

# LIVE SAFE PLAY SAFE

*A life-skills course to protect children from HIV-infection*

## Facilitator's Guide

## Chapter 5

“Do not train a child to learn by force or harshness; but direct them to it by what amuses their minds, so that you may be better able to discover with accuracy the peculiar bent of the genius of each.”

∞ Plato ∞



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# INTRODUCTION

## Course Purpose

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***Live Safe, Play Safe* is a skills-based health education program that protects children's health by enabling them to avoid HIV infection.**

***Live Safe, Play Safe* (LSPS) expands young people's awareness about HIV/AIDS and builds their skills in:**

- ❖ Negotiation
- ❖ Assertiveness
- ❖ Coping with peer pressure
- ❖ Feeling compassion for those with HIV/AIDS

The course begins with basic, accurate information on the risks of unprotected intercourse and ways to avoid these risks.

According to the World Health Organization (WHO), the most effective way people develop new skills is learning by doing—taking part in active, enjoyable learning experiences. To make learning exciting, this course employs many interactive teaching methods, including physical activity, group work and role-playing.

These activities encourage participants to personalize the risk of HIV/AIDS infection and take prevention seriously. The curriculum delivers and reinforces messages about delaying and abstaining from sex. It also tackles issues related to using condoms. Addressing all prevention options is an essential element of effective life skills programs.

Because adolescence is a time when young people are acutely sensitive to peer pressure, the course gives special attention to building participants' capacity to respond assertively. Through role-plays and group work, participants have many opportunities to

practice communication, negotiation and refusal skills.

### WHY IS LSPS NECESSARY?

In the 20 years since its discovery, HIV/AIDS has become a worldwide epidemic. According to UNICEF, Africa now accounts for over 70 percent of new HIV infections and four fifths of AIDS-related deaths globally. A focus on youth is essential as more than half of the newly infected are young people between 15 and 24 years of age.

Biology, psychology and lack of information make young people especially vulnerable to HIV exposure. Recent surveys indicate that many young people have sex before age 15 risking exposure at very young ages.

Young women's low socio-economic status, minimal education and economic dependence on men all contribute to their risk of infection. Girls are also vulnerable to exposure as a consequence of rape and sexual coercion. Statistics from UNICEF,

UNAIDS, and WHO indicate that of the 8.6 million young people living with HIV/AIDS in sub-Saharan Africa, nearly 70% are young women.

Young people are currently at the centre of the HIV/AIDS crisis, but they also offer a window of hope in finding solutions to the problem.

### HOW DOES LSPS WORK?

If young people are to be part of the solution for the HIV/AIDS crisis, not only do they need knowledge about HIV/AIDS, they must also be equipped with the skills to put that knowledge into practice.

Life skills such as those related to decision making and problem solving, critical thinking, communication and interpersonal relations help young people handle risky sexual situations and choose safer alternatives. Likewise, practice negotiating condom use in a workshop setting develops young people's ability to talk about safer sex with a partner.

During the LSPS course, a coach or facilitator guides a group of 10-20 children between the ages of 10 and 18 through seven programme modules. Each module builds a different life skill related to preventing HIV infection.

HIV/AIDS prevention programmes that attend to knowledge, attitudes and skills-building are more effective in changing behaviour than approaches that focus on information alone. Skills-based programmes have been demonstrated to delay the age of first sexual intercourse, as well as to increase safer sex practices among sexually active youth (e.g., increasing

use of condoms, reducing number of sexual partners).

LSPS develops critical awareness, attitudes and skills necessary for young people to remain healthy, for example:

*Knowledge* refers to what participants understand and learn. Knowledge covered in LSPS includes knowing how HIV is transmitted, how sexually transmitted infections increase the risk of HIV and ways to prevent infection.

*Attitudes* refers to feelings, values and beliefs about the self, others, and life issues. Attitudes covered in LSPS include self-confidence, self-esteem and empathy for those affected by HIV/AIDS.

*Skills* refer to participants' ability to carry out specific behaviors. Skills covered in LSPS include responding assertively to peer pressure, planning for the future and the ability to use condoms properly.

### WHO IS THIS MANUAL FOR?

This manual is for Right to Play Program Coordinators, as well as individuals and organizations that work to prevent the spread of HIV/AIDS among youth. The contents are not proprietary, and *Right to Play* invites users to adapt the activities in whatever way will make them most useful.

### HOW TO USE THIS MANUAL

LSPS is divided into seven modules. Each module begins with the session's objectives, provides supporting information and includes several activities to enable participants to explore the topic. Depending on the breadth of the topic, modules have one

# INTRODUCTION

## Course Purpose

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or more lessons. Each lesson concentrates on a specific issue. Skills-building activities accompany each lesson.

### MODULES ARE SEQUENTIAL

Ideally, the modules should be presented sequentially. Each module builds on concepts developed in the previous one. The course begins by introducing participants to facts about HIV/AIDS and sexually transmitted infections (STI), then transitions into an examination of their values and beliefs. Later modules devote considerable attention to developing participants' social and communication skills.

Activities throughout the course study gender roles and consider how they contribute to rising infection rates among women and girls. Violence and sexual violence are important issues posing significant risks for many young people. Finally, a module on stigma challenges young people to confront their attitudes toward people living with HIV/AIDS and to commit themselves to acting compassionately.

#### COURSE MODULES

1. Program Launch
2. Facts About HIV/AIDS
3. Preventing HIV
4. Values & Vulnerability
5. Communicating Assertively
6. Choosing Compassion
7. Conclusion

The programme guide concludes with participants developing an action plan, describing how they will put the ideas they have discussed to work. The course concludes with participants signing a team contract which embodies *Right to Play's* philosophy "Look after yourself; Look after one another."

### ACKNOWLEDGEMENTS

*Live Safe, Play Safe* was developed to provide those working on HIV/AIDS prevention with an effective tool for protecting young people from HIV infection. Produced with support from the United States Agency for International Development (USAID), *Live Safe, Play Safe* was developed collaboratively by *Right to Play* and the CORE Initiative. The Johns Hopkins University/Center for Communication Programs (JHU/CCP), a CORE Initiative partner, was responsible for writing and field-testing this curriculum. Michelle Bashin was the primary author. *Right to Play* gratefully acknowledges the United Nations High Commission on Refugees (UNHCR) for funding initial development of this curriculum in 2002.

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## PLANNING & FACILITATION

### INVOLVING THE COMMUNITY

Community involvement can contribute to the acceptance and successful implementation of HIV/AIDS programs for young people. This is especially true in places where initial resistance is high. Programs that educate young people about sexual and reproductive health often face resistance because they challenge deeply held cultural beliefs about sex, parenting and the roles of men and women.

Many programs have overcome resistance by drawing on the support and active involvement of parents and caring adults. The involvement of parents and family members in reproductive health programs is beneficial to both children and parents, increasing their knowledge about HIV/AIDS. Parental involvement can ensure greater acceptance of the program in the community. Outreach to parents acknowledges the family's role in developing children's values.

Parent involvement activities can help win over parents, school administrators and teachers and convince them of the program's value. One way to gain parental support is to explore with them the consequences of *not* dealing with adolescent sexual health. Meet with parents. Stress the importance of preventive education *before* children become sexually active. Share the program and materials with them. Demonstrate openness to their participation and advice.

If your work will be with students, meet with the headmaster and teachers first so that they will

understand the program, help with its implementation and reinforce the content in class.

In Haiti, seeking the expert advice of "gatekeepers" or community leaders before implementing a project helped win their ownership and increased their sense that they had a stake in the project's success. Meeting with community leaders can strengthen the link between the program and the community. Prepare a presentation about Live Safe, Play Safe along with a fact sheet with basic HIV/AIDS information including the extent of the problem in their country, especially among young people.

Traditional and religious leaders or communities of faith are often responsive to calls for compassion and care for those living with HIV/AIDS. Appeal to them for support in addressing stigma and discrimination. Where controversy is likely, adopt a gradual approach and involve a range of community leaders early in the process.

### ADAPTING THE COURSE

Because every community is different, it is essential that you adapt each and every session to make it appropriate to the local culture. This may mean translating it into the local language, changing the names or situations in role-plays, or revising the entire content of a session and possibly even discarding entire sessions altogether. Because sexual issues are taboo and highly charged in most cultures, it is important to work in close collaboration with local counterparts.

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They will be your guides to society and culture. Their counsel can save you from making cultural missteps.

### THE IMPORTANCE OF PLANNING

Planning not only saves you time, but it enables you to feel more confident and adaptable to changing situations. It's better to be too prepared than not prepared enough!

Begin your planning with a review of the lesson plans for each session. These plans provide you with the important background information, activities, time estimates and discussion points. Active learning includes a mix of active activities, where participants are running or moving around, and reflection or discussion that does require much movement. Mixing active and passive activities will help keep participants engaged and minimizes the potential for behaviour problems resulting from boredom or restlessness.

Set aside time at the beginning of the course for participants to introduce themselves to one another, and to introduce the course objectives. It is critical to establish the *Ground Rules* together during the first session. These rules clearly state the standards of behaviour expected of all course participants—including the facilitator. When participants develop the ground rules themselves, they are more enthusiastic about respecting them.

Begin each session by presenting the day's objectives and agenda. At the end of the session, ask participants how well they think the objectives were met. Be sure to give time throughout the lesson for breaks. Periodic pauses refresh everyone and help to refocus Discussion.

At the end of the course (or session), ask participants to evaluate the experience. Their feedback will indicate how well things have worked and give you ideas for ways to make improvements. Please see "Evaluation and Assessment" at the end of the programme guide.

### TRAINING MATERIALS

LSPS is designed to require a minimum of workshop supplies. Ideally, facilitators will have large sheets of paper or a blackboard to summarize the most important points. A few games also use balls. For group work pens or pencils and paper are useful. Have participants to bring a pen and paper with them to every session. To simplify planning, suggested training materials are listed at the beginning of each activity.

### CHOOSING AGE APPROPRIATE ACTIVITIES

When planning a session, facilitators should carefully consider which activities are most appropriate for their particular group. Each module includes activities for younger and older children. Some are more suitable for younger children (age 7-10). Others are best for early adolescents (age 11-15) and young adults. Suggested age groups are noted at the beginning of each activity.

Topic areas considered most appropriate for younger children are those addressing facts about HIV/AIDS, family values, peer-pressure, assertive communication and stigma. For younger children, discussions about preventing HIV/AIDS can emphasize abstinence and delaying sexual initiation. Skill building in resisting

peer pressure and sexual refusal skills is also appropriate. Younger children need plenty of activity. Draw on the games and icebreakers in Appendix 1 to keep lessons lively.

Activities with older children and adolescents address these topics as well as more overtly sexual issues, including sexually transmitted infections, practicing safer sex and negotiating condom use. Older children are more able to consider the future than younger ones can. Goal setting and future planning are therefore more developmentally appropriate for this group.

### CONSIDERATIONS FOR TRAINING GIRLS AND BOYS

Most of the activities are appropriate for mixed groups of boys and girls. Facilitators should consider, however, certain session when they should be separated. Consider the make-up of your particular group, their age and maturity.

Boys and girls both benefit from open discussion about peer-pressure, problem solving and communication. During initial discussions about sexuality (HIV transmission, sexually transmitted infection, and putting on a condom), single sex groups may be more comfortable and informative.

Separating girls and boys may reduce embarrassment and allow participants, especially girls, to ask more questions. If the facilitator is male, it may be helpful to have a female co-facilitate these sessions. Over the course of training, everyone will become more comfortable and you can increase opportunities for discussion in mixed groups.

### SOURCES OF BACKGROUND INFORMATION

The Internet is an exceptionally rich and up to date source of information on HIV/AIDS. An especially useful site for country-specific information is [www.unaids.org](http://www.unaids.org). For a detailed list of HIV/AIDS communication tools and links to numerous excellent websites, go to [www.coreinitiative.org](http://www.coreinitiative.org).

### WHAT IS FACILITATION?

In French, *facile* means “easy.” The job of the facilitator is to make things easier for learners by offering direction, insight, and suggestions; in short, to create a process that helps a group of participants learn.

In the traditional model of “teaching,” the teacher deposits knowledge into students’ heads. What the teacher does is most important. Students are expected to accept what the teacher says uncritically. In an interactive approach, the facilitator poses a problem and the participants try to find solutions. The focus is on the learner, not the teacher and many responses are acceptable. Facilitation is at the heart of experiential learning or learning by doing, as expressed in this adage:

*I hear and I forget, I see and I remember, I do and I understand.*

Being a facilitator also means making sure that everyone is included. The facilitator can help participants accept their differences and appreciate their similarities. It is the facilitator’s responsibility to ensure that everyone is heard and that a few people do not dominate discussion. Likewise, the facilitator should draw out quiet children, asking them to share their

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## Course Purpose

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ideas and express their points of view. Exchanging ideas is most interesting when everyone is included.

### ASKING EFFECTIVE QUESTIONS

One of the most important facilitation skills is asking questions—drawing information out of participants instead of always giving it to them. Any group of young people already has their own experience of life and impressions about HIV/AIDS. Your challenge is to help participants explore their values and beliefs, leading them to consider their thoughts more deeply.

Consider these alternatives for asking questions more effectively:

- Paraphrase to check for meaning after a participant makes a statement. Example: “Are you saying...?”
- Use open-ended questions (rather than ones that can be answered “yes” or “no”) to invite longer, more thoughtful responses. Example: “What have you heard about HIV/AIDS?”
- Use probing questions to follow-up a statement. Example: “You said condoms are bad. Tell me what makes you feel that way?”
- Use yes/no questions only when you want a brief reply. Example: “Can mosquitoes spread HIV?”
- Avoid giving the answers. Example: “What brought you here today? Did your friends invite you, or your parents told you to come?”
- Ask one question at a time. Example: “How do you feel about the views expressed so far about sexual abstinence?” rather than,

“How do you feel about sexual abstinence, and why?” Some participants will become confused if they hear more than one question at a time.

- Give positive and constructive feedback. Example: “That’s a good point...”
- Keep people from wandering off topic. When this happens, say: “Wait—how does that relate to what we were talking about?” or “Interesting point, but let’s get back to the question we were trying to answer . . .”
- Try to link common ideas and identify patterns. Check out these patterns with participants by saying, “I’m hearing this is important to many of you. Can you tell me more about it?”

### POINTERS FOR FACILITATORS

The following recommendations may help facilitators become even better trainers:

- **Be eager.** A degree of anxiety mixed with excitement is normal. Young people will look to you for support. You’ll need to earn their trust, and you’ll have to establish your personal limits and expectations.
- **Be authentic.** Young people know instinctively if you are being real. If you are authentic, they will consider you credible and trustworthy. Being real means you are entitled to make mistakes and not know all the answers.
- **Listen actively.** LSPS facilitators must pay attention to what participants are saying, take them seriously, and also hear the

questions that are *not* being asked. Being an active listener sometimes means tolerating the long silences that are necessary while people figure things out.

- **Avoid personal agendas.** If the group perceives you as having a big agenda in mind for them, you will be lumped with all the other adults who want them to believe or behave, or make their decisions for them. Your job description is “help to” not “to do.”
  - **Be consistent.** Your steady commitment supports the long-term success of the group. In a world where they have little power and someone else is making the rules, young people need stable, fair, and reliable adults. By consistently being affirming, supportive, and fair with all participants, you become worthy of trust and a reciprocal commitment from them.
- 
- **Remember that what you are doing is as important as what you are saying.** Proper body language will help you earn participants’ trust and respect. Face your audience, adopt an open posture (shoulders back, arms uncrossed), project your voice, maintain good eye contact, and be relaxed.
  - **Be satisfied with small successes.** Behavior change happens very slowly. It takes people time to feel confident and competent enough to try a new behavior. LSPS facilitators who recognize this, preferably from personal experience, will have the empathy and patience to wait.



# MODULE 1: PROGRAM LAUNCH

## *Getting Off To A Great Start*

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### **Purpose:**

This first session introduces participants to the course and to one another in a fun and stimulating way.

### **Objectives:**

- ❖ Participants understand the course objectives and how it will benefit them personally;
- ❖ Participants feel positive and excited;
- ❖ Participants meet and begin to feel comfortable with one another.

### **Time: 2 hours**

TOPIC	TIME	METHOD	MATERIALS
Program Launch	20 minutes	Discussion	Paper & pens for participants helpful
Categories Game	20 minutes	Game	None
Getting to Know Each Other	30 minutes	Interviews in Pairs	None
Setting Ground Rules	30 minutes	Discussion	Board or flipchart paper helpful
Course Overview	20 minutes	Talk	Board or flipchart paper helpful

# MODULE 1: PROGRAM LAUNCH

## *Getting Off To A Great Start*

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**Key Message:** There's more to teaching than talking.

**Key Skill:** To motivate participants to avoid HIV infection.

The purpose of any training is to deliver results. Participants must be more effective after the training than they were beforehand. What do they now *know* that they didn't know before? What can they *do* now that is new? How have their feelings changed as a result of the course? If a beneficial change has not taken place, the course has not been successful.

The key to effective training is motivating the participants. When participants feel that the training will benefit them personally, they will be motivated to attend and learn. Spend time at the beginning talking about the benefit of the course for them. Ask them to think about:

- What do they need this information for?
- How will they benefit from it?
- How can they apply it in a real, practical way?

Remember, you cannot motivate other people. You can only create a climate where they can motivate themselves. Each person is responsible for learning. As the facilitator, you are responsible for creating the best climate for

learning to take place. At the beginning of the course ask participants these questions:

- What do they expect of this course?
- What results do they want most?
- What are they willing to do to get those results?

Create and maintain interest by using a variety of teaching approaches. Invite outside speakers to take part in relevant sections. Health professionals alleviate participants' concerns about confidentiality. They may also be more comfortable addressing sexual behaviour issues. Participation by clinic staff is also beneficial as it may facilitate youth access to services.

Games, group work, role-plays and competitions get participants attention and engage them in a learning experience. During each exercise, participants think, reflect and answer questions. Later they draw conclusions or generalize ways this applies to real life. Finally, with guidance from the facilitator, they apply the knowledge or skill to their own life.



### ACTIVITY

## PROGRAM LAUNCH

**Purpose:** Participants will understand the workshop's goals and how it will benefit them personally.

**Age Group:** All ages

**Time:** 30 minutes

**Materials:** Flipchart, markers, pens & paper for participants helpful

**Delivery:**

1. Welcome participants and introduce yourself.
2. Let the participants also introduce themselves.
3. Explain that this training is about staying healthy and getting what you want in life. The overall workshop goals are:
  - To help you have the life you want and stay safe from HIV/AIDS
  - To enable you to have the relationships that you want in a way that keeps you safe from HIV infection.
4. Focus on the good things that participants can get from participating by asking:
  - Would you like to enjoy wonderful loving relationships that keep you healthy and safe?

- Would you like to know about all the different ways to stay safe from HIV infection?
  - Would you like to feel really confident about saying what you want in a relationship?
  - Would you like to know ways you can support and help each other?
5. Ask everyone to pick someone next to them. Ask these questions and take notes on their answers:
    - What else do you think you will get out of this training?
    - What would you most like to know or be able to do after this training is over?
  6. After a few minutes, ask for examples of what people want from this course.
  7. Conclusion: We are going to explore all these things in a fun and interesting way. We will play games, tell stories, act out some dramas and discuss things together. There won't be any long lectures. The issues about HIV and AIDS are serious, but we can still enjoy learning about them. When we have fun, we learn even more.

Adapted from *Journey of Hope, Ghana Users' Guide*, Government of Ghana, JHU/CCP, Potential Unlimited International, USAID, UNAIDS, 2001

# MODULE 1: PROGRAM LAUNCH

## *Getting Off To A Great Start*

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### ACTIVITY

## SETTING GROUND RULES

**Purpose:** Participants will agree on expected behavior during the course.

**Age Group:** All ages

**Time:** 30 minutes

**Materials:** Flipchart, markers, helpful

**Delivery:**

1. Explain that for a good experience we need to agree on some ground rules for how we'll work together during the training.
  2. Ask participants to suggest some ideas about these rules. Write them on a flipchart.
  3. If any important ones have been left out, you can suggest them at the end. Here are some ground rules that other groups have used:
    - We will speak one at a time and listen to each other.
    - We will encourage shy participants to speak.
- |  |   |
|--|---|
| <ol style="list-style-type: none"><li>4. When there are no more suggestions, ask the group if they will adopt these ground rules for the duration of the workshop.</li><li>5. After they agree, post the rules at the front of the room.</li></ol> | <ul style="list-style-type: none"><li>▪ We can be free to talk openly about sexual matters. We understand that talking a lot about sex does not mean that we are free in our sexual behavior.</li><li>▪ We will not talk about personal stories that are discussed here to people outside the group.</li><li>▪ We will begin on time and end on time.</li><li>▪ We agree that each of us has a right not to participate. We will not pressure anyone to take part in an activity or share personal information.</li><li>▪ We will come on time.</li><li>▪ We encourage and welcome all questions.</li></ul> |
|--|---|

Adapted from *Life Skills Manual*, Peace Corps, Publication #M0063, 2001

### GAME

### CATEGORIES

**Objectives:** Participants begin to know each other and feel comfortable

**Age Group:** All ages. Vary the questions depending on the group's age or make-up

**Materials:** None

**Time Frame:** 10-15 minutes

**Delivery:**

1. Invite the group to stand around you. Explain that this fun game gets everyone up and moving. Participants mingle and learn about each other by responding to "categories".
2. Explain that you are going to name a category. For example, 'everybody with the same favorite football team as you.' When you say 'Go!' try to find everyone with the same favorite team.
3. Before you call out a category, have everyone run around, not in a circle or straight line, but randomly. Ask people to do a funny run or warm up exercise like "knees up" while they run. Then when you call the category they'll have to scramble more to find their group.
4. Play until everybody has found a group. When you say 'Stop!' everybody should stop talking and bring their attention back to you. See what types of groups you have.

Then play another round with a new category.

5. Encourage each group to cheer for their category. For a favorite soft drink, one group chants "Pepsi! Pepsi! Pepsi!" and another "Coke! Coke! Coke!" etc.

#### Possible Categories

Favorite Style of Music, or Artist  
Favorite Football Team  
Favorite Subject in School  
Same Age  
Same Number Of Siblings  
Same Breakfast Eaten This Morning  
Same Way They Got To the Training

6. After 3-4 rounds, stop with the participants while they are still in their groups. Ask them to discuss these questions:
  - What things worry you about HIV/AIDS?
  - How serious a problem do you think AIDS is here?
  - How much do you worry that you or your friends could get HIV/AIDS?
7. Give each group 5 minutes per question. Then have each group offer a few ideas to the larger group. Afterwards, use these issues to introduce the course content.

Adapted from *Grassroots Soccer*, 2004

# MODULE 1: PROGRAM LAUNCH

## *Getting Off To A Great Start*

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### ACTIVITY

## GETTING TO KNOW EACH OTHER

**Purpose:** To get to know more about each other

**Age Group:** All ages

**Materials:** (Optional) Board or paper, tape, pens or markers

**Time:** 20-40 minutes

#### **Preparation:**

Decide in advance which questions you want participants to ask in the interviews. Choose the questions with your participants in mind. Post the questions on a chalkboard or paper if available.

#### **Sample Interview Questions**

- Do you play a sport? What sport? When did you start playing?
- What do you want to learn most from this workshop?
- Do you think HIV/AIDS is a big issue among your close friends? Why?

#### **Delivery:**

1. This exercise requires good questioning, listening, and presentation skills, much like football requires certain skills for successful play.

2. Instructions: Pair up in teams of two.
3. In pairs, interview each other using these questions.
4. No writing is permitted; all information gathered must be committed to memory. You will have 15 minutes to do both interviews.
5. Each participant will then present their partner to the group using what they learned about him or her.
6. After everyone is presented, introduce yourself answering the same questions. Conclude with these key messages:
  - Players must know everyone on the team to truly work together and win;
  - By the end of the course we'll all know each other very well;
  - The people in this group can help and support one another.

Adapted from *Grassroots Soccer*, 2004

### ACTIVITY

## COURSE OVERVIEW

**Purpose:** Participants will understand the how the course will benefit them personally.

**Age Group:** All ages

**Time:** 20 minutes

**Materials:** Flipchart, markers, pens & paper for participants helpful

**Delivery:**

1. Explain again that this training is about staying healthy and getting what you want in life. Point to the workshop goals:
  - To help you have the life you want and protect yourself from HIV/AIDS
  - To help you have the relationships you want in a way that keeps you safe from HIV/AIDS

2. Ask participants what they think about these two goals.
3. Explaining that learning is very participatory. No long, boring lectures, lots of games, activities in small groups and discussion instead. No one will have a chance to fall asleep! Each session is about hours long.
4. The core sessions are : Facts about HIV/AIDS, Staying Safe; Knowing Your Values; Expressing Yourself with Confidence; Choosing Compassion
5. Conclude by asking participants to think about what they have heard about HIV/AIDS and bring their questions to the next session.

Adapted from *Journey of Hope, Ghana Users' Guide*, Government of Ghana, JHU/CCP, Potential Unlimited International, USAID, UNAIDS, 2001



## MODULE 2: FACTS ABOUT HIV/AIDS

### *Lesson 1: Understanding HIV & AIDS*

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#### **Purpose:**

These activities challenge participants to explain their beliefs about HIV/AIDS. The facilitator then corrects participants' misconceptions and explains how HIV actually is spread.

#### **Objectives:**

- ❖ Participants understand that HIV is a virus and how it is spread;
- ❖ Participants can explain why certain actions can transmit HIV and others cannot.

#### **Recommendation:**

Invite someone with HIV/AIDS expertise from a local clinic or HIV test site to take part in this lesson. They will be able to give participants a realistic perspective of this issue.

**Time: 2 \_ hours**

TOPIC	TIME	METHOD	MATERIALS
Fact or Fiction: What do you know about HIV/AIDS?	1 hour	Game	FACT & FICTION signs for each team
HIV Spreads Quickly	30 minutes	Transmission Game	A slip of paper and pens for participants
How is HIV Spread?	1 hour	Lecture: Fluids & Portal	Flipchart or chalkboard helpful

## MODULE 2: FACTS ABOUT HIV/AIDS

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**Key Message** HIV is spread primarily through unprotected sex with an infected person.

**Key Skill** Participants understand why some activities spread HIV and others don't.

HIV = Human Immunodeficiency Virus. HIV is the virus that causes AIDS. HIV attacks and eventually destroys the body's defenses.

AIDS = Acquired Immune Deficiency Syndrome. AIDS is the disease caused by the HIV virus. A person has AIDS when the virus has damaged the body so badly that infections and cancers develop.

People infected with HIV usually live for years without any signs of disease. They may look and feel healthy, but they can still pass the virus on to others. **AIDS** is the late stage of HIV infection. People who have AIDS grow weaker as their bodies lose the ability to fight off illnesses. In adults, AIDS develops several years after infection. Most babies who are infected, however die within five years.

HIV can be contracted only in very specific ways. **First, a person must be in direct contact with one of the four body fluids that transmit HIV.** These are the only fluids that can spread HIV:

#### Fluids That DO Spread HIV

Blood  
Semen  
Vaginal Fluids  
Breast Milk

Other body fluids do not have enough HIV-virus to infect another person.

#### Fluids That Do NOT Spread HIV

Tears  
Sweat  
Saliva

For a person to get infected, the fluid (blood, semen, vaginal fluid, breast milk) needs an **entry** into the body. HIV cannot enter the body through intact skin.

#### HIV Can Enter the Body Through

Cuts or sores  
Opening in the skin  
Soft, wet tissue in the vagina, penis, anus or mouth

You can figure out if an action can transmit HIV by asking just three questions:

1) What is the fluid? 2) Is it blood, semen or vaginal fluid? 3) Is there an entry into the body?



## MODULE 2: FACTS ABOUT HIV/AIDS

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The most common way people get HIV is through sexual intercourse (vaginal or anal) with an infected partner.

It is possible to get infected with HIV through oral sex (mouth to penis or mouth to vagina). While studies differ about how likely infection from oral sex is, the risk is not zero.

There is no way to “catch” HIV like a cold, by being near a person with HIV, or by sharing their cup or bathroom, or even by hugging or kissing them. There are no documented cases of HIV from sharing toothbrushes.

Babies can become infected from an HIV-positive mother during pregnancy, childbirth, or breastfeeding. HIV can also be spread by using a needle or syringe that has been used by someone who is infected, or through transfusions of unscreened blood.

A blood test is the only way for a person to know if they are infected with HIV. HIV/AIDS testing centers perform confidential counseling and testing. HIV testing can detect infection early. People who know their HIV status can seek out medical services and care. They can also learn how to live with the virus and avoid infecting others. While there currently is no cure for AIDS, new medicines are helping people with HIV/AIDS stay healthy for many years.

Almost 30 million people in the world are living with HIV/AIDS. Ten million young people (age 15-24) and almost 3 million children (15 and younger) are living with HIV. Sub-Saharan Africa is the part of the world most affected by HIV/AIDS.

In Africa, HIV infection is spreading most rapidly among young women. A number of factors make women and girls more susceptible to infection than men:

- Young girls may not know about the risk of HIV infection
- They may be unable to refuse unwanted sexual advances
- Older men often seek out young girls and provide gifts in exchange for sex
- Sex may be traded for money for food, clothes or school fees
- The vaginal membranes of younger girls are thin and fragile
- The vagina exposes more surface to infection
- Female genital cutting may tear during intercourse
- Dry sex can tear the skin

The right to refuse unwanted or unprotected sex is a human right. Yet traditional society often does not defend this right for women.

## MODULE 2: FACTS ABOUT HIV/AIDS

### Lesson 1: Understanding HIV & AIDS

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#### ACTIVITY

### FACT OR FICTION GAME

**Purpose:** Play this game on the first day to bring out participants' beliefs and address misinformation.

**Age Group:** All ages. Facilitators should adapt the questions based on participant age

**Materials:** "Fact" and "Fiction" cards for each team

**Time:** 20-60 minutes

**Preparation:**

Read the "Answers to Fact or Fiction" beforehand so you know the right answers.

**Delivery:**

1. Divide the group into teams of no more than 8 people.
2. If the activity is a competition, have each team come up with a team name. Prepare a scoreboard with team names.
3. Explain that this activity looks at facts about HIV and AIDS. There are many myths about HIV and AIDS. To make good decisions, you need to be sure what is fact and what is fiction.

4. Read one statement to the group. Give each team a few minutes to discuss whether they believe the statement to be "fact" or "fiction."
5. When time's up, ask each team to hold up a "fact" or "fiction" card depending on their decision.
6. Ask each group to explain their answer.
7. Some statements have follow up questions that give further information. You may want to ask other follow up questions. If you are playing as a competition, follow up questions can be bonus points awarded to the team that gives the best answer.
8. If someone asks a question you are not completely sure how to answer, say you will get back to them at the next class. Remember, the goal is to give correct information.
9. Conclusion: Finish the game by adding up the points and congratulating the winning team. Point out that no one won or lost. We all won because all of us know more about HIV/AIDS than before.

Adapted from *Grassroots Soccer*, 2004

## MODULE 2: FACTS ABOUT HIV/AIDS

### Lesson 1: Understanding HIV & AIDS

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#### FACT OR FICTION

#### STATEMENTS & ANSWERS

1. **Statement:** Having HIV is the same as having AIDS. (*Fiction*) **Follow up question:** What does HIV do to your body?

Having HIV is NOT the same as having AIDS. HIV is the virus that causes AIDS. ***AIDS is the condition that develops after the HIV virus has completely destroyed the immune system.*** HIV gradually destroys the body's ability to defend itself from disease. Some have compared HIV to termites that weaken a house until the point where wind or rain finally destroys it. In the years following infection, HIV weakens the body so the person is vulnerable to diseases that people don't usually get like TB, yeast or diarrhea. The person ultimately dies from these diseases.

Symptoms of AIDS don't show up for years after infection. In fact, most people with HIV look healthy. But even without symptoms, an infected person can pass on HIV through sexual contact. The first few months after someone is infected with HIV they have a lot of virus in their bodies and are very infectious.

2. **Statement:** The most effective way to avoid HIV infection is to abstain totally from sex. (*Fact*). **Follow up question:** What does abstain mean?

Abstinence is the only way you can be 100% safe from getting HIV/AIDS or a sexually transmitted infection (STI) from sex. If you don't have sex

or come into contact with infected blood you cannot get HIV/AIDS.

Most people have periods without sex during their lives, even if it is just for a short time. For some people, abstinence means they do not have a girlfriend, boyfriend, or partner. For others it means waiting until marriage or a serious relationship to have sexual intercourse.

3. **Statement:** The AIDS virus is spread from toilet seats. (*Fiction*) **Follow up question:** Hugging? Kissing?

The HIV virus can't be spread casually. It can only be spread through sexual contact with someone who has HIV. In fact, only four body fluids have enough HIV-virus in them to make you sick. These are: semen and vaginal fluids; blood; and breast milk. One of these fluids must get into a person's body through an opening in the skin (a cut or sore) or through the wet tissues of the vagina, penis or mouth.

You can't get HIV from hugging because there is no contact with body fluids when people hug each other. Nor can you get it from shaking hands, sneezing, coughing, or from mosquito bites. You can't get HIV from kissing either because there isn't enough HIV-virus in saliva to infect someone.

4. **Statement:** Condoms are very effective for preventing HIV. (*Fact*) **Follow up question:** What are

## MODULE 2: FACTS ABOUT HIV/AIDS

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some benefits of condoms?  
Condoms are easy to use, inexpensive and available in a variety of places. They protect against sexually transmitted diseases as well as pregnancy.

For sexually active people, condoms are the best protection from HIV and STI. The condom catches and holds semen so that it can't get into the vagina. Condoms also prevent vaginal fluids from entering the penis.

5. **Statement:** You are more likely to get HIV if you already have a Sexually Transmitted Infection. **(Fact) Follow up question:** Why? What are some STIs?

STIs that cause genital discharge or sores offer an easy way for the virus to get into the body. People with STIs and HIV also produce more HIV virus than other people. When people protect themselves from HIV, they are also protecting themselves against other STIs and pregnancy. Medical treatment is the only way to cure STIs. Even if symptoms go away, a person is still infected unless they are treated with modern medicines. When a person is treated, his or her partner needs treatment too; otherwise the untreated person will re-infect the other.

The most common STIs include syphilis, gonorrhea, herpes, chancroid, trichomoniasis and chlamydia.

6. **Statement:** Girls can get infected with HIV easier than boys can. **(Fact) Follow up question:** Give three reasons why.

There are several reasons: 1) Because semen stays inside girls bodies after sex increasing their exposure to the virus; 2) Because during sex tissues inside the vagina may tear, giving the virus entry into the body; 3) Girls are vulnerable to rape and forced sex; and 4) Girls are often approached by older men who are already infected.

7. **Statement:** If someone tests negative for HIV it means they do not have the HIV infection. **(Fiction) Follow up question:** What must you do to be sure?

A negative test can mean either: 1) you don't have HIV; OR 2) that you were infected too recently for the test to detect it. This is because it can take up to 6 months after infection for the test to detect HIV antibodies in the blood.

To know if you have HIV, first wait for 3 months after you have had sexual intercourse without a condom. If this test is negative, practice only safe sex (consistent, correct use of condoms) and have a second test 3 months later to be sure of the negative results.

8. **Statement:** You can reduce the risk of getting HIV by having sex with one mutually faithful partner. **(Fact) Follow up question:** What does mutually faithful mean?

But it is only completely safe if both partners have been tested and know they are free of HIV through repeated tests over several months. If either partner has sex with someone else neither one can be sure they are safe until they are both tested again.

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Mutually faithful means both partners are having sexual relations only with each other.

9. **Statement:** All babies with mothers infected with HIV are born with the virus. *(Fiction)*  
**Follow up question:** How does a baby get infected? What can be done to prevent it?

Less than one baby in four born to infected mothers will have HIV. Certain drugs can greatly reduce the chances of infants being borne with HIV. A small percentage of babies become infected through breastfeeding. HIV+ mothers are still encouraged to breastfeed, however. The risk of death from disease or malnutrition is more dangerous to babies than the risk of getting HIV.

10. **Statement:** If you have unprotected sex only once with someone who is infected you could still get HIV. *(Fact)*  
**Follow up question:** What does unprotected sex mean?

Although HIV is not transmitted every time someone has sexual intercourse with an infected person, it can be transmitted through just one sexual contact. It can even be the first time the person has sex with his or her partner.

Unprotected sex means sexual intercourse (anal or vaginal) without a condom.

11. **Statement:** A person who is infected with HIV cannot live a normal life. *(Fiction)*  
**Follow up question:** What can a person with HIV do to live longer?

This depends on many things, like the person's health, age, nutrition and how often s/he is re-infected with HIV during unprotected sex. It also depends whether the person is cared for by family or friends or rejected by their community.

A person can live longer with medical treatment, a good diet, regular light exercise, love, care and rest.

12. **Statement:** HIV is present in sexual fluids, but not in the blood. *(Fiction)*  
**Follow up question:** What are the four fluids that can spread the HIV virus?

HIV is present in sexual fluids AND blood.

The four fluids are semen, vaginal fluids, blood, and breast milk.

13. **Statement:** You can get HIV by sharing needles or blades. *(Fact)*  
**Follow up question:** Are people often infected this way?

If the person who used the needle or blade first has HIV, the next person can be infected from this blood.

People are infected most often through unprotected sexual intercourse.

14. **Statement:** Fat or healthy-looking people don't have HIV. *(Fiction)*  
**Follow up question:** How can you tell if a person has HIV?

Not all people with HIV are thin or lose weight. A person may have HIV and still be overweight. The loss of appetite or continuous diarrhea that cause weight loss may happen years later, but many people stay

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the same weight long after infection.

- 15. Statement:** Right now there is no cure for HIV/AIDS. *(Fact)* **Follow up question:** What about the pills?

There is currently no cure for HIV/AIDS.

The drugs used to treat people do not cure HIV/AIDS. They can prolong the life of people who are infected.

- 16. Statement:** Getting AIDS is preventable. *(Fact)* **Follow up question:** Name four ways to prevent yourself from getting AIDS.

You definitely can protect yourself from infection. Delaying sex, abstaining from sex, getting tested, having fewer sex partners and using condoms are all ways to reduce your risk of infection.

Adapted from *Grassroots Soccer*, 2004

## UNDERSTANDING HIV/AIDS

### MORE QUESTIONS FOR CHILDREN

- 1. Mosquitoes can spread HIV (fiction)**

Just like a fish can live only in water, HIV can live only inside the human body. It cannot live in a mosquito's body. If mosquitoes spread HIV, everyone would have it, old people, young people, everyone. More than any other way, people get HIV/AIDS from other people during sex.

- 2. You can get HIV by drinking out of the same cup as someone with HIV/AIDS (fiction)**

HIV can't live outside a person's body. It can only live on the inside. That's why people can't catch HIV/AIDS like a cold or by using another person's things. HIV is spread between people sexually.

- 3. Babies can get HIV/AIDS (fact)**

Babies can get HIV/AIDS if their mother has HIV in her body. Babies can be infected before birth, during birth or when they are breastfeeding. Certain drugs can prevent HIV from moving from mother to child.

- 4. Children can't get HIV/AIDS (fiction)**

If an adult with HIV/AIDS has sexual intercourse with a child, he can give the child HIV/AIDS.

- 5. People with HIV/AIDS are bad (fiction)**

People who get HIV/AIDS are no different than you and me. Because they are sick, they need your care and love more than ever.

## MODULE 2: FACTS ABOUT HIV/AIDS

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#### ACTIVITY

### HIV TRANSMISSION GAME

**Purpose:** Shows how quickly HIV spreads

**Age Group:** All ages

**Materials:** Small pieces of paper, pencils

**Time:** 35-40 min

**Preparation:** Have one slip of paper for each participant.

**Delivery:**

1. Hand one paper to each participant.
2. Tell them that they are to meet others in the room one person at a time. They should each introduce themselves, say one fact about themselves, write down the person's name on their card and then move on to meet another person.
3. After everyone has met at least four people, stop the game.
4. Pick three volunteers to come to the front of the group.
5. Explain that these people represent people with HIV and don't know it.
6. Ask each of these people to read the names on their cards. Anyone whose name is read should come to the front of the class and join hands with them.
7. Each new person at the front of the room reads the names written after the name of the HIV positive person who called them.
8. After the activity, pose these questions:
  - What do you think this game is showing us?
  - Why did so many people end up infected?
  - Can we really get HIV by just meeting someone and shaking their hand? How do we pass HIV in real life? (Stress that HIV cannot be transmitted through casual contact.)
  - What are some ways that you could prevent getting HIV? The best way?
9. Conclude by saying: This game shows us how quickly HIV can spread. It's also a reminder that you can't tell who is infected by looking.

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#### LECTURE & ACTIVITY

## WHAT'S THE FLUID? WHERE'S THE DOOR?

**Purpose:** Participants will: 1) know the four fluids that can transmit HIV; 2) distinguish ways they can and cannot get HIV.

**Age Group:** Children 11 years and older

**Time:** 2 hours

**Materials:** Board, chalk, cards with activities that might transmit HIV

**Preparation:** You may find it helpful to begin this session with the Transmission Game.

#### PART 1: FLUIDS & PORTAL

##### Trainer's Note:

Expect embarrassment when talking about this topic and acknowledge it. Lead the group through their shame. Agree that these things can be very hard to talk about. Point out that talking about sexual things openly it is a very important life skill for all of us.

##### Delivery:

1. Begin by explaining that HIV can be spread only in very specific ways. **First a person must be in direct contact with one of four body fluids that transmit HIV.**
2. Ask the group what these four fluids are. On a flipchart, write in large letters "Fluids that DO transmit HIV" List only these suggestions: blood, semen, vaginal fluids, or breast milk.

3. Write the other suggestions under the heading "Fluids that DO NOT transmit HIV."
4. Say that these are the only fluids that can spread HIV. **Other body fluids (tears, sweat, and saliva) do not have enough HIV-virus to infect another person.**
5. Explain what "semen" and "vaginal secretions" are.
6. Explain: For a person to get infected, these fluids need an entry or door into your body. HIV cannot enter intact skin. HIV can get into the body through:
  - **Cuts or sores**
  - **Openings in the skin**
  - **Soft, wet tissues in the vagina, penis, anus, or mouth**
7. Explain: Participants can figure out if an activity can spread HIV by asking three questions
  - **What is the fluid?"**
  - **Is it one of the 4 that can spread HIV?**
  - **Is there a door or entry into the body?**
8. There is no way to "catch" HIV like a cold by being near a person with HIV, or by sharing their cups or bathrooms, or by hugging them or kissing them. There are no cases of HIV from sharing toothbrushes for example.



## MODULE 2: FACTS ABOUT HIV/AIDS

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9. Ask the group how people get HIV most often. Answers:
- **Through vaginal or anal sex (80% of the time)**
  - **Through transfusions of untested blood, or from shared needles or razors (5% of the time)**
  - **Mother-to-baby (15% of the time)**
10. Point out that it is possible to get infected through oral sex (mouth to penis or mouth to vagina). It is unclear how risky oral sex is, but the risk is not zero.

#### CANNOT TRANSMIT HIV

Living with someone with HIV  
Eating from the same bowl as an infected person  
Hugging a person with HIV  
Kissing a person with HIV  
Shaking hands with a person with HIV  
Proper condom use during sex  
Eating a chicken raised by a person with HIV  
Sharing a drinking cup with a person with HIV  
Letting someone with HIV cry on your shoulder  
Stepping on a nail outside  
Getting bitten by a mosquito

#### PART 2: WHAT'S THE FLUID? WHERE'S THE DOOR?

**Preparation:** Write each activity on a slip of paper. Have one activity for each participant. Post two signs at the front of the room: "Can Spread HIV" and "Cannot Spread HIV".

#### CAN TRANSMIT HIV

Vaginal sex  
Blood transfusion with untested blood  
Sharing needles  
Contact with blood from an infected person  
Breastfeeding  
Mother to infant during birth  
Mother to infant during pregnancy  
Contact with semen  
Contact with vaginal fluids  
Cleaning up blood without gloves

#### Delivery:

1. Remind participants about how HIV is spread and explain they will now practice using the "What's the fluid?" "What's the door?" method.
2. Pass one activity paper to each person. Give them a moment to read them. Then ask them to think about whether this activity might spread HIV or not.
3. Invite participants to approach the front of the room one by one, with their papers.
4. Have each person read his or her card aloud, saying what fluid is present that might contain enough HIV and what door might let HIV pass.
5. Based on these answers, the person should put the card under "Can Spread HIV" or "Cannot Spread HIV".

## MODULE 2: FACTS ABOUT HIV/AIDS

### *Lesson 1: Understanding HIV & AIDS*

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| <ul style="list-style-type: none"><li>6. After the person decides, ask for feedback from the group. Clarify any questions or incorrect answers.</li><li>7. Repeat the process until all participants have completed the exercise.</li></ul> | <ul style="list-style-type: none"><li>8. Conclusion: Summarize the activity. Suggest that participants can always tell whether or not an activity is a risk for HIV infection by using this simple test.</li><li>9. Remind participants that in the next session they will begin discussing ways HIV can be prevented.</li></ul> |
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Adapted from *Life Skills Manual*, Peace Corps, Publication #M0063, 2001

# WHAT IS AIDS?

## WHAT DOES "AIDS" MEAN?

AIDS stands for Acquired Immune Deficiency Syndrome:

- *Acquired* means you can get infected with it;
- *Immune Deficiency* means a weakness in the body's system that fights diseases.
- *Syndrome* means a group of health problems that make up a disease.

A virus called HIV, the Human Immunodeficiency Virus, causes AIDS. If you get infected with HIV, your body will try to fight the infection. It will make "antibodies," special molecules to fight HIV.

A blood test for HIV looks for these antibodies. If you have them in your blood, it means that you have HIV infection. People who have the HIV antibodies are called "HIV-Positive".

Being HIV-positive, or having HIV disease, is not the same as having AIDS. Many people are HIV-positive but don't get sick for many years. As HIV disease continues, it slowly wears down the immune system. Viruses, parasites, fungi and bacteria that usually don't cause any problems can make you very sick if your immune system is damaged. These are called "opportunistic infections".

## HOW DO YOU GET AIDS?

You don't actually "get" AIDS. You might get infected with HIV, and later you might develop AIDS. You can get infected with HIV from anyone who's infected, even if they don't look sick and even if they haven't tested HIV-positive yet. The blood, vaginal fluid, semen, and breast milk of people infected with HIV has enough of the virus in it to infect other people. Most people get the HIV virus by:

- having sex with an infected person.
- sharing a needle (shooting drugs) with someone who's infected
- being born when their mother is infected, or drinking the breast milk of an infected woman.

## WHAT HAPPENS IF I'M HIV POSITIVE?

You cannot know if you are infected by HIV. Some people get fever, headache, sore muscles and joints, stomach ache, swollen lymph glands, or a skin rash for one or two weeks. Most people think it's the flu. Some people have no symptoms.

The virus will multiply in your body for a few weeks or even months before your immune system responds. During this time, you won't test positive for HIV, but you can infect other people.

When your immune system responds, it starts to make antibodies. When this happens, you will test positive for HIV. After the first flu-like symptoms, some people with HIV

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stay healthy for ten years or longer. But during this time, HIV is damaging your immune system.

One way to measure the damage to your immune system is to count your CD4+ cells. These cells, also called "T-helper" cells, are an important part of the immune system. Healthy people have between 500 and 1,500 CD4+ cells in milliliter of blood. Without treatment, your CD4+ cell will most likely go down. You might start having signs of HIV disease like fevers, night sweats, diarrhea, or swollen lymph nodes. If you have HIV disease, these problems will last more than a few days, and probably continue for several weeks.

### **HOW DO I KNOW IF I HAVE AIDS?**

HIV disease becomes AIDS when your immune system is seriously damaged. If you have less than 200 CD4+ cells or if your CD4+ percentage is less than 14%, you have AIDS. If you get an opportunistic infection, you have AIDS. There is an "official" list of opportunistic infections, put out by the U.S. Centers for Disease Control and Prevention (CDC). The most common ones are:

- TB (Tuberculosis), the most frequent cause of death for those with AIDS
- PCP (Pneumocystis pneumonia), a lung infection
- KS (Kaposi's sarcoma), a skin cancer
- CMV (Cytomegalovirus), an infection that usually affects the eyes
- Candida, a fungal infection that can cause thrush (a white film in your mouth) or infections in your throat or vagina

AIDS-related diseases also include serious weight loss, brain tumors, and other health problems. Without treatment, these opportunistic infections can kill you. The official CDC definition of AIDS is available at <http://www.cdc.gov/mmwr/preview/mmwrhtml/00018871.htm>

AIDS is different in every infected person. Some people die in a few months after getting infected, while others live fairly normal lives for many years, even after they "officially" have AIDS. A few HIV-positive people stay healthy for many years even without taking anti-HIV medications.

### **IS THERE A CURE FOR AIDS?**

There is no cure for AIDS. There are drugs that can slow down the HIV virus and slow down the damage to your immune system. There is no way to "clear" HIV from the body.

Other drugs can prevent or treat opportunistic infections (OIs). In most cases, these drugs work very well. The newer, stronger anti-HIV drugs have also helped reduce the rates of most OIs. A few OIs, however, are still very difficult to treat.

*New Mexico AIDS InfoNet*

# STOPPING THE SPREAD OF HIV

## **HOW DO YOU GET INFECTED WITH HIV?**

The Human Immunodeficiency Virus (HIV) is not spread easily. You can only get HIV if you get infected blood or sexual fluids into your system. You can't get it from mosquito bites, coughing or sneezing, sharing household items, or shaking hands with someone with HIV.

No documented cases of HIV have been caused by sweat, saliva or tears. To infect someone, the virus has to get past the body's defenses. These include skin and saliva. If your skin is not broken or cut, it protects you against infection from blood or sexual fluids. Saliva can help kill HIV in your mouth.

If HIV-infected blood or sexual fluid gets inside your body, you can get infected. This can happen through an open sore or wound, during sexual activity, or if you share equipment to inject drugs.

## **HOW CAN YOU PROTECT YOURSELF AND OTHERS?**

Unless you are 100% sure that you and the people you are with do not have HIV infection, you should take steps to prevent getting infected.

**Sexual Activity:** You can avoid any risk of HIV if you practice abstinence (not having sex). You also won't get infected if your penis, mouth, vagina or rectum doesn't touch anyone else's penis, mouth, vagina, or rectum. Safe activities include kissing, massage and masturbation.

Having sex in a monogamous (faithful) relationship is safe if:

- Both of you are uninfected (HIV-negative)
- You both have sex **only** with your partner
- Neither one of you gets exposed to HIV through drug use or other activities

Oral sex has a lower risk of infection than anal or vaginal sex especially if there are no open sores or blood in the mouth. You can reduce the risk of infection with HIV and other sexually transmitted diseases by using barriers like condoms. Traditional condoms go on the penis, and a new type of condom goes in the vagina.

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**Mother to Child Transmission:** With no treatment, about 25% of the babies of HIV-infected women would be born infected. The risk drops to about 4% if a woman takes AZT during pregnancy and delivery, and her newborn is given AZT. The risk is 2% or less if the mother is taking combination antiviral therapy.

Some 10 - 20% of babies that are breastfed by mothers with HIV become infected. Nevertheless, the benefits of breastfeeding are so great that the World Health Organization (WHO) still recommends that HIV-positive women continue to breastfeed their babies.

**Contact with Blood:** HIV is one of many diseases that can be transmitted by blood. Be careful if you are helping someone who is bleeding. If you are exposed to blood through your work, be sure to protect any cuts or open sores on your skin, as well as your eyes and mouth.

### ***WHAT IF I'VE BEEN EXPOSED?***

If you think you have been exposed to HIV, get tested.

If you are sure that you have been exposed, talk to your doctor immediately about whether you should start taking anti-HIV drugs. This is called "post exposure prophylaxis" or PEP. You would take two or three medications for several weeks. These drugs can decrease the risk of infection, but they have some serious side effects.

### ***THE BOTTOM LINE***

HIV does not spread easily from person to person. For an adult to get infected with HIV, infected blood or sexual fluid has to get into your body. To decrease the risk of spreading HIV:

- Use condoms during sexual activity
- Protect cuts, open sores, and your eyes and mouth from contact with blood.
- Do not share syringes
- If you think you've been exposed to HIV, get tested and ask your doctor about taking anti-HIV medications
- If you have HIV and are pregnant, talk with your doctor about taking anti-HIV drugs

*New Mexico AIDS InfoNet*

## MODULE 2: FACTS ABOUT HIV/AIDS

### *Lesson 2: Comparing Risks of Infection*

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#### **Purpose:**

This lesson explains that certain activities are riskier for getting HIV. Participants think about their own sexual history with these risks in mind.

#### **Objectives:**

- ❖ Participants can explain which actions are most likely to spread HIV;
- ❖ Participants can give 3 reasons why girls are more vulnerable to HIV and other sexually transmitted infections (STIs) than boys.

**Time: 2 hours**

TOPIC	TIME	METHOD	MATERIALS
Review How HIV is Spread	15 minutes	Review: Fluids & Portal	Flipchart or chalkboard help
Comparing Risks	30 minutes	Risky Living Game	Safe, Low-Risk, High Risk Cards
My Own Risks	20 minutes	Individuals & Pairs	Risk questions
Special Risks for Girls	30 minutes	Rotating Groups	Paper at each station

## MODULE 2: FACTS ABOUT HIV/AIDS

### Lesson 2: Comparing Risks of Infection

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#### LECTURE & ACTIVITY

### RISKY LIVING

**Purpose:** To clarify which behaviors pose more risk for spreading HIV.

**Age Group:** By carefully selecting the questions, this activity can be adapted for all ages

**Time:** 30-45 minutes

**Materials:** One "Safe" and one "Risky" card, paper, pens

**Delivery:**

1. Divide the group into teams of 8 persons or less. Give each team the list of activities.
2. Teams must consider each activity and decide whether it is safe or risky.
3. To making this more competitive, ask each team to come up with a

team name. The write it on the scoreboard. Score point under this name.

4. Post the "Safe" and "Risky" cards at the front of the room.
5. Give the group a few minutes to go through the list and decide. Call when time is up.
6. Read the first activity aloud. Ask one person from each team to come stand under the "Safe" or "Risky" card and explain their team's answer. Teams with the correct answer win a point. Take advantage of incorrect answers to clarify misunderstandings.
7. The team with the most correct answers wins.

Adapted from *Grassroots Soccer*, 2004

### SAFE OR RISKY ACTIVITIES

**Taking care of someone who has AIDS. Safe**

Why? HIV is spread through sexual contact or contact with infected body fluids like blood. Take precautions by avoiding contact with blood.

**Deep kissing. Safe**

Why? Saliva does not contain enough HIV virus for one person to infect another.

**Being bitten by a mosquito. Safe.**

Why? Just as a fish can't live out of water, HIV cannot live in the body of a mosquito.

**Shaking hands or hugging someone with HIV/AIDS. Safe.**

Why? None of the infectious fluids are there (blood, sexual fluids) and there is no way for the virus to get into your body (no door).



## MODULE 2: FACTS ABOUT HIV/AIDS

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#### **Having sex after drinking or taking drugs. Risky.**

Why? You are more likely to act without thinking clearly. You may agree to have sex when you normally wouldn't or you may overlook using a condom and using it correctly.

#### **Having many sexual partners. Very Risky**

Why? Because having many partners increases the chances that you'll come into contact with HIV. Most HIV infections result from sexual intercourse.

#### **Sexual intercourse without a condom. Very risky.**

Why? Since you can't tell who is infected by looking, every sexual encounter without a condom risks putting you in harms way. Without a condom you have no barrier between you and the other person's body fluids which might contain the HIV virus..

#### **Oral sex. Risky.**

Why? The chance of getting HIV through oral sex (mouth to penis or mouth to vagina) is considered low, but not impossible. Oral sex carries some risk.

#### **Anal intercourse. Very Risky.**

Why? This type of intercourse involves the rectum, which is not naturally designed for sex. During sex there may be some tearing and bleeding. This gives the virus an easy way to enter the body. Anal sex also exposes a large area inside the body to the HIV virus.

#### **Using Vaseline to lubricate a condom. Very Risky.**

Why? Vaseline weakens rubber and allows it to break. Use saliva instead.

#### **Using a public toilet. Safe.**

Why? You are not in contact with dangerous fluids when using a public toilet.

#### **Sharing someone's razor or blade. Risky.**

Why? The risk depends on whether there is fresh blood on the razor. Blood from an HIV-infected person could spread to another if the razor is bloody and used for cutting. Otherwise, the virus dies quickly when exposed to air.

#### **Having sexual intercourse with your faithful, uninfected partner. Safe.**

Why? There is no risk as long as both of you remain uninfected and faithful. You can only be sure you are both free from HIV if you are tested. The problem with relying on faithfulness is that you don't always know if your partner has other sexual partners.

#### **Having a sexually transmitted infection. Very Risky.**

Why? STIs cause sores that offer a perfect way for HIV to enter the body. Also, the unprotected sexual activities that caused the STI can also lead to HIV infection.

#### **Sharing a cup with someone with HIV/AIDS. Safe.**

Why? HIV/AIDS is not spread through social contact or saliva.

#### **Not getting medical treatment for an STD. Very Risky.**

Why? Without proper medication, a person cannot get rid of the infection. Even when the symptoms have disappeared, the person still has the infection and is more susceptible to getting HIV.

Adapted from *Grassroots Soccer*, 2004

## MODULE 2: FACTS ABOUT HIV/AIDS

### Lesson 2: Comparing Risks of Infection

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#### ACTIVITY

### GAME PLANS FOR LIFE

**Purpose:** Participants consider carefully their sexual risks.

**Age Group:** Children age 11 and older

**Materials:** “My Own Risks” questions written on a blackboard or large paper; paper, pens

**Time:** 45 minutes

**Trainer’s Note:** Participants keep their answers confidential. Do not collect the answers. The answers are not for sharing.

**Delivery:**

1. Explain that each person will write down his or her answers to “My Own Risk” questions.
2. Explain: Your answers are private. I will not collect them. They are only to help you consider your risk for HIV, other **STIs** and pregnancy. Take your time and be honest.
3. Post, read or pass out copies of the questions. Have participants think

about their answers to each question. After answering the first question (Have you ever...?), have each person write down what they intend to do in the future (In the future, I will...) to protect themselves.

4. Explain that the more times a person answered “Yes” to a **Risky Behaviour**, the more risk they have for HIV, **STIs** or pregnancy. The more times they answered “Yes” or “I will” to a **Healthy Behaviour**, the safer they are.
5. After everyone has finished, divide the participants into same sex groups of 2 or 3. Girls and boys will be more comfortable meeting separately. Without sharing their work, ask participants to discuss concerns raised by the exercise.
6. Come together in a large group. Ask for any thoughts that came up in the small groups.

Adapted from *Grassroots Soccer*, 2004

## MODULE 2: FACTS ABOUT HIV/AIDS

### Lesson 2: Comparing Risks of Infection

#### MY OWN RISK QUESTIONS

Risky Behaviors	Yes or No?	Healthy Behaviors	Yes or No?
Had sex without a condom? (unprotected sex)		Ever decided not to have sex?	
Had unprotected sex with more than one person?		Ever talked about using condoms with a partner?	
Had unprotected sex with someone who did not know his or her HIV status?		Ever used a condom with a <u>regular</u> partner?	
Had sex with a commercial sex worker?		Ever used a condom with a <u>casual</u> partner?	
(Girls) Had unprotected sex with an older man?		Ever stayed faithful to a single partner?	
Had symptoms of an STI?		Plan to stay faithful in the future?	
Had symptoms of an STI and not gotten medical treatment?		Ever talked about having an HIV test?	
In your opinion, do your friends easily influence you?		Ever taken an HIV test?	
Do you often do what your friends want even if you know you might be taking a risk?		Ever talked with your partner about having an HIV test?	
(Girls) Do you often do what your boyfriend wants even if you don't want to?		Ever gone with your partner to have an HIV test?	
		Ever asked for more information about HIV/AIDS?	
<p><i>The more times you answered YES to these questions the greater the chance that you have been exposed to HIV. Think carefully about how you can take action to reduce your risk.</i></p>		<p><i>In the future, which of these steps will you take to protect yourself.</i></p>	

## MODULE 2: FACTS ABOUT HIV/AIDS

### Lesson 2: Comparing Risks of Infection

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## ACTIVITY

### SPECIAL RISKS FOR GIRLS

**Purpose:** Participants reflect on why girls are especially vulnerability to HIV

**Time:** 30 minutes

**Preparation:** Post signs labeled “Body” “Mind” “Society” “Money” and “Education” in different areas. Leave a paper and pen under each one

**Delivery:**

1. Explain that girls are more vulnerable to HIV infection than boys. In fact, girls and women get infected more easily than boys and men. They also become sicker sooner. This exercise gets everyone thinking about the reasons why girls and women are infected more easily. But we won’t stop there. Next we will consider what this means to us for staying safe.
2. Divide the participants into 5 groups. Start each group at a different sign.
3. Explain that each group will have 5 minutes to come up with reasons why girls are more vulnerable related to the sign. For example, under “Mind” girls are more vulnerable because they can’t always refuse a male’s advances. Or under “Education” girls are more vulnerable because they have never heard of HIV. Write your ideas on the paper at that station. Use complete sentences so the next group will understand what you meant.
4. After you call time, ask each group to rotate to the next sign, read what the previous group has written and then add more ideas to the list.

Continue until everyone has visited all the stations.

5. At the end of the last round, ask one person to read the list aloud. Discuss any issues or questions that come up and go on to the next list.
6. Conclude by asking what people learned and how they might feel different about HIV as a result. Finally, ask the girls how this information can help them protect themselves.

#### **BODY**

##### ***Physical Risk Factors for Girls***

Girls receive greater quantities of infected fluids during intercourse

Girls have a larger surface area (vagina & uterus) that is exposed to the HIV virus

Tearing of fragile tissues during sex provides and entry for the virus

Female circumcision and herbs to dry the vagina can cause tissues to tear allowing the virus to enter the body

Girls can have an STI without knowing it (no symptoms) and STIs make it easier to get infected

## MODULE 2: FACTS ABOUT HIV/AIDS

### Lesson 2: Comparing Risks of Infection

#### SOCIETY

##### *Cultural or Social Risk Factors*

Taboos about speaking about sex keep women from being able to talk with partners.

Gender and power roles don't allow women to have a say in sexual decisions.

Women who suggest using condoms (or getting tested for HIV) are suspected of being unfaithful or promiscuous themselves.

Women and girls risk being beaten or worse if they bring up these subjects.

Men often prefer dry sex, which is more risky for women.

Marriage gives men ownership of their wives. Therefore the wife cannot refuse her husband sex.

Older men have more sexual experience and are more likely to have an STI than younger women. These men seek out younger women for sex, exposing them to STIs, including HIV.

Clinic staff may treat unmarried women and girls harshly, discouraging them from coming to the clinic.

Sexual violence against women is tolerated by society.

#### MIND

##### *Emotional and Educational Risk Factors*

Girls are less likely than boys to know about HIV and how it is spread

Girls are less aware of how to prevent HIV/AIDS.

With less education than boys, girls have less chance of learning about HIV/AIDS.

Girls are taught to be submissive. They can be forced to do what a man wants against their own wishes.

Girls and women are discouraged from speaking up or expressing themselves.

With little independence, girls are expected to follow the decisions of others. They are not used to making decisions about their future.

#### MONEY

##### *Economic Risk Factors*

Extreme poverty drives the exchange of sex for money, school fees, or food.

Young women have little earning power. Sex is one valuable thing they can exchange.

Families may expect girls to help by exchanging sex for other goods.

The desire for pretty clothes and the admiration of their friends can outweigh the possible risks of sexual activity.

The immediate needs of feeding or caring for one's family outweigh the long-term possibility of HIV-infection.

Young women may not have the money to treat an STI.

### HOW RISKY IS IT?

#### **WHAT'S MY RISK OF GETTING INFECTED WITH HIV?**

You can't be sure that you're not infected with HIV unless you are 100% certain that you did not engage in any risky behaviour and that you were not exposed to any HIV-infected fluids, including blood, semen or vaginal fluids.

The only way to know for sure whether you have been infected is to get tested. You should wait for 2 or 3 months after a possible exposure. Then get an HIV blood test.

You might know that you were exposed to HIV by sharing needles, a work-related accident, or unsafe sexual activity. If this happens, talk to your doctor *immediately*. Ask whether you can use HIV treatments to prevent infection.

#### **WHAT DO THE NUMBERS MEAN?**

Studies of HIV transmission have calculated the risks of infection. The studies came up with very different rates. For example, one study reported the risk for infection from one episode of unprotected receptive anal intercourse with an HIV-infected partner at 1 in 3,333. Another study said 1 in 50 episodes.

For regular partners who were active in anal sex, the risk for transmission was 1 in 10. The risk for the insertive partner is believed to be about 10 times less than for the receptive partner.

The risk of HIV infection during vaginal intercourse is believed to be much less. One estimate was 1 in 200,000 for transmission from infected women to men and 1 in 100,000 for transmission from infected men to women.

These calculations only give a general idea of risk. They can tell you which activities carry a higher or lower risk. They cannot tell you if you have been infected. If the risk is 1 in 100, for example, it doesn't mean that you can engage in that activity 99 times without any risk of becoming infected. ***You might become infected with HIV after a single exposure. That can happen the first time you engage in a risky activity.***

#### **WHAT ACTIVITIES ARE RISKIEST?**

The greatest risk for sexual HIV infection is from unprotected anal sexual intercourse. **Receptive anal intercourse** carries the highest risk. The lining of the rectum is very thin. It is damaged very easily during sexual activity. This makes it easier for HIV to enter the body.

**Vaginal intercourse** has the next highest risk. The lining of the vagina is stronger than in the rectum, but it can still be damaged by sexual activity. All it takes is a tiny scrape that can be too small to see. The risk of infection is increased if there is any inflammation or infection in the vagina.

There is some risk for the active partner in anal or vaginal sex. It's possible for HIV to enter the penis through any open sores, or through the moist lining of the opening of the penis.

### **WHAT ABOUT ORAL SEX?**

There have been many studies of HIV transmission through oral sex. They have come to different conclusions. However, the following points are clear:

- It is possible to get infected with HIV through oral sex. The risk is **not** zero.
- The risk of HIV infection through oral sex is extremely low. It is much lower than for other types of unprotected sexual activity. However, other diseases such as syphilis can be transmitted through oral sex.

### **WHAT INCREASES THE RISK OF HIV INFECTION?**

Syphilis can increase the risk of transmitting HIV. Because people with syphilis probably engage in unprotected sexual activity, they have a higher than average chance of being infected with HIV. Also, syphilis causes large, painless sores. It is easy for someone to be infected with HIV through syphilis sores. An active case of syphilis increases the amount of HIV in someone's system and can make it easier for them to pass it on to another person.

Several other factors increase the risk of transmitting HIV, or becoming infected. These factors apply to just about every possible way HIV can be transmitted.

- **When the HIV-infected person is in the "acute infection" phase** the amount of virus in their blood is very high. This increases the chance that they can pass on the infection. Unfortunately, almost no one knows when they are in this phase of HIV infection. There's no way to tell by looking at them.
- **When either person has a weakened immune system.** This could be because of a long-term illness or an active infection like a herpes outbreak, syphilis, or the flu.
- **When either person has open sores** that get exposed to infected fluids. These could be cold sores, genital herpes, mouth ulcers, syphilis sores, or other cuts or breaks in the skin.
- **When there is blood present.**

### **THE BOTTOM LINE**

Researchers have developed estimates of the risk of transmission of HIV. These estimates can give you a general idea of which activities are more or less risky. They **cannot** tell you that any activity is safe, or how many times you can do them without getting infected.

*New Mexico AIDS InfoNet*





## MODULE 2: FACTS ABOUT HIV/AIDS

### Lesson 3: Sexually Transmitted Infections (STIs)

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#### Purpose:

This lesson addresses sexually transmitted infections (STIs)—a taboo subject and serious health risk for youth. Participants learn how to protect themselves from STIs and to seek medical treatment for suspected infections.

#### Objectives:

- ❖ Participants understand STIs make them more vulnerable to HIV infection;
- ❖ Participants can give 3 reasons why girls are more vulnerable to HIV and other sexually transmitted infections (STIs);
- ❖ Participants know STIs need medical treatment, and where to get it.

#### Recommendation:

Invite a health worker from a local clinic or STI treatment site to take part in this lesson.

#### Time: 2 hours

TOPIC	TIME	METHOD	MATERIALS
You Can't Tell By Looks Alone	10 minutes	Don't Trust Your Eyes Game	Small object
Myths and facts about STIs	30 minutes	Small Groups: Red Light, Green Light	List of statements, colored cards
How STIs Increase HIV Infection	30 minutes	Lecture/ Role Plays	Flipchart or chalkboard helps
Recognizing Different STIs	30 minutes	Small Groups: STI Name Game	Cards with STI symptoms

## MODULE 2: FACTS ABOUT HIV/AIDS

### Lesson 3: Sexually Transmitted Infections (STIs)

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**Key Message:** People who have a sexually transmitted infection (STI) are at greater risk of getting HIV and giving it to others.

**Key Skill:** Seek prompt medical treatment.

Sexually transmitted infections (STIs) are diseases that spread through sexual intercourse or genital contact. STIs can cause serious physical suffering and can be fatal if left untreated. In women, STIs can cause cancers, sterility and pregnancy complications.

STIs often cause serious health problems for adolescents. Young people face many obstacles to diagnosis and treatment. They are reluctant to seek care and providers often hesitate to treat them. Poverty and fear of the medical system often results in avoidance and delay seeking healthcare. STIs require prompt medical attention and treatment. Most are curable. Unless both partners are treated, however, they will continue to infect each other.

Because STIs increase a person's risk for HIV infection it is extremely important for young people to be treated. People who have an STI are 5 to 10 times more likely to get HIV if they have unprotected sex with an infected person. People with HIV/AIDS and an STI are much more likely to infect others.

A man with an STI may have pain while urinating; discharge from his penis; or sores, blisters, bumps and rashes on the genitals or inside his mouth.

Women often have no symptoms. They are diagnosed and treated less often than men. A woman may be unaware of an infection until it is very advanced. Symptoms in women may include discharge from the vagina with a strange color or bad smell, pain or itching around the genitals, and pain or bleeding from the vagina during or after intercourse. Severe infections can cause fever, pain in the abdomen, and infertility.

The most common STIs include Chlamydia, a treatable, bacterial infection; Herpes, a viral infection with treatable symptoms but no cure; Gonorrhea, a curable, bacterial infection and Syphilis a treatable, bacterial infection.

Preventing an STI is easier than treating it afterwards. Only sexual abstinence or faithfulness between uninfected partners offers 100% protection. The same behaviors that protect a person from HIV will reduce their risk for other STIs. By using condoms correctly and consistently during sexual intercourse--vaginal, anal or oral--you can greatly reduce your risk of infection.

## MODULE 2: FACTS ABOUT HIV/AIDS

### Lesson 3: Sexually Transmitted Infections (STIs)

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#### GAME

### DON'T TRUST YOUR EYES

**Purpose:** To promote discussion of stigma and discrimination.

**Age Group:** Children ages 7-10

**Materials:** Small object (ball, bottle, etc.)

**Time:** 10 minutes

**Delivery:**

1. Divide participants into two equal teams.
2. Teams line up shoulder-to-shoulder facing one another across a 5-10 meter space.
3. The first team will pass a small object among themselves behind their backs, while the second team claps and counts to 30.

4. When the second team gets to 30, the other team must stop passing the object.
5. The second team then has three chances to guess which player on the other team has the object. Both teams should have several opportunities to pass the object or guess.

**Discussion:**

- What does activity have to do with HIV/AIDS?
  - What made it hard to tell who had the object?
6. Answers: The object represents HIV. It can be caught by anybody. It's difficult to tell who has it because everyone is active and moving around.

#### ACTIVITY

### STI RED LIGHT GREEN LIGHT

**Purpose:** To improve factual knowledge about sexually transmitted infections (STIs.) and introduce a discussion about this topic.

**Age Group:** Children 11 years and older

**Materials:** Red and green cards

**Time:** 30-40 minutes

**Delivery:**

1. Explain the difference between fact and myth. A fact is something

that is true. A myth is something that many people believe is true, but actually is not. For example, many people believe you can get HIV from mosquitoes. This is a myth. It is not true.

2. Divide the participants into teams of 6. Tell them you'll read a statement and each team must decide if it is a fact or a myth. Teams will have 3 minutes to decide.

## MODULE 2: FACTS ABOUT HIV/AIDS

### Lesson 3: Sexually Transmitted Infections (STIs)

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3. When you call time, teams must hold up a green card or a red card. A green card means "fact", a red card "myth". Teams must be prepared to defend their decision. Teams win a point for each correct answer.
4. Follow discussion with clarification and correction.

#### ***Statements about STIs***

1. It is possible to have an STI and not know it. (True)
2. All STIs can be cured. (False. Herpes and HIV cannot be cured.)
3. STIs can be spread only by genital contact. (False. STIs can also be spread by oral-genital contact.)

4. Only poor people get STIs. (False. STIs don't care who you are.)
5. STIs sometimes go away without treatment. (False. The symptoms may go away, but not the infection.)
6. Young people need their parent's permission to get STI treatment. (Find out local rules)
7. Traditional healers can cure STIs. (False. Medical treatment is needed to cure these infections.)
8. STIs can destroy a woman's ability to have a baby. (True. Left untreated, STIs can lead to infertility.)
9. STIs can destroy a man's ability to father a child. (True. Left untreated, STIs can lead to infertility.)

Adapted from *Grassroots Soccer*, 2004

## MODULE 2: FACTS ABOUT HIV/AIDS

### Lesson 3: Sexually Transmitted Infections (STIs)

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#### MAKING ROLE-PLAYS WORK

In a role-play, people act out a certain situation. They may be themselves or play another person. There is no written script. The focus is on what happens between the characters, not how well people act. The best role-plays are fairly short, not more than ten minutes at the most. Role-play is a great way to:

- Prompt discussion;
- Practice communication skills;
- Explore different situations and ways of dealing with them;
- Express feelings openly and see how others feel;
- Get inside other people's shoes, and
- Rehearse for the future.

As a facilitator, during the role-play it is important to let the actors take the play in whatever direction they want to. Then draw out the learning during the discussion afterwards.

Remember, talk about the role-play positively and praise the players, especially if they have tried something that they find difficult. Give praise first before making any suggestions for improvement.

#### ROLE-PLAY & GAME

### SEXUALLY TRANSMITTED INFECTIONS & HIV/AIDS

**Purpose:** Participants can identify symptoms of STIs.

**Age Group:** Children 11 years and older

**Time:** 2 hours

**Materials** Flip chart or chalkboard, markers or chalk; *Common STDs Cards* (write the name on one STI on each card or paper) and *Symptoms of STIs Cards* (write each symptom on a separate card or paper)

**Preparation:** Write how STIs increase the spread of HIV on a chalkboard or large sheet of paper

#### PART 1: HOW STIs INCREASE HIV INFECTION

##### Delivery:

1. Begin by explaining these key points:
  - *Having an STI is one of the most important factors in spreading HIV. It greatly increases the risk of getting HIV and of passing it on to others.*
  - *A sore on the penis or vagina is an opening or door for HIV virus to enter the body.*

## MODULE 2: FACTS ABOUT HIV/AIDS

### Lesson 3: Sexually Transmitted Infections (STIs)

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- *White blood cells are hosts for HIV viruses. Discharge from the penis or vagina contains lots of white blood cells. Since discharge has so many white blood cells, they spread HIV virus more easily.*
  - *Quick, medical treatment of STIs and prompt referral of partners for treatment are very important preventing HIV.*
  - *Unless partners also receive medical treatment, they will re-infect the person who was treated.*
  - *Women often have no symptoms of sexually transmitted infection. Clinic visits to test and treat STIs are very important to protecting a woman's health.*
2. Now break participants into small groups. Ask each group to prepare a 3-minute role-play to perform in front of the group.
  3. This is the situation: One friend confides to another that he/she has had burning and is worried about having an STI. The other person advises him/her to get treated and explains why this is important.
  4. Ask each group to perform their role-play. Ask participants what makes seeking treatment so difficult. What could they do to overcome these difficulties? When all the role-plays are done, answer any questions and clarify misconceptions.

#### PART 2: STI Name Game

##### Delivery:

1. Divide the participants into four groups. Give each group a different disease name.
2. Tape the STI names along the wall.
3. Ask the group for popular names of the diseases. Write them in parentheses next to the scientific names.
4. Throw the cards with signs and symptoms on the floor.
5. Have each group find the cards they think are related to their disease and tape them under the name on the wall.
6. Then lead the group through the correct answers. (See "Common STDs and Symptoms" chart)
7. In the large group, ask participants these questions:
  - Where do people go to get treated for STIs?
  - Which is the best place to get treated? Why?
  - Why is it important to get treated early for STIs?
  - Why is it important that your partners get treated?
  - How can we tell someone that we have been treated for an STI without blaming them or getting hurt ourselves?

## MODULE 2: FACTS ABOUT HIV/AIDS

### Lesson 3: Sexually Transmitted Infections (STIs)

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#### PART 3: ROLE-PLAY

##### Delivery:

1. Ask for volunteers to play these two situations:
  - A male informs his partner that she needs to get treated for gonorrhea because he is having symptoms.
  - A woman tells her male partner that he needs to get treated for syphilis because she just learned in her prenatal exam that she has it.
2. Review how the situations went.
  - Was the person able to persuade their partner to get tested.
  - Did partners feel blamed?
  - How is it different for a man to tell his partner than for a woman?
  - Are there ways to discuss this topic that would have been more effective?
3. These situations bring out the risk of violence that young women face when talking to their partner about STIs.
4. Ask participants to break into groups of 3. In 5 minutes, come up with a list of reasons dealing with STIs is especially difficult for young women. Consider physical, social and economic reasons.
5. Bring the group back together and have each group present their findings. Ask the larger group for suggestions on how young women can overcome or minimize these barriers.
6. Homework: Ask for volunteers to visit a clinic or STD treatment site before the next session and report back on the experience. They should ask what services are available, whether they give medications, and how friendly staff members are to young people.

Adapted from *Life Skills Manual*, Peace Corps, Publication #M0063, 2001

## MODULE 2: FACTS ABOUT HIV/AIDS

### Lesson 3: Sexually Transmitted Infections (STIs)

#### COMMON STIs, SYMPTOMS AND TREATMENT

Gonorrhea	Syphilis	Herpes	Chancroid	HIV
Yellow-green or white discharge from the penis or vagina	Painless sore on penis or vagina	No cure, but can treat sores on genitals or mouth	Painful sore on penis or vagina	No symptoms for many years
Burning sensation on urination	Sore appears 10 to 90 days after exposure	Small painful blisters on mouth and/or genitals	Sore appears 3 to 5 days after exposure	Years later can be infected with TB, diarrhea, thrush
Possibly no symptoms	Non-itching rash on palms of hands and soles of feet	Symptoms may recur when person is under stress	Inflammation of lymph gland on one side	Gradually destroys immune system making person vulnerable to diseases
Symptoms usually appear 2 to 14 days after exposure	Hair loss, fever, and chills	Severe nerve damage or death to newborns if exposed in birth canal	Greatest risk factor for HIV transmission	Eventually results in death
Possible swelling in area of testicles	Possible death if untreated	Most risk of spread when ulcerations are present	Treatment: Antibiotics	No cure. Can treat symptoms.
Sterility possible if left untreated	Possible death or bone deformation in newborn if mother not treated early in pregnancy			
Treatment: Antibiotics				
Possible blindness in newborns if not treated with eye drops after birth	Treatment: Antibiotics			



### SEXUALLY TRANSMITTED INFECTIONS

## SYPHILIS, GONORRHEA, CHANCROID, CHLAMYDIA & HERPES

### ***SYPHILIS***

#### **WHAT IS SYPHILIS?**

Syphilis is a sexually transmitted infection caused by the bacteria called "*treponema pallidum*". If the infection goes unnoticed, over time it can spread to affect the whole body.

#### **HOW IS IT SPREAD?**

Syphilis is almost always spread through sexual activity, including penis to vagina, penis to mouth, penis to rectum and mouth to vagina. If a pregnant woman has syphilis, she can pass it on to her baby, who may be born with serious mental and physical problems as a result.

#### **WHAT ARE THE SYMPTOMS?**

This infection has three stages:

**Stage 1: (Primary Stage):** A painless sore develops within 10 days to 3 months after having sex with someone who is infected with syphilis. The sore can appear anywhere on the body where you were touched during sex, including your genitals, anus, mouth, tongue and throat. The sore is usually two centimeters across. The sore will last for about a month and then go away by itself. Some people may not go through this stage, or the sore may be so small they don't notice it. In about one third of people, the disease may continue to spread.

**Stage 2 (Secondary Stage):** About six weeks after being infected, you might develop flu-like symptoms (headache, fever, sore throat) and develop a scaly rash, particularly on the palms of the hands and soles of the feet. The secondary stage disappears by itself in about a month.

**Stage 3 (Latent/Tertiary Stage):** There may not be any other symptoms for a number of years, (sometimes as many as 20 years), but the disease may continue to spread throughout the body. When the symptoms return, the infection can cause serious health problems such as brain damage and heart disease.

## MODULE 2: FACTS ABOUT HIV/AIDS

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#### HOW IS IT DIAGNOSED?

Your doctor can tell whether you have syphilis by examining fluid from the sore(s) under a microscope, and sending a blood test to the laboratory. If you have no sores, he will take a blood test only.

How is it treated?

- Syphilis is treated with antibiotics. Blood tests are taken after treatment to make sure the infection is cured.
- Early treatment is more effective than late treatment.

#### HOW CAN I PROTECT MYSELF?

- Women and men should check their genitals periodically for symptoms. If you suspect you have syphilis, seek confirmation and treatment immediately.
- If you are sexually active, use a latex condom as a barrier to reduce the chance of spreading infections.

## GONORRHEA

#### WHAT IS GONORRHEA?

Gonorrhea is a sexually transmitted infection caused by the bacteria called "*Neisseria gonorrhea*". It can be found in the urethra, cervix, throat, rectum and eyes.

#### HOW CAN I GET IT?

Gonorrhea is spread during sexual contact through oral, vaginal and anal intercourse with an infected partner. Close contact, like touching before condom use, or masturbation with sexual fluids of an infected person can spread the bacteria from one person to another. It can also be spread from an infected woman to her baby during birth, causing eye infections in the baby.

#### WHAT ARE THE SYMPTOMS?

Many men and women who are infected have no symptoms at all. If symptoms develop, they usually appear within two to ten days after having sex with an infected partner. Symptoms to look for:

##### **For Women:**

- Most women have no symptoms
- Change in the amount and color of vaginal discharge
- Pain or burning when urinating
- Need to urinate more often
- Bleeding between periods (menstrual cycles), or heavier than usual periods
- Pain during sex
- Pain in the lower abdomen, sometimes with fever and vomiting

### ***For Men:***

- Abnormal discharge from the penis (often yellow or green)
- Pain or burning during urination
- Need to urinate more often
- Pain or swelling in the testicles
- Itching or tingling feeling inside the penis

### ***For Women and Men—Rectum***

- Itching and redness around the rectum
- Discharge from the rectum or mucus in the stools
- Sores around the anus
- Constipation or painful bowel movements

### **HOW IS IT DIAGNOSED?**

Your doctor can tell whether you have a gonorrhea infection by doing a swab test of the cervix for females and a swab of the urethra for males. Swabs can also be taken from the throat and rectum.

### **HOW IS IT TREATED?**

- Gonorrhea can be cured with antibiotics, which are taken by mouth
- People you have had sex with in the last two months must also be treated, even if they do not have symptoms
- Gonorrhea often occurs together with chlamydia (another common sexually transmitted infection), so doctors usually prescribe a combination of antibiotics
- Even after being treated for gonorrhea, you can get infected again by having sex with an untreated partner. Remember, most people don't know they are infected.
- Using condoms can help prevent the spread of gonorrhea as well as other sexually transmitted infections.
- Don't consider yourself cured until one week after you complete treatment.

### **WHAT HAPPENS IF I DON'T GET TREATED?**

- ***In women***, the infection can spread to infect the womb (uterus) and fallopian tubes and cause pelvic inflammatory disease. This can cause infertility and tubal pregnancy.
- ***In men***, the infection could lead to painful swelling of the testicles and sterility.

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#### **CHANCROID**

##### **WHAT IS CHANCROID?**

The "*Haemophilus ducreyi*" bacteria cause chancroid.

##### **WHAT ARE THE SYMPTOMS?**

Symptoms appear with a week of sexual contact. The first symptom is one or more pimple-like sores on the genitals surrounded by red skin. Within two days, the pimple breaks open and becomes a painful, bleeding ulcer. Lymph nodes in the groin may become swollen and tender.

##### **HOW IS IT SPREAD?**

Chancroid is spread by contact with sores on the genitals during sexual intercourse, oral sex, or anal sex.

##### **HOW IS IT DIAGNOSED?**

A laboratory analyzes fluid from an ulcer.

##### **HOW IS IT TREATED?**

Chancroid is treated with antibiotics taken by mouth.

##### **HOW CAN I AVOID INFECTING OTHERS?**

- Avoid intercourse when you have genital sores.
- Use a latex condom every time you have intercourse.

#### **CHLAMYDIA**

##### **WHAT IS CHLAMYDIA?**

The bacteria "*chlamydia trachomatis*" causes chlamydia. It infects both men and women.

- It can spread from a woman's cervix to her womb, fallopian tubes or ovaries, resulting in Pelvic Inflammatory Disease.
- It can spread from a man's penis and urethra and cause infection in the testicles and may result in sterility.
- Chlamydia passed from an infected mother to her infant during birth can cause eye infection and pneumonia in the baby.
- Chlamydia often has no symptoms. People can carry it for years without knowing they have it, especially women.
- About 70% of women with chlamydia have no symptoms, so most women don't know they are infected.

### WHAT ARE THE SYMPTOMS?

#### *In Women*

- Most women have no symptoms
- Abnormal discharge
- Inflammation of the cervix
- Burning feeling when urinating
- Bleeding between periods, more painful periods
- Pain during sexual activities
- Pain in the lower abdomen
- Slight fever

#### *In Men*

- Most men have no symptoms
- Discharge from the penis
- Painful urination
- Inflammation and infection of the testicles

### HOW IS IT SPREAD?

Chlamydia is passed between people during vaginal intercourse, anal intercourse or oral sex (mouth to penis or mouth to vagina).

### HOW IS IT DIAGNOSED?

Clinic tests can detect chlamydia.

### HOW IS IT TREATED?

Chlamydia is treated with antibiotics.

#### *If I have chlamydia, what should I do?*

- If you are diagnosed with chlamydia, let your partners know so they can get treatment if necessary
- Your sexual partners should be treated right away. Even after being treated for chlamydia, you can get infected again by having sex with an untreated partner.
- It's very important not to have sexual contact until after your treatment is finished. This prevents re-infection or further spread of the infection.
- It is very important to follow the instructions and take all the medication you are given.
- Wash your hands to avoid spreading chlamydia from one part of your body to another (your genitals to your eyes, for example).
- Using condoms during intercourse can help prevent the spread of chlamydia and other sexually transmitted diseases.

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### ***HERPES***

#### **WHAT IS HERPES?**

Herpes is an infection caused by the herpes simplex virus. There are two types of virus:

**Herpes Type 1** usually causes a sore in the mouth or on the lips commonly known as a “cold sore”

**Herpes Type 2** usually causes sores on the genitals and surrounding skin. Type 1 Herpes can be spread to the genitals and Type 2 herpes can be spread to the mouth.

#### **HOW COMMON IS IT?**

Herpes is a very common viral infection. It is not curable, but is rarely dangerous.

#### **WHAT ARE THE SYMPTOMS?**

- Typical herpes sores begin as small, painful, red blisters filled with a clear fluid. These burst, ooze and later form ulcerations.
- Women may experience a heavy, watery vaginal discharge
- The initial attack may be quite severe with large ulcerations and pain in the vulva, vagina, penis, scrotum, buttocks or anus
- Symptoms of a first outbreak usually last 10 - 20 days, with sores healing completely in two to three week
- Most people have outbreaks more than once because the virus stays in the body. Later outbreaks are usually not as painful and heal sooner than the first outbreak.

#### **HOW IS IT SPREAD?**

- By contact with herpes sores on the mouth, either by kissing, touching or oral-genital sex when a partner has an active sore, or just before an outbreak
- By contact with sores on the genitals during sexual intercourse, oral sex, or anal sex when a partner has an active sore
- Sometimes the virus can spread when no visible sores are present

#### **WHO IS MOST LIKELY TO GET INFECTED?**

- People with infected partners
- Anyone sexually involved with a number of different partners
- Anyone with sexual partners who are involved with other partners
- People with weakened immune systems

### HOW IS IT DIAGNOSED?

Herpes can be diagnosed by testing the blister fluid or sore for samples of the virus.

### HOW IS IT TREATED?

There is no cure, but there are medications and things you can do to lessen your discomfort and reduce the number of outbreaks of sores.

- Antiviral medication can reduce the severity, frequency and spread of infection
- Wash the sores with soap and water every day and gently pat dry.
- Aspirin may relieve discomfort
- Wear loose clothing. Keep blisters as dry as possible between bathing and cleaning.
- Avoid rubbing the area after bathing. Urination may be very painful during an outbreak of genital sores. Try urinating in the shower with warm, running water

### HOW CAN I AVOID INFECTING OTHERS?

- Avoid intercourse when you have genital herpes sores.
- Use a latex condom every time you have intercourse. Condoms reduce the chance

*Adapted from Options for Sexual Health*





## MODULE 2: FACTS ABOUT HIV/AIDS

### Lesson 4: The HIV Test

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#### Purpose:

This session helps participants address their fears about testing by describing the test in detail and by considering its advantages.

#### Objectives:

- ❖ Participants know what an HIV test can tell them;
- ❖ Participants feel HIV testing is important;
- ❖ Participants know where to go for the test.

#### Recommendation:

Plan to visit a Voluntary & Confidential Testing (VCT) site as part of this session, or invite a health worker or counselor from a VCT site to participate in this part of the course.

#### Time: 2 hours

TOPIC	TIME	METHOD	MATERIALS
What Do You Know About The HIV Test?	15 minutes	Group Work	None
Understanding Test Results	15 minutes	Lecture	Flipchart or chalkboard helpful
Why Get Tested?	30 minutes	Group Work: Advantages & Disadvantages	Pens & paper
Where to Get Tested?	60 minutes	Visit a HIV Test Site	None

## MODULE 2: FACTS ABOUT HIV/AIDS

### Lesson 4: The HIV Test

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## ACTIVITY

### UNDERSTANDING THE HIV TEST

**Purpose:** Participants will understand what an HIV-test is and address their fears about it.

**Age Group:** Children 11 years and older

**Materials:** Flip chart, markers, handouts

**Preparation:** It is recommended to have a health worker from a Voluntary Counseling & Testing site or clinic present this session.

#### PART 1: ABOUT THE TEST?

##### Delivery:

1. Ask participants to join in groups of 3 and answer these questions:

*How can a person find out whether or not they have HIV?*

*Where can they find this out?*

*What does it cost?*

*How long does it take to get the results?*

*What does a positive test result mean?*

*What about a negative result?*

2. After they have finished, reassemble and ask for the answers. Write the correct answers on a flipchart.
3. Give participants the following information about the HIV Test.

The HIV test is a blood test. This test shows if a person has developed

**antibodies** to the HIV virus. The body produces antibodies to fight the HIV virus after it's gotten inside the body.

**The HIV test does not test for the virus.** It looks for antibodies that the person's body has made to fight the virus.

The HIV test cannot tell:

*How the person became infected or*

*How long the person has had the virus*

4. The **rapid test** is the most common blood test to determine whether or not a person is infected with HIV. This test is very sensitive. With this test people can get their results the same day. Other tests can take few weeks for the results.

#### PART 2: UNDERSTANDING TEST RESULTS

1. An HIV test will either be positive or negative. A **positive test** means that the test has found HIV antibodies in the person's blood. This means that the person has been infected with the HIV virus.
2. Remember, just because a person is HIV positive does not mean that they are dangerous to others through everyday contact, like at school or work. HIV/AIDS can only be spread through sex or blood. It is safe for HIV positive people to touch others and be touched.

## MODULE 2: FACTS ABOUT HIV/AIDS

### Lesson 4: The HIV Test

3. A **negative test** result can mean one of two things: 1) the person has not been infected with the HIV virus; or 2) that he or she was infected too recently for the test to find antibodies in their blood—3 months or less.
4. If the person was infected in the last 3 months, the test might be wrongly negative. This is because it takes the body months to produce enough antibodies to be detected by the test.
5. This person should get another test in 3 months and practice safer sex.
6. **Voluntary Counseling and Testing** centers have a counselor who spends time with each person before they have the test. They will often ask questions like:

- *What will you do if the test shows you are living with HIV?*
- *What will you do if the test shows no sign of HIV in your blood?*
- *Are you sure you want to go ahead with the test?*

Afterwards, the counselor will meet with you to give you the results and help you plan what to do next. These discussions are confidential. The doctor and counselor should not tell anyone else about your test result, or anything you have said. That is up to you.

## ACTIVITY

### HIV TESTING ADVANTAGES & DISADVANTAGES

#### ADVANTAGES & DISADVANTAGES OF TESTING

##### Delivery:

1. In small groups, list the advantages for a young person to have an HIV test.
2. Now list the disadvantages to testing.
3. Have each group call out one advantage until all the advantages are listed. Do the same with the disadvantages, recording them on paper.

4. Ask the group how fears of social rejection affect people's feelings about testing.
5. Review the list of Advantages and add or expand on the following:

*Testing helps prevent further infections.*

*A negative test can reduce a person's anxiety.*

*A negative test can motivate a person to stay negative.*

*A positive test can keep people from infecting others without knowing it*

## MODULE 2: FACTS ABOUT HIV/AIDS

### Lesson 4: The HIV Test

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*A positive test can motivate people to practice safer sex and discourage them from infecting others.*

*A positive test can give the person a chance to learn how to take good care of themselves and to seek treatment.*

*A positive result can encourage people to inform past sexual partners and prompt them to have an HIV test.*

*A positive test result can give people time to plan for their family's future.*

6. What advantages are there for young women to have an HIV test?

*She can look into possible family planning options.*

*She can learn about ways to reduce the chance of passing HIV to her child.*

*She can have her baby checked for HIV.*

7. Disadvantages to Testing. Review the list of disadvantages and add other ideas:

*There are many real consequences to HIV testing:*

*Many people are afraid to have the test because they fear rejection from their family and community.*

*People who test positive may lose their jobs if their employers find out.*

*The community may reject, banish or ridicule a person with HIV.*

*A person may not be able to cope with the guilt, anger, depression or other personal reactions to knowing that they are HIV positive.*

*A student who tests positive may be forced to leave school, or do so because they are rejected and ridiculed by their peers.*

*A woman who tests positive may be beaten up or kicked out of home.*

Adapted from *Life Skills Manual*, Peace Corps, Publication #M0063, 2001

## ACTIVITY

### VISITING AN HIV TEST SITE

Visiting a Voluntary Counseling & Testing (VCT) site is a great way for participants to see what testing is about firsthand. It may also help them overcome their fears about the procedure. Arrange the visit in advance with the clinic director or person in charge of the clinic. Tell them about

this course and how many people you expect to come. Ask them to walk the group through the testing process and to explain about confidentiality. Suggest that VCT staff role-play a pre- and post-test counseling session. Encourage participants to ask questions.

### WHAT IS HIV TESTING?

HIV testing tells you if you are infected with the Human Immunodeficiency Virus (HIV) that causes AIDS. These tests look for “antibodies” to HIV. Antibodies are proteins produced by the immune system to fight a specific germ.

Other “HIV” tests are used when people already know they are infected with HIV. These measure how quickly the virus is multiplying (a viral load test) or the health of your immune system (a T-cell test).

### HOW DO I GET TESTED?

The most common HIV test is a blood test. It may take up to two weeks to get these test results. Newer tests can detect HIV antibodies in mouth fluid (not the same as saliva), a scraping from inside the cheek, or urine. “Rapid” HIV tests can provide test results the same day. A positive result on **any** HIV test should be confirmed with a second test.

### WHEN SHOULD I GET TESTED?

If you become infected with HIV, it usually takes between three weeks and two months for your immune system to produce antibodies to HIV. If you think you were exposed to HIV, you should wait for two months before being tested. You can also test right away and then again after two or three months. During this “window period” an antibody test will give a negative result, but you can transmit the virus to others if you are infected.

About 5% of people take longer than two months to produce antibodies. Testing at 3 and 6 months after possible exposure will detect almost all HIV infections. However, **there are no guarantees** as to when an individual will produce enough antibodies to be detected by an HIV test. ***If you have any unexplained symptoms, talk with your health care provider and consider re-testing for HIV.***

### WHAT DOES IT MEAN IF I TEST POSITIVE?

A positive test result means that you have HIV antibodies, and are infected with HIV. You should get your test result from a counselor who should tell you what to expect, and where to get health services and emotional support.

Testing positive does **not** mean that you have AIDS. Many people who test positive stay healthy for several years, even if they don’t start taking medication right away.

If you test negative and you have not been exposed to HIV for at least three months, you are not infected with HIV. Continue to protect yourself from HIV infection by practicing safer sex.

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#### **HOW ACCURATE ARE THE TESTS?**

Antibody test results for HIV are accurate more than 99.5% of the time. Before you get the results, the test has usually been done two or more times. The first test is called an "EIA" or "ELISA" test. Before a positive ELISA test result is reported, it is usually confirmed by another test called a "Western Blot".

Two special cases can give false results:

**Children born to HIV-positive mothers** may have false positive test results for several months because mothers pass infection-fighting antibodies to their newborn children. Even if the children are not infected, they have HIV antibodies and will test positive. Other tests, such as a viral load test, must be used.

As mentioned above, **people who were recently infected** may test negative if they get tested too soon after being infected with HIV.

#### **THE BOTTOM LINE**

HIV testing generally looks for HIV antibodies in the blood, or saliva or urine. The immune system produces these antibodies to fight HIV. It usually takes two to three months for them to show up. In rare cases, it can take longer than three months. During this "window period" you will not test positive for HIV even if you are infected. Normal HIV tests don't work for newborn children of HIV-infected mothers.

## MODULE 3: PREVENTING HIV

### *Lesson 1: Imagining Your Future*

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#### **Purpose:**

These fun, imaginative lessons engage participants in a real, physical experience of protecting themselves from HIV. Participants begin thinking about their future and their options for staying safe.

#### **Objectives:**

- ❖ Participants maintain a positive view of the future;
- ❖ Participants understand and personalize the risks of unprotected intercourse;
- ❖ Participants are more motivated to avoid infection.

#### **Time: 2 hours**

TOPIC	TIME	METHOD	MATERIALS
HIV/AIDS: The Rising Flood	45 minutes	Crossing the Bridges	Blue cloth, long sticks, paper animals
Problem Solving	15 minutes	Outcome Focus or Problem Focus	Flipchart or board helpful
Staying Safe from Infection	1 hour	Group Discussion: Fleet of Hope	Character & Boat Cutouts

## MODULE 3: PREVENTING HIV

### Lesson 1: Imaging Your Future

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**Key Message:** The risk of getting HIV through sex can be reduced in three ways.

**Key Skills:** Delaying sex, having fewer partners and/or using condoms all reduce risk of infection.

***The vast majority of HIV infections result from unprotected sexual intercourse with an infected partner.***

Abstaining from sexual intercourse is the only 100% way to avoid HIV infection, STIs and unwanted pregnancy. Abstaining from sex has other advantages too. Abstinence can make people feel good about themselves. It can help them develop their relationship in other ways. Abstinence costs nothing and can be started at any time. But even with all these advantages, abstinence is not for everyone.

Faithfulness (committing to a mutually faithful relationship with one person) is another way to reduce the risk of HIV infection. Both partners first need to be sure they are not infected. That means having an HIV test. The drawback of this method is that both partners must have sexual relations only with each other. If one person has sex with someone else, both partners risk infection with HIV.

Unless partners have sex only with each other and have been tested for HIV and

know they are both uninfected, they should protect themselves by using condoms.

“Safer sex” means sex where the penis does not enter body without being covered by a condom. The condom catches the semen so that it cannot enter the woman’s body and prevents the woman’s vaginal fluids from entering the man’s penis. Condoms also prevent contact between the couple’s genitals, protecting them from sexually transmitted infection (STI).

Condoms are highly effective at preventing STIs, HIV and pregnancy. They are easy to use, inexpensive and discreet. Using condoms requires the two people to talk together about having safer sex. These discussions can be difficult to initiate, and sometimes impossible for women.

Fewer sex partners means less chance of being exposed to HIV. But any sexually active person can get infected—not just people who have many sex partners. A person can get infected after even one act of sex without a condom.



## ACTIVITY & DISCUSSION

### CROSSING THE BRIDGES

**Purpose:** Participants will know three different ways to protect themselves from HIV infection and be more able to stay healthy.

**Age Groups:** All ages

**Materials:** A piece of blue cloth about 2 meters wide; Crocodile cutouts; a 6-foot stick (1x1 inch), marked white on one half, blue on the other; a 6-foot stick painted yellow

**Time:** 45 minutes

#### Background

Participants try to cross a narrow “bridge” (a long, thin stick on the ground) over crocodile infested waters. For those who fall off, a second bridge is added later, enabling them to cross safely. This quick, fun exercise creates a real, physical experience of how to protect oneself from HIV. It gets everyone involved and starts people thinking about their options for staying safe.

#### PART 1: CROSSING DANGEROUS WATERS

##### Delivery:

1. Lay down the cloth. (If the ground is too dirty, you can do this without the cloth.) Lay the stick across the length of the cloth. Put the crocodiles on both sides of the stick.
2. Introduce this as a fun activity in which everyone can participate. Describe the situation saying:

*Imagine this area is a big river*

*with hungry crocodiles and other dangerous creatures in it. Your future awaits you at the far end. You have to cross the river using this bridge. You must put one foot in front of the other so that the heel of your front foot touches the toe of your back foot. (Demonstrate crossing the bridge yourself, starting at the white end of the stick.) This is a dangerous river to cross, so we should encourage our friends on their way. When someone crosses successfully, let’s celebrate by clapping and cheering.*

3. Invite participants to try crossing the bridge, heel to toe all the way from the white end to the blue end. When someone succeeds, have everyone clap and cheer.
4. When everyone who wants to has tried walking the bridge, congratulate those who got across safely. For those people who fell off, assure them that you’ll be adding another bridge to help them get across safely.
5. Lay the yellow stick on the ground about a foot apart from the white/blue stick. Explain that with the yellow bridge in place, participant can try to cross the white and blue bridge again. If they need to, they can use the yellow bridge as well to get safely to the other side. Demonstrate this yourself.

## MODULE 3: PREVENTING HIV

### Lesson 1: *Imaging Your Future*

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6. Now invite everyone to cross using the second bridge for support. They should all succeed now. If anyone falls off again, let them have another go until they can do it. When each person gets across, have everyone celebrate.

#### PART 2: DISCUSSION

##### Delivery:

Use the following questions to lead a discussion after the exercise. Let the participants answer as fully as possible. It's better for them to think of the answers themselves than hear them from the facilitator.

1. **Feelings:** How did you feel when you were doing this exercise?

- How did you feel when you were on the one bridge?
- When you crossed successfully and everyone cheered?
- When you fell off?

2. **Symbols:** What do the crocodiles and other hidden creatures represent?

HIV/AIDS is the answer. They also represent other Sexually Transmitted Infections (STIs) like gonorrhea and syphilis. The crocodiles are dangers you can see. HIV is more like one of the hidden creatures in the water. You cannot see it and it can bite you without you knowing.

3. What do the bridges represent?

The bridges are ways to avoid HIV and going through life safely.

4. What does the white and blue stick represent?

White stands for abstinence, no sex or delaying sex. Blue represents faithfulness, having sex only with one faithful partner who is not

infected with HIV. We started out on abstinence and then moved onto faithfulness in a long-term, committed relationship.

5. What does the yellow bridge represent?

The yellow bridge represents using condoms. Not everyone can stay on the abstinence or faithfulness bridge all the time. Condoms help people from falling in the water when they fall off the first bridge. The yellow bridge can also represent support from peers, parents, religion, etc.

6. What helped you cross safely? How does this relate to real life?

Encouragement and support from others. For example, it helps if someone else holds your hand as you cross a bridge.

It also helps to focus on the bridge and where you want to end up. If you focus on the problems of life, like the water and the crocodiles, you are more likely to fall in.

Having 2 bridges makes crossing safely a lot easier. If you make use of the different choices, you are more able to stay out of the water.

7. Why is having the choice of two bridges so important?

Many people say you should use just the Abstinence/Faithfulness Bridge. Some people manage to stay on this bridge all their life. This is a wonderful thing and we congratulate them. However, in reality, many people find it too difficult to stick to this bridge all the time. When this is the only bridge available, many people fall into the water. But when they can use this second bridge as well, they get across safely.

## MODULE 3: PREVENTING HIV

### Lesson 1: Imagining Your Future

What should we say to people who find they cannot stay on the Abstinence/Faithfulness Bridge? Should we say: "You must not use the Condom Bridge"? If you fall off the Abstinence/Faithfulness Bridge, that's tough, you'll just have to swim and risk the crocodiles." Or should we show our love and care for others by saying: "Try to stick to the Abstinence/Faithfulness Bridge, but if you can't, please use the Condom Bridge as well to keep yourself and others safe."

8. What have you learned from this exercise? If participants have not

mentioned these points, add them at the end:

- If you really care about other people and want them to stay healthy and free of HIV, you should give them full information about all the options available to them.
- It's important to encourage Abstinence/Faithfulness, but also to make sure people know about Condoms too.
- It helps if you focus on what you want and where you want to go.

Adapted from *Journey of Hope, Ghana Users' Guide*, Government of Ghana, JHU/CCP, Potential Unlimited International, USAID, UNAIDS, 2000

## ACTIVITY & DISCUSSION

### OUTCOME OR PROBLEM FOCUS?

#### Delivery:

1. In the large group, explain: When we are dealing with a difficult issue, people will often ask "Problem Focused" questions like:
  - What is the problem?
  - Who caused it?
  - Where did it come from?
  - Why have I got this problem?
  - What else is going wrong in my life because of this problem?
  - How can I get away from this problem?

These questions may offer some useful information, but they are

often not very helpful in getting to a good solution. They focus on the problem, and whom to blame for it. Problem focused questions leave people feeling stuck in the problem and unable to do much. A more helpful approach is to ask "Outcome Focused" questions like:

- What do I want?
- How many different ways are there to get there?
- What else will I have when I get there?
- What support do I need?
- What is the first thing I need to do now?

## MODULE 3: PREVENTING HIV

### Lesson 1: Imaging Your Future

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- This approach gives people more positive feelings and enthusiasm to do something about an issue.
2. Ask the group how the Bridges exercise related to “Problem Focus” and “Outcome Focus”. Why do you think Bridges used this approach?
  3. It is important for us to understand the problems and difficulties around HIV and AIDS, but if we focus just on the problems, it’s easy to become depressed and ineffective. If we focus on the positive outcomes we want to see, we’ll be more motivated.
  4. Here are two different ways we could introduce the training: We could say:
    - This program is about how to avoid dying of AIDS, or
    - This program is about how to enjoy your life and relationships in ways that keep you safe and healthy.Which approach will make you feel better and more motivated? Why?
  5. Explain that we’ll apply these two approaches to some problems you
6. are dealing with in your own lives today. Ask for some examples. List them on the board or paper.
  7. After participants have named several different problems, ask them to break into groups of three. Each group should select one problem. Give them a few minutes to talk about it using the Problem Focus questions. (Either read the questions aloud or write them on the board.)
  8. Interrupt the discussion and ask the groups to discuss the problem asking the Outcome Focus questions. Again, read the questions aloud or write them up.
  9. After a few minutes stop the discussion and ask the following questions
    - How did they feel after the Problem discussion? The Outcome discussion?
    - In what ways were the answers you came up with different?
    - Which approach helped them feel more confident about solving the problem?
    - Other observations?

Adapted from *Journey of Hope, Ghana Users’ Guide*, Government of Ghana, JHU/CCP, Potential Unlimited International, USAID, UNAIDS, 2001

## ACTIVITY

# THE FLEET OF HOPE

**Purpose:** Participants know they can use abstinence, faithfulness and/or condoms to protect themselves from HIV infection.

**Age Group:** All ages

**Materials:** Drawings resembling people in the community (See Appendix); 2-meter piece of blue cloth; cut-out boats, about 12" in size; Abstinence, Faithfulness, Condom Use labels for boats; and crocodile cut-outs

**Time:** 1.5 hours

**Preparation:** Review this analogy: The spread of HIV/AIDS is like a rising flood. All sexually active people must take action to prevent themselves from being attacked by the dangerous and often invisible creatures in the water. There are three boats to safety: 'Abstinence', 'Faithfulness' and 'Condom Use'. By being on these boats you can stay safe from danger.

### PART 1: SETTING THE SCENE

#### DELIVERY:

*The facilitator sets the scene by narrating the following:*

This is a story about a very serious flood and what helped the people in one community to deal with it. I will start the story, and then we will all join in directing and developing the story together.

The waters of this flood have been rising for several years, flooding houses, villages, towns and whole countries.

*Lay the cloth with the boats on the ground or hang it up in front of the group:*

This is the flood, and in this flood there are some dangerous creatures.

*Put the crocodile on the cloth.*

You can see some of these dangers, but others lie hidden in the water. These include HIV and other sexually transmitted infections (STIs) like gonorrhea.

At first, most people don't notice the flood coming, and they don't know what caused it. Some climb onto the roof of their house, or move to higher ground to escape. But the waters keep rising.

How can you escape from a flood? Get on a boat. There are three different boats available for people to escape on. They are '**Abstinence**', '**Faithfulness**' and '**Condom Use**'.

*Involve participants in a discussion to clarify what is meant by these terms. Use local terms for abstinence (or delay), faithfulness and condoms, ones that participants are comfortable using. Then ask participants to choose a name for this community. Refer to the community by name from now on.*

Each person in \_\_\_\_\_ can choose which boat they want to get on, depending on their culture, religion, character, age and way of life. Different people climb onto each of the three boats. The three boats stay close together so that it is possible for a person to switch safely to another boat if they want to.

## MODULE 3: PREVENTING HIV

### Lesson 1: Imaging Your Future

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Anyone not on one of the boats is swimming about in the floodwaters and in danger of being attacked by one of the creatures in the water.

Some people in \_\_\_\_\_ don't notice the flood coming until it's too late. Others see the flood coming, but find it very hard to leave their way of life and change what they have been doing, and so the water catches them.

#### PART 2: WHO'S IN THE WATER?

##### WHO'S ON A BOAT?

##### Delivery:

Hand out a card character to each participant. Give them a character that is **NOT** like them. For example, give male characters to women and female characters to men. Give young characters to older persons. Ask participants one at a time to talk about their character.

Introduce your character. Give them a name. Talk about them as if they are someone you know. Tell us about who they are, what they are like, and what they are doing today. Then put them on the boat they are actually on at this moment or in the water if that is where they are. **Put them where you**

**think they are now, not where you think they ought to be.**

Ask participants about why they have chosen that particular boat. Lead a discussion about the issues each character faces in relation to

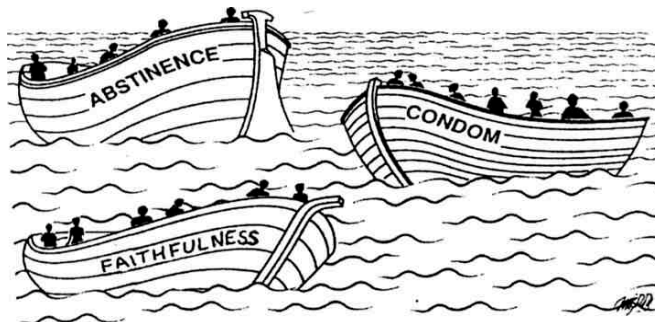
staying on a boat or getting onto another boat. Ask the group what support they could offer that character to overcome the problems he or she is facing.

Point out that people can and often do change boats. Illustrate this with the card character that looks like a businessman by saying:

This businessman has a faithful relationship with his wife most of the time. Then he goes away on a business trip. First he gets on the 'Abstinence' boat, but after a week away, he meets a pretty woman. If he decides to have sex with her, he must get on the 'Condom' boat, otherwise he will take a dive into the water. People often move boats when they get married. If you cannot face staying on the boat you are on, change boats. Just stay out of the water.

Encourage participants to create relationships between the different card characters. The discussion can go in many directions, bringing up different issues through their characters.

Adapted from *Journey of Hope, Ghana Users' Guide*, Government of Ghana, JHU/CCP, Potential Unlimited International, USAID, UNAIDS, 2001



# WHAT IT MEANS TO BE A BOAT ON THE WATER

## ***ABSTINENCE- NO SEX- DELAY SEX***

This is the safest boat you can be on. Abstinence is the only way you can be 100% safe from getting HIV/AIDS or STIs from sex.

There are many people on this boat, such as young men and women, people with particular religious beliefs, and anyone who chooses not to have sex. Most people have periods of abstinence during their lives, even if it is just for a short time.

For some people, abstinence means they do not have a girlfriend, boyfriend, or partner. This boat can be great for young people who just want to enjoy themselves together.

You can have a boyfriend, girlfriend or partner and still enjoy yourself on the Abstinence boat. There are many fun and pleasurable things you can do while staying safely on this boat. You can kiss, cuddle, caress and give your partner a sensual massage. These are all safe as long as no semen or vaginal fluid gets onto your partner's body.

## ***FAITHFULNESS - STICKING TO ONE UNINFECTED PARTNER WHO HAS NO OTHER SEXUAL PARTNERS***

Faithfulness requires a firm, ongoing commitment between partners to stick to each other and have no other sexual partners. People promise to be faithful to each other when they get married, but they do not always keep this promise. People who are really committed to loving each other and nobody else in a long-term relationship get on this boat. It is possible for polygamous marriages to exist on the Faithfulness boat, but it requires that ALL partners are uninfected and ALL remain faithful.

If you want to climb safely onto the Faithfulness boat, and start having sex without a condom, it is important to check first that neither you nor your partner is infected with HIV. If either of you has ever had unprotected sex or if you have had a blood transfusion, it is possible you may be living with HIV. You can find out by going for Voluntary Counseling and Testing, ideally before you start having unprotected sex. If you go together for a test, you can agree with your partner that you will share your results with each other only, and that you will not tell anyone else about the result of your partner's test.

## **MODULE 3: PREVENTING HIV**

### ***Resource Pages***

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#### ***CONSISTENT CONDOM USE USING A NEW CONDOM CORRECTLY EVERY TIME YOU HAVE SEX***

Condoms are like a thin, rubber glove that fits over a man's penis during sex. It catches semen so that it cannot enter the partner's body. A condom acts as a tough skin that sperm; HIV and Sexually Transmitted Infections (STIs) can't get through. If you use condoms properly every time you have sex, they are very effective at stopping HIV infection. They also protect you from other STIs and pregnancy.

#### ***IN THE WATER - RISKY SEX WITH SOMEONE NOT YOUR FAITHFUL, UNINFECTED PARTNER***

People in the water are risking HIV infection. There are many reasons they're here. Some do not know about HIV or have wrong information. Some people know about HIV, but they don't feel that it will affect them personally. People who have had too much drink or have taken drugs do not think about protecting themselves properly before having sex. Others put their trust in long-term relationships. They are faithful-- but their partner may not be. Some women have sex in order to get money and support from men. A man may refuse to use a condom. Women are also at risk when a man forces sex on them.

When someone is in the water, they may pick up other Sexually Transmitted Infections (STIs) like gonorrhea. Having an STI makes it easier for them to get infected with HIV. STIs don't go away without medical treatment. The uncomfortable signs may be gone, but the STI is still inside the body. Some STIs can also make people infertile, so they can't have children. For all these reasons, it is very important to go to a clinic and get STIs treated properly.

Some people who have had risky sex assume they have HIV. It is possible to become infected the first time you have sex, but some people who have had risky sex many times are still not infected. When they go for Voluntary Counseling and Testing, they are often happy to find they do not have HIV.



# CONDOMS

## WHAT ARE CONDOMS?

A condom is a tube made of thin, flexible material. It is closed at one end. Condoms have been used for hundreds of years to prevent pregnancy by keeping a man's semen out of a woman's vagina. Condoms also help prevent diseases that are spread by semen or by contact with infected sores in the genital area, including HIV. Most condoms go over a man's penis. A new type of condom was designed to fit into a woman's vagina. This "female" condom can also be used to protect the rectum.

## WHAT ARE THEY MADE OF?

Latex is the most common material for condoms. **Viruses cannot get through it.** Latex is inexpensive and available in many styles.

## CONDOM MYTHS

**Condoms don't work:** Condoms prevent HIV transmission very well if they are used correctly every time you have sex. Condoms are one of the only methods for sexually active people to protect themselves from HIV and other sexually transmitted infections.

**Condoms break a lot:** Less than 2% of condoms break when they are used correctly: no oils with latex condoms, no double condoms, no outdated condoms.

**HIV can get through condoms:** HIV cannot get through latex or polyurethane condoms.

## HOW ARE CONDOMS USED?

Condoms can protect you during contact between the penis, mouth, vagina, or rectum. Condoms won't protect you from HIV or other infections unless you use them correctly.

- Store condoms away from too much heat, cold, or friction. Do not keep them in a wallet or a car glove compartment.
- Check the expiration date. Don't use outdated condoms.
- Don't open a condom package with your teeth. Be careful that your fingernails or jewelry don't tear the condom.

## MODULE 3: PREVENTING HIV

### Resource Pages

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- Use a new condom every time you have sex, or when the penis moves from the rectum to the vagina.
- Check the condom during sex, especially if it feels strange, to make sure it is still in place and unbroken.
- Do not use a male condom and a female condom at the same time.
- Use **water-based** lubricants with latex condoms, **not oil-based**. The oils in Vaseline or petroleum jelly will make latex fall apart.
- Throw condoms into the latrine or where children cannot find them.

### **USING A MALE CONDOM**

Put the condom on when your penis is erect - but before it touches your partner's mouth, vagina, or rectum. **Many couples use a condom too late, after some initial penetration.** Direct genital contact can transmit some diseases. The liquid that comes out of the penis before orgasm can contain HIV.

- If you are not circumcised, push your foreskin back before you put on a condom. This lets your foreskin move without breaking the condom.
- Squeeze the air out of the tip of the condom to leave room for semen and unroll the rest of the condom down the penis.
- Do not use two condoms. Friction between the condoms increases the chance of breakage.
- After orgasm, hold the base of the condom and pull out before your penis gets soft.
- Be careful not to spill semen onto your partner when you throw the condom away.

### **USING A FEMALE CONDOM**

The female condom is a sleeve or pouch with a closed end and a larger open end. There are flexible rings at each end of the Reality condom, and a flexible V-shaped frame in the V-amour condom.

- Put the condom in place before your partner's penis touches your vagina or rectum.
- For use in the vagina, insert the narrow end of the condom, like inserting a diaphragm. The larger end goes over the opening to the vagina to protect the outside sex organs from infection.
- Guide the penis into the large end to avoid unprotected contact between the penis and the partner's rectum or vagina.

- Some people have used the Reality condom in the rectum after removing the smaller ring. Put the condom over your partner's erect penis. The condom will be inserted into the rectum along with the penis.
- After sex, remove the condom before standing up. Twist the large end to keep the semen inside. Gently pull the condom out and throw it away.

### ***THE BOTTOM LINE***

When used correctly, condoms are the best way to prevent the spread of HIV during sexual activity. Condoms can protect the mouth, vagina or rectum from HIV-infected semen. They can protect the penis from HIV-infected vaginal fluids and blood in the mouth, vagina, or rectum. They also reduce the risk of spreading other sexually transmitted diseases.

Condoms must be stored, used and disposed of correctly. Male condoms are used on the penis. Female condoms can be used in the vagina or rectum.

For more information, see Condomania's World of Safer Sex at <http://www.condomania.com/>



## MODULE 3: PREVENTING HIV

### *Lesson 2: Avoiding Infection*

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#### **Purpose:**

Through the analogy of boats floating on dangerous waters, participants gain confidence about staying out of harm's way.

#### **Objectives:**

- ❖ Participants can name three ways to protect themselves from HIV;
- ❖ Participants understand that different choices are appropriate for different people;
- ❖ Participants agree that it's very important to be safe from infection rather than open to danger.

#### **Time: 2 hours**

TOPIC	TIME	METHOD	MATERIALS
HIV Tag	15 minutes	Game	None
Prevention Options	45 minutes	Group Work: On a Boat or in the Water	None
Responding to Risky Attitudes	30 minutes	Group Work/Role Play	List of risky attitudes for each team
Risky Rush	15 minutes	Game	None

## MODULE 3: PREVENTING HIV

### Lesson 2: Avoiding Infection

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#### GAME

#### HIV TAG

**Purpose:** To reinforce prevention messages

**Age Group:** Children ages 7-10

**Materials:** None

**Time:** 10-20 minutes

**Preparation:** HIV Tag should be preceded by a general discussion of how HIV is and is not spread.

**Delivery:**

1. Begin the game with one participant as "it."
2. When another participant is tagged, s/he must shout out one way to protect against HIV infection.
3. If s/he cannot think of one or uses one that has already been used, s/he becomes "it." (This game can be made more exciting by adding a ball or multiple balls: any player

who is holding a ball cannot be tagged.)

**Another Version:**

1. Participants find a partner and link arms together.
2. The facilitator breaks up one of the pairs. One person becomes "it," and the other runs free.
3. The free participant can link arms with a player in one of the pairs. The other player in the pair then runs free, and will be chased by the participant who is "It".
4. "It" chases the free person. If he gets tagged, he must say one way to protect from HIV.
5. If he can't, or he says one that was already named he is "It."

#### ACTIVITY

#### ON A BOAT OR IN THE WATER?

**Purpose:** To stimulate thinking about each prevention methods

**Age Group:** All ages

**Materials:** Pen and paper helpful

**Time:** 45 minutes

**Delivery:**

1. Divide everyone into 4 groups. Separate each group from the others.

2. Pick three groups to be the three boats, and one group to be people in the water.
3. Explain that now we'll see which group can win at persuading some undecided people to join them.
4. Give the groups 5 minutes to come up with all the good reasons they can think of for someone to choose their boat. Those in the water should come up with reasons against getting on a boat and

## MODULE 3: PREVENTING HIV

### Lesson 2: Avoiding Infection

arguments for playing in the water. They should write their ideas down.

5. End discussion and have the people in the three boats stand together. Have those in the water scattered between the boats.
6. Pick one person and introduce them to the group describing their situation. For example, "This is Mariam. She is finishing high school and has a regular boyfriend. She's not sure what to do."
7. Have Mariam approach each boat. As she comes closer, people on that boat should encourage her to get on board, telling her all the good things about their boat. At the same time, the people in the water should try to get her to jump in. After going to each boat, Mariam

goes where she was most persuaded.

8. Replay the situation with a different character, perhaps a young man, a truck driver, or a commercial sex worker with their own situation.
9. After each person decides, ask him or her which arguments were most persuasive.
10. Conclude with a discussion about the advantages and drawbacks of each boat. Address the drawbacks frankly. Remind the group that different choices are better for different people. Emphasize that the most important thing is to be on a boat, any boat, not in the water.

*Adapted from Journey of Hope, Ghana Users' Guide, Government of Ghana, JHU/CCP, Potential Unlimited International, USAID, UNAIDS, 2000*

## ACTIVITY

### RESPONDING TO RISKY ATTITUDES

**Purpose:** To address attitudes that make youth vulnerable to HIV infection

**Age Group:** Children 11 years and older

**Materials:** A list of risky attitudes for each group

**Time:** 30-60 minutes

**Delivery:**

1. Ask the group what "attitude" means. Explain that "attitudes" are the way we **feel** about things. Attitudes are emotions and we connect our emotions to our beliefs. "Only bad people get HIV" is an attitude.

2. Explain that attitudes are important because they influence our decision to practice safer behaviors or not.
3. Ask the group what "denial" means. Explain that "denial" is an attitude that says "It won't happen to me." "Denial is a common feeling among young people. It is a dangerous one because denial keeps people from feeling that they really are at risk for HIV.
4. Feeling unbeatable is part of being an adolescent. But this feeling can mislead you. Anyone who has unprotected sex is at real risk for HIV

## MODULE 3: PREVENTING HIV

### Lesson 2: Avoiding Infection

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5. Divide participants into small groups. Distribute lists of these risky attitudes to each group.

#### Risky Attitudes

- I've only had sex with a couple people
- AIDS isn't a big problem here
- I only go out with healthy people
- I can't get AIDS
- Neither of us has sex with anyone else
- I'm on a strong medication
- My girlfriend says she was a virgin
- I tested negative for HIV last week

7. Instruct the groups to perform a role-play with one person making the statement, "I don't have to worry about HIV/AIDS because (risky attitude)," and another person responding to that statement.
8. In the larger group ask what the role-plays brought out. Invite the groups to perform a role-play that was particularly good.
9. Acknowledge how difficult it can be to respond to some of the attitudes. Ask participants for ideas for challenging risky attitudes.

## GAME

### RISKY RUSH

**Purpose:** To reinforce how HIV is transmitted.

**Age Group:** Children age 7 to 10 years

**Materials:** None.

**Time:** 20 minutes

**Delivery:**

1. Make opposite sides of the play area "safe zones." Have everyone stand in one safe zone.
2. Make one participant "HIV". Have that person stand in the middle.
3. Give each participant one of three labels: 1) Unprotected sex; 2) Hoping we're both faithful; 3) Sometimes use condoms.
4. The leader calls one of these labels. Children with that label must run from the safe zone to the opposite

side without being tagged by HIV. If HIV tags them before they reach the safe zone, they become infected and now stand in the middle.

5. If the facilitator calls "Risky Rush!" all participants must run to the safe zone.
6. Play this game for several rounds. As the number of HIV-infected players grows, it becomes increasingly difficult for other players to cross the playing area.
7. Bring the participants together and ask what this game has to do with HIV. Ask what happened after several people got infected. Conclude by reviewing how people can stay safe.



## MODULE 3: PREVENTING HIV

### *Lesson 3: Delaying Sex*

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#### **Purpose:**

Participants reflect on how postponing sex can be a good option for them.

#### **Objectives:**

- ❖ Participants can give 3 advantages to delaying sex;
- ❖ Participants can name 3 ways to avoid sex;
- ❖ Participants are motivated to delay sex.

**Time: 2 hours**

TOPIC	TIME	METHOD	MATERIALS
Why Delay Sex?	45 minutes	Discussion	Flipchart or Chalkboard helpful
Help to Delay Sex	30 minutes	Group Work	Situation for each group
Abstinence Commercials	45 minutes	Group Work	None

## MODULE 3: PREVENTING HIV

### Lesson 3: Delaying Sex

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## ROLE-PLAY & DISCUSSION

## REASONS & HELP TO DELAY SEX

**Purpose:** Participants think about the benefits of postponing sex

**Age Group:** Children 11 years and older

**Time:** 45 minutes

**Materials:** Role-play descriptions

**Preparation:** Select a boy and girl volunteer in advance. Have them practice the following role-play:

*Salim is 17 and helps his uncle in his shop. His parents are traditional people. They believe young people should not have sex until marriage. He is quite shy but would like to have sex because his friends say it's great.*

*Halima is 14 but looks and acts older. Her sister got pregnant when she was 15 and her parents were very upset. Halima hasn't known Salim for very long. She knows about HIV, but is afraid that she'll lose him if she doesn't have sex with him.*

*Halima and Salim are alone together and Salim is trying to convince Halima to sleep with him.*

### PART 1: REASONS TO DELAY SEX

**Delivery:**

1. Reintroduce the idea of abstinence, or delaying sex until after marriage or until a person is older or more responsible.

2. Explain that you will see a common situation between two young people. Watch the role-play, and think about the reasons why they should delay sex.
3. Volunteers perform the role-play.
4. Afterwards, make two lists: "Reasons for Saying Yes" and "Reasons for Saying No." Ask the group for reasons to Halima or Salim might decide to have sex in this situation.
5. Then ask for reasons for Halima or Salim to delay sex.
6. Your lists of reasons might look something like these:

#### Reasons for Saying Yes

- They should prove their love to each other
- The relationship might end otherwise
- They're curious 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

## MODULE 3: PREVENTING HIV

### Lesson 3: Delaying Sex

#### Reasons for Saying No

- Fear of pregnancy
- Fear of an STI
- Family expectations not to have sex
- Allow their friendship to grow
- Other forms of affection possible
- Religious values (don't approve of sex before marriage)
- Not ready, maybe too young
- Not with the right person

7. Review the "Reasons to Say Yes". What are the good reasons? Not so good ones? What might be the consequences of each situation? What reasons might be the strongest for Salim and Halima?
8. Now focus on "Reasons to Say No" and expand on it with the group. List any new ideas that the group suggests.

Your list might include:

- Risk of pregnancy – "No sex" is 100% effective in preventing pregnancy.

- Risk of STDs or HIV/AIDS – HIV and other STDs are passed through intercourse.
- Family expectations – Parents expect virginity until marriage.
- Risk of violence – In sexual situations, it is possible to be forced to have sex.
- Friendship – Allow time for the friendship to develop.
- Drinking involved – Alcohol can lead to risky decisions like having sex, or not using a condoms.
- Religious values – Values may prize virginity before marriage.
- Not ready – You don't feel ready.
- Waiting for the right person – You want the person to truly love you before you have sex.
- Wait until marriage - You want to feel secure about the relationship.

# MODULE 3: PREVENTING HIV

## Lesson 3: Delaying Sex

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### PART 2: HELP TO DELAY SEX

#### Delivery:

1. After the group has come up with good reasons to delay sex, spend some time discussing how sometimes delaying sex can be difficult, especially if both partners love each other and truly want to be more intimate and physical. Ask the group to come up with some ways to make delaying sex a little easier.
2. Split participants into groups of five.
3. Give each group a different situation card. Ask each group to read their situation then come up with some ideas to help the two people to delay sex. How can they avoid sexual situations? What will make it easier for them to delay sex?
4. After about 10 minutes, have each group present their scenario and their ideas on delaying sex to the larger group.
5. Put together a list of ideas for delaying sex suggested by the group. Your list might include some of the following ideas:

#### Situation 1

Jeline & Majo have been seeing each other for 6 months now. They have not had sex but find it difficult to control their sexual feelings for each other. Jeline has promised herself not to have sex until she is older. So far Majo has respected her wishes. Jeline has been thinking about how much she likes Majo. One of their friends who lives on his own is going to have a party. Majo says he will bring some beer and maybe they could stay all night. Jeline thinks about her promise but also thinks it would be great to be alone with Majo.

#### Situation 2

Issa and Bintu are very serious about their relationship and would like to get married in a few years. Bintu has invited Issa to her house for the afternoon. He knows that her parents will not be home until the evening. This could be a good time for sex the first time. Issa has been learning about pregnancy and STIs and he's not sure he wants to have sex yet. He thinks Bintu would like to and will tease him or tell her girlfriends if he doesn't.

#### Situation 3

Nadino met a young man Sergo at school. She was attracted to him because he was good looking and an athlete. He said hello to her after school and gave her a small present—for friendship he said. He invited her to go for a walk to see the moon rise. Nadino is attracted to him, but feels uncomfortable about the situation. She must give him an answer about tonight.

## MODULE 3: PREVENTING HIV

### Lesson 3: Delaying Sex

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#### ***Help for Delaying Sex***

*Go to parties and other events with friends.*

*Decide how far you want to go sexually before you're in a pressure situation.*

*Decide your alcohol or drug limits before a 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. If you feel uncomfortable in a situation, leave.*

*Get involved in activities like sports, clubs, hobbies or church.*

*Avoid hanging out with people who 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 can't trust.*

*Avoid secluded places where you might not be able to get help.*

*Don't accept rides from people you don't know or can't trust.*

*Don't accept presents and money from people you can't trust.*

*Avoid going to someone's room when no one else is at home.*

*Explore other ways of showing affection than sexual intercourse.*

6. These suggestions may stir up great deal of interest.
7. If the group wants to talk about ways to show affection other than sex, explore other options with them.
8. Create a list of ideas. This may lead to further discussion about alternatives to sex, as well as different levels of risk.

Adapted from *School Health Education to Prevent AIDS and STD*, WHO/UNESCO, World Health Organization, Geneva, 1994

## MODULE 3: PREVENTING HIV

### Lesson 3: Delaying Sex

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#### GAME

### ABSTINENCE COMMERCIALS

**Purpose:** Use drama to address the advantages of abstinence

**Age Group:** All ages

**Materials:** Flipchart with guidelines

**Time:** 30 minutes

**Delivery:**

1. Divide participants into groups of 7 or less.
2. Explain that each group has been hired by the government to create a radio commercial to promote abstinence to people their same age.
3. Their task is to design a one-minute radio commercial to encourage youth to delay sex.
4. Each commercial must meet the following guidelines:
  - It should say why abstinence is so important;
  - It must give 2 **benefits or advantages** of abstinence for young people
  - It must telling the audience what they should do now
5. After 20 minutes, each group presents their commercial to everyone.
6. Applaud each presentation. Follow with these questions:
  - Which commercial did you like best? Why?
  - Did you consider any advantages to your method when making up the commercial that you hadn't thought of before?
  - Did any of these commercials get you to think differently about abstaining?
  - How do you think people decide whether to become sexually active?

## MODULE 3: PREVENTING HIV

### *Lesson 4: Using Condoms*

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#### **Purpose:**

By playing games and practicing putting condoms on a model, participants gain confidence talking about and handling condoms.

#### **Objectives:**

- ❖ Participants become more comfortable with condoms;
- ❖ Participants can demonstrate how to use a condom correctly;
- ❖ Participants know where to get condoms and how much they cost.

#### **Time: 3 hours**

TOPIC	TIME	METHOD	MATERIALS
Why Condoms?	10 minutes	Discussion	None
Getting Familiar with Condoms	30 minutes	"Condomania" Games	Condoms
Condom Tag	15 minutes	Game	Condoms
Using Condoms Correctly	1 hour	Group Work	Condoms, penis models
Where to Get Condoms?	20 minutes	Group Work	None

## MODULE 3: PREVENTING HIV

### Lesson 4: Using Condoms

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#### GAME

### WHY CONDOMS?

**Purpose:** To emphasize advantages of condoms

**Age Group:** Children 11 years and older

**Materials:** Condoms; penis models

You may be able to borrow penis models from other organizations working on HIV prevention. To minimize confusion, it is strongly recommended to use these models with condoms rather than bananas, sticks or other substitutes.

**Time:** 45 minutes

**Delivery:**

1. Explain that condoms are a remarkable invention. Scientists have been trying to find a vaccine for HIV/AIDS for more than 20 years, but they have not. In the meantime, the condom is still the best protection sexually active people have for staying safe from HIV.
2. Ask the class for ideas on good

things about condoms. List them on the board. The list might include things like:

- They protect against STIs
  - They protect against pregnancy
  - They are inexpensive
  - They are small and easy to carry
  - They are flexible, strong
3. Then ask about what participants have heard about condoms--like they have holes in them or they transmit HIV. (Neither is true.) These questions will give you a chance to respond to concerns or misconceptions.
  4. Introduce the next activity by explaining that although not everyone intends to use a condom, it's good to see what they are like just so you know what we are talking about.

#### GAME

### CONDOMANIA!

**Purpose:** To become familiar and comfortable with condoms.

**Age Group:** Children 11 years and older

**Materials:** Condoms; penis models

**Time:** 45 minutes

**Delivery:**

1. Explain that condoms help prevent

sexually transmitted diseases, like gonorrhea, syphilis and HIV.

But many people don't know how to use a condom the right way. Many people also just feel shy about using condoms.

This activity helps people to forget their shyness talking about condoms or using them.



## MODULE 3: PREVENTING HIV

### Lesson 4: Using Condoms

2. Note: You may have to reuse a condom for the demonstrations or games. Remind everyone that condoms should NEVER be reused for sex. Pass the condom around. Encourage people to open it, look at it and feel it.

#### CONDOM BALLOONS

Have a contest to see who can blow up the biggest condom-balloon. Whoever blows up the biggest one without popping it wins. This shows people how strong condoms are.

#### CONDOM STUFFING

Have a contest in which participants fit blunt objects (shoes, socks, small balls, etc.) into condoms. Whoever stuffs the

condom with the most stuff is the winner. This competition shows people how strong condoms are.

#### CONDOM STRETCH

Begin by stretching out the condom by pulling it gently, but firmly at both ends. Have people stretch the condom over their head, arm, foot, or leg. Whoever stretches it over the largest area without breaking it wins. This is great for convincing people that the condom is able to stretch to fit even the largest penises.

3. Watch people's reactions. How did people act? Discuss these reactions with the participants.

## GAME

### CONDOM TAG

**Purpose:** Reinforces learning that condoms protect people from HIV

**Age Group:** Children age 7 to 10 years

**Time:** 20 minutes

**Materials:** Several condom balloons

**Preparation:** Use condoms that are already out of the wrapper from earlier games. After picking someone to be "HIV", give the condom balloon to the other players.

#### Delivery:

1. Explain that the object of this game is to be the last person to get tagged.
2. Pick one participant to be "HIV". He will try to tag the other participants

by touching them on any part of the body.

3. Pass out condom balloons to the other players. Explain that a person is safe from getting tagged when they have a condom balloon. The condom is their protection from "HIV".
4. Players must constantly pass the balloons. They can't hold onto them for more than a few moments.
5. Players help the person being chased by the "HIV" by passing them to balloon.
6. When a person is tagged, they leave the game. When everyone is tagged, a new game starts.

Adapted from *Kick AIDS Out (KAO) Trainer's Manual*, 2004

## MODULE 3: PREVENTING HIV

### Lesson 4: Using Condoms

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#### ACTIVITY

### PUTTING ON A CONDOM

**Goal:** Participants can show how to use a condom properly.

**Age Group:** Children 11 years and older

**Time:** 2 hours

**Materials:** Model penis, condoms

**Preparation:** Expect a lot of laughing and embarrassment during this exercise. Make sure that everyone has a chance to practice handling a condom.

**Delivery:**

1. Explain that even if somebody has no plans to use a condom now, it is good to know exactly how to use one. Then you can use one properly and safely when you do want to.
2. Remind participants that condoms prevent sexually transmitted diseases, like gonorrhea, syphilis and HIV. They also prevent pregnancy.
3. Explain the many people do not know how to use a condom correctly. Many people also just feel shy about using condoms. This activity will show how to use a condom correctly. It will also help you forget your shyness when talking about condoms or using them.
4. Pass some condoms around. Encourage people to open the packages, look at them and feel them.
5. Show how to put a condom on correctly using the penis model. Take a condom packet and explain...
  - Remove a condom from the

- packet carefully so that it is not damaged.
  - Check the expiration date on the wrapper. Old condoms can break so throw expired ones away.
  - Put the condom on the dummy penis. Pinch the tip of the condom while unrolling it so no air gets in the end. Trapped air can make a condom break.
  - Show how to unroll the condom, and how it can be unrolled if it's upside down.
  - Remove the condom and tie it up. Explain that they should throw it away where children won't find it.
6. Have participants practice. Divide participants in to small groups of all males or females. Ask each group to practice fixing and removing the condom using the wooden dummy penis.
  7. Now, set up condom "races" with teams of up to 5 people. Use one team as "judges" to check that condoms are put on correctly.
  8. Line the teams up next to each other. The first person in line puts a condom on the penis model as quickly and correctly as possible. When finished, s/he passes the condom and model to the person behind her and runs to the back of the line. The first team that finishes wins.
  9. Conclude by asking how this exercise is useful to participants. Ask how their comfort level has changed in the course of the exercise.

## ACTIVITY

### WHERE TO GET CONDOMS

**Goal:** Participants will know where they can get condoms in their community

**Age Group:** Children 11 years and older

**Time:** 20 minutes

**Materials:** None

**Delivery:**

1. Explain that it's important to know how to use a condom, but we also need to know where to get them.
2. Remind participants of the Narrow Bridges exercise. When people know about condoms, where to get them and how to use them, they have more choice and a better chance of staying safe from HIV infection.
3. Divide into groups of 5. Have

participants address the following questions:

- *Where can people get condoms in our community?*
  - *How much do they cost?*
  - *What difficulties do boys face in getting condoms? What about girls?*
  - *How can we help people use condoms to protect themselves and others*
4. Have each group present their answers to the larger group.
  5. Conclude with a brief discussion. Ask what people learned from this session and what they will do differently now.



## MODULE 4: VALUES & VULNERABILITY

### Lesson 1: What Do You Value?

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#### Purpose:

Participants examine their values and consider which values are most important to their families--and themselves. With these values in mind, they try out some new decision-making skills.

#### Objectives:

- ❖ Participants are aware of what they value most;
- ❖ Participants link their values to planning for their futures;
- ❖ Participants can apply an outcome-oriented approach to solving problems.

**Time: 2 hours**

TOPIC	TIME	METHOD	MATERIALS
Your Family Values	45 minutes	Individual & Small Group Work	List of values, pens & paper
Values for Boys & Girls	30 minutes	Same Sex Group Work	List of values, pens & paper
Making Decisions	45 minutes	Decision-Making Scenarios	Outcome Focus questions
Doing Things A New Way	15 minutes	Weaker Leg Game	Footballs

## MODULE 4: VALUES & VULNERABILITY

### Lesson 1: What Do You Value?

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**Key Message:** Some social expectations make women very vulnerable to HIV/AIDS.

**Key Skill:** Challenge traditions that put girls at risk.

Every culture gives certain roles to men and women. In many societies, these expectations put women at special risk for HIV infection. For example, the expectation that men have authority over women can make it impossible for a woman to talk to her husband about being tested for HIV. Without the right to address this issue, many women are powerless to avoid infection from their husbands. Consequently, rates of HIV infection in many African countries are much higher among married women.

Women do not have as much decision-making authority as men do. They often do not have the right to decide whether or not to have sex, to use a condom, to get pregnant or to be tested for HIV. Because women are considered to belong to their husband, their bodies are considered his property as well. Rape is not conceivable when a husband owns his wife.

Differences in power and authority are often expressed in violence toward women. Violent behavior may be physical, sexual or emotional. Sexual violence includes unwanted touching, incest, rape and sex with children. Violent behavior reinforces male dominance and keeps women both

dependent and afraid. In most cases, women's weak social position prohibits them from refusing sex, practicing safer sex and getting tested for HIV. The result of all these factors is rapidly escalating rates of HIV infection among young women.

Certain social expectations can also have a negative impact on men. Expectations that men should have many sexual partners or have partners outside of marriage can increase their exposure to HIV. Likewise does the assumption that men need and desire multiple partners. The belief that men should always be strong may prevent men from going to a health clinic for treatment as it might be considered a sign of weakness. Expectations that men are the family's sole decision-makers make men overlooking better decisions like avoiding frequent pregnancy, using contraception or getting tested for HIV.

Because many social and cultural expectations make people more vulnerable to HIV, dialog with family and community is an important step toward changing harmful traditions and protecting everyone from HIV

## MODULE 4: VALUES & VULNERABILITY

### Lesson 1: What Do You Value?

#### ACTIVITY

### YOUR FAMILY VALUES

**Purpose:** Begin to think consciously about family and personal values

**Age Group:** All ages

**Materials:** List of values on flipchart, pens & paper for participants

**Time:** 45 minutes

**Preparation:** Create a list of topics related to values. These might include:

- *Finishing school*
- *Getting married*
- *Drinking alcohol*
- *Remaining a virgin until marriage*
- *Supporting the family*
- *Going to church/mosque*
- *Having money*
- *Being submissive (girls); aggressive (boys)*

**Delivery:**

1. Explain that values are our ideas about what is right and wrong; worthwhile, or desirable. Stress that a person's values are important and influence the choices they make. Different people have different values.
2. Explain that family is among the most powerful sources of people's values. Children learn what their family values. When they grow up,

they pass on many of the same values to their children.

3. Post the list of topics. Give participants 5 minutes to write down how their family feels about each topic.
4. Divide into small groups. Ask participants to share her/his family's values on each topic. Give the groups 15 minutes to talk. When time is up, ask each group to report. After each report, allow other participants to comment about the topics.
5. Conclude the activity with the following discussion points:
  - Were you aware of your family's values on all these topics?
  - Were there any common messages among the families in this group?
  - Are there family values that no one speaks openly about, but are clear anyway? Which ones? How do you get the message about these values?
  - What is a family message that you want to pass to your children? Why?
  - Is there a family message you will not communicate to a son or daughter? Why?

Adapted from *Choose a Future!* CEDPA, 2001

## MODULE 4: VALUES & VULNERABILITY

### Lesson 1: What Do You Value?

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#### ACTIVITY

### VALUES FOR BOYS AND GIRLS

**Delivery:**

1. Explain that in the previous exercise we looked at family values in general. In this next exercise we will look at family values specifically for boys and girls. We'll look at how they are different and what that means for your future.
2. This time, divide the participants into small groups of boys or girls. The groups will consider the same list as the previous exercise.
3. Each has 10 minutes answer these questions:
  - How is each value different for boys and girls? Why?
  - Consider the last value, "being submissive (girls) or aggressive (boys)" and give some examples of these expectations, both in the home and outside the home.
  - Do the men in your family give you different messages than the women? On what topics?
4. Reconvene after 10-15 minutes and ask each group to share their answers.
5. When all groups have presented, ask:
  - How do expectations for boys help them have more power than girls do?
  - How do the expectations for girls make them more vulnerable to HIV infection? (Carefully consider education and submissiveness.)
  - What are the consequences of one group (men) having much more power than another (women)?
6. Conclude by explaining that differences in social expectations for boys and girls have a tremendous impact on their health, their lives and future opportunities.

#### ACTIVITY

### DECISION-MAKING SCENARIOS

**Purpose:** To enable participants to practice decision-making.

**Age Group:** Children 11 years and older

**Materials:** Outcome focus questions written on a large paper or chalkboard

**Time:** 45 minutes

**Delivery:**

1. Divide participants into small groups (5-8 people). Ask them to brainstorm: What is decision-making? What and who influences you to make certain decisions?



## MODULE 4: VALUES & VULNERABILITY

### Lesson 1: What Do You Value?

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2. After a few minutes, have each group present its ideas to the others.

3. Reintroduce the **Outcome Focus** model of decision-making.

This involves thinking through five sequential steps in order to make an effective decision:

#### Outcome Focus Questions

- What do I want?
- How many different ways are there to get there?
- What else will I have when I get there?
- What support do I need?
- What is the first thing I need to do now?

4. This approach gives people more positive feelings and enthusiasm to do something about an issue than focusing on the problem.
5. Break into small groups. Give each group paper, pens and one of the following situations.

*Frederick is in secondary school with his girlfriend Halima. He wants to have sex, but Halima is not certain she wants to. Help Halima to make her decision.*

*Peter's best friend, Rashid, has been selling goods stolen by his cousins to make extra money. Rashid has asked Peter to sell some of the goods, in exchange for half of the profits. Help Peter to make his decision.*

6. Ask each group to use the Outcome Focus questions to identify the problem facing the character, his possible options, and next steps. Groups should then decide on the best option and present their ideas to the larger group.
7. Conclude with the following discussion questions:
  - Is this a helpful approach to decision-making?
  - Why is it sometimes difficult to think logically about the choices we face?
  - What are some situations where effective decision-making is crucial to protecting yourself from HIV/AIDS?

## MODULE 4: VALUES & VULNERABILITY

### Lesson 1: What Do You Value?

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#### ACTIVITY

### THE WEAKER LEG

**Purpose:** To demonstrate how changing behaviour can be uncomfortable

**Age Group:** Children age 7 to 10 years

**Materials:** Footballs, cones or something to mark playing areas, board and chalk

**Time:** 30-40 minutes

**Preparation:**

1. Conduct this session outdoors so that participants can kick footballs and play using their weaker leg.
2. Set up a line of cones, each a meter apart. Have participants use their less dominant foot to dribble a ball in and out through the cones, turning with that foot at the end and coming back through. Increase the speed and decrease distance between the cones to increase the level of difficulty.
3. Have participants form two groups: those with a dominant right foot and those with a dominant left foot.
4. Tell participants they will do a series of short football drills using only their weaker leg.
5. Set up a goal or a target. Have participants take penalty shots (from a still ball) or dribble through some cones then take a shot. Make a specific target, for example, the top right corner of the goal; one

meter high mark on the wall. Have them use only their non-dominant foot.

6. Have participants each describe their best football move. Then have them perform it using the other foot. End the practice after 15-20 minutes.
7. Pose these discussion questions:
  - How did it feel to play with your weaker leg?
  - What would make you to use this leg? What would keep you using only this leg?
  - How does this exercise relate to doing things in a new way?
  - What does this have to do with HIV/AIDS?
8. Conclude with these key messages
  - Players often change and improve their sports technique. At first these changes can feel uncomfortable, but in the end the change is often for the better.
  - Young people are changing their ideas and behavior about sex to stay healthy. At first the changes may seem difficult, but they can help you stay healthy for the long run.

Adapted from *Grassroots Soccer*, 2004

## MODULE 4: VALUES & VULNERABILITY

### Lesson 2: Achieving Your Goals

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#### Purpose:

Participants imagine the future they desire and think about the challenges they must overcome to get there. They consider staying safe from HIV infection as an important aspect of their future.

#### Objectives:

- ❖ Participants can describe the future they desire;
- ❖ Participants can apply goal-setting to achieving their desires;
- ❖ Participants consider avoiding HIV to be very important in achieving their goals.

#### Time: 3 hours

TOPIC	TIME	METHOD	MATERIALS
Imagining Your Future	2 hours	Group Work: Your Future Island	Paper & pen
Setting Long & Short Term Goals	1 hour	Small Group Work	Outcome Focus questions; paper & pen
Roles & Expectations	30 minutes	Small Group Work	Paper & pen
Role Models*	45 minutes	Work in Pairs	List of questions

\*With young children, substitute this activity for Setting Long & Short Term Goals

# MODULE 4: VALUES & VULNERABILITY

## Lesson 2: Achieving Your Goals

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### ACTIVITY

## YOUR FUTURE ISLAND

**Purpose:** Participants imagine the future they desire.

**Age Group:** All ages

**Time:** 2.5 hours

**Materials:** Paper, pens drawings of the flood, boats and island (See Appendix 3)

**Preparation:** Do this activity after discussing being on a boat of safety. Based on your group, decide whether to describe Kofi, Dora or Comfort's future island. Choose the character your participants will relate to best.

- Kofi is for mixed groups and works particularly well for men and boys who like football.
- Dora is for groups with mostly women and girls.
- Comfort is for people who are or may be living with HIV or support groups for people living with HIV/AIDS.

### PART 1: EXAMPLE FUTURE ISLAND

#### Delivery:

1. Choose the character that best fits your group. Hold up the character's drawing and ask the participants to give him or her a name. Use this name in the scenario.
2. Read the character's present situation to the participants.
3. Continue by describing their particular future island and how this helps them. Describe the island with emotion and feeling. Show the excitement the character feels thinking about their goal.

4. After reading the narrative, pick up a different character and ask the group to imagine what his or her future island might be like.
5. The next step will be to transition from these characters to each person thinking about his or her own future.

### PART 2: IMAGINING YOUR FUTURE ISLAND

#### Delivery:

1. Present this lesson to participants in a soft, relaxed and emotional tone. Pause between sentences, so they have time to think about the questions you ask.
2. *Visualizing our future is very powerful. We can use our hopes and dreams to avoid risky behavior and reach a satisfying future. Now let us think about our own futures, our own life stories.*
3. Ask participants to close their eyes, sit back and relax, and follow along imagining their future islands.

*You can each create your own future island. Your island is how you would like things to be at some point in the future. Choose a time maybe two or three years from now. What does your island look like? How will using the boats allow you to get here? Which boat have you chosen to begin the journey? Imagine yourself arriving safely, getting out of your boat and walking on to the island. You are there on your island. Who is*

## MODULE 4: VALUES & VULNERABILITY

### Lesson 2: Achieving Your Goals

*there with you? Who do you live with? Who are your friends? Do you have a special friend of the opposite sex? Are you married? Do you have children?*

*Look around your island. What do you see? What do you hear? What smell is there? Maybe there are some things you can taste, drink or eat. How do you feel? What are you doing on your future island? What skills have you developed? What is important to you here? Who are you on this island?*

4. Afterwards, ask participants to relax for a minute and then open their eyes.
5. Give each person a piece of paper. Have them draw themselves on their island as they imagined it.
6. After several minutes, ask a couple of volunteers to show their drawings and briefly describe their future islands before proceeding.
7. Return to the activity asking the group to close their eyes once more and saying:

*Look again at your future island. Imagine once more how good it is to be there. Picture what you can see, hear the sounds around you and notice that you feel great being there. Now come back to today, and ask yourself three questions:*

- *How will I get to my future island?*
- *Which boat will I start the journey on?*
- *What is the first thing I need to do now to start moving towards my future island?*

*Just think about these questions for yourself.*

8. Explain that when people share their future islands and ideas for getting there they can help and support each other on that journey.
9. Now divide participants into groups of 2-5 people.
10. Ask participants to share their visions with each other. Have them answer the three questions. Ask them for ideas how they can help each other on the way. Explain that some young people have found it useful to agree with friends to make an oath, for example of abstinence for a period of time, and to support each other in keeping it.
11. Trainer's Note: For younger children, it can be helpful for them to develop and share their future islands with their teachers and their parents.
12. Come back to the larger group and ask for examples of ways people will support each other.
13. Let participants take their drawings home with them. Suggest that they post it on the wall to remind them of their beautiful future.

### PART 3: OVERCOMING CHALLENGES ON THE WAY TO YOUR FUTURE ISLAND

#### Delivery:

1. Explain that the path to your future island will not always be easy sailing. There are bound to be challenges and dangers. Situations will arise where it may

## MODULE 4: VALUES & VULNERABILITY

### Lesson 2: Achieving Your Goals

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| <p>be difficult to stay on the boats because of the many pressures to have risky sex.</p> <ol style="list-style-type: none"><li>2. Divide into groups of 5 - 8.</li><li>3. Ask groups to brainstorm some of the dangers and difficulties they may encounter on their way to the future islands, and make a list of up to 10 difficulties.</li><li>4. Then ask each group to choose 3 difficulties and brainstorm strategies for overcoming them.</li><li>5. Invite each group to share their ideas.</li><li>6. Lay out both bridges on the</li></ol> | <p>ground, about a foot apart, with a crocodile between them.</p> <ol style="list-style-type: none"><li>7. Ask a participant to put the drawing of their future island on the ground beyond the blue end of the white/blue bridge.</li><li>8. Ask the person to cross the bridge beginning at the white end. The object is to reach their island. They can use just one of the bridges or use both. The important thing is to stay out of the water.</li><li>9. When they get across, have everyone applaud. If they fall off, try again until they do</li></ol> |
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Adapted from *Journey of Hope, Ghana Users' Guide*, Government of Ghana, JHU/CCP, Potential Unlimited International, USAID, UNAIDS, 2001

# THREE FUTURE ISLANDS: KOFI, DORA & COMFORT

## SCENARIO 1: KOFI'S FUTURE ISLAND

### KOFI'S PRESENT SITUATION

Pick out the card character of the young man with the yellow tie, one hand in the air, the other on his lap. (He often gets put on the Condom Boat.) We call him Kofi, but ask participants what his name is, and use the name they give him. Read the following aloud:

*Let's take Kofi for example. Kofi is handsome and witty. He gets on well with a group of friends. He plays football for the local team. He is unemployed and jobs are very hard to find. He sees no real future for himself. It is hot and boring sitting on the boats that seem to be floating and going nowhere. Kofi sees some of his friends playing together in the water. It looks far more fun and refreshing in the water—better than "eating a banana with the skin on". He knows the water is dangerous, but has heard that the Condom Boat he's on sometimes leaks and is not 100% safe anyway; so he thinks he may as well risk it and dive in.*

Now describe Kofi's future Island and how this helps him. Continue the narration and place the card characters on the cloth as described below. As you describe Kofi's future island, put feeling and emotion into it, so that you show the excitement Kofi might actually feel when scoring that winning goal.

*Kofi is about to throw himself into the water when he looks up and notices an island far away.*

Stick the card with the island on the top right corner of the cloth, or just show the participants the island.

*He looks closer and there on the island is a large football stadium.*

Stick the picture of the football stadium on the island.

*He recognizes that it's his local football stadium. His favorite football team is playing there. He is actually there on the football pitch playing on the team.*

## MODULE 4: VALUES & VULNERABILITY

### Lesson 2: Achieving Your Goals

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Stick the picture of the football player on the stadium.

*He can taste the sweat pouring down his forehead. He runs forward and scores the winning goal. He hears the crowd cheering loudly. His friends are waving and clapping. He feels totally exhilarated. He leaves the stadium and goes home a very happy young man.*

Stick the picture of the house and family on the island.

*As Kofi approaches home, his young son runs out to greet him and gives him a big hug. On his future island he is now married with two healthy children. Kofi enters his house and as he embraces his wife he feels her warmth and love. It's a wonderful feeling.*

*Then Kofi looks back down at the water. With this beautiful island of the future in mind, the idea of going swimming now seems crazy, and far too risky. He is determined to stay safe on the boats and direct them purposefully towards his island.*

Transition: Pick out a female character and continue the story.

*Then Kofi turned to his friend Adjoa and said to her excitedly, "Look over there! It's a beautiful island. There's a football stadium in the middle of it and I am playing for my team. I have just scored the winning goal!"*

*"But I don't like football," said Adjoa. "That's my future island," said Kofi. "Your future island will be different, and personal to you."*

Ask the participants:

- What do you think Adjoa's future island is like?
- What does she want her future to be like?
- What will she be doing on her future island?
- What skills has she developed?
- Who else is there with her?
- What is most important to her?
- Which boat or boats will she travel on to get there?

Select one or two other card characters and ask the same questions about them.



## SCENARIO 2: DORA'S FUTURE ISLAND

### DORA'S PRESENT SITUATION

Pick out the picture of the young woman with the bag hanging over her right shoulder. (She often gets put on the Abstinence Boat.) We call her Dora, but ask participants what her name is, and use the name they call her. Read the following aloud:

*Dora is living with her parents and several younger brothers and sisters. Her parents have been struggling to look after all their children and pay their school fees. She has a boyfriend named Kwesi. Although Kwesi comes from a poor family and earns very little money, they get on well together. They have agreed they will not have sex yet. They do enjoy time together talking, laughing, kissing and cuddling.*

Put the card character of Dora on the Abstinence Boat.

*Dora's mother has been complaining that she does not bring any money home. Dora notices that some of her friends who have sugar daddies dress much better than she does. As she walks down the road alone, an elderly man called Seto stops his car and offers her some money if she will go out with him. She turns him down as she has several other times. She knows about the risk of HIV and has heard that sugar daddies often refuse to use condoms during sex. On the other hand, Dora is getting fed up with being poor. She wants to help her family and get some new clothes for herself. She thinks, "Maybe just this once..."*

Describe Dora's future island and how this helps her. Continue the narration and place the card characters on the cloth as described below. As you describe Dora's future island, put feeling and emotion into it, so that you show how happy and proud Dora feels about her sewing business and her family.

*Dora is about to get in the car with Seto and risk having unprotected sex. She is about to dive into the water with all the dangerous creatures. But just before she dives in, she looks up and notices an island far away.*

Stick the card with the island drawing on the top right corner of the cloth, or just show the participants the island.

*She looks closer, and there on the island she can see a small sewing business. There are two women working with sewing machines to make beautiful dresses. They are very busy.*

## MODULE 4: VALUES & VULNERABILITY

### Lesson 2: Achieving Your Goals

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Show participants this drawing of the sewing business.

*She is there too, talking to them and encouraging them. It is her sewing business. She can see a big sign saying "Fancy Dressmaking - Proprietor Dora Jouray". She hears people telling her that the quality is excellent and the clothes are beautiful. The business is earning enough for her to look after her family and give some money to her parents. This makes her feel very happy and proud.*

*She finishes work and heads for her house at the back of the sewing business. On her future island she is now married to Kwesi and they have two young children.*

Stick the picture of the house and family on the island.

*They are all healthy and eating well. As she approaches, her young son runs out to greet her. She goes inside and she and Kwesi embrace each other. It feels wonderful.*

*Then Dora looks back down at the water. With this beautiful island in mind, the idea of going swimming now seems crazy, and far too risky. She is determined to stay safely on her chosen boat and direct it purposely towards her island.*

*She looked directly at Seto and said firmly, "No thank you. When you ask such things I feel bad, because I am a young woman and you are old enough to be my father. I do not want such a friendship with you and I would like you to go away and not bother me again." The man looked embarrassed and left.*

Transition: Pick out a female character and continue the story.

*Then Dora turned to her friend Joyce and said to her excitedly, "Look over there! It's a beautiful island. I've got my own sewing business and everyone likes the beautiful dresses we make."*

*"But I don't like sewing," said Joyce. "That's my future island," said Dora. "Your future island will be different, and personal to you."*

Ask participants:

- What do you think Joyce's future island is like?
- What does she want her future to be like?
- What will she be doing on her future island?
- What skills has she developed?
- Who else is there with her?
- What is most important to her?
- Which boat or boats will she travel on to get there?

Select one or two other card characters and ask the same questions about them.

### SCENARIO 3: COMFORT'S FUTURE ISLAND

#### COMFORT'S PRESENT SITUATION

Pick out a female card character, such as the nurse. It should be one the participants can relate to. We call her Comfort, but ask participants what her name is, and use the name they call her. Read the following aloud:

*Let us take Comfort as an example. Comfort is married with two children. Her life has been good until recently. She has stayed faithful to her husband. But sometimes he goes away on business for several days, and she suspects he has other girlfriends. She knows about the dangers of HIV and AIDS and ways of preventing infection. She has tried discussing this with her husband and has suggested using condoms or going for an HIV test, but he gets angry and refuses to talk anymore.*

*Eventually she decides to go for an HIV test on her own and finds she is living with HIV. She told one friend, and now everyone knows. Her husband who is living with HIV blames her and threatens to throw her out of the house. Her friends and relatives refuse to visit with her or talk to her. She wants someone to give her a sympathetic hug, to put a hand on her shoulder, but nobody will touch her. She feels very depressed and thinks to herself, "I have no future. Let me throw myself into the mouth of a crocodile."*

Continue the narration and place the card characters on the cloth as described below. As you describe Comfort's future island, put feeling and emotion into it, so that you show how happy and proud Comfort is of what she has done for her children.

Stick the card with the island drawing on the top right corner of the cloth, or just show the participants the island.

*But just before Comfort despairs, she sees an island off in the distance. She blinks and looks again. There on the island she can see herself and her two children inform of her beautiful, small house.*

## MODULE 4: VALUES & VULNERABILITY

### Lesson 2: Achieving Your Goals

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Put the picture of the house and family on the island. Continue to describe Comfort's future island.

*Her children are now two years older and both are at school. They are well fed and healthy and tell her about all they have learned at school. She has a big smile on her face and she feels proud of them as she watches them play and laugh. She knows it's possible to live for many years with HIV before getting sick and dying. On her future island, she is still looking quite fat and healthy.*

*She has set up a small seamstress business and earns enough money that way. She has agreed with an uncle that if she becomes ill and dies, he will look after her children and their education. Her neighbors come over greet her warmly and give her a juicy pineapple. She has been working with local community and youth groups to educate people about HIV and AIDS. Because she is living with HIV, she finds that people listen to her seriously and really respect her for doing this.*

*With this future island in mind, Comfort feels much more positive about life. She is now determined to make things happen as they are on her island. She decides either to abstain from sex or to use a condom every time. This is both to protect other people and to avoid getting more HIV in her body.*

Transition: Pick out a male character and continue the story.

*Then Comfort turned to her friend who is also living with HIV, and said to him excitedly, "Look over there! It's a beautiful island. My children are well fed and healthy and doing well in school. Everyone in the community respects me for teaching them how to protect themselves from HIV. " "But I don't like have any children," said her friend. "That's my future island," said Comfort. "Your future island will be different, and personal to you."*

Ask participants:

- What do you think his future island is like?
- What sort of future can he have even though he is living with HIV?
- What does he want?
- Who else is there with her?
- What is most important to her?
- How does he relate to his friends and family?

Select one or two other card characters and ask the same questions about them.

## ACTIVITY

# SETTING LONG & SHORT TERM GOALS

**Purpose:** Give participants practice setting long and short-term goals

**Time:** 60 minutes

**Materials:** Flip chart, markers, chalk

**Preparation:** Prepare a large version of the Long & Short Term Goals table on paper or chalkboard

**Delivery:**

1. Begin with the idea of your future island. Suggest that we are much more likely to achieve our goals if we plan for them, and then follow that plan to completion. This session will give you some new tools for reaching your goals.
2. Discuss and write the meanings of "Short-Term Goal" and "Long-Term Goal" on the board.

**Short-Term Goal:**

A project you can complete within six months. Examples include: "I am going to pass my exams in two months"; or "I am going to knit some table coverings to sell at the market."

**Long-Term Goal:**

A project you can complete in a year or more. Examples include: "I am going to go to University to become a doctor"; or, "I am going to have three children who will go to good schools."

3. Post these outcome focus questions on the board:

**OUTCOME FOCUS QUESTIONS**

- What do I want?
- How many different ways are there to get there?
- What else will I have when I get there?
- What support do I need?
- What is the first thing I need to do now?
- What's my completion date?

4. Use "pass my exams" as an example. Answer each question.
  - **What do I want?** Write one short-term and one long-term goal. Suggest, "Pass my exams" as an example of a short-term goal. What about a long-term goal?
  - **How many different ways are there to get there?** I can learn my math and English to do well on the exam. I can get help from my brother in subjects where I'm weak. I can set aside time to study each night.

## MODULE 4: VALUES & VULNERABILITY

### Lesson 2: Achieving Your Goals

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| <ul style="list-style-type: none"><li>▪ <b>What will I have when I get there?</b><br/>In our example, "I will be able to proceed to the next grade and then have a chance at a University scholarship. My family will be very proud of me."</li><li>▪ <b>What support do I need?</b> "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."</li><li>▪ <b>What's the first thing I need to do?</b> "First, I will create a study schedule for myself. Then I will register for the exam with the school. Then I will begin to study three hours each day until the exam."</li></ul> | <ul style="list-style-type: none"><li>▪ <b>What's my completion date?</b><br/>When will I achieve this goal?<br/>"The exams are being held in three months, so I will be finished on ____." (Write in the date of the exams in this section)</li></ul> <ol style="list-style-type: none"><li>5. Ask participants to pick out on an important short-term and long-term goal for themselves.</li><li>6. With these goals in mind, have each participant answer each of the posted questions.</li><li>7. After a few minutes, invite participants to share their goal plans with two other people.</li><li>8. Debrief in the larger group.</li></ol> |
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## ACTIVITY

### ROLES & EXPECTATIONS

**Purpose:** To point out how some roles make girls more vulnerable to HIV

**Age Group:** Children 11 years and older

**Materials:** Chalkboard or paper and pens

**Time:** 30-60 minutes

**Delivery:**

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| <ol style="list-style-type: none"><li>1. Explain that every culture gives different roles to men and women. These roles change as a person gets older. For example, roles young men and fathers are quite different.</li><li>2. Divide the participants into 4 mixed groups. Explain that each group will have 20 minutes to discuss society's roles and expectations for their specific age/sex group.</li></ol> | <ol style="list-style-type: none"><li>3. Assign each group to be one of the following: older men, younger men, older women, and young women. Ask each group to come up with a list of what society expects for their group.</li><li>4. Each group should also consider their group's risk of HIV List these ideas as well.</li><li>5. After about 20 minutes, ask each group to briefly report their ideas to the larger group.</li><li>6. After all the groups have presented, lead a discussion about this topic, especially the link between expectations and vulnerability to HIV. For example, the expectation that women should not discuss sex may deny them the chance to negotiate safer sex.</li></ol> |
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## MODULE 4: VALUES & VULNERABILITY

### Lesson 2: Achieving Your Goals

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7. Refer to the text at the beginning of Values & Vulnerability. Be sure to address these issues, especially those related to violence against women. To add balance, be sure to address expectations that increase men's vulnerability.
8. Ask how any of these expectations can be used to help fight against

HIV/AIDS. Are there positive aspects of these expectations that can help in this fight?

9. Summarize by saying that honest dialog with family members and the community can bring about change for good.

### ACTIVITY

### ROLE MODELS

**Purpose:** To encourage children to develop ideas about what who they want to be like when they grow up

**Age Group:** All ages

**Materials:** Flipchart paper, markers

**Time:** 30-60 minutes

**Preparation:** This activity can also be assigned as homework and participants can make presentations at the following session.

**Delivery:**

1. Explain that there are many jobs that you can choose in the future that will allow you to be happy and to support your family. If you make good choices and work hard you can achieve your goals.
2. Split the participants into groups of 2-4. Each group is responsible for interviewing at least five people about their jobs. They should ask these questions:
  - What do you do each day?
  - What is your favorite part of your job?
  - How did you get this job?
  - What skills does a person need to do this job?

3. Teams should interview people with different jobs. Here are some ideas:

- Tailor
- Nurse
- Imam or Minister
- Professional Footballer
- Soldier
- Bank Teller
- Butcher
- Artist
- Accountant
- Traditional Healer
- Mechanic
- Midwife
- Policeman
- Teacher
- Farmer
- Shop Owner
- Factory Worker
- Computer Technician

4. Have each group report their findings to the whole group.

5. Follow the presentations by asking:

- Based on these interviews, what ideas do you have about your future profession?
- What steps will you need to take to have this profession?





## MODULE 5: COMMUNICATION

### *Lesson 1: Communicating Assertively*

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#### **Purpose:**

By learning how to communicate assertively, participants can express their feelings in a way that others will hear and respect. Assertive communication is especially important with respect to sexual relations.

#### **Objectives:**

- ❖ Participants understand what assertive communication is;
- ❖ Participants can assert themselves in response to social pressure;
- ❖ Participants are able to use “I statements” to express their needs.

**Time: 3 hours**

TOPIC	TIME	METHOD	MATERIALS
Expressing Yourself Assertively	45 minutes	Small Group Work	Pen & paper helpful
Practicing Assertive Communication	45 minutes	Role Plays	None
Making “I” Statements	1 hour 30 minutes	Work in Pairs	I Statement Formula

## MODULE 5: COMMUNICATIONS

### Lesson 1: Communicating Assertively

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**Key Message** Express your feelings openly and directly.

**Key Skill** “I Statements” can help you deal with conflict and keep dialog open.

For young people to protect themselves from HIV/AIDS, they must be able to express their choices assertively—taking the steps to avoid consequences they do not want, and to protect their health.

In order to refuse unwanted sexual activity, negotiate condom use, and stand beside their other choices, young people must be able to communicate assertively.

This means knowing the difference between passive and aggressive ways of communicating and expressing oneself in ways that maintain open dialog, especially in difficult or conflict-filled situations.

Some people are naturally aggressive, assertive, or passive. Girls are often raised to be passive and are unprepared to express their feelings and needs. An assertive communication style, however, can be learned and reinforced by practicing new communication skills.

Good communication skills are essential to protecting one’s own health. Such skills enable young people to express a desire not to have sex or unsafe sex; to influence others; to abstain from sex altogether or practice safer sex; and to express compassion for people living with HIV/AIDS.

## ACTIVITY

### ASSERTIVE COMMUNICATION

**Purpose:** To recognize different communication styles

**Age Groups:** Children age 11 and older

**Time:** 45 minutes

**Materials:** None

**Preparation:** The next few activities involve a lot of role-playing. It may be helpful to begin by reviewing “Making Role Plays Work” in Module 2, Lesson 2 with the group.

**Delivery:**

1. Read the following scenario aloud:

*Hadija has been standing in line for over two hours to buy a ticket to see Lucky Dube. The rule is one person, one ticket. Her feet are sore, and she knows that she is in trouble with her mom, who expected her home before now. But there are only five people left in front of her, and she is sure that she will get a ticket. Out of nowhere, two girls from school walk up, make a big deal about*

## MODULE 5: COMMUNICATION

### Lesson 1: Communicating Assertively

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*meeting with their friend who is standing in front of Hadija, and take places in line in front of her. Hadija is furious. What should she do?*

2. Have participants write one sentence describing what Hadija should do in this situation without talking to anyone else.
3. After a few minutes, ask participants to join one of three groups based on their answer:  
  
**Group 1:** Those who wrote that Hadija should not say anything.  
  
**Group 2:** Those who wrote something about Hadija expressing her feeling directly and angrily to the two girls.  
  
**Group 3:** Those who wrote something about Hadija speaking up calmly and telling the girls to go to the back of the line.
4. Once the three groups are formed, ask each one to answer the following questions:
  - How will Hadija feel after responding the way you described?
  - How will the two girls act if Hadija responds this way?
  - What is the worst thing that could happen if Hadija responds the way you described?
  - What is the best thing that could happen if Hadija responds this way?
4. After five minutes, ask each group to share their responses.

5. Review Hadija's choices for action one more time. Bring out the following points:

**Group 1: Those who wrote that Hadija should not say anything.**

***This is a passive response.***  
*Communicating passively means not expressing your own needs and feelings, or expressing them so weakly that they are not heard and will not be addressed. . Remaining silent is often not in your best interest. If Hadija behaves passively, by standing in line and not saying anything, she will probably feel angry with the young women and with herself for not saying anything.*

**Group 2: Those who wrote something about Hadija expressing her feeling directly and angrily to the two girls.**

***This is an aggressive response.***  
*Communicating aggressively means saying what you want in a threatening or offensive way. An aggressive response is not usually in your best interest either. If Hadija insults or threatens the girls, she may feel strong for a moment, but the girls and their friend may also respond aggressively and verbally or physically attack Hadija.*

**Group 3: Those who wrote something about Hadija speaking up calmly and telling the girls to go to the back of the line.**

***This is an assertive response.***  
*Communicating assertively means asking for what you want or saying how you feel in an honest and respectful way that does not offend another person. An assertive response is often in your best*

## MODULE 5: COMMUNICATIONS

### Lesson 1: Communicating Assertively

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*interest. If Hadija tells the young women that they need to go to the end to the line because other people have been waiting, she is not insulting them but merely stating the facts of the situation. Other people in line will probably support her. Assertiveness is Hadija's best chance of getting what she wants.*

6. Pose these discussion questions to the larger group:

- Can you think of a situation where passive communication may be in your best interest, even though you may not get what you want?

- How do people regard young women who behave assertively?
- Can you describe a situation where you behaved assertively? How did it work out? What would a passive response have been in that situation? An aggressive response?
- When is it more difficult to be assertive?
- If communicating assertively doesn't guarantee that you'll get what you want, why do it?

## ACTIVITY

### ASSERTIVENESS ROLE-PLAYS

**Purpose:** To give participants practice in assertive communication

**Age Group:** Children age 11 and older

**Materials:** None

**Time:** 60 minutes

**Delivery:**

1. Read one of these three scenarios to the entire group:
  - Tom has been seeing Oprah for about a month. He wants her to come to his house since his parents are not at home. Tom thinks Oprah is crazy and stupid for not wanting to have sex. He interrupts when she tries to talk about her feelings. How should Oprah respond?

- Tatu is 12 and her body is beginning to change. Whenever David, a boy at school, is with his friends, he shouts and makes fun of her. Tatu feels humiliated. How should she respond?
  - Aziz and Neema have not had sex, but they have fooled around a lot. Aziz likes Neema and likes fooling around, but he is not ready to go farther. Neema wants to have sex. Aziz has told Neema that he's not ready, but Neema thinks a little persuasion may bring him around. How should Aziz respond?
2. Divide people into small groups. Read the scenario again. Ask each group to discuss the scenario and create two role-plays. In one the

## MODULE 5: COMMUNICATION

### Lesson 1: Communicating Assertively

- main character (Oprah, Tatu, or Aziz) responds passively to the situation. In the second, the character responds assertively.
3. After a few minutes, ask each group to perform their role-plays for everyone.
  4. After all the groups have performed, ask these questions:
    - What special difficulties do girls face being in assertive?
    - What are some ways they could overcome these difficulties?
  5. If time permits, read another scenario and perform another round of role-plays and discussion.
  6. Conclude by explaining that staying healthy is directly connected to speaking up. Standing up for yourself is essential to staying healthy. While society traditionally expects young women to be passive, the risk of HIV infection is too great for young women to continue to remain silent.

Adapted from *Life Skills Manual*, Peace Corps, Publication #M0063, 2001

## ACTIVITY

### USING “I” STATEMENTS

**Purpose:** Participants practice assertive communication in a way that keeps discussion open

**Time:** 1.5 hours

**Materials:** Write “I” Statement Formula on the blackboard or large piece of paper.

#### “I” STATEMENT FORMULA

When you...

I feel...

Because...

What I would like is...

**Preparation:** Review “Background Information for “I” Statements Exercise”

#### Delivery:

1. Using the Background Information, introduce participants to the ideas behind “I” statements.
2. Walk participants through the “I” Statement Formula. Give examples of clear and clean “I” statements.
3. Break the group into pairs, give them the following situation:

*You and Frank are good friends. You have loaned money to Frank several times. Lately you’ve noticed that Frank is becoming slower to pay the*

## MODULE 5: COMMUNICATIONS

### Lesson 1: Communicating Assertively

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*money back. You decide to discuss this matter with Frank and ask him to pay you back sooner.*

4. Ask each person to prepare one "I" statement about this situation and say it to their partner.
5. Have partners help each other make their statements clear and clean.
6. Now return to the assertiveness role-plays in the previous activity (Oprah, Tatu or Aziz). Ask each pair to respond to the situation using "I" statements.
7. After participants have finished, ask them for examples of their responses. Ask others to comment.
8. Explain that this approach is very useful because it doesn't shame or blame the other person. By talking about your own feelings and experience, you keep tempers in check and communication open.
9. Ask participants to commit making one "I" statement to somebody before the next session.

### BACKGROUND FOR "I" STATEMENTS EXERCISE

By making an "I" statement, you can clearly express your point of view about a situation. An "I" statement says how you feel about the issue, and how you would like to see it change. The best "I" statements do not blame the other person or make specific demands. Instead, they open up discussion and let the other person make the next move.

**Really good "I" statements are:**

**CLEAR** to the point, and

**CLEAN**, free of blame and judgment

Compare this approach to "You" statements. "You" statements blame the other person, hold them responsible for the problem, and threaten them or demand they change.

#### TWO EXAMPLES OF A "YOU" STATEMENT:



"You are so lazy, you never keep the house cleanly swept, you are always late with my food and the children are always crying. I don't know why I married you. You better work harder from now on!"

"You are always so drunk when you crash into the house at night. And you never give me any money to buy food. I don't know why I ever married you.

You must stop going to that bar from now on!"



While both people may have good reason to be angry, now the other person is upset as well. That's because "You" statements are very judgmental. They make the listener feel hemmed-in and defensive. When people feel under attack, they can become stubborn and angry and resolving a problem gets even more difficult.

#### TWO EXAMPLES OF AN "I" STATEMENT:



"When I come home I feel disappointed if the food is not ready and the house not swept. I would like us to discuss how we can change things so that this would be possible."

"When you come home at night from the bar, I feel disappointed, because I would like to see more of you, and I would like some money for food for the children. I would like us to discuss how we can arrange things better together."



These statements carry no blame and are said in a way not to attack the listener. The desires they express are presented in a non-judgmental way. There is no "you must..." They do not accuse the listener.

## MODULE 5: COMMUNICATIONS

### Resource Pages

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They state the speaker's hopes, but they do not demand that the other person meet them.

### "I" STATEMENT FORMULA

**The action:** "When you..." Make it as specific and non-judgmental as possible, e.g. "When you come home at night..."

**My response:** "I feel..." Say "I feel" rather than "I think" and keep to your own feelings: "I feel hurt, sad, happy, disappointed, or ignored", for instance. Not: "I feel you are being mean!"

**Reason:** "Because..." If you think an explanation helps, you can add one here. But make sure it is still non-blaming. e.g. "...because I like to spend time with you."

**Suggestions:** "What I'd like is..." State the change you would like. It is OK to say what you want, but not to demand it of the other person, e.g. "What I'd like is for us to discuss this" or "What I'd like is to make arrangements that we can both keep", not "You must stop being so lazy!"

This is a structured format and may seem strange at first. It takes time to absorb new skills and begin to use them unconsciously. Adapt the language to suit your situation. Here are some ideas for trying "I" statements out:

- First try using it in an easy context, with a friend over a small problem. You can begin just by saying "I feel happy when..." and see how that works.
- Then as you gain practice in using it, try it with a friend in harder situations. You can start to try out "I feel unhappy when..."
- When you feel OK with that, you could try out "I feel happy when..." with your partner.
- Finally, you can try out "I feel unhappy/sad/frustrated when..." with your partner. This sounds very daunting but it is possible to learn.

*Adapted from Stepping Stones, Action AID, London, UK 1995*



## MODULE 5: COMMUNICATION

### *Lesson 2: Resisting Peer Pressure*

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#### **Purpose:**

By understanding peer pressure, participants are more able to assert themselves instead of giving in.

#### **Objectives:**

- ❖ Participants can assert themselves in response to social pressure;
- ❖ Participants recognize and can respond to common pressure-lines for sex;
- ❖ Participants connect sexual violence with the risk of HIV.

Time: 3 hours

TOPIC	TIME	METHOD	MATERIALS
What is Peer Pressure?	20 minutes	Activity: The River	None
Responding to Peer Pressure	20 minutes	Role Play	None
Best Responses to Pressure Lines for Sex	1 hour	Group Work	Flipchart or board helpful
Playing with Peer Pressure	20 minutes	Game	None
Confronting Violence	45 minutes	Group Work	Flipchart or board helpful

# MODULE 5: COMMUNICATIONS

## Lesson 2: Resisting Peer Pressure

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### GAME

### THE RIVER

**Purpose:** To explore the different pressures and influences on young people

**Age Groups:** All ages

**Materials:** Blindfold

**Time:** 20 minutes

#### Preparation:

Create the river by marking the ground to define its borders. Scatter some large objects in the river as obstacles. Call them alligators, monsters, white water, etc.

Pick one of these issues for each round:

- Should you drink alcohol?
- Should you have sex with a sex worker?
- Should you smoke marijuana?
- Should you get a Sugar Daddy?
- Should you remain a virgin?
- Should you use a condom?

#### Delivery:

1. Explain that this exercise helps us understand some pressures young people face. There are many different influences affecting your decisions, especially about sexuality.
2. These influences, or advice from different people, often conflict with one another, making it even harder to know what is right.

3. Pick someone to be the Young Person. Have them come forward and be blindfolded. The Young Person is to listen to the advice of each person who guides them down the river.

4. Assign other people to play these roles:

**Parent:** You tell the Young Person what to do, keeping his/her best interests in mind.

**Grandparent:** You tell the Young Person what to do, keeping his/her best interests in mind. Use phrases like, "When I was your age..."

**Religious Leader:** You give the Young Person moral guidance.

**Best Friend:** You are the Young Person's most trusted friend. You truly care about them.

**Teacher:** You stress the importance of school and give advice.

**Media:** These are TV, music, or radio influences promoting sex, violence, money, etc.

**Bad Friend:** You are a friend, but you have your own interests at heart. You are a bad influence.

**Doctor:** You advise the Young Person about his/her health.

5. Encourage volunteers to think creatively about their roles. Ask them to stand on either side along the river.

## MODULE 5: COMMUNICATION

### Lesson 2: Resisting Peer Pressure

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| <ol style="list-style-type: none"><li>6. Announce the topic the Young Person is thinking about. Explain that each character guides the Young Person part way down the river, offering advice and steering them around the obstacles.</li><li>7. Start the Young Person at the beginning of the river. Give them about 10 minutes to get to the end.</li><li>8. Raise these discussion questions:<ul style="list-style-type: none"><li>▪ How did it feel to be the Young Person?</li><li>▪ Do you face these pressures in your own life?</li></ul></li></ol> | <ul style="list-style-type: none"><li>▪ How do these influences affect the decisions you make?</li><li>▪ Which people were the most influential? Why?</li><li>▪ How influential was the media in decisions about sexual behavior? How about in your own life?</li></ul> <ol style="list-style-type: none"><li>9. Conclude by saying that there are many different influences on decisions about sexual activity. Carefully consider the advice of others, remembering that not all advice is good, and decide what is best for <u>you</u>.</li></ol> |
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## ROLE PLAYS

### RESPONDING TO PEER PRESSURE

**Purpose:** To practice using “I” Statements in response to peer pressure

**Age Groups:** Age 11 and older

**Time:** 20 minutes

**Delivery:**

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| <ol style="list-style-type: none"><li>1. Explain that now that the group has an idea how different people influence them; let’s focus on friends or peers.</li><li>2. Ask for situations where friends might try to influence you to do things you don’t really want to do. (Examples might include drink beer, have sex with a commercial sex worker, have sex when you don’t want to, etc.) Make a list of these examples.</li></ol> | <ol style="list-style-type: none"><li>3. Explain that for adolescents, peers are very, very influential. Young people crave acceptance and approval from their friends. The need for approval can make it very difficult to do what you think is right when you don’t agree. “I Statements” are a good way to respond assertively to this kind of pressure.</li><li>4. Divide everyone into small groups. Post the “I Statement” guidelines. Pick several situations given by the participants. Ask each group to practice role-playing a response using “I” Statements.</li><li>5. Reconvene the entire group. Ask which situations were most difficult. Ask for volunteers to act out their responses.</li></ol> |
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## MODULE 5: COMMUNICATIONS

### Lesson 2: Resisting Peer Pressure

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6. Conclude this exercise by explaining that everyone experiences conflict in daily life. Communication skills, such as "I" Statements can help

stand up for ourselves in ways that reduce conflict and make us feel good about ourselves.

## ACTIVITY

### BEST RESPONSE GAME

**Purpose:** Identify typical "lines" people use to pressure others into having sex

**Age Groups:** Children age 11 and older

**Time:** 1.5 hours

**Materials:** Paper or chalkboard

#### PART 1: Identify Pressure Lines

##### Delivery:

1. Introduce the session by explaining that sometimes, young people are pressured into having sex when they don't want to. Peer pressure is a very difficult issue. When pressure comes from a boyfriend or girlfriend in a relationship, it can be even harder to resist.
2. Assertive communication skills are very useful for staying safe. These skills help you get out of tough situations without giving in. This exercise is a way to practice these skills and have fun too.
3. Divide into groups of up to 5 people.
4. Ask one group to be a team of judges.
5. Have each team pick a name and write it on the scoreboard (flipchart or board).
6. Give the teams 5 minutes to write a list of "pressure lines" a person might

use to get the other person to have sex. Write these on the board.

7. When everyone is done, have each team read their list and post it at the front of the room.
8. When all the teams have presented, pick one pressure line and read it aloud.
9. Now give the teams 2 minutes to come up with their **best response** and write it on a slip of paper.
10. Call out when the time is up. Collect the papers and read them aloud to the whole group. Keep it lively and fun! Give the papers to the team of judges.
11. Give the judges 1 minute to choose a winner. The judges award 2 points to the winning team. Record points on the scoreboard. Repeat this process with the next pressure line.
12. When the lines or the group are exhausted, tally the scores and announce the winner.
13. Spend a few moments discussing the exercise. By exploring these responses with a group, a young person feels more supported when actually refusing sex.
14. Ask the group how this game may be helpful.

## MODULE 5: COMMUNICATION

### Lesson 2: Resisting Peer Pressure

15. Bring up the following points:

- It helps to hear the "lines" people use to convince others to have sex. Otherwise you may not recognize them as "lines" and think you are the only one to ever hear them.

- If you think about these "lines" before being in a pressured or passionate situation, you'll have some good answers without much prior thought.

## GAME

### PLAYING WITH PEER PRESSURE

**Purpose:** Reinforce participants' assertiveness skills

**Age Group:** Children age 7-10

**Time:** 20 minutes

**Materials:** None

**Preparation:** Mark the boundaries of the playing field

**Delivery:**

1. Explain that the object is to reach the safe side of the playing area ("The City") without being tagged.
2. Pick one person to be the "Pressure Peer".
3. Have him stand in the playing field and call out to the others to come and play with him. At this time, players are outside "The City" on the safe side.
4. The Pressure Peer should try to convince them to approach him using familiar pressure lines.
5. Have everyone agree how they will answer when he/she tries to persuade them. Players should use

expressions and words that are used in real life situations.

6. The dialogue may be like this:

Pressure Peer: Friends, friends, come to my house tonight.

Kids: We don't want to.

Pressure Peer: What are you afraid of?

Kids: We don't want to be alone.

Pressure Peer: Don't be a baby. You know I love you.

7. After the third try, the players are convinced it is safe to enter "The City".
8. They must run across the play area to the safe side without being tagged.
9. If they are tagged, they join hands with the "Pressure Peer" forming a chain and chase after the others together.

## MODULE 5: COMMUNICATIONS

### Lesson 2: Resisting Peer Pressure

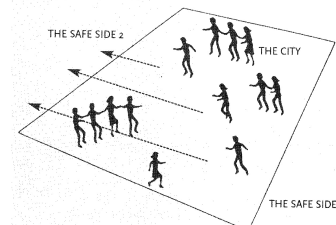
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10. After the last participant is tagged, begin the game again with a new "Pressure Peer".

11. Some variations are:

- The "Pressure Peer" runs backwards.
- Participants run in pairs

- Increase or reduce the size of the playing area.



*Adapted from Kick AIDS Out Trainer's Manual, 2004*

## ACTIVITY

### CONFRONTING VIOLENCE

**Purpose:** Participants define violence in different contexts

**Time:** 30 minutes

**Materials:** Flipchart paper or board helpful; paper, pens

**Preparation:** Prepare signs with the word "Physical", "Emotional" and "Sexual" written on each one

**Delivery:**

1. Explaining that we will now look at violence and how it affects us. In the previous exercise we looked at ways other people can push us to do things we don't want to. Violence, especially sexual violence, is a more extreme example of how people force their will on others.
2. Begin by dividing into small groups. Give each group 5 minutes to write a definition of "violence", explaining what violence means to them.

3. After they have finished, staying in their small groups, ask each to read their definition aloud. Choose the best definition, or create one based on participants' answers.
4. Explain that there are many forms of violence: physical, sexual and emotional. Physical violence involves hurting another person, like beating them; sexual violence involves forcing an unwilling person to have sex (rape); and emotional violence is hurting another person's feelings, like humiliating them.
5. In the same groups, list some examples of physical, sexual and emotional violence.
6. When everyone is done, have someone from each group read their list and post it under the "Physical", "Emotional" or "Sexual" sign.

## MODULE 5: COMMUNICATION

### Lesson 2: Resisting Peer Pressure

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Add any of these items if no one mentions them:

#### EMOTIONAL VIOLENCE

- Telling someone they are ugly
- Denying love or affection
- Humiliating or shaming someone
- Refusing to help someone in need
- Calling names
- Damaging a persons favorite things
- Threatening physical or sexual violence

#### PHYSICAL VIOLENCE

- Slapping, beating, pinching, hair pulling, burning, strangling
- Threatening or attaching with a weapon or object
- Throwing things at a person
- Locking or tying a person up
- Ripping off clothes

#### SEXUAL VIOLENCE

- Beating a person to force him/her to have sex
- Touching a person's body against their will
- Forcing a child to have sex
- Forcing a family member to have sex (incest)
- Using abusive language to force someone to have sex
- Refusing to use contraception or condoms

7. Explain that people often think of certain kinds of violence as "normal" or "acceptable". Sometimes we don't even consider some of these actions as violent because the community tolerates them.
8. This is often the case with violence against women. As the weaker sex, women and girls are often subjected to violence from male relatives, teachers, husbands and boyfriends.
9. Ask each group to consider the results of these three types of violence against females. Using the examples already listed under each heading create a list of the results of such violence. For example, physical violence can result in injury or death; sexual violence can result in HIV or pregnancy; emotional violence can result in depression or suicide. Ask each group to read their list and post it next to the appropriate heading

# MODULE 5: COMMUNICATIONS

## Lesson 2: Resisting Peer Pressure

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### RESULTS OF VIOLENCE

#### *Emotional Health*

- Depression
- Anxiety
- Suicide
- Alcohol or Drug Abuse
- Low Self-Esteem
- Sexual Risk-Taking

#### *Physical Health*

- Death from injury or murder
- Injury or disability (blindness)
- AIDS
- STIs
- Other physical problems

#### *Sexual Health*

- AIDS/STIs
- Unwanted pregnancy
- Unsafe abortion
- Pregnancy complications
- Sexual problems

### PART 2: Protecting Ourselves from Violence

#### Delivery:

1. Point out that people find it very difficult to talk about sexual and physical violence, especially violence in the home against women and children. Only by talking about violence more openly will there be less tolerance for violent behavior.
2. Break into small, same sex groups. Come up with a list of what young people can do to protect themselves from being forced into sex by an adult.
3. Ask each group to come up with some advice for girls to avoid sexual violence.
4. Reconvene and share these ideas with the larger group.
5. Conclude by pointing out that victims of violence often feel that they are to blame for what happened to them. For example, a girl who is raped by her boyfriend blames herself for allowing him to kiss her. Remind everyone that there is no excuse for forcing someone to do something against their will, especially something that is harmful.



## MODULE 5: COMMUNICATION

### *Lesson 3: Negotiating Condom Use*

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#### **Purpose:**

Through role-play exercises, participants develop the confidence and negotiating skills to discuss using condoms with a partner.

#### **Objectives:**

- ❖ Participants can assess sexual risks;
- ❖ Participants can negotiate less risky alternatives;
- ❖ Participants can respond to partner resistance against using condoms.

**Time: 2 hours**

TOPIC	TIME	METHOD	MATERIALS
Why is talking about using condoms so difficult?	15 minutes	Discussion	Chalkboard or Paper Helpful
Responding to Common Objections	1 hour	Individual and Group Work	Pen & paper
More Practice	45 minutes	Forum Theater	None

## MODULE 5: COMMUNICATIONS

### Lesson 3: Negotiating Condom Use

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#### ACTIVITY

### TALKING ABOUT CONDOMS

**Purpose:** Participants begin talking about condoms more openly

**Time:** 30 minutes

**Materials:** Flipchart paper or board helpful

**Delivery:**

1. Introduce this session by asking participants why talking to someone about using condoms is so difficult. List their answers.
2. Now ask for ideas about what can make this conversation easier. Write these down.
3. Explain that just like with “pressure lines” for sex, there are lots of reasons people give for not using condoms. What are some of the lines you’ve heard that people use? Write them down.
4. When there are no more ideas, suggest any of the following:  
*“It’s like taking a shower with a raincoat on.”*  
*“It’s not natural. Flesh to flesh is better.”*  
*“What’s wrong? Do you have an infection?”*  
*“We’re both clean. We don’t need to use a condom.”*  
*“I 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 them.”*

*“I don’t have a one. 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.”*

*“They have HIV in them.”*

*“They make me feel dirty.”*

*“You’re already protecting yourself from pregnancy.”*

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

*“It’s against my religion.”*

5. Ask the group to pick several favorite reasons to work on. Now their task is to come up with some good responses.
6. Divide up the group into small, same-sex teams. Give the group 10 minutes to come up with their best responses to each line.
7. Then have each team read their responses.
8. When all teams have presented, ask the group which response they liked best. How could they use these responses in real life?

## ROLE-PLAYS

### NEGOTIATING CONDOM USE

**Purpose:** Practice ways to persuade your partner to use condoms.

**Age Groups:** Children age 11 and older

**Time:** 1 hour

**Materials:** Paper, "I" Statements, 3 small pieces of paper per person

**Preparation:** 1) Write the steps on a flip chart or board before the session. 2) Prepare scenarios on small sheets of paper. 3) Write each numbered statement on a separate card.

#### PART 2: DISCUSSING CONDOMS ASSERTIVELY--ROLE-PLAYS

**Delivery:**

1. Review the flipchart with "I" Statements.
2. Divide into small groups. Explain that each person will role-play using "I"

Statements when their partner resists using a condom.

3. Within the small groups, have two people role-play a situation where one person wants to use condoms and the other is resisting with familiar lines. The persuader should use "I" Statements to express their feelings. They should also tell the other person at least 2 benefits to using condoms.
4. Allow 3 minutes for each role-play. Then have partners change roles.
5. When everyone has had a chance to play both parts, ask for volunteers to come and perform for the larger group.
6. Conclude by asking which responses were most effective.

## ROLE-PLAYS

### FORUM THEATER

**Goal:** Participants use role-play to explore ways to deal with difficult situations

**Age Groups:** Children age 11 and older

**Time:** 60 minutes

**Materials:** Role-play scenarios written on individual cards.

Simple props like hats, sunglasses, scarves, etc. can help people get into their roles. These are optional, but fun.

**Background:** Forum Theatre invites the audience to take a role-play in a different direction than the original actors did. Actors perform the role-play once. Then, the same actors repeat it the same way from the beginning. Members of the audience clap to

## MODULE 5: COMMUNICATIONS

### Lesson 3: Negotiating Condom Use

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'freeze' the play at any point in the "replay". The person who claps then takes over one actor's role and acts out the situation his own way. Afterward, the audience discusses how well the new approach worked. The role-play is rerun as many times as people care to join in and offer an alternative approach.

#### SCENARIO 1

*Almaz is a young woman in her early 20s. She recently started dating a man named Teferi. They got intimate very fast. It took her a few weeks to learn that Teferi has other girlfriends on the side. She was very upset, but she really loves him and still wants to be with him, even if he does have other girlfriends. Almaz visited the clinic because she is worried that Teferi may be putting her at risk for HIV by having unprotected sex with these women. She has been using pills to prevent pregnancy but has never used a condom with him. She tried to suggest that they try condoms, but he didn't want to and got angry with her. How can Almaz convince Teferi to use condoms?*

#### SCENARIO 2

*Nathaniel is a young university student. He works hard and has been very successful in his studies. His problem is that he drinks a lot of beer on the weekends and often goes home drunk with women that he picks up in*

*bars. He recently had gonorrhoea and got treated at the university clinic. He's heard that STIs can put a person at risk of HIV infection and he is worried about this. He doesn't want to give up his party lifestyle, but he doesn't know how to ask women to use condoms. How can he propose using condoms to them?*

#### SCENARIO 3

*Alemitu is 18 years old and married to a truck driver. They have no children. She comes from a community that values having children highly. Her husband often drinks and is away from home frequently. Alemitu is worried that he is having sex with other women while he is away. She's also worried that if she doesn't get pregnant soon her husband will divorce her. Alemitu is eager to have a child, but worried about the situation. How can she discuss this with her husband?*

#### SCENARIO 4

*Ladji is a good student who has been going out with Mariam for a while. They have recently started having sex. Ladji takes his studies seriously and wants to avoid a pregnancy. He's heard about HIV, and is a bit concerned about that too. The problem is that he is too embarrassed to buy condoms. He confides in you, his best friend, and asks what he should d*

Adapted from CDC's, *HIV Prevention Counselling: A Client-Centred Approach*.

#### Delivery:

1. Explain that Forum Theatre invites the audience to take the role-play in a different direction than the original actors. Describe generally how it works.

2. Ask people to volunteer for roles.
3. Read one of these situations aloud. Ask the actors to explore the situations fully.
4. Instruct the audience to watch what is going on carefully.

## MODULE 5: COMMUNICATION

### *Lesson 3: Negotiating Condom Use*

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- |   |   |
|---|---|
| <ul style="list-style-type: none"><li>5. Tell the audience that the actors will perform the same role-play a second time, until someone in claps and says 'freeze' to stop the play. All the actors must stop and remain motionless. The person who said freeze takes the position of the lead actor who goes to sit with the audience.</li><li>6. The facilitator then says "Unfreeze" and the play carries on with the new actor saying or doing things differently to improve the outcome.</li></ul> | <ul style="list-style-type: none"><li>7. Restart the play with the new actor until another person claps and freezes the play.</li><li>8. When no more variations are suggested, process the variations with the audience. Ask what strategies they thought worked best.</li><li>9. Perform a second scenario using the same approach.</li></ul> |
|---|---|

*Adapted from Life Skills Manual, Peace Corps, Publication #M0063, 2001*



## MODULE 6: COMPASSION

### *Choosing Compassion*

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#### **Purpose:**

Stigma and social rejection can destroy people living with HIV/AIDS and their families. By experiencing stigma themselves, participants gain new insight and empathy for those living with HIV.

#### **Objectives:**

- ❖ Participants become aware of their own attitudes toward people living with HIV/AIDS;
- ❖ Participants experience stigma first-hand;
- ❖ Participants re-think their attitudes about people living with HIV/AIDS.

#### **Time: 2 hours**

TOPIC	TIME	METHOD	MATERIALS
Feelings About People With HIV/AIDS	15 minutes	Heads or Tails* Activity	None
How Stigma Affects People's Lives	15 minutes	Build A Character*	Paper & Pen
Experiencing Stigma	30 minutes	Cross the Line	None
Experiencing Stigma*	15 minutes	Outside the Circle	None
Stigma In Our Community	30 minutes	Stigma in Different Contexts	Paper & Pen
Choosing Compassion	30 minutes	Small Group Work	Paper & Pen

\*Substitute "Cross the Line" with this exercise for younger children

## MODULE 6: COMPASSION

### *Choosing Compassion*

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**Key Message:** People living with HIV/AIDS need our love and support.

**Key Skill:** We can comfort them by changing the ways we think and act.

People living with HIV/AIDS suffer terrible isolation and rejection. They face physical and emotional shame from friends, family and their community. They suffer from gossip and name-calling, a loss of rights, decision-making power and access to resources and livelihoods. People with HIV internalize these experiences and feel guilty, ashamed and inferior to others. As a result they may isolate themselves and lose hope. People associated with HIV and AIDS, especially family members, friends and caregivers, face many of these same experiences of social isolation

People living with HIV/AIDS and their families develop different strategies to cope with stigma. Decisions about whether to reveal their HIV status depend on whether disclosure would help the family (through care) or make the situation worse (through added stigma). Some cope by participating in networks of people with HIV. Some confront stigma in their communities. Others seek comfort in religion.

Social status, age and gender all influence the intensity of stigma. The

poor are blamed less for their infection than the rich, but they lack the resources to hide their illness. Youth are blamed for what is perceived as highly risky sexual behavior. Women are blamed more than men. At the same time, the consequences of HIV infection, stigma and the burden of care all fall more heavily on women.

There are many causes of stigma. Foremost among them is a lack of knowledge, incorrect beliefs and fear about how HIV is spread. This unfamiliar disease and its fatal outcome frighten people. Because HIV/AIDS is associated with sex, people make moral judgments, concluding that people living with HIV/AIDS are promiscuous or immoral. People are often unaware of their stigmatizing language and behaviors. Most have good intentions and many provide empathy, care and support to those who are infected. By becoming aware of stigmatizing behaviors, people and communities can change and show greater compassion.

*Adapted from Understanding & Challenging HIV Stigma; AED, Manoff Group, ICRW, USAID, 2003*



### GAME

## HEADS OR TAILS

**Purpose:** To assess our attitudes towards people living with HIV/AIDS

**Age Groups:** Children age 7-10

**Materials:** None

**Time:** 20 minutes

**Delivery:**

1. Ask everyone to stand up and close their eyes.
2. Read one attitude statement aloud.
3. After each statement, ask participants to decide if they agree or disagree. If they agree, they should put their hands on their heads. If they disagree, put their hands on their hips.
4. After people respond to each statement have them open their eyes and look around. Then have them explain why they agreed or disagreed.

5. Follow the game with a discussion about stigma. Address any fears or myths that arise about how HIV is spread.

#### ATTITUDE STATEMENTS

- I would be willing to be in a class with a student who has AIDS.
- I would stop being friends with someone because he or she has AIDS.
- I think people with AIDS deserve what is happening to them.
- I am afraid that someday I could get AIDS.
- I think I can protect myself from infection with HIV and from AIDS.
- I would not buy fruit from a trader with AIDS.

## MODULE 6: COMPASSION

### *Choosing Compassion*

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## ACTIVITY

### BUILD A CHARACTER

**Goal:** This exercise encourages people to consider how prejudice affects others

**Age Groups:** All ages

**Time:** 1 hour

**Materials:** One copy of Build a Character Questions for each team; paper, pens

**Delivery:**

1. Introduce participants to the exercise by explaining that each group will create a character or person.
2. Divide participants into groups of 5. Hand out pens and a Build a Character Questions to each group.
3. Give the groups 10 minutes to answer the questions and build a character.
4. After everyone has finished, ask them now to imagine that their character has just become infected with HIV. Ask them to list 10 ways that life will be different for the character now.
5. Ask groups to read their character descriptions and how life is now different.

6. Reassemble and ask how participants felt when their character got HIV.
7. Ask how this exercise affects the way they feel about what it's like to have HIV. Ask if they think will behave differently in any way in the future.

#### Character Questions

- What is your character's name? Age?
- Are they male or female?
- Who does s/he live with?
- Who are his/her friends?
- Does s/he have a boy or girlfriend?
- (What is his/her name?)
- Is s/he married?
- Does s/he go to school? Or does s/he have a job? What kind of work does s/he do?
- What does s/he do for fun?
- What is his/her favorite music? Favorite food?

*Adapted from Lesson Plans for HIV/AIDS and Safer Sex, AVERT, West Sussex, England*

## GAME

### CROSS THE LINE

**Purpose:** By experiencing the feeling of being stigmatized, participants begin to empathize with persons with HIV

**Age Groups:** All ages

**Time:** 30 minutes

**Materials:** List of positive or negative attributes

**Preparation:** Adapt the list of sample questions to fit the group. Keep the items "light" and non-threatening. Use a string or other marker to divide the area.

**Delivery:**

1. Have all participants assemble on one side of the line.
2. Explain that you are going to read a statement. If the statement applies to them, they are invited to cross the line. For example, "If you are married, cross the line."
3. No one is forced to cross the line. If they don't want to they should simply stay where they are.
4. After crossing the line, participants should turn and face the group on the other side. After a moment of silence, ask them to return to the side they started on. Then read another statement.
5. There is no talking during this game.
6. You should end this exercise when participants begin to lose interest or you have gone through the list.

7. After participants reassemble in the large group, ask the following questions:

- How did you feel during this exercise?
- What did it feel like to be in the larger group? The smaller group?
- If there were times when you decided not to cross, what were your feelings?
- What does this game have to do with HIV/AIDS?
- How do you think people with HIV/AIDS cope with being on one side of the line?

#### Sample Questions

##### Cross the line if you...

Passed your exams  
Smoke cigarettes  
Have a car  
Are married  
Are married with children  
Are not married  
Are Catholic, Protestant,  
Jewish, Muslim, other faith  
Are male  
Have a cell phone  
Never traveled overseas  
Have divorced parents  
Ever worried about being  
pregnant or your partner being  
pregnant  
Are divorced

## MODULE 6: COMPASSION

### *Choosing Compassion*

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#### GAME

### OUTSIDE THE CIRCLE

**Purpose:** To understand stigma and discrimination associated with HIV/AIDS

**Materials:** None

**Age Group:** Children age 7-10

**Time:** 20 minutes

**Delivery:**

1. Participants form a close and tight circle so that nobody can get into the middle.
2. Ask two or three group members to be outside the circle and to try to get back in.

3. Note what the players who were excluded do and say.
4. Raise these discussion points:
  - How did the excluded participants feel?
  - How did the participants in the circle feel?
  - Did the fact that the other players had their backs turned and were ignoring the others make it more difficult?
  - How does this activity relate to HIV-related discrimination?

#### GAME

### STIGMA IN DIFFERENT CONTEXTS

**Purpose:** Participants will identify different forms of stigma in different contexts

**Age Groups:** All ages

**Time:** 2 hours

**Materials:** Label context cards: FAMILY HOME, CLINIC, SCHOOL, CHURCH or MOSQUE, MARKET, BAR, FUNERAL

**Preparation:** Place cards in different areas.

**Delivery:**

1. With the cards in different parts of the room, ask people to join the context group they want to.
2. Ask each group to identify how people with HIV/AIDS are treated badly (stigmatized) in that particular context. Write down these ideas.
3. Develop a short role-play showing how the stigma occurs.

4. Report back. Have each group present their list and perform the role-play. After each role-play ask:

- What happened? Why?
- What are the attitudes here?
- What else contributes to this situation?

5. Ask the group:

- What do these situations have in common?
- What are the effects on people who have been stigmatized?
- What do you think are the root causes of stigma and discrimination?

*Adapted from Understanding & Challenging HIV Stigma; AED, Manoff Group, ICRW, USAID, 2003*

## ACTIVITY

### CHOOSING COMPASSION

**Purpose:** Participants consider how to act with compassion

**Time:** 30 minutes

**Materials:** Flipchart paper or board helpful;

**Delivery:**

1. Explain that now we have looked at how we feel about People Living with HIV/AIDS from outside (Heads or Tails Game) and inside (Cross the Line or Outside the Circle). Do you feel at all differently about them now?
2. The challenge is to consider how we will act differently in the future. How will we act more compassionately toward those with HIV as a result of our **Discussions**?
3. We'll think through this in groups of 3. Each group will have 10 minutes to come up with a list of how they can act more compassionately. Your ideas can include talking to people, caring for the sick, assisting

orphans, activities through your church or mosque, etc. You have 5 minutes for discussion.

4. Reconvene as a large group. Before each group reads their list, explain that before we are through, each participant will to commit themselves to 3 compassionate actions. Encourage each person to listen carefully.
5. When all the ideas have been presented, ask each person to write down 3 actions they will take to be more compassionate. They should choose things that they really can and will do and sign their name at the bottom of the paper. Then ask them to share the list with the person next to them.
6. Conclude this exercise by asking for examples of compassionate action. Emphasize that simply knowing something is not enough. Doing something different or acting compassionately is what we are really after.



## MODULE 7: CONCLUSION

### *Putting It All Together*

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#### **Purpose:**

The last session provides an opportunity to reinforce ideas presented earlier in the course. Participants decide how they will put new their life skills into practice and make a commitment to action.

#### **Objectives:**

- ❖ Participants commit to protecting themselves from HIV infection;
- ❖ Participants pledge to care and support those with HIV/AIDS;
- ❖ Participants agree to share what they have learned with others.

**Time: 2 \_ hours**

TOPIC	TIME	METHOD	MATERIALS
Overcoming Difficulties	15 minutes	Human Knot Game	None
Practicing What We've Learned	1 hour	Skills Circuit	Balls, condoms, paper/pens
Taking Action	30 minutes	Individual Actions & Team Contract	Team contract poster
Congratulations & Certificates	30 minutes	Certificates	Certificates
Workshop Evaluation	15 minutes	Mood Meter	Mood meter table with questions

## MODULE 7: CONCLUSION

### *Putting It All Together*

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**Key Message** Look after yourself; look after one another

**Key Skill** Protect yourself from HIV/AIDS and treat those with HIV/AIDS with compassion.

The HIV/AIDS epidemic can be slowed by deliberate, concerted effort involving everyone. Community involvement and life-skills education are keys to empowering young people to look after themselves, and enable them to look after one another.

Young people need a clear understanding of the risks of HIV/AIDS. Parents, teachers, health workers, guardians, and those in the community in charge of rites of passage can all counsel young people about the risk of HIV/AIDS.

Young people have the potential to bring discussion about HIV/AIDS out of the realm of the taboo and into the open. In doing so, they share responsibility for spreading the word about what HIV/AIDS is, how it is

transmitted, and how it can be prevented.

Because all young people are vulnerable, efforts must be made to reach young people in and out of school, boys and girls alike. Youth-serving organizations and faith communities, mass media and popular culture must all be harnessed in this effort.

Looking after one another not only means talking openly about HIV/AIDS and how to avoid it, but also encouraging friends to get tested, going for testing together, speaking out against unsafe sex practices, and advocating for fair treatment of people living with the disease



### GAME

## HUMAN KNOT

**Purpose:** To remind everyone that problem solving is something we can do together

**Time:**

**Materials:**

**Delivery:**

Introduce this game saying that all of us deal with problems every day. But problem solving can be fun, especially if we do it together. This game is a good reminder.

**Materials:** None

**Age Groups:** All ages

**Time:** 10 minutes

**Delivery:**

1. Participants form a circle facing inward.
2. Each participant reaches out and clasp hands with two different people.
3. Without letting go, participants must untangle themselves back into a circle.
4. Ask participants what they think this game symbolizes.

### ACTIVITY

## LIFE SKILLS CIRCUIT

**Purpose:** Conclude the program by reinforcing participants' communication and sport skills.

**Time:** 1.5 hours

**Materials:** Balls or other sports equipment, seating for Life Skills stations, condoms and penis model, role-play descriptions

**Preparation:**

Write up several assertiveness situations. Leave these in Life Skills Station 2.

Write up several conflict situations where one person will use "I" statements. Leave these in Life Skills Station 3.

Set up 8 skill stations. These might include:

### Sports Skills Stations

1. Players do body wraps (e.g. single and double circles, figure 8)
2. Players do volley passes.
3. Two and two players serve to each other (under and over arm).
4. Two and two players practice spikes and dig passes.

Vary the degree of difficulty in these stations, start the players with easy tasks, and proceed to more difficult ones.

## MODULE 7: CONCLUSION

### *Putting It All Together*

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#### Life Skills Stations

1. Players demonstrate putting a condom on a model
2. Participants role-play assertiveness situations
3. Participants role-play situations using "I" statements
4. Participants make up a jingle about delaying sex.

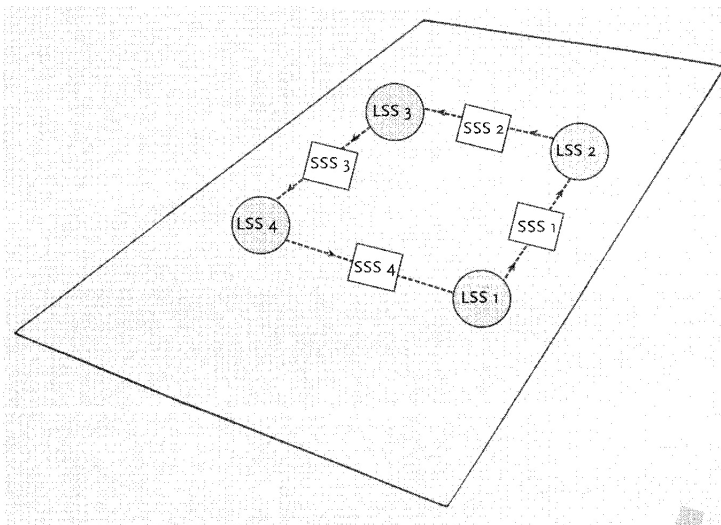
#### Delivery:

1. Explain that this game is like common circuit training; participants perform different activities in different stations. The object is to carry out the tasks in each station within a given time.

There are 8 stations: 4 Sports Skills and 4 Life Skill stations.

2. Tell the group how long they have at each station. (Try to give enough time to finish the tasks.) Tell them how many times they will visit each station. (It is usual for the participants to have two rounds in this circuit.)
3. Start with an equal number of participants at each station.
4. Signal participants to start working at the tasks. Call out when it is time to rotate.
5. Continue until everyone has completed all the stations the desired number of times.
6. Call the group together to perform and hear the jingles.

*Adapted from Kick AIDS Out Trainer's Manual, 2004*



### ACTIVITY

## PUTTING IT INTO PRACTICE

**Purpose:** To take these experiences beyond this workshop and decide how to put my new learning into practice.

**Time:** 30 minutes

**Materials:** pen and paper

**Delivery:**

1. Explain that when people attend a workshop, their learning takes place in a different place than “the real world”.
2. This is why we will spend some time working on ways you will carry these skills out into your daily world.

3. Post or read a list of the key course topics. Give participants time to write down how they will put these ideas into practice after the course.
4. When time is up, ask participants to form groups of 3 and share their plans with each other for 10 minutes.
5. Ask people for examples of actions mentioned in their group.
6. Conclude by pointing out frequently mentioned actions as well as ones that no one mentioned at all. Transition from individual plans to the Team Contract.

### ACTIVITY

## TEAM CONTRACT

**Purpose:** Reinforce participants’ decision to take personal sexual responsibility

**Materials:** A large sheet of paper with the contract

**Age Groups:** Children age 11 and older

**Time:** 20 minutes

**Preparation:** Make a poster with the words **Abstain, Be Faithful, Protect, Teach, and Care** on it

**Delivery:**

1. Invite participants to join young people around the world who have pledged to remain HIV free and to help stop the spread of the disease.
2. Explain that signing the poster is like signing a contract to play professional football. By signing you agree to play by the following rules:  
**Abstain:** Delay sexual intercourse until you enter into marriage or a mature, loving relationship.

## MODULE 7: CONCLUSION

### *Putting It All Together*

---

**Be Faithful:** When you decide to have sex, get tested with your partner, commit to being faithful, and ask your partner to make the same commitment.

**Protect:** When you decide to have sex, protect yourself from HIV/AIDS and other STI's by consistently using condoms.

**Teach:** Join the fight against AIDS by teaching others about how to avoid HIV infection.

**Care:** Care for people with HIV/AIDS by showing compassion,

helping them and encouraging others to do the same.

3. Have the coaches sign the poster first. This shows participants they have made a decision.
4. Now invite participants to sign the contract. Emphasize that it their choice to sign.
5. Tell participants that you will keep the contract to remind them of their pledge.

*Adapted from Grassroots Soccer, 2004*

## ACTIVITY

### CONGRATULATIONS & CERTIFICATES

**Purpose:** To conclude the course in a positive, upbeat way

**Time:** 20 minutes

**Materials:** Certificates for each participant

**Preparation:** To give this event more importance, invite influential adults (teachers, parents, leaders) to attend the ceremony

**Delivery:**

1. Explain to everyone that this has been a long and demanding course for everyone.
2. Thank all the organizations and individuals who helped make the course a success.
3. Thank the participants for their hard work, honesty and

participation. Explain how much you learned as a leader. Express your wishes for every participant to achieve their hopes and dreams.

4. Ask a respected leader give out the certificates -OR--
5. Pass each participant someone else's certificate. Ask the first person to go to the front of the room, announce the name of the person whose certificate s/he has and ask them to come to the front of the room. S/he then presents the certificate, telling the audience about some quality the person has that will ensure his or her success in life. After everyone applauds, the recipient introduces the person whose certificate s/he has. Continue until all the certificates are awarded.

## **In order to measure the success of LSPS, evaluation and assessment is crucial.**

### **WHAT IS EVALUATION?**

Evaluation answers questions about how the programme was conducted, not what it achieved. At the conclusion of the workshop, participants provide feedback so that facilitators can make adjustments to content or correct their delivery. Participation in an evaluation activity also provides a sense of closure for learners, enabling them to reflect upon their experiences.

### **HOW IS THE EVALUATION CONDUCTED?**

Good facilitators are constantly evaluating during workshops. They assess the *process* of learning, or how the lesson plan is actually carried out—what methods were used, how many participants took part, problems that arose with particular methods, changes that need to be made in resource materials, etc. Questions about specific aspects of the program should be asked, referring to the stated objectives as often as possible.

Throughout the workshop, trainers should debrief at the end of each day. This might take about 30 minutes. This provides a way to talk about what went well, what could be improved and any adjustments that need to be made to the workshop schedule. It also gives you a chance to think about how to incorporate issues brought up by participants in the next session.

There are a number of ways a workshop can be evaluated. They include:

- Flipcharts where participants can write up suggestions

- Suggestion boxes
- Daily questionnaires
- Morning reflections on the previous day's work
- Informal conversations with participants
- Pre and post test questions
- A final workshop evaluation questionnaire.

A short written questionnaire might simply ask participants the following questions: (1) What did you like best about the workshop? (2) If you had to change one thing about the workshop, what would it be? (3) What do you think you will do differently as a result of the workshop? (4) How was the workshop useful to you? Feedback can also be gathered from participants later on by asking them to report on their progress implementing their work plans after training.

With younger participants, evaluation games are more effective because they require simpler answers and more fun. Older participants may be more willing to put the time and effort into a written evaluation questionnaire.

### **WHAT SHOULD BE DONE WITH EVALUATION RESULTS?**

The facilitator should record the results of evaluation exercises. The results can be consulted to determine “lessons learned”—what went well and what might be improved in the future. Evaluation exercises can also be used to track the development of the facilitator's personal delivery skills over time.

# APPENDIX 1

## Evaluation And Assessment

---

### WHAT IS ASSESSMENT?

Assessment examines the impact of LSPS—whether the course activities have made a difference. Changes in participants’ knowledge and attitudes reflect what have gained as a result of LSPS.

It is important to note that assessing skills acquisition is much more difficult than assessing the changes in knowledge and attitudes. The best way to gauge the effectiveness of skills development is to assess how effectively participants carry out the skills development activities themselves—i.e., a young person’s ability to communicate effectively can be assessed by having them participate in an assertiveness role-play for example

Related to the issue of skills assessment is the need for facilitators to distinguish between assessing impacts, which are the immediate or short-term effects of a program; and assessing outcomes, which is concerned with the medium- to long-term effects of a program. Impact assessment generally looks for changes in participants’ knowledge, attitudes, and—to a lesser extent—skills, all of which can be affected by LSPS activities in a relatively short period of time. Outcome assessment generally looks for changes in participants’ behaviors. While some types of behavior change can be measured in the short term, most behaviors related to HIV prevention are complex, take time to learn, and may not be put to use until an opportunity arises. They are also not easily observable, and therefore are generally beyond the scope of assessment by a LSPS facilitator.

### HOW IS ASSESSMENT CONDUCTED?

Facilitators may assess learning impacts informally, through their own observations of participants’ behavior; by inviting objective outsiders, such as teachers or health professionals, to observe the participants’ behavior; by interviewing parents; or through interviews or small group discussions with participants.

### WHAT SHOULD BE DONE WITH ASSESSMENT RESULTS?

Information about learning processes and learning outcomes in LSPS is gathered for:

- *Facilitators:* Assessment results enable facilitators to modify content for the needs of participants, and provide information about the effectiveness of a range of delivery methods.
- *Participants:* Assessment results provide participants with feedback on their own learning. Being able to monitor their own progress can increase motivation and self-esteem, as young people see changes over time. Assessment information should be provided to participants—not as a means of showing which learners have “performed better,” but as a way of reinforcing their learning.
- *RTP:* In order to determine the overall effectiveness of LSPS, RTP monitors the assessment results of facilitators. Assessment results guide RTP choices about LSPS content and methods. All assessment information should be forwarded to RTP if possible.

## **Games can set and maintain a fun and exciting tone for the workshop.**

### **ICEBREAKERS**

#### **IN THE TOOLBOX**

Concentric Circles  
Nametag Switch  
Nemesis  
Punda Wants a Seat  
Secret Leader

Icebreakers are short, structured group activities that enable participants and facilitators to begin sessions with impact and to acquaint

participants with each other in order to feel more relaxed. The importance of making participants feel comfortable at the beginning of a session should not be underestimated; very often, doing so can help facilitators to avoid behavior problems later. LSPS facilitators should use one or more icebreakers, mixing and matching to suit their specific needs. Icebreakers can also be used later in a program, as energizers.

### **ENERGIZERS**

#### **IN THE TOOLBOX**

Bata Bata Mzinga  
Human Knot  
No Hands Pass  
Over & Under  
Power Ball  
Punda Shujaa  
Sungu-Sungu

Energizers are quick, high-impact games used during the programme to energize group members who are growing bored or restless, to

reduce tensions, or to provide a pause or break (especially after a part of the programme where participants have been passive and receiving information). Most energizers are “just for fun,” without any hidden rationale other than strictly to energize participants. LSPS facilitators should use one or more energizers, mixing and matching games to suit their specific needs.

## APPENDIX 2

### *Icebreakers And Energizers*

---

#### **ICEBREAKER**

### **CONCENTRIC CIRCLES**

**Purpose:** Icebreaker.

**Materials:** None.

**Time:** 10-20 minutes

**Procedure:**

Participants form two circles with an equal number of people in each circle. One circle is inside the other. When the facilitator calls a number, people in the outside circle take that many steps to the right, while people in the inside circle take that many steps to the left.

The facilitator then announces a question: The person in the outside circle asks this question of the person in the inside circle across from them, and then the person in the inside circle asks the question. The facilitator then calls another number and the circles continue to rotate. Questions could include personal preferences ("What is your favorite kind of music?"), information like birthdays and hometowns, reasons for coming to the workshop, hopes and fears about the workshop, etc.

#### **ICEBREAKER**

### **NAMETAG SWITCH**

**Purpose:** Icebreaker.

**Materials:** Paper and tape.

**Time:** 10-15 minutes

**Procedure:**

Write down the names of all participants on nametags. When all

participants are present, randomly distribute the nametags. Participants must find the person who is wearing their name and tell them three items of personal information (for example, birthday, home town, favorite music). Participants form a circle and introduce the person whose nametag they are holding to the rest of the group.



## **ICEBREAKER**

### **NEMESIS**

**Purpose:** Icebreaker.

**Materials:** None.

**Time:** 5-10 minutes

**Procedure:**

Participants form a circle. Without speaking, they must identify one person they do not know as their “nemesis,” and another person they do not know as their “protector.” When the

facilitator shouts, “Go!” all participants must try to remain as far away as they can from their nemesis, and as close as they can to their protector. This will result in a lot of running and chaos. When participants start to get bored with the game, ask them to go and introduce themselves to their nemesis. Each participant then introduces their nemesis to the rest of the group in a circle.

## **ICEBREAKER**

### **PUNDA WANTS A SEAT**

**Purpose:** Icebreaker.

**Materials:** None.

**Time:** 10-20 minutes

**Planning notes:**

Punda Wants A Seat is more appropriate for 10-14-year-olds. This game works best if there is a chair or a mat for every player, but can also be played without any equipment at all.

**Procedure:**

Participants form a large circle with their chairs. Tell them it is very important that they learn the names of the players seated immediately to their left and right. One player does not have a chair and stands in the centre of

the circle. This player is “Punda.” Punda moves around the inside of the circle, approaching seated players and saying, “Punda wants a seat!” Players respond to Punda by saying, “Ask my friend—” and the name of the person sitting immediately to their left or right. Punda then moves to that player, saying, “Punda wants a seat!”

While Punda is asking for a seat, other players can make eye contact with each other and signal that they want to switch seats. Large numbers of player should be running back and forth across the circle while Punda is asking for a seat. However, if Punda notices that a seat is vacant and can get to it in time, s/he can sit down and the player left without a seat becomes the new Punda.

## APPENDIX 2

### *Icebreakers And Energizers*

---

#### **ICEBREAKER**

#### **SECRET LEADER**

**Purpose:** Icebreaker.

**Materials:** None.

**Time:** 10-20 minutes

**Procedure:**

Ask the participants to sit in a circle. Choose one participant to be the "detective." The detective leaves the group while the facilitator explains to the remaining participants that they

will be following a secret leader. The secret leader begins an action (clapping hands, stomping feet, etc.). The detective returns to the circle and observes the group, trying to figure out which participant is the secret leader while the actions change. The detective has three opportunities to guess who the secret leader is. The secret leader becomes the next detective.

#### **GAME**

#### **BATA BATA MZINGA**

**Purpose:** Energizer

**Materials:** None.

**Time:** 10-15 minutes

**Delivery:**

Participants sit in a circle. One participant is chosen to run clockwise around the outside of the circle tapping other players on the shoulder, and saying "Bata!" each time a shoulder is

tapped. When the participant who is running taps a player and says "Mzinga!" the player who has been tapped must run counter-clockwise around the outside of the circle. The two players race to get back to the spot vacated by the player who was called "Mzinga!" Whichever player reaches the spot last continues to run clockwise around the outside of the circle saying "Bata!"

## **GAME**

### **NO HANDS PASS**

**Purpose:** To work together and support one another in a fun environment.

**Materials:** Small objects (balls, plastic bottles, etc.)

**Time:** 10-20 minutes

**Procedure:**

Divide participants into two or more teams. Each team must create a cheer that it will use during the game. When

the game begins, teams line-up single file parallel to one another.

Demonstrate that participants will have to pass a small object from one end of the line to the other without using their hands. Teams will be competing against each other, but encouraged to cheer for everyone. In the first round, players should hold the object under the chins; in the second round, in the crooks of their elbows; other variations are also possible.

## **GAME**

### **OVER & UNDER**

**Purpose:** Energizer

**Materials:** Balls (2)

**Time:** 10-15 minutes

**Procedure:**

Divide participants into two teams. The two teams stand in straight lines parallel to one another. Explain that the first player on each team will pass a ball to the player behind him/her over his/her head; that player will then

pass the ball behind him/her by passing the ball between his/her legs. This sequence will be repeated until the ball reaches the end of the line. The last player in the line will run to the front, and start the over-under passing pattern again. When the first player to pass the ball back at the beginning of the game reaches the front of the line again, his/her team has won.

## APPENDIX 2

### *Icebreakers And Energizers*

---

#### GAME

### POST OFFICE

**Purpose:** Icebreaker

**Materials:** Chairs or mats

**Time:** 10-20 minutes

**Procedure:**

Participants form a large circle with one fewer chair than the number of people. The player who does not have a chair stands in the centre and says: "I have a letter from the Post Office for everyone wearing shoes." Everyone

who is wearing shoes jumps up from their chairs and tries to find a new chair; the person in the centre is also trying to find a chair, and the person left at the end who does not have a chair becomes the new person in the centre. Players should be encouraged to mention personal qualities and preferences (example: "I have a letter from the Post Office for everyone who likes reggae music") so that participants can learn about each other.

#### GAME

### POWER BALL

**Purpose:** Game

**Materials:** Ball

**Time:** 15-30 minutes

**Delivery:**

Play each of the ball games below and increase the difficulty.

#### HOT BALL

Participants form a circle. One participant is chosen to start the game by pretending to set a fire under the ball. S/he then rolls it and says, "The ball is hot." Players around the circle try to roll the ball away from them to keep from being burned. If the ball leaves the circle, the player who last

touched it becomes "it" and pretends to set the ball on fire again. The same game can be played using feet, elbows, or with only left or right hands.

#### ELEPHANT BALL

Participants form a circle with their legs spread slightly wider than shoulder width. Players' feet should be touching those of the person beside them. Participants lean forward with their hands clasped together (like an elephant's trunk). Players must try to score a goal between the legs of their opponents. They may try to block goals being scored on them with their "trunk." When a goal is scored, the participant against who it has been

scored loses the use of one arm. After a second goal is scored, the participant turns backwards. After a third goal is scored, the participant leaves the circle.

**CALL BALL**

Participants form a circle. One player tosses the ball into the air and calls out

the name of another participant, who must catch the ball before it bounces. If the player whose name was called is successful, s/he becomes the next thrower. If the skill level of participants is low, allow one bounce before attempting to catch the ball.

## **GAME**

### **PUNDA SHUJAA SUNGU-SUNGU**

**Purpose:** Energizer.

**Materials:** None.

**Time:** 10-20 minutes

**Procedure:**

Participants find a partner and spread out over a large open space. Demonstrate the three poses that the partner pairs must be able to do: PUNDA (one partner on hands and knees, other partner straddling their back), SHUJAA (one partner kneels on one knee with left arm raised, other partner sits on raised knee and raises right arm), SUNGU-SUNGU (one partner jumps into the other partner's arms, or

alternatively lifts other partner's leg and raises left arm). Encourage the partner pairs to practice these poses.

Partner pairs must circulate in a large crowd, walking slowly with hands on hips and saying, "Schmooze, schmooze, schmooze." Players must stay as far away from their partners as possible. The facilitator will then shout out the name of one of the poses, and players must find their partners as quickly as possible and successfully strike the pose. The last partner pair to make the pose is out of the game. Once two or more partner pairs have left the game, they can start a new game nearby.

## APPENDIX 3

### Drawings from Journey of Hope

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## APPENDIX 3

*Drawings from Journey of Hope*

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## APPENDIX 3

*Drawings from Journey of Hope*

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## APPENDIX 3

*Drawings from Journey of Hope*

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## APPENDIX 3

### *Drawings from Journey of Hope*

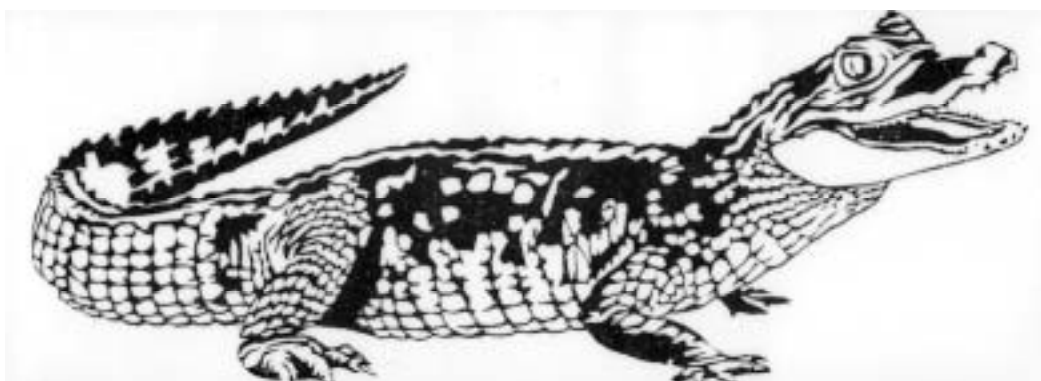
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## APPENDIX 3

*Drawings from Journey of Hope*

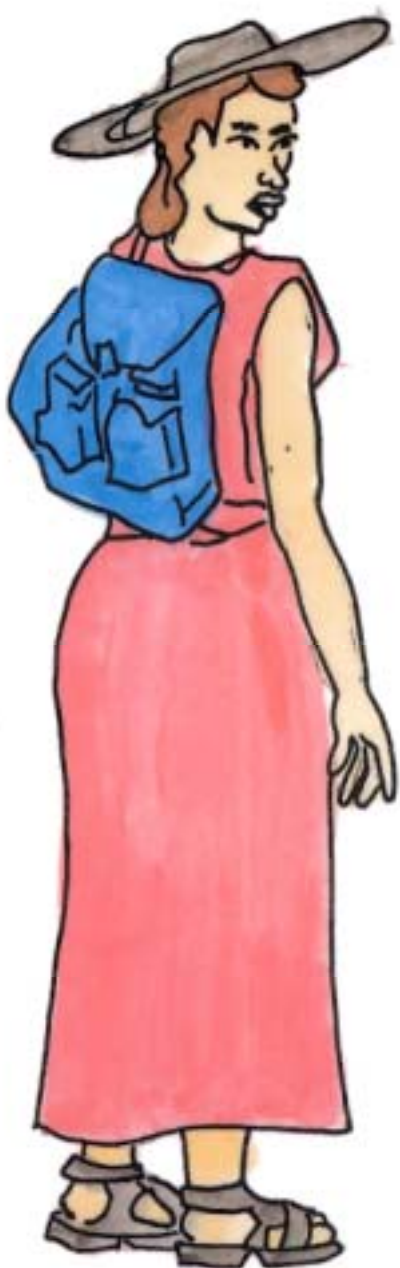
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## APPENDIX 3

### *Drawings from Journey of Hope*

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## APPENDIX 3

*Drawings from Journey of Hope*

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## APPENDIX 3

### *Drawings from Journey of Hope*

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**FAITHFULNESS**

**ABSTINENCE**

## APPENDIX 3

*Drawings from Journey of Hope*

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# CONDOM



## APPENDIX 3

### *Drawings from Journey of Hope*

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## APPENDIX 3

*Drawings from Journey of Hope*

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## APPENDIX 3

*Drawings from Journey of Hope*

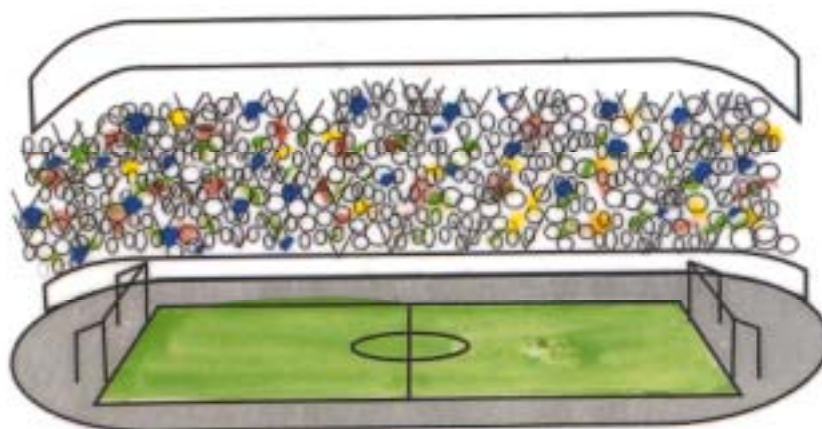
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## APPENDIX 3

### *Drawings from Journey of Hope*

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## APPENDIX 3

### *Drawings from Journey of Hope*

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## APPENDIX 3

*Drawings from Journey of Hope*

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## APPENDIX 3

*Drawings from Journey of Hope*

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## APPENDIX 3

### *Drawings from Journey of Hope*

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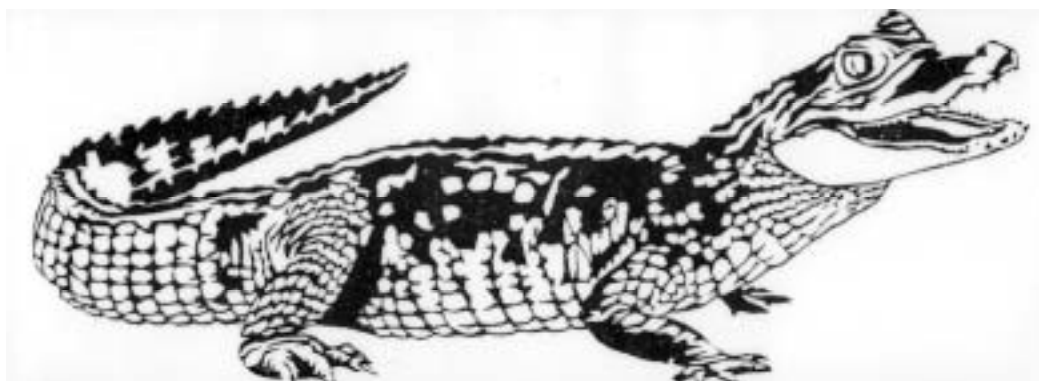




## APPENDIX 3

*Drawings from Journey of Hope*

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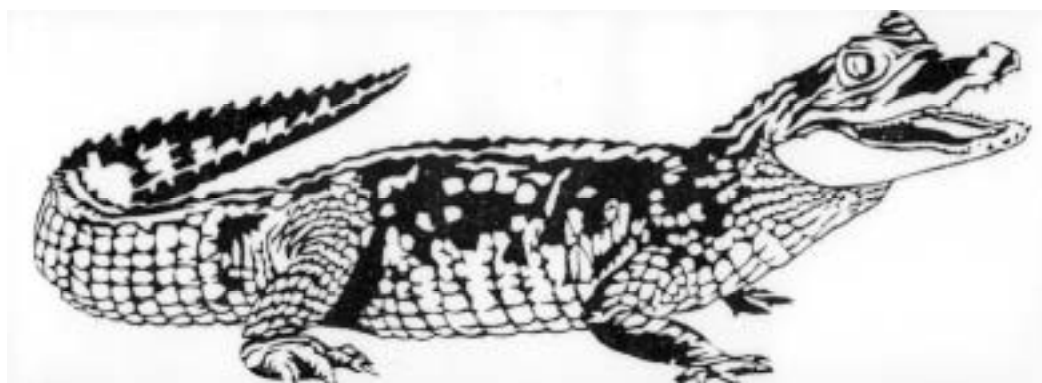
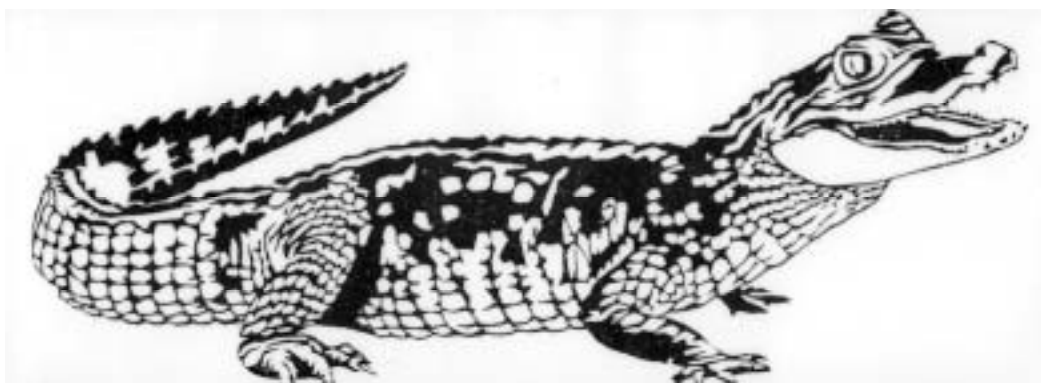
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## APPENDIX 3

*Drawings from Journey of Hope*

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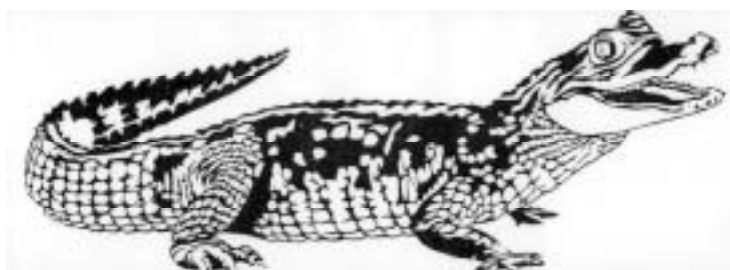
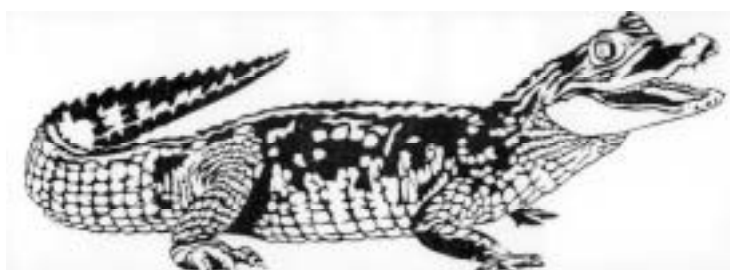
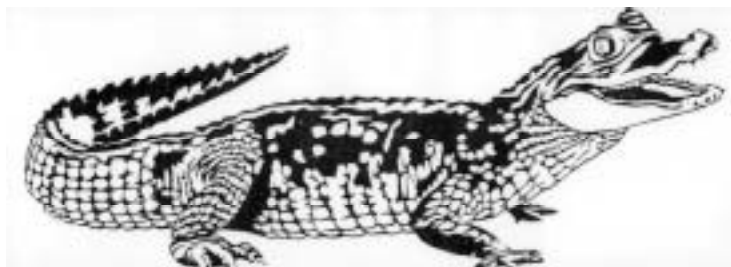
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## APPENDIX 3

### *Drawings from Journey of Hope*

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