes and shoes, and she can then hang out with her friends. She won’t have to worry about anything ever again!





## DECISION-MAKING SKILLS SESSIONS

# SESSION 6: POSSIBLE FUTURES

## OVERVIEW

This is another exercise to prompt participants to think about their futures. A bit more personal, this exercise requires more introspection than some of the others. You may wish to do this exercise after the group has been together for a little while and feels comfortable with each other. This session is particularly effective with women's or men's groups.

## TIME

2 hours

## OBJECTIVES

By the end of the session, participants will be able to:

1. Describe the effects that a change in behavior can have on someone's life.
2. Identify the negative consequences of poor Life Skills.
3. Identify the positive consequences of using good Life Skills.

## MATERIALS

None



## DELIVERY

### I. CREATING THE TABLEAUX (45 MINUTES)

Introduce the topic by reminding the group of the importance of understanding the consequences of one's behavior. If one is able to change the behavior, the consequences will also change. In this way, people are able to take control of their lives and improve their situations. One's future depends on the decisions one makes today.

Divide participants into three small groups. (These should be same-sex, same-age groups.) Ask each group to make up a character based on a mixture of themselves, i.e., same gender and similar age. Give this character a name. Point out that this should *not* be a real person; this is someone made up by them, but similar to themselves. (If it were a real person, this exercise could be hurtful.)

Ask each group to create a story describing this imaginary person. What are some ideas about how their imaginary people behave at present? What does the future hold if they continue to behave in exactly the same way? What is the likely movement of the lives of these people? What will their relationships with friends, partner(s), and children be like? What will these people achieve in their lives? Who will they be living with? Will they have any income? If so, from what kind of work?

After this discussion, each group creates a tableau (a statue-like scene representing people in a particular situation). The people do not speak, but their positions and expressions tell the story of what is happening to them. This tableau will give a visual representation of ideas about their imaginary character's likely future. They will need to decide where they are placing the character. Is she/he at home? In a bottle store? On the streets? With friends? And so on. They do not need the tableau to show everything. The tableau is merely a summing up of their general understanding about what their character's future looks like.

For example, if the group considers that the imaginary person is likely to end up without money or begging for money, their tableau could show her/him on the street in a town, begging. The tableau will not necessarily explain why the person is there. It is up to the audience at the end to find that out by questioning the participants. Alternatively, the group may want to show what events made that person turn to begging; in this case, they could, for instance, present a tableau of her/him being thrown out of the home for some reason.

Members of the group take up positions in the tableau, with someone taking the imaginary character's position. Encourage the group members to use as many members of the group as possible in the scene. What if their perception of the character's future is

that the person is totally alone, and no one else comes into the picture at all? They could still use people to represent the family and friends she/he has lost—standing apart and looking away.

Participants then move on to work on their second tableau. They stay in the same small group. The second tableau of each group is a representation of the future that their imaginary character might have if she/he changed direction. The group needs to think about what could happen if the person stopped engaging in current behaviors. What could relationships with partner(s), friends, and children be like? How would they be treating each other? What would happen to these relationships if their imaginary character behaved differently? What kind of work could she/he have? What kind of home life?

Encourage each group to think about a hopeful and fulfilling future for their imaginary character. Discourage them from discussing too much how their partner(s) need to change: this exercise should be focusing on the imaginary character like themselves!

Each group then creates a tableau that sums up these ideas. For example, they could hope that their imaginary character gets on well with everyone, has a safe source of income, and is respected by everyone. A tableau of this could show that person at home with family and friends. The group would then decide what the imaginary character is doing in the scene and how to show the rest of the family relating to her/him in a way that shows progress in the ability to get on well with each other.

## **II. PRESENTING THE TABLEAUX AND DISCUSSION (1 HOUR)**

When all the groups have practiced their two tableaux and are ready, have the first of your groups show their tableaux to the rest of the large group.

To start, the small group presents their two tableaux one right after the other, without making any comments. Once the audience has seen both these tableaux, then they have an opportunity to ask questions.

The aim of this questioning is to explore ideas that the tableaux express, and for the participants to clarify anything they are not sure about. The participants in the tableau under consideration can either stay in position while the questioning goes on and answer from the perspective of the person whose role they are playing, or they can come out of the tableau and answer as themselves. Encourage everyone to think about the differences between the likely future and the possible future for the imaginary person at the center of the tableau.



Here are some useful lead questions:

1. What kind of things would the imaginary character have to do to make sure that her/his life did not follow the less fruitful path?
2. What difficulties would this person be likely to encounter?
3. What do the participants think would make the character want to change the direction of her/his life?

Each of the other groups then takes turns presenting their two tableaux and discussing them one by one.

### **III. EVALUATION (15 MINUTES)**

For the last stage of the exercise, all participants take a few minutes together to consider each imaginary character in turn. What one first step could these characters take that would move them off the path they are on and lead them in a new direction? This must be something specific and practical that can actually be tried out. If the participants make general suggestions such as “They just have to change their attitude,” help them to turn their suggestions into something specific and practical by asking questions. For instance, how would we *know* that she changed her attitude? What would we *see* him doing?

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## DECISION-MAKING SKILLS SESSIONS

# SESSION 7: YOUR LIFE STORY

## OVERVIEW

This is another exercise to prompt participants to think about their futures. By imagining a satisfying and happy future, participants are encouraged to avoid any behaviors that might take them away from the path toward their goals.

## TIME

1 hour, 30 minutes

## OBJECTIVES

By the end of the session, participants will be able to:

1. Identify factors that might have some impact on their future plans.
2. Describe possibilities for their lives over the coming years.
3. Describe the impact HIV/AIDS might have on their futures.

## MATERIALS

None



## DELIVERY

### I. VISUALIZING FALES' FUTURE (45 MINUTES)

Remind the group of the importance of visualizing their future goals and using these hopes and dreams to avoid risk behavior. Suggest that a clear idea of one's dreams can help to build a satisfying future. Invite the participants to listen as you read Fales' story:

#### **Fales Shapes Her Future**

When Fales was born, the stars seemed to shine more brightly than ever before. She had such intelligence, sensitivity, and beauty that surely her life would be charmed.

At 13 years old, Fales went to a good secondary school. Her parents felt she should be given the best possible education to prepare her for the rest of her life. Fales shone at everything. She was so kind and so loved by all of her friends that no one could feel jealous of her success.

At 19 years old, when Fales had just completed her second year at university studying to be an engineer, she met Mike.

Mike was a lovable person with a very happy nature. Time spent with Mike was always wonderful although he never seemed very serious about his work.

In pairs, have the participants talk about Fales' options and then complete her story. Did her life fulfill her and her family's expectations or was this just a dream story? Did she keep control of her life? Encourage the pairs to be creative.

After the pairs finish, have them present their story endings to the group. Discuss all of the different possible endings. Does HIV/AIDS come up as a possible ending? Unexpected pregnancy? Discuss how Fales' bright future might be affected by such problems. How does her "life story" change because of decisions she might make?

### II. OUR OWN LIFE STORIES (45 MINUTES)

*Trainer notes: Guided visualization is a very powerful technique. Be sure you are comfortable helping anyone in the group who may envision upsetting things and begin to cry. If you are not, ask someone with more experience to assist you with this session.*

Now let us think about our own futures, our own life stories. Ask participants to close their eyes, sit back and relax, and imagine their lives next year. Who will you be living with? Who will your friends be? Will you have a special friend of the opposite sex?

What will you do in your spare time? Will you smoke, drink, or take chamba (marijuana, Indian hemp)? How might AIDS enter your life at this time? Will you know anyone who is HIV positive or has AIDS?

Next imagine yourself in five years' time. (Ask some of the same questions from above.)

Now think about your life in your late 20s. Will you be married? What work will you be doing? How might AIDS enter your life at this time?

Finally, imagine that you have your own children ages 13 or 14. How might HIV/AIDS affect their lives? What kind of lifestyle would you wish for them? What fears will you have for them?

Think about what decisions you might make along the way to change your future.

Ask participants to open their eyes and just relax for a few minutes. Reflect on what they just envisioned—on the stages of their lives. (Do this personally; don't ask them to report out.) Give the group an assignment to write, either in their journals or just on paper. They should write their own "life story" imagining their futures while keeping in mind the questions they are thinking about during this session. They can either keep this story to themselves or share it—whatever they choose. The important thing is for them to go through the process of imagining their lives and the possible successes/obstacles they might encounter along the way.

### III. EVALUATION

You may collect the life stories and read them to evaluate each participant's individual internalization of the sessions, or you may wish to invite interested participants to share their stories with the larger group.

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## DECISION-MAKING SKILLS SESSIONS

**SESSION 8:  
YOUR GOALS****OVERVIEW**

It is recommended that this session follow “Possible Futures” (Session 6 in Part V). This is intended to help participants begin to create an action plan for their goals. Participants are guided through a process of mapping out the steps to achieving their goals and encouraged to begin to incorporate this process into their future planning.

**TIME** 

1 hour

**OBJECTIVES**

By the end of the session, participants will be able to:

1. Define short-term and long-term goals.
2. Identify an action plan for goal-setting.
3. List short-term and long-term goals and strategize fulfillment of those goals.

**MATERIALS** 

Flip chart or board

Markers or chalk

Handout: *What Are My Goals?—Goals Worksheet*



## DELIVERY

### I. PLANNING FOR OUR GOALS (30 MINUTES)

Spend a few minutes reviewing the previous sessions regarding visualizing the future and life stories. Suggest to the group that our goals are more likely to be achieved if we plan for them and follow that plan to completion. This session provides one kind of action plan participants might wish to use in mapping out their future goals.

Brainstorm the meanings of “short-term goal” and “long-term goal” on the flip chart or board. Some suggestions include:

#### **Short-term goal:**

A project that can be completed within six months.

Examples include: “I am going to clean the house today”; or, “I am going to pass the JC Exam in two months (given in the middle of high school)”; or “I am going to knit some table coverings to sell at the market.”

#### **Long-term goal:**

A project that can be completed within a year or more.

Examples include: “I am going to go to University and become a doctor”; or, “I am going to have three children who will go to good schools.”

Next, distribute copies of the *Goals Worksheet* to each participant. Ask that they not fill them in at this point. We will review them together briefly. Using a sample goal to guide you, go through each section of the worksheet, explain the heading, and provide examples.

1. Identify your goals. Write one short-term and one long-term goal. Suggest “Pass the JC Exam” as an example.
2. What are some of the good things that I will get if I reach my goal? In our example, “I will be able to proceed to Form 3 and may then have a chance at a University scholarship.”
3. What stands between me and my goal? “If I do not like to study or do not study enough, this could be an obstacle to passing the JC Exams.” Similarly, “If I am required to work so long in the fields that I do not have time to study, this may keep me from reaching my goal.”
4. What do I need to learn or do? In the JC example, “I need to learn my math and English in order to do well on the exam. I also need to register for the exam with the headmaster.”
5. Who will encourage me? “I know that my mother and my teacher really want me to do well, so I will ask them to check in with me to make sure I am studying and achieving some success.”

6. What is my plan of action? “First, I will create a study schedule for myself. Then I will register for the exam with the headmaster. Then I will begin to study three hours each day until the exam.”
7. Completion Date. When will I be finished with this goal? “The JC exams are being held in three months, so I will be finished on \_\_\_\_\_.” (Write in the date of the JC Exams in the area.)

Review the steps until it seems clear that the participants understand the use of the *Goals Worksheet*.

## **II. ACTIVITY 2: COMPLETING OUR GOALS WORKSHEET (25 MINUTES)**

Provide some quiet time for participants to reflect on an important short-term and long-term goal. Encourage all participants to plan the achievement of those goals using the worksheet. Check in with participants individually to ensure they understand the exercise.

## **III. EVALUATION (5 MINUTES)**

Invite the participants to stand and read out their goal plans to the group. Later observation of these plans and successful completion of the steps will help you to evaluate the participants’ understanding of the session.





# WHAT ARE MY GOALS?—GOALS WORKSHEET



<b>SHORT-TERM GOAL</b>	<b>LONG-TERM GOAL</b>
<b>BENEFITS IN REACHING MY GOAL</b>	<b>BENEFITS IN REACHING MY GOAL</b>
<b>WHAT MIGHT STAND IN MY WAY?</b>	<b>WHAT MIGHT STAND IN MY WAY?</b>
<b>WHAT DO I NEED TO LEARN OR DO?</b>	<b>WHAT DO I NEED TO LEARN OR DO?</b>
<b>WHO WILL ENCOURAGE ME?</b>	<b>WHO WILL ENCOURAGE ME?</b>
<b>PLANS OF ACTION/STEPS I WILL TAKE?</b>	<b>PLANS OF ACTION/STEPS I WILL TAKE?</b>
<b>COMPLETION DATE</b>	<b>COMPLETION DATE</b>



## CONSEQUENCES SESSIONS

# SESSION 9: TEENAGE PREGNANCY

## OVERVIEW

One of the most important things for young people to internalize is an understanding of the consequences of their actions. As part of the motivations portion of your Life Skills sessions, you may wish to spend some time discussing the consequences of becoming pregnant while still a teenager. This session provides an introduction to that topic.

## TIME

1 hour, 30 minutes

## OBJECTIVES

By the end of the session, participants will be able to:

1. List the consequences of early pregnancy to the mother of the baby.
2. List the consequences of early pregnancy to the father of the baby.
3. List the consequences of early pregnancy to the baby, to the family, and to the community.

## MATERIALS

Flip chart or paper

Markers or pens



Flip charts:

1. What are the consequences of teenage pregnancy for the *mother* of the baby?
2. What are the consequences of teenage pregnancy for the *father* of the baby?
3. What are the consequences of teenage pregnancy for the *baby*?
4. What are the consequences of teenage pregnancy to the *families* of the couple?
5. What are the consequences of teenage pregnancy to the *community*?

## DELIVERY

Divide the participants into five groups. Distribute one flip chart to each group and have them brainstorm answers to the question on their sheet.

Each group will then present its ideas to the larger group in turn. Process the ideas with the entire group. You may wish to begin to discuss some of the causes of teenage pregnancy, but that topic will be covered/has been covered at length in the “Bridge Model,” Session 1 in Part III, and “Introduction to Life Skills.”

## VARIATIONS

### WHERE A VIDEO MACHINE IS AVAILABLE

An excellent film that highlights just about every issue involved in teenage pregnancy is called “*Consequences*,” filmed in Zimbabwe. Copies are available in AIDS resource centers throughout Malawi, or by contacting the National AIDS Control Programme, Ministry of Health, P.O. Box 8204, Causeway, Harare, or Media for Development Trust, 19 Van Praagh, Milton Park, Harara, Zimbabwe <Mds@samara.co.zw>.

The film adeptly summarizes the issues involved in teenage pregnancy from the perspectives of all parties involved. Allow the film to spark a good discussion about this topic. You will probably find that participants refer back to the film and its characters throughout your sessions.

## CONSEQUENCES SESSIONS

# SESSION 10: ALCOHOL AND DRUG USE

## OVERVIEW

One of the risk behaviors that many young people fall into is the use of alcohol or marijuana. This session will take a closer look at the causes and consequences of alcohol and drug use.

## TIME

1 hour, 30 minutes

## OBJECTIVES

By the end of this session, participants will be able to:

1. List some of the reasons that young people use alcohol or drug.
2. List some consequences of alcohol or drug use.
3. Identify some new facts about use of alcohol and drug.

## MATERIALS

Props for the role play

Markers or chalk

Handout: *The Role Play: Maurice's Story*

Flip chart: Some Facts About Alcohol



### Some Facts About Alcohol

- People are starting to drink alcohol at younger ages than ever before.
- Young people are also drinking more heavily.
- Many young people who are injured or killed in road traffic accidents have alcohol in their blood.
- Because young people have a higher proportion of body water and lower proportions of fat and muscle, they tend to be more affected by alcohol—and become dependent on alcohol—more quickly than adults.
- In many countries, young people who drink alcohol go on to try illegal drugs including marijuana.
- Alcohol can seriously damage the liver and cause many other health complications.
- Alcohol actually destroys brain cells.
- Alcohol affects judgment. Under the influence, one may be tempted to experiment with sex, which he/she might not do if sober.

## PREPARATION

Prepare and rehearse the role play before the session with peer educators or volunteers from the group.

## DELIVERY

### I. ROLE PLAY (30 MINUTES)

Remind the participants of the risk behaviors that young people are likely to fall into if they fail to “build the bridge” by learning and using good Life Skills. One of the risk behaviors is drinking alcohol and/or smoking marijuana. Drinking and smoking are dangerous activities in themselves. They are even more serious when we think about the poor decisions we could make while under the influence of alcohol or drugs—everything from starting a fight to having unprotected sex, which could lead to unwanted pregnancy or infection with an STD such as HIV.

Ask the participants if there is any drinking or smoking going on in their schools/communities. Are many young people currently drinking or smoking? Invite them to consider some of the consequences of this behavior while watching the role play.

## II. REASONS AND CONSEQUENCES (45 MINUTES)

Discuss the role play and some of the reasons that Maurice gave for his actions. Does this sound like a common situation in this area? What are some of the reasons that young people start drinking and smoking? Brainstorm a list of ideas with the group and write these ideas on a flip chart or on the board.

Some possibilities may be:

- Boredom
- Loneliness
- Poverty/feelings of hopelessness
- Worry
- Parents drinking
- Failure to do well in school
- Personal happiness (“It’s fun!”)
- Trying to forget problems
- Excuses (“Even doctors and teachers drink!”)
- Trying to act grown up
- Peer pressure

Next, brainstorm the possible consequences or effects of alcohol and drug use. Make a list on the flip chart. These consequences might include:

- Poor decision-making
- Bad health
- Failure in school
- Trouble with the police
- Problems in the family
- Stealing
- Having sex
- Getting pregnant
- Getting an STD or HIV

Reveal the Some Facts About Alcohol flip chart and go through each point with the group. Can the participants add any others?



### III. EVALUATION (15 MINUTES)

Go around the room and have each participant list a different cause and effect of alcohol or drug use. Try not to have any duplicates, so you can assess participants' understanding of the session.

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## THE ROLE PLAY: MAURICE'S STORY

Maurice Moyo, a 15-year-old boy, has been arrested for breaking into a house and stealing a television. He was drinking and smoking with a gang of friends and they decided they needed more money for their alcohol and drugs. They hatched a scheme to rob a house and sell the television to get more money for their drinks and marijuana. The police came after the boys, but they caught only Maurice.

Next, have one character play a famous reporter on MBC Radio One. This character will interview Maurice Moyo, the 15-year-old boy arrested for housebreaking. The reporter should create a microphone out of some paper or other prop and interview Maurice about the story behind his arrest. Maurice Moyo will answer the questions. Let the actors use their creativity and their own knowledge of the reasons behind this behavior in their community to answer the following questions from the reporter to Maurice:

- “Maurice, you are such a young man and now you will probably land in jail. Why did you break into the house in the first place?”
- “Why did you start drinking and smoking marijuana?”
- “How did the alcohol and marijuana make you feel?”
- “Where did you buy the alcohol and drugs?”
- “Where did you get the money for it?” and so on.





## CONSEQUENCES SESSIONS

# SESSION 11: RISK BEHAVIOR—TESTING THE WATERS

## OVERVIEW

In this session participants take a look at their most common way of behaving in a situation and whether that behavior might lead to risk. Since this activity will focus largely on risk for HIV infection, it may be useful to do it after you have done basic sessions on “Facing Facts About HIV/AIDS and STDs” (Part II) with the group.

## TIME

1 hour, 30 minutes, to 2 hours

## OBJECTIVES

By the end of the session, participants will be able to:

1. Identify “no risk,” “low risk,” and “high risk” activities as they relate to HIV transmission.
2. Identify their own levels of risk for HIV infection.

## MATERIALS

Flip chart or board

Markers or chalk

Signs: “Plunger,” “Wader,” “Tester,” “Delayer” (pictures make them more lively)



## Flip chart: Risk Activities

**Risk Activities**

1. Using toilets in a public washroom
2. Touching or comforting someone living with HIV/AIDS
3. Having sex without a condom
4. Dry kissing
5. Having sex using the same condom more than once
6. Swimming with an HIV-infected person
7. Sharing needles for ear piercing or tattooing
8. Abstaining from sexual intercourse
9. Going to school with an HIV-infected person
10. Cutting the skin with a knife used by others
11. Being bitten by a mosquito
12. Giving blood
13. Having sex using a condom properly
14. Eating food prepared by an HIV-infected person
15. Body to body rubbing with clothes on
16. Having sex with a condom and the condom breaks
17. Back rub—massage
18. Riding on the bus with an HIV-infected person
19. Cleaning up spilled HIV-infected blood without wearing gloves
20. Wet (deep) kissing
21. Touching or comforting someone living with AIDS
22. Receiving a blood transfusion
23. Getting an injection at a private clinic that cleans its needles with water

*Trainer notes: Edit this flip chart so that there are only as many risk activities listed as there are participants in the session.*

**DELIVERY** **I. TESTING THE WATERS (UP TO 30 MINUTES)**

Explain to participants that when trying to “build the bridge” to a positive, healthy life, it is important to know what our own

personal styles and our levels of risk behavior are at this time. Only by assessing our own personal risk can we know how many “planks” we will need to put in our bridge and which particular Life Skills we will want to focus on for ourselves.

Ask participants this question: “If you went to Lake Malawi (or some body of water recognizable to the group), and you really wanted to get cool in the water, what is the most likely way for you to get into the water? Would you:

- Just run towards the lake and dive in? (Plunger)
- Walk in slowly, wetting your body bit by bit and getting used to the temperature? (Wader)
- Dip your toes in the water, then decide if you will go in? (Tester)
- Stand on the beach looking at the view and surroundings, and consider what you will do next? (Delayer)

(You might act out these actions as you are saying them, to help people laugh a bit! Don’t use the description word, however.)

Point to the four different corners of the training area, repeating one action described above for each. Ask participants to move the corner depending on the action that best describes their approach to getting into the water.

Once everyone in the group has moved to a corner, give each type of response a title—plungers, waders, testers, and delayers. Have the group put their title on the wall. Ask participants the good and bad things about each of these types of behavior. Explore with the group how this exercise might translate into real life situations. How does it relate to risk for pregnancy, STDs, or even HIV/AIDS? Discuss this connection thoroughly.

Have the participants sit down. Now ask participants to consider whether the type of behavior they chose is their most common way of behaving. Is this their “style” of behavior? What implications might that style have in terms of being at risk for pregnancy, STDs, and HIV/AIDS?

## **II. ASSESSING RISK (APPROXIMATELY 1 HOUR)**

In attempting to change our behavior, it is very important to be aware of our own personal levels of risk and the reasons for these risk activities. We will now do a personal exercise to help determine our levels of risk for HIV infection.

Post the flip chart, and give the participants a few moments to go through the list and note on paper the activities that they are now engaged in and the activities that they might have done in the past. Urge them to be completely honest when answering. Their answers will not be collected—they will be seen only by themselves.



Next, explain to the group that some activities have no risk at all, others have low risk, and still others are high risk activities. Review the ways that HIV/AIDS is transmitted and go over your definitions for the levels of risk activity. Make sure that everyone understands these levels of risk before proceeding:

#### **No Risk**

No risk of getting HIV/AIDS—There is no receipt of blood, semen, vaginal fluids, or maternal body fluids.

#### **Low Risk**

Low risk of getting HIV/AIDS—There is a slight possibility of exchange of blood, semen, vaginal fluid, or maternal fluids.

#### **High Risk**

High risk of getting HIV/AIDS—There is a strong possibility of exchange of blood, semen, vaginal fluid, or maternal fluids.

*Trainer notes: To assist in discussing these questions, you may wish to refer back to "How HIV is Transmitted" (Session 3 in Part II) to review the ways in which HIV is transmitted.*

Next, assign a number to each of your participants (must be equal to the number of risk activities). Just have them count off from one to the last number. When you say, "Go!" all participants will come up to the flip chart or board and write the level of risk next to the statement with their number. For example, if my number is "5," I would write "High Risk." If my number is 17, I would write "No Risk." Remind the participants that they are not to write anything personal, such as whether or not they checked this risk behavior. They are simply writing whether the behavior is No Risk, Low Risk, or High Risk.

After everyone has finished, go over each statement with the entire group. Reach an agreement on the levels of risk, changing any of the answers that are incorrect. There may be a great deal of debate on some of the activities. Use this exercise to launch a full discussion of risk activities and the different levels of risk.

### **III. ASSESSING OUR OWN RISK (15 MINUTES)**

Ask the participants to take a look at the statements that they noted on their own lists. Are any of them high risk activities? Are they currently engaging in high or low risk activities that might put them in danger of HIV or STD infection? If they had to mark themselves on the scale below (write it on the board), where would they be placed in terms of their level of risk for HIV infection?

0	1	2	3	4	5	6	7	8	9	10
No Risk			Low Risk			High Risk			Highest Risk	

*Trainer notes: Because this issue may raise many fears for people, you may wish to:*

- 1. Follow this session with a session you develop on HIV testing in the local area and/or “HIV/AIDS and Human Rights” (Session 9 in Part II) and/or “The Loss Exercise” (Appendix IV).*
- 2. Suggest that anyone with further questions or concerns should feel free to talk with you after the session or at any time.*
- 3. If people do not feel comfortable talking with you about this matter, and if you are working with peer educators, suggest that they speak with a peer educator for more information about these issues.*

## EVALUATION TOOLS

You will be able to evaluate the group’s knowledge about HIV transmission based on their responses to the this exercise. Be sure to make note of any incorrect responses for further reinforcement in another session.

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“Testing the Waters Activity” adapted and reprinted with permission of Alice Welbourn and ACTIONAID from *Stepping Stones: A Training Package on HIV/AIDS, Communication and Relationship Skills*, pp. 134–135. © Alice Welbourn and G & A Williams 1995





## CONSEQUENCES SESSIONS

# SESSION 12: RISK BEHAVIOR—LUCK RUNS OUT

## OVERVIEW

We may justify dangerous or risky behavior based on how “lucky” we have been in the past. If we are doing well on our exams without studying much, we might not be motivated to study in the future because we think we are lucky. This session looks at the habit of basing decisions on luck, and what risks might be associated with such ideas.

## TIME

Up to 2 hours

## OBJECTIVES

By the end of this session, participants will be able to:

1. Describe the dangers of relying on “luck” for staying healthy or on the right course for one’s future.
2. List some of the consequences when “luck runs out.”

## MATERIALS

Flip chart or paper

Markers or pens

Handouts: *Julie and Darren’s Luck Runs Out*, *Risk Situation Cards* (each numbered situation is a separate card)

Game pieces for the “Repeated Risk Game”—six small pieces of paper (three marked with “X” and three marked with “O”) in a box or bag for each small group



Flip charts (or on board): Julie’s Questions, Darren’s Questions, Repeated Risk

**Julie’s Questions**

- How could I have gotten pregnant? We had sex only immediately after my period!
- Why did we take such a risk? We both knew we were still too young to have a baby.
- Why did we have so much confidence? Why did we persuade ourselves that luck was on our side?
- Should we have sex at all at our age? Why didn’t we think about what happened to some of our friends who got into trouble because they were having sex?

**Darren’s Questions**

- Could the biology book have lied? It said the danger period for pregnancy was usually 10 to 14 days after menstruation.
- Why did we think we were lucky? How could we ever think that luck had anything to do with what we were doing?
- What made us think that being lucky on a number of occasions would guarantee that we would stay lucky forever?
- Were we wrong to start having sex in the first place? We knew we were too young, but my friends all said they did it!

**Repeated Risk—Sampleable**

	1	2	3	4	5	6
Group 1						
Group 2						
Group 3						

**PREPARATION** 

Prepare the risk situation cards. Each numbered situation is a separate card. Also prepare a box or bag for each small group with the six game pieces folded in each.

## DELIVERY

### I. LUCK RUNS OUT (40 MINUTES)

Begin by referring back to the risk behavior in the waters under the “Bridge Model” (Session 1 in Part III). Sometimes we fall right through the planks in the bridge because we refuse to believe that we might suffer the consequences we hear about from other people. Often people think “It can’t happen to me.” These ideas can be based on the notion that we are somehow luckier than others.

Have different participants take turns reading paragraphs in the story *Julie and Darren’s Luck Runs Out* aloud to the group.

After reading the story, split into single-sex groups. Have the girls answer Julie’s questions and the boys answer Darren’s questions using the flip charts of prepared questions. Report the answers back to the large group and lead a discussion on the ideas of luck and repeated risk.

### II. REPEATED RISK GAME (40 MINUTES)

After this discussion, explain that they going to play a game to take a look at repeated risk. Split into three groups. Give each group a game bag (or box). Explain that this game is about the risks of pregnancy. The main “message” is that the more often you take a risk, the more likely you are to lose. Emphasize that “luck” changes without warning: It is not a basis for avoiding risks.

#### Instructions for the “Repeated Risk Game”:

1. Each group takes one paper out of their bag.
2. If a group gets an “O” paper—they were lucky this time. No pregnancy.
3. If a group gets an “X” paper—they took a risk and lost. Pregnancy!
4. Put the results from the round on the chart on the board or flip chart.
5. Put the “X” and “O” papers back into the boxes.
6. There are six draws, following steps 1–5.
7. After all six draws, examine the results. Are some groups luckier than others? Does a group’s luck change frequently? Were any of the teams “unlucky” on the first try? Were Julie and Darren wise to take repeated risks?



### III. SMALL GROUP WORK (40 MINUTES)

The last part of the session is a small group exercise. Divide into four small groups. Give each group a risk situation card. The groups should answer the following questions:

What is the person confident about?

What is this confidence based on?

Is the person sensible to feel confident or is it false confidence? Why?

What are the wrong ideas that some of these people have?

All groups should then gather and present their ideas. Discuss the differences between preparation and luck. It seems that it is always better to be sure than to count on “feeling lucky,” especially when something as serious as your life or your future is at stake.

## EVALUATION TOOLS

The responses given in Activity Number Three should provide a good basis for you to evaluate the participants’ understanding of the session.

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## JULIE AND DARREN'S LUCK RUNS OUT

Julie and Darren, secondary school students, have been in love for over a year. Six months ago they had sexual intercourse for the first time.

Julie had just had her menstrual period so they felt there was not much danger of her getting pregnant. Three weeks later Julie had her period. She had been a bit worried but they were lucky after all.

She looked for Darren at break time to tell him the news. Now they thought they knew what to do each time: Have sex a day or two after Julie's period and then stop. She wouldn't get pregnant if they stuck to this. After all, their biology textbook supported what they were doing. The danger period was usually 10 to 14 days after menstruation, not a day or two after menstruation. For the next three months, the two lovers had sex, each time soon after Julie's period. "I can't get pregnant," Julie boasted to her close friend Rachel. "Darren and I are very lucky. We've had sex several times without anything happening."

Last week, Julie realized that her period was two weeks late. She hadn't thought about it before because of the mid-year exams. It seems likely that she is pregnant, because she never missed a period before.





**PARTICIPANT CARDS**  
(EACH NUMBERED SITUATION IS A SEPARATE CARD)

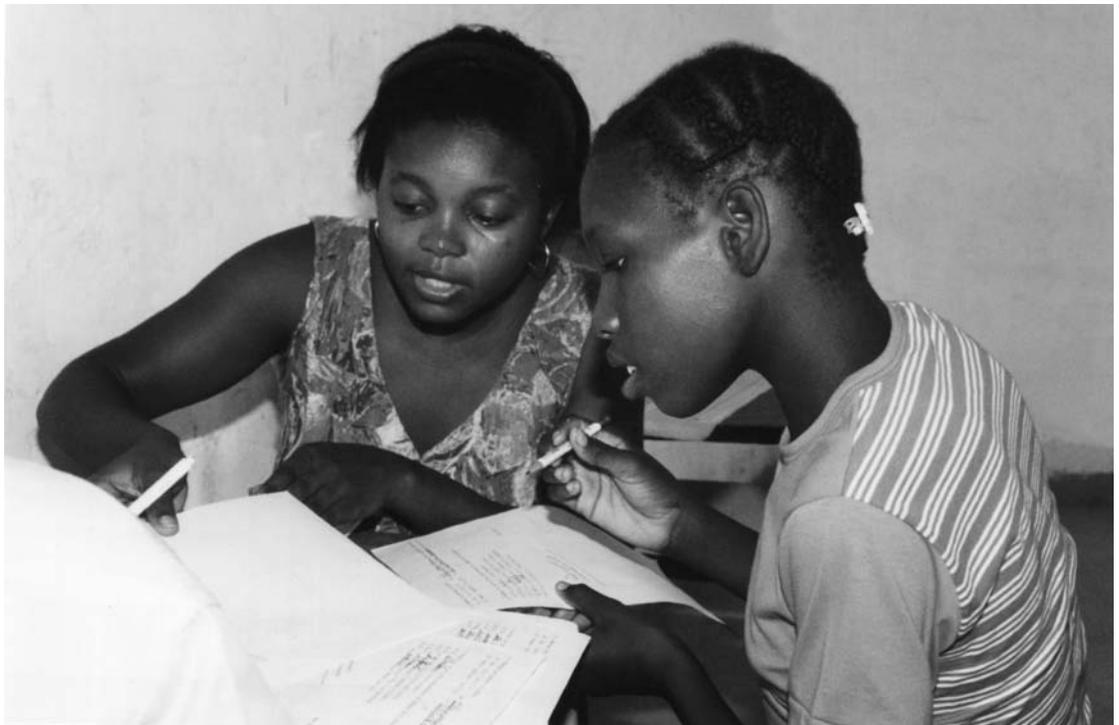
## RISK SITUATION CARDS

1. My parents are very strict and they never allow me to go out at night with my friends. They don't know that I have a spare key. When they're asleep I sneak out, but I always return before morning. They never find out.
2. I'm studying hard for my MSCE (final high school exam; college entrance exam) and I feel sure I'll pass. I passed JC (exam given in the middle of high school) well, and I've been at the top of my class ever since. I've always taken studies seriously. During the holidays I spend some time revising the term's work.
3. I'm sure I will never get the HIV virus because I choose my girlfriends carefully. I go out only with smart, educated, clean-looking girls who have good jobs. Also, I never have more than one girlfriend at a time.
4. Even though I haven't had much time to practice driving, I'm sure I'll pass my driver's test next week. After all, I got my provisional (permit) the first time I tried, even though I didn't spend much time on it. Also, my mother said I can use her new car for the test. That should impress the examiner!





# PART VI: THINKING SKILLS





## THINKING SKILLS SESSION IDEAS

# DEBATES, INVISIBLE THEATER, AND QUESTION OF THE DAY

Because thinking skills are an integral part of communication and decision-making skills, it is best to weave thinking skills into all of the other lessons. You may do this by pointing out the thinking skills elements of the communication and decision-making sessions, or by adding “Questions of the Day,” “Invisible Theater,” or homework assignments to the sessions.

Some ideas for “Thinking Skills” sessions or additions to sessions are listed below:

## INVISIBLE THEATER

The technique called “Invisible Theater” is a very effective and exciting way to spark a lively debate within the session. It works best on topics that most people have the same opinion about. For example, if most people in the room believe in gender equality, your Invisible Theater will be against gender equality. Basically, what you will do is secretly arrange the Invisible Theater with one of the participants before the session. Instruct the person to take the exact opposite position from everyone else once the discussion is underway. The person should continue to disagree using very strong arguments that will clearly upset and frustrate everyone in the group. This forces the group to justify their points further—even if they thought their points were perfectly clear before. After a lively discussion and debate, it is best for you to “unveil” your Invisible Theater and make it clear that the person was only acting the part and does not really believe what he/she was arguing.

## DEBATES

Debates are staged, formal arguments between two different sides of a controversial issue. When using debating as a technique, it is most effective if you:

- Choose a very controversial topic or one that the participants might feel very strongly about.



- Insist that participants take the opposite side of the argument from the one they believe themselves; this forces them to think about the topic deeply and analyze it from all sides in order to build an effective argument. Also, it helps them to see things from another person’s perspective.
- Provide debate topics a week or so earlier than the actual debate and have participants do some research and collect some facts for making their arguments.
- Put participants on debating teams. Make sure they have to argue and defend in turns so that everyone is forced to think and participate.
- Have judges (teachers, health workers, etc.) come and listen to the arguments and choose a winning team. Award small prizes.
- After the debate, critique the arguments used and suggest strategies for better debating next time.

## QUESTION OF THE DAY

The idea behind the “Question of the Day” is to make participants exercise their thinking skills during every session—even those sessions that are not directly covering thinking skills. (You may wish to relate the topic to whatever you are discussing on that day, however.) Before every session, write a controversial question or statement on a board or flip chart paper in the back of the room. At free moments before, after, or during the session, participants should go to the back of the room and write their positions/opinions on the topic on the board or flip chart. You will then post these ideas during the next session or at the end of the session for everyone to read and review.

## DEBATING AND QUESTION OF THE DAY— SOME SUGGESTED TOPICS

1. Condoms should be freely available in schools.
2. Times have changed—sex before marriage is part of modern life.
3. If a woman performs 67 percent of the world’s working hours, why does she receive only 10 percent of the world’s income?
4. Who should be responsible for preventing teenage pregnancy, STDs, and HIV/AIDS? Why?
5. “We should not use condoms because they are against African culture.” Do you agree or disagree? Why?

6. A husband says to his wife, "Why should I use a condom? Are you a prostitute?" What are your comments?
7. Lobola (bride price) should be abolished.
8. Men make better presidents because they are natural leaders.
9. HIV-positive people should be required by law to tell their sexual partners they are infected.

You can think of many, many more!

"Invisible Theater" and "Question of the Day" techniques were presented at the Peace Corps/Malawi workshop "Promoting Sexual Health," held in Lilongwe, Malawi, in July 1996.





## THINKING SKILLS SESSION IDEAS

# SESSION: THE DEVIL'S ADVOCATE GAME

## OVERVIEW

This session sets out to teach participants how to think. Although such a basic idea may seem ridiculous as a focus for your Life Skills sessions, it is especially important to teach young people how to think critically. The skills to develop answers to difficult questions, to debate and create a strong argument, and to assert their ideas clearly without backing down can serve them well in risk situations, especially those involving peer pressure.

## TIME

1 hour

## OBJECTIVES

By the end of the session, participants will be able to:

1. List effective strategies for persuading or convincing others.
2. Describe their personal debating style.

## MATERIALS

Handout: *Devil's Advocate Statements* (each numbered statement is a separate card)

## DELIVERY

Refer to the “Bridge Model” (Session 1 in Part III), and explain that, like communication skills, thinking skills are an important part of many of the other Life Skills. Developing one’s thinking



skills helps one communicate better, make better decisions, and manage relationships more effectively.

Explain that today's exercise will help us focus on how to think and debate well. Each pair will get two statement cards. One member of the pair will read a statement; the other person should disagree with the statement. Each of them should continue to develop better and better arguments, one of them defending the statement, and the other disagreeing with the statement. They should continue until they have exhausted all angles of the argument before moving on to the next statement. This time, the other partner should read the statement.

Model one statement for the participants. Ask two volunteers to come to the front of the room and demonstrate the exercise. When it is clear that everyone understands, distribute two statement cards to each pair. Participants may wish to go outside or to other areas to work on the exercise.

After the exercise, reconvene as a large group and process some of the strategies used to defend the arguments. How did the participants attempt to "win?" What kind of ideas or techniques did they use to confuse or convince their partners? Ideas might include:

- Relying on facts instead of opinions
- Speaking louder than the other person (discourage this one!)
- Trying to reach a compromise by agreeing with parts of the other person's statements.
- Presenting possible consequences to some of the statements, and so forth.

Point out that it is more effective in learning thinking skills to take the opposite perspective from the one the person really believes. For example, forcing someone to defend the idea that people should teach condoms in schools when that person opposes the idea of condom use can really help in teaching thinking skills. Taking the opposite perspective forces the person to actually think arguments through, rather than base what he/she says on emotion or opinion. Also, it helps the person to see life from the perspective of others.

## **VARIATIONS**

### **THE "WHY GAME"**

A slightly simpler and more infuriating version of this game is called the "Why Game." The activity is the same, with one major difference—when the person reads the statement, the partner should just say, "Why?" The first person should then delve deeper and explain the position better. The partner should continue to

probe further and further, always saying, “Why?” or “Why do you think that so–and–so is such–and–such?” The exercise goes on and on in this way until all angles of the issue have been uncovered (or until one of the partners gets really frustrated!).

### **AT A TRAINING OF TRAINERS OR PEER EDUCATOR TRAINING**

After the exercise, it is useful to ask the group to brainstorm about other techniques and methods that might be useful in teaching “Thinking Skills” to young people. Come up with a list of exercises, games, strategies, and ideas to teach thinking skills. Some ideas might include debates, “question of the day” sheets, analytical essays, and so forth.

This technique was adapted from the “Thinking Skills” session of Peace Corps/Malawi workshop “Promoting Sexual Health,” held in Lilongwe, Malawi, in July 1996.





**PARTICIPANT CARDS**  
**(EACH NUMBERED STATEMENT IS ON A SEPARATE CARD)**

**“DEVIL’S ADVOCATE” STATEMENTS**

1. It is fine for a boy to experiment with sex before marriage, but if a girl experiments, she is a prostitute.
2. The community should take some action to prevent HIV/AIDS.
3. Women should eat well and rest often when they are pregnant.
4. If a woman is educated, the health of her children greatly improves.
5. Teaching about condoms in schools is the best way to stop the spread of STDs and HIV/AIDS.
6. Only men have the right to decide when to have sex with their wives.
7. Pursuing an education is the best way for women to be independent.
8. Having more than one sexual partner gives you a fuller life.
9. Alcohol abuse leads to risky sexual behavior.
10. Using a condom will prevent you from experiencing real sexual feeling.
11. A man pays lobola (bride price) so a woman is his property.
12. The loop, the “shot,” and Norplant are against African culture.





# PART VII: RELATIONSHIP SKILLS





## RELATIONSHIP SKILLS SESSIONS

# SESSION 1: THE BEST RESPONSE GAME

## OVERVIEW

Communicating effectively and thinking critically are important components to managing a good relationship. The Best Response Game has proven an effective tool to help participants practice thinking and communicating under a pressure situation—very much like the pressure they may experience in a sexual encounter. This game provides a fun forum to practice the skills young people will need to delay sex.

## TIME

1 hour, 30 minutes

## OBJECTIVES

By the end of this session, the participants will be able to:

1. Identify typical “lines” people use to pressure others for sex.
2. Strategize appropriate responses to those “lines.”
3. List effective responses to common “pressure lines.”

## MATERIALS

Small slips of blank paper

A watch or clock with a second hand

Flip chart or board for scoring

Markers or chalk



**List of “pressure lines”:**

1. “Everybody is doing it.”
2. “If you truly love me, you will have sex with me.”
3. “I know you want to—you’re just afraid.”
4. “Don’t you trust me? Do you think I have AIDS?”
5. “Girls need to have sex. If not, they develop rashes.”
6. “We had sex once before, so what’s the problem now?”
7. “But I have to have it!”
8. “If you don’t have sex with me, I won’t see you anymore.”
9. “Girls need to have sex. Boys give them vitamins (to make their breasts grow).”
10. “If you don’t, someone else will!”
11. “Practice makes perfect.”
12. “You can’t get pregnant if you have sex only one time!”
13. “You don’t think I have a disease, do you?”
14. “But I love you. Don’t you love me?”
15. “Nothing will go wrong. Don’t worry.”
16. “But we’re going to be married anyway. Why not just this once?”
17. “Aren’t you curious?”

**PREPARATION** 

Arrange the room into three or more areas for teams and judges to sit. (The number of areas will depend on the size of the group. Try to keep teams at five people or less.)

**DELIVERY** **I. THE BEST RESPONSE GAME (1 HOUR, 10 MINUTES)**

Introduce the session by referring to the “Bridge Model” (Session 1 in Part III) and to Lucy’s predicament. Her boyfriend was able to convince her to have sex, even when she knew the risks. Often young women and men are pressured into having sexual relations even when they do not want to. Developing Life Skills such as good communication and negotiating, making appropriate decisions, thinking through the consequences, and delivering assertive messages is important. These skills teach us how to get

out of such situations without giving in. This exercise is a fun way to practice these skills.

Divide into small groups. Ask for a few volunteers to serve as the team of judges. Ask the teams to create names for themselves and write the name of each team on the scoreboard (flip chart or board).

Spend a few moments referring to the Bridge Model and discussing the idea of peer pressure, which is one of the most difficult issues for young people to overcome. When peer pressure comes from a boyfriend/girlfriend in a relationship, it can be even more difficult to resist.

Explain that you have collected a list of different “pressure lines” that a person might try to use to get his/her partner to have sex.

Here is how the game works:

- Read one of the “pressure lines.”
- The teams have two minutes (or one minute if the teams are small) to come up with the best response to the “pressure line.” What would you say to refuse if someone used this line on you?
- The team should agree on the best response and write their idea on the small slip of paper.
- You will time the groups and call out when the time is up.
- Collect the slips of paper and read them aloud to the whole group. Keep it lively and fun! Give the slips of paper to the team of judges.
- The judges will have one minute (or 30 seconds) to choose the winner. The judges should award two points to the winner and zero points to the loser. (The judges will often try to play games with this—giving one point to each. Try to discourage this. It is more lively when the teams get competitive and rowdy with the judges!)
- Write the points on the scoreboard and then repeat the process with the next pressure line.
- When the lines are exhausted or people are looking as though they have had enough, tally up the scores and announce the winner. Give a small prize if you want!

## II. PROCESSING THE “PRESSURE LINES” (15 MINUTES)

Spend a few moments after the game to process the exercise. This game is helpful in a number of ways:

1. It helps young people hear the common “lines” people use when they want to have sex. Often, young people may not recognize these as “lines”—they may think they are the only



ones to ever hear or use these ideas. Hearing these “lines” in this game context may bring them to mind when the real situation happens and makes it much clearer that they are *common* “lines” used often to pressure.

2. The many different ideas mentioned by individuals on the team and by the team as a whole offer a variety of different responses that a person can use when in an actual situation. Also, the process of exploring these responses with a group can make a young person feel very supported when actually saying “no” to sex.
3. It is helpful to think about these “lines” before being in a pressured or passionate situation, so that good answers will be ready without too much prior thought. In other words, everyone has already “practiced” their responses in the session.

Last, it can be fun—especially with young people—for you to spend a few moments at the end of this session brainstorming about other “pressure lines” that people in the group might have heard. This brainstorming can help you also the next time you do the session. You will have realistic statements actually used in your community that will be familiar to the young people listening to you.

### **III. EVALUATION (5 MINUTES)**

Quickly go around the room and ask each participant to state the response that he or she would most likely use in a pressure situation.

## **VARIATIONS**

### **FOLLOW THE GAME WITH PEER PRESSURE ROLE PLAYS**

Follow this session with “Peer Pressure Role Plays” (Session 2 in Part VII). This gives participants an opportunity to practice the “lines” they have created in a simulated situation.

### **NEGOTIATING CONDOM USE**

The same game can be adapted to a session on negotiating condom use. Create a list of “lines” someone might use to keep from using a condom during sex. You can think of many such lines. Here are some samples:

- “A condom would make it so awkward.”
- “It’s like eating a sweet in the wrapper.”
- “They spoil the mood.”
- “They don’t feel good.”

- “You think I have a disease.”
- “They have HIV in them.”
- “They make me feel dirty.”
- “You’re already using the Loop.”
- “I’d be too embarrassed to get them from the health center.”
- “It’s against my religion.”

The “Best Response Game” was modeled at the Peace Corps/Malawi workshop “Promoting Sexual Health,” held in Lilongwe, Malawi, in July 1996.





## RELATIONSHIP SKILLS SESSIONS

# SESSION 2: PEER PRESSURE ROLE PLAYS

## OVERVIEW

The idea behind “Peer Pressure Role Plays” is to create situations that a young person might actually face and allow the group to process the best way to handle these situations. When creating your role play scenarios, it is best for you to explore with your community the most common risk situations a young person might face in your area. Develop the role plays from these situations.

## TIME

Approximately 2 hours (but can be longer or shorter depending on the size of the group and the number of role plays chosen)

## OBJECTIVES

By the end of the session, participants will be able to:

1. Describe common situations faced by young people.
2. List several strategies for dealing with peer pressure.
3. Identify the strategies they are most comfortable with.

## MATERIALS

Various props for the role plays such as empty bottles, radios with tape players, vitenje (cloths that can be used as wraps, sheets, tablecloths, etc.), and others.

Handout: *Peer Pressure Scenarios* (each numbered statement is a separate card)



## DELIVERY

### **I. INTRODUCTION (15 MINUTES)**

Introduce the topic by referring to the “Bridge Model” (Session 1 in Part III) and to the “Best Response Game” (Session 1 in Part VII). You may wish to highlight peer pressure as one of the most powerful issues in the life of anyone, especially a young person. It is important to think about and practice approaches to peer pressure when attempting to develop the skills necessary to lead a healthy, positive life.

### **II. ROLE PLAYS (1 HOUR, 30 MINUTES)**

Divide the group into small groups and give each a role play card. The groups should meet and talk about the peer pressure situation and come up with a *realistic* reaction or response for the problem. The group should then create a role play showing the situation and how the young person resists peer pressure. After each role play, process the situation and responses with the entire group. Was it realistic? Would the resistance demonstrated actually work in the situation? Is this a common situation in our communities? And so on.

*Trainer note: Emphasize that the solution should be realistic. Often, when adults do this activity, the solutions seem to be easy—the character “just says no” or preaches the right way to live and everyone accepts it. When young people do the role play, it is seldom that simple. The reason peer pressure is so powerful is that young people want to “fit in.” They care what other people their own age feel and think about them. The exercise is most valuable if the small groups develop some realistic strategies to help themselves out of these situations without making them “lose face” or become ostracized by their friends. When doing this exercise with young people in your community, note the strategies that they use, as these may be the most effective ones available to them.*

### **III. EVALUATION (15 MINUTES)**

Before the end of the session, you may wish to go around the room and ask the participants to state one specific strategy that they would be comfortable using. This may help you to gauge how likely it is for participants to use these strategies for their own situations.

**PARTICIPANT HANDOUT**  
**(EACH NUMBERED STATEMENT IS A SEPARATE CARD)**

## PEER PRESSURE SCENARIOS

1. A boyfriend and his girlfriend are together. They have been dating for two years, and they plan to be married in one month. Up to now, they have avoided having sex. But today, the boyfriend really starts pressuring the girlfriend for sex. He says that, since they will be married soon, they should “practice.” He also uses other lines to try to convince her. Perform a role play showing this situation and how the girlfriend can respond to this peer pressure.
2. A group of secondary school students are at a teen time dance. They are dancing and having a really good time together. One of the students takes out a beer from under his/her jacket. He/she starts drinking and tries to get the others to drink, too. He/she says that there is more beer outside and tries to pressure others to join him/her in drinking. Some of the students agree. Show how the other(s) could handle this pressure situation.
3. Some friends are chatting near the market. One of their fellow friends comes up to them and joins them. After a few minutes, this person takes out some chamba (marijuana) and lights it up. He/she asks the others to join him/her. They all resist for awhile, but then some of the group also smoke. One refuses to smoke. Now, the group pressures this person to join them. Show what the person should do to resist this peer pressure.
4. A group of friends are hanging out near the market. They are talking about how bored they are. They really wish they had something to do. One of them suggests that they go to the grocery store and steal some chocolate and yogurt. Some of the friends agree—excited to do something on this boring day! As the group walks to the market, one of them is really afraid and does not want to participate in stealing from the store. Create a role play showing what this person might do to resist the peer pressure.
5. A group of young men are talking about women at the secondary school. Most of them say they have had sex, and they are teasing one about the fact that he has not. Create a role play showing how this boy could handle this situation assertively.





## RELATIONSHIP SKILLS SESSIONS

# SESSION 3: WHAT IS LOVE?

## OVERVIEW

It can be helpful to spend some time in Life Skills sessions talking about the whole idea of love and relationships. Questions like, “What is love?” and “What qualities would I look for in a partner/husband/wife?” can help a young person to visualize what they want, so they can avoid unhealthy relationships. It is unusual to talk about these subjects openly in many African societies, but young people are interested in these topics. This session provides a forum for such a discussion.

## TIME

1 hour, 30 minutes

## OBJECTIVES

By the end of the session, participants will be able to:

1. Define the term “love.”
2. Describe the differences between love for a family member, a friend, or a partner.
3. List the qualities they expect from family, friends, and a partner.
4. List their own responsibilities in love relations with family, friends, and partners.

## MATERIALS

Paper and pens



## DELIVERY

### **I. INTRODUCTION (10 MINUTES)**

You might introduce the topic by referring to some of the sessions on goals, hopes, and dreams. Many have the dream that they will find a good partner with which to share their lives. We will be exploring these hopes in this session.

Ask participants to give you a word or words that mean “love.” Is everyone agreed upon these words or expressions? Do these words or expressions apply to the love someone has for their partner alone, or can they be used to describe feelings between boyfriends and girlfriends, between brother and sister, and so forth? If other words or expressions are used to describe relationships, other than for a partner alone, ask everyone to agree on those, also.

### **II. LOVE BETWEEN FRIENDS OR FAMILY MEMBERS (20 MINUTES)**

Ask everyone to divide into pairs. (You may find that single-sex pairs will work best for this exercise.)

Ask each pair to describe to each other three qualities that they show to a close brother, or sister, or friend whom they particularly love; and then three qualities that they expect from the same brother, sister, or friend who loves them.

Call everyone back to the larger group and ask participants to share their thoughts and ideas. If there is general agreement, move on. If not, encourage participants to discuss the different views further in the large group.

### **III. LOVE BETWEEN PARTNERS [HUSBANDS/WIVES/BOYFRIENDS/GIRLFRIENDS] (25 MINUTES)**

Next, ask each pair to take turns describing to each other three qualities which they would show to a partner whom they love; and then three qualities which they expect from a partner who loves them.

Again, call everyone back to the full circle. Ask them to share their ideas. If there are some clear differences in the qualities of love described between partners and those described for sisters, brothers, or friends, point these out to participants. Ask them to define these differences more clearly. Encourage them to try to explain why these differences exist.

In this culture, does love equal sex? Does love equal marriage? If love does not equal marriage, what, at least, are the minimum

levels of respect which they think each member of the couple should show each other?

#### **IV. QUALITIES I WANT IN A “LOVE” OR “ROMANTIC” RELATIONSHIP (25 MINUTES)**

Lastly, have the pairs meet once again. This time, they should each list five qualities that they would look for in a relationship. What would their ideal partner be like? Encourage them to list exactly what they would most want (if their dreams were to come true...) in a boyfriend/girlfriend or husband/wife.

In the larger group, ask the participants to share their ideas about the qualities of an ideal relationship. You may find that the idea of money or nice clothes, and so forth, comes up; you may wish to challenge this. Are all people with money good to their wives/husbands? Does having money mean that you are a good person, a good father, a good mother?

If you dig deeply, this can be a great exercise for making the participants think more thoroughly about what they want from a partner. It can be helpful at the end for you to ask:

1. Are any of the members of the group currently in a relationship? Do these partners meet all of the qualities that you wish for in a relationship? (It is not necessary for the group to actually answer these questions. This is just “food for thought.”)
2. Is this the person you want to spend the rest of your life with? What will be the consequences of that?
3. Would it be more helpful for you to wait a few years to make sure that you stay with the type of person that you have described as having qualities you admire?

Encourage these young people to think about their relationships objectively. It is easy for a teenager to get “starry-eyed” about a relationship, and act as if it is perfect. Use your questions to probe a bit deeper and at least leave the young people with the idea that other options might be out there that would match what they want better. It is safer to avoid early pregnancy, early sexual involvement, and so forth, until they are quite sure and ready to make the decision that this person is the “only one” and will meet their needs for a lifetime.

*Trainer notes: Often, especially for girls, the very idea of having personal needs, and certainly, of having these needs met, is a new concept. Spending this entire session reinforcing that can be very powerful in terms of self-esteem. Make it clear to the girls that they have options too, that relationships are their choice too, and so forth.*



## V. EVALUATION (10 MINUTES)

Ask the participants to write on a sheet of paper that will be kept anonymous:

1. Are they seeing anyone in a relationship now?
2. If so, does the person they are seeing meet all of the qualities they are looking for?
3. Is this the person they want to be with for the rest of their life? If not, are they protecting themselves to make sure that they will not be “trapped” into a situation for the rest of their lives (early pregnancy, infection with HIV, and so forth)?

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## RELATIONSHIP SKILLS SESSIONS

# SESSION 4: SELF-ESTEEM BUILDING: DO WE HAVE SELF-ESTEEM?

## OVERVIEW

Fundamental to the development and effective use of life skills is the concept that young people have an understanding of their own worth. Building self-esteem is an integral part of all life skills sessions, but it may be worthwhile to spend a few sessions actually talking about “self worth,” “self-esteem,” or “self-image.” This session is a brief introduction to the idea of self-esteem. It is particularly effective after “Exchanging Stories” (Session 4 in Part V).

## TIME

1 hour, 10 minutes

## OBJECTIVES

By the end of the session, participants will be able to:

1. Define the term “self-esteem.”
2. Describe the link between self-esteem, assertive behavior, good decision-making.
3. List qualities that they most admire about themselves.
4. List areas in which they would like to improve.

## MATERIALS

Flip charts or board

Markers or chalk

Paper and pens/pencils

Handout: *Self-Esteem Quiz*



## DELIVERY

### **I. WHAT IS SELF-ESTEEM? WHERE DOES IT COME FROM? (30 MINUTES)**

In “Exchanging Stories” (Session 4 in Part V) we looked at the type of person we want to be. In working to develop ourselves into that “person we admire,” it can be helpful for us to have an understanding about how we assess ourselves right now. This session is a first step in understanding our feelings about ourselves.

Brainstorm a meaning for the term, “self-esteem.” What does it mean? List the answers on the flip chart or board. Possible answers might include:

- How you see yourself
- Believing that you are worth a lot
- Proudful behavior (you may wish to re-direct this if it comes up)
- Personal strength, and so on

Next, refer to the “Bridge Model” (Session 1 in Part III) and to the situation with Lucy. Did Lucy have self-esteem? Why or why not? Would self-esteem have helped her make a different decision regarding her boyfriend? Spend some time drawing out the link between self-esteem and good decision-making, communication, and thinking skills.

Ask the participants where they think self-esteem comes from. Brainstorm about possible sources of self-esteem and jot them down on the flip chart or board. Ideas might include:

- How your parents raise you/treat you
- Belief in God (He can’t make poor materials, and so on)
- Image of girls or boys in the community
- Treatment by brothers, sisters, other family members
- Personal reflection on our lives, and so on

### **II. WHO AM I? (20 MINUTES)**

Take a moment to begin to look at your own image. What are the most important parts of you? How do you see yourself?

Invite participants to write 10 sentences that start with the words, “I am . . .” Examples might be “I am an intelligent young woman.” Or “I am a really good friend to others.” *Emphasize that this exercise will not be collected but is for their personal use only.*

Next, suggest that participants put a check mark next to the things they like about themselves. Put a question mark next to the things you want to change.

In looking at their own lists, would participants say that they have good self-esteem, or that maybe they need to work on developing their self image a bit more? (Participants do not need to actually answer this question.)

### III. SELF-ESTEEM QUIZ (20 MINUTES)

Reveal or distribute the *Self-Esteem Quiz* and suggest that participants take a few moments to reflect on each of the statements. *Remind them that no one else will see their answers; they are encouraged to be as honest as possible.* They will decide whether each statement describes how they feel about themselves. They will write the number on the scale that most nearly tells how they feel about the statement. They need write only one number for each statement. When they are finished, they can add up all their numbers, and take a look at their “score.”

Emphasize that the score on the quiz is not intended to say that anyone is “better” than anyone else. Rather, it is a way to begin to think about your own feelings about your worth. Reveal the Suggested Scores flip chart or distribute the handout. Give them a few minutes to read the paragraphs and reflect on their scores.

Mention that it might be helpful for those who scored in the lower levels to think about the reasons that we listed for people to have self-esteem. Where do their poorer self-images come from? Are they being too hard on themselves? This exercise provides an opportunity to begin to question your feelings about your own worth.

### IV. EVALUATION (5 MINUTES)

You might suggest a homework or journal assignment of some kind to evaluate the understanding of the concepts in this session. For example, you might ask participants to write a short essay on their own self-esteem, and include ideas regarding where that self-image might have come from. Before such an assignment, get permission from the participants to read their essays or journal entries, if you wish to collect and review them.

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## SELF-ESTEEM QUIZ

**Strongly Agree = 5   Agree = 4   Undecided = 3   Disagree = 2   Strongly Disagree = 1**

1. I like the way I look.
2. I always think before I act.
3. I can resist peer pressure most of the time.
4. I am self-confident.
5. I never pretend to be what I am not to please other people.
6. I try to do what is right.
7. I can make my mind up and stick to it.
8. I don't give in very easily.
9. I can stand up for what I think is right.
10. I am proud of the way my body looks.
11. I like myself.
12. I find it easy to get along with people.
13. I have no difficulty making friends with people of the opposite sex.
14. I have no trouble controlling my feelings.





## SUGGESTED SCORES

- Over 50: You have a really good image of yourself. This attitude should make you a very self-confident person who is not easily misled by others.
- Over 40: You are probably like most young people. You have a positive self-image but sometimes you have doubts about the kind of person you are. Sometimes you do not like yourself very much.
- Over 30: You may need to develop your attitude in some areas. Learn to think positively about yourself. Feel proud about the good things about yourself and try to improve on those things that you don't like but think you can change.
- Under 30: You have a negative self-image. You must try to like the person you are and to resist being misled by others to avoid ending up in trouble. If you do not have a positive self-image, other people may not like you either. Try to look at the good qualities about yourself and appreciate "you!"





## RELATIONSHIP SKILLS SESSIONS

# SESSION 5: SELF-ESTEEM BUILDING: TEACH YOUR CHILDREN WELL

## OVERVIEW

This session takes a closer look at the way messages from those close to us influence our self-esteem. The exercises also suggest a clear link between one's self-esteem and the decisions one makes and how well these decisions are communicated. These exercises are most effective if they follow a discussion of self-esteem, such as in "Do We Have Self-Esteem?" (Session 4 in Part VII).

## TIME

1 hour, 30 minutes

## OBJECTIVES

By the end of the session, participants will be able to:

1. Describe ways that others may influence their self-esteem.
2. Identify how the influence of others has affected their own sense of self-worth.
3. Describe the link between low self-esteem and relationship skills.

## MATERIALS

Flip chart or board

Markers or chalk

Handouts (or flip charts): *A Child Learns What He Lives* and *Situation Cards* (each numbered statement is a separate card)



## DELIVERY

### **I. A CHILD LEARNS WHAT HE LIVES (30 MINUTES)**

Remind the participants of the discussion during the “Bridge Model” (Session 1 in Part III). We mentioned that self-esteem, self-respect, and self worth are very important planks in the bridge. If you do not have a positive image of yourself, it is very difficult for you to make and assertively communicate decisions about your life. You may wish to refer to “Do We Have Self-Esteem?” (Session 4 in Part VII), if you have already done it with the group.

As we discussed in the last “Self-Esteem” session, our identity and self-esteem are developed through relationships with family, friends, and teachers. Their ideas, their way of life, and how they behave towards us influence our views of ourselves. Encourage the participants to think of examples of this in their own lives. Do they know people who have a low opinion of themselves because of the way others treat them?

Read the poem together. You may wish to remind the participants that the “he” in the poem really means “he or she,” but is used to make the poem read more easily. Encourage the participants to express their views honestly about what the poem is saying. Encourage them to talk about young people that they know who have been affected in the various ways the poem describes. Treat each person’s contribution with compassion and understanding as they may be talking about themselves. Try to help them analyze the issues that might make children and young people develop a negative self-image.

### **II. HOW DOES SELF-ESTEEM AFFECT RELATIONSHIPS? (1 HOUR)**

Remind the group about your earlier discussions about risk behavior and how it relates to self-esteem. Ask someone from the group to remind us about how these two issues are connected.

Divide participants into small groups and give each a situation card. Ask them to read the situation and to try to put themselves in the position of the people described on the cards. Suggest that they think about the following questions:

1. What do they think these people will do? What decisions will they make?
2. What are some of the reasons why they might make these decisions?
3. How does self-esteem play into these situations?

After about 25 minutes of small group work, bring the group back together. Lead a discussion based on the situations and questions above. Be sure to emphasize the links between self-esteem and decision-making, communication, and relationship skills.

## EVALUATION TOOLS

Careful observation of the small group work discussion will give you an idea about how well participants are internalizing the ideas presented in the self-esteem sessions.

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## A CHILD LEARNS WHAT HE LIVES

- If a child lives with criticism,  
he learns to condemn.
- If a child lives with hostility,  
he learns to fight.
- If a child lives with ridicule,  
he learns to be shy.
- If a child lives with shame,  
he learns to feel guilty.
- If a child lives with tolerance,  
he learns to be patient.
- If a child lives with encouragement,  
he learns to try his best.
- If a child lives with praise,  
he learns to appreciate.
- If a child lives with fairness,  
he learns justice.
- If a child lives with security,  
he learns to have faith.
- If a child lives with approval,  
he learns to like himself.
- If a child lives with acceptance and friendship,  
he learns to find love in the world.

—by Dorothy Law Nolte





**PARTICIPANT CARDS****(EACH NUMBERED STATEMENT IS A SEPARATE CARD)****SITUATION CARDS**

1. Suppose you never had a friend of the opposite sex because you think you are not clever or good-looking. At school there is a very popular person who now seems to be interested in you and who asked you to a party. Your classmates laugh at you and tell you that all this person wants is sex. What will your reaction be?
2. You have a friend of the opposite sex who you have been friends with for nearly a year. However, this friend is always criticizing you and making you feel small. Whenever you say something or try to do something the friend says you're stupid. Your other friends tell you that you should do something about it. What action are you going to take? Why?
3. You are an average student at school and there are one or two subjects that are difficult for you. Your uncle works for a big company and he has arranged a scholarship for you to study at a secondary school in the city. Your brothers and sisters, as well as your parents, think it will be a waste of time because they don't believe you have the ability to do well academically. What will you tell your uncle? Will you accept his offer or not? Why?
4. Your boyfriend has been pressuring you to have sex with him for the last several weeks. You really don't want to, but he keeps reminding you that many other girls would be happy to be with him, and that you are lucky that he is with you. You tend to agree with him because you are not the prettiest girl in school, and he could easily get another, better, girlfriend. You are afraid you are going to lose him if you don't do what he asks. What will you do?
5. You are a young woman in Form 2 (second year of high school). You feel very confident about your future. You are looking forward to becoming a doctor. You have trouble with some subjects, but you know that you are smart and that if you work harder, your scores will improve. Lately, your boyfriend has been pressuring you to have sex, but you keep telling him that you are afraid of becoming pregnant or getting an STD, such as HIV. He still continues to bother you, so you have to make a decision. What will you decide to do?
6. You are a young man in Standard 8 (last year of junior high school). You are studying hard for the exams because you want to get into a good secondary school and then become a teacher or health worker. You have known your best friend since you were children, and you tend to do everything together. Lately, he has been using chamba (marijuana) a great deal and trying to get you to join him. You are sure it would be fun, but you know that it would affect your studies. You are committed to getting into a good school, and you know you are smart enough to make it. What will you do?





## RELATIONSHIP SKILLS SESSIONS

# SESSION 6: SELF-ESTEEM BUILDING: "A PAT ON THE BACK"

## OVERVIEW

This is a short, fun, “feel good” activity to raise self-esteem and build team spirit. It is conducted most successfully with a group that has been together for awhile and knows each other well. You might use it during the self-esteem sessions or at any time for a “pick-me-up” and a group bonding experience.

## TIME

30 to 45 minutes

## OBJECTIVES

By the end of the session, participants will be able to:

1. Identify the strengths of others in the group.
2. List qualities others admire in them.

## MATERIALS

One sheet of paper (cardboard works best) for each person

One marker or pen for each person

Tape

Pins, clothespins, or paper clips



Flip chart: Suggested Descriptive Words (Modify to make appropriate to the age and culture of our group)

**Some suggested descriptive words:**

happy	funny	sweet	caring
loving	pretty	beautiful	adventurous
cool	hot	sexy	handsome
fun-loving	considerate	great	sensitive
witty	wily	sassy	spunky
intelligent	wise	smart	good dancer
true leader	charming	creative	spiritual
soulful	sisterly	brotherly	affectionate
flirty	exciting	good actor	fun
good friend	wild	deep	noble
clever	thoughtful	cunning	wonderful
respectful	helpful	strong	good role model

## PREPARATION

Post the flip chart with suggested descriptive words, or write them on the board. Cover the list with a sheet of paper.

## DELIVERY (30 TO 45 MINUTES)

Give one sheet of paper, pen, and something to attach the paper (tape, pin, paper clip, clothespin) to each participant.

Talk a little bit about the group. Explain that we have all made an impression on each other in one way or another. We all have some positive things that we would like to say to each other, but sometimes we forget to tell each other the good things that we think about each other. This exercise gives us a fun opportunity to share with each other the impressions we have of each other.

*Trainer notes: It is important to stress that we are focusing on **positive** things and **good** things to avoid anyone writing negative things on the cards.*

Instruct the participants to write their names on an upper corner of their papers and to make some symbol that represents them in the center. They could trace their hand, draw a star, heart, or sun—anything that represents them. Next, they should attach their papers to their backs.

Now, uncover the list of adjectives. Explain that these are words to describe people. Give a moment for the group to read over the words. Explain any words that they do not understand. Also, point out that they can use additional words that are not written on this paper/board; these words are just to get us thinking about the different *positive qualities* in people.

Think about the different people in the room. What positive words would you use to describe each person? What happy message would you like to give to different people in the room? Tell the participants that when you say, “Go!” they should move around and write one (or two) word(s) on each other’s papers.

When most seem to have finished, say, “Stop!” and let the participants remove their papers from their backs. There should be a great deal of joy and laughter as people see the positive feelings others have for them!

You can make this session longer and more powerful by having the participants stand up, one by one, and read out what their cards say about them. For example, “My name is Edith Tingeri, and I am beautiful, powerful, smart, dynamic, strong, a true leader.” This can be a powerful reinforcement to self-esteem, as the participants actually “own” the statements by reading them aloud and sharing them with the group.





## RELATIONSHIP SKILLS SESSIONS

# SESSION 7: WHAT ARE GENDER ROLES? —GENDER CARDS EXERCISE

## OVERVIEW

This is a good exercise to use as an introduction to the topic of gender. It helps clarify the meaning of the term “gender roles” and also provides a forum to begin to discuss issues of gender in the community and culture.

## TIME

1 hour, 30 minutes, to 2 hours

## OBJECTIVES

By the end of the session, participants will be able to:

1. Define the term “gender roles.”
2. Describe the difference between “sex” and “gender roles.”
3. List some of the gender roles expected of men and women in this community.
4. Describe challenges to current gender roles and ways that they might be changing in this community.

## MATERIALS

Flip chart or board

Markers or chalk

Tape

Large cards: “Female” and “Male”



Small Gender Cards (one word/phrase per card):  
at least one card per participant

### Suggested Descriptive Words for Gender Cards

leadership	decision-making	pregnancy
serving others	education	chopping firewood
authority	fetching water	building a house
power	work	money
intelligence	violence	cooking
pregnancy	family decisions	powerless/helpless
raising children	driving a vehicle	weak
love	sports	beauty
stealing	active in church	doctor
sweeping	wants sex	religion
control	digging graves	asks for sex
strength	nurse	caring for the sick

## PREPARATION

Put tape on the back of each card.

Clear a space along the wall for the exercise. Form any chairs in a semi-circle around the blank stretch of wall.

## DELIVERY

### I. GENDER ROLES (UP TO 1 HOUR)

Introduce the idea of the term “gender roles.” The way you approach this exercise will vary depending on participants. Some will be quite aware of the difference between “gender roles” and “sex.” Others will not understand the word “gender” at all. In many communities, the phrase “gender issues” is tossed around whenever the idea of female empowerment is discussed, but many do not understand the concept.

Sometimes it is helpful to begin by explaining that you are about to do an exercise to discuss the idea of the term “gender roles” and how someone’s gender roles are different from his/her sex. Ask one of the participants to tell you his or her “sex.” “Male” or “Female” should be the answer. Now see if the person can tell you his/her gender. Spend only a moment or two on this and then move into the exercise.

Tape the cards “Female” and “Male” to a prominent blank wall, about three feet apart.

Explain to the group that you are going to hand out one card for each participant. They should not look at their cards, but keep them face down or pressed against them. When you say, “Go!” all participants should read their cards and *immediately* put the card on the wall where it belongs. Give no further instructions. Remember to emphasize that all of the people should respond quickly and place their cards on the wall the minute you say, “Go!”

*Trainer notes: Speed is a very important concern in this exercise. You want to get the person’s first reaction—before they have a chance to think about what you might **want** them to say. They should react with their natural feelings, and they should do it **fast!***

When all the cards have been placed and the participants have returned to their seats, ask the group to take a look at where the cards have been placed. It may look something like this:

<b>Female</b>		<b>Male</b>
housework	marriage	strength
pregnancy	sexual intercourse	makes decisions
raising children	religion	education
serving guests		leadership

*Trainer notes: Depending on the group, you will have very different responses here. In some rural communities, you might find that very traditional roles are assigned to each, and that no one thinks to put any of the ideas in the middle. Other groups may have been exposed to these ideas before and will have a more balanced idea with many in the middle. Some groups will want to “outsmart” you and put traditional female roles under the male category. You should really be prepared to “think on your feet” during this exercise. Where the words are placed will tell you a great deal about your participants’ thinking on gender issues. This will help you gauge how to approach the gender discussion that follows.*

Ask the group if everyone agrees on the placement of the cards. Allow the exercise to spark debate among the participants regarding how the culture views certain activities in terms of gender. You may wish to move card-by-card through the exercise, asking the opinions of all participants and possibly moving a card if the entire group agrees to do so.

The discussion about gender can take a great deal of time and be very controversial if people are willing to open up and share how they feel about their culture’s approach to gender. Allow the discussion to be as free as possible—guiding it only to keep people from becoming disrespectful or violating any of the group’s ground rules.



## II. "GENDER ROLES" VERSUS "SEX" (UP TO 1 HOUR)

When the discussion has reached an appropriate stage, take all of the cards (except "Female" and "Male") off of the wall. Tell the group that they are going to do the same exercise again, but this time they should place the card under the type of person who is *physically able* or *biologically capable* of whatever is written on the card. Make sure that the participants understand that you are now talking about *natural, physical capabilities*. Is a man, a woman, or both *able* to do, or be, what is written on the card?

Hand out one card to each person and again say, "Go!" The group should tape the cards to the wall again. This time, they may look something like this:

<b>Female</b>	<b>Male</b>
pregnancy	marriage education leadership
	strength

Again, process the placement of the cards. What is the difference from the first time? Do any cards still need to be moved?

Based on the exercise, ask the group to process the ideas of "sex" and "gender roles." What is the difference between these two ideas? Ask one woman what her "sex" is. She should say "female" to which you could reply, "Right! Your sex is whether you are a male or a female. It is the biological, physical fact of being born a boy or a girl." Write the definition of "sex" on the board or flip chart.

Now, ask the group what "gender roles" mean. If no one can tell you, refer to the first exercise and where the people placed the roles. What made the people place certain roles under "Male" and other roles under "Female?" Assist the group in making a definition of "gender"—something like "the roles of a person based on their sex" or "what society or a culture *expects* from you based on whether you are male or female." You want them to realize that gender is determined by culture—it is how the community wants you to behave and think based on whether you are a man or a woman. For example, a Malawian girl and an American girl have the same sex, but their gender roles are probably different because they were raised in different cultures.

Discuss briefly how gender impacts our Life Skills. Do girls communicate differently than boys in Malawi? Are girls able to make decisions as much as boys? How are relationships different for boys and girls? Consequences? Until the next time that the group meets, participants should think about these issues and their possible effects on Life Skills.

## EVALUATION TOOLS

Careful attention to the discussion in Activity number two will give you some idea about the understanding of the differences between “sex” and “gender roles.” Changes in attitudes about these issues may not happen at this point, as this may be the beginning of the thought process around these issues.

This session was adapted from a “gender cards” session modeled at the Peace Corps/Malawi workshop “Promoting Sexual Health,” held in Lilongwe, Malawi, in July 1996.





## RELATIONSHIP SKILLS SESSIONS

# SESSION 8: GENDER PICTURE CODES AND ROLE PLAYS

## OVERVIEW

This session will help the group delve deeper into the issues of gender roles currently at work in Malawian culture. It is a good follow-up to “Gender Cards” (Session 7 in Part VII). By directing attention to everyday situations often taken for granted, participants are challenged to make some meaning out of these roles, including the possible benefits or consequences of them.

## TIME

2 hours or more, depending on the size of the group

## OBJECTIVES

By the end of the session, participants will be able to:

1. Describe some of the gender roles at work in their community.
2. Describe some of the consequences of these gender roles, especially in terms of the decision-making power of women and girls.
3. Identify possible alternatives to traditional gender roles.

## MATERIALS

Various props for role plays

Handout: *Gender Picture Codes* or *Written Gender Situation Cards*

Tape



*Trainer notes: The gender picture codes are so effective in this exercise that we recommend you resort to the written gender situation cards only if you are absolutely unable to use the pictures or to create pictures more appropriate to your local community.*

## PREPARATION

Choose the number of role plays you will use depending on the number of participants and the time allotted.

We have found it is useful to add at least one “positive” gender situation when doing this session, rather than dwelling solely on negative situations. It can be very powerful to see a more balanced gender reality in practice in the role play. One way to accomplish this is to have role plays done twice, the second time with more balanced gender roles.

## DELIVERY

### I. ROLE PLAYS (1 HOUR, 45 MINUTES)

Remind the group of some of the issues regarding gender that were raised both in the “Bridge Model” (Session 1 in Part III), and the last session on “gender cards.” Now that we have discussed some of the key “gender roles” in our community, we can begin to look at some of the consequences of these gender roles in our everyday lives.

Split the participants into mixed groups with both males and females. Give each group one of the *Gender Picture Codes*. The groups should:

1. Look at the picture. Identify the gender issues at work in the picture. Discuss the situation in the picture. What are the differences in the roles of men and women in the scenes? What might be some of the consequences of these roles? What is positive about them? For whom? Negative? For whom?
2. Develop a role play based on the situation depicted in the picture. Act out exactly what is appearing in the picture. The group should basically bring the image to life. (They should *not* offer solutions, but merely show exactly what is happening in the picture.)
3. Each group should perform its role play for the entire group. After each role play, lead a discussion on the gender issues portrayed in the role play. Hold up the picture code for the entire group to see after the role play has been processed. Deal with any issues not covered by the drama.

4. If desired, have groups replay their role play showing more balanced gender roles.

It might be a good idea to see the more “balanced” role plays last so you can summarize by discussing the benefits of the situation now that both genders are sharing equally in responsibilities and respect.

## II. EVALUATION (15 MINUTES)

This session often brings up powerful feelings for participants because deeply held beliefs are being discussed and critiqued. This may be a good opportunity to solicit a written reaction to the session from the participants so that you can see how the ideas have been generally received by the group. This request can be as simple as asking participants to respond to one question, such as “What did you think of the ideas discussed in today’s session?” or “How do you feel about critically evaluating these cultural issues with the group?” or something along those lines. Or, it can be more contextual, such as “State one aspect of culture that probably needs to change a bit for people to live healthier lives, and state one aspect of culture that we should definitely keep. Explain.”

When reading the responses, it might help to keep in mind that people may be writing their strong feelings, and that this is only the beginning of a longer process of challenging ideas and critically thinking about culture.

The “Gender Picture Code” session was first modeled at the Peace Corps/Malawi workshop “Promoting Sexual Health,” held in Lilongwe, Malawi, in July 1996.

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## GENDER PICTURE CODES

### SITUATION 1





## GENDER PICTURE CODES

### SITUATION 2





## GENDER PICTURE CODES

### SITUATION 3





## GENDER PICTURE CODES

### SITUATION 4





## GENDER PICTURE CODES

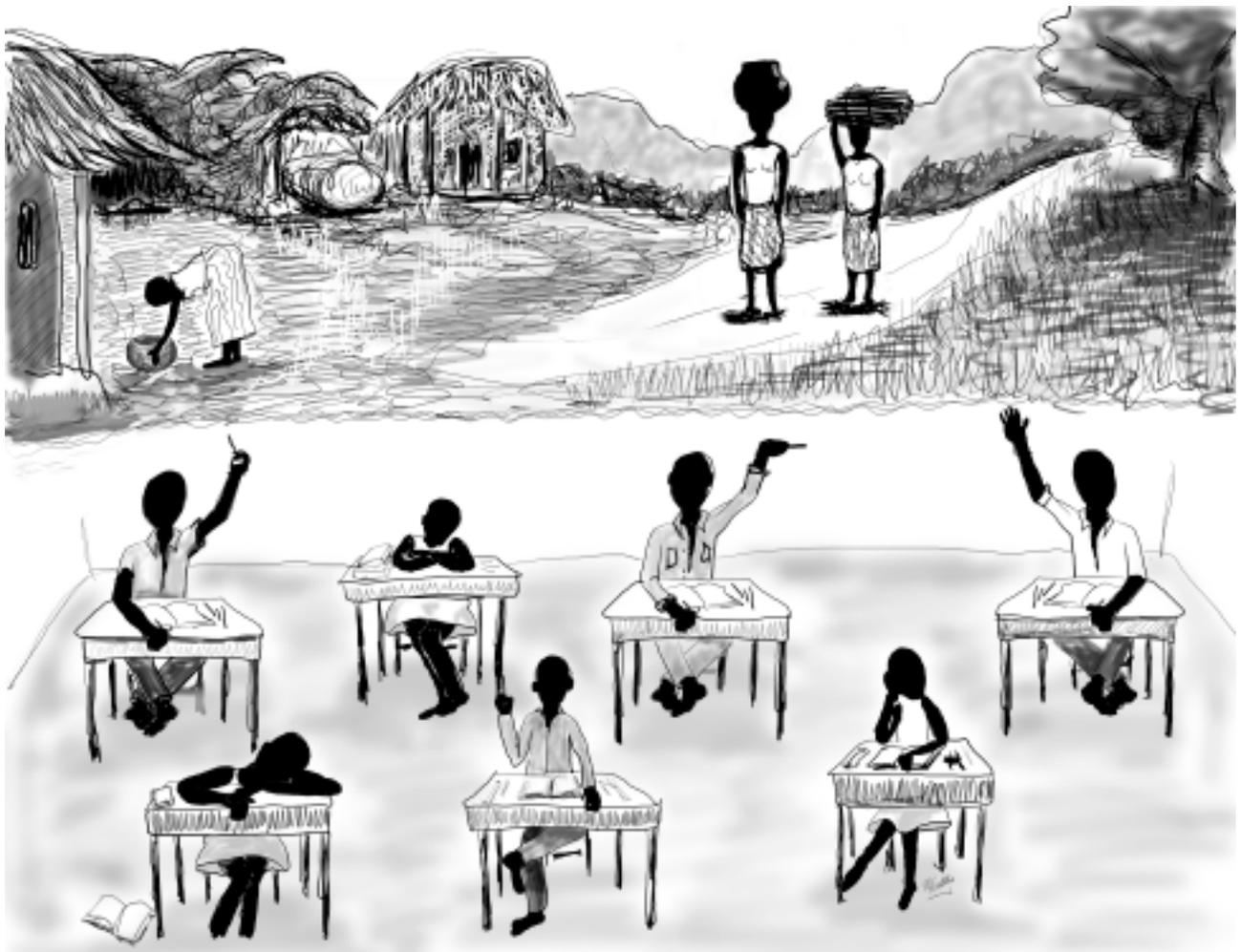
### SITUATION 5





## GENDER PICTURE CODES

### SITUATION 6





## WRITTEN GENDER SITUATION CARDS

### SITUATION 1

A community meeting is taking place. The men seated at the table are dressed in suits. The men of the community (village) are sitting in the front on chairs. They are very attentive to the meeting. They raise their hands and participate in the discussion. Way at the back, the women are seated on the floor. They cannot see the action. None of them are participating. Some of them are chatting to each other. In the distance, you can see women working—carrying water and firewood, cooking nsima (staple food), and so on.

### SITUATION 2

It is a normal morning in a normal village home. The father is sitting outside the house waiting for his bath. He is reading something or just sitting. The boys of the family are playing bao (local game) and harassing their sisters. They are demanding breakfast. The mother is working very hard with a baby on her back. She has woken up the girls very early to help her do all the household chores—drawing water, carrying and chopping firewood, heating water for the baths, cooking breakfast, washing last night's dishes. The girls are working on all the household chores assigned by their mother.

### SITUATION 3

A father is at the bottle store (bar) drinking beer and eating kanyenya (fried meat). A bargirl (prostitute) is with him and he is buying drinks for her. He is having a good time. At home, his wife is with their children. They are eating dinner. It is only nsima and mpangwe/masamba (the staple food with just vegetables—no meat). They have little salt or oil. The children are complaining about the relish (vegetables). They have eaten the same thing for the last week. The mother feels very sorry, but she reminds them that their father is in control of the money. They complain that she is not caring for them well. Later, the husband comes home drunk and tries to sleep with his wife.

### SITUATION 4

Her father calls Bless to him—he tells her he wants to talk to her. He tells her that he is very happy that her brother has been accepted to a secondary school and will start Form 1 (first year of high school) next year. Bless agrees that it is great news. Bless' father informs her that because school fees are expensive, she must leave school at the end of the year. She will have enough education because she will have finished Form 2. With her fees/transport costs/supplies finished, he will be able to afford to send her brother to school. Bless tries to tell her father that she is doing very well at school. She is sure to do well on her MSCE (final high school exams, college entrance tests) in a couple of years, and her teachers all think she will get a scholarship to a university. Her father tells her he is sorry, but he can't let her brother miss this opportunity. Bless runs to the kitchen crying; she passes her mother and uncle. Her uncle asks roughly why she is crying. After all, most families don't let girls go to school at all. Boys do better at school, and when they start working, they help their parents. Girls get married and leave their families; so, why spend money on them? He thinks Bless should be grateful that her father is taking her out of school before "too much harm is done" because men do not like to marry girls who are too educated.



## **PARTICIPANT HANDOUT**

### **PAGE 2 OF 2**

#### **SITUATION 5**

Morning dawns and a young woman starts a fire and begins cooking breakfast, sitting on the ground. By 10 a.m. she has fed her husband, cleaned up the dishes and walked several miles to fetch water. By 12 p.m. she is carrying her third bucket of water back to the house. In the next few hours she feeds the small animals, tends her vegetable garden, gathers some wood and items for dinner. By 4 p.m. she is pounding grain in a mortar. She prepares food for her husband, and cleans up the dishes. By a little before 6 p.m., she is exhausted and finally resting, sitting on her bed. Her husband approaches, interested in having sex.

#### **SITUATION 6**

As the sun begins to rise over the hills, three girls are already at their chores. One is returning home with a bundle of firewood she has collected several miles from home. Another is carrying a bucket of water on her head, the first of several she will carry before breakfast from the river a mile away. The third is bent over an open fire where she is cooking porridge for breakfast. A couple of brothers in one household are just awaking. Another is bathing. Another boy sits on a stool by his father, talking with him.

In school at 10 a.m., one girl is asleep at her desk. Another stares off into space, and a third's head is drooping as she fights to keep her eyes open. The boys are either thinking about a question posed by the teacher or have raised their hands to answer.

## RELATIONSHIP SKILLS SESSIONS

# SESSION 9: GENDER ROLES: DRAW WHAT YOU HEAR

## OVERVIEW

This short activity is a simple way to take another look at gender roles. Use it as an introduction to the topic or as a refresher to a topic you have already covered.

## TIME

30 minutes, to 1 hour

## OBJECTIVE

By the end of the session, participants will be able to identify commonly held beliefs about gender roles.

## MATERIALS

Paper and pens/pencils for each participant

Flip chart or board

Markers or chalk

Statements to read:

1. “Doctor, Doctor! Come quickly! There’s an emergency!”  
“OK, nurse. Calm down. I’ll sort it out.”
2. “And I am happy to present the prize to the 1998 Farmer of the Year!”  
“Thank you very much—I never dreamed I would win this prize.”



3. "If I just cook the relish (meat, beans, or vegetables) now, it should be ready when Tandi gets back from the office."
4. "I am so worried about the Science exam. I've hardly slept."  
"Don't worry so much. I'm sure everything will be fine—you've always been so good at Science."

**Chart on flip chart or board**  
(cover with a blank sheet of paper)

Person in Picture	Total Male	Total Female
1) Doctor		
2) Nurse		
3) Announcer		
4) Farmer of the year		
5) Worried student		
6) Comforting person		
7) Cook		

## DELIVERY

### I. IDENTIFYING ROLES (30–45 MINUTES)

It may be best *not* to introduce the topic at all, as you do not want the participants to realize that this is a gender exercise at first. You might introduce it simply as a warm-up or other activity.

Give all participants a sheet of paper and pencil/pen (if they do not already have one). Explain that you are going to read a statement made by a character or two. They should draw their idea of the person you are pretending to be. What does the person look like? The drawings do not have to be good or even detailed—they can be just stick figures.

Read out the situations. Try to keep your voice gender-neutral, but make sure you read with some creativity, fun, and drama.

When all of the statements have been read and everyone has finished his/her drawings, reveal the chart on the flip chart or board. As you go through each character, have the participants raise their hands to tell you whether they drew a male or female figure. Put checks in the boxes and then make a total. Use this exercise to spark a discussion about gender roles and the expectations based on whether someone is male or female. What ideas do we have about the types of people who "belong" in these roles? Are there any consequences to these ideas?

## II. EVALUATION (5–15 MINUTES)

Quickly evaluate the exercise by challenging each person to come up with one role they do or think they can take on that is traditionally considered for the other sex. For example, a man may state that he would be able to take on more of the childrearing work; a woman might consider taking on the responsibility of working outside of the home.

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## RELATIONSHIP SKILLS SESSIONS

# SESSION 10: GENDER AND CULTURE: IDEAL IMAGES AND PERSONAL DESTROYERS

## OVERVIEW

Another good gender exercise, this session helps to explore people's perceptions of the ideal man and the ideal woman, and how these ideal images may put pressure on people to live up to unrealistic or unwanted roles.

## TIME

1 hour, 30 minutes

## OBJECTIVES

By the end of the session, participants will be able to:

1. List the “ideal images” the society has for those of their own age and gender.
2. Identify the ways in which those stereotypes can be limiting or used to pressure a person into behaving a certain way.

## MATERIALS

Flip charts or paper

Markers or pens

## PREPARATION

Before this session, ask participants to bring some examples of short songs, short stories, or proverbs.



## DELIVERY

### **I. INTRODUCTION (20 MINUTES)**

Refer back to previous sessions regarding Life Skills and gender roles and explain to the participants that we are about to explore how different people in our society are expected to behave.

Ask participants to share some examples of their short songs, short stories, or proverbs. Ask five or six people to tell them or sing them to the rest of the group. See if you can make some links between the content of the stories, songs, and proverbs and the images of what men and women are expected to be in this culture.

### **II. IDEAL IMAGES (20 MINUTES)**

After a few general examples, ask participants to break into groups and to focus particularly on the ideal image in their society for their own age and gender. Your groups should be same-sex and same-age groups. Note that from now on, the discussion will focus only on their own age and gender.

- If you are working with young women, ask them to describe what a young woman is expected to say and do or not say and not do.
- If you are working with older men, ask them to describe what an old man is expected to say and do or not say and not do, and so on.

After about 10 minutes of small group discussion, ask the participants to re-form into the circle and share with the large group their ideas on the perfect young woman, old man, and so on.

### **III. REALISTIC IMAGES (20 MINUTES)**

Next, ask the participants to go back into their small groups and discuss how easy they find it to live up to the expectations that their society has for them.

After about 10 minutes, ask the groups to re-form a large circle and share with the whole group what their real experiences are as they try to live up to society's expectations for them.

### **IV. PERSONAL DESTROYERS (20 MINUTES)**

The idea of this exercise is to help people appreciate that we all have ideal images of how we are supposed to behave and that there is always a gap between our images and reality. We all find our images hard to live up to at times. It can often be reassuring to realize this and to appreciate that we all feel this at times.

Sometimes, ideal images can actually be *personal destroyers*. For instance, if people believe that “a woman’s place is in the home,”

this can often be used as an excuse to take girls out of school early. Similarly, the belief that “real men drink 10 bottles of beer a night” can result in a man drinking far more than he feels happy with, or than is actually good for him. Encourage participants to think about this and to make their own comments about the way some of the examples they have already mentioned can be personal destroyers for them.

*Trainer notes: Please emphasize to your group that this exercise is not intended to remind them of how they should behave! Instead, it is intended to help us recognize how difficult and limiting some of the labels which our societies put on us are for us to live up to. If your group finds it a bit hard to think of examples to begin with, below are some suggestions. Do not impose these ideas on your group; they should come up with their own descriptions of their lives. But you could say that in other communities, people have described differences between their ideal and their real lives in this way, and ask the group to relate this to how they are living in their own community.*

### **Young Men**

Image: head of family, breadwinners, deserves respect

Reality: many responsibilities, too many mouths to feed, limited income

### **Young Women**

Image: polite, submissive, hard-working, undemanding, obeys father or husband, many children.

Reality: too many children, no money to spend, no personal freedom, abused

*Again, talk only about the experiences of the peer group you are working with. For example, if you are working with younger women, talk only about what it is like to be a younger woman in this community.*

## **V. EVALUATION (10 MINUTES)**

Ask the participants to state one ideal image that they would personally want to continue to strive for, and one personal destroyer that is unhealthy and that they would wish to avoid.

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## RELATIONSHIP SKILLS SESSIONS

# SESSION 11: WHOSE RIGHTS AND WHO'S RIGHT: A LOOK AT LOBOLA

## OVERVIEW

A cultural issue that can have a strong impact on a women's life or ability to use Life Skills is the practice of paying lobola, or bride price. In some patriarchal areas such as Northern Malawi, the families of the man pay a price (in cows) for the right to marry the woman. Sometimes, this payment allows a husband to exercise absolute control over his wife, giving her little power to make decisions for herself, even to the detriment of her health. This session offers an interesting and controversial exercise to examine the issue of lobola.

## TIME

2 hours

## OBJECTIVES

By the end of the session, participants will be able to:

1. Identify many different perspectives on "lobola," or bride-price.
2. Identify some of the problems or consequences of the "lobola" system.

## MATERIALS

Various props for role plays

Handout: *The Drama*



## PREPARATION

Prepare the drama beforehand with nine participants as actors. Encourage them to be as creative and realistic as possible. They should use everything they know about how their community feels about lobola in playing their roles. Also, remember to arrange the room into a court scene before the session begins.

## DELIVERY

### I. THE DRAMA (45 MINUTES TO 1 HOUR)

Begin by introducing the concept of lobola and its potential impact on Life Skills, such as the ability of a wife to make decisions and communicate assertively. Explain that the entire group is about to serve as judges in a court case—the case of Mr. and Mrs. Moyo. They should listen to all of the arguments carefully because they are the judges in the Community Court, and they will be polled for their judgments at the end of the testimonies.

Have the drama presented.

### II. THE DEBATE (50 MINUTES)

After the drama is finished, have the three members who served as court officials poll the group to decide on the judgment. They can do it any way they please—by taking a vote on slips of paper or just by raising hands. The majority wins. After getting this judgment, the court officials should announce the judgment to the group.

After the judgment has been announced, have all of those who supported the judgment sit on one side of the room. All of those opposing it should sit on the other side. Facilitate a debate between the two sides to discuss this important and timely issue.

### III. EVALUATION (10 MINUTES)

After the debate is finished, you may wish to poll the group again to see if anyone's opinions have changed based on the ideas put forward in the debate.

This session was modeled at the Peace Corps/Malawi workshop "Promoting Sexual Health" held in Lilongwe, Malawi, in July 1996.

## THE DRAMA

Mrs. Edna Moyo, a 30-year-old married woman with two children, has approached the Community Court in her area for permission to divorce her husband to whom she has been married for six years. The grounds for the divorce are that Mr. Matthew Moyo is a woman-chaser who has multiple sexual partners. Ever since Mrs. Moyo has discovered the kind of man she married, she has refused to have sex with him. He, in turn, has begun to hit her and abuse her in other ways, because, as he argues, he has paid lobola for her; therefore, she has no right to deny him anything. She is his property!

### ROLES:

You will need *three members of the community court*. One of them will listen to Mrs. Moyo's case. The others will serve as bailiffs or moderators. The other people taking part in the case are:

*Mrs. Edna Moyo* who argues that she has a right to look after her own health and that is why she wants to divorce her husband. She is afraid that if she has sex with him she will catch an incurable disease.

*Mr. Matthew Moyo* who argues that because he paid lobola for his wife she has no right to refuse to have sex with him. Whatever he does away from home is not his wife's business.

*Mrs. Edna Moyo's widowed mother* who supports her daughter's stand.

*Mrs. Edna Moyo's elder brother* who refuses to take Edna back. He wants her to remain married to her husband because he does not wish to give back the cows.

*Mrs. Edna Moyo's other brother* who is against her divorce and who argues that a good wife is one who knows her place in the home and who does not argue with her husband.

*Mr. Matthew Moyo's father* who argues that his son should allow the divorce to go through because his wife is "troublesome and unruly."

The whole group will act as *members of the community* who are attending the Community Court. The three court officials will allow each of the actors to speak. From the evidence they hear and the arguments put forward, the whole group will make their final judgment.





## RELATIONSHIP SKILLS SESSIONS

# SESSION 12: CULTURE: THE GAME OF LIFE

## OVERVIEW

The “Game of Life” is a fun and interesting way to discuss cultural perspectives and how they can affect behavior change. It is also a good thinking skills exercise because the game forces participants to defend the position of different perspectives and to debate a position even if they do not personally agree with it.

## TIME

2 hours

## OBJECTIVES

By the end of the session, participants will be able to:

1. List some of the impacts of HIV/AIDS on the community.
2. Identify potential reasons for the spread of HIV/AIDS.
3. Identify strategies to fight HIV/AIDS in the community.
4. Describe the ways that one’s culture or perspective can influence one’s approach to a problem.

## MATERIALS

Flip charts or board

Markers or chalk

Pens/pencils



Handouts: *The Game of Life Game Sheets* (one handout for each group; groups can be up to eight people) and *Character Cards* (each character is a separate card; one card for each participant)

## PREPARATION

Arrange the room to make sure there is a space for each group. Each group's area should resemble a conference or a committee room with a conference table with chairs around it.

## DELIVERY

### I. INTRODUCTION (15 MINUTES)

Begin the discussion by briefly reviewing what we have learned about Life Skills. Point out that the way we live is often determined by culture. Ask the participants to briefly tell you how culture affects everyday life and our Life Skills.

Tell the participants that we are going to play a game to take a look at the cultural perspectives of different people and how their decisions are influenced by their culture or by the positions that they hold in society.

Divide the group into small groups of up to eight people.

Explain that the game format is a combination of a role play and a meeting. They are to assume the characters written on their cards. They might spend a moment trying to imagine the thoughts, beliefs, and values of the person written on the card. Invite them to use their imaginations. They can come up with names for their characters and personalities.

Give each group a game sheet, and each participant a different character card.

### II. THE COMMITTEE MEETING (50 MINUTES)

After reading the game sheet, they will assume their characters and participate in this community meeting. It might be helpful for them to elect a chairperson to run the community meeting. They will act out the debate that might happen in this community meeting to address the issues outlined on the game sheet.

As the participants begin to "play" in their small groups, make sure to monitor each group to ensure that they fully understand the game. Remind them that they are to come up with strategies to help their communities.

### III. THE STRATEGIES (40 MINUTES)

After the committee meetings are over, invite all participants back into the large group. Give each committee an opportunity to outline their strategies briefly. In addition to their strategies, ask them to describe their process.

1. Were there any major disagreements or conflicts in the committees?
2. How did it feel to act as the characters on the cards? Did it help them to understand better how such a person might feel?
3. Was it difficult to convince members of the committee of their characters' perspectives?
4. Are they happy with the decisions the committee made? If not, why?
5. In a democratic discussion such as this committee has had, does everyone always get 100 percent of what they want? What does "compromise" mean?
6. What might be the consequences of the group's decision?
7. How realistic was the committee meeting? What implications did the many different perspectives have on the group's ability to make a decision that would help the community in the fight against HIV/AIDS?

#### **IV. EVALUATION (5 MINUTES)**

Now that the participants have stepped out of their own "shoes" for a couple of hours, ask them to consider the topic from their own perspective. How would their approach or comments have been different if they were in the committee meeting as themselves rather than the character they played?

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## THE "GAME OF LIFE" GAME SHEET

### THE CHARACTERS:

- Father of a teenage girl and two boys
- Mother of two teenage children
- Teenage girl
- Teenage boy
- Pastor
- Social welfare officer
- Health education officer
- Doctor

### THE SCENE:

Large numbers of young people between the ages of 14 and 28 are suffering from STDs, and many are actually dying from AIDS. Your community has selected you to be the Emergency Committee member to discuss this problem. You have been asked specifically to discuss life 50 years ago and see what young people can learn from the past. You have been asked to make recommendations for a plan of action to protect young people.

### THE ACTION:

Each of you, in turn, must present reasons to explain why so many young people are suffering from STDs and AIDS. Each of the adults must also highlight things in the past which young people can learn from—either to avoid or follow!

Each of you should choose one card and act as the character on that card. You should try to answer every question and make every statement as though you are the person on your card.

*Note: None of the characters are related to each other.*





**PARTICIPANT CARDS**  
(EACH CHARACTER IS A SEPARATE CARD)**CHARACTER CARDS****FATHER**

He is the father of a teenage girl and two boys. He is open-minded and thinks boys and girls need to be given responsibility. He is just as worried about his sons as he is about his daughter.

**MOTHER**

She is the mother of two teenage children. She blames “foreign” cultures for what is happening to the young people. She wants to have more control over her children, even after they turn 18. She is for the past!

**TEENAGE BOY**

He thinks the elders are old-fashioned and out of touch with modern culture. He believes nothing can be learned from the past.

**TEENAGE GIRL**

She blames her parents and other adults. Girls are brought up to think that men are superior to them—the girls are nothing and the boys are everything. She blames society for not helping girls become more assertive so they can take control of their own lives.

**PASTOR**

The pastor explains that the *Bible* teaches that sexual intercourse is for marriage only. He believes there is very good reason for this teaching and if people followed it, they would be safe and happy.

**SOCIAL WELFARE OFFICER**

He tries to show that adults can help young people and prevent the terrible statistics. He also blames adults for being bad role models.

**HEALTH EDUCATION OFFICER**

She believes that young people should be taught how to maintain a healthy lifestyle—no matter what sexual decisions they want to make. It is okay to have sex, as long as people protect themselves with condoms. She wants all people to be empowered to make good, healthy decisions that are right for them.

**DOCTOR**

The doctor explains what is killing people and how, in the past, such diseases were not there or were contained by the cultural rules people lived by.





## RELATIONSHIP SKILLS SESSIONS

# SESSION 13:

## CULTURE: HIGH-RISK TRADITIONS

### OVERVIEW

The idea of this session is for participants to take a look at typical cultural traditions and think about how those traditions might be “risk behaviors,” or might lead to the spread of STDs and HIV/AIDS. This session can be particularly powerful in a group of community leaders.

### TIME

1 hour

### OBJECTIVES

By the end of the session, participants will be able to:

1. List cultural traditions that may put people at risk for HIV or STD infection.
2. Describe why such cultural traditions may put people at risk.
3. Identify ways in which these traditions might be modified so that they no longer pose a risk of infection.

### MATERIALS

Flip chart or board

Markers or pens

Half sheets of paper and pens—one for each participant



## DELIVERY

### **I. DISCUSSION IN PAIRS (20 MINUTES)**

If you have already led the group in other sessions regarding cultural traditions like lobola or gender roles, you may wish to refer back to those sessions as you introduce this topic. Today's session will provide an opportunity to look at the traditions at work in our culture, especially in the context of whether any cultural traditions put people at risk for contracting HIV or STD infection.

Divide participants into pairs and ask them to consider the following questions in relation to their own community and their own traditions. (The pairs do not have to take notes or do any writing at all; they should merely discuss the questions.)

1. Are there traditions in our community that might help the spread of HIV or other STDs inadvertently?
2. What are these traditions and why are they risky?
3. Might there be a way in which everyone could agree to change these traditions to reduce the risk of the spread of HIV? Are any of them already changing in response to HIV/AIDS? Are there others that the group thinks will never change?

### **II. LARGE GROUP DISCUSSION (30 MINUTES)**

After pairs have time to discuss these questions, call everyone back to the large group.

First, ask people to name all the different traditions of their community that involve may influence the spread of HIV or other STDs. Write them on the flip chart or board.

Next, for each tradition, ask participants why they think it could influence the spread of HIV. Be sure to clarify any misconceptions about the spread of HIV and STDs that might come up during their discussion.

Third, ask for participants' ideas on how these traditions could be changed to reduce the threat of the spread of HIV. Encourage participants to be as specific as possible in their suggestions.

### **III. EVALUATION (10 MINUTES)**

Give participants a half sheet of paper and ask them to write one cultural tradition that they believe should be modified to help prevent the spread of HIV. After everyone has finished writing, invite each participant to stand and read or describe an idea to the group.

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# PART VIII: EMOTION MANAGEMENT SKILLS





## EMOTION MANAGEMENT SKILLS SESSION

# OH! HENRY! AND MANAGING EMOTIONS GALLERY WALK

## OVERVIEW

“Emotion management” is a skill that is interwoven throughout all the other sessions, including communication skills, decision-making skills, and relationship skills. Like thinking skills, managing one’s emotions is crucial in all interactions; therefore, there are not many sessions that focus on emotion management skills specifically. This session is a general introduction to the topic of managing emotions, and is often best conducted during the first week’s introduction to all the Life Skills. After that, you may want to refer to the discussion of emotions in this session during other Life Skills sessions.

## TIME

1 hour, 30 minutes

## OBJECTIVES

By the end of the session, participants will be able to:

1. List a number of emotions that may have an influence on the development of Life Skills.
2. Identify strategies to effectively manage emotions.

## MATERIALS

Flip charts or board

Markers or pens

Tape



Flip charts—about eight with the following phrase written on them:

“How do you manage your \_\_\_\_\_.”

## PREPARATION

Clear the walls all around the room for hanging flip charts.

## DELIVERY

### I. OH! HENRY! (20 MINUTES)

Referring to the Bridge Model, facilitate a discussion on the link between managing one’s emotions and avoiding risk behavior. You might want to make sure that all participants understand the meaning of the word “emotion.” Have someone define the term and write the answer on the board or flip chart, or simply use the word “feelings” throughout the session.

Introduce the idea of emotions with a quick exercise, “Oh! Henry!” Invite the participants to stand in a circle. Remind the group that there are many ways that we can communicate—even with our bodies and our tone of voice. Refer back to the communication skills sessions to create this link to emotions and communication. Explain that this activity will illustrate how different uses of our voices and bodies can communicate many different things to people.

Show how you can say the phrase “Oh! Henry!” with many different emotions—with anger, with joy, with fear, with laughter. Going around the circle, each participant will say the phrase “Oh! Henry!” using different body language, tones of voice, and facial expressions to communicate different emotions. This exercise can be very lively. Have fun with it!

After everyone has participated once or twice, brainstorm on a flip chart or on the board the different emotions that were expressed in the exercise. Some of the emotions mentioned might be as follows:

sadness	anger	fear	grief
anxiety	joy	love	passion
pain	confusion	depression	rage
jealousy	annoyance	misery	regret
guilt	disappointment	happiness	laughter

## II. MANAGING EMOTIONS GALLERY WALK (1 HOUR)

Spend a few moments discussing how some of the emotions listed might translate into risky behavior.

Some of these emotions, such as joy or happiness, may be better to express openly than others. Which emotions does this culture teach us to control or manage? Place a tick (check) next to those emotions that are considered culturally inappropriate to show as adults. How can learning to manage emotions help to reduce risk behavior?

It is not easy to learn to “manage” extremely strong emotions such as anger, passion, sexual feelings, or jealousy, but it is very important that we develop strategies to do so. Many of us already have strategies that we use to manage our emotions. If you are feeling very angry and want to hit someone, what do you do to control this feeling? If you are feeling sexual and want to be with someone, what can you do? We will now take a few moments to share techniques for managing our emotions.

Fill in the blanks left on the flip chart with the emotions participants indicate need to be “managed.” Then place them around the room (taped to the wall—or if that is not possible—on tables or benches). You will have different flip charts all over the room that read something like these examples:

“How do you manage your anger?”

“How do you manage your grief?”

“How do you manage your sexual feelings/passion?”

Only use those emotions that the group chose as important to learn to manage.

For about 15 or 20 minutes, all participants should move throughout the room and write on the flip charts what their strategies are for managing the emotions listed. An example of one of the completed flip charts might be:

### **How Do I Manage My Anger?**

- Count to 10.
- Walk away and come back to the situation later.
- Stop and analyze why I am really angry.
- Think about the situation from the perspective of the other person.
- Pray/meditate.
- Think of a funny story.
- Try to communicate and resolve the situation peacefully.



After all ideas have been exhausted, the participants should take a “gallery walk” of the flip charts—walking to and reading each of them in turn, learning the perspectives offered on managing emotions. After the gallery walk, have all participants sit down and process the exercise. What were some of the best ideas? Were any ideas unrealistic? Do any of them take practice?

### **III. EVALUATION (10 MINUTES)**

At the end of the session, ask participants to stand and state the emotion that they are most committed to learning to control, along with two to three strategies that they will attempt to use to control those feelings.

The “Oh! Henry!” exercise was adapted and reprinted with permission of Alice Welbourn and ACTIONAID from *Stepping Stones: A Training Package on HIV/AIDS, Communication and Relationship Skills*, pp. 118–119. © Alice Welbourn and G & A Williams 1995

# PART IX: BRINGING IT ALL TOGETHER





## BRINGING IT ALL TOGETHER SESSION

**FORUM THEATER****OVERVIEW**

The technique called “Forum Theater” is one of the most useful methods to use in teaching Life Skills. It is an enormously effective and powerful way to practice and reinforce all of the life skills you presented earlier—communication, managing emotions, decision-making, thinking, and relationship skills. It is adaptable to focus on any issue, and it is fun! Forum Theater is role playing with a difference. The technique is an interactive one, which allows all members of the audience to participate in the action.

**TIME** 

2 hours (less or more depending on the number of situations you choose to do)

**OBJECTIVES**

By the end of the session, participants will be able to:

1. Identify strategies for managing emotions and communicating assertively.
2. Demonstrate effective thinking, decision-making, communication, and relationship skills.

**MATERIALS** 

Assorted props for role plays

Handouts: *Forum Theater Scenarios*



## PREPARATION

Select the situations you will use. Samples are offered here, but create other situations as well depending on what your goals are for specific sessions.

Before the session, prepare selected participants to perform the role plays. You may want to watch them rehearse the situations once to make sure the ideas are coming through clearly.

## DELIVERY

### I. INTRODUCTION (5–10 MINUTES)

Introduce the session by summarizing the many different life skills that you have reviewed and learned as a group. Refer to the Bridge Model and to specific sessions on good communication, decision-making skills, relationship skills, gender, emotion management, and thinking skills. Explain that the Forum Theater technique is a way to “bring it all together”—a way to review, reinforce, and *practice* the many skills you have learned.

### II. THE FIRST ROLE PLAY (20–30 MINUTES)

Explain that a role play will be performed. They should watch and think about the problems in the situation. Which life skills are missing or are not being used well? Which emotions are out of control? How can the interaction among the characters be improved?

After the role play, briefly process the scenario with the group. Discuss the life skills that were missing or compromised. Discuss any out-of-control emotions. You may wish to introduce the idea of critical points. These are “points of no return,” beyond which the situation changes completely. Examples of critical points might include someone throwing a punch, someone saying something very offensive, and so forth. Ask the group to help you identify any critical points in the role play just watched. What were they?

### III. THE INTERACTIVE ROLE PLAY (20–30 MINUTES)

Explain that the role play will be repeated exactly as it was the first time—only this time, every member of the audience will have a chance to improve the situation. Whenever a character in the role play is using bad judgment, communicating poorly, allowing an emotion to get the better of him/her, or any other life skill is not being used—members of the audience are invited to clap. (Demonstrate by clapping twice quickly.) When the actors hear a clap, they will freeze. The person who clapped should then stand up and replace one of the characters. The new person should

simply tell the appropriate actor to sit down and begin to act in the role play. The new person should improve the situation as best as he/she can—using better communication or an alternative behavior. If another critical point comes by in the role play, another member of the audience should clap, replace someone, and replay the scene. This can go on and on and on. Many different people can step in for one character. Gender does not matter—a man can step in for a woman or a woman for a man.

The technique continues until every member of the audience is completely satisfied that the new role play represents a better response to the situation, making maximum use of positive life skills. Be sure to spend some time processing the various approaches to settling the situation so that participants can explore the many strategies that can be used to resolve unhealthy moments.

You can continue with this technique for many different scenarios.

*Trainer notes: This technique is most fun when all members of the audience participate actively. So encourage everyone not to be shy, but to join in the action!*

## EVALUATION TOOLS

Forum Theater is an effective way to evaluate to what extent participants have internalized the skills that we have worked on in other sessions. Observing the responses to these situations and the strategies used by different participants may provide you with important information. You will see the progress that has been made and indicate some new directions for learning that might be pursued.

## VARIATIONS

### IN OTHER LIFE SKILLS SESSIONS

You can use this technique effectively with any of the other role play scenarios in this book and for any of the topics—from communication to decision-making to thinking to relationships to emotion management skills.

Forum Theater was modeled at the Peace Corps/Malawi workshop “Promoting Sexual Health,” held in Lilongwe, Malawi, in July 1996.





## FORUM THEATER SCENARIOS

### SCENARIO NUMBER 1: THE JEALOUS GIRLFRIEND

Characters: Chimwemwe, a Form 3 student and Mabvuto's girlfriend  
Mabvuto, a Form 3 student and Chimwemwe's boyfriend  
Chikhonde, a Form 3 student and female classmate of both

In the first scene, Chimwemwe and Mabvuto meet and make it clear to the audience that they are boyfriend/girlfriend. They are at school—perhaps just leaving a class—and they are expressing their love for each other. Make it light and funny! The two finally agree to meet somewhere later, and Chimwemwe rushes off to help her mother.

But Chimwemwe doesn't really go very far. She walks away from the main action, but the audience should be able to see her—she is able to see all of the action about to take place, but she cannot hear what Mabvuto and Chikhonde will say.

With Chimwemwe in the distance looking on, Chikhonde walks up and has a perfectly innocent conversation with Mabvuto. They talk about something completely safe—a teacher, or a test, or a football match, the food in the dining hall—anything innocent and casual for two schoolmates to discuss. In the background, Chimwemwe is looking angry and jealous. Finally, Chikhonde brushes aside something on Mabvuto's face—innocently enough: she sees something on his face, brushes it off, and then says goodbye and walks off. This touching has Chimwemwe really upset.

Chimwemwe rushes back up to Mabvuto in an absolute rage. She is screaming at him, accusing him of having another girlfriend, refusing to let him speak or explain. Finally, Mabvuto gets angry too and screams back at Chimwemwe. They storm away from each other in anger.

Next, Chimwemwe spots Chikhonde in the distance. She angrily confronts Chikhonde, threatening her and accusing her of stealing her boyfriend. At first, Chikhonde just acts confused and surprised, but as Chimwemwe gets more and more offensive, Chikhonde finally starts to fight back verbally.

Stop the role play when the girls are about to fight physically.





## SCENARIO NUMBER 2: THE CONTROLLING PARENTS

Characters: Mr. Chulu, the father  
Mrs. Chulu, the mother  
Matthews Chulu, a 16-year-old boy

Mr. and Mrs. Chulu speak to each other roughly, and they treat their son, Matthews, very cruelly as well. They try to control his every movement—they tell him how to dress, when to eat, who to be friends with, when to sit—they are always ordering him about. Nothing he ever does is good enough for them, and they are always criticizing him. Through it all, Matthews tries to be a good son—he acts as respectfully as he can and perseveres no matter what they say to him. (Using a variety of different scenes, the role play should make the relationship between Matthews and his parents very clear to the audience. Perhaps, show Mr. and Mrs. Chulu ordering Matthews about on different occasions and finding fault with him all of the time.)

One day, Matthews is very excited as he comes to his parents. He is the star player on the football team, and his team is about to go to the championship match. After he tells his parents how excited he is to help lead his team to victory, his father and mother tell him that he cannot go to the match. They are having guests, and they expect Matthews to serve those guests. They forbid him to attend the match. This is the final blow—Matthews goes crazy—yelling, throwing things, reacting violently—he almost comes to blows with his own father!

Stop the role play after Matthews has this explosion of temper.

“Controlling Parents” role play was adapted and reprinted with permission of UNICEF Harare from *Think About It! An AIDS Action Programme for Schools, Form 3*, p. 9. © UNICEF Harare 1995





## SCENARIO NUMBER 3: WHY WAIT?

Characters:           Edith, a young women engaged to Roderick  
                              Roderick, a young man engaged to Edith

Edith and Roderick have been dating for a few years. They are engaged to be married in just over one month. Up to now, they have successfully avoided having sex. They are abstaining until they get married. One evening, Roderick wants so much to make love to Edith that he forgets all of their discussions and decisions and tries to force her to be with him. She is really upset and angry—she resists him and refuses. He tries to persuade her and gets very angry when she still refuses to be with him. They get in a big argument and call off the wedding.





# APPENDICES





# APPENDIX I: WARM-UPS AND ENERGIZERS

We have found it very effective to use warm-ups and energizers throughout the program to keep the sessions lively and fun.

Warm-ups serve two basic purposes:

1. They can serve as a metaphorical introduction to the topic of the session. You can choose a warm-up that evokes some of the issues you will be exploring in the day's session. The loose categories noted to the right of titles will help to guide you if you are looking for a specific topic.
2. They can simply be lively exercises to bring the energy back into the group when they are feeling tired or too serious.

After the first few sessions, consider having peer educators or other participants lead the warm-ups and come up with creative new ones on their own!

## **RHYTHM CLAP** ..... **INTRODUCTION**

Start off a rhythmic clap by clapping your hands, slapping your thighs, in time to an introductory statement, such as “My name” —clap, clap— “is Judy” —snap, snap— “I live” —clap, clap— “in Mzimba” —slap, slap.” Go around the circle in this way until all participants have introduced themselves.

## **“EVERYBODY WITH ...”** ..... **INTRODUCTION**

Form a circle of chairs—one less chair than the number of participants. (If there are 18 participants, you need 17 chairs.) Appoint a volunteer who stands in the center of the circle of chairs. That person calls out, “Everybody with ...” For example, “Everybody with black shoes” or “Everybody who ate bread this morning” or “Everybody who has a pencil.” Then everyone who is affected stands up and switches chairs as quickly as possible. They cannot stand up and sit back down in the same chair, and they cannot sit in the chair next to them. They should stand and run to a chair across the room. The volunteer tries to sit, too. Whoever is left standing should be the next to call out “Everybody with ...” This is a great first warm-up and “get to know you”



game! (A variation of this game is called “Fruit Salad.” Assign everyone the name of a fruit—mangoes, papaya, apples. Call out the names of the fruits to make people switch places. When you call “Fruit Salad!,” everyone has to switch places.)

“Fruit Salad” variation reprinted with permission of Alice Welbourn and ACTIONAID from *Stepping Stones: A Training Package on HIV/AIDS, Communication and Relationship Skills*, p. 58. © Alice Welbourn and G & A Williams 1995

### **LIFE BOAT ..... TEAM-BUILDING**

This warm-up illustrates the importance of building and maintaining a team. Have all participants move around a specific area. Tell them to imagine they are floating in a great sea. They need to form life boats to survive. One facilitator will call out a number—“6!” Participants must form strong groups of six to keep from drowning in the “sea.” If the group is formed with less or more than six, the whole group “drowns” and must stand to the side while the game continues. The one or two people remaining when everyone else is out are the winners.

### **THE LONGEST LINE ..... TEAM-BUILDING, USING AVAILABLE RESOURCES/TALENTS**

Take participants outside where they can have a large area to work. Split them into two teams (or more if the group is large). Explain that they are to create a long line on the ground or floor, using whatever they currently have on their bodies. They are not permitted to get additional things, but whatever they have—tissue, watches, clothing, shoes—can be used to make the line longer and longer. Their goal is to have a longer line than the other teams. (If people are really creative, they will use everything possible and then lie down on the ground themselves to make the line longer!) The team with the longest line is the winner. After the warm-up, discuss how the exercise relates to team-building or to real life.

### **ONE-LEGGED PEER EDUCATOR ..... TEAM-BUILDING**

Ask for one volunteer. That volunteer is the “One-Legged Peer Educator” or the “One-Legged AIDS Educator.” She or he cannot do all the work alone to educate people on behavior change; so, she or he must build a team of educators to help. The volunteer hops on one foot and tries to catch the others. The group is running away from her/him within the boundary that you have set. When the “One-Legged Educator” touches someone, that person must join arms and also hop on one foot to try to catch the others. Continue until all are caught by the team. Once a team gets started, nothing can stop it!

### **SPIDER WEB ..... LEADERSHIP, COMMITMENT, TEAMWORK**

Participants stand close to each other in small circles—about five or six people. The participants take the hands of the people in the circle. They cannot take the hand of the person next to them, and they must be sure to have the hands of two different people. They then try to untangle themselves—to return to a continuous circle again without letting go of anyone’s hands. After all groups have successfully untangled, process the exercise. Did any leaders direct the rest of the group? What was the process? Did anyone give up? Why? What made the group finally succeed?

### **HUMAN WALL ..... TEAMWORK, STRENGTH**

Use this one with young people only—it is a bit rough for older folks! Form two teams. One team should make a “human wall” — a wall of people that cannot be broken. When the facilitator calls, “Go!”, the other team will rush the wall and try to break through. Then switch sides and let the other team form a “human wall.”

### **THE FALLING BLANKET ..... TEAM-BUILDING**

You will need a large blanket for this warm-up. Split the group into two teams. Two people must hold the blanket tightly—one on each side. Have each team gather on opposite sides of the blanket. The team should make sure they cannot be seen by the team on the other side of the blanket. Each team should place one team member in front of the group—the person should be crouching just behind the blanket. The two people holding the blanket should make sure that there is one person on each side of the blanket before counting, “1-2-3!” and dropping the blanket. The two people should stand up and try to call out the name of the person opposite them quickly! Whoever correctly identifies the person on the other side of the blanket “wins.” The loser has to cross over the blanket and join the other team. Continue until one team is filled with people and the other team is empty.

### **SITTING ON KNEES ..... TEAMWORK, TRUST, COOPERATION**

Ask everyone to stand closely in a circle, you included. Then everyone should turn to his/her right, so that each person in the circle is facing the back of someone else. Ask all to put both hands on the shoulders of the person in front of them. Explain that you are going to call out, “1, 2, 3, SIT!”, and that everyone should call it out slowly with you. On the word “sit” everyone should carefully sit down on the lap of the person behind him/her, still holding on to the shoulders of the person in front of them.

This exercise really works, is fun, and creates a good feeling among everyone. But take care that everyone is able physically to



do the exercise. If your group is really brave, you can all try to shuffle around in the circle together while holding on to one another's shoulders. Afterwards, ask participants how they felt doing this. Did they think they were going to be able to do it? How does this relate to real life experience? (Note: Use your judgment on whether it would be appropriate for your group to do this exercise—sitting on each other's laps would not be advisable for some groups.)

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### **STRING SPIDER WEB ..... TEAMWORK, SUPPORT**

You will need a ball of string to do this exercise. Ask everyone to sit or stand in a circle. Produce a big ball of string. Hold on to the end of the string, then roll or toss it across to someone sitting/standing opposite you, saying his/her name as you send it. Keep holding on to your end, tightly. Ask the recipient to hold on to the string so that it makes a taut line between you. Then ask him/her to send the ball back across the circle to someone else, saying the person's name as he/she rolls/tosses it. Everyone continues with this procedure, until the circle is full of taut lines criss-crossing the circle. Each person should be holding tightly to a bit of string. The ball of string should finally be sent back to you so that you hold the beginning and the end of the string. Next ask everyone to look at how the string connects you all, like a spider's web. You are all dependent on one another to keep this web firm and supportive. If anyone were to take his or her hand away from the web, that part of it would collapse. Ask people to suggest how this spider's web exercise relates to our real lives.

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### **TUGS OF WAR AND PEACE ..... TEAMWORK**

You will need a length of strong rope for this exercise. Divide the group into two teams. Ask these two teams to stand up and hold opposite ends of a long strong rope. Mark a line across the middle of your training area, over which each team must try to pull the other. When you say, "1, 2, 3, Go!", the teams should start pulling against each other. Let them go on until one team has ended up falling over the dividing line. Next, ask everyone to sit in a circle. Now tie the same strong rope in a large circle and hand it to the participants so that they are sitting around the edge of it. Ask all the participants to pull together on the rope so that they can all stand up. Ask participants to explain what this exercise means to them. The idea is to show how, instead of people pulling on opposite ends as in a tug of war, where only one team wins—we can approach situations in a win-win way so that everyone

benefits and feels good about the result. True, the tug of war might feel more fun for the victors—but how do the losers feel?

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### **TRUST CIRCLES ..... TEAMWORK, TRUST, SUPPORT**

Ask all participants to stand together in a small, tight circle in the middle of the room. (If you have many participants, make small circles of about six people each.) Each participant in turn should stand in the middle of the circle and then close his/her eyes or put on a blindfold. She/he then falls backwards, sideways, or forward—keeping eyes closed—and will be caught in the safety of the arms of the other participants. Each participant needs to have a few turns at this before someone else goes in the middle of the circle. It can feel quite scary at first but should be perfectly safe provided the group works together. At the end of the exercise ask participants what such an exercise teaches us about each other.

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### **CROSS THE CIRCLE ..... TRUST, COOPERATION, RISK**

Ask participants to form a big circle, facing inward. Each participant identifies someone standing opposite him/her. When you say, “Go!,” each participant must close his/her eyes, walk across the circle and stand in the place of the person opposite him/her. All participants do this at the same time, and they must not peek! People get very confused but sort themselves out eventually. Afterwards, ask participants how they felt doing this with their eyes shut. How does the exercise relate to real life experiences?

### **THE STRAIGHT LINE ..... TRUST, TEAM SUPPORT**

Provide a blindfold or scarf. Invite a volunteer to come forward and walk slowly in a straight line across the meeting area. Put the blindfold on him/her and turn him/her around several times before he/she sets off in a straight line across the meeting area—to reach an agreed point on the opposite side. Instruct the rest of the group to keep completely silent, giving no encouragement or guidance at all. They should also not touch him/her. When the blindfolded person reaches the other side, ask him/her to take off the blindfold. Compare how close he/she is to where he/she intended to reach. Ask him/her how he/she felt about having no comments from the others. Ask him/her to replace the blindfold and repeat the exercise, this time with the verbal encouragement of the others. They should still not touch him/her. Then finally, you



can ask the volunteer to repeat the exercise with the participants using their hands to guide the blindfolded person and talking to him/her. Process the differences in how it felt during each stage. Emphasize how safe someone can feel with the support and guidance of others. This is a great exercise to use when discussing issues of People Living with HIV/AIDS.

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**THE YERT CIRCLE ..... TEAM-BUILDING, TRUST, SUPPORT**

There must be an even number of participants. Assign a name to each, alternating names—such as, “Milk, Water, Milk, Water.” Everyone should link arms all the way up to the elbow. When you say, “Milk,” all of the “Milks” should lean into the circle, while all the “Waters” should lean out. Notice how this tension keeps the group supported. Switch now, saying, “Water.” All “Waters” lean into the circle, while all “Milks” lean out. You can continue doing this smoothly, to show how change and tension can still be very positive for the team.

**WHO’S THE LEADER? ..... LEADERSHIP/ THINKING SKILLS**

Ask the group to stand in a circle. Ask for one volunteer and send that person out of the room. The people in the circle should secretly choose a person to be the “leader.” The “leader” should start an action such as clapping hands, dancing, or stomping feet. The action should change every 15 seconds or so. The other members of the circle should follow the leader’s movements, without looking directly at the leader and giving him/her away. The volunteer is brought back into the room while these actions are taking place. The volunteer has three chances to guess who the “leader” is.

**FOLLOW THE LEADER ..... LEADERSHIP/ PEER PRESSURE**

Ask participants to stand in a circle. The leader stands inside the circle, starts to run on the inside of the circle, and calls out, “Follow! Follow! Follow!” to which the group replies “Follow! Follow! Follow!” as they run on the outside of the circle. The leader repeats, “Follow! Follow! Follow!” The group repeats, “Follow! Follow! Follow!” Leader: “Follow the leader.” Group: “Follow the leader.” Now the leader starts to do some other action such as dancing, jumping, sitting, or singing, and says, “I dance! I dance! I dance!” (or “I jump! I jump! I jump!”) The group responds by mimicking everything the leader does. The leader continues with “Follow! Follow! Follow!” and the entire process until everyone is exhausted.

## **MOTHER-CHILD TRUST CALL ..... COMMUNICATION, TRUST**

Ask the participants to divide into pairs. The pairs should select one person to be the “mother” and one to be the “child.” Each pair should also choose an animal. The “mother” should make the sound that the animal makes so the child will know the mother’s voice. Now separate the groups—all mothers on one side of the room and all children on the other side. Children must close their eyes. Mothers will make the animal sound while moving about the room. With their eyes closed, the children must try to find and touch their mothers.

## **LISTENING PAIRS ..... COMMUNICATION SKILLS**

Divide participants into pairs. One should describe to the other an event in his/her life which made him/her feel very happy. The listener should say nothing but just concentrate hard on hearing what is being said. After a couple of minutes, you ask the listeners to stop listening. At this stage, the speaker should continue to describe his/her happy experience, but the listener should stop listening completely. She/he could yawn, look elsewhere, turn around, whistle. The important thing is that he/she should no longer listen although the speaker will continue telling the story. After a couple of minutes, yell “Stop!” At this stage, the speaker and listener should change roles and do the exercise again. Ask participants how they felt as speakers telling their story to a willing, interested listener compared with telling it to a bad listener. Process the exercise.

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## **BODY LANGUAGE ..... COMMUNICATION SKILLS**

Divide group into pairs. Each pair should think of a discussion that one of them has had with their spouse, a friend, or anyone that developed into an argument. The pair should first establish the two characters and their relationship. They should then re-enact the argument between them in mime, only using their bodies and faces, with no words. Give the pair a few minutes to work on this. Then ask everyone to return to the larger group. Pick out two pairs whose scenes looked particularly clear. Ask the first pair to re-enact its scene in the middle of the circle. Ask members of the audience to tell the story the pair is acting out. Point out how easy it can be for us to know what is going on in general through what we do with our bodies. Repeat with the second pair. Point out other types of body language between people, such as eye contact, distance between people, and positions. Finish by suggesting that participants think, over the next few days and weeks, about the ways they use their own



bodies to say things to one another. Encourage them to think how they might use their bodies differently in different contexts to convey different messages to people.

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### **PASS THE PICTURE ..... COMMUNICATION SKILLS/ PERCEPTIONS**

This is another good warm-up to illustrate different people's perceptions of what they hear. Ask for five volunteers to leave the training area for a few minutes. Bring out a piece of flip chart paper (or plain paper) and ask the remaining people to agree on a picture, and two or three people to draw it. The picture could include, for example, a house, animals, a tree, and so forth. They should not make it too complicated. Then hide the picture and ask someone to call the five volunteers back to the group. One volunteer is then shown the picture for about a minute. This volunteer must then describe the picture in words to the second volunteer, who in turn describes it to the third volunteer, and so on. When the fifth volunteer has heard a description of the picture, he/she should be handed a new piece of paper and some markers/pencils. She/he should then try to draw the picture as he/she understands it to look from the description. She/he should receive no help from the rest of the group! When she/he is finished, compare it with the original picture. There should be some interesting differences. Thank the five volunteers. Point out that it is often much harder than we suppose for us all to understand things in the same way.

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### **FOLDING PAPER GAME ..... COMMUNICATION SKILLS/ PERCEPTIONS**

You will need sheets of paper for this game, one for each participant. Ask every participant to close his/her eyes. Make them promise to keep their eyes shut! Hand each participant a sheet of paper. Then ask participants to do the following: Fold their paper in half. Tear off the bottom right-hand corner of the paper. Then fold the paper in half again. Next tear off the lower left-hand corner. Remind them not to peek! Now ask them to open their eyes and unfold their pieces of paper, displaying them to the other participants. They should be torn in many different ways. Ask participants what this exercise can show us. One point is to show everyone how even simple instructions can mean very different things to different people. We often think we are saying something clearly to someone, only to discover later that what we

meant, and what they understood, are quite different. Everyone followed the instructions correctly, but the results were different. (This can also be a great introduction to a session on “Condom Demonstration.”)

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### **RUMORS, TELEPHONE ..... COMMUNICATION**

Ask everyone to stand in a circle or a line. Think of a phrase to whisper beforehand, such as, “How many people like to work in the garden?” or “I wish I could walk to the river.” or any other line. Whisper this line quietly to the person to your right. This person whispers it to the person to his/her right and so on all the way around the circle. Each person should only whisper what he/she heard, and he/she is not allowed to ask for the phrase to be repeated. Finally, when the phrase has been whispered all around the circle, the person to your left should be the final one to receive it. Ask him/her to say it out loud. Then announce to the group what you originally said. The original phrase is usually very different from the final product! Discuss how this relates to communication skills.

### **SHOUT, WHISPER, SING! ..... COMMUNICATION**

Ask participants to stand in a circle. Explain that you are going to call out someone’s name as you cross the circle towards that person. She or he should then move from her/his position in the circle to the place where you were standing. Then, that person should call out someone else’s name who should then move, and so on. When your name gets called again, continue with the game, but this time, whisper the name of the person you choose next and ask everyone else to whisper too when it is their turn. Finally, when your name is called again, say that this time the name of the next person must be sung out. Continue until, everyone has had a chance.

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### **FIXED POSITIONS ..... DIFFERENT PERSPECTIVES ON LIFE**

This exercise encourages participants to realize that our perspectives on things are based on who we are and our own personal experiences. Ask participants to stand in a circle. Ask one volunteer to stand in the middle. Ask her/him to stand still, facing the same way through the questions and answers which are to follow. Explain to all participants that you are going to ask some questions. Ask everyone to answer at all times according to what



they can actually see from their own position, not what they know is there. Ask someone standing in front of the volunteer: "How many eyes has he/she got?" Ask someone standing behind the volunteer the same question. Ask someone standing directly to the side of the volunteer the same question. Then place someone else in the middle. Choose another part of the body, such as the arms. Go through the same questions with three different people. Finally, ask one participant to walk around the whole circle, looking at the volunteer and perceiving him/her from all angles. Ask the walker to give a running commentary on what he/she is seeing and how his/her vision of the volunteer changes. After everyone sits down, ask participants to consider how our perspective on a situation shapes our understanding of it. How can we give ourselves a more complete picture more of the time? In what way can we relate this exercise to our everyday experience?

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### **I'M GOING ON A TRIP ..... SUPPORT, JUST PLAIN FUN!**

Ask the participants to stand in a circle. Start by saying, "I'm going on a trip and I'm taking a hug." Hug the person to your right. She/he then has to say, "I'm going on a trip and I'm taking a hug and a pat on the back." She/he then has to give the next person a hug and a pat on the back. Go on around the circle until everyone has had a turn with each person repeating what was said and done before and adding one new action to the list. If someone forgets the sequence, encourage the others to help him or her do it right. (If you are working with a group in which touching is not a good idea, do the same exercise as a simple memory game, such as, "I'm going on a trip and I'm taking an orange." "I'm going on a trip and I'm taking an orange and a chair." "I'm going on a trip and I'm taking an orange, a chair, and an audiotape.")

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### **HAND PUSH ..... CONFLICT RESOLUTION, RELATIONSHIP SKILLS**

Ask participants to form two lines, facing each other. Each participant touches palms with the participant facing her/him in the other line. Call one line "Line One" and the other "Line Two." Ask all the participants in Line One to start pushing against the person in Line Two, using only their palms. People in Line Two can respond in any way they like. After 30 seconds or so, ask everyone to stop and to change roles. This time Line Two members should push against Line One members, and Line One members can respond as they choose. After another 30 seconds or

so, ask everyone to sit down in a big circle. Ask people how they felt doing this exercise. Did they respond by pushing back or by giving in, or what? How does this relate to their real life experiences of conflict?

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### **NYAMA! NYAMA! NYAMA! ..... JUST PLAIN FUN!**

Ask participants to stand in a circle. One person calls out, “Nyama! Nyama! Nyama!” (Meat! Meat! Meat!) The group responds “Nyama!” Again the volunteer says “Nyama! Nyama! Nyama!” and the group says “Nyama!” The volunteer then lists types of meat/animals that can be eaten, such as “Nyama ya nkhuku!” (chicken), or “Nyama ya mbuzi!” (goat), or “Nyama ya njoka!” (snake). If it cannot be eaten the group must stay still. Whoever fails to jump on a “Nyama!” or jumps when the animal cannot be eaten must move to the center and call the next round.

### **MOTO KU MA PHIRI ..... JUST PLAIN FUN!**

Ask participants to stand in two circles—a small one inside a larger one. Every person in the inner circle should have one person behind him/her. There must be an equal number of participants. You stand in the center of the circles. The outer circle should then start running around the outside of the inner circle while you say, “Moto ku ma phiri!” (Fire on the mountain!) They respond, “Moto!” (Fire!) You say, “Moto ku ma phiri.” They say, “Moto!” You continue on and on until you say “Wazima!” (Put it out!) and jump in front of one of the members of the inner circle. Each of the participants from the outer circle then also tries to get in front of a member of the inner circle. One person will be left without a place, and that person moves to the center and begins the game again.

### **BANANA-BANANA-COCONUT ..... JUST PLAIN FUN!**

Ask participants to sit or stand in a circle. One volunteer walks behind the chairs and touches the participants on the head while saying, “Banana,” “Banana,” “Banana,” on and on and on. When the volunteer finally touches someone and says, “Coconut!”, that person must chase the volunteer around the circle. The volunteer tries to get into the empty spot before being caught. Whoever is left standing outside the circle leads the next round. (It is Duck-Duck-Goose, Malawi style!)

### **MUSICAL CHAIRS ..... JUST PLAIN FUN!**

You will need a radio or some tapes for this warm-up. Place a set of chairs in a line. Put another set of chairs directly behind those with their backs touching the first set of chairs. There should be



one less chair than participants. The participants must dance around and around the chairs. When the music stops, they must quickly sit. Whoever is left standing is out. Remove one chair and start again. Whoever is left at the end is the winner. (This game is great fun if you vary the types of music on the tapes. When kwasa-kwasa is played, participants must dance kwasa-kwasa around the chairs; when reggae is played, they must dance reggae, and so on.)

### **ZAMBIA—MALAWI—MOZAMBIQUE ..... JUST PLAIN FUN!**

Take chalk and draw three long lines down the center of the room. Mark “Zambia” on the first line, “Malawi” on the middle line, and “Mozambique” on the third line. All participants should stand on the Malawi line. The caller cries out the names of the different countries, and the participants are supposed to hop from one country to the other. Any participant who fails to hop, hops to the wrong country, falls, or wavers, is out. The participant who remains in the game the longest wins.

### **KEEP ON! ..... JUST PLAIN FUN!**

Ask participants to form a circle. One volunteer is chosen to go outside the room. The circle of participants chooses a small item to hide from the volunteer. The entire group starts to sing, “Keep On! Keep On! Keep On! Keep On!” (to the tune of Auld Lang Syne). The volunteer comes back into the room and starts to move around. If he/she is very far from the hidden thing, the singing gets louder. If he/she is very close to the hidden thing, the singing gets slower and softer. Continue singing until the volunteer finds the hidden object.

### **HAND-IN-HAND ..... CLOSING/ EVALUATION EXERCISE**

Everyone stands in a tight circle. Ask the first person to your left to put his/her right outstretched arm into the middle of the circle and say what he/she has found difficult about the session, and then add something he/she has found good about the session. Ask him/her to use these phrases: “I didn’t like it when ...”, followed by, “I did like it when ...”. Ask the person to your left to repeat this, placing his/her hand on top of the hand already in the middle, and also saying one difficult and one good thing about the session. Continue around until all of the participants have their right hands placed in a tower on top of one another in the circle. Finish by saying that this tower of hands can represent our strength together as a group.

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# APPENDIX II: QUICK BREAKS!

## FUN BAG

Cut up small papers and write different words, actions, people on the papers. Fold up the papers and put the names of different participants on the front of the folded paper. Put all the papers in a bag or box. Whenever the group gets bored or needs a break, someone can shout, “Fun Bag!” and draw a paper out of the bag. The paper should be handed to the person whose name appears on the front. That person will stand in front of the room and act out what is written on the paper without speaking. The other participants should guess what the person is trying to be. You can choose great Fun Bag words, actions, and so on to match the particular type of training you are doing. (For example, if your session is on HIV/AIDS or safer sex, you can use ideas like “putting on a condom,” or “sugar daddies.”)

### SAMPLE FUN BAG IDEAS

**The following are some ideas you can try:**

kwasa-kwasa*	Ingoma*	Gulewamkulu*
drunk man	pregnant woman	driver
minibus conductor	smoking marijuana	kissing
proposing to a girl	headmaster	preacher
Mbumba*	snake	

\*All represent specific types of dances or rituals in Malawi. Choose different ones from your local community!

## C-O-C-O-N-U-T

This is a quick stretch for the group after everyone has been sitting for a long time. Have everyone stand up and spread out. The facilitator leads the group by using his/her body to spell the word “COCONUT.” The group should continue stretching and spelling—faster and faster.





## APPENDIX III: ASSORTED IDEAS

Here's an assorted jumble of ideas and techniques to use with your groups:

### NAME YOUR PERSONALITY

To add a little fun to your initial introductions, have participants say their names and then “name their personalities” by using a descriptive word that starts with the same first letter as their names. For example, Helen means “happy” or “healthy,” Mary means “merry” or “merciful,” John means “joker” or “jolly.” This can also give you a chance to tell a bit about each of the people speaking, such as which participants are especially outgoing and might be able to act in the role plays.

### TITLE THROW-AWAY

This is an especially effective technique when your group consists of people from a variety of different levels in a hierarchy or community. (For example, if you are training headmasters and teachers, or if you are training an assorted group of community leaders.) The idea is for everyone to approach the training or program from the same level. As people come into the room to begin the training, give them name tags (small sheets of paper) and ask them to write their names and their titles on the name tags. When everyone is seated and ready to do the introductions, make sure you begin by stressing your own name and title. Then have everyone go around the room and give their names and titles. After all have introduced themselves, talk a bit about the importance of feeling comfortable to speak freely, with no reservations, in a training such as this one. Explain that often participants feel uncomfortable truly expressing their opinions because their “bwana” (boss; someone of higher rank) might be in the room, or because some participants might feel others are more educated than they, and so forth. Stress that it is crucial to the success of the program for everyone to let go of their confining



titles and positions in society. They must approach the ideas and discussion as the whole, entire human beings that they are—churchgoers, fathers, mothers, workers, volunteers, women, men, daughters, sons—rather than from just one angle given to us by our titles in life. After making this speech, explain that we are now going to free ourselves from the confines of our positions and make ourselves more comfortable to speak our opinions. Rather dramatically tear up your own name badge and re-introduce yourself using just the name that you want everyone to call you. Go around the room with a bin/trash can as participants, one-by-one, tear up their name badges and tell the other participants the name they would like to be called. Collect the torn name badges in the bin. Reissue new sheets of paper to serve as name tags if you like, but this time people should write just what they want to be called.

## JOURNALS

One cannot emphasize too strongly the importance of using journals or diaries when implementing this program. Writing daily thoughts and ideas in a journal helps young people (and adults) develop thinking skills, manage emotions better, get to know themselves more deeply and clearly, and rely on their own counsel/advice more. Urge your group to start writing in a journal every day. You can provide simple exercise books or you can make journals with your group—be creative! You may want to start out by assigning specific questions or topics to address in the journals, but after awhile, participants will get the idea and start to use them everyday for their own feelings. Emphasize that a journal is private!

## CAMP FIRES

It is a beautiful tradition in many places to gather family and friends together over a camp fire—to share stories, ideas, dances, songs, and to pass along wisdom. If possible, try to add this lively and moving tradition to your program. Gathering together at night to sing songs, dance, and tell stories can be a fun and powerful experience for your group. In addition, young people often feel even more free to ask specific, sometimes uncomfortable questions in this atmosphere.

## CANDLE-LIGHTING CEREMONIES

An unusual and therefore interesting activity to add a very formal air to your program is a candle-lighting ceremony. You can use such an event to start your program, during key moments in the program (such as awards ceremonies, milestones, etc.), or as your program is coming to an end. Here's one example of how you can

use a candle-lighting ceremony at the beginning of a program. Gather all participants together in a circle. Give each one a candle. While holding a candle, explain that during this program we are going to learn about ourselves, and we are also going to learn from each other. Each of us has something special to share with the group, and we should feel free to teach and learn from everyone in the group. Show the members the following statement (previously written on a flip chart/board): “A candle loses nothing by lighting another candle.” Discuss as a group the meaning of the quote. Turn off the lights. You will light your own candle while summarizing the meaning of the statement. Then, turn and pass your candle flame to the person next to you, that person will turn and pass the flame to the next person, and so on around the room. Continue to point out how the room becomes illuminated (brighter) by this sharing, but that no one has lost anything by contributing his/her flames to their friends. When all candles are lit, ask if anyone has anything more to say. Close with an appropriate speech or prayer; then, blow out all the candles.

## QUESTION BOXES/BULLETIN BOARDS

Sometimes participants may feel uncomfortable asking certain questions. Maybe they fear they will sound stupid, or maybe the question is too intimate and personal. Often the question people most fear to ask is one that has a great impact on their lives, and often it is a question shared by other members of the group. An effective way to provide a forum for these important issues is to create a Question Box/Bulletin Board. Simply create a small box where people can deposit their questions. Daily or weekly, take the questions out and respond to the question on a sheet of paper. Hang the question and its answer on the bulletin board for everyone to read.





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## APPENDIX IV: GAMES AND SESSION IDEAS

### THE LOSS EXERCISE

The “Loss Exercise” provides a powerful framework for discussing empathy for those experiencing grief or loss, especially those infected or affected by HIV/AIDS.

Before introducing the topic, spend a few moments reviewing some of the issues that you have covered up to this point. Explain that we are about to do an exercise to help us to look at HIV/AIDS from a very personal perspective.

Ask participants to completely clear their desks of everything except a sheet of paper and a pen/pencil. Tell them to number 1 to 5 on their papers. Explain that you are going to read five statements, and they will respond to those statements on their papers. *It is very important to emphasize that no one else in the room will see their papers—they will not be collected. They will not be used at any later time—the papers are their own personal property.*

Do this exercise slowly and seriously. Participants should feel the full impact of this discussion. One by one, read off the statements and tell the participants to write their responses on their papers. Reinforce that it will not be shared with others.

1. Write down the name of the **personal possession that you love the most**. Maybe it is your house, or a special item your grandmother gave you, or a book, or anything else. What one thing that you own means the most to you? Write that thing on #1.
2. Write down the **part of your body that you are most proud of**. Perhaps you really love your eyes, or you are very proud of your hair, or you enjoy your ears the most because they help you listen to music, or you love your voice because it helps you to sing. Write down the one part of your body that you are most proud of on #2.
3. Write down the name of the **activity you most enjoy doing**. Maybe it is going to a religious event, or playing football, or



dancing, or any other activity. What do you most enjoy doing in the whole world? Write that activity on #3.

4. Write down **one secret or very confidential thing about yourself** that no one else in the world or only one other person knows about. Every one of us has some secret or very private thing that he/she does not want others to know about. Write that personal, private piece of information down on #4. (Remind the group that no one will see this sheet but themselves.)
5. Lastly, write down the **name of the person whose love and support means the most to you in the world.**

After everyone has finished, explain that you will now go through the list again. As you go through each statement, they should imagine that they are living through what you are saying.

1. Imagine that something terrible happens that causes you to lose the material possession that you love most. Either a theft occurs or a loss of some kind that takes this thing away from you completely. You will never again see the thing listed on #1. Take your pen/pencil and cross out #1 now.
2. Imagine that an accident or other unfortunate occurrence causes you to lose the part of your body that you are proudest of. This part of your body is gone, and you will never have it again as long as you live. Cross out #2 now with your pen/pencil.
3. Imagine that this same accident or unfortunate occurrence makes it impossible for you to do your favorite activity ever again. You will never again, in your entire life, be able to do the activity you wrote on #3. Cross out #3 with your pen/pencil now.
4. Imagine that because of all of the above situations, your secret has been exposed. Everyone now knows what you wrote on #4. It has become public knowledge—everyone in the school, boma (town), church, and community knows about what you wrote on #4. Circle #4 with your pen/pencil now.
5. Lastly, because of all of these changes (losing your possession, losing your body part, not being able to do your favorite activity, and everyone knowing your secret), the person that you love most in the world leaves you forever. You will never again see this person that you love and who is your most important source of support. Cross out #5 with your pen/pencil now.

Allow a few silent moments for the participants to truly feel what you have just said. People are usually a bit upset and uncomfortable at this point. Give them some time to think about this.

Now, ask participants to describe in one word or phrase the emotions they are feeling. Write the words on a blank board or

flip chart. Keep brainstorming until all of the possible ideas are exhausted. Your list may include: Sadness, grief, feeling like killing myself, hopeless, alone, miserable, depressed, angry, blaming others, no reason to continue.

Ask participants to take a look at the list that you have created. Ask them to imagine how these feelings might relate to testing positive for HIV/AIDS. Discuss the links between this exercise and testing positive. Remind the group that they have placed themselves in the position of a person living with HIV/AIDS and allowed themselves to experience the very powerful emotions that such a person might be living with every day. Discuss what this might mean for the support that they could give to people living with AIDS. How can they help someone in this situation? How would they feel if they or someone they love were involved in this situation?

## THE TRUE/FALSE GAME

The “True/False Game,” also known as “Zoon/Bodza” or “Utesi/Unenesko,” is a fun technique to use for just about any topic. It is helpful when covering a topic for the first time because it will help you to get an idea of the level of knowledge people currently possess about the topic. It is also a great way to develop thinking skills, as people will tend to debate heavily to support their position. With a new group, it will also give you a sense of who the unspoken “leaders” or the confident people are, as others may watch them for clues regarding the truth of the statement. Here is how the game is played:

1. Print the word “True” (or “Zoon” or “Unenesko”) in large letters on a sheet of paper. Hang the paper on one wall.
2. Print the word “False” (or “Bodza” or “Utesi”) in large letters on a separate sheet. Hang the paper on the opposite wall.
3. Clear an open area between the two signs.
4. Ask participants to gather in the center of an open area. The facilitator reads a statement, and the participants run to whichever sign they think is correct. If they think the statement is true, they run to “True,” if they think it is false, they run to “False.” If they are undecided, or think it can be both true and false, they should remain in the middle.
5. Ask the participants, in turn, to explain or defend why they are at the side they chose. It is good to ask for explanations from one side, then the other, as groups will tend to begin a debate about the correct answer. Only after everyone who wants to has spoken should the facilitator give the correct answer and additional information.



6. Emphasize good communication skills and conflict resolution by suggesting that each side “reflect back” the points of the opposing side before stating their own opinions.
7. Everyone comes back to the center and the game begins again with another question.

This game can be adapted to just about any topic. Below you will find a list of suggested statements for use during facts about HIV/AIDS sessions.

### **Sample Statements—Facts About HIV/AIDS Sessions**

For answers and explanations to these statements, refer to “Facing Facts about HIV/AIDS and STDs” in Part II.

1. Someone with a sexually transmitted disease has a higher risk of becoming HIV infected.
2. The condom has small holes in it, which HIV can pass through.
3. HIV can be spread by mosquitoes.
4. A baby born to an HIV positive mother will also get HIV.
5. A woman who is HIV positive should not breastfeed her child.
6. You can tell that someone has HIV by looking at them.
7. If a person is HIV positive, he or she should never have sex.
8. It is safer to wear two condoms instead of just one.
9. By having more sex, you can ejaculate more sperms and HIV will get out of the body.
10. Married women are less likely to catch HIV/AIDS than unmarried women.
11. If a man uses condoms for more than two years, he can become infertile.
12. A person with TB who also has weight loss is infected with HIV.
13. AIDS is a disease that came from America.
14. If a person looks healthy, then he or she does not have AIDS.
15. You may get HIV by drinking from the same glass that a person with AIDS has used.
16. Petroleum jelly is a good lubricant to use with a condom.
17. It is safe to have sex just once without a condom.
18. People with AIDS should be encouraged to do as much as they can for themselves.

19. You may get HIV by eating food prepared by someone who has HIV or AIDS.
20. Condoms are against our African culture; so, we should not use them.
21. A person can have a negative test for HIV and still have HIV.
22. You can get HIV from a dog bite.
23. Only men can receive free condoms.
24. HIV is the virus that causes AIDS.
25. There is a new drug in America that can cure AIDS.

## HIV/AIDS: THE EPIDEMIC GAME

The Epidemic Game is sometimes called “The Transmission Game” or “The Bean Game.” (It can be done with beans of different colors.)

In this version, we will use cards. Suppose there are 12 people playing the game. Make 12 small cards: Three will have a red “X” on the card; four will have a “C” on the card; the other five will have black spots.

Every participant should receive one card. They are not to look at their cards. They should keep their cards folded in their hands. Tell the participants that they should move around the room and greet three people. They should simply greet them, “Muli uli?” or “Muli Bwanji?” (“How are you?”) and remember who they greeted. They should not look at anyone’s card.

After the greetings, ask everyone to sit down. Now, everyone should look at his/her cards. On a flip chart, put a red X. Ask everyone who has a red X to stand. Inform the group that these people have HIV. Ask the group to take a good look at the people standing. Anyone who greeted the people should also stand up. These people are also infected. Now, tell everyone to take a good look at everyone standing. Anyone who has greeted those standing must stand up. All those standing are infected with HIV. Continue with this a few times until just about everyone is standing.

Put a “C” on the flip chart. Ask if anyone has this symbol on his or her card. Tell these people that they can sit down. Tell the group that these people have used a condom. They are not infected. Everyone can now sit down.

Ask the group what we learn from this game. Put their answers on the flip chart. Possible answers will be:

- HIV can be transmitted very quickly and easily.
- You cannot tell if someone has HIV.



- Using a condom can reduce your risk of HIV.
- Having contact with one person is the same as having contact with all the partners of that person.

Ask the people with the red “X” how they felt to discover they were HIV positive. Ask the people with the “C” how it felt not to be infected at all and to sit down.

*Note: It is important to emphasize that this is a representative exercise. People can not transmit HIV by simply talking or greeting each other. They would have had to have sex (or other contact with bodily fluid).*

Lastly, ask the group how they could have avoided infection in this game. Possible answers will be:

- They could have refused to play (Abstinence).
- They could have insisted on seeing their partners’ cards (Testing).
- They could have only greeted one partner (Risk Reduction—Being Faithful).
- Remind the group that they must check the card before being faithful with that partner (Testing).

## HIV/AIDS: THE ELEPHANTS & LIONS GAME

The Elephants & Lions Game is a simplistic and abstract way to provide a visual example of:

- The difference between HIV and AIDS
- Why people die of AIDS, not HIV
- What happens from the time of infection with HIV to development of AIDS.

The game is played like this:

1. Ask for one volunteer. Have the volunteer stand in the front of the room. This person is the baby elephant.
2. Ask for six more volunteers. These volunteers are the adult elephants. Their job is to protect the baby elephant. They should form a circle and join hands around the baby elephant. To show them the importance of their job, the facilitator should try to hit the baby elephant—you will find that the adult elephants quickly get the point and close ranks to avoid attack. The adult elephants should stand very close to the baby elephant.
3. Now, ask for four or five more volunteers. These people are the lions. Their job will be to attack the baby elephant—they should try to jab, hit, kick, punch—whatever they can do to hurt the baby elephant.

4. When the facilitator says, “Go! “, the lions should try to attack the baby elephant. Let this go on for about 30 seconds—until the baby elephant has at least one contact from the lions—but the baby elephant should not be hurt.
5. Now ask the following questions (the volunteers should stay where they are.):
  - *What is the baby elephant? What does the baby elephant represent?*
  - Answer: The baby elephant is the human body.
  - *What are the adult elephants?*
  - Answer: The adult elephants are the immune system. Their job is to protect the body from invading diseases.
  - *So, what are the lions?*
  - There may be a few people who say that the lions are HIV. That is not so. Ask another person to try to tell you the meaning of the lions.
  - Answer: The lions stands for the diseases, illnesses and infections that attack a person’s body.
6. The facilitator now very dramatically goes to each of the lion volunteers—one by one. Say, “These diseases, such as tuberculosis (touch the first volunteer), malaria (touch the next person), diarrhea (say, “Phepani, sorry!”—there should be some laughter here), and cholera (touch another person) may attack the human body but are they able to kill the human body? The answer should be “no.” The human body gets attacked by diseases or germs every day, but the immune system (point to the adult elephants) manages to fight them off and protect the body. The human body might get sick (such as the hit or kick that the baby elephant suffered), but it does not die, because the immune system is strong.
 

The facilitator continues: “But suppose I am HIV. I come to this body (the baby elephant), and I attack and kill the immune system.” At this point, the facilitator should touch all but two of the adult elephant volunteers and ask them to sit down. Touch each person as you remove them, acting as if HIV is killing the immune system.

The facilitator continues: “Now, will the baby elephant be protected? Will the human body be safe with the immune system gone?”

Next, the facilitator should again tell the lions to attack (touch only) on the word “Go!” The lions are able to easily get to the baby elephant this time! Stop it before too much damage is done!
7. Summarize the idea that HIV has killed the immune system. This lack of an immune system makes it possible for diseases



like tuberculosis, diarrhea, and so forth, to actually *kill* the person, rather than just make the person sick.

8. To be sure people have understood, you can ask: “Does HIV kill the person?” They should say, “No—The diseases killed the person.” Also, ask someone to tell you the difference between HIV and AIDS.

## VARIATIONS

### THE HUMAN BODY GAME/THE IMMUNE SYSTEM RESPONSE GAME

There are many variations on this game that are more specific and gradual in their explanations of the entire process from infection to death. Sometimes these games even employ labels on each of the volunteers to show clearly what they are representing. The example in Session 2 of “Facing Facts about HIV/AIDS and STDs” in Part II is a more detailed and realistic alternative to this brief visualization of HIV/AIDS. Be creative and decide which variation works best for your group’s level of understanding.

## CONDOMS, CONDOMS, CONDOMS!

While teaching about condoms is an important part of any behavior change program, it is essential to include condoms as part of an overall program about decision-making, negotiation skills, and relationship skills. Therefore, you may wish to work with your group for some time before progressing to any sessions about condoms. There are a few ideas in different parts of this manual regarding negotiating condom use, and all of the assertiveness, peer pressure, and persuasion sessions can be adapted with condoms in mind. In addition, here are a few suggestions for games to play to familiarize your group with condoms and condom use.

### CONDOM TIME BOMB

This is a fun exercise and a great introduction to condoms. The game helps people get comfortable with touching condoms in a non-threatening environment. Also, the nature of the game helps to illustrate the strength of condoms.

You will need: Five to 10 condoms, slips of paper with one question about condoms written on each slip, and some music (tape player, radio, etc.). Before the session, write one question on a slip of paper; fold the paper very small and put it inside one of the condoms; blow up the condom and tie it like a balloon. Do this for however many condoms you would like in the game.

Have your participants stand in a circle. Hand one of the “balloons” to a participant. Explain that you will play some music.

Participants should pass the “balloon” around the circle any way they like—handing it to the person next to them, batting it into the air to the next person, dancing with it, and so on. When the music stops (when you turn it off), whoever is holding the condom balloon must break it, take out the question, and answer it. After discussing the correct answer, start the music and the entire process again. When the participants find it difficult to break the condom, make sure you point out how strong it is!

### **Some suggested questions for the Condom Time Bomb:**

1. Are condoms 100 percent effective?
2. How many times should you use one condom?
3. How should a condom look before it is put on?
4. Where can you find free condoms?
5. Only boys are permitted to get free condoms. True or False?
6. What are three ways to stay safe from HIV/AIDS?
7. Name three myths people have about condoms. Are they true?
8. Condoms need to be used only with bargirls (prostitutes). True or False?

## **CONDOM DEMONSTRATIONS**

An essential part of any session about condom use is a step-by-step condom demonstration. You can do such a demonstration using a wooden model, a soda bottle, or a banana. Make sure your participants understand that you are referring to a man’s penis if you choose to use a soda bottle or a banana! Health workers are always telling stories about how people have confused the demonstration with juju (African magic)—thinking condoms work if you put them on bananas and leave them somewhere in the room while you are having sex! If you are not clear yourself on how to do a condom demonstration, invite a health worker to conduct the session with you—at least at first. Teaching someone incorrectly can cost that person his/her life. After you demonstrate using the condom once, make sure you give everyone in the room a chance to practice. It is best if everyone has a separate model and condom to practice with so that they can do it step-by-step with you. If that is not possible, make sure that everyone gets at least one turn.

## **CONDOM RACES**

This is a fun way for participants to practice what they have learned about using condoms. There are two ways to do the “races.”

1. Form teams. Each team gets one demonstration model and a bunch of condoms. The teams stand in line, and when you



say, “Go!”, each team must go one-by-one up to the model, correctly put the condom on it, come back to their team mates and tag the next person who also goes up and repeats the process. When all members of one team have correctly put condoms on the models, that team wins.

2. Another variation is to write all of the steps for putting on a condom on individual cards. Mix up each set of cards so that they are no longer in order, and give one set of cards to each team. When you say “Go!” the teams have to race each other to see which team will put the steps in order the fastest. The team that gets all the steps in the correct order first wins the races.

### **SUGGESTED STEPS FOR CONDOM USE**

1. Get condoms from the health center or shop.
2. Check expiration date on condom; make sure condoms are in good condition.
3. Store condoms properly.
4. Have condoms nearby before sexual act occurs.
5. Engage in foreplay.
6. Woman becomes aroused.
7. Penis becomes erect.
8. Remove condom from package carefully.
9. Make sure condom will unroll properly.
10. Place condom on tip of the erect penis.
11. Squeeze air out of tip of condom; hold condom at the tip.
12. Roll condom down penis.
13. Smooth air bubbles.
14. With condom on, insert penis for intercourse.
15. After ejaculation, hold on to condom at base of penis.
16. Withdraw while penis is still erect.
17. Remove condom from penis—away from partner’s body.
18. Tie condom to prevent spills or leaks.
19. Dispose of the condom in flush toilet or chimbudzi (pit latrine).
20. Use a different condom if you are going to have sex again.