

I.

Participatory Learning Activities For Adults (*Teachers, Trade Union Leaders, and Others*) To Reduce Their Risk For HIV Infection

I. PARTICIPATORY LEARNING ACTIVITIES FOR ADULTS TO REDUCE THEIR RISK FOR HIV INFECTION

➤ What Is the Purpose of This Section?

There are five activities in this section. Intended for teachers, trade union leaders, and other adults, they help build skills around communicating and negotiating to protect against HIV/STIs and strengthen overall health. The activities also provide participants with accurate information and facts about HIV/AIDS and condom use so they have the knowledge and information they need to protect themselves.

Specifically, by participating in the activities in this section, participants will:

- Strengthen their knowledge of the modes of transmission of HIV/AIDS
- Develop effective communication and negotiation skills to prevent HIV
- Understand options for acquiring and locating protective devices (including condoms and other barriers for safer sex)

➤ Who Is This Section For?

Teachers, union leaders, and other adult learners

➤ How Long Will It Take To Implement This Entire Section?

It should take about three hours to complete all the activities in this section, though this may vary depending on the audience. However, each activity can also be used on its own.

➤ What Activities Are In This Section?

ACTIVITY 1: Understanding HIV/AIDS	25 minutes
ACTIVITY 2: Would You Take That Risk?	40 minutes
ACTIVITY 3: Why We Take Risks	40 minutes
ACTIVITY 4: Developing Skills to Protect Ourselves	50-65 minutes
ACTIVITY 5: Practising Effective Condom Use	30 minutes

➤ Related Forms/Worksheets Found In This Manual:

- *Worksheet 1: True or False*
- *Worksheet 2: Let's use a condom!*
- Revision Forms for Activities 1–5
- Fact Sheets

ACTIVITY ONE: UNDERSTANDING HIV/AIDS

Purpose:	To assess and strengthen participants' knowledge of HIV/AIDS, its modes of transmission, and what can be done to prevent getting infected
Skills:	Increased comfort in discussing HIV with others; ability to assess accuracy of information about HIV and AIDS
Methods:	Small groups and group discussion
Materials:	<i>Worksheet 1: True or False?</i> ; pens, pencils; fact sheets on HIV/AIDS
Time:	25 minutes
Overview:	Participants break into small groups to decide whether statements on their worksheets are true or false. They then present and discuss their answers with the larger group.

CHECK LIST - *Before You Begin.*

- Be sure to read the activity completely and carefully.
- Prepare overheads and gather and duplicate any materials you will need.
- Assess the usefulness and relevance of the activity for the target population.
- Consider whether the methods, skills and knowledge taught in the activity can be applied to participants' real life situations.
- Clearly describe the purpose of the activity, the skill to be practised and the methods that will be used.
- Ask participants to think about ways to adapt the activity (e.g., adding new examples of myths and facts) to make it more relevant to their setting.
- Consider the best ways to divide participants into small groups for practice.
- Let participants know in advance that you will be asking for some volunteers at the end of the practice session to demonstrate the methods they used to increase their comfort in discussing HIV with others and their ability to assess the accuracy of information about HIV and AIDS.
- Be sure to let participants know before they begin to practice that each small group will be asked to briefly report back their reactions, conclusions and recommendations regarding the activity (e.g., What they learned that could impact others or ways they would consider using the skills and knowledge they learned).
- Before they begin, ask participants if they have any questions or need clarification regarding the instructions.
- Let them know how much time they have to practice each part of the activity and identify the roles they may need to assign within the small groups (recorder, reporter, etc.).

INTRODUCTION: *5 minutes*

- Introduce yourself and ask participants to introduce themselves.
- You might start this activity by saying:

"In order to teach HIV/AIDS prevention in the classroom, it is important for all of us to have accurate information about HIV and how people get it. Without this information, we may miss the opportunity to provide our students with the right information. We also need this information so that we can make the right decisions to keep ourselves healthy and reduce our own risk for HIV."

TRUE OR FALSE?: *15 minutes*

- Divide participants into groups of 5-6 and hand out **Worksheet 1: True or False?**. Give each group 15 minutes to decide if each of the statements on the worksheet is true or false. Remind participants to discuss each statement with others in the group before deciding on an answer.
- After 15 minutes, ask the large group to convene. Ask for a volunteer to read each statement aloud, and then ask a member of each small group to state whether their group believes it is true or false. After each group has given its answer, either state the correct answer and explanation or ask participants to give an explanation and then provide positive, corrective feedback. Some group discussion and/or questions may follow each statement.

Worksheet 1: True or False?

FALSE: **HIV and AIDS are the same thing.**

This is not true. HIV and AIDS are not the same thing. HIV is a virus that attacks the immune system and reduces the body's resistance to all kinds of illnesses, including flu, diarrhoea, pneumonia, TB, and certain cancers. AIDS is a clinical condition in which a person has one or more illnesses (e.g., pneumonia) or infections due to a deficient immune system caused by HIV. You can be infected with HIV for many years and not develop AIDS.

FALSE: **If a pregnant woman is HIV positive, she will always have a baby who is infected with the virus.**

This is not true. About one in six infants born to an infected mother have HIV. Pregnant women who are infected can transmit the virus to their newborns either during delivery or through breast-feeding. However, several recent studies have shown that women who take certain types of anti-viral drugs are less likely to transmit the virus to their newborns.

TRUE: **There is no cure for HIV/AIDS.**

This is true. Medical researchers in many countries, including countries in Africa are working urgently to develop vaccines to prevent HIV infections, but even when a vaccine is developed it will take several years before it can be tested and approved. Prevention is the only sure way to defeat HIV and AIDS.

- FALSE:** **Condoms break too often to be safe.**
This is not true. Condoms are very safe and effective. Studies show that condoms are effective 98-100 percent of the time when used correctly. Most condom breaks occur because of improper use such as opening a package with fingernails or teeth, not storing them in a cool, dry place, unrolling them incorrectly, and using condoms that have passed their expiration date.
- TRUE:** **If you kiss someone with HIV, you will not get the virus.**
This is true. Kissing is not a high-risk behaviour for HIV transmission. HIV is a virus that spreads through sex - vaginal, oral, or anal - and blood-to-blood contact (e.g., if someone's blood gets into an open wound or cut) with infected people. While there is some potential for contact with blood during open-mouth kissing, the risk of acquiring HIV during open-mouth kissing is believed to be very low. The risk increases only if both partners have open cuts or sores in their mouths.
- FALSE:** **Only same-sex couples (e.g., two men) are at risk for becoming infected with HIV/AIDS.**
This is not true. Anyone who participates in unsafe behaviours can acquire HIV. In fact, in Africa, the two most common modes of transmission for HIV are heterosexual sex (sex between a man and a woman) and intravenous drug use. (UNAIDS 1999 AIDS Epidemic Update).
- TRUE:** **HIV is mainly present in semen, blood, vaginal secretions and breast milk.**
This is true. These are the four body fluids that contain and transmit HIV.
- FALSE:** **You can always tell if someone is infected with HIV.**
This is not true. People with HIV can look perfectly healthy. In fact, many people who are HIV positive do not know they are infected. HIV can live in the human body for twelve years - and sometimes longer - without causing symptoms, even though HIV may be reproducing at a rate of up to a billion new viruses a day inside the person. People with the virus can transmit it to others even if they are not yet showing any symptoms.
- TRUE:** **You can get HIV from oral sex.**
This is true. There have been a few cases of HIV transmission from performing oral sex on a person infected with HIV. While no one knows exactly what the degree of risk is, evidence suggests that the risk is less than that of unprotected anal or vaginal sex. The risk increases if:
 - You have cuts or sores around or in your mouth or throat
 - Your partner ejaculates in your mouth
 - Your partner has another sexually transmitted infection (STI)
- FALSE:** **You can cure your HIV infection if you have sex with a virgin.**
This is not true. There is no cure for HIV. Having sex with a virgin will in no way change or influence your own status as an HIV positive individual. However, it is likely that the person with whom you are having sex will contract HIV from you.

FALSE: **If you test negative for HIV, it is safe to have unprotected sex.**
This is not true. If you test negative for HIV, you are still at risk for contracting HIV from your sexual partners. In addition, tests sometimes produce a “false-negative,” meaning the virus was not detected in the blood but is still present. Unprotected sex always puts you at a higher risk for HIV infection.

FALSE: **HIV is transmitted through sports.**
This is not true. The only possible risk of HIV transmission in sports is through contact sports where injuries can occur. Even then, the risk is extremely small, especially when certain precautions are taken, such as having first-aid kits with rubber gloves available, removing injured players from the field immediately, changing blood stained clothes, and making sure all open wounds and injuries are covered.

FALSE: **Only people with multiple partners contract HIV.**
This is not true. While people who have sex with many partners are more likely to acquire HIV, the disease affects everyone. You can get infected from a single partner if he or she is HIV positive and you didn’t use a condom during sex. You can get infected from a spouse if he or she is not being faithful, even if you have been faithful. Many women and children get infected with HIV each year when they are raped.

TRUE: **Mosquitoes and bed bugs cannot transmit HIV.**
This is true. Studies conducted by the Centers for Disease Control in the United States and elsewhere have shown no evidence of HIV transmission through mosquitoes or any other insects such as bed bugs, even in areas where there are many cases of AIDS and large populations of mosquitoes.

ACTIVITY CLOSING: 5 minutes

- Briefly review the facts at the end of this activity. You might ask one or two guiding questions:
 - How was this activity helpful?
 - How will you use what has been learned?
- You might end this activity by saying:

“These are not the only facts about HIV, but by talking about them and acquiring accurate information, we begin to get a better understanding about what we can do to prevent HIV, stay healthy and to pass accurate information on to our families and friends.”

- Thank the group for participating in this activity.

ACTIVITY TWO: WOULD YOU TAKE THAT RISK?

Purpose:	To encourage participants to think about a time when they took a risk and how they might have a harsher judgement of others who take the same risk; to help participants recognise that different people are willing to take different kinds of risks and, therefore, it is very difficult to identify someone as more or less of a “risk-taker” than someone else
Skill:	Critical-thinking skills (analysing reasons why people take risks and if it is possible to judge who is more likely to take risks)
Materials:	Paper, pens, pencils
Methods:	Individual reflection, sharing in pairs, brief group discussion
Time:	40 minutes
Overview:	Participants think about when they’ve taken a risk in their lives and how they might judge someone who took the same risk. They then break into pairs to discuss this past instance. The sharing in pairs is followed by a brief group discussion. Afterwards, participants play a game in which they decide which risks they would be willing to take.

CHECK LIST - *Before You Begin.*

- Be sure to read the activity completely and carefully.
- Prepare overheads and gather and duplicate any materials you will need.
- Assess the usefulness and relevance of the activity for the target population.
- Consider whether the methods, skills and knowledge taught in the activity can be applied to participants’ real life situations.
- Clearly describe the purpose of the activity, the skill to be practised and the methods that will be used.
- Ask participants to think about ways to adapt the activity (e.g., providing alternative examples of risky behaviours) to make it more relevant to their setting.
- Consider the best ways to divide participants into small groups for practice.
- Let participants know in advance that you will be asking for some volunteers at the end of the practice session to demonstrate critical-thinking skills and reasons why people take risks.
- Be sure to let participants know before they begin to practice that each small group will be asked to briefly report back their reactions, conclusions and recommendations regarding the activity (e.g., What other questions would you ask to facilitate the discussion about personal risk taking?).
- Before they begin, ask participants if they have any questions or need clarification regarding the instructions.
- Let them know how much time they have to practice each part of the activity and identify the roles they may need to assign within the small groups (recorder, reporter, etc.).

First exercise adapted from *Stepping Stones: A training package on HIV/AIDS, communication and relationship skills*. ACTIONAID, London, 1995.

INTRODUCTION: *5 minutes*

- Introduce yourself and ask participants to introduce themselves.
- You might start this activity by saying:

“We all take risks in our lives. These risks may be big risks or small risks. This next activity will be about why we sometimes take risks in our lives. We will look at why we do things that we know might not have a positive outcome for ourselves, and what we might think about someone else who takes that same risk.”

I REMEMBER WHEN...: *5 minutes*

- Ask everyone to think to himself or herself about a time that they took a risk, either big or small, and to think about the following questions:
 - What did you do?
 - Why did you do it?
 - What happened as a result?
 - What would you think about another person if he/she took the same risk? What about a family member or close friend?
 - If something went wrong, would you have a harsher judgement of that person for taking the risk than you did for yourself?

NOTE TO FACILITATOR:

Remind participants that this does NOT have to be related to HIV/AIDS and safer sex, but rather ANY risk, either negative (e.g., drove too fast, hung off the side of a moving bus, drank too much, went somewhere with a stranger) or positive (e.g., took a public stand for something that they knew might get them fired).

SHARING OUR STORIES: *10 minutes*

- After about 5 minutes of reflection time, ask each participant to choose a partner and to share their answers with the other person. ***If they choose not to, they may just listen to the other person’s story. Participants may also choose to make up examples about risk, if they are uncomfortable using personal stories.***

IMPORTANT NOTE TO FACILITATOR:

Remind participants of the importance of confidentiality in this sharing process, i.e., they should not use other people’s names or share anything that may disclose a person’s identity.

LARGE GROUP DISCUSSION: 10 minutes

- Bring the group back together to share any general thoughts and observations about risk-taking. You might use these questions as guidelines for discussion:
 - How did people feel when they were taking the risk?
 - What are some of the reasons people had for doing what they did?
 - Did they know it was risky at the time? If yes, why did they do it?
 - How did people feel about their actions while they were doing it or afterwards?
 - Did they think about the long-term consequences vs. the immediate rewards?
 - Were there differences in how people said they would feel about another person who took the same risk and how they felt about themselves?
 - How might this relate to the problem of HIV/AIDS?

WOULD YOU TAKE THAT RISK? 10 minutes

- Continue by saying:

"We tend to think that it is OK to take a risk when things turn out well. We might even be praised for our courage. But we tend to blame others if they take risks and things go wrong. We are also usually less harsh when judging our own actions than we are when judging others who do the same thing.

However, we can never fully predict who is willing to take different kinds of risks. We just saw during our discussion with one another that we can't tell just by looking at someone or even talking to someone what kinds of risks they have taken or are willing to take. In this next exercise, we're going to explore this idea."

- Post three pieces of paper on the wall with the following phrases

Unwilling.....Somewhat Willing.....Very willing

- Explain that you (or a volunteer) will now read aloud some activities or behaviours and that you would like participants to stand next to the phrase that describes whether or not they would be willing to engage in such activities. **[You may choose to use some of those activities just mentioned in the previous exercise.]**

Activities/Behaviour to Read to Participants

- Smoke
- Ride a motorcycle
- Ride in a car without a seat belt
- Drink alcohol
- Drive too fast
- Hang off a bus
- Have a "one night stand" (have sex with someone you just met)
- Have unprotected sex (sex without a condom)
- Take a ride from a stranger

- After this exercise, ask participants:
 - Were you surprised at who was willing to do certain things? Why?
 - Did you think you could tell who would be willing to take part in certain activities?

ACTIVITY CLOSING: 5 minutes

- You might end this activity by saying:

“We usually can’t tell by looking at or being with someone, even for a long time, what kinds of risks that person has taken or is willing to take. For this reason, it’s important to always protect ourselves.”

- Thank the group for participating in this activity.
- After this exercise, ask participants:
 - Were you surprised at who was willing to do certain things? Why?
 - Did you think you could tell who would be willing to take part in certain activities?

ACTIVITY CLOSING: 5 minutes

- You might end this activity by saying:

“We usually can’t tell by looking at or being with someone, even for a long time, what kinds of risks that person has taken or is willing to take. For this reason, it’s important to always protect ourselves.”

- Thank the group for participating in this activity.

ACTIVITY THREE: WHY WE TAKE RISKS (For getting HIV)

Purpose:	To encourage participants to consider the many different reasons why people might put themselves at risk for getting HIV, and how various factors in people's lives may affect their decisions or actions; to get participants to understand that who we are (e.g., younger woman vs. older man) often determines circumstances in our lives that may put us at risk
Skills:	Critical-thinking skills (analysing influences that affect one's actions)
Methods:	Small group work, brainstorming, presentations
Materials:	Paper, pens, pencils, other art supplies (markers, crayons, paint, etc.)
Time:	40 minutes
Overview:	Participants break up into small groups of 4-5 and discuss the various reasons why different groups of people (i.e., older men, younger men, older women, younger women) might put or find themselves at risk for HIV. They then present their findings to the whole group.

CHECK LIST - *Before You Begin.*

- Be sure to read the activity completely and carefully.
- Prepare overheads and gather and duplicate any materials you will need.
- Assess the usefulness and relevance of the activity for the target population.
- Consider whether the methods, skills and knowledge taught in the activity can be applied to participants' real life situations.
- Clearly describe the purpose of the activity, the skill to be practised and the methods that will be used.
- Ask participants to think about ways to adapt the activity (e.g., thinking of additional examples or reasons why people take risks) to make it more relevant to their setting.
- Consider the best ways to divide participants into small groups for practice.
- Let participants know in advance that you will be asking for some volunteers at the end of the practice session to demonstrate the methods they used to strengthen their critical-thinking skills and their ability to analyse influences that affect an individual's actions to prevent HIV.
- Be sure to let participants know before they begin to practice that each small group will be asked to briefly report back their reactions, conclusions and recommendations regarding the activity.
- Before they begin, ask participants if they have any questions or need clarification regarding the instructions.
- Let them know how much time they have to practice each part of the activity and identify the roles they may need to assign within the small groups (recorder, reporter, etc.).

Note to Facilitator:

If you are using the activities together, this activity can provide a lead-in to the role plays in Activity Four.

INTRODUCTION: 5 minutes

- You might start this activity by saying:

“No one group of people is free from any risk for getting HIV. But different groups of people, such as men and women, may have different influences and reasons for not practising safe sex. In this activity, we will focus specifically on why people might put or find themselves at risk for HIV.”

SMALL GROUP WORK: 20 minutes

- Divide group into smaller groups of 4-5 people. Ask each group to write the following headings on four separate sheets of paper (one heading per page): Younger Woman, Older Woman, Younger Man, and Older Man. **If helpful, you may want to make the four headings more age specific (e.g., a female adolescent, a middle-aged man, etc.,)**
- Ask each group to use the four sheets of paper (*and any other writing or art supplies*) to list and explain reasons why people in each of the four groups might find themselves in situations where they had unprotected sex (had sexual intercourse but did not use a condom) and may have put themselves at risk for getting infected with HIV.
- **You might want to provide 1-2 examples from the list on the next page. You can also rephrase or add any examples that you believe are more country-specific for your group.** Explain that they will then present their ideas and thoughts to the entire group.

NOTES TO FACILITATOR:

- Participants may define the context of the situation(s) in any way they feel is appropriate.
- Participants are free to display this information in any way that their group chooses (e.g., through lists, words, pictures, story-telling, song).
- If you decide to use any examples from the list below, you may want to rephrase or further explain any of the words, as necessary.
- You may want to consider compiling the small groups in a way that participants are most comfortable (e.g., females with females)

- Ask participants to consider and discuss the following questions while they are compiling their ideas:
 - What are some life events that a person in this group may be going through?
 - How would those events or circumstances affect whether or not they take risks that put them at risk for HIV/AIDS?
 - Who are the other people in their lives right now that might affect what they do?
 - How much control do you think they have in making decisions about their health and safer sex?
 - What kinds of internal factors (knowledge, self-esteem, empowerment) do you think might affect their actions?
 - What kinds of external factors (money, partners, children, traditions, gender, culture, employment, poverty, drugs/alcohol) do you think might affect their actions?

Some possible reasons/influences that may be mentioned by participants:

Younger Woman

- Condoms are not available in her community
- Doesn't have knowledge about HIV/STI
- Doesn't know where to get condoms
- Needs money from sexual partner to support children, buy food, or get shelter
- Is afraid to use condoms
- Wants to express love and affection for partner
- Is afraid that partner will get violent
- Is raped
- Is afraid of infertility from condom use
- Wants to have children
- Doesn't believe she can catch HIV

Older Woman

- Condoms not available in her community
- Doesn't feel at risk with husband of many years
- Is afraid to use condoms
- Husband hits her if she refuses sex
- Doesn't know how to use condoms
- Doesn't know where to get condoms
- Doesn't believe she can catch HIV

Younger Man

- Condoms not available in his community
- Doesn't have knowledge about HIV/STI
- Condoms are too expensive
- Too embarrassed to buy condoms
- Doesn't like the feel of condoms when having sex
- Doesn't know where to get condoms
- Pressured by friends to have sex with many women
- Is drunk or high
- Doesn't believe he can catch HIV.

Older Man

- Condoms not available in his community
- Condoms are too expensive
- Doesn't have knowledge about HIV transmission
- Has been with wife for many years
- Paid money for sex and doesn't feel he should use a condom
- Enjoys sex without a condom
- Doesn't know where to get condoms
- Doesn't believe men should have to use condoms with their wives.
- Doesn't believe he can catch HIV

LARGE GROUP PRESENTATION AND DISCUSSION: 15 minutes

- After 20 minutes, ask each group to present their ideas to the large group. You may use the following questions to guide these presentations. Remain open to any of the ideas/reasons that participants may give.
 - What are the reasons why this person/these people may not be able to stay safe?
 - How/why did these reasons differ depending on gender, age?
 - What are some factors that may affect actions and/or ability to make decisions of people in each group?
 - What are some of the similarities among the four groups of people?
 - Do you feel that any one group is more at risk for contracting HIV? Why?

- After the presentations, ask the group:
 - How were our presentations different? How were they similar? Why do you think that is? (e.g., country and cultural differences among group members)
 - In what ways has this activity made you think about your own vulnerability to risk, or risk among family and friends?
 - What are one or two important things you learned/might consider when assessing your personal risk for HIV/STI?
 - What three steps are you going to take to ensure that you are protected from HIV?

ACTIVITY CLOSING: 5 minutes

- You might end by saying:

“Our age and gender often determines or impacts different reasons we may be at risk for HIV/STI. Knowing and understanding this can help us determine how to protect ourselves and reduce our risk for HIV/STI.”

ACTIVITY FOUR: SKILLS TO PROTECT OURSELVES (Communicating and Negotiating for Safer Sex)

Purpose:	To increase participants' communication and negotiation skills to help them reduce their risk for HIV
Skills:	Communication, negotiation, and decision-making about safer sex to reduce risk of HIV/STI infection
Methods:	Role playing; small group work
Materials:	Flipcharts/chalkboard, <i>Worksheet 2: I Don't Have a Condom!</i>
Time:	50-65 minutes
Overview:	Facilitator will explain what a role play is and demonstrate, with a volunteer, an example of a role play. Participants will then break into small groups and either practice the same role play or decide to create their own. During these role plays, they will determine effective and appropriate responses or actions to take in a situation where a person may be at risk for unsafe sex. The entire group will then reconvene to share their ideas and provide suggestions to other groups.

CHECK LIST - *Before You Begin.*

- Be sure to read the activity completely and carefully.
- Prepare overheads and gather and duplicate any materials you will need.
- Assess the usefulness and relevance of the activity for the target population.
- Consider whether the methods, skills and knowledge taught in the activity can be applied to participants' real life situations.
- Clearly describe the purpose of the activity, the skill to be practised and the methods that will be used.
- Ask participants to think about ways to adapt the activity (e.g., changing the role play script) to make it more relevant to their setting.
- Consider the best ways to divide participants into small groups for practice.
- Let participants know in advance that you will be asking for some volunteers at the end of the practice session to demonstrate skills in communication, negotiation, and decision-making about safer sex to reduce risk of HIV/STI infection.
- Be sure to let participants know before they begin to practice that each small group will be asked to briefly report back their reactions, conclusions and recommendations regarding the activity.
- Before they begin, ask participants if they have any questions or need clarification regarding the instructions.
- Let them know how much time they have to practice each part of the activity and identify the roles they may need to assign within the small groups (recorder, reporter, etc.).

Note to Facilitator:

If you are using the activities together, you may choose to refer to the reasons generated in Activity Three to shape the role plays.

INTRODUCTION: 5 minutes

- Introduce yourself and ask participants to introduce themselves.
- Explain that the group will practice some communication and negotiation skills that can be used to help them practice safe sex during various situations, and that they will be doing this through role plays.
- You might say:

“Even when we have knowledge about how HIV/STI are spread and how to prevent them, we might not be able to translate the knowledge into action when we are in real life situations. By practising communication and negotiation skills we can prepare ourselves for reacting in a way that positively affects our health and reduces our risk for HIV. In this activity, we will be practising these skills through role plays.”

ROLE PLAY EXPLANATION: 5 minutes

- Ask the group if anyone has used role plays in their classes (or other settings) before, and if so, to describe how they used them.
- Briefly explain role plays:

“Role playing is a teaching method that can help you understand what it feels like to be in a certain situation and to practice how to handle yourself in that situation. By participating in a role play, you can learn about how you might behave and feel in a situation, how the other person might react, and how your words and actions can affect the outcome of the situation. It gives you a chance to practice communication and negotiation skills and to get others’ reactions, without any fear of failure or negative consequences.”

ROLE PLAY DEMONSTRATION AND DISCUSSION: 15 minutes

- Explain that you will now demonstrate a role play, but will need a volunteer to help you do this. Ask the volunteer to take out Worksheet 2 from his/her manual.

NOTE TO FACILITATOR:

- Feel free to modify the role play to ensure that it is comfortable to you and acceptable to participants.
- You may consider having woman-to-woman role plays, depending on participants’ level of comfort with mixed gender pairs.
- Don't force any one to join you. If no one volunteers right away, play both roles yourself to give the group an example of what a role play is.

Worksheet 2: Let's use a condom!
(Role Play Script)

Thando: What about spending a quiet, romantic weekend with me?

Thandi: I would like that very much.

(At Thando's House)

Thandi: Thando, it's so wonderful to be with you. I've been longing for this moment for a long time.

(In the bedroom, Thando is now proposing to have sex with Thandi)

Thandi: I also feel like having sex with you, but on the condition that we use a condom.

Thando: Hey Thandi, a condom? Why do you want to spoil our sexy evening?

Thandi: But, Thando, I don't want to get sick or infected with HIV.

Thando: But you know I don't have a disease. Look at me – do I look sick to you?

Thandi: Not at all. But we both could be sick and not even know it.

Thando: I can't believe it—I thought you trusted me!

Thandi: It's not about trust. It's about making sure we take care of ourselves.

Thando: But if we use a condom, our sex taste won't be natural.

Thandi: Thando, be clear, it is not a matter of experiencing a natural taste, but rather enjoying ourselves and also surviving.

Ask the group to add additional dialogue

Thando: What else might he say? How would he say it?

Thandi: What else can she say? How could she say it?

- After the role play, encourage the group to discuss what happened. You might want to ask these questions:
- What excuses did the young man use to not use a condom?
 - Did the young woman's responses seem to be effective? Why or why not?
 - What else could she say?
 - How did non-verbal communication (e.g., eye contact, body language) play a role?

Explain that often non-verbal communication can be just as effective as verbal communication and give some examples, e.g., your words say "no" but your body says "yes."

- What are some other things that they could "do" together to enjoy each other even if they don't have a condom?
- Is it always the man that doesn't want to use a condom? Why might a woman not want to?

ROLE PLAY PRACTICE: 15-30 minutes

- Ask the group to break up into groups of three to practice role playing themselves. Each group should have two role players and one observer (they may take turns).

NOTE TO FACILITATOR:

- Depending on time, you may want to ask groups to choose either role playing the situation just modelled by the facilitator and volunteer, or spending some time writing their own short role plays, based on other real-life situations, and then role playing them. The latter will add approximately 15 more minutes to the activity.

- Go around the room during the role plays, providing feedback and praising the participants. Give groups about 15 minutes to role play the situation.

LARGE GROUP DISCUSSION: 10 minutes

- Ask each of the small groups to discuss and report its experience to the large group.
 - What kind of situation did your group role play? What issue(s) did your group deal with during the role play?
 - How could the conversation/interaction have been more effective?
- Ask the role players to comment on how it felt to role play their parts:
 - How did they feel in that situation? What were the challenges?
 - What effect did the other person's words or gestures have on them?
 - Did they notice a difference between what they knew in their head and what they said or did?
 - What did they learn about communication skills and protecting themselves from HIV/STI?
- The group may then give their answers to the following sentence stem:

"Through these role plays, we learned that-----"
- Write their answers on the chalkboard or flipchart.

ACTIVITY CLOSING: 5 minutes

- You may end this activity by saying:

"In this activity, we've had a chance to practice, share strategies and strengthen communication and negotiation skills that we can use to reduce our risk for HIV/STI. There's a big difference between having knowledge and using that knowledge effectively. We need both, and that's why it's so important to use participatory methods to build skills with adults and young people."

ACTIVITY FIVE: USING CONDOMS (Male and Female)

Purpose:	To increase participants' skills around using a condom safely and effectively to reduce HIV/STI risk; to increase participants' knowledge of where and how they can get condoms
Skills:	Effective condom use; increased comfort in talking about condoms with others
Materials:	Condom samples, fact sheet on condoms
Methods:	Demonstration and practice
Time:	30 minutes
Overview:	The group will discuss condoms, controversies that may exist about condoms, and how using condoms effectively can help reduce HIV/STIs. Facilitator will demonstrate the correct use of a condom. If appropriate, participants will practice putting on and taking off a condom using their fingers as models.

CHECK LIST - *Before You Begin.*

- Be sure to read the activity completely and carefully.
- Prepare overheads and gather and duplicate any materials you will need.
- Assess the usefulness and relevance of the activity for the target population.
- Consider whether the methods, skills and knowledge taught in the activity can be applied to participants' real life situations.
- Clearly describe the purpose of the activity, the skill to be practised and the methods that will be used.
- Ask participants to think about ways to adapt the activity (e.g., additional topics for the conversation about using condoms) to make it more relevant to their setting.
- Consider the best ways to divide participants into small groups for practice.
- Let participants know in advance that you will be asking for some volunteers at the end of the practice session to demonstrate the methods they used to strengthen skills in effective condom use and increased comfort in talking about condoms with others.
- Be sure to let participants know before they begin to practice that each small group will be asked to briefly report back their reactions, conclusions and recommendations regarding the activity.
- Before they begin, ask participants if they have any questions or need clarification regarding the instructions.
- Let them know how much time they have to practice each part of the activity and identify the roles they may need to assign within the small groups (recorder, reporter, etc.).

INTRODUCTION AND GROUP DISCUSSION: 10 minutes

- You might start the group by saying:

“Condoms (also latex/rubbers), if used effectively, can prevent the transmission of HIV from one person to another. Even though condoms may not always be readily available, as educators, we should have some knowledge about them and where we can get them.”

- Engage the group in some discussion about condoms:
 - Is there access to condoms in your community? Are they free or do you have to buy them?
 - Where are some of the places that people can get them?
 - What are some general feelings about condoms in your community?
 - Can both men and women get condoms? Adolescents and young adults?
 - What are some of the reasons why people don't use condoms?

CONDOM DEMONSTRATION: 10 minutes

- Ask participants to turn to the fact sheet in their manual on correct condom use. Explain that you will demonstrate how to correctly use a condom, and will then ask participants, if they are willing, to practice using a condom by trying it on their fingers.
- Demonstrate using your fingers as a model the correct way to use a condom.

CONDOM PRACTICE AND DISCUSSION: 10 minutes

- After the demonstration continue to engage the group in a conversation on the following issues:
 - How to avoid any breakage during condom use (check expiration date; don't reuse a condom)
 - How to increase sensuality while using condom
 - How to get a condom on and off without disrupting intimacy
 - What lubricants should be used with condoms
 - Things they have heard about condoms or any questions they may have about them (e.g., they break easily, they can get stuck inside)
 - The female condom; other options (e.g., spermicide)
- Depending on group comfort level, pass condoms around the group. Encourage participants to open the packets, examine the condoms and the expiration dates, and become familiar with them. If participants are willing, ask them to practice putting on and taking off a condom using their fingers as models. Provide them with a place to dispose of the condom at the end of this exercise.

ACTIVITY CLOSING: 5 minutes

- Answer any additional questions participants may have about condoms, now that they have had a chance to familiarise themselves with them.
- You might end this activity by saying:

“AIDS is preventable. We know that abstinence and condom use are two ways that people protect themselves from getting HIV. As you know, there are a lot of reasons why people do not use condoms—we just talked about some of these reasons. By educating ourselves and becoming comfortable with how to use condoms, we can help communicate accurate information to adults and young people who might not have this information.”

**WORKSHEET 1 - For Participants
TRUE OR FALSE?**

Circle whether the following statements are true or false

- | | |
|---|------------|
| 1. HIV and AIDS are the same thing. | TRUE FALSE |
| 2. If a pregnant woman is HIV positive, she will always have a baby who is infected with the virus. | TRUE FALSE |
| 3. There is no cure for HIV/AIDS. | TRUE FALSE |
| 4. Condoms break too often to be safe. | TRUE FALSE |
| 5. If you kiss someone with HIV you will not get the virus. | TRUE FALSE |
| 6. Only same-sex couples (e.g., two men) are at risk for becoming infected with HIV/AIDS. | TRUE FALSE |
| 7. HIV is mainly present in semen, blood, vaginal secretions and breast milk. | TRUE FALSE |
| 8. You can always tell if someone is infected with HIV. | TRUE FALSE |
| 9. You can get HIV from oral sex. | TRUE FALSE |
| 10. You can cure your HIV infection if you have sex with a virgin. | TRUE FALSE |
| 11. If you test negative for HIV, it is safe to have unprotected sex. | TRUE FALSE |
| 12. HIV is transmitted through sports. | TRUE FALSE |
| 13. Only people with multiple partners contract HIV. | TRUE FALSE |
| 14. Mosquitoes and bed bugs cannot transmit HIV. | TRUE FALSE |

WORKSHEET 1 - For Facilitators

TRUE OR FALSE?

- FALSE:** **HIV and AIDS are the same thing.**
This is not true. HIV and AIDS are not the same thing. HIV is a virus that attacks the immune system and reduces the body's resistance to all kinds of illnesses, including flu, diarrhoea, pneumonia, TB, and certain cancers. AIDS is a clinical condition in which a person has one or more illnesses (e.g., pneumonia) or infections due to a deficient immune system caused by HIV. You can be infected with HIV for many years and not develop AIDS.
- FALSE:** **If a pregnant woman is HIV positive, she will always have a baby who is infected with the virus.**
This is not true. About one in six infants born to an infected mother have HIV. Pregnant women who are infected can transmit the virus to their newborns either during delivery or through breast-feeding. However, several recent studies have shown that women who take certain types of anti-viral drugs are less likely to transmit the virus to their newborns.
- TRUE:** **There is no cure for HIV/AIDS.**
This is true. Medical researchers in many countries, including countries in Africa are working urgently to develop vaccines to prevent HIV infections, but even when a vaccine is developed it will take several years before it can be tested and approved. Prevention is the only sure way to defeat HIV and AIDS.
- FALSE:** **Condoms break too often to be safe.**
This is not true. Condoms are very safe and effective. Studies show that condoms are effective 98-100 percent of the time when used correctly. Most condom breaks occur because of improper use such as opening a package with fingernails or teeth, not storing them in a cool, dry place, unrolling them incorrectly, and using condoms that have passed their expiration date.
- TRUE:** **If you kiss someone with HIV, you will not get the virus.**
This is true. Kissing is not a high-risk behaviour for HIV transmission. HIV is a virus that spreads through sex - vaginal, oral, or anal - and blood-to-blood contact (e.g., if someone's blood gets into an open wound or cut) with infected people. While there is some potential for contact with blood during open-mouth kissing, the risk of acquiring HIV during open-mouth kissing is believed to be very low. The risk increases only if both partners have open cuts or sores in their mouths.
- FALSE:** **Only same-sex couples (e.g., two men) are at risk for becoming infected with HIV/AIDS.**
This is not true. Anyone who participates in unsafe behaviours can acquire HIV. In fact, in Africa, the two most common modes of transmission for HIV are heterosexual sex (sex between a man and a woman) and intravenous drug use. (UNAIDS 1999 AIDS Epidemic Update).
- TRUE:** **HIV is mainly present in semen, blood, vaginal secretions and breast milk.**
This is true. These are the four body fluids that contain and transmit HIV.

- FALSE:** **You can always tell if someone is infected with HIV.**
This is not true. People with HIV can look perfectly healthy. In fact, many people who are HIV positive do not know they are infected. HIV can live in the human body for twelve years - and sometimes longer - without causing symptoms, even though HIV may be reproducing at a rate of up to a billion new viruses a day inside the person. People with the virus can transmit it to others even if they are not yet showing any symptoms.
- TRUE:** **You can get HIV from oral sex.**
This is true. There have been a few cases of HIV transmission from performing oral sex on a person infected with HIV. While no one knows exactly what the degree of risk is, evidence suggests that the risk is less than that of unprotected anal or vaginal sex. The risk increases if:
- You have cuts or sores around or in your mouth or throat
 - Your partner ejaculates in your mouth
 - Your partner has another sexually transmitted infection (STI)
- FALSE:** **You can cure your HIV infection if you have sex with a virgin.**
This is not true. There is no cure for HIV. Having sex with a virgin will in no way change or influence your own status as an HIV positive individual. However, it is likely that the person with whom you are having sex will contract HIV from you.
- FALSE:** **If you test negative for HIV, it is safe to have unprotected sex.**
This is not true. If you test negative for HIV, you are still at risk for contracting HIV from your sexual partners. In addition, tests sometimes produce a “false-negative,” meaning the virus was not detected in the blood but is still present. Unprotected sex always puts you at a higher risk for HIV infection.
- FALSE:** **HIV is transmitted through sports.**
This is not true. The only possible risk of HIV transmission in sports is through contact sports where injuries can occur. Even then, the risk is extremely small, especially when certain precautions are taken, such as having first-aid kits with rubber gloves available, removing injured players from the field immediately, changing blood stained clothes, and making sure all open wounds and injuries are covered.
- FALSE:** **Only people with multiple partners contract HIV.**
This is not true. While people who have sex with many partners are more likely to acquire HIV, the disease affects everyone. You can get infected from a single partner if he or she is HIV positive and you didn't use a condom during sex. You can get infected from a spouse if he or she is not being faithful, even if you have been faithful. Many women and children get infected with HIV each year when they are raped.
- TRUE:** **Mosquitoes and bed bugs cannot transmit HIV.**
This is true. Studies conducted by the Centers for Disease Control in the United States and elsewhere have shown no evidence of HIV transmission through mosquitoes or any other insects such as bed bugs, even in areas where there are many cases of AIDS and large populations of mosquitoes.

WORKSHEET 2 - For Participants
Let's Use a Condom!

(Role Play Script)

Thando: What about spending a quiet, romantic weekend with me?

Thandi: I would like that very much.

(At Thando's House)

Thandi: Thando, it's so wonderful to be with you. I've been longing for this moment for a long time.

(In the bedroom, Thando is now proposing to have sex with Thandi)

Thandi: I also feel like having sex with you, but on the condition that we use a condom.

Thando: Hey Thandi, a condom? Why do you want to spoil our sexy evening?

Thandi: But, Thando, I don't want to get sick or infected with HIV.

Thando: But you know I don't have a disease. Look at me – do I look sick to you?

Thandi: Not at all. But we both could be sick and not even know it.

Thando: I can't believe it—I thought you trusted me!

Thandi: It's not about trust. It's about making sure we take care of ourselves.

Thando: But if we use a condom, our sex taste won't be natural.

Thandi: Thando, be clear, it is not a matter of experiencing a natural taste, but rather enjoying ourselves and also surviving.

Ask the group to add any additional dialogue.

Thando: **What else might he say? How would he say it?**

Thandi: **What else can she say? How could she say it?**

WORKSHEET 3 - For Participants

Controversial or Challenging Questions About HIV/AIDS

LIST FIVE TO TEN OF THE QUESTIONS BRAINSTORMED BY THE GROUP ALONG WITH POSSIBLE ANSWERS:

QUESTION #1:

ANSWER #1:

QUESTION #2:

ANSWER #2:

QUESTION #3:

ANSWER #3:

QUESTION #4:

ANSWER #4:

QUESTION #5:

ANSWER #5:

QUESTION #6:

ANSWER #6:

QUESTION #7:

ANSWER #7:

QUESTION #8:

ANSWER #8:

QUESTION #9:

ANSWER #9:

QUESTION #10:

ANSWER #10:

WORKSHEET 3 - For Facilitators

Controversial or Challenging Questions About HIV/AIDS

Use the following examples to begin the brainstorming session:

- Why should a student with HIV be allowed in school?
- Why should teachers who are infected with HIV be allowed to teach our children? Can't other people catch it from them?
- Where does AIDS come from?
- Have you been tested for HIV yourself?
- Have some members of your family died from AIDS? How many?
- Why can't the government offer free medication to people suffering from AIDS?
- You talk about being faithful to one partner. My father has five wives. Should I go and tell my father that my teacher says he is sick, and so are his five wives?
- Why do people think AIDS is a gay disease?
- Why do people think having sex with a virgin can cure HIV infection? Is that true?
- I think AIDS and HIV is a lie that the US and western cultures have made up to scare people. What do you think? I don't believe any of this.
- Why do people think condoms don't work?
- Someone in my country has developed a cure for AIDS. Have you heard anything about it? Why aren't these cures considered?
- I hear there is a cure/vaccine for AIDS? Is this true? Why isn't it available here?
- My religion says I shouldn't use condoms. I don't want my children in a class that discusses or promotes condom use. It's against our religion.
- My daughter won't have sex until she's married. Why does she need to participate in HIV/STI prevention education? It's not going to be a problem for her.

II.

Strengthening Teachers' Skills To Advocate and Build Support for Effective HIV Prevention in Schools

II. STRENGTHENING TEACHERS' SKILLS TO ADVOCATE AND BUILD SUPPORT FOR EFFECTIVE HIV PREVENTION IN SCHOOLS

➤ What Is the Purpose of This Section?

The three activities in this section are intended to build skills to conduct effective HIV prevention education programmes and to mobilise support for these programmes. Specifically, these activities aim to:

- Strengthen participants' advocacy and communication skills to mobilise support and educate about HIV/AIDS both in and out of the classroom
- Strengthen participants' knowledge and understanding of interactive skills-based teaching methods (e.g., brainstorming, role plays, small group discussions) that have been proven effective in HIV/AIDS education programmes

➤ Who Is This Section For?

Teachers/Trade Union Leaders

➤ How Long Will It Take To Implement This Entire Section?

It should take about three hours and 45 minutes to complete all the activities in this section, depending on the audience. However, the activities are meant to stand alone, and therefore can be used on their own.

➤ What Activities Are In This Section?

ACTIVITY 6: Using Role Plays to Develop Advocacy Skills	60 minutes
ACTIVITY 7: Thank You For Your Question (Brainstorming and Peer Feedback)	40 minutes
ACTIVITY 8: Breaking The Silence - Advocating For HIV/AIDS Education In Schools	125 minutes

➤ Related Forms/Worksheets Found In This Manual:

- *Worksheet 3: Controversial and Challenging Questions About HIV*
- *Worksheet 4: Recording Sheet For Group Rapporteur*
- *Worksheet 5: Examples Of Ways In Which To Support Your Arguments*
- *Worksheet 6: Additional Notes To Prepare For Group Presentation*
- *Worksheet 7: Lessons Learned*
- Revision Form for Activities 6-8
- Fact Sheets
- *Common Questions and Controversies Regarding HIV/STI Prevention in Schools*
- *Preventing HIV/AIDS/STI and Related Discrimination: An Important Responsibility of Health Promoting Schools (WHO Information Series, Document Six)*
- Tips For Dealing with Difficult Situations in the Classroom

ACTIVITY SIX: USING ROLE PLAYS AND SMALL GROUPS TO DEVELOP ADVOCACY SKILLS

Purpose:	To strengthen participants' knowledge about and skills in using role plays to teach about HIV/AIDS; to build skills to advocate for and support effective HIV/STI prevention education programmes and policies
Skills:	Communication skills, interpersonal skills, decision-making skills, advocacy skills
Methods:	Role playing, small groups, group discussions
Materials:	<i>Common Questions and Controversies Regarding HIV/STI Prevention in Schools</i> handout, flipcharts or chalkboard
Time:	60 minutes
Overview:	Facilitator introduces the concept of role playing as an effective teaching method. After a brief introduction to role playing, and why it is useful, participants practice role playing (through the role of advocate) using fact sheets and other handouts as resources.

CHECK LIST - *Before You Begin.*

- Read the activity completely and carefully.
- Prepare overheads and gather or duplicate any materials you might need.
- Assess the usefulness and relevance of the activity for the target population.
- Consider whether the methods, skills and knowledge taught in this activity can be applied to participants' real life situations.
- Clearly describe the purpose of the activity, the skill to be practised and the methods that will be used.
- Ask participants to think about ways to adapt the activity (e.g., adding some more examples of role play situations) to make it more relevant to their setting.
- Consider the best ways to divide participants into small groups for practice.
- Let participants know in advance that you will ask for some volunteers at the end of the practice session to demonstrate the methods they used to strengthen communication, interpersonal, decision-making skills, and advocacy skills.
- Be sure to let participants know before you begin that each small group will be asked to briefly report back their reactions, conclusions and recommendations regarding this activity.
- Before they begin, ask participants if they have any questions or need clarification regarding the instructions.
- Let them know how much time they have to practice each part of the activity and identify the roles they may need to assign within the small groups (recorder, reporter, etc.).

INTRODUCTION AND ROLE PLAY EXPLANATION: 10 minutes

- Introduce yourself and ask group participants to introduce themselves.
- Explain to the group that this activity will help familiarise them with the interactive teaching method of role playing. To explain role playing you might say:

(Adapted from *Teenage Health Teaching Modules*, Education Development Center, Inc., Newton, 1991, and *School Health Education to Prevent AIDS and STD*, WHO/UNESCO, World Health Organisation, Geneva, 1994)

Role-playing is a method of acting out a real-life situation. It allows us to practice translating knowledge into action. A situation or idea is described to the role players, who then enact the roles according to how they think those people would feel and behave in that situation.

The major steps to carrying out a role play are:

- Describe the situation briefly or provide a written script.
- Choose role players or ask for volunteers and assign a role to each one. *You may want to select students who are outgoing and energetic if you are not asking the whole class to participate, or involved yourself in one of the main roles.*
- One person may be assigned an ‘observer’ role, in which they take note of what is happening but do not participate in the role play. This gives them an objective viewpoint.
- Give them instructions on what to do or think about during the role plays.
- Try to avoid assigning students negative roles, unless you feel it is necessary in order to address the issue at hand.
- Use “props” (hats, cards with names, etc.) if possible. Even the simplest props can make a difference.
- Use humour, if possible.
- Ask students to end the role play when they think the situation has resolved itself, has become repetitive, and/or when time has run-out.
- Have students discuss what happened during the role-play. Ask how each of the role players felt, why they think it turned out the way it did, and what they might have done differently. The discussion after the role play is almost as important as the role play itself as it helps participants gain more insight into the situation.
- Praise all efforts.

ROLE PLAY DEMONSTRATION: 20 minutes

- Explain that the group will be dividing into smaller groups of three to practice role-playing (two role players and one observer) as advocates of school health programmes and policies around HIV/STI prevention.
- First demonstrate a role play with a volunteer in which **a teacher is interacting with a parent who does not want HIV education in his/her school**. You might use 1-2 questions and responses from “Common Questions and Controversies Regarding HIV/STI Prevention in Schools” to demonstrate.

- Afterwards, ask participants:
 - How effective was each of the role players?
 - How might each one have been more effective?
 - How did non-verbal communication play a role (e.g., body language, eye contact)?

ROLE PLAY PRACTICE: 20 minutes

- After a brief discussion, ask the participants to arrange themselves into **groups of three**.
- Ask each group to think of **ONE** controversy or issue they may face when advocating for or supporting HIV programmes in schools.

Some examples:

- A parent does not want her daughter learning about HIV prevention or sexuality education in school.
 - The headmaster only wants to teach about abstinence as a way to prevent HIV/STI.
 - Teachers feel it is the role of family members to educate their children about HIV.
- Have each group spend about 20 minutes role playing a specific interaction between two people around the specific controversy or issue the group has chosen (i.e. between a teacher and the principal). **They should turn to the *Common Controversies and Suggested Responses* handout in their manual and use these questions and answers as a resource if necessary.**
 - Ask participants to take turns role playing the two parts, with one group member observing each interaction. **The observer should try to note what is being said, how it is being communicated (e.g., what gestures, expressions are the group members using?), and if the role players are effective in advocating their position.**
 - During their own role play, ask each group to think about the three questions discussed during the mock role play. Participants may choose to repeat the role play to see if their skills improve.

LARGE GROUP DISCUSSION: 10 minutes

- After the role plays, reconvene the group and ask them to discuss these questions:
 - What issue or controversy did your group choose? Why?
 - What were the two roles that were played during your role play?
 - How effective was each of the role players?
 - How could each one have been more effective?
 - How did non-verbal communication play a role (e.g., body language, eye contact)?
 - How could they use this method in the classroom with students?
 - How does the method of role playing strengthen teaching and advocacy skills (inside and outside the classroom) to prevent HIV/STI?

- Using the following sentence stem, ask participants to volunteer responses to the following sentence. Write their responses on the chalkboard or flipchart.

Role playing is helpful when you want students to _____.

Possible answers:

- Try to understand how a person would feel in a particular situation.
- Learn how others might react to certain behaviours or attitudes.
- Try out new ways of behaving to see if they bring the intended results.
- Try out new ways of behaving to see what they would feel like.
- Take the risk of behaving in a certain way without fear of failure or negative consequences.

ACTIVITY CLOSING: 5 minutes

- You might conclude this activity by saying:

“Role Playing is an important teaching method. It can help students and others practice and build skills which prepare them to respond effectively during real-life situations. By considering possible scenarios and then playing them out, both students and adults can develop social and cognitive skills which help them think about and react in the most positive way.”

ACTIVITY SEVEN: THANK YOU FOR YOUR QUESTION (BRAINSTORMING AND PEER FEEDBACK)

Purpose:	To strengthen participants' knowledge and understanding of brainstorming as a teaching method and to increase participants' communication and interpersonal skills for responding to controversial or challenging HIV-related questions both inside and outside the classroom
Skills:	Communication skills, interpersonal skills
Methods:	Brainstorming, peer feedback, small group work
Materials:	Worksheet 3: Controversial and Challenging Questions about HIV, flipchart or chalkboard, pens or chalk
Time:	40 minutes
Overview:	Facilitator introduces the concept of brainstorming and peer feedback as effective teaching methods. Participants then practice this method by brainstorming some controversial questions about HIV/AIDS and related discrimination when speaking with other adults or students. After the brainstorming session, participants break up into pairs to practice answering these questions, and getting feedback from their peers.

CHECK LIST - *Before You Begin.*

- Read the activity completely and carefully.
- Prepare overheads and gather or duplicate any materials you might need.
- Assess the usefulness and relevance of the activity for the target population.
- Consider whether the methods, skills and knowledge taught in this activity can be applied to participants' real life situations.
- Clearly describe the purpose of the activity, the skill to be practised and the methods that will be used.
- Ask participants to think about ways to adapt the activity (e.g., adding some additional controversial and challenging questions about HIV) to make it more relevant to their setting.
- Consider the best ways to divide participants into small groups for practice.
- Let participants know in advance that you will ask for some volunteers at the end of the practice session to demonstrate communication skills and interpersonal skills.
- Be sure to let participants know before you begin that each small group will be asked to briefly report back their reactions, conclusions and recommendations regarding this activity.
- Before they begin, ask participants if they have any questions or need clarification regarding the instructions.
- Let them know how much time they have to practice each part of the activity and identify the roles they may need to assign within the small groups (recorder, reporter, etc.).

INTRODUCTION: *5 minutes*

- Introduce yourself and ask participants to introduce themselves.
- You might start this activity by saying:

“As teachers and community leaders, we are often faced with numerous questions from both students and community members. For this reason, we want to make sure we are ready to respond to each of these questions when we have the educational opportunity to do so. In this activity, we will practice answering some of the tough questions related to HIV/AIDS, so that we do not miss future opportunities to provide someone else with accurate information and knowledge. We will also use peer feedback—the collecting of ideas and suggestions from others in the room—to try to improve our interpersonal skills when answering these questions.”

EXPLANATION OF BRAINSTORMING: *5 minutes*

- Explain that this activity is designed to increase participants' familiarity with brainstorming as a teaching method and to build their communication skills. It will also allow them to assess their own knowledge about HIV/AIDS.
- Explain brainstorming to the group. You might say:

(Adapted from *Teenage Health Teaching Modules*, Education Development Center, Inc., Newton, 1991, and *School Health Education to Prevent AIDS and STD*, WHO/UNESCO, World Health Organisation, Geneva, 1994)

Brainstorming is a group technique for generating ideas quickly and spontaneously. When conducted properly, it enables students and adult learners to respond creatively, without fear of being judged. It also allows the teacher to determine participants' level of knowledge and/or opinions about a certain topic and to tailor the educational activity to the needs of the learners. It is a very simple process that involves stating a question or issue and asking for ideas from everyone. Usually, ideas are recorded on a board or sheet of paper so that they can be used later.

You may want to go over a few ground rules about brainstorming before you begin:

- All ideas are welcome.
- The main objective is to generate as many ideas as possible.
- There is no discussion after each answer; the purpose is to get all ideas first.
- Ideas will not be judged as 'good' or 'bad'.
- Building on the ideas of others is fine.
- It is all right to have periods of silence when people are thinking.

You may want to explain that brainstorming is effective when you want to:

- Gather a lot of ideas quickly.
- Encourage participation from students who are hesitant to speak up during discussions.
- Explore sensitive or controversial issues

BRAINSTORMING CONTROVERSIAL OR CHALLENGING QUESTIONS:

10 minutes

- Ask the group to brainstorm some controversial questions about HIV/AIDS that both adults and students may ask them. Write these on a flipchart or chalkboard.

NOTE TO FACILITATOR:

You may want to provide some examples from the list below to begin the brainstorming exercise, or add some additional questions that were not mentioned by the group at the end of the exercise.

WORKSHEET 3: CONTROVERSIAL AND CHALLENGING QUESTIONS ABOUT HIV

- Why should a student with HIV be allowed in school?
 - Why should teachers who are infected with HIV be allowed to teach our children? Can't other people catch it from them?
 - Where does AIDS come from?
 - Have you been tested for HIV yourself?
 - Have some members of your family died from AIDS? How many?
 - Why can't the government offer free medication to people suffering from AIDS?
 - You talk about being faithful to one partner. My father has five wives. Should I go and tell my father that my teacher says he is sick, and so are his five wives?
 - Why do people think AIDS is a gay disease?
 - Why do people think having sex with a virgin can cure HIV infection? Is that true?
 - I think AIDS and HIV is a lie that the US and western cultures have made up to scare people. What do you think? I don't believe any of this.
 - Why do people think condoms don't work?
 - Someone in my country has developed a cure for AIDS. Have you heard anything about it? Why aren't these cures considered?
 - I hear there is a cure/vaccine for AIDS? Is this true? Why isn't it available here?
 - My religion says I shouldn't use condoms. I don't want my children in a class that discusses or promotes condom use. It's against our religion.
 - My daughter won't have sex until she's married. Why does she need to participate in HIV/STI prevention education? It's not going to be a problem for her.
- Once the group has finished brainstorming the list of questions, ask participants to select five to ten of these questions. Have them write these questions in Worksheet #3.

ANSWERING THE QUESTION (DEMONSTRATION): *5 minutes*

- You might start this section by saying:

“We are now going to brainstorm some possible answers to these great questions, and then practice communicating these answers. For some of these questions, we may need to have additional knowledge about HIV/AIDS in order to correctly answer them. But, it is important to remember that it is okay not to know the answer. If we don’t know the answer, we can tell the person that we don’t know, but we will make every effort to get an answer. For now, we can also use the materials we have in this manual to help us with our answers.”

- Ask participants to brainstorm possible answers to each of the questions they have written on their Worksheet #3, and ask them to write the answers they think are most effective on their worksheet.
- Explain that you would now like to demonstrate answering one of these questions with a volunteer. Ask the volunteer to pose a question and then model an answer that is clear, accurate and respectful. With the group, discuss some of the ways in which you were effective in providing the answer (e.g., had knowledge, made eye contact, did not raise your voice or act judgmental). What other suggestions do they have that could strengthen your response?

NOTE TO FACILITATOR:

You may also want to role play a situation in which one person becomes angry or confrontational, and you demonstrate an appropriate response. (See techniques below.)

ANSWERING THE QUESTION (PRACTICE AND PEER FEEDBACK):

15 minutes

- Ask participants to divide into groups of three to practice answering these questions on their own. One participant will ask the question, another will answer, and a third person will observe and provide peer feedback. Ask observers to pay close attention not only to what is being said, but HOW it is being said.
- After one person tries to answer the question, have the group briefly discuss **how effectively it was communicated (both verbally and non-verbally)**.

NOTE TO FACILITATOR:

You may want to ask participants to practice role playing a situation in which one person becomes angry or confrontational.

LARGE GROUP DISCUSSION: *5 minutes*

- You may want the large group to reflect on and discuss some key points to effective communication and listening. Some of the key points you may want to mention are:

Some techniques for communicating effectively:

Listen carefully to what the person is saying

- ✓ Restate and make the question legitimate by stating, for example, “That’s a good question” or “Thank you for asking that question.”
- ✓ Ask for clarification if you don’t understand.
- ✓ Try to keep your answers as clear and simple as possible.
- ✓ Check to be sure people understand your response [e.g., by asking, “Have I made myself clear?” or “Did I answer your question?”]
- ✓ Correct any misunderstandings, errors or omissions.
- ✓ It’s okay not to know the answer. If you don’t know the answer, say so and let the person know you will make every effort to get an answer.

If questions or statements are angry or confrontational:

- ✓ Acknowledge and validate feelings [e.g., “I know you’re upset, and I understand how you feel.”]
- ✓ Be aware of whether you are raising your voice in tone or loudness. Doing so may only escalate the situation.
- ✓ Listen carefully.
- ✓ Try to keep the interaction positive.

ACTIVITY CLOSING: *5 minutes*

- You might end this activity by saying:

“When speaking with people about a controversial topic such as HIV and AIDS, how you say something or respond to their questions, is just as important as what you say. People may be sensitive about certain topics, or may be feeling somewhat embarrassed or nervous talking about the subject. Together, we’ve seen that non-verbal gestures, as well as gestures which show that you are listening and that you respect their opinions, can be very effective in helping you to communicate your point without making other people angry or defensive.”