

# **POSITIVE LIVING FOR A BRIGHTER FUTURE II**

*For adolescents aged 13 to 17 years*

*Facilitators' manual*



‘Positive Living for a Brighter future II’ is an adaption of the primary prevention intervention ‘Healthy Choices for A Better Future II’ developed by KEMRI-ITM. The latter is a cultural adaptation to the Kenyan context of a program identified by CDC as a ‘program that works’, namely ‘Making Proud Choices’ developed by Jemmott L.S., Jemmott J.B. III and McCaffree K.A.

‘Positive Living for a Brighter Future II’ was a collaborative effort of three institutions:

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  - Academic promoter: Prof. Dr. Anne Buvé
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This curriculum was developed, pilot-tested, implemented and subjected to a process evaluation in a study funded by the Aids Fonds, Netherlands and the Belgian Development Cooperation.

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## Acknowledgements

Many people and organizations contributed to this project. First and foremost we would like to acknowledge all the adolescents who participated. Their honest answers and constructive advices guided us in developing this curriculum. We also wish to thank the adolescents' parents and caregivers for allowing them to take part in this project.

This Brighter Future curriculum is the result of a cyclic development process and great team-work. All adaptations and refinements to the curriculum were based on the needs expressed by and advices given by the adolescents. For gathering and recording these needs we wish to thank the Ugandan interviewers, Ruben Kamya, Flavia Nakiito, Margaret Nabirye, Edward Mutesasira, and Priscilla R.N. Ekirya as well as the Kenyan interviewers Susan Owiti, Christine Okiro, Brian Otieno, Lorna Odhiambo, and Marvin Oyolla. To ensure the feasibility and acceptability of the intervention, the curriculum was piloted. We wish to thank facilitators who conducted these pilots: Phionah Mirembe, Edward Mugambe, Fredrick Kayondo, Jennifer Nalunga for piloting the curriculum in Kampala and George Awino, Leah Maloba, Julius Ogutu and Anne Atieno for doing the same in Nyanza. Special thanks also to Stella Ssali for the data transcription.

The adolescent study participants were followed up in different HIV-clinics. We wish to thank the partners that made this possible: Adeodata Kekitiinwa, Executive Director Baylor College of Medicine Children's Foundation, Dr. Maria Nanyonga Executive Director Nsambya Home Care, Dr. Stella Alamo Executive Director Reach Out Mbuya and Robert Ochai, Executive Director TASO Uganda. In Kisumu we collaborated with New Nyanza Provincial Hospital, Kisumu District Hospital, Tuungane Youth Center, FACES Project Kisumu, FHOK Clinic Kisumu, Nyahera Health Center, Chiga Dispensary, Chiga Mission Hospital, Nyang'ande Health Center and OLPS Center; in Gem with Akala Health Center, Yala sub-District Hospital, Aluor Mission Hospital, Wagai Health Center, Uriri Dispensary, Sirembe Health Center, Ujimbe Dispensary, Rera Health Center, Dienya Health Center and Malanga Health Center; in Asembo with Ong'ielo Health Center, Saradidi Health Center, Abidha Health Center, Lwak Mission Hospital, Nyagoko Health Center, Mahaya Dispensary and Ndori Health Center. We wish to thank the supporting staff of all these facilities, they assured both the collection data and pilot-intervention.

The study teams also wishes to honour our departed colleague Brenda Amimo whose commitment towards HIV-prevention will continue to inspire us and the Kisumu communities.



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# INTRODUCTION

## About the Facilitator Manual

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With this manual in hand, facilitators can bring the *Brighter Future Program* alive! The Facilitator Manual is specifically designed for use by certified BF facilitators to guide them in delivering *Brighter Future* to adolescents living with HIV (ALWH), aged 13-17 years. This manual contains the entire curriculum for the intervention. Additional program materials, including posters, comics, and the participant handbook, are also needed to deliver the intervention. In order for this program to be effective in improving ALWH's knowledge and skills, facilitators should deliver the program as it is described in this manual. It is important for facilitators to follow the order in which the manual is laid out, not to omit any content or activities, and to deliver all five sessions as they are described in five consecutive weekly sessions. More details on how to use the manual are contained in the section: "How to Use the Facilitator Manual."

This manual and the associated *Brighter Future Program* materials were adapted for use in Kenya and Uganda by a team of program and field experts. This version of the Facilitator Manual contains cultural references, examples, and stories specific to the two settings.

## Intervention Overview

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The *Brighter Future Program* is a community-based, group-level intervention for ALWH aged 13-17 years. The intervention curriculum focuses on:

- Raising ALWH's awareness about the sexual risks they face today
- Improving sexual safety by identifying risky settings
- Enhancing communication and negotiation skills
- Encouraging positive living practices such as:
  - Adherence
  - Disclosure

BF is delivered to small groups of ALWH through a series of consecutive weekly sessions. Each module lasts between 1 and 1h35 and builds upon the foundation laid in the previous module. Group sessions comprised of 8–12 participants are led by two trained BF facilitators (one male and one female). By the end of the program ALWH should have knowledge and skills to practice safe sex and positive living

Participatory learning preferences were considered in the development of BF. Interactive activities, games and other fun exercises have been built into the curriculum to motivate adolescent participation. In addition, the three modes of learning; auditory, visual, and practice opportunity, have all been incorporated. The program thus uses a variety of strategies to help ALWH build their knowledge and skills to practice safe sex and positive living, including:

- **Icebreakers** to build group cohesion and comfort
- **Posters** that convey the key messages of BF through culturally-relevant examples
- **Comics** to build risk-awareness and outcome expectancy

- **Group discussions and brainstorming** to explore key messages of BF, generate ideas, and promote self-reflection
- **Role-plays** with peers to build effective communication, negotiation skills and positive living practices
- **Homework assignments** to provide opportunities to use new information and skills

A group-based approach was chosen for this program, because it was felt that the group process could offer ALWH significant help in gaining knowledge and building skills. Group process will also help ALWH overcome the challenges of living with HIV. Being in a group offers opportunities for participants to learn and share with others, and to feel that they are not alone in the challenges they face. Groups can also provide appropriate role models and can give socially-isolated ALWH an opportunity to meet other ALWH. In addition, group-based approaches have the potential for more cost-effective service delivery than one-on-one approaches.

## Session-By-Session Overview

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The five *BF* sessions outlined below cover numerous topics and skills. Our hope is for this intervention to become more than a sum of its parts and that it will motivate ALWH to make a difference by practice safe sex and positive living.

### Session 1:

#### Module One: Getting to Know You

- Overview of the program
- Increase comfort in participating in the program
- Establish group rules
- Increase ability to identify realistic goals for the future
- Increase confidence about making healthy choices for a brighter future and positive living.

#### Module Two: Knowing Your Body and You

- Increase knowledge about physical, emotional, and sexual development associated with puberty
- Review information about why some adolescents have sex
- Increase sense of self-control for sexual risk behaviour

### Session 2:

#### Module Three: All you Want to Know About HIV

- Increase knowledge about HIV and HIV risk-associated behaviours.
- Identify behaviours that place people at risk for transmitting HIV and getting sexually transmitted infections.

## **Module Four: Skill Building for Safer Sex Practices**

- Increase skills in avoiding/dealing with risky situations
- Increase skills in ‘saying no’, using SWAT
- Reduce negative beliefs and attitudes that foster risky sexual behaviours.
- Enhance ability to resist situations that place them at risk for sexually transmitted infections, pregnancy and transmission of HIV

## **Session 3:**

### **Module Five: Positive Living (Psychosocial)**

- Increase knowledge about the benefits of disclosure
- Increase skills to disclose
- Increase knowledge of how to cope with stigma/discrimination
- Increase skills to cope with HIV-related stigma

### **Module Six: Positive Living (Medical)**

- Increase knowledge about the effects of HIV on the body
- Increase knowledge about positive living
- Increase knowledge about anti-retroviral treatment including importance of adherence and need for regular medical follow-up
- Increase skills in avoiding/dealing with risky situations

## **Session 4:**

### **Module Seven: All you Want to Know Pregnancy and Sexually Transmitted Infections**

- Increase knowledge about sexually transmitted infections.
- Increase perceived risk to STIs and pregnancy.
- Increase understanding of the consequences of unplanned pregnancy.

- Increase knowledge about the facts on pregnancy and prevention of mother to child transmission (PMTCT).
- Increase knowledge of contraceptives.

### **Module Eight: Developing Condom Use Skills**

- Increase understanding of barriers to condom use and increase their strategies for reducing those barriers, including how to make condom use fun and pleasurable.
- Increase communication and negotiation skills so that they can negotiate condom use with a sexual partner.
- Teach steps for correct use of condoms.

### **Session 5:**

### **Module Nine: Role-Plays: Enhancing Refusal and Negotiation Skills**

- To increase communication and negotiation skills regarding safer sex (abstinence and condom use).
- To enhance ability to resist situations that places them at risk for sexually transmitted infections and unintended pregnancy.
- Enhance sense of and responsibility in negotiating safer sex.

### **Module Ten: Role-Plays: Enhancing the 4-Step Plan for Disclosure**

- Increase participants' communication skills regarding disclosure of HIV status.
- Enhance participants' acceptance of their HIV status.

## How To Use The Facilitator Manual

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This Facilitator Manual provides detailed information on how to facilitate the BF sessions. It includes information on what materials are needed for each session, how much time should be spent on each activity, and detailed instruction on how each activity should be conducted. However, reading the Facilitator Manual is not sufficient preparation to facilitate BF sessions. Before delivering BF, facilitators must attend a BF Training of Facilitators and be certified as a BF facilitator.

### Contents of the Manual

#### *Introduction*

The first part of the Facilitator Manual introduces the program. It gives an overview of the intervention, including a session-by-session overview that provides a summary of the main activities for each session and the key messages to be delivered. Information is provided for facilitators about how to be an effective facilitator, and (as you are reading now) how to use the Facilitator Manual to deliver the sessions.

#### *BF Sessions*

The Facilitator Manual is used by facilitators to deliver each of the five sessions of the *Brighter Future Program*. Each activity is described and laid out in an easy-to-follow format.

#### *Module Overview*

The module overview, which is found at the beginning of each module, helps facilitators prepare for each module. The overview includes a summary of the

goals that should be achieved during that module, as well as the specific learning objectives targeted by the module's activities. A module preview briefly describes the content that will be covered during the module and lists the strategies and methods to be used by the facilitators during the module. The module overview also lists the materials to be used during the modules, the total instruction time needed for the module, and the time allotments for each activity.

### ***Activities***

Each activity begins with a box containing details about the rationale for the activity and the materials and time needed to complete it.

*It looks like this...*

#### **PREPARING FOR THE ACTIVITY**

##### **Rationale**

Exploring 'how adolescents living with HIV view themselves' will help participants to build self-esteem and motivation to live positively.

Encouraging participants to see the positive in themselves will increase the likelihood that they will make healthy choices.

##### **Materials**

##### **Pre-labeled Newsprint:**

*"What We Feel"* written on the left side and

*"What Adults Say"* written on the right side

##### **Participant handbook:**

*"Seeing the Positive in Yourself"* worksheets



**Pens**

**Time** 20 minutes

This is followed by the activity procedure, which describes the steps to take and the messages to convey during the activity. The procedures are numbered and provide easy to follow action steps for the facilitator.

*The procedures appear like this...*

## PROCEDURE

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1. Put up the pre-labeled newsprint “What Does it Mean to be Responsible”

Apart from what to do, the procedure also includes scripts of what the facilitator should say at certain points. These scripts do not need to be read verbatim (paraphrasing is acceptable), but facilitators should stick closely to the scripts and convey the messages that are contained within. Facilitators may choose to share additional information with participants; for example, sharing personal stories about their own experiences with making safe sexual decisions may make adolescents more comfortable sharing their own stories and can improve group cohesion. However, adding information or message to the curriculum such as religious views or personal values is not appropriate, as it may alienate participants with differing views or practices. Scripts are in gray boxes with black text.

*The scripts look like this...*

2. Introduce the program by saying,

When we started, we briefly discussed what worries you with regard to your sexual health. Knowing what is best for you is one thing. Doing the right thing each and every time can be a challenge. Sometimes as we try to make the right choices, there are things that get in our way. The way we feel about ourselves for example, has an important effect on the kind of choices we make.

Now think about yourselves as adolescents living with HIV. How does it feel to be an adolescent living with HIV in your community?

In addition, notes to the facilitator are provided in a grey box with italicized black text. These are important additional instructions related to a procedure, which the facilitator should take into consideration, while conducting the procedure.


*Facilitator's notes look like this...*

*FACILITATOR'S NOTE*

*Be sure to post the group rules on the wall at all times during all 5 sessions.*

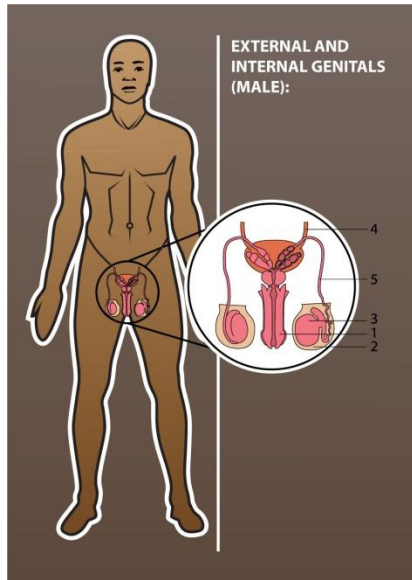
A number of tools are used during the intervention, including comics, posters, and participant handouts. Comic scripts are placed in a box for the facilitator's reference. When comic scripts appear in the manual, the facilitator should follow the instructions in the procedures to direct participants to the right comic story and lead a follow-up discussion.

*Comic scripts appear like this...*

 <b>MILLICENT'S STORY</b>	
Rose:	Good morning Millicent.
Millicent:	Morning sister ( <i>fumbling with the 'kanga'</i> ). I think I am unwell. I woke up and my nightdress was stained with blood.
Rose:	There is nothing wrong with you. Congratulations you have just started your first menstrual period and you are now a young woman who is capable of getting pregnant and having a baby.
Millicent:	Is this normal, won't I lose too much blood and become weak?
Rose:	Yes it is very normal. I also started having my periods at about your age and it will not make you become sick or weak.
Millicent:	I will not leave this room today because my clothes will get stained and everyone will laugh at me.
Rose:	Having a period is nothing to be embarrassed about. However, you will have to use pads to absorb the blood and to protect your clothes from getting stained.

Posters are used throughout the intervention to provide a visual display of key messages. When the procedures call for the facilitator to refer to a poster, a model of the poster appears in the Facilitator Manual.

*A small version of the poster appears like this...*



Participants are provided with handouts which reinforce the information and messages delivered during the sessions. This includes copies of all of the BF posters. Participant handouts can be given as a bound manual at the beginning of the intervention, or as loose handouts that can be placed in a binder which the program provides. Facilitators should refer to the specific handouts when used during the session.

Icons are used throughout the Facilitator Manual to indicate when a specific action takes place, such as a group activity, or when handouts should be referred to. The icons and their meanings are described below.



A **comic** is read



A **group activity** or **icebreaker** is conducted



Participants **practice** a skill or **role-play** a scenario



Participants are referred to their **Participant Manual** or **handouts**



Participant responses are recorded on **Newsprint**

## Planning the Sessions

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The *Brighter Future* Program consists of 10 modules, originally developed to be given in a series of 5 consecutive weekly sessions. This sequencing is merely a suggestion, you may choose, for example, to give each module separately or to organize 7 sessions, as long as it improves addressing your organizations' needs. To help you plan your program in advance, we hereby provide you with some insights which might affect your time management.

When planning, always start with considering the characteristics of the ALWH you are intending to deliver the program to. If you know them as a curious group, which always has many questions, and you foresee more time necessary for each module, or if you estimate the ALWH will have some difficulties in understanding some of the instructions of information to be given, allocate more time for giving in-depth explanations. Do this in an enthusiastic way, ensuring that the participants do not get bored and/or discouraged to come to the next session of the program.

Based on previous experiences, we advise you to consider the following:

- *Module 1: 'Getting to know you'*

This module normally takes 1h10 but could take longer if the participants are not familiar to each other and/ or the facilitators. For the success of the program, it is important that from the start rapport is built and confidence is gained. When the group is unacquainted, more time needs to be invested in icebreaking, getting to know one another, group dynamics and introducing the approaches and methodologies.

- *Module 2: 'Knowing your body and you'*

This module normally takes 1h10 but could take longer if you have a very active and curious group. In our experience, the first activity: '*Changes during*

*puberty*' do generate a lot of questions from the participants, who are interested in getting to know their bodies better.

Further, the module has two stories to be read by the participants. If you anticipate your group to be slow readers, allow for more time to follow their reading rhythm and for the facilitators to clearly point out the bodily changes, described in the stories.

- *Module 3: 'All you want to know about HIV'*

This module normally takes 1h5 but can take longer if the participants have problems with their buddies exercise. In our experience not all participants conducted their buddy exercises, as intended in between the program's sessions. We witnessed participants doing them swiftly before the start of the new session. Since the buddy exercises are meant to help the participants discuss their SRH issues with peers and increase their social support, it is important they are conducted appropriately. Therefore, take your time to discuss the homework, to address problems encountered and to motivate the participants to conduct their buddy exercises appropriately next time.

Idem: the module might take longer if the participants are expected to be slow readers (see above module 2).

- *Module 4: 'Skills building for safer sex'*

This module normally takes 1h but can take longer if you have a very expressive and enthusiastic group. In our experience, the second activity: '*Forced choice – What I think about HIV/AIDS, abstinence and safer sex*', generated many stories from the participants themselves and what they heard of others. Allocate sufficient time to listen to these stories and link them to the content of the module. This will increase involvement of the participants and therefore the effectiveness of the program.

- *Module 5: 'Positive living (psychosocial)'*

This module normally takes 1h20 but might take longer if you anticipate that the participants will have problems in comprehending the *4-step plan to disclosure*. Depending on the level of the participants, we have experienced some having difficulties understanding the steps. Allocate enough time, to ensure everyone in the group understands the 4-step plan. This will simplify the practices and ensure the effectiveness of the program.

If problems with the buddy exercises are anticipated, allocate enough time to identify them and address them accordingly (see above module 3)

- *Module 6: 'Positive living (medical)'*

This module normally takes 55 minutes but might take longer if the participants are slow readers (see above module 2) or if you anticipate problems with the buddy exercise (see above module 3)

- *Module 7: 'All you wanted to know about pregnancy and STIs'*

This module normally takes 1h35 but might take longer for several reasons. In our experience the third and forth activity on *contraceptives* and *myths and facts about pregnancy* generate many questions, uncertainties and stories. Take your time to address all of these, to avoid confusion in the last activity, the *transmission game*, and to ensure the effectiveness of the program.

- *Module 8: 'Developing condom use skills'*

This module normally takes an hour but might take longer if the group is closed or inexperienced. In our experience some participants did not feel the freedom to open up about condoms or did not have experiences to share. This topic might take more time for the facilitator to create an environment that allows for an open discussion.

- *Module 9: 'Role-plays –enhancing refusal and negotiation skills'*

This module normally takes 1h15 and should stay within this timeframe, when previous facilitation was sufficient. It is a recap of what the ALWH learned



throughout the program. If the participants struggle with the practices, take your time to review some facts again.

- *Module 10: 'Enhancing the 4-step plan for disclosure'*

This module normally takes 1h15 but can take longer if you anticipate an audience for your *certificate ceremony*. In our experience some parents, caretakers, mobilizers or other health care workers like to attend the ceremony and share their experiences, so care festivities might take longer. Since social support is important in behaviour change, encourage interested people to come to the certificate ceremony as it will increase the support for the participants.

## **Tips for Facilitators**

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### **Qualities of Effective Group Facilitators**

The facilitators' skills in delivering *Brighter Future* are even more important than the content. The enthusiasm facilitators provide and the way they relate to the participants in the group is critical to the program's success. Listed below are some of the qualities of effective group facilitators.

#### ***Skills in handling groups***

- Provide a supportive learning environment
- Value the input participants bring to the group
- Ability to handle sensitive issues and conflicts, to ensure safety of the participants
- Ability to identify situations which are not friendly or unacceptable to the participants
- Be non-judgmental: take into account the difference in age and educational level of participants
- Awareness of the influence of participants' own values and attitudes

### ***Skills in communication***

- Ability to facilitate discussion
- Ability to observe and listen
- Approachability

### ***Display warmth***

- Ability to establish warm relationships with group members
- Speak well of everyone
- Like and trust group members rather than fearing them
- Foster trust from participants

### ***Be well organized***

- Have objectives and goals clearly in your mind
- Have information well-categorized so it can be retrieved in response to questions
- Acknowledge what you don't know (the facilitator is not always the expert)
- Use your time well
- Use multi-media devices (e.g., flip charts, audiotapes)
- Start and finish on time. If you don't, remember to apologize for any delay or extra time consumed, and explain why

### ***Be enthusiastic***

- Be enthusiastic about the content of the program
- Be enthusiastic about people
- Be enthusiastic about the process

### ***Ability to conduct role plays***

- Ability to model skills
- Ability to help participants practice skills

### **Important Points for Facilitators to Remember**

- Acknowledge and respect diversity of participants
- To build on the existing skills, experiences, and knowledge of ALWH rather than assume participants are inadequate
- Do not act as the expert (the job of a facilitator is to guide and assist the learning process)
- Do not push your own values on participants
- Respect differences between you and participants
- Provide information and help ALWH with learning specific skills
- Help the group move along; make sure the curriculum is followed and the group does not digress too much from the subject
- Provide a lot of encouragement to the ALWH
- Relax and have fun!

### **Sharing Responsibility**

*Brighter Future* utilizes two facilitators per group and they should equally share responsibilities to deliver the program. They should divide responsibilities prior to the session (e.g., decide who is going to lead which sections, who will write on the flip chart, etc.). Facilitators should also help each other keep time. Following each session, they should discuss the session, what they did well, and what (and how) they could improve next time.

# MODULE 1 : Getting to Know You

## Goals

*The goals of this module are to:*

- Provide participants with an overview of the program
- Increase participants' personal comfort in participating in the program
- Introduce group members to each other
- Establish group rules
- Increase participants' ability to identify realistic goals for their future
- Increase participants' confidence about making healthy choices for a brighter future and positive living.

## Learning Objectives

*After completing this module, participants will:*

- Know the ground rules of the intervention and are committed to respect them
- Know the themes of the intervention : making healthy choices for a brighter future and positive living
- Believe that they can achieve their goals and see how they can develop strategies to avoid, eliminate or overcome obstacles towards achieving those goals
- Share the themes being adopted by the intervention i.e. making healthy choices for a brighter future and positive living
- Be able to express a goal for the next 2 years as well as a career goal
- Feel comfortable to take part in the program
- Be able to identify a buddy who they can comfortably share with

## **Module Preview**

The first module: 1) Informs participants about the program; 2) Helps them become comfortable, cohesive and productive in groups; 3) Generates enthusiasm about positive living in order to have a brighter future 4) Promotes the goal of protecting themselves and their community against HIV transmission; and 5) Gives about how they can examine their own goals, and the obstacles that might stand in the way of reaching them.

## **Strategies/Methods**

- Mini lecture
- Talking circle exercise
- Group discussion
- Brainstorming
- Goals and dreams exercise

## **Materials Needed**

- Masking tape
- Markers
- Pre-labeled Newsprints:
  1. *Group Rules*
  2. *Making Healthy Choices for a Brighter Future!*
  3. *Positive Living!*
  4. “*What We Feel*” written on left side and “*What Adults Say*” written on the right side
  5. “*Goals*” written on the left-hand side of newsprint and “*Obstacles*” on the right side
  6. *Solutions to Obstacles*

- Posters:
  1. *Brighter Future*
  2. *Goals and Dreams Timeline*
  3. *Safari of Life*
- Participant handbook:
  - *Seeing the Positive in Yourself*
  - *Goals and Dreams Timeline*
- Pens

### **Material Packets:**

- 3 Packets of straws
- Cellotape

### **Preparation Needed**

- Hang the pre-labeled newsprints (*see Facilitator's Note*)
- Hang posters

### **Instructional time**

70 minutes

<b>Activity</b>	<b>Minutes needed</b>
A. Welcome and Program Overview	5
B. Talking Circle	5
C. Creating Group Rules	5
D. What Does It Mean To Be An Adolescent Living with HIV	15
E. "Brighter Future" Brainstorm	15
F. Discussing our Goals and Dreams	25
G. BREAK	15

*FACILITATORS' NOTE*

*Before the program begins, label the newsprint for the activities that you will cover in the day's sessions (i.e. Group Rules, Making Healthy Choices for a Brighter Future! Positive living! What We Feel/What Adults Say, Goals and Dreams/Obstacles to Goals and Dreams, etc). In a logical order, tape the pre-labeled sheets of newsprint to the wall (folded so that the titles are covered by the bottom half of the newsprint). Unfold them one at a time, as instructed.*

## Activity A

# Welcome and Program Overview

---

### Preparing For The Activity:

#### **Rationale**

Providing participants with a general overview of the program will foster excitement and enthusiasm about participating in the session.

#### **Materials Needed**

None

#### **Time**

5 minutes



## Procedure:

1. Welcome the participants and introduce yourself.
2. Present the purpose and format of the program by saying,

The name of our program is “*Positive living for a Brighter Future.*” We designed this program because we care about adolescents living with HIV. Adolescents living with HIV have the right to enjoy life. It is perfectly possible to live a healthy and happy life when you are living with HIV, because there is treatment available. But you also need to take care of yourself by eating a balanced diet, exercising and taking your medicine on time. We want to help adolescents who are HIV positive to live positively and to protect their health. This program will give you the knowledge and skills to live positively with HIV and to protect yourselves against sexually transmitted infections and unplanned pregnancy.

In this program we will share what we know and how we feel about HIV, and sexually transmitted infections and teen pregnancy. These are important things to think and talk about when trying to stay healthy. And of course, a very exciting topic, which we don’t want to miss are relationships; what are boys and girls doing together, when they like each other...that’s interesting, hmm? And maybe even more important, how boys and girls can talk to each other about sex, how can they be safe...

Usually you don’t talk much with adults about these topics, right? Maybe you talk about it with your friends, your siblings or you have heard some information on the radio...or seen something on television. We want to give you the right information so that you can protect yourself. And that you can make informed choices!

Let’s start with a question:

- What are the things that adolescents living with HIV are worried about when it comes to their sexual health?

3. Pause to allow participants to answer.

4. Then say the following:

Those are very interesting answers, thank you for your contributions. During the next five weeks we will discuss together how we can stay safe, healthy and happy. [Name of co-facilitator] and I will take you through this journey. To make the program interesting and fun, we have included role-plays, exercises and games that we hope you will enjoy. Although the information is serious and important, I hope we can learn together and have a good time.

Does anyone have a question?

5. Answer any questions the participants have about the purpose or format of the program.

6. Summarize by saying:

Now that you have some idea of what to expect, let's get started on learning about positive living for a brighter future.

## Activity B

# Talking Circle

### Preparing For The Activity:

#### **Rationale**

Opening with the talking circle encourages participants to feel being important contributors to the group and gives them an opportunity to express their thoughts and feelings.

#### **Materials**

Participant handbook

#### **Time**

5 minutes

## Procedure

1. Have participants sit in a circle format. Participants should sit close to each other. Then introduce the activity by saying:

We want to do an activity that will help us to know each other; we will use the Talking Circle to introduce ourselves to each other and to talk about what we hope to learn in this program. When you are finished speaking, the person on your left will have a turn to speak.

If you do not wish to speak you may say, “I pass,” and then the next person will go. Let’s try the Talking Circle by using it to introduce ourselves to each other. I will speak first and when it is your turn please share with us your **name**, your **age**, **what you enjoy most in your life** and **what you are expecting from this program**.

2. Model the talking circle by beginning with yourself:

My name is \_\_\_\_\_ and I am \_\_\_\_\_ years old

This is what I enjoy most: \_\_\_\_\_

I am expecting \_\_\_\_\_ from this intervention (*what are they hoping to learn or to get out of it*)

3. Encourage each participant to speak and to say something they like doing. The objective is to get everyone to say something about him or herself.

### *FACILITATOR'S NOTE*

*The facilitator should encourage each participant to say a new thing. Ask each participant, who repeats what has already been said, to add something new to his/her statement. However, the participants should be reminded to appreciate contributions from others.*

4. Thank the participants for their contribution and direct them to the introduction of the characters in the participant handbook.



5. Continue by saying:

During this program, we will get to know more about each other and what is important to each of us.

We would also like to introduce some adolescents to you that will be with us on the journey for the next 5 sessions. They are the characters in the stories that we will work with:

-This is “Responsible Rose”. Rose is the main character. She is 14 years old and is in class 6. She is HIV positive and has lost both her parents so she lives with her grandmother. Rose likes reading and hanging out with her friends. She is soft spoken but is responsible and focused on what she wants to achieve in future.

-This is “Lovely Lillian”. She is 15 years old and is in class 6. She is also HIV positive. She likes dancing.

-And this muscled guy is “Strong Steve” He is 17 years old and is in class 7. He is also HIV positive. He likes playing football.

We will learn more about Rose and her friends as we continue.





### Responsible Rose

She is 14 years old and is in class 6. She is HIV positive and has lost both her parents so she lives with her grandmother. Rose likes reading and hanging out with her friends. She is soft spoken but is responsible and focused on what she wants to achieve in future.



### Strong Steve

He is 17 years old and is in class 7. He is also HIV positive. He likes playing football.



### Lovely Lilian.

She is 15 years old and is in class 6. She is also HIV positive. She likes dancing.

## Activity C

# Creating Ground Rules

### Preparing For The Activity:

#### **Rationale:**

Group rules increase trust among group participants and help facilitators provide structure when discussions become difficult or awkward. Developing rules as a group builds cohesion and increases the likelihood that the rules will be adhered to.

#### **Materials**

Pre-labelled newsprint:

*Group Rules*

#### **Time**

5 minutes



## Procedure:

1. Begin this activity by unfolding the pre-labelled newsprint entitled, *Group Rules* and say:

In new situations with new groups of people, it helps to have some rules or guidelines to follow. Let's see if we can think of some rules that can make our time together fun and productive.

2. Have participants brainstorm a list of rules or guidelines for the group to follow. As the participants offer guidelines, write them on the *Group Rules* newsprint.



### ***FACILITATOR'S NOTE***

*Some groups may feel uncomfortable suggesting rules. In situations like this, the facilitator should give examples like "put up our hand before we answer questions" to give a picture of the kind of rules required. Those who put this into practice should be commended for their efforts*

3. After participants have generated some rules, use the list below to add or revise their suggestions so that their list includes the items below.

### **Group Rules and Guideline Suggestions**

**CONFIDENTIALITY:** When people share private information in this group, it should remain confidential. If, for example, someone says he or she would like to go home to cry when people hurt his or her feelings; it would be a violation of the group rules to discuss or joke about this outside the group. We will not talk about

any personal issues discussed inside this group, with people outside the group. While we are all HIV positive, some have not disclosed to others and we should respect that confidentiality. We should not tell others outside this group who is taking part in the Brighter Future program.

**RESPECT EACH OTHER:** Show respect for others even when you disagree with them. If someone says something you disagree with, it would be a violation of the group rules to say, “that’s stupid” or “you are wrong.”

Instead you should mention that you have a different idea, belief or attitude and share your idea with the group. All questions are important. There is no such thing as a “silly question.”

**BE SUPPORTIVE OF EACH OTHER:** We will be discussing important and sometimes personal information about making choices and risky behaviours. At times you may talk about yourself, your peers, and your partners. **Everyone in this room has had different experiences.** It is important that we respect these differences by **not laughing at anyone or making statements that put people down.**

**USE “I”STATEMENTS:** In this group its important to think about how YOU feel, think or act and not about how you think “all adolescents” or “all your friends” feel, think, or act.

**RIGHT TO PASS:** all group members have the right to refuse answering questions they do not wish to address.

**LISTEN TO OTHERS:** don’t interrupt others when they are speaking.

**ALLOW EVERYONE TO PARTICIPATE:** There are no right or wrong answers, so everyone should feel free to participate.

**ALL QUESTIONS CAN BE ASKED:** There is no such thing as a “stupid question” and if you don’t understand something you should feel free to ask at any time. We will try to address all questions. If a question is too personal, or outside the topic of our discussion, we will try to answer during the break or after the session.

**ENCOURAGE ALL TO ATTEND ALL SESSIONS:** It is important for you to attend all the sessions as they will be building on each other.

**KEEPING TIME FOR ALL THE SESSIONS:** All participants are encouraged to try to come at the agreed time for all the sessions so as to finish in time. We will have a lot of fun learning together; please don’t ruin it for the others in the group by coming late.

**ALL HOME ASSIGNMENTS BE DONE BEFORE THE NEXT SESSION BEGINS:** There will be assignments to be carried home and must be done at home. Make a date with your buddies to help you in attending to these assignments. Please don’t make your assignment quickly just before the new session begins, it makes us start late and this is not nice to the others in the group who did make their assignment at home.

4. Ask the participants if they have any other suggestions they would like to add.
5. Summarize by saying:

You did a great job generating a good list of group rules for us to follow as we work together. We will leave this list on the wall today and I will post it during all our sessions.

I am excited and feel that we can work well together and respect each other by following our group rules. I look forward to working with this group.

***FACILITATOR'S NOTE***

*Be sure to hang the group rules poster on the wall at all times, and collect it together with the other posters at the end of the day. The group rules should be posted on the wall throughout all the sessions of the program.*

## Activity D

# What Does It Mean To Be An Adolescent Living With HIV?

### Preparing for The Activity

#### Rationale

Exploring how adolescents living with HIV view themselves will help participants to build self-esteem and motivation to live positively.

Encouraging participants to see the positive in themselves will increase the likelihood that they will make healthy choices.

#### Materials

##### ***Pre-labelled Newsprint:***

*“What We Feel”* written on the left side and

*“What Adults Say”* written on the right side

Participant handbook:

*“Seeing the Positive in Yourself”* worksheets

Pens

#### Time

15 minutes

## Procedure

1. Introduce the activity by saying:

When we started, we briefly discussed what worries you with regard to your sexual health. Knowing what is best for you is one thing. Doing the right thing each and every time can be a challenge. Sometimes as we try to make the right choices, there are things that get in our way. The way we feel about ourselves for example has an important effect on the kind of choices we make.

Now think about yourselves as adolescents living with HIV. How does it feel to be an adolescent living with HIV in your community?

2. Record responses to the ‘*What We Feel*’ column of the newsprint.



Answers **may** include:

- Bad
- Hopeless/ shattered dreams
- Hopeful because there is medication
- Lonely
- Medically challenged
- Accepted
- Stigmatized
- Not different/same as any other adolescent

3. Say the following:

At home, in school, on the radio and in the community we hear and see many images of adolescents. What are some things that adults say about adolescents living with HIV?

4. Elicit responses from the group. Write the responses on the other half of the newsprint “*What Adults Say*”



Answers **may** include:

- Adults find ALHIV immoral
- Adults say ALHIV need support
- Adults accept ALHIV
- Adults are supportive
- Adults consider HIV a normal condition
- Adults stigmatize them
- Adults blame them
- Adults say that ALHIV have a short life to live/They think ALHIV will die soon

5. Ask the following:

How do what adults say about adolescents living with HIV make you feel?

Answers **may** include:

- Sad
- Excluded
- Accepted
- Misunderstood
- Isolated

6. Elicit responses from the group.

7. Thank participants for their responses then ask the following question,

Sometimes adults have specific ideas about what adolescents living with HIV should be doing in order to make healthy choices and live positively. Sometimes their ideas are positive and encouraging, sometimes their ideas are negative, discouraging, often based on misinformation or prejudice. How do you cope with your feelings about the things they say?

Answers **should** include:

- Talk to other HIV positive peers
- Talk to trusted people that they can confide in
- Talk to counselors, etc

8. Encourage each participant to add to the discussion then say:

It seems that most of you have already worked out some ways of dealing with your feelings. Feeling good about yourself and having people to talk to when you are a little down is very important. It can help you to live positively.



9. Continue by saying:

Adolescence is a time when young people usually begin to make some choices of their own. If you learn the skills to live positively for a brighter future, it increases the chances that you will remain healthy during your journey towards adulthood.

10. Direct participants to the '*Seeing the Positive*' worksheet in the participant handbook.



11. Give directions on how to fill it out:

In the next activity we are going to look at some positive characteristics that we can use to describe ourselves.

Think about all the good things you know about yourself, even the ones that others might not know about you. Circle those things on the worksheet, and if you don't find them, write them at the bottom of the worksheet and circle.

First, let's go through each of the characteristics together.

12. Allow 2 minutes to complete the worksheet:

We will go around the circle and everyone will share with us two of their best qualities (something about yourself that you are really proud of).

13. Then ask:

Now I would like you to think about something you are really good at. It can be anything that you wish to share with the group. You can draw it, act it out, sing or dance or describe it. You have 2 minutes to prepare.

14. Let each of the participants present what they are good at. After acknowledging them, continue by saying:

Now think about what you really enjoy doing for others.

We will go around the circle and everyone will share with us one thing that they really enjoy doing for others.

15. Process the activity by asking:

- How did it feel to share positive things about yourself?

16. Conclude by saying:

Thank you for openly sharing positive things about yourself and what you like doing. It is important to love yourself first, to value your life and to concentrate on the positive aspects of your life. As an adolescent living with HIV, it is important to think positively about yourself as this will help you to make healthy choices and have a brighter future.

## Seeing the Positive

*Circle at least five qualities that you think best describe you:*

- |                               |                          |
|-------------------------------|--------------------------|
| 1. <i>Funny</i>               | 12. <i>Patient</i>       |
| 2. <i>Beautiful</i>           | 13. <i>Understanding</i> |
| 3. <i>Creative</i>            | 14. <i>Good listener</i> |
| 4. <i>Thinks about others</i> | 15. <i>Caring</i>        |
| 5. <i>Brave</i>               | 16. <i>Honest</i>        |
| 6. <i>Loyal</i>               | 17. <i>Proud</i>         |
| 7. <i>Kind</i>                | 18. <i>Helpful</i>       |
| 8. <i>Caring</i>              | 19. <i>Loving</i>        |
| 9. <i>Giving</i>              | 20. <i>Hard-working</i>  |
| 10. <i>Strong</i>             | 21. <i>Good looking</i>  |
| 11. <i>Sporty</i>             | 22. <i>Responsible</i>   |

*Other good things not listed but true about you:*

## Activity E

# Brainstorming About Healthy Choices (for a Brighter Future)! and Positive Living!

### Preparing For The Activity:

#### Rationale

This activity introduces the theme of the program: “Making Healthy choices for a Brighter Future! And Positive living! The emphasis on making informed choices about sex and positive living provides a motivation for engaging in health protective behavior and for encouraging others to do the same.

#### Materials Needed

- Pre-labelled newsprint:  
*Making Healthy Choices for a Brighter Future!*  
*Positive Living!*
- Poster:  
*Brighter Future*

#### Time

15 minutes

## Procedure

1. Introduce the activity by saying:

The name of our program is “Positive living for a Brighter Future” and its main themes are “Making Healthy Choices for a Brighter Future”, and “Positive living”. For this next activity, we are going to do some brainstorming. In brainstorming, you just say what comes to your mind about a particular issue or question.

2. Then ask (*each question is asked separately*):

- What does it mean to make healthy choices (for a brighter future)?
- What does it mean to live positively?

3. Have participants brainstorm on to these questions. Record their answers on the newsprints.



4. Thank the participants for brainstorming then direct their attention to the poster and say:

You did an excellent job and came up with many different answers. That is great, because there are indeed many ways to look at these themes.

5. Direct participants’ attention to the *Brighter Future* poster and say:

We will now go through the poster together to see how we can make healthy choices and live positively in order to have a brighter future.

Who would like to read out the characteristics of *making healthy choices*?

Who would like to read out the characteristics of *positive living*?

**To sum it up, Making Healthy Choices for a Brighter Future** starts with understanding who you are and how you feel about yourself. It helps you think about the goals you want to achieve now and in the future and the moves that you need to make to reach these goals. Does this make sense to you?

**Positive living** is about a change of lifestyle to protect your health. It starts with accepting your HIV status. HIV is going to be your lifelong partner and you better keep each other happy.

This is quite a lot to digest isn't it? But don't you worry, throughout the rest of our journey together we will talk more about making healthy choices for our future by positive living.

6. Thank participants for reading then say: *(each question is asked separately)*

We will now discuss some terms that we will frequently use during this program. -

- What do you understand by the word **sex**?
- Which words do you use to refer to sex?
- Which kind of sexual activities do some adolescents engage in?

7. Thank participants for their responses then say:

Thanks for those great answers; we will agree that for the rest of the program we will talk about having sex as **having sexual intercourse**. This can include the following scenarios: when a penis is inserted in a vagina (also called vaginal sex), when a penis is inserted in the anus (also called anal sex), or when a penis is inserted in the mouth or the tongue is inserted in the vagina (also called oral sex). We can agree to use the word (common term used by the group) \_\_\_\_\_ for sex.

Another word we want to define is abstinence. What does **abstinence** mean to you?

8. Allow participants to respond then continue by saying:

**Abstinence** means **not having sex** at all. It is **100% effective** in protecting you from sexually transmitted infections, unplanned pregnancy as well as transmission of HIV to your partner.

9. Then say:

The last word we will define is a condom. Can anyone share with us what a condom is?

*Allow participants to respond then say:*

**Condom** is a sheath that is worn on an erect penis just before penetration. It avoids **exchange of fluids from the genitals (private parts)** which can put you at risk for sexually transmitted infections, pregnancy or transmission of HIV. If you engage in sex, condoms can prevent unplanned pregnancy, and sexually transmitted infections. Condoms also prevent transmission of HIV and sexually transmitted infections to your partner.

### ***FACILITATOR'S NOTE***

*The brainstorming on terms to be used will be a question and answer section: Most will know what a condom is, and can also define abstinence...etc. but let them talk, and just clarify if a correction is necessary. Use the information in the manual to check for key words (**in bold**) that should be mentioned, and bring them up if they not mentioned. Remember to appreciate those that make efforts in giving responses as this topic might look a bit intimidating to others.*

10. Continue by explaining, that:

In this program, we will learn ways in which adolescents living with HIV can live positively and protect themselves from pregnancy, sexually transmitted infections as well as transmission of HIV.

11. Summarize by saying:

We believe that you are all capable of making healthy choices and positive living for a brighter future but more important is that you start believing it yourself. You can take care of your own health and your own future by making the right choices now. Abstaining for example or using a condom each and every time you have sex will help you to avoid catching an STI or become pregnant when you didn't plan for it. We will talk more about abstinence and condoms in another session.



## **Brighter Future**

### **Making Healthy Choices:**

- Feeling proud about yourself
- Having clear goals and having a plan on how to reach them
- Making the right choices: Being safe from unplanned pregnancy and STIs by abstaining or using a condom every time you have sex, and also not transmitting HIV to others
- Being safe from being pressured into unwanted sexual activity by avoiding risky situations (or effectively saying NO)

### **Positive Living:**

- Accepting your status
- Deciding when and to who you will disclose your HIV status
- Coping with stigma and discrimination
- Taking your medicines as prescribed
- Attending your medical appointments
- Seeking immediate medical attention when not feeling well
- Eating a balanced diet
- Taking enough rest
- Exercising enough
- Avoiding alcohol and smoking

## Activity F

# Discussing Our Goals and Dreams

### *Preparing for the Activity*

#### **Rationale**

To encourage participants to start thinking about their future now and to help them understand that their present behavior will have an impact on their future, will help them focus on what they need to do now in order to achieve their goals.

#### **Materials**

Pre-labelled newsprint:

*Goals*” on the left-hand side of newsprint and

*“Obstacles*” on the right

*Solutions to Obstacles*

Posters: *Goals and Dreams*

*Safari of Life*

3 Packets of straws

3 rolls of Cellotape

Participant handbook:

*Goals and Dreams*

#### **Time**

25 minutes

## Procedure

1. Say the following:

This next activity will help us take a closer look at our goals and dreams for the future. I am going to divide you into three groups.

3. Separate the group into three smaller groups and give the following directions:

Your task is to work together with the members of your group to form the tallest and strongest building that you can. I am going to give each group some materials so that you can create the tallest building. Make sure that your building stands on its own without any support---without you holding it. You have 3 minutes to finish the task.

4. Distribute one packet of straws and one roll of Cellotape to each group.
5. Walk around the room to observe the building process.
6. When 3 minutes are up, have the groups stop building.
7. Ask the groups to move away from their building and allow the building to stand on its own----even if it collapses.
8. Walk around the room affirming each group for its effort, and acknowledging the group with the tallest building.
9. Ask the following questions:

What made it hard to make the building?

10. Wait for responses. Next say:

What made it easy?

11. Wait for responses.

12. Next say:

When you build, you must first begin with a strong foundation before you can even build the first floor. If the foundation of your construction is not strong enough to support the weight of the building, the building will eventually collapse.

13. Walk around the room and try to tip each building over, to show that the building must have a strong foundation or it will collapse.

14. Say the following:

In order for you to reach your goals and dreams, you will need a strong foundation too. Without a strong foundation, there can be no strong building in the future. The way you can develop a strong foundation is to develop a solid plan for your future goals and to have the end result of those goals in mind.

Because writing down your goals and dreams is such an important step in making them come true, that is what we are going to do now, to write down our goals. By writing down your goals, you begin to realize how important it is to make a plan for reaching your goal, and what necessary steps you must take to get you to that destination.

So let's take a moment to think about what we would like to achieve within the next two years, for example: with regard to our education and our career.

15. Referring to the '*Goals and Dreams*' poster direct participants to the '*Goals and Dreams*' worksheet in the participant handbook.



16. Give the following instructions:

Start by writing today's date and your name on the handout.

17. Now ask participants to choose one goal that they would like to achieve in the next 2 years (short-term goal) and one career goal (long term) and to write it on their '*Goals and Dreams*' worksheet.
18. Next to that goal, have them write two things that they must do to achieve their goals.
19. While they are working on this, unfold the '*Goals*' newsprint.
20. Have each participant share one goal that they would like to achieve in the next 2 years and one career goal, and write these goals on the left side of the '*Goals*' newsprint, leaving space on the right half for items to be added in the next activity.



21. Compliment participants on their answers and say:

You can reach your goals by planning, organizing, being responsible and positive living. Remember, you are capable of doing whatever you put your mind to. Hold on to your '*Goals and Dream*' worksheet and keep it as a reminder of what you need to do to achieve your goal. We can make one of your goals a project and each week we will set a smaller goal that will help us work towards achieving that bigger goal. Each week these small steps will add up and move you closer to your big goal.

22. Refer to the '*Safari of Life*' poster in the participants handbook and say:

Now, I want you to look at the poster on the wall. What does it remind you of?

23. Elicit responses from the group.

24. Then say the following:

This is a maze (web, labyrinth). This is the path we travel to reach our goals and it is called “*Safari of Life*.” As you can see, there are several detours on each side of the road. On the way to achieving your goals you will also encounter detours. Some of the detours on our safari of life are beyond our control. However, many detours depend on the choices that we make. For example, the choice to be a teenage parent, can detour you from your planned “*Safari of Life*,” and make it harder to reach your career goals.

25. Then ask the following question about the ‘*Safari of Life*’ poster:

Think about some obstacles that can divert us from our planned route before we reach our goal. Obstacles are things that may get in the way of our goals; in other words, obstacles are things that may weaken the foundation of our buildings and prevent us from reaching our goals. What are some obstacles that may hinder us from achieving our goals?

26. Write their responses on the right side of the newsprint under ‘*Obstacles*’ with a different colour marker.



Answers **may** include:

- Sexually Transmitted Infections
- Pregnancy
- Education related challenges/ lack of school fees
- Peer pressure
- Limited resources/lack of adequate and nutritious food

- Poor health/lack of adherence
- Stigma/ discrimination
- Lack of professional care
- Lack of social support/Lack of disclosure
- Loss of parents

### ***FACILITATOR'S NOTE***

*If not mentioned probe for specific obstacles related to 'living with HIV' that may hinder adolescents living with HIV from achieving their goals.*

26. Then say the following:

Now that we have listed some obstacles to our goals, let's think about some of the ways on how we can overcome these obstacles.

27. Read out each obstacle one by one, and wait for the participants to brainstorm on ways to overcome them. Make sure that abstinence and condoms are mentioned.

28. Record their responses on the '*Solutions to Obstacles*' newsprint.



29. Then say:

The positive qualities that you have as individuals can also help you to overcome some of these obstacles. Let's think of the positive qualities you have and how these may help to overcome some of the obstacles that you mentioned. What are some of these qualities?

Answers **may** include:

- Smart
- Friendly
- Responsible
- Determination/hard work
- Humor
- Strength
- Compassion
- Responsible

30. Allow participants to respond then say:

In the coming weeks, we will also discuss how you can overcome the challenges related to disclosure and stigma/discrimination and positive living. It is important to always remember that there are ways to overcome challenges that hinder you from achieving your goals. You can really make a difference.

31. Then say:

We will now take a 15 minute break. You will get something to drink and bite and can stretch yourself. But we kindly ask you to not leave the premises.



## Goals and Dreams

Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

In two years' time, I would like to achieve....

---

---

When I get older, my career goal (what I would like to be) is :

---

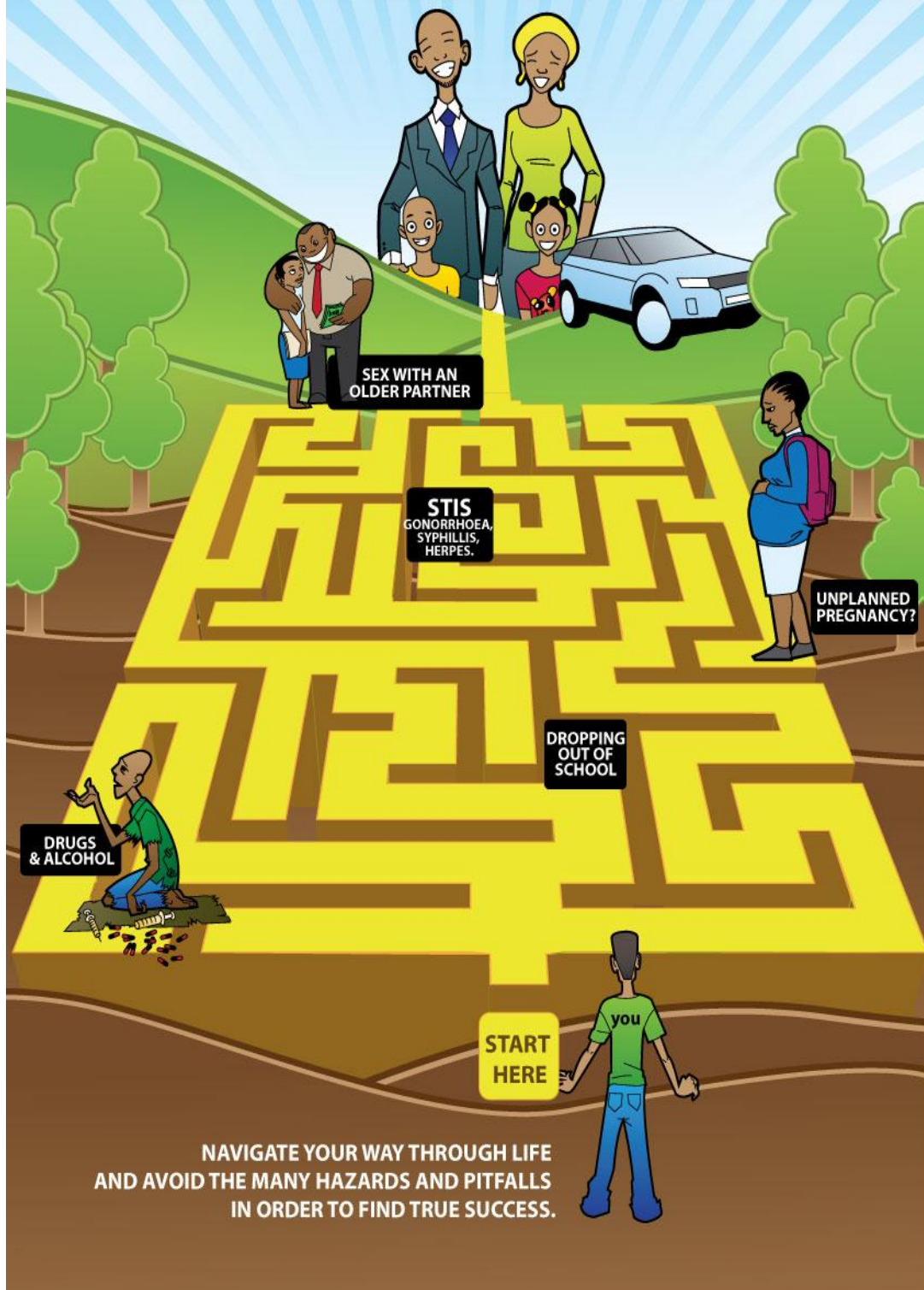
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List two things you need to do accomplish your goal(s):

1. \_\_\_\_\_

2. \_\_\_\_\_

# SAFARI OF LIFE



# MODULE 2: Knowing Your Body and You

## Goals

*The goals of this module are to:*

- Increase participants' knowledge about physical, emotional, and sexual development associated with puberty.
- Review information about why some adolescents have sex.
- Increase participants' sense of self-control for sexual risk behaviour.

## Learning Objectives

*After completing this module, participants will:*

- Be able to identify the physical, emotional and sexual changes that occur during adolescence and be confident about their own body
- Be able to explain what menstruation and wet dreams are
- Be able to identify the reasons why adolescents have sex
- View safer sex/ abstinence as being responsible
- Be able to communicate with a buddy and other trusted people about a realistic goal for the week

## Module Preview

The second module 1) helps participants explore the changes that occur during adolescence; 2) examine why young people have sex and 3) examines how to exercise self-control and practice safer sex 4) and motivates participants to communicate with buddies, trusted people and service providers about their feelings and needs.

## Strategies/Methods

- Drawings
- Comic
- Group Discussion
- Brainstorming
- Worksheet

## Materials Needed

- White board marker
- Flute boards:
  1. *Female body outline*
  2. *Male body outline*
- Posters:
  1. *Physical Changes During Puberty*
  2. *Internal & External Private Parts (Male and Female versions)*
- Participant handbook:
  1. *Internal private parts (Male and Female versions)*
  2. *Millicent's Story*
  3. *Joash's Story*
  4. *Hilda goes to the disco worksheet*
  5. *Buddies Exercise*
  6. *Buddy cards*
- Pre-labelled Newsprints:
  - *Why Some Adolescents Have Sex*
  - *Barriers/Solutions*

## Preparation Needed

- Hang posters:
  - Physical Changes During Puberty*
  - Weekly Goal*
- Pre-label newsprints:
  1. *Why Some Adolescents Have Sex*
  2. *Barriers/Solutions*

## Instructional Time

70 minutes

Activity:	Minutes needed
A. Changes During Puberty	40
B. Why Some Adolescents Have Sex	10
C. Can Adolescents Say No?	10
D. “Buddies’ Exercise”	10

## Activity A

# Changes During Adolescence

### Preparing For The Activity

#### **Rationale:**

Learning more about the physical and emotional changes of puberty helps participants develop confidence in dealing with the changes of puberty. This can also enhance decision-making skills.

#### **Materials Needed**

Poster:

*Physical Changes During Puberty*

Flute boards: *Female and Male Body Outlines*

Participant handbook:

*Internal private parts (Female and Male)*

*Millicent's Story*

*Joash's Story*

White board marker

#### **Time**

40 minutes

## Procedure

### *FACILITATOR'S NOTE*

Make sure you **ONLY** use a white board marker on the flute boards.

1. Welcome participants back from break.
2. Begin the activity by saying,

We have talked about what it means to be an adolescent living with HIV and why it is cool to love yourself first, to value your life and to concentrate on the positive aspects of your life. What we want to do now is to talk about changes that take place in our body and mind as we grow up.

We will also talk about the reasons why some adolescents have sex and how we can protect our health and be safe.

3. Continue by saying,

But first I want to hear from you. What do you know about puberty?

4. Allow participants to respond and then say,

Puberty is a period of transition, you are no longer a child, but not yet an adult. All the changes that take place in your body during puberty are caused by hormones. Hormones are chemical products that are produced in all kind of places in your body. They move around in your body through your blood, from the place where they are produced to the place where they have to do their work.

Girls generally begin puberty earlier than boys. Puberty can begin as early as age 9 or as late as age 16 and it is completely normal whichever age it starts.

5. Put up the two flute boards (*male and female body outlines*) and ask for volunteers to draw on each picture where physical changes occur during puberty by saying,

I have two pictures of a human body. One is of a young girl and one is of a young boy. I need volunteers to come up and mark or draw for us on the pictures where changes occur during puberty. Feel free to ask for help from other participants as you do this.

As you draw/mark, say out loud the names of the parts and explain the changes that occur in those parts.

6. Use the *Physical Changes During Puberty* poster to reinforce and clarify their responses. Be sure to explain changes occurring in each part.

7. Commend participants and continue by saying,

You are all doing an excellent job and I am proud of you. This shows how much you know about the changes that take place during puberty.

During puberty, the brain starts to make a special type of hormones, these hormones send messages to the genitals, to start producing sex hormones. These sex hormones then inform the testes of boys to produce sperm cells, and the ovaries of girls to release an egg. Meaning that in puberty your body becomes capable of getting pregnant or making a girl pregnant.

The sex hormones are also responsible for the other changes in your body and for the changes of your *feelings and moods*. During puberty you will also have to deal with new and strong feelings about how you look and how your body works. You will also get new ideas about growing up and about sex. If you think of all the changes that happen in your body during puberty, it is not surprising that your feelings are so complicated. You can have a bad temper, or maybe you feel like



crying a lot. Your mood can also change from one minute to another. One moment you are laughing about a funny story, and the next moment you feel like crying. Which emotional changes did you notice yourselves?

Answers **may** include:

- From calm to angry
- From talkative to quiet, shy, embarrassed
- From confident and self-assured to insecure
- From feeling happy to feeling down (or depressed)
- From feeling dependent to independent for oneself

8. Commend participants for the responses given and continue by saying,

Thank you for those wonderful responses. Some other emotional changes that young people go through during puberty include being angry at parents or caregivers, rebellion and wanting to keep to oneself, not feeling like hanging out with their friends/peers.

9. Summarize the exercise by saying,

All these changes that we experience during puberty are completely normal. However, they happen at different times for different people. It does not matter if your body starts early or late with changing. You can find it annoying if you are the first one or the last one in your class whose body starts changing. Sometimes others will tease you with these changes but don't worry, these changes are completely normal. Every person takes his/her own time to go through these changes. Just be confident about your body.

10. Continue by saying,

We reviewed the many changes that young people like us experience as they prepare to become an adult. If you know your body well and understand the changes that take place in your body, you will be better equipped to take good care of it. Part of knowing about your body is to understand some of the changes that boys experience in becoming men as well as the changes that girls experience in becoming women. We now want to spend some time to discuss the physical changes that are specific to boys and those that are specific to girls. We will also look at the names and functions of the genitals (reproductive organs) where these changes occur. We are going to do this by reading two stories.

But first, let us look at the boys' and girls' genitals (reproductive organs) where changes occur during puberty.

11. Put up the two posters *External/Internal Genitals (Male and Female versions)* and ask for volunteers to name the parts marked on each poster by saying,

I have two pictures of the genitals. One is of a girl and the other of a boy. As you can see in the picture, there are parts marked and labelled with numbers.

I need volunteers to help us name the parts that are marked. Please use the names you know and feel free to ask any questions as we do this.

12. Refer participants to the *Internal Genitals* in the participant handbook.



13. Using both the marked *External/Internal Genitals* posters and the Internal Genitals handout, distinguish the internal and external parts and be sure to highlight the following organs if they are not marked by participants. Give the name in the local language and English name for every organ you highlight and then ask the participants if they have other names for this part by saying,

This part here was not mentioned yet. It is called [name in native language] or in English, [English name]. Did you ever heard of this? Amongst your friends do you use another word for this?

Give the participants the chance to come up with other names and pick the most common by saying,

I hear that among your friends [name in native language] is referred to as [name given by the participants]. We will use this name in the rest of our sessions

Make sure to highlight the following organs if they are not marked by the participants:

**Female:**

External genitals: clitoris, vagina, inner lips, outer lips

Internal genitals: ovaries, womb, egg tubes, opening of the womb, vagina.

**Male:**

External private parts: penis, top of the penis (glans), foreskin, opening for urine, balls.

Internal private parts: balls, urine tube.

*Facilitator's note*

*For some of the organs the participants will not have the proper name (eg. ovaries, egg tubes, urine tube, scrotum, etc.). Ask them if they feel most comfortable with the English term or the local name and use that throughout the session.*

14. Commend participants for a job well done and explain the changes occurring in each reproductive organ. Use the *External/Internal Genitals* posters to show what you are saying,

That was a GREAT job! You did very well in naming the genitals of boys and girls. Let us look at each of these in more detail. We will start with the external female genitals. These are the organs which are on the outside of a girls body.

[Participants' name for lips] or lips in English:

The [participants' name for lips] are two pair of skin folds, the big ones and the small ones, or the inner and outer lips. They protect the [participants' name for clitoris]; the urine tube and the [participants' name for vagina].

The [participants' name for clitoris] or in English clitoris is a small organ under the skin, the size of a 'pea'. If it is touched, the girl/woman gets a pleasant sexual feeling.

The opening of the urine tube is small and lies in between the clitoris and the vagina. It is not part of the female genitals.

The opening of the [participants' name for vagina] or vagina in English is bigger. The [participants' name for vagina] itself is a tube of approximately 20 cm long,

with an elastic lining of soft skin. It is the corridor between the [participants' name for womb] and the outside of the body.

If you could look inside the body of a girl, you would see 2 ovaries, 2 egg tubes, the [participants' name for womb] and the [participants' name for vagina].

Both ovaries have the size of a passion fruit. The eggs are already there from birth. They only start to get ready during puberty.

The egg tubes are tubes through which the egg travels to the womb.

The [participants' name for womb] is a strong hollow muscle that is connected to the egg tubes and the [participants' name for vagina]. This is the place where the baby develops. If there is no baby growing the [participants' name for womb] has the size and form of an upside down pear. The [participants' name for womb] expands as the baby grows.

15. Allow participants to raise any questions about the female genitals.

16. Answer any questions raised and direct participants to the *external and internal male genitals* in the participant handbook.



17. Proceed to explain the male genitals.

Let us now look at the male genitals. The external male genitals are easy to see, because they hang between the legs.

The scrotum is the sac of wrinkled skin that covers the two testis or balls.

The [participants' name for penis] consists of soft tissue and blood veins.

Urine exits the body through the small hole at the top of the [participants' name for penis].

The top of the penis is also called glans in English or [participants' name for glans].

All boys are born with a piece of skin that hangs over the top of the [participants' name for penis]. When boys are circumcised, this skin is removed. Although a circumcised [participants' named for penis] looks different from an uncircumcised one, they function in the same way and equally work well.

If you could look inside the body of a boy, you would see two [participants' name for balls], and a series of tubes and glands that are connected.

[Participants' name for balls]: They are soft and elastic, and are protected by the scrotum. In the testis the sperm cells are produced. This process starts during puberty and continues throughout life.

The sperm tubes connect the [participants' name for balls] with the urine tube and transport the sperm cells. Semen is the fluid that contains the sperm cells and other products that keep the sperm cells alive and allow them to swim.

In boys, the urine tube is the corridor for urine from the bladder to the outside, as well as the corridor for the semen and sperm to the outside. The release of semen and sperm is called ejaculation. Most of the time, people use the word sperm for referring to the sperm cells and semen. In the rest of the sessions we will do the same, if we say sperm we mean sperm cells AND semen.

18. Continue to the next exercise by saying,

We are doing GREAT and I am very proud of you. It is important to discuss puberty and the changes that occur to you with your buddy and caregiver after this session.

Now that we know the body parts where changes occur during puberty, we are going to read two stories that will help us understand the experiences that young people like us go through as these changes occur.

19. Refer participants to *Millicent's Story* in the participant handbook.



20. Ask for two female volunteers to read a part in the Millicent story. The volunteers should choose from which of the two characters, (Millicent or Rose) they want to represent.

21. Introduce to the volunteers and the rest of participants pictures and character descriptions of Millicent and Rose.

22. Read out the introduction section of *Millicent's Story* and have volunteers read the rest of the story.

### Millicent's Story

Millicent, Rose's younger sister, is HIV positive. She wakes up one morning to find her underwear and nightdress stained with blood. She is worried that she may be sick. Just as she gets a 'kanga' to tie around her waist to hide the stain, Rose walks into the room.

23. Have volunteers read the rest of the story.

24. Commend volunteers for a good job by saying,

You did an excellent job reading. Now let's discuss what we have just read.

25. Then ask the following questions,

- **What happened to Millicent?**

**Answer:** Millicent started her menstrual periods.

- **What do you know about menstruation?**

*[Pause to let participants respond, then continue by saying]*

- **What causes the bleeding in girls that is referred to as "having your period"?**

**Answer:** During puberty, hormones stimulate the ovaries to start releasing one egg every month. The egg will travel from the ovary to the womb through the egg tubes. Every month the womb prepares itself for a possible pregnancy. The wall of the womb thickens for the preparation of a baby in case of pregnancy. If the girl does not get pregnant, the thickening breaks down and leaves the body through the vagina as blood. This is called "menstruation" or "having a period". Periods will come approximately once every month.



- **How did Rose react?**

**Answer:** Rose assured Millicent that her experience was normal.

- **How would you feel if what happened to Millicent happened to you?**

26. Summarize Millicent's story by saying,

Now that we all know what happens to girls as they mature, let us also look at what can happen to boys during the same period. Are you excited about finding out what happens to boys?

27. Direct participants to *Joash's Story* in the participant handbook.

28. Ask for two male volunteers and let them choose the character (Joash and Steve) they want to represent.

29. Introduce to the volunteers and the rest of participants pictures and character descriptions of Joash and Steve.

30. Read out the introduction section of Joash's *Story* and have volunteers read the rest of the story.

#### **Joash's story**

Joash, Steve's younger brother wakes up one morning looking worried. His [participants' word for penis] is hard and swollen and there is sticky fluid at the tip of his [participants' word for penis] and on his underwear. When Steve walks into the room, he finds Joash looking embarrassed and his eyes are downcast. To Joash's surprise, Steve is smiling.

31. Commend volunteers for a good job by saying,

You did an excellent job reading. Now let's discuss what we have just read.

32. Then ask the following questions,

- **What happened to Joash?**

**Answer:** Joash had a wet dream

- **What are wet dreams?**

**Answer:** Wet dreams are the uncontrolled release of sperm from the [participants' word for penis] when someone is asleep. Wet dreams are caused by sexual excitement from dreams, or physical stimulation like rubbing against bedding or even having a full bladder. Having a wet dream does not necessarily mean that you are thinking about having sex.

- **At what age do you think boys start experiencing wet dreams?**

**Answer:** Just as different people mature at different ages, boys experience wet dreams at different ages. Not all boys have wet dreams and that's okay too, it doesn't mean that anything is wrong with you. If you do have a wet dream, there is no need to worry or feel guilty because it just means your body is sexually maturing, which is a step towards becoming an adult.

- **How did Steve react?**

**Answer:** Steve assured Joash that his experience was normal

- **How would you feel if what happened to Joash happened to you?**

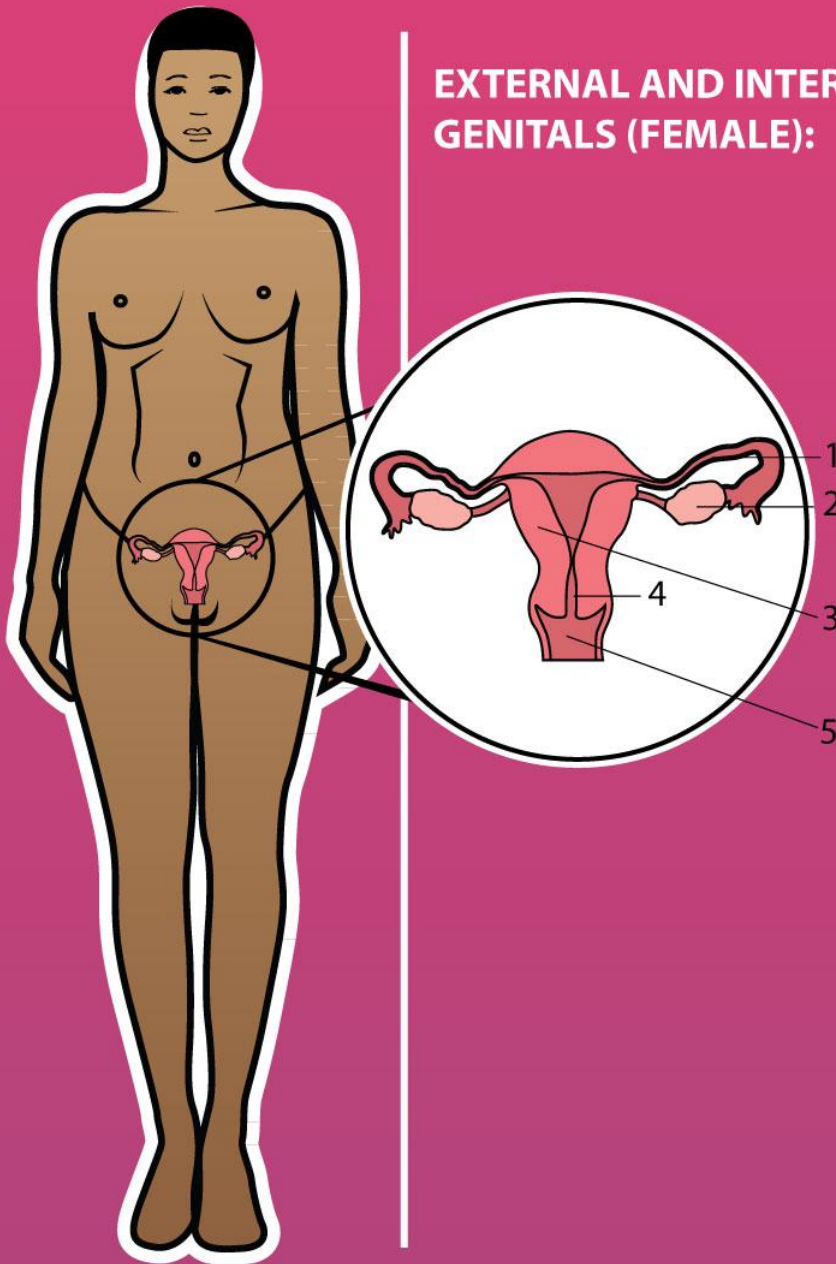
33. Summarize the activity by saying,

I hope you had nice time learning about the changes that take place during puberty. There are many changes that take place in our bodies during puberty. Some of these changes we can see while others are happening inside your body and we may not be able to see them.

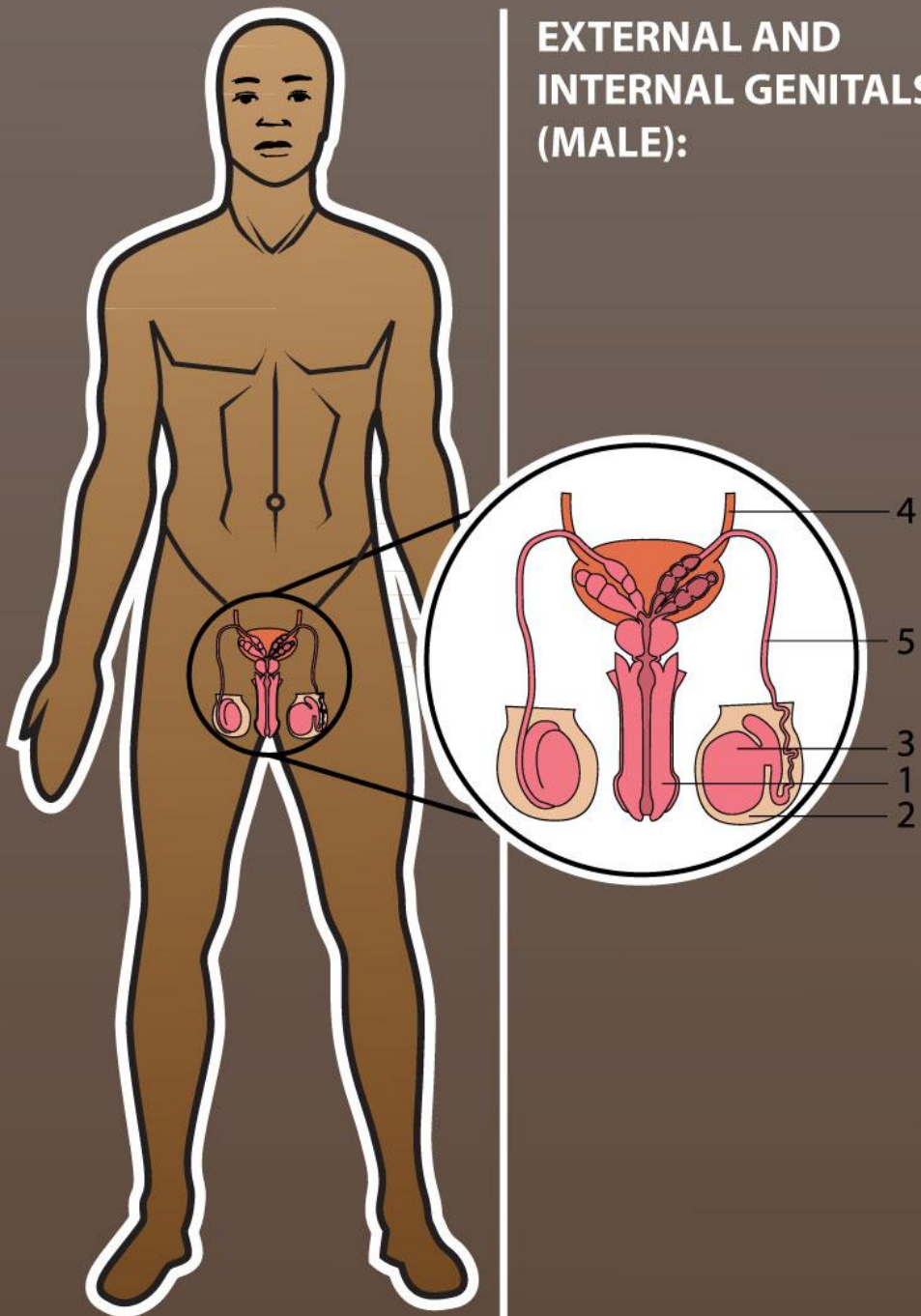
Sometimes these changes cause a lot of concern and worry among young people. It is important to remember that these changes are normal and should not worry you.

These changes are the same for everybody regardless of their HIV status. For some adolescents living with HIV, these changes may happen later. However you should not worry too much if body changes are delayed as long as you regularly get medical check ups. Understanding that these changes are normal will help you make healthy choices about your life.

**EXTERNAL AND INTERNAL  
GENITALS (FEMALE):**



**EXTERNAL AND  
INTERNAL GENITALS  
(MALE):**



### Millicent's Story

Rose: Good morning Millicent.

Millicent: Morning sister (*fumbling with the 'kanga'*). I think I am unwell. I woke up and my nightdress was stained with blood.

Rose: There is nothing wrong with you. Congratulations you have just started your first menstrual period and you are now a young woman who is capable of getting pregnant and having a baby.

Millicent: Is this normal, won't I lose too much blood and become weak?

Rose: Yes it is very normal. I also started having my periods at about your age and it will not make you become sick or weak.

Millicent: I will not leave this room today because my clothes will get stained and everyone will laugh at me.

Rose: Having a period is nothing to be embarrassed about. However, you will have to use pads to absorb the blood and to protect your clothes from getting stained.

Millicent: Yes, but what will happen if I start my period in church or at the market place?

Rose: Your periods will come approximately once a month. It's good to prepare yourself by carrying your pad for protection when it starts. There are two kinds of pads that you can use. You can use pads made out of rags, and these can be washed every time they get soiled, or you can use disposable ones, which need to be dropped in a pit latrine and dustbin after use. It is also important that you take good care of your body. You should wash yourself every day with water and soap.

Millicent: Does this mean that I am now a grown woman?

Rose: Well, you are certainly on your way to becoming one. You are capable of getting pregnant if you have sex.

Millicent: I am not ready for motherhood and I want to be like you Rose. I want to wait until I finish my studies and reach my goal of becoming a nurse in future.

Rose: That is good *sis*, the responsible thing to do is to take good care of yourself in order to achieve your goal. I have decided to abstain from sex and you can do the same but if you decide to have sex, make sure your partner always uses a condom to prevent sexually transmitted infections, unplanned pregnancy and HIV.

Millicent: I will abstain from sex for now and thanks sis for explaining this to me.

Rose: You're welcome Millicent. Please know that you can always come to me if you have questions, even questions that seem embarrassing to you. You are my younger sister and I am here to help you. And remember, all the changes that you are going through now are normal and part of growing up.

### Joash's Story

- Steve: Good morning Joash. You look very worried today, what is the matter?
- Joash: *[Reluctantly]* Morning Steve. I...I am ok.
- Steve: Come on Joash. I am your friend, tell me what's going on. You don't look ok...
- Joash: ...Well, I don't know what is happening to me. I woke up feeling a bit wet in my pants and on checking, I discovered some sticky fluid at the tip of my penis and also on my underwear.
- Steve: You don't need to be worried, what you experienced is called a wet dream.
- Joash: A wet dream? What is that?
- Steve: When you release sperm your sleep it is called having a wet dream.
- Joash: I think something may be wrong with me. I don't even remember what I dreamed about so why did the sperm come out?
- Steve: Having a wet dream is a normal part of growing up and should not worry you. I also had the same experience about four years ago. It just shows that your body is now mature.
- Joash: Does this mean that I am a man now?
- Steve: You are certainly on your way to becoming a man. You can make a girl pregnant if you have sex with her but I don't think you are ready to become a father yet. Therefore, you should abstain from sex. However, if you decide to have sex then you should use condoms every time you have sex so that you can avoid sexually transmitted infections and unplanned pregnancy. This will help you reach your goals.
- Joash: No, I wouldn't like to become a father now. I first want to finish school, go to the youth polytechnic like you and train in carpentry



before I can think of becoming a father. Thank you for explaining all this to me bro, I'm glad we had this conversation.

Steve: My pleasure Joash. Please know that you can always come to me if you have questions, even questions that seem embarrassing to you. You are my brother and I am here to help you. And remember, all the changes that you are going through now are normal and part of growing up.

## Activity B

# Why Some Adolescents Have Sex

### Preparing for the activity

#### Rationale

Exploring the various reasons why adolescents engage in sexual intercourse will help participants understand reasons why adolescents have sex and can help them think about making healthy choices with regard to sex.

#### Materials

Pre-labelled newsprint:

*Why Some Adolescents Have Sex*

#### Time

10 minutes

## Procedure

1. Introduce the activity by saying,

We have had a good time and enjoyed looking at the changes that occur during puberty for boys and girls. As these changes occur, boys and girls may start experiencing sexual attraction to one another. Boys may start developing a tender liking for girls and girls may also feel attracted to boys.

As a result some adolescents may start getting closer to each other. Others may even start experimenting with sexual intercourse. What do you think are some of the reasons why some adolescents have sex?

2. Record their responses on the *Why Some Adolescents Have Sex* newsprint.



Answers **should** include:

- To express love
- To feel loved, needed
- To keep a boyfriend/girlfriend
- To experiment
- For pleasure
- To feel more grown up
- In exchange of money and gifts
- Because of peer or partner pressure

3. Commend participants for the responses and continue by saying,

As we can see from the list, sometimes adolescents have sex for reasons other than love such as to feel loved and needed or to get money/gifts in exchange for sex. When adolescents have sex for such reasons, they may end up hurting themselves. Later, we will look at some of the consequences of sex and how adolescents like you can have safer sex.

But first, let us discuss the following two reasons for having sex more in depth: First, having sex because of peer or partner pressure. Second, having sex to get money/gifts in exchange. We like to discuss these examples with you because adolescents have told us that these are common reasons for having sex.

4. Circle the two reasons on the *Why Some Adolescents Have Sex* newsprint and continue by saying,

Let us start with having sex because of peer or partner pressure.

But first we need to understand what peer or partner pressure means. What do you understand by the term peer pressure?

Answers **should** include:

Peer pressure means doing something because of influence from your friends and age-mates; or doing something because others are also doing it.

5. Continue by asking,

Thank you for those answers. What do you think can happen to a young person who has sex because of peer or partner pressure?

What is the difference between how girls and boys experience peer pressure to have sex?

6. Pause to allow participants to respond then say,

Adolescence is a time when we feel more close to our friends and age-mates. Unfortunately, friends and age-mates do not always give healthy advice. Many young people like you have sex because they want to be like their friends. Others also have sex because their partner has insisted. When you have sex to please your friends or your partner, you may not feel good afterwards. Instead you may feel used. Adolescents who value themselves do not need to have sex with someone to feel accepted by their friends or to keep a relationship.

7. Pause to allow participants to respond then say,

Let's look at the second example. What do you think can happen to a teen who has sex to get money or gifts?

8. Pause to allow participants to respond then say,

Thanks for those wonderful responses. When you have sex to get money or gifts you may not have the ability to say no to anything that you don't agree with. You may not be able to negotiate condom use. This will place you at risk of getting a sexually transmitted infection or an unplanned pregnancy. The money and the items you get may help you now, but may also put your health at risk. You may later regret that you had sex in exchange for money or gifts and feel angry with yourself.

9. Then say,

Now I will go around the room and have each of you complete a sentence about your attitude towards sex.

10. Go around the group and have each participant respond to one of the following questions. It is not necessary for each participant to respond to each statement, but try to get several different responses to each question:

- How do you feel about having sex just to express love?
- How do you feel about having sex just to feel loved and accepted?
- How do you feel about having sex to keep a boyfriend/girlfriend?
- How do you feel about having sex just to experiment or to know how it feels?
- How do you feel about having sex just for the pleasure?
- How do you feel about having sex just to feel more grown up?
- How do you feel about having sex just because of peer or partner pressure?
- How do you feel about having sex just to get money/gifts?
- How do you feel about having sex because you have no hope of living long?

11. Summarize as follows,

We have seen that adolescents have sex for various reasons. We have also seen that having sexual feelings or experimenting with sex during puberty is a normal part of development. But it is important to remember that having sex can also result in serious consequences such as sexually transmitted infections and unplanned pregnancy. These consequences can get in the way of your goals and dreams. Remember that the healthy choice to make is to abstain from sex; if you decide to have sex, always remember to protect yourself and your partner by using a condom every time you have sex.

## Activity C

### Can Adolescents Say No?

#### Preparing for the activity

##### Rationale

The activity provides an opportunity for participants to explore their attitudes towards sex and to assess perceived self-control in different types of relationships.

##### Materials

Participant handbook: *Hilda goes to the Disco* worksheet

##### Time

10 minutes

## Procedure

1. Begin this activity by saying,

We have looked at the various reasons why some adolescents have sex. In the next activity we are going to learn more about our beliefs regarding sex. We will divide the group into four small groups. We will read the story of Hilda and her friend Steve. This is a fun exercise and I hope you enjoy the story and completing the exercise.

2. Direct participants to the *Hilda goes to the Disco* Worksheet in the participant handbook.



3. Describe Hilda and Steve to the participants.

Who still remembers Steve?

Strong Steve is a 17 year old boy who is a football player and also loves politics and is one of our main characters.

Happy Hilda is a 15 year old girl who loves fashion and enjoys being beautiful

4. Divide the participants into four groups.



5. Continue by saying,

Could we have a volunteer read the *Hilda story* aloud?

6. Have the volunteer read out the *Hilda goes to the Disco* story then say,

You will now work together in smaller groups to answer the questions below the story. Each group will answer all the questions



7. Move around to ensure each group answers all the questions and provide any assistance required.
8. Process the activity by going through all the questions with the whole group.
9. Compliment participants and continue by saying,

That was a great discussion! As we can see from Hilda's story, sometimes you may be unable to stay safe once you start touching and kissing. Saying no in such situations may be difficult. It is important to set limits and discuss condom use before any touching or kissing begins.

10. Then ask,

What do you understand by self-control?

*[Pause to let participants respond]*

Self- control refers to the ability to control one's emotions and desires by his/her own will.

Why do you think it is important for an adolescent to exercise self-control by STOPPING?

11. Summarize the activity by saying,

We have seen that adolescents find it difficult to say no to unsafe behaviour once they start touching. But having sex when you are not ready, or having sex without a condom may put your health at risk. It is important to discuss limits early in the relationship before any physical touching. If you decide to have sex, you should prepare yourself by having condoms close by to avoid having unsafe sex.

## Hilda Goes to the Disco

Hilda is 15 years old. She is Steve's girlfriend. They usually visit each other and they have a nice time together. Hilda and Steve have had sex in the past and they used a condom. Tonight they are both at a 'disco matanga' in the neighboring village. Steve is dancing with Hilda and holding her very tight. Things are starting to get hot and heavy and the two of them decide to leave the disco so that they can be alone. Since they know that Steve's brother Joash is still at the disco, they go to his hut (room) and continue with touching and kissing. Hilda tries bringing up the subject of condoms but Steve doesn't even want to listen...

### Questions:

1. What do you think can happen to Hilda and Steve?
2. How easy or difficult is it for Hilda and Steve to stop once they have started touching and kissing?
3. Where can they find condoms?
4. What would you do if you were in such a situation?
5. How can such situation be prevented?

## Activity D

## Buddies' Exercise

### Preparing For The Activity:

#### **Rationale:**

Providing adolescents with an opportunity to practice communication with their buddies can boost their confidence in discussing sexuality with peers, partners and other trusted adults.

#### **Materials Needed**

Pre-labelled Newsprint:

*Barriers and Solutions*

Poster:

*Weekly Goal*

Participant handbook:

*Buddy card*

*Buddies Exercise worksheet*

*Weekly Goal*

#### **Time**

10 minutes

## Procedure

1. Introduce the activity by saying,

It is important that you practice talking to your friends and to trusted adults about sex and relationships and about other issues that are important to you. We are going to help you with this. First you will need a buddy or a friend. You need to choose among the group members a friend who lives near you, so that it is easy to meet and discuss during the week. To find your buddy we are going to sing and move around the room. As we do that, look for your buddy and move closer to him/her. Once you have identified your buddy, give each other a hand. When I say STOP, and you have found your friend, I would like to see pairs holding each other hands. Is that clear?

2. Ask one of the participants to lead in a well-known song. If no participant is willing to lead in a song, lead the song and have the participants dance around and identify their buddies.

### ***FACILITATOR'S NOTE***

*In groups with odd numbers, have one group of three buddies. In such groups, move around and help groups of three in exchanging buddy cards as you complete procedure 4 below.*

3. Once everyone has identified a buddy, say STOP. Ask them to sit together and open their participant handbook on the *Buddy Cards*.



4. Ask participants to fill in the buddy card of their buddy (in the participant's handbook of their buddy) by saying,

On the *Buddy Card* of your buddy, fill in your name, what you like doing and the name of your village. Once you have filled all these, give the handbook back to your buddy. Your buddy does the same in your handbook. This card will help you know your buddy better and also give you directions on how to find your buddy after the session.

5. Supervise to ensure that everyone has filled and exchanged their buddy cards.
6. Direct participants to the *Buddies' Exercise* in the participant handbook.



7. Give instructions by saying,

Now that we all have a buddy, let's discuss the first home assignment that you will do together with your buddy. It is about your dreams and goals.

Who would like to read out the questions on the *Buddies Exercise* worksheet?

8. Pause to let a volunteer read aloud all the questions on the *Buddies Exercise* worksheet.
9. Thank the volunteer and continue by saying,

You will be required to think of a goal that you would like to achieve. Discuss possible problems you may encounter on your way and how you plan to overcome them. You first need to identify your goals individually and only work with your buddy to discuss your responses.

10. Referring to the *Weekly Goal* poster, direct participants to the *Weekly Goal* worksheet in the participant handbook.



11. Continue by saying,

At the end of each session, you will be required to identify a goal that you want to achieve by the time we meet again in the next session. In today's buddies exercise, this is question number 1. To help you set a weekly goal, let us look at the weekly goal poster. This poster will help you understand how to develop and fulfill a weekly goal. Can I have a volunteer read aloud the first point on the poster?

12. Pick volunteers to read each point on the poster. *Weekly Goal* poster one after another. Use the text below to explain the points as they are read out,

**Important to You:** you need to identify a goal that is important to you, and one that you are committed to. It should be a goal that if achieved, will help improve your life in a positive way. For example, you can set a goal of thinking positive about yourself at least once every day. Or you can make it a goal to exercise for 30 min everyday. If you pick a goal that you have a genuine interest in, it will be easier for you to achieve it.

**Realistic:** a realistic goal is one that you can achieve. Avoid setting goals that are too complicated and impossible to achieve. Set goals that are not too hard and not too easy to achieve.

**Specific:** a goal that is brief and clearly stated.

**Easy to measure:** and easy to tell when you have accomplished it. You should try to have at least one weekly goal.

13. Ask if there is any questions and continue by saying,

Remember, you can come up with any goal you can think of. Use the points on the *Weekly Goal* handout in your participant handbook to help you set a goal every week.

14. Then ask,

Do you have any question about the assignment?

15. Answer any questions the group has about the assignment.

16. When you are finished answering questions about the assignment, ask,

What do you think about doing home assignment with your buddy?

What might get in the way, or be a 'barrier' (a problem) to completing the homework with your buddy?

Answers **may** include:

- I wouldn't know what words to use.
- I'd be embarrassed.
- I never had that kind of conversation with my buddies.
- I might not know all the information.
- (She or he) is too busy.
- There are too many interruptions or distractions.
- There is no privacy talk about these things.
- Buddy(s) may think it is inappropriate to discuss such things.
- Fear that the buddy will talk about their HIV status
- Fear that the buddy will talk about other confidential issues that you shared

17. Record their answers on the pre-labelled newsprint *Barriers*.



18. Then say,

Now that we have a list of barriers, let's try to figure out what some solutions may be, because it is important that you do the home work together with your buddy.

19. Write the solutions participants' offer on the right hand side of the pre-labelled newsprint under the title *Solutions*.



20. Let participants sit down and thank them for their input by saying,

It can sometimes be quite difficult to talk with our buddies.

**To make the exercise easier for you, here are some other POSSIBLE SOLUTIONS:**

- Think about all the things you want to say with your buddy in advance
- Practice what you want to say
- Make an appointment or set up a time to talk later if both of you are busy
- Go to some private place with your buddy
- Wait until you and your buddy are comfortable and relaxed, and then start the conversation



- Recognize that it is okay to feel embarrassed

See, there are solutions to the barriers. We can talk to our buddies about anything including our goals and also about sexual health issues like abstinence, HIV and pregnancy prevention as well as use of condoms. When you come back next session we will go over the work you did with your buddy, and see how well you did!

21. Summarize by saying,

We have done a lot today. We have learned about our goals and dreams, and the changes that take place during puberty. We have also learned about seeing the positive in ourselves and what it means to have a brighter future. Thank you so much for your participation. I am very proud of you and I hope you enjoyed the session as much as I did. Is there anyone who still has a question?

Remember to use the reference materials in your participant handbook to revise on what we have learned and prepare for the next session.

Our next session will be on \_\_\_\_\_ at \_\_\_\_\_. It is important for you to be there as we will be learning new and interesting things that will help stay healthy. Please remember to come on time and carry your participant handbook and pen with you.

# BUDDY CARD

**Buddy's Name:** \_\_\_\_\_

**Village:** \_\_\_\_\_

**Favorite Activity:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## WEEKLY GOAL

**Important to You:**

A goal that if achieved will help improve your life in a positive way. It should also be a goal that you are committed to and one that you have a genuine interest in.

**Realistic:**

A goal that is not too hard and not too easy to achieve.

**Specific:**

A goal that is brief and clearly stated

**Easy to measure**

You can easily know when you have reached it

## Session One Buddies' Exercise:

1. Your Buddy's name:

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2. Your Buddy's Goal:

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3. What are the obstacles (including obstacles of living with HIV) to your buddy reaching this goal?

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4. How would you advise your buddy to be safe and how being safe can help him/her achieve his/her goal:

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# **MODULE 3 : All You Want to Know About HIV**

## **Goals**

*The goals of this module are to:*

- Increase participants' knowledge about HIV and HIV risk-associated behaviour.
- Help participants identify behaviours that place people at risk for transmitting HIV and getting sexually transmitted infections.

## **Learning Objectives**

*After completing this module, participants:*

- Can define what HIV is and explain how it is transmitted
- Can describe which behaviours are low risk, high risk, and no risk for HIV transmission
- Are motivated to abstain or use condoms to avoid transmission of HIV, STIs and pregnancy

## **Module Preview**

The third module provides correct information about the transmission, and prevention of HIV.

### **Strategies/Methods**

- Rose Comic
- Group Discussion
- Brainstorming
- Game

### **Materials Needed**

- *Knowing HIV* Game Board
- *Knowing HIV* Question Cards
- HIV Risk Behaviour Cards
- Posters:
  - *HIV Risk Continuum*
- Participant handbook:
  - *HIV Talk*
  - *Ayubu & Dorothy Story*
  - *Knowing HIV Fact Sheet*

### **Preparation Needed**

- Put up HIV Risk Continuum Signs and Game Board
- Put up group rules of previous week

### **Instructional Time**

65 minutes

<b>Activity:</b>	<b>Minutes needed</b>
A. Welcome Back, Recap and Review of Homework	10
B. Discussion About HIV	15
C. Knowing HIV Game	15
D. HIV Risk Continuum	25
E. Break	15

## Activity A

# Welcome Back, Recap and Review of Buddies' Exercise

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### Preparing For The Activity:

#### Rationale

To create a friendly and free environment can motivate adolescents to participate in a learning process. This activity will break the tension and provide a free environment for all participants to contribute to the learning process.

#### Materials

Participant handbook

*Weekly Goal & Buddies' Exercise* from Session One

#### Time

10 minutes



## Procedure

1. Welcome back participants to the session by saying,

Welcome to another exciting session of *Brighter Future*. We learned a lot in our previous session. Today we are going to have even more fun learning from one another. But first, let us remind ourselves of what we learned last week.

2. Reintroduce the talking circle by saying,

We are going to use the talking circle to talk about what we learned in session one. When it is your turn to speak, please share with us one thing that you liked or that was important to you from session 1.

3. Start with the person on your left and allow the group members to speak until all group members have had a chance to share what they remember from last session.

Answers **may** include:

- What positive living means, and healthy choices for a brighter future
- Goals and dreams for a brighter future,
- What it means to be a adolescent living with HIV
- Seeing the positive things in myself
- Changes during puberty: physical and emotional

4. When all have participated in the Talking Circle, say,

Those were great answers. It looks like you really enjoyed the first session.  
Does anyone have any questions before we continue?

5. Continue by saying,

I want to thank each of you for sharing. You are doing a wonderful job remembering the information we learnt. Last week each one of us set a goal that we were to achieve within a week. Let's continue by sharing how that went...

- What goal did you set?
- Why did you choose that particular goal?
- Were you able to achieve your goal? Why or why not?
- If you were not able to achieve your goal, what will you do differently this week?

6. When **ALL** the participants have shared their weekly goals, proceed by saying,

We were also to work with our buddy, and discuss a few issues on the goal that we set for ourselves. Who managed to meet with his/her buddy? How did it go? Who did not manage to meet with his/her buddy? What were the reasons? How can these be overcome during the next week?

7. Discuss challenges raised in meeting with buddies and remind them of possible solutions.

*FACILITATOR'S NOTE*

*If some of the participants did their buddy exercise just before the start of the session, remind them of the group rule which states that all assignments need to be done before coming to the session. If you do them at the session, it affects the entire group: it makes us start late and this is not nice to the others in the group, who did complete their assignment at home.*

8. Process the *Buddies Exercise* by asking,

Let's look at the exercise that you did with your buddy:

-Who would like to share with us why they chose a particular goal?

-Which obstacles did you foresee?

-How did you plan to overcome these obstacles?

9. Continue by saying,

That was great!!! I believe we all enjoyed working on our weekly goals. Setting weekly goals is a positive thing to do because it can help us achieve our long term goals of having a brighter future.

10. Summarize the activity by saying,

You did a great job with the *Buddies Exercise*! Let us begin our activities for today.

## Activity B

## Discussion about HIV

### Preparing For The Activity

#### Rationale

This activity will help participants to learn the facts about HIV.

Reading about a 15-year-old who is HIV positive will help to increase participants' personal responsibility to be safe and prevent HIV transmission

#### Materials Needed

Participant handbook:

*HIV Talk*

*Ayubu & Dorothy's story*

#### Time

15 minutes

## Procedure

1. Introduce the activity by saying,

We are now going to read a story about HIV. This story will help us understand the facts about HIV. To do this, we are going to read the Rose comic. Can you still remember the characters in the Rose comic?

2. Allow participants to respond then direct them to the *HIV Talk* in the participant handbook.



3. Continue by saying,

Today's story is about Rose and Lillian. I will start with the story, but I first need two volunteers to read the roles of Rose and Lillian. While you read the story lines, try to move into the shoes of Rose and Lillian.

4. Read aloud the introduction part of the story by saying,

### **HIV Talk**

It's mid-morning on Saturday and Rose and her friend Lillian are walking home from the market where they have gone to buy vegetables. Lillian reminds Rose that a health provider will give a talk on HIV later that afternoon at the support group meeting.

5. Have volunteers read aloud the dialogue.
6. Commend volunteers for the reading by saying,

You did an excellent job reading. You should be proud of yourself. Let's discuss together about the story.

7. Then ask,

What did Rose and Lillian talk about in the story?

What questions did Rose and Lillian have about HIV?

According to the story, what are some ways by which HIV is transmitted?

Answers **should** include:

- HIV being transmitted through sex
- Is it possible that one partner is HIV positive while the other is negative
- A baby getting HIV from the mother

8. Introduce the activity by saying,

Let's continue, and listen to Rose and Lillian, how they felt about the HIV Talk that they have just attended.

9. Direct participants to *Ayubu & Dorothy's Story* in the participant handbook.



10. Continue by saying,

I will read the introduction section of the story, but I first like to have two new volunteers to read the rest of the story. Each volunteer will choose a character (Rose and Lillian) that they want to represent. Remember as we said before, read the lines of your character in an engaging and dramatic way and try to fit into their shoes.

11. Read aloud the introduction part of the *Ayubu & Dorothy story* by saying,

Rose and Lillian are coming back from the HIV talk. They are discussing how Ayubu, a 17-year old boy gave a testimony about living with HIV. Ayubu's story is the focus of Rose and Lillian's discussion on their way home.

12. Have volunteers read out the dialogue

13. Commend participants for the reading by saying,

You are very good readers and your voices are wonderful!

14. Process the story by asking, (*Ask each question separately*)

- What is this story about?
- What do you like/dislike about this story?
- What do you think happened to Dorothy and Ayubu at the end of the story?
- What could be the consequences of this situation?
- What advice would you give Dorothy and Ayubu?

Answers **should** include:

- They should use condoms or abstain
- Dorothy should have gone to the clinic immediately to seek PEP (post exposure prophylaxis)
- Dorothy should go to the clinic and get tested for HIV

15. If not mentioned, explain what PEP is by saying,

Post-exposure prophylaxis (or PEP) means taking antiretroviral medications (ARVs) as soon as possible after exposure to HIV, so that the exposure may not result in HIV infection. These medications are only available at selected health facilities. PEP should begin as soon as possible after exposure to HIV but certainly within 72 hours.

16. Summarize by saying,

We have learnt a lot from the story. We have seen how Ayubu and Dorothy learned about each other's HIV status and still decided to stay together. We have learned about their plan to have protected sex, and the possible consequences of having even one time unprotected sex. It is important to note that every time when we are having unprotected sex, we are putting our own health and that of our partner at risk. There is also the risk of sexually transmitted infections and unplanned pregnancy.

We want you to protect your health and live positively. If you choose to have sex, make sure you use a condom every time.



## HIV TALK

- Lillian: Oh! Today is Saturday. Majaliwa support group meeting is this afternoon. Remember that we invited a health provider to give us more information about HIV? I hope you will come.
- Rose: Of course, I have always wanted to know more about HIV; there is so much conflicting information about it.
- Lillian: I know that HIV is transmitted through sex but I don't understand how even people who have never had sex can acquire it.
- Rose: I know that a baby can get it from the mother but I don't understand how that happens.
- Lillian: My mother only told me that I am HIV positive but she did not clearly explain how I got it.
- Rose: Then maybe we should ask the health provider that question. I have also heard that a husband can have it, but the wife doesn't.
- Lillian: *(looking confused)* So, does it mean you can have sex with someone who is infected and not get HIV?
- Rose: I don't understand how that happens.....
- Lillian: But Rose, since we already have HIV we are not at risk, isn't it? I wonder whether that means that I should only have sex with a positive partner?
- Rose: *(Hesitantly)* I don't know. There is really a lot I want to know more and I can't wait for that talk. I want to know about HIV.
- (As they approach Lillian's compound)*
- Rose: Will you pick me up so we go to the support group meeting together?
- Lillian: Yes, Rose, I will pass by your house in the afternoon.
- (Lillian gets home as Rose rushes off to her home up the hill)*

### AYUBU & DOROTHY STORY

- Rose: I still find it hard to believe what happened to Ayubu and Dorothy.
- Lillian: I am also shocked; they loved each other so much and had such big plans for the future.
- Rose: Yes Lillian, it was such a moving story. When they had been dating for a few months, Ayubu informed Dorothy of his status. She was very scared at first but then sought to learn more about the facts of HIV. She accepted him and they even went for couples counseling.
- Lillian: Even after knowing that Ayubu was HIV positive and Dorothy was HIV negative, they still loved each other and decided to stay together and support each other. They decided to always use a condom whenever they would have sex.
- Rose: Even after Ayubu dropped out of school for lack of school fees he did not lose hope. You see how his poultry farm is doing well? He advised Dorothy to remain focused on her schooling.
- Lillian: Is Dorothy still HIV negative? I can't remember what she said too clearly.....
- Rose: He said how one day they were alone in his house and it was raining. They started kissing and things became hot and heavy.
- Lillian: *[Suddenly]* Ah! I remember now. They wanted so badly to have sex but realized they didn't have a condom with them.....

## Activity C

## Knowing HIV Game

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### Preparing For The Activity:

#### **Rationale:**

This activity is a way to review and reinforce the information about HIV transmission covered in this program. It also allows the participants to enjoy a fun activity.

#### **Materials Needed**

*Knowing HIV* Game Board

*Knowing HIV* Question Cards

Participant handbook:

*Knowing HIV Fact Sheet*

#### **Time**

15 minutes

## Procedure

1. Introduce the activity by saying,

You have seen the questions Rose and Lillian had about HIV. We now want to learn more about HIV. To do that, we are going to play a game called *Knowing HIV Game*.

Who among you likes games?

2. Allow participants to respond and continue by saying,

Rose and Lillian as well as other members of the Majaliwa Support Group had several questions to ask the health provider during her talk. Each of them wrote two questions on an index card. On the back of the card they wrote their name. All these cards were then put on a board. We are now going to pretend that we are the support group members.

- Everyone will get a chance to spin the wheel
- Once the wheel has come to a stop you will pick out a card corresponding to the group member's name
- You will read out the question aloud and attempt to respond to it

Does everyone understand how we will play the game?

3. Answer any questions about the game and practically demonstrate how to spin the wheel and pick out a card.
4. Allow participants the opportunity to answer the questions and provide them with correct information. Answer the questions with the information below.

#### **Rose's Questions**

##### **1. What is HIV?**

**HIV stands for Human Immunodeficiency Virus. It is the virus that causes AIDS. HIV can be transmitted in several ways: The most common are through sex (if no condom was used), and from an HIV-positive mother to her child during pregnancy, birth or breastfeeding. Some people got it through blood transfusion with HIV infected blood. There is also a very small chance that HIV can be transmitted by sharing sharp objects that have been in contact with blood of an HIV-positive person.**

##### **2. What is AIDS?**

**AIDS stands for Acquired Immunodeficiency Syndrome. Doctor's talk about a person having AIDS if the HIV-virus has been in that persons' body for a long time. If the HIV-virus had the chance to destroy the immune system and make the person very ill, then the doctors say the person has AIDS. If you are infected with the HIV-virus but your immune system is still fighting back, and your are not very ill yet, doctors say you are HIV-positive.**

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#### **Lillian's Questions**

##### **1. What is the immune system?**

**Just like the kraal/fence protects the cattle from any outside danger, the body has white blood cells called CD4 cells that defend it against germs. We call all of these white blood cells together our immune system. HIV attacks and weakens these CD4 cells. HIV attacks your immune system, that is why our body becomes weak and is unable to fight other infections when you are HIV-positive. Our immune system is very important to stay healthy. To see how strong your immune system is, the doctors take your blood samples regularly for testing. They then measure your CD4.**

2. How is HIV and AIDS different?

**HIV is the virus that attacks our immune system. As we have already said, our immune system is very important because it protects us from getting ill. Since the HIV-virus attacks our immune system, our body becomes weaker and can't fight infections anymore and this makes us become ill more easily. If HIV has broken down most of your immune system, you get ill very easily and the doctors call it AIDS.**

**Taking your medication helps your immune system to remain strong and so, helps you to stay healthy.**

#### **Steve's Questions**

1. How can HIV be transmitted?

- **Most people with HIV, got it by having unprotected sex with an HIV-positive person.**
- **Many young people got HIV from their mothers. If an HIV-positive woman gets pregnant she can give the virus to her baby. This can happen during pregnancy, birth or breastfeeding.**
- **Blood transfusion with HIV-infected blood samples.**
- **Sharing needles, razors or any sharp objects that have blood of an HIV-positive person on it, I know people talk about this a lot, but the chance of getting HIV-infection by sharing sharp objects is rather small.**

2. Through what 4 body fluids is HIV transmitted?

**Blood, sperms, vaginal fluids, and breast milk.**

**Dorothy's Questions**

**1. How is HIV *not* transmitted?**

**Through the air, mosquitoes, touching, shaking hands, kissing, sharing eating utensils, living in the same house with someone who has HIV.**

**2. Can an HIV-positive person be infected again with the HIV virus?**

**Yes, if you have unprotected sex, you can get infected again with the HIV-virus; we call this re-infection. There are different types of HIV-virus. You could compare it with this: look around in our group. We are all humans but we all look a bit different. This is also the case with the HIV-viruses: they are all HIV but there are small differences. Some of these HIV-viruses have already figured out how to escape from the ARVs (antiretroviral drugs). We call them resistant viruses. If you are infected with a resistant virus, it means that your ARVs will not work, it will not prevent the virus from multiplying in your body and you will become weak. You will therefore need other medication to help you to stay strong. This medication may be difficult to access as you may not be able to get it in every clinic. This medication is also harder to take, and has more bad side effects to your health.**

**So, you are HIV-positive but you are taking medication and you feel good. If you have unprotected sex with somebody who is also HIV-positive but who has a resistant virus, you would have to change medication and have bad side effects. It could also be you have a resistant virus and you could infect your partner with it. This is why it is important to avoid re-infection by having protected sex even if your partner is also HIV-positive.**

#### **Ayubu's Questions**

1. How can you best prevent the transmission of HIV to another person?

- **By practicing abstinence. Avoiding any sexual activity that involves contact with sperm, vaginal fluids and blood. It is the only 100% effective way to avoid transmission of HIV and STIs.**
- **Using condoms correctly every time you have sex can help you prevent transmission of HIV, re-infection of HIV and many STIs**
- **Never share needles, razors or other sharp objects of any kind.**

2. How can two partners, who have been having sex, have different HIV test results?

**A couple may have three different types of HIV test results. Some couples will test both HIV negative; some will test both HIV positive. Some however, may have different HIV test results. One partner may test positive while the other tests negative. We call this “discordant results”. There are many factors that influence whether HIV is transmitted from one person to another. You can best compare it to getting pregnant. Some couples get pregnant during the first time they have sex together. Other couples may have to try for 5 years. Not every time you have sex HIV gets transmitted. The problem is that you cannot predict when HIV-transmission will take place. It is the same as with pregnancy: you will only know when it has already happened or when the other is already infected.**

**You can decide as a couple how to reduce the risk of HIV in your relationship through the consistent and correct use of condoms. One partner can stay negative; the other partner can receive support and live longer and healthier.**



### **John's Questions**

1. Is there a cure for HIV?

**At the moment there is no cure for HIV. Many scientists and doctors have been trying very hard, but sadly enough no one has found a cure yet. The drugs available now (and that you might be taking), help your immune system to stay strong and help you live longer and healthy. These drugs are called ARVs (anti-retroviral drugs). You will have to take them every day for the rest of your life and it is very important you take them consistently. It is also important to go to your appointments with your doctor, and to seek medical help immediately whenever you are ill.**

2. As an Adolescent Living with HIV, which risks do you face by having unprotected sex?

**The following things can happen:**

- **You might infect your partner**
- **You might get Sexually Transmitted Infection (STI) which is bad for your health**
- **You might get pregnant, and maybe transmit HIV to your baby**
- **You might get re-infected**

**Peter's Questions**

1. What risks does your partner face by having unprotected sex with you?

**The following things can happen:**

- **Your partner might get infected with HIV**
- **Your partner might get Sexually Transmitted Infections**
- **She might get pregnant which is unplanned**

2. What is the relationship between male circumcision and HIV?

**Male circumcision is the removal of the foreskin; this is the skin covering the tip of the penis. Circumcision is widely practiced by people from many different cultures and religions for reasons of tradition and hygiene. Scientists have shown that circumcision lowers a man's chance of getting HIV by about 60%. Circumcision therefore protects a man more, though not completely, it only reduces a man's chances of becoming infected with HIV. An HIV-positive man must protect his partner from HIV by using a condom every time they have sex.**

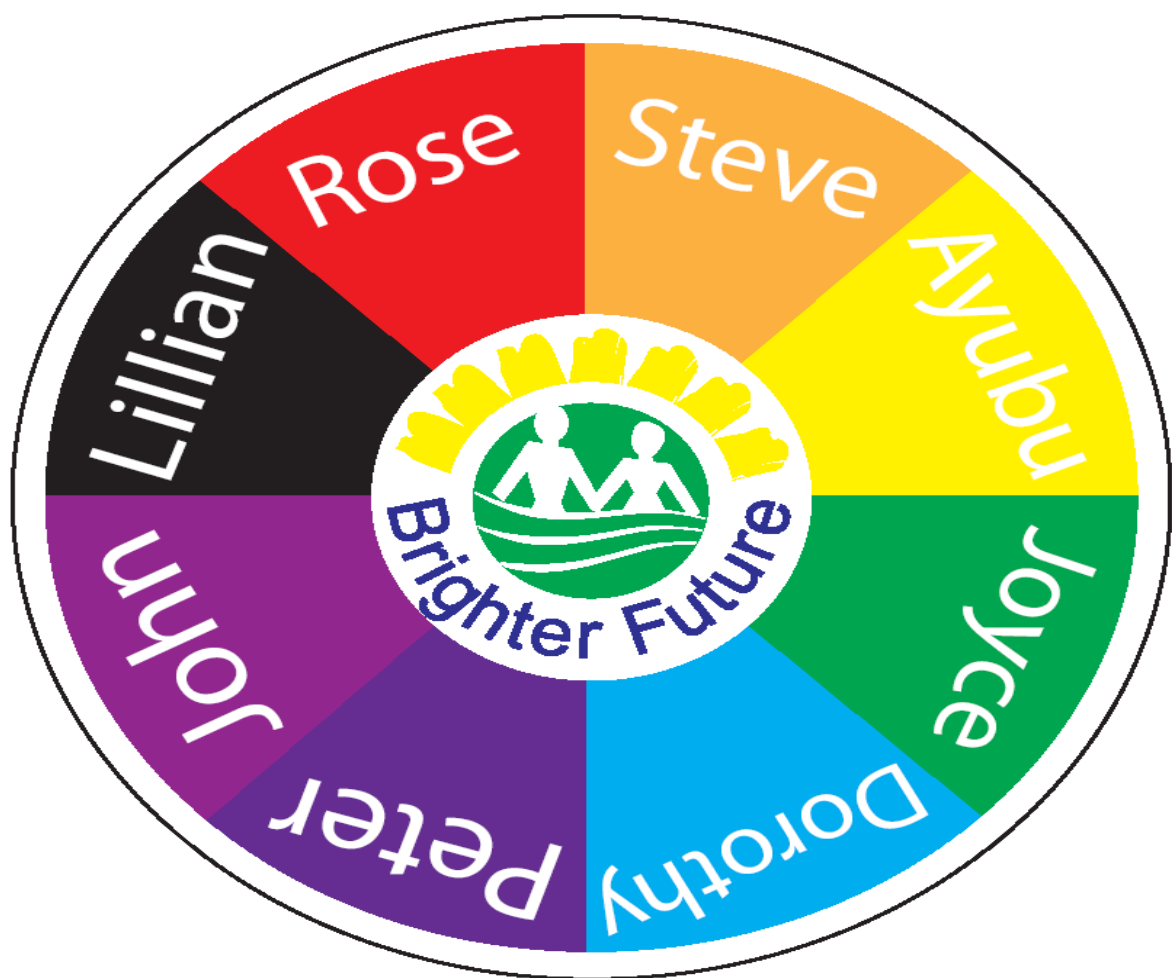
**Joyce's Questions**

1. Will my ARVs still be effective if I have unprotected sex?

**Your ARVs will still be effective if you have unprotected sex. But you must not have unprotected sex to protect your health and that of your partners. If you have unprotected sex you risk unplanned pregnancy, STIs, HIV-transmission and re-infection.**

5. Summarize by saying,

Wow! What a game! We have learned a lot of information about HIV. Remember to use all the strategies you have learned to live positively in order to have a brighter future and use condoms every time if you choose to have sex. It is the responsible thing to do and it can make all the difference!!! Use the *Knowing HIV Fact Sheet* in the participant handbook to remind yourself of what we have learnt. We will now take a 15 minute break.



## ✂ KNOWING HIV QUESTION CARDS ✂

**Rose**

What is HIV?

**Rose**

What is AIDS?

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**Lillian**

What is the immune system?

**Lillian**

How are HIV and AIDS different?

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**Steve**

How can HIV be transmitted?

**Steve**

Through what 4 body fluids is HIV transmitted?

---

**Dorothy**

How is HIV not transmitted?

**Dorothy**

Can an HIV-positive person be infected again with the HIV virus?

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**Ayubu**

How can you best prevent the transmission of HIV to another person?

**Ayubu**

How can two partners who have been having sex have different HIV test results?

---

**John**

Is there a cure for HIV?

**John**

As an Adolescent Living with HIV, which risks do you face by having unprotected sex?

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**Peter**

What risks does your partner face by having unprotected sex with you?

**Peter**

What is the relationship between male circumcision prevent HIV?

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**Joyce**

Will my ARVs still be effective if I have unprotected sex?

## Activity D

# HIV Risk Continuum

### Preparing For The Activity:

#### **Rationale:**

Actively identifying the risk level for a variety of sexual and non-sexual behaviours allows participants to internalize the information and facilitates learning.

#### **Materials Needed**

1. HIV Risk Continuum Signs
2. HIV Risk Behaviour Cards

#### **Time**

25 minutes

## Procedure

1. Tape the HIV Risk Continuum Signs on the wall like the diagram below:

<b>Safe</b>	<b>Low Risk</b>	<b>High Risk</b>
Green	Yellow	Red
(Safe)	(Proceed with caution, there is a risk if you don't protect yourself using a condom)	(STOP! Unsafe)

2. Introduce this activity by saying:

We have just reviewed important facts about HIV and AIDS. We have discussed how HIV is transmitted. Some behaviours are more risky than others for transmission of HIV or an STI or becoming pregnant. We are now going to play a game in which we will see how risky certain behaviours are for the transmission of HIV and STIs.

We will work in pairs. Each pair will be given a number of 'behaviour cards'. You will discuss with your team mate and decide together if the behaviour is a 'no risk', 'low risk' or 'high risk', and stick the card under that sign.

**The red** represents **High Risk UNSAFE behaviours. You need to stop.** These behaviours involve direct contact with blood, sperm, vaginal fluids or breast milk and can transmit HIV.

**The green** represents **No risk SAFE behaviours. You can go ahead.** There is no direct contact with blood, sperm or vaginal fluids.



**The yellow** represents **Low Risk BE CAUTIOUS** behaviours. **You can proceed but with caution.** These involve use of barriers such as condoms. However, there is a small risk of contact with blood, sperm or vaginal fluids.

3. Divide the group into pairs.



4. Shuffle the *HIV Risk Behaviour Cards* and distribute them as evenly as possible.

You will work in pairs to determine the category each card should be placed under. Tape them underneath the sign. We will discuss your decisions, once everyone is ready.

5. After all the cards have been taped, go through all of them and ask the group members if they agree with the risk levels where the cards have been placed and why. Correct any misconceptions and ensure that all the cards are in the right risk behaviour categories. Use this as teaching time.

- Vaginal sex without a condom

**High risk**

*(It allows for exchange of fluids therefore if one partner is infected, the other one could become infected)*

- Vaginal sex with a condom

**Low risk**

*(If a condom is used correctly and consistently, there is no exchange of body fluids. However, when not used correctly then there is a risk of exchange of body fluids)*

- Oral sex without a condom

**Low risk**

<i>(Oral sex has a risk of infection if one has sores in the mouth through which blood, sperm or vaginal fluids can transmit HIV)</i>		
	• Having sex with multiple partners without using a condom	<b>High risk</b>
<i>(Multiple sex partners are a high risk of infection as you can transmit HIV or get STIs or even an unplanned pregnancy)</i>		
	• Dry kissing	<b>Safe</b>
<i>(It has no exchange of fluids and therefore no risk)</i>		
	• Having sex with a person who is having sex with other people without a condom	<b>High risk</b>
<i>(If you have sex with only person who has multiple partners it is like you are having sex with everyone in the network and if any of them is infected then you can transmit HIV, get STIs or an unplanned pregnancy)</i>		
	• Romantic conversation	<b>Safe</b>
<i>(There is no body contact and therefore no exchange of fluids so no risk)</i>		
	• Sharing eating utensils with someone	<b>Safe</b>
<i>(This carries no risk of exchange of body fluids)</i>		
	• Sharing needles and syringes	<b>High risk</b>
<i>(Needles, syringes and other sharp objects may contain fluids from an infected person and therefore carries a high risk of infection)</i>		
	• Anal sex without a condom	<b>High risk</b>
<i>(It allows for exchange of fluids therefore if one partner is infected, the other one could become infected infection)</i>		
	• Self – Masturbation (i.e., touching your own penis or vagina to bring yourself pleasure)	<b>Safe</b>
<i>(There is no exchange of body fluids and therefore no risk)</i>		
	• Wet or deep kissing	<b>Safe</b>

<i>(Deep kissing is safe as HIV is not contained in saliva. )</i>		
•	Playing sports	<b>Safe</b>
<i>(There is body contact <b>BUT</b> no exchange of body fluids and therefore no risk)</i>		
•	Having sex with multiple partners and using a condom	<b>Low risk</b>
<i>(If a condom is used correctly and consistently, there is no exchange of body fluids. However, having sex with multiple partners is risky because it is like you are having sex with everyone in the network and if any of them is infected then you can get STIs or an unplanned pregnancy)</i>		
•	Bathing together	<b>Safe</b>
<i>(There is no exchange of body fluids during bathing.)</i>		
•	Flirting	<b>Safe</b>
<i>(There is no exchange of body fluids and therefore no risk)</i>		
•	Sexual Fantasy	<b>Safe</b>
<i>(There is no exchange of body fluids and therefore no risk)</i>		
•	Touching someone	<b>Safe</b>
<i>(There is no exchange of body fluids and therefore no risk)</i>		
•	Body rubbing/grinding (with clothes on)	<b>Safe</b>
<i>(There is no exchange of body fluids and therefore no risk)</i>		
•	Hugging	<b>Safe</b>
<i>(There is no exchange of body fluids and therefore no risk)</i>		
•	Having sex with only one person (i.e., monogamy)	<b>Low risk</b>

*(It is safe to have sex with one person **ONLY** if you use a condom correctly and consistently. Having sex with only one person without a condom is risky as there is exchange of body fluid and you may transmit HIV, you may both get STIs or risk an unplanned pregnancy)*

- Having sex with someone when you are under the influence of alcohol/drugs **High risk**

*(Alcohol compromises your judgement and could lead you to engage in risky sexual behaviour and unable to use a condom correctly)*

6. Summarize this activity by saying:

Some of the HIV risk behaviours can be placed between categories because high, low and no risk represent a continuum, and some behaviours do not fall completely within any category. Condoms should be used consistently in all relationships because adolescents may be in a relationship with one person for short periods of time or have more than one relationship going on at the same time.

To prevent transmission of HIV and STIs, or re-infection, it is important to know which behaviours are safe and which ones are risky. Knowing the facts will help you plan ahead and make the choices that protect your health and that of your partner.

7. Then say,

We will now take a 15 minute break. You will get something to drink and bite and can stretch yourself. But we kindly ask you to not leave the premises.

**SAFE  
GO AHEAD**





**LOW RISK**  
**(PROCEED WITH**  
**CAUTION)**



✂ <b>HIV RISK BEHAVIOURS</b> ✂
<b>Vaginal sex without a condom</b>
<b>Vaginal sex with a condom</b>
<b>Oral sex without a condom</b>
<b>Having sex with multiple partners without using a condom</b>
<b>Dry kissing</b>
<b>Having sex with a person who is having sex with other people without a condom</b>
<b>Romantic conversation</b>
<b>Sharing eating utensils with someone</b>



<b>Sharing needles and syringes</b>
<b>Anal sex without a condom</b>
<b>Self – Masturbation (i.e., touching your own penis or vagina to bring yourself pleasure)</b>
<b>Wet or deep kissing</b>
<b>Playing sports with someone</b>
<b>Having sex with multiple partners and using a condom</b>
<b>Bathing together</b>
<b>Flirting</b>

<b>Sexual Fantasy</b>
<b>Touching someone</b>
<b>Body rubbing/grinding (with clothes on)</b>
<b>Hugging</b>
<b>Having sex with only one person (i.e., monogamy)</b>
<b>Having sex with someone when you are under the influence of alcohol/drugs</b>

# MODULE 4 : Skill Building for Safer Sex Practices

## Goals

*The goals of this module are to:*

- Increase participants' skills in avoiding/dealing with risky situations
- Increase participants' skills in saying no using SWAT
- Reduce negative beliefs and attitudes that foster risky sexual behaviours.
- Enhance participants' ability to resist situations that place them at risk for sexually transmitted infections, pregnancy and transmission of HIV

## Learning Objectives

*After completing this module, participants:*

- Can recognize risky situations (or situations that can lead to high risk sexual behaviour)
- Are motivated not to exert sexual pressure on partners
- Are confident that they can avoid or use SWAT in risky situations
- Are confident in their ability to abstain and/or use condoms
- Can Demonstrate SWAT to negotiate for abstinence and condom use
- Know where they can get help or whom they can talk to if they find themselves in a risky situation.

## Module preview

The fourth module 1) Helps participants to advocate for safer sex strategies

## Strategies/Methods

- Brainstorming
- Group Discussion
- Forced choice
- Problem-solving exercises

## Materials Needed

- Pre-labeled newsprint:
  - *Risky Situations*
- Posters:
  - *Risky Situations*
  - *SWAT*
  - *Saying “NO” Effectively (Negotiation and Refusal Skills Chart #1A, 1B)*
- *Agree/Disagree signs*

## Preparation Needed

- Put up the pre-labeled newsprints

## Instructional Time

60 minutes

Activity	Minutes needed
A. Situations That Increase My Risk for Unsafe Sexual Behaviour	10
B. Forced Choice – What I Think About HIV/AIDS, abstinence And Safer Sex	20
C. Introduction to SWAT	15
D. While They’re Out	10
E. Buddies Exercise	5

## Activity A

# Situations That Increase My Risk for Unsafe Sexual Behaviour

### Preparing For The Activity:

#### Rationale:

If participants become more aware of the day-to-day situations that can put them at risk for unplanned sexual activity, they will be more likely to plan ahead to avoid those situations and be better equipped with skills to handle such situations.

#### Materials Needed

Pre-labeled newsprint:

*Risky Situations*

Poster:

*Risky Situations*

#### Time

10 minutes

## Procedure

1. Welcome participants back from break with a brief energizer.
2. Introduce the activity by saying,

Are we all ready for the next activity? We will look at situations in our day-to-day life that are more likely to lead to unsafe sexual behaviour.

What does a risky situation mean to you?

3. Allow participants to respond then say,

A risky situation is one in which you may find yourself engaging in sexual activity without planning to do so. This can be either with your permission or through physical force.

Which risky situations do adolescents like you experience?

4. Record responses on the newsprint *Risky Situations*.



Answers **should** include:

- When people take drugs and alcohol
- Receiving money/gifts
- Having sex with someone you have just met or someone you do not know well
- Having sex with multiple partners
- Having an older partner (5 years or more)
- Secluded, isolated places, where young people find themselves alone
- Funerals
- Discos

### ***FACILITATORS' NOTE***

*The facilitator **should** look out for places, context, etc as mentioned by participants. As the participants brainstorm, the facilitators can make the distinction between situations and behaviour, their wording may be different, for example they won't talk about cross-generational relationships, but will say having older partners. Congratulate the participants for any form of contribution*

5. Continue by asking,

- What is it about these situations that may be risky?
- What can you do to avoid these situations?
- What would you say or do if you were in such a situation?

6. Draw participants attention to the *Risky Situations* poster by saying,

Let's review together the *Risky Situations* poster.

7. Go through the risky situations in the *Risky Situations* poster and re-emphasize information about each of the risky situations. Use the information provided below.

Drugs and alcohol

**Drugs and alcohol can impair your judgment and prevent you from living positively. Using drugs and alcohol can make you engage in sex when you are not ready to have sex, it can make you have sex without a condom or sex with violence.**

Receiving gifts/money in exchange of sex

**Accepting gifts or money may put you at increased risk for sexually transmitted infections, unplanned pregnancy and HIV transmission because people who give you gifts may be expecting sex in return. You may not be in a position to say no to sex or to demand condom use once you have accepted the money or gift. Getting**

**nice gifts or money may seem very attractive to you and help you in the meantime, but they will not be able to help you protect your health. Try to think about this before you accept anything from strangers or from people whose intention you do not know. Before you accept a gift from anyone, find out if the person expects sexual favors in return.**

#### **Disco matanga**

**At a disco matanga, you may feel a lot of pressure from your peers or siblings to engage in risky sexual behaviour, even if you are not ready for it. There could also be drugs and alcohol that further compromise your decision making and put you at a higher risk for unsafe sex.**

**Cross-generational relationships (Being in a sexual relationship with somebody who is more than five years older than you)**

**If you have a relationship with a partner who is much older, you may not be able wait for sex until you feel you are ready for it or to demand condoms. Often older partners can buy you gifts or money and will expect sexual favors in return. Having a partner of your age makes it easier for you, you share the same interest and it's easier to discuss when and how to have safer sex. Older partners are also more likely to have an STI or HIV, and can put your health in danger. They usually can argue better and may try to convince you to do something you are not really up to...**

#### **Casual sex**

**Having sex with someone you have just met or someone you don't know well can be very risky. This is because you don't know that person's sexual history, including his/her HIV status, if he/she has a sexually transmitted infection or not. You cannot tell from the outside if someone is healthy.**



Multiple sexual partners

**Having several sex partners within a short period of time is very risky to your health. It increases your risk of getting sexually transmitted infections, transmission of HIV, and also unwanted pregnancies. It is not cool to have many partners!**

Isolated/hidden places

**It is important to avoid walking alone in an isolated place where somebody could force you to do something against your will, for example having sex. In such situations, you should shout for help, run away and tell someone you trust about what has happened.**

8. Summarize the activity by saying,

Remember that risky situations and risky places can hinder you to protect your health and live positively. It is important to plan ahead of such situations, so that you avoid getting an STI or unplanned pregnancy.

## Risky Situations Poster

### 1. Drugs and alcohol

- **Impairs your judgment**
- **Makes you engage in sex when you are not ready**
- **Makes you engage in sex without a condom**

### 2. Receiving gifts/money in exchange of sex

- **The person who gives a gift/money may expect sex in return**
- **You may not be able to say NO to sex**
- **You may not be able to demand safe sex**

### 3. Disco (matanga)

- **Peer pressure to engage in sex**
- **Partner pressure to engage in sex**
- **Drugs and alcohol**

### 4. Cross-generational relationships (Being in a sexual relationship with somebody who is more than five years older than you)

- **Makes you engage in sex when you are not ready**
- **Sex is risky: an older partner has a higher chance of having an STI/HIV**
- **Discussing safe sex is difficult**

### 5. Casual sex

- **Sex is risky**
- **You cannot tell from the outside if someone is healthy.**

### 6. Multiple sexual partners

- **Sex is risky**
- **Having many partners is NOT cool**

### 7. Isolated/hidden places

- **Someone can force you to have sex**

## Activity B

# Forced Choice: What I Think About HIV, Abstinence and Safer Sex

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### Preparing For The Activity:

#### Rationale:

Examining attitudes and beliefs about HIV risk behaviour will help participants focus on factors that can keep them from practicing safer behaviour.

#### Materials Needed

Poster:

*Agree/ Disagree*

Participant handbook:

*Agree/ Disagree statements*

#### Time

20 minutes

## Procedure

1. Begin this activity by saying,

For this next activity, we are going to share our thoughts on HIV, STIs, unplanned pregnancy and safer sex. We may find that we all have different beliefs about HIV, abstinence and safer sex. Our beliefs about these issues can affect whether we choose to protect ourselves, practice abstinence or ignore the issue all together. It is important to know what our attitudes are so that we can make healthy choices for a brighter future. We will work in pairs

2. Divide participants in pairs.



3. Direct participants to the *Agree/Disagree* worksheet in the participant handbook.



4. Then say,

On this worksheet there are 7 statements. I will read them and you will decide if you agree, or disagree with each statement. Think carefully and discuss with your partner why you agree or disagree with the statement and write, “Agree” or “Disagree” beside each statement. When you are finished, we will discuss the responses in the large group.

5. Read each statement and ensure each participant writes either agree or disagree against each of the statements on their worksheets.
6. When all statements are read out, you say,

Now, I will repeat each statement. Please take your handbook and **stand under the sign that reflects best how you think about each statement. Please stand under the Agree sign if you agree, or stand under the Disagree sign if you disagree** with the statement. You must choose between these two signs, whichever comes closest to how you feel. Then I may ask some of you to explain why you agree or disagree with the statement. Does anyone have questions? Are we ready to continue?

7. Read the Agree/Disagree statements one at a time. When everyone has chosen his/her position, have 1 or 2 participants explain why they are standing where they are. Give participants an opportunity to change their position after listening to the explanations of others.

- It is very hard to convince a sexual partner to use a condom [**Even though it might be hard, it is important to do it in order to protect yourself**]
- Boys who have many girlfriends are very cool [**It is not cool because you put yourself at risk of sexually transmitted infections, you could get your girlfriend pregnant or transmit HIV to her. It is cool to develop a relationship with one girl rather than with many**].
- Girls cannot refuse to have sex after receiving a gift from a boy/man. [**Accepting a gift from someone does not mean you want to have sex with that person. Before you accept a gift from someone, it is important that you know who the person is and what his/her intentions are for giving you a gift**].
- I already have HIV so there is no need to use condoms. [**Even though you have HIV, you should still use condoms to prevent getting sexually transmitted infections, pregnancy and even transmission of HIV. Even if your partner is already HIV positive, there is a risk of re-infection so to protect your health and that of your partner, use condoms every time you have sex**].

- It is impossible to abstain from sex [**It may be difficult to abstain but it is possible. Adolescents who believe in themselves and who have a dream for a brighter future can choose to abstain from sex to prevent getting sexually transmitted infections, pregnancy and transmission of HIV**]

### ***FACILITATOR'S NOTE***

*If everyone stands under the same sign, ask the group members why they think no one chose the other option. If only one person stands under a sign, compliment him or her for having courage to make a choice that differs from the group and carefully ask the person why he or she made that choice. Be sure the person clearly understood the statement.*

*During the activity, bolster the attitudes supportive of condom use and respond to those unsupportive attitudes of condom use by using the information provided after each statement.*

8. After reading the 5 statements, have the participants take a seat and say,

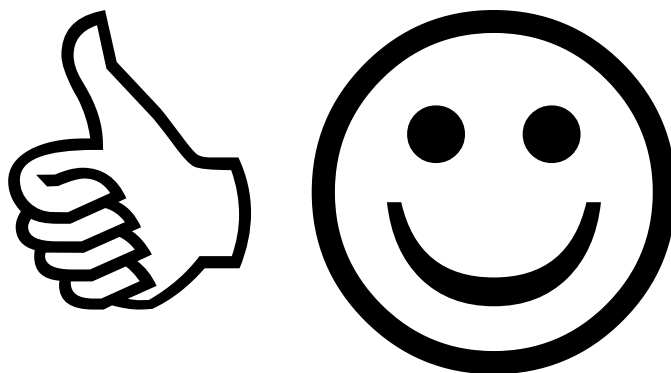
In this activity, we saw that some of us agreed and some of us disagreed with the statements that were just read. So let me ask you a couple of questions:

- How did it make you feel to have responses that were different from the responses of others in the group? *(Pause for responses.)*
- Did you think about changing any of your answers to match those of the other pairs? Why, or why not? *(Pause for responses.)*

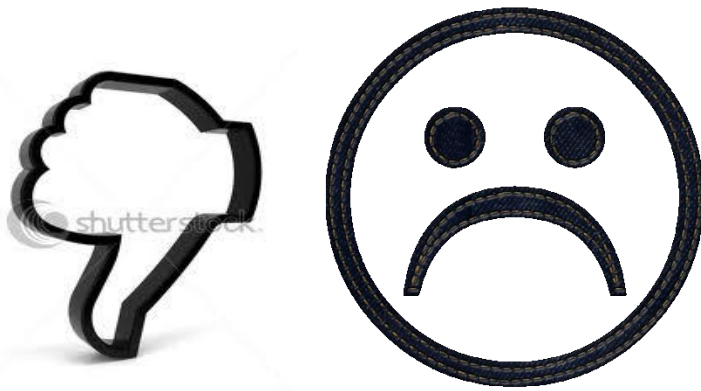
9. Summarize as follows,

This activity showed us that different people can have different opinions and beliefs. You may have a different opinion about sex, HIV, and condoms than your boyfriend or girlfriend. But the facts about HIV remain the same. Here are some facts we can agree on: HIV is transmitted sexually through blood, sperm and vaginal fluids. Abstaining from sex or using a condom whenever you have sex will help you to protect your health and that of your partner. It will reduce your chances of getting an STI, an unplanned pregnancy or re-infection with HIV. It will reduce your partner's chances of getting an STI, and unplanned pregnancy or getting HIV.

# AGREE



# DISAGREE



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## Activity C

## Introduction to SWAT technique

### Preparing For The Activity:

#### Rationale

Learning the SWAT technique provides participants with strategies for refusing unsafe sex practices. It also builds skills and self-efficacy in negotiating for safe sex.

#### Materials Needed

Posters:

*SWAT*

*Saying “NO” Effectively (Negotiation and Refusal Skills Chart #1A,  
1B)*

#### Time

15 minutes

## Procedure

1. Introduce the activity by saying,

We have talked about risky situations that can increase our chances of getting sexually transmitted infections, unplanned pregnancy as well as transmitting HIV. But what do you do when you are faced with a risky situation that you simply can't avoid? For example, how do you say **No** when someone is pressuring you to have unsafe sex?

Talking about sex can be difficult. However, it is very important that you talk with your boyfriend or girlfriend about what you want, whether you feel you are ready or not to have sex or whether you want to protect your health by using a condom. Talking openly and honestly about these things can avoid misunderstandings.

We are going to learn a way of talking to (communicating with) your partner about abstaining or using condoms without blaming, arguing or getting into a fight. The way of talking is called the **SWAT** technique.

2. Explain the following,

The **SWAT** technique has four steps. Let's review the first step of the **SWAT** technique.

3. **Cover** the last 3 steps with a blank sheet of newsprint, as you review the “**S**” of **SWAT** by saying,

The “**S**” of SWAT technique means “Say No” to unsafe behaviour, refuse to participate in unsafe behaviour.

Now, let's look at the Characteristics of “Saying No Effectively” or saying no in a way that makes it clear to your partner that you will not accept to have unsafe sex.

4. Refer to the “**Characteristics**” of the *Say NO Effectively chart, (Chart 1-A) Poster* and read each characteristic until they have all been completed. As you read the characteristic, **model the behaviour**.
5. Once you have demonstrated the “**Characteristics**” of the *Say NO Effectively chart, (Chart 1-A) Poster*, **ask the participants to stand and demonstrate the characteristic together**.

- Use and repeat the word “no” often
- Send a strong “no” with your body language, (for example, use hand and body gestures to emphasize the point)
- Project a strong teacher-like tone of voice. Talk with a clear, loud voice!
- Show you are in control.
- Look directly at the person’s face and eyes. Don’t put your head down.
- Stand straight and tall. Don’t fumble with things.
- Use a serious facial expression
- Don’t send mixed signals (such as smiling while you are saying “no”)

6. Refer to the *Say “NO” Effectively, Chart 1B poster*. Say to the participants,

Now, each of you will get a chance to “act out” an example of saying “**No**” **Effectively, Chart 1B**. We will go around the room, and when it is your turn, stand up and read your example with attitude. That is, say it like you mean it. If you like you can also make up your own **Say No Statement**. Either way, act out the sentence using the characteristics we just went over. Ready? **(Participant name)**, you can start.

***FACILITATOR'S NOTE:***

*Have each participant stand up and read aloud one of the examples below, until all of the examples have been read. If the end of the list is reached, you can start afresh from the beginning so that all participants get a chance to model “saying no effectively”. The participants can also make up their own “Say No” statement. If the statement does not sound convincing, ask the participant to do it again and be more certain, more powerful in his or her delivery. Encourage the participants to be as creative as they can.*

7. Go around the group and have each participant stand up and read aloud one of the examples below as if they really mean it, until all the examples have been read. Remind the participants they can also say “No” using their own words.
8. Summarize by saying,

Very good! Now you know how to Say No with attitude, and to show that you really mean it. How did it feel? **[Allow participants to respond]** Great!

Learning how to say “No” is an important part of dealing with risky situations and stopping them from becoming riskier. Use the S of SWAT to say No if you feel you are not ready to have sex at all. If you choose to have sex, you should use the S of SWAT to say no to pressures for unprotected sex.

However, there are situations where saying NO will not help you, for example you are being forced to have sex against your will. In such situations, you should shout for help, run away and tell someone you trust about what just happened.

In the next activity, we will practice more how to use the ‘S’ of SWAT by doing some role-plays. We will learn what to say to abstain or to avoid unprotected sex and ultimately protect ourselves against STIs and unplanned pregnancy.

Remember, we are learning to use the tools that will help us live positively for a brighter future!!!

## **S.W.A.T.**

**S = Say “NO” to unsafe behaviour**

Refuse the unsafe behaviour

**W= Explain “Why” you want to be safe**

Provide a good explanation as to why you want to be safe. Explaining Why helps your partner hear and understand your real concerns and prevents him/her from reacting in a negative way.

**A= Provide “Alternatives”**

Providing safe Alternatives and other strategies shows that you still want to be intimate and have a relationship with this person.

**T= “Talk” it out**

Talking openly about each other’s feelings helps the relationship grow and eases any tension that may have developed.

## NEGOTIATION AND REFUSAL SKILLS - CHART #1A

### *Say No Effectively*

#### Characteristics

- Use and repeat the word “no” often
- Send a strong nonverbal “no” with your body language (for example: use hand and body gestures to emphasize the point)
- Project a strong business-like tone of voice
- Show you are in control
- Look directly at the person’s face and eyes. Don’t put your head down.
- Stand straight and tall. Don’t fumble with things.
- Use a serious facial expression
- Don’t send mixed signals (such as smiling while you are saying “no”)

## NEGOTIATION AND REFUSAL SKILLS - CHART #1B

### *“Say No” Effectively*

#### Examples

- No! I’m not ready to have sex yet!
- No! I won’t have sex without a condom!
- No! I don’t want to touch you there!
- No! Stop trying to unbutton my clothes!
- No! I’m not going to have sex with you!
- No! I really mean ‘NO’!
- No! I do not want you to touch me there!
- No! I want to protect myself. We have to use a condom

## Activity D

# While They're Out

### Preparing For The Activity:

#### Rationale

The scripted role-plays help participants identify and practice the skills necessary to clearly say “No.”

#### Materials Needed

Participant handbook:

- 1) *While They're Out (Ineffective version)*
- 2) *While They're Out (Effective version)*

#### Time

10 minutes

## Procedure

1. Introduce this activity by saying:

In this activity, we are going to do some role-plays that will help us practice saying no. Remember as you watch the role-plays, you should check if each actor is “**saying no**” as if he/she means it. You should think about the “S” of the SWAT technique that we have just learned.

2. Direct participants to *While They’re Out (ineffective version)* in the participant handbook.



3. Identify a male and female participant to read the first role-play. Assign the young man the part of Walter and the young woman the part of Leah.
4. This role-play is being used to model what all participants will eventually practice. Select two participants who have shown strong verbal skills. For Leah, the participant should be assertive. Ask a young woman who will be a strong role model for the others.
5. Introduce the role-play by saying,

The first role-play we are going to watch is about a young girl, Leah who is at home alone as her parents are away. Her male friend, Walter comes over and tries to force her into having sex without a condom. Before we start, let me read the introduction.



6. Read the setting,

**Setting the Stage:** Leah is a 15 year old girl who is HIV positive. She is a member of the same support group as Rose, Lillian and Steve.

Walter is 17 years old.

They have been dating for 3 months now.

**Leah,** your parents have gone away on safari and will return late. Your friend Walter comes over hoping to have sex with you. You also want to have sex with him but you want to use condoms. You know that he doesn't like condoms. You really just want him to stop pressuring you to have sex without a condom. You have started touching each other and things are getting hot.

7. Have the volunteer participants present the role play.

8. Thank the volunteers and ask the entire group the following questions,

a. Did Leah say no?

b. Did Leah give a clear reason why she wanted to stop? How?

c. What would you have done differently if you were Leah?

d. How do you think Leah might have felt after having had sex with Walter?

9. Ask for another pair of volunteers then say,

Now we are going to watch the same story but the lines are different.

10. Direct participants to the next role play, *While They're Out" (Effective Version)* in the participant handbook.



11. Remind participants of the setting and have two new volunteers role play. *Whisper to Leah to be firm.*

12. After the role-play, thank the role-playing participants and ask them to return to their seats. Then ask,

- a. *(To the actors)* Was it hard to get out of the situation and say no?
- b. What made it hard (or easy)?
- c. *(to the rest of the group)* Did Leah say no?
- d. Did Leah give a clear reason why she wanted to stop? How?
- e. What would you have done differently if you were Leah?

13. After participants respond, ask the following questions,,

- How was the second version different from the first version?
- Why was Leah more successful in the second version?
- Which version showed that they loved and respected themselves and each other enough to practice safe behaviour?

14. Summarize as follows,

We just had a chance to practice “**saying no**” in ways that tells the other person we are just not ready to engage in unsafe sex. Remember the “S” of the SWAT technique so that you can make healthy choices and refuse unsafe sexual behaviour that may place you at risk for transmitting HIV. We will learn more about the SWAT technique in the next activities.

## While They're Out – Ineffective Version

**Walter:** Why are you stopping now?

**Leah:** Because I can't do this.

**Walter:** Yes you can, I love you and I want to show you how much you mean to me.

**Leah:** I know but I am scared; I don't want to get an infection so we should use a condom.

**Walter:** What are you talking about; you think I can infect you, with what?

**Leah:** I don't know. I could also infect you.....

**Walter:** No way. You are too young. You also look very healthy; you can't have an infection and I love you so much so don't worry about anything.

**Leah:** *[reluctantly]* Yeah, I know you love me... Sorry I got scared for a minute.

**Walter:** Nothing bad is going to happen.

**Leah:** You're right.

*They keep kissing.*

## While They're Out – Effective Version

**Walter:** Why are you stopping now?

**Leah :** Because I can't do this

**Walter:** Yes you can, I love you and I want to show you how much you mean to me.

**Leah:** I know but I am scared; I don't want to get an infection so we need to use a condom.

**Walter:** What are you talking about; you think I can infect you, with what?

**Leah:** You know that I am HIV positive. But you also know that I love you and I wouldn't want to infect you. And it's not only that, we could give each other a sexually transmitted infection, or you could make me pregnant. Without a condom I am too scared to enjoy sex with you.

**Walter:** Yes, you are right. I love you so much that I sometimes forget. I am sorry I almost forced you to do something you were not ready for.

**Leah:** Thanks for understanding me. I hope we can find a way to be safe by using condoms every time.

*They come out of the house to take a walk as they finish the conversation*

## Activity E

## Buddies' Exercise

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### Preparing For The Activity:

#### **Rationale**

The exercise raises teenagers' awareness of risky situations in their community and everyday activities.

#### **Materials Needed**

Participant handbook:

*Buddies' Exercise worksheet*

*Weekly Goal*

#### **Time**

5 minutes

## Procedure

1. Introduce this activity by saying,

Today's "Buddy's Exercise" will help you identify - together with your buddy – the risky situations in your community.

Let's review the assignment together.

2. Direct participants to the *Buddies' Exercise* in the participant handbook.



3. Read out the entire story including the questions that follow.
4. Explain the procedure for doing the exercise by saying,

You will read the story again together with your buddy. After reading the story, you will respond to the questions on the exercise sheet together. Remember to record responses to these questions and carry the sheet when coming for the next session.

5. Remind participants of the weekly goal by saying,

Remember to also complete your weekly goal. As you are coming up with the weekly goal, remember the characteristics of the weekly goal that we discussed. You can find it on page 20 of your participant handbook).

6. Ask the participants,

Are there any questions about the exercise? (*Pause for responses.*)

Does everyone understand what he or she is being asked to do? (*Pause for responses.*)

7. Then say,

We have come to the end of our session today. Who can remind us what we learned?

8. Allow participants to respond then summarize by saying,

We have learned a lot about HIV today, including how HIV is transmitted and which behaviours to avoid in order to be safe. We also talked about risky situations and learned a new technique, called SWAT which we can use to say no to unsafe behaviour.

Remember avoiding risky situations is important in order to reduce your chances of getting STIs, getting pregnant or transmitting HIV. The responsible thing to do is to abstain from sex or to use a condom every time you have sex to prevent STIs, unplanned pregnancy and transmission of HIV. This can make a big difference!!!

Remember to use the reference materials in your participant handbook to revise on what we have learned and prepare for the next session.

Our next session will be on \_\_\_\_\_ at \_\_\_\_\_. It is important for you to be there as we will be learning new and interesting things that will help stay healthy. Please remember to come on time and to carry your participant handbook and pen with you.

## Module Four Buddies' Exercise

**Directions:** Read the story with your buddy and discuss a possible ending to it. Then discuss and answer the questions below. Bring the completed exercise to our next session.

*There is a funeral in Mzee Ogonji's home. The family and relatives have been keeping vigil and tonight there will be a disco to raise funds for the funeral expenses. There will be music and dancing. Lillian loves dancing and will be attending the disco with her boyfriend Okoth. She is trying to convince Rose to accompany her together with some girls from the village.*

Lillian: I'm so excited about the disco tonight; you know the way I love dancing?

Rose: I will only attend for a few hours just to pass my condolences.

Lillian: I will dance all night until the music stops.

Rose: I need to prepare supper early if I am to attend the disco matanga so I should leave now.

Lillian: Ok, Okoth and I will pick you up later in the evening on our way to the party. *They go their separate ways and agree to meet later.*

*Later in the evening, Rose, Lillian and Okoth go to Mzee Ogonji's home for the party. There are many people from the village and a lot of drinking and dancing is going on. Rose and Lillian are dancing together when Okoth comes over with some glasses of strong alcohol.*

Okoth: I have brought you people some drinks.

Rose: Is that alcohol? No, thanks, I don't take alcohol.

Lillian: Come on Rose, everyone else seems to be drinking, why can't you just try some? It won't kill you!



Rose: No I don't want any, and I wish you wouldn't drink either.

Okoth: *(to Lillian)* Will you dance with me?

Lillian: But of course my darling.

*As they dance, they hold each other tightly and as things begin to get hot and heavy, Okoth whispers to a rather tipsy Lillian.*

Okoth: Why don't we go to my hut, I want to be alone with you.

Lillian: *(giggling)* yesssssss....let's go.

### Questions

1. What do you think happened when they got to Okoth's hut?

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2. What do you think could happen to Lillian?

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3. What do you think could happen to Okoth?

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4. Do you know any other situations that might lead to similar things happening to Lillian and Okoth? Can you describe them (places, context, people, etc)?

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5. What is it about these situations you think that may be risky?

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6. What can you do to avoid such situations?

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7. What would you say or do if you were in such a situation?

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# MODULE 5 : Positive Living (Psychosocial)

## Goals

*The goals of this module are to:*

- Increase participants' knowledge about the benefits of disclosure
- Increase participants skills to disclose
- Increase participants' knowledge of how to cope with stigma/discrimination
- Increase participants skills to cope with HIV-related stigma

## Learning Objectives

*After completing this module, participants:*

- Can explain the benefits and challenges of disclosure
- Can make a careful selection of whom they would like disclose to/can make an informed choice about disclosure
- Believe that disclosure can be beneficial
- Believe that it is worthy to protect their own health and that of their partner
- Are confident that they can cope with stigma and discrimination
- Are confident that they can protect their health and that of their partner
- Demonstrate communication skills for disclosure
- Demonstrate skills for dealing with stigma
- Identify trusted persons to whom they like disclose their status

## Module Preview

The fifth module 1) Helps participants to make an informed choice about disclosure; 2) Helps them understand how to overcome the obstacles of disclosure; 3) Helps participants identify trusted persons to whom they would like to disclose their status; 4) Teaches participants how they can disclose to someone; 5) Helps participants to understand how they can cope with stigma and discrimination.

## Strategies/Methods

- Group Discussion
- Brainstorming
- Role-play scenarios
- Worksheets

## Materials Needed

- Pre-labelled newsprints:
  - *Challenges* on the right column and *Benefits of Disclosure* on the left
  - *Forms of Stigma*
  - *Effects of Stigma*
- Poster:
  - *4-Step Plan for Disclosure*
- Participant handbook:
  - 4-Step plan for Disclosure
  - *Disclosure Scenarios*
  - *Stigma Worksheets*
  - *Strategies for Coping with Stigma*

## Preparation Needed

- Prepare pre-labelled newsprints
- Hang the group rules of the first session

## **Instructional Time**

80 minutes

<b>Activity:</b>	<b>Minutes needed</b>
A. Welcome Back, Recap and Review of Homework	12
B. “To tell or not to tell: Advantages and Disadvantages of Disclosure	10
C. 4-Step plan for Disclosure	13
D. Practicing the 4-Step Plan for Disclosure	15
E. Stigma Brainstorm	15
F. Worksheet for Stigma	15
G. Break	15

## Activity A

# Back, Recap and Review of Buddies

### Preparing For The Activity:

#### Rationale

To create a friendly and free environment that can motivate teenagers to participate in a learning process. This activity will break the tension and provide a free environment for all participants to contribute to the learning process.

#### Materials

Participant handbook:

*Buddies' Exercise* from previous session filled in

#### Time

12 minutes

## Procedure

1. Welcome back participants to the session by saying,

Welcome to another session of Brighter Future. I am happy to see you all back and I hope you had a very happy week. Are you ready to get started? Great! Let us start by sharing what was important for us in session two.

2. Reintroduce the Talking Circle by saying,

Let's do the Talking Circle again. it will help us as a group to discuss important issues such as making healthy choices for a brighter future.

When it is your turn to speak, please share with us one thing that was important for you from the last session.

3. Start with the person on your left and allow the group members to speak until they have all had a chance to share what they remember from last session.

Answers **may** include:

- HIV and how it is transmitted
- Low risk, high risk and no risk behaviours for HIV transmission
- Risky situations
- Using SWAT strategy to negotiate abstinence and safer sex practices

4. Continue by saying,

That was great. Those were great answers. It looks like you really enjoyed our last session, and we are going to make this session fun too.

Last week each of you was to choose a weekly goal to achieve. Let us hear how that went for you. I will start from my left. Each person will share with us their weekly goal and their experience.

- What goal did you set?
- Who achieved his goal?
- Why did you choose that particular goal?
- Which steps did you follow towards achieving your goal?
- Which obstacles did you encounter? How did you overcome the obstacles?
- If not successful what would you do differently in order to achieve your goal(s)?

5. After **ALL** the participants have shared their weekly goals, continue by saying,

That was GREAT! I can see that you are getting better at setting goals and achieving them. Now that we have reviewed our weekly goal, let's talk about the *Buddies' Exercise*.

In last week's *Buddies' Exercise* you were to identify together with your buddy risky situations in your community. Before we look at the risky situations you identified.

- How many of you managed to do the assignment?
- How was the experience?

#### *FACILITATOR'S NOTE*

*If some of the participants made their buddy exercise just before the start of the session, remind them of the group rule that all assignments need to be done before coming to the session, otherwise it will affect the entire group: it makes us start late and this is not nice to the others in the group who did make their assignment at home.*

6. Allow participants to respond then continue by saying,

Let's go through the questions one by one.

7. Go through the questions on the *Buddies Exercise'* and ask for volunteers to respond to each question. When this is done, commend participants and continue to summarize the activity by saying,



Congratulations on being able to complete your *Buddies' Exercise*. Remember that in session two we learned that avoiding risky situations is an important step in reducing your chances of acquiring STIs, getting pregnant or transmitting HIV. Continue working with your buddy to develop ways to identify and avoid risky situations that may put you at risk in your community.

## Buddies Exercise

**Directions:** Read the story with your buddy and discuss a possible ending to it. Then discuss and answer the questions below it. Bring the completed exercise to our next session.

*There is a funeral in Mzee Ogonji's home. The family and relatives have been keeping vigil and tonight there will be a disco to raise funds for the funeral expenses. There will be music and dancing. Lillian loves dancing and will be attending the disco with her boyfriend Okoth. She is trying to convince Rose to accompany her together with some girls from the village.*

Lillian: I'm so excited about the disco tonight; you know the way I love dancing?

Rose: I will only attend for a few hours just to pass my condolences.

Lillian: I will dance all night until the music stops.

Rose: I need to prepare supper early if I am to attend the disco matanga so I should leave now.

Lillian: Ok, Okoth and I will pick you up later in the evening on our way to the party.  
*They go their separate ways and agree to meet later.*

*Later in the evening, Rose, Lillian and Okoth go to Mzee Ogonji's home for the party. There are many people from the village and a lot of drinking and dancing is going on. Rose and Lillian are dancing together when Okoth comes over with some glasses of strong alcohol.*

Okoth: I have brought you people some drinks.

Rose: Is that alcohol? No, thanks, I don't take alcohol.

Lillian: Come on Rose, everyone else seems to be drinking, why can't you just try some? It won't kill you!

Rose: No I don't want any, and I wish you wouldn't drink either.

Okoth: *(to Lillian)* Will you dance with me?

Lillian: But of course my darling.

*As they dance, they hold each other tightly and as things begin to get hot and heavy, Okoth whispers to a rather tipsy Lillian.*

Okoth: Why don't we go to my hut, I want to be alone with you.

Lillian: *(giggling)* yesssssss....let's go.

### Questions

1. What do you think happened when they got to Okoth's hut?

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2. What do you think could happen to Lillian?

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3. What do you think could happen to Okoth?

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4. Do you know any other situations that might lead to similar things happening to Lillian and Okoth? Can you describe them (places, context, people, etc)?

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5. What is it about these situations you think that may be risky?

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6. What can you do to avoid such situations?

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7. What would you say or do if you were in such a situation?

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## Activity B

# “To tell or not to tell”: Benefits and Challenges of disclosure

### Preparing For The Activity

#### Rationale

This activity will help participants to identify the pros and cons of disclosing their status.

#### Materials Needed

Pre-labelled newsprints:

*Challenges of Disclosure* on the left column and *Benefits of Disclosure* on the right column

#### Time

10 minutes

## Procedure

1. Introduce the activity by saying,

We are now going to talk about disclosure. What do you understand by disclosure?

2. Allow participants to respond then continue by saying,

Disclosure is sharing that you are HIV positive with someone else. This can be anybody that you are close to, and that you trust. For example, your parents or another relative, your close friend or your boyfriend or girlfriend.

3. Then ask, (*Ask each question separately and pause for responses*)

- Do you know of any adolescents living with HIV who have already disclosed to someone?
- To whom did they disclose? What was their experience?
- Why did they decide to disclose?
- What are some of the challenges that an adolescent living with HIV may face in disclosing their status?

4. Record listed challenges on the pre-labelled newsprint in the *Challenges of Disclosure* column.



Answers **may** include:

- Deciding who you can trust and who not
- Deciding if you are ready to disclose or not
- Fear that the person will tell others
- Fear that the person will not accept you or care about you anymore

- Finding the courage
- Finding the right moment to disclose
- Not knowing how to start the talk
- Reaction of other person can not be predicted.
- People may have prejudices and make assumptions about you (e.g.; having multiple sex partners or behaving badly)
- Some people may discriminate against you (e.g. at school or at work).

5. Continue by asking,

Thank you for sharing. You managed to list quite a number of challenges of disclosing. Let's now discuss the benefits of disclosure. What are the benefits of disclosing your status?

6. Record responses on the pre-labelled newsprint in the *Benefits of Disclosure* column.



Answers **may** include:

- Can make you stronger/feel better about yourself
- Can help in accepting my HIV status
- Can reduce loneliness
- Don't have to carry a secret
- Don't have to carry the burden alone: More support from family, friends, partner, teachers, etc
- Can discuss your issues openly and honestly and find solutions together
- To be able to get time from work/school to go to the clinic for drugs/treatment
- Feel better about yourself by being honest
- Better drug adherence because you do not have to take your drugs in secrecy

- Can make negotiating abstinence or safer sex/condom use easier with your partner
- You would like that people that are important to you hear it from you rather than from others/to avoid gossiping

7. Then summarize by saying,

These are good summaries of the benefits and challenges of disclosure. It will be different from situation to situation and from person to person..

When you think about your own life, you will find yourself in many different situations and you will meet many different people. You may want to disclose your status to some of these people and to others you may not. Weighing the benefits and challenges can help you make good decisions about disclosure. It is important that you learn how to do this. But always keep in mind that it is YOUR decision.

## Activity C

# 4-Step Plan for Disclosure

### Preparing For The Activity:

#### Rationale:

This activity helps participants practice using a new strategy for disclosure.

#### Materials Needed

Poster:

*4-Step Plan for Disclosure*

Participant handbook:

*4-Step Plan for Disclosure*

#### Time

13 minutes



## Procedure

1. Introduce the activity by saying,

We have discussed the benefits and challenges of disclosure. Deciding to disclose is not easy, and together we will come up with tips that can make it easier to make that decision. This includes to find out IF you are ready to disclose and WHO you want to tell. In this activity we will develop and learn a new strategy that will help us in the process of disclosure.

2. To start with, say,

Feeling good about oneself is a necessary condition to be able to tell others about one's HIV status. Disclosure starts with YOU.

How do you feel about yourself?

How do you feel about your HIV status?

It is important to find out where you are with your feelings.

Disclosing works much better when you feel good about yourself. Remember, we all have many qualities to be proud of. If you feel good about yourself, it will be easier to tell others about your status in a positive way. This makes it easier for the others to accept your status.

3. Continue by focusing participants' attention to the *4-Step Plan for Disclosure*. Review the poster together explaining each point clearly by saying,

We will now look together at a four step plan that will help in this process of disclosing. This 4-Step Plan helps us prepare ahead and get comfortable and confident about disclosing our HIV status. The first two steps are about deciding and planning, and the second two steps are about actually disclosing and dealing with the reaction. We will now look at each of the steps one at a time.

4. Start with Step One by asking for a volunteer to read out the step and clearly explain further.

## 1) PLAN AHEAD

- **Deciding WHO to Tell:**

People you might want to tell that you are HIV positive are for instance: **family members, sexual partners; health care providers; anyone who can help you right now: anyone who is important in your life**

Before you actually decide to tell someone you have HIV there are a few things you may want to consider. For instance, **whether the person will:**

- **keep the information to him/herself**
- **make your life difficult**
- **put you in any danger**

**Don't put yourself in any danger!**

- **WHEN and WHERE to Tell Someone You Have HIV**

If you have decided that you want to tell someone, it is important to consider the best time and place to do that. The place should be private enough to prevent your conversation being overheard

- **Will you need someone to help you with disclosure?**

Depending on the person you choose to disclose your HIV status to, you may need assistance while disclosing. If this is the case, be sure to solicit the support you need as part of planning to disclose

- **Decide what to say**

By practicing in advance what to say, it will be easier for you to stick to the key issues and to explain yourself better while disclosing. As you decide what to say, it is also remember to think about the kind of reaction you anticipate.

## 2) RELAX

Understand that you cannot have answers to all the questions the person will have. You will also not have full control of how the person reacts to the news. But don't be nervous!

### **3) COMMUNICATE CLEARLY**

- Be clear in your mind what you want to say. If necessary, practice with your buddy and say out loud exactly what you plan to say in advance. Be clear also on what information you are ready to talk about and what you are not yet ready to talk about. Be sure to stick to the facts.
- It is also important to give the person time to process the news and to react. Give him/her time to ask questions. Answer only the questions you have answers for; knowing that some questions may not require an answer from you.
- Communicating clearly also means agreeing on the next steps or a plan whenever possible. If it is your partner then you need to discuss what your HIV status means for your relationship and the steps you will take to protect each other; for instance including an HIV test for your partner

### **4) BE SUPPORTIVE**

If the person needs more information or if they would like to talk to someone about what you have told them, suggest visiting a counselor that you trust together.

*Remember to show the person that you have accepted and are comfortable with your status.*

5. Follow the same procedure as you go through all four steps.

#### ***FACILITATOR NOTE:***

*Remember to provide participants with an opportunity to share personal experiences and to ask questions as you go along.*

*While discussing steps 2, 3 and 4, allow participants to give their interpretation of how to utilize the strategies mentioned.*

*Emphasize the need for participants to always consider their safety first **WHENEVER** they consider disclosing their HIV status!*

*Remind participants that the 4 step plan is a process. Highlight to them the fact that the step one is about deciding and preparing to disclose; and that step 2 to 4 is about the actual disclosure.*

6. Continue by saying,

Talking about your HIV status with other people is not easy. By using the 4-step plan for disclosure we can make talking about your HIV status less threatening. In the next activity, we will practice using effective communication skills to talk about your HIV status and to deal with different kinds of reactions.

Are you excited about this?

7. Let the participants give their ideas and summarize, briefly mentioning also the possibility of support for disclosure. Then say:

You did a great job! The *4 step plan* in your participant handbook can help you to feel more confident about disclosing. Remember that disclosure is a process. You may not be able to fully disclose at once and that's okay. The more you practice using these skills, the more confident you will get in your ability to disclose!

## FOUR-STEP PLAN FOR DISCLOSURE

### 1) PLAN AHEAD

- **Deciding WHO to Tell:**

People you might want to tell that you are HIV positive are for instance: **family members, sexual partners; health care providers; anyone who can help you right now: anyone who is important in your life**

Before you actually decide to tell someone you have HIV you may want to consider **whether the person will:**

- **keep the information to him/herself**
- **make your life difficult**
- **put you in any danger**

**Don't put yourself in any danger!**

- **WHEN and WHERE to Tell Someone You Have HIV**

If you have decided that you want to tell someone, it is important to consider the best time and place to do that. The place should be private enough to prevent your conversation being overheard

- **Will you need someone to help you with disclosure?**

Depending on the person you choose to disclose your HIV status to, you may need assistance while disclosing. If this is the case, be sure to solicit the support you need as part of planning to disclose.

- **Decide what to say**

By practicing in advance what to say, it will be easier for you to stick to the key issues and to explain yourself better while disclosing. As you decide what to say, it is also remember to think about the kind of reaction you anticipate.

## **2) RELAX**

Understand that you cannot have answers to all the questions the person will have. You will also not have full control of how the person reacts to the news.

## **3) COMMUNICATE CLEARLY**

- Be clear in your mind what you want to say. If necessary practice with your buddy and say out loud exactly what you plan to say in advance. Be clear also on what information you are ready to talk about and what you are not yet ready to talk about. Be sure to stick to the facts.
- It is also important to give the person time to process the news and to react. Give him/her time to ask questions. Answer only the questions you have answers for; knowing that some questions may not require an answer from you.
- Communicating clearly also means agreeing on the next steps or even a plan whenever possible. If it is your partner then you need to discuss what your HIV status means for your relationship and the steps you will take to protect each other; for instance, including an HIV test for your partner

## **4) BE SUPPORTIVE**

If the person needs more information or if they would like to talk to someone about what you have told them, suggest visiting a counselor that you trust together.

*Remember to show the person that you have accepted and are comfortable with your status.*

## Activity D

# Practicing the 4-Step Plan for Disclosure

### Preparing For The Activity:

#### **Rationale:**

Practicing how to disclose will give participants the skills and confidence to disclose their status.

#### **Materials Needed**

Poster:

*4-Step Plan for Disclosure*

Participant handbook:

*Rose and Chris*

*Steve and John*

#### **Time**

15 minutes

## Procedure

1. Introduce the activity by saying,

Now that we have learnt the 4-Step Plan for disclosure, we want to practice using it to disclose your status to significant people in your life. We will now review steps 2 – 4 that provide the skills for actual disclosure. To do this, we are going to try two role play exercises based on Rose and her friends. My colleague and I will do the first role play and I will ask for two volunteers to try out the second role play.

2. Direct participants to the *Rose and Chris* script in the participant handbook.



3. Read out the setting of the *Rose and Chris* script and then role-play it with your co-facilitator.

Rose and Chris have been very close for the last six months. They spend a lot of time together in school and during weekends. Chris is always smart. He also takes his studies very seriously and Rose admires him a lot for that. Because of how close they are becoming, Rose feels that Chris needs to know her HIV status.

4. When the role play is over, invite participants to give their comments by asking the following questions,

- Did Rose relax?
- Did Rose communicate clearly?
- Did Rose provide support to Chris?
- How differently would you have handled the situation?



5. Thank participants for their contribution and invite volunteers to try out the same scenario by saying,

We are now going to try out the same role-play scenario. I would like to have two volunteers to take the place of Rose and Chris.

6. When the role play is over, process by asking the following questions,

- Did Rose relax?
- Did Rose communicate clearly?
- Did Rose provide support to Chris?
- How differently would you have handled the situation?

7. Then say,

We are now going to try out the second role-play scenario. I would like to have two volunteers to take the place of Steve and John.

8. Direct participants to the *Steve and John* script in the participant handbook.



9. Read out the setting of the *Steve and John* script.

Steve has been very close to his cousin John. He gets a lot of advice and support from John with his studies. Because of the close relationship he has with Joash, he now feels it is necessary to disclose his status to John. He thinks that by disclosing to John he will get more support to live positively.

10. Allow volunteers to act out the role play

11. Stop the volunteers after two to three minutes; commend them and process the role play by asking the following questions:

- Did Steve relax?
- Did Steve communicate clearly?
- Did Steve provide support to John?
- How differently would you have handled the situation?

12. Summarize the activity by saying,

That was a great job. We have practiced how you can disclose your status to your friends. As we continue we will have more opportunities to practice and build confidence to disclose.

## ROSE AND HER FRIEND CHRIS

Rose: Hi Chris, I can see you have completed you evening prep.

Chris: Hey. How are you Rosy? I am trying to finish up my preps so that I don't have a lot to do when I get home. Ahh...you said this morning that you had something to tell me, what did you want to talk about?

Rose:

Chris:

Rose:

Chris:

Rose:

Chris:

Rose:

Chris:

## STEVE AND HIS COUSIN JOHN

John: Hallo Steve, you are back from school early today I hope there is no problem?

Steve: No Joash, there is no problem. The teacher released us early to do our own studies and I decided to come straight home. Joash, there is something I want to talk to you about...

John: What is it bro?

Steve:

John:

Steve:

John:

Steve:

John:

Steve:

## Activity E

# Coping with Stigma and Discrimination

### Preparing For The Activity:

#### Rationale:

Learning about stigma will help participants to become aware of stigma and discrimination, share their feelings and experiences in relation to experienced stigma, and develop skills to cope with stigma and discrimination.

#### Materials Needed

Pre-labelled newsprints:

*Forms of stigma*

*Effects of stigma*

#### Time

15 minutes

## Procedure

1. Introduce the activity by saying,

In this activity we will discuss stigma. In your understanding, what is stigma?

2. Allow the participants to respond and continue by saying,

Sometimes people disapprove of a person because he or she is believed to be different. This can be because of a different religion, certain behaviours, opinions, and also because of HIV. We call this stigma. Stigma refers to how people think and talk in a negative way about people who are living with HIV. Many times, people think and talk in a negative way about people living with HIV because they do not have the right information about HIV..

3. Then ask,

What are some forms of stigma that you or any other adolescents living with HIV have experienced?

4. Record their responses on the pre-labelled newsprints, *Forms of Stigma*



Answers **may** include:

- People thinking that you have HIV because you are promiscuous/ because your parents were promiscuous
- People blaming you for having HIV
- People expressing shame toward you
- Name calling/ insulting/ gossip/finger pointing

5. Continue by asking,

How does it make you feel when you learn that people think or talk about people living with HIV in such a way?

6. Record their responses on the pre-labelled newsprints, *Effects of Stigma*



**Answers may include:**

- Sad
- Feeling lonely, isolated
- Losing hope
- Feeling depressed
- Feeling worthless
- Feeling guilty

7. Then say,

Thank you for those answers. Unfortunately, some people have negative thoughts about people living with HIV. However, adolescents living with HIV may also suffer from self-stigma, which means blaming oneself and fearing/assuming negative reactions from other people if they were aware of your HIV status.

What can we do to handle stigma?

8. Pause to let participants respond then continue by saying,

Remember all the positives things we know about ourselves? We all have goals for our life and dreams for of a brighter future. Whenever we face stigma, it is important to think about how we feel. Remembering the positive things about ourselves can help us feel better despite the negative things people think or say about us. Practicing all the strategies

of positive living that you learn in these sessions can also help you deal with stigma. Another thing you can do is to talk to your buddy or to a trusted adult about such experiences.

9. Continue by saying,

Now that we have understood what stigma is let us now discuss discrimination. What do you understand by discrimination?

10. Allow the participants to respond and continue by saying,

Discrimination against somebody who is HIV positive means getting rejected, excluded or denied his/her rights simply because this person is living with HIV.

11. Then ask,

What are some forms of discrimination that you or any other adolescents living with HIV have experienced?

**Answers may include:**

- Not sharing eating utensils, beddings, clothes
- Not eating together with others
- Abuse or poor treatment by relatives
- Being denied education/job opportunities
- Exclusion from social events (including self-exclusion)
- Excessive precautions by both service providers and family

12. Then ask,

Where does discrimination take place?  
Who discriminates?



Answers **may** include:

- At home, school, health facility or in the community
- By family members, neighbors, school mates, teachers, health workers, peers, etc

13. Thank participants for their responses then continue by saying,

Some people discriminate against those who are living with HIV because of lack of accurate knowledge. What can you do when faced with discrimination because of your HIV status?

Answers **may** include:

- Some take it easy
- Joining support groups and listen to advice of others; share their experiences
- Talking to trusted service providers (teachers?)
- Going to church
- Making friends with the one discriminating against you so s/he will not continue

14. Thank participants for their responses and continue by saying,

Discrimination is not easy to deal with. It is important to remember that nobody should deny because of your HIV status what you rightfully deserve. Whenever you feel discriminated against, you can talk to your health service provider, your counselor, a trusted adult, or to an organization working with people living with HIV to get support.

15. Help participants to identify local support by asking,

Who are the people or organizations that you can approach in your communities when you experience discrimination?

16. Allow participants to respond then summarize the activity by saying,

We have seen some positive ways to deal with stigma and discrimination. Even though it is common to experience stigma and discrimination as a young person living with HIV, remember that by thinking positively about yourself and by practicing the strategies of positive living, it can be easier for you to cope with stigma. We have also learned that being discriminated against because of your HIV status is wrong. Use the local resources that we have identified to get support whenever you experience discrimination.

## Activity F

# Worksheet for Stigma

### Preparing For The Activity:

#### **Rationale:**

This activity helps participants learn skills and develop confidence to cope with stigma.

#### **Materials Needed**

Poster:

*Strategies for Coping with Stigma*

Participant handbook:

*Stigma Scenarios*

*Strategies for Coping with Stigma*

#### **Time**

15 minutes

## Procedure

1. Introduce this activity by saying:

We will look at some stories about stigma and come up with possible strategies to deal with it. For this activity we will divide ourselves into 3 teams.

2. Divide the participants into 3 teams.



3. Direct participants to the *Stigma scenarios* in the participant handbook.



4. Then say,

Read the stories with your team mates and then discuss the questions for each story. Once each team is ready, we will review your work together. You have 5 minutes to do this and you do not need to record the responses.

### ***FACILITATOR'S NOTE***

*As the participants are working on the scripts, you and your co-facilitator should move around the room to assist where necessary*

5. After 5 minutes, ask the participants to move back into the larger group. Then process each of the scripts by reading aloud the script and asking the questions that follow.

### **Scenario One**

It is Thursday morning and the Social Studies class is going on. The topic today is on HIV/AIDS. The teacher asks, “Who is at risk of getting HIV?” Sabrina, one of Rose’s classmates says, “Only prostitutes and those who have multiple sex partners” ....

- What do you think happened next?
- How do you think Rose felt?
- How would you react if you were in Rose’s position?

### **Scenario Two**

Steve is 17 years old and recently met a new girl and has been on a few enjoyable dates. He is preparing to meet her one afternoon but is suddenly feeling anxious about what will happen when he reveals to her that he is HIV positive.

- Why do you think Steve is feeling anxious?
- What may happen if he discloses his status?
- What would you do if you were in a similar position?

### **Scenario Three**

Lillian is 15 years old and is HIV positive. One Saturday afternoon when she was coming from a support group meeting at the local youth centre she ran into some school mates. Since then they have been avoiding her and no longer want to hang out with her. She feels so sad about not being included in their activities anymore and wishes she could move to a different school.

- Why do you think Lillian is feeling sad?
- Why do you think Lillian’s friends are treating her like this?
- What would you have done if you were in Lillian’s shoes?

6. Thank participants for the discussion. After all the groups have presented their work, summarize their responses by saying,

We have explored what we feel when we are confronted with **stigma**, such as when someone acts or says something negative about you because you are living with HIV.

7. Direct participants to the *Strategies for Coping with Stigma* in the participant handbook.



8. Then say,

Let us review the *Strategies for Coping with Stigma* poster together and see some tips we can use to cope with stigma.

- 1) CALM DOWN: Trying to calm down and not being blocked by negative feelings such as anger or revenge, this means relax and don't overreact!
- 2) STAY POSITIVE: Influencing the way you think about this situation to remain focused on pursuing your goals, don't let it get to you too much!
- 3) YOU CAN CONTROL HOW YOU REACT TO OTHER PEOPLE'S  
OPINION/BEHAVIOUR: Accepting that sometimes a situation can't be changed, but say to yourself that you know better. You can control how you react to other people's opinions and behaviour.
- 4) ASSESS: IS PROVIDING INFORMATION HELPFUL: What can you do to solve the situation? Could it improve if you were to provide information? Would arguing help?
- 5) ASSESS IF EXIT IS BETTER: If not, it could probably be better to exit the situation: come back another time or find another person to talk to.
- 6) SEEK HELP AGAINST DISCRIMINATION: you may seek help by finding a support for your cause, e.g. an adult that helps you handling the situation such as a teacher, a caregiver, or somebody else you can trust.

- 7) **SEEK HELP AGAINST DISCRIMINATION:** There are also advocacy organizations of people living with HIV that you may turn to for actual support. Stigma and discrimination can be very painful and can make you feel alone and isolated, but remember that you are part of a community of people living with HIV, like your peers here in this group. Other people living with HIV may have valuable experience to share about how to handle these issues.
- 8) **BE AWARE: EACH SITUATION IS DIFFERENT:** There is no uniform solution to handle stigma: it will always depend on the situation, sometimes it will be better to just ignore what somebody says, and sometimes you will have to speak up for your rights.

***FACILITATORS' NOTE***

*As the participants are reading out the poster remember to supplement each point with the information in the manual.*

9. Summarize by saying,

It is not possible to control how others react to your HIV status. However, you can control your own reaction and try to stay calm and remain positive and not get into a fight or isolate yourself. Adolescents living with HIV have the same rights as everyone else and these include: to have food, have access to medical care and education, respect, friendship, love and to play a meaningful role in society.

10. Let us now take a 15 minute break so that we can recharge for the next activities.

### **STIGMA SCENARIO ONE**

It is Thursday morning and the Social Studies class is going on. The topic today is on HIV/AIDS. The teacher asks, “Who is at risk of getting HIV?” Sabina, one of Rose’s classmates says, “Only prostitutes and those who have multiple sex partners” ....

- What do you think happened next?
- How do you think Rose felt?
- How would you react if you were in Rose’s position?

### **STIGMA SCENARIO TWO**

Steve is 17 years old and recently met a new girl and has been on a few enjoyable dates. He is preparing to meet her one afternoon but is suddenly feeling anxious about what will happen when he reveals to her that he is HIV positive.

- Why do you think Steve is feeling anxious?
- What may happen if he discloses his status?
- What would you do if you were in a similar position?



### **STIGMA SCENARIO THREE**

Lillian is 15 years old and is HIV positive. One Saturday afternoon when she was coming from a support group meeting at the local youth centre she ran into some school mates. Since then they have been avoiding her and no longer want to hang out with her. She feels so sad about not being included in their activities anymore and wishes she could move to a different school.

- Why do you think Lillian is feeling sad?
- Why do you think Lillian's friends are treating her like this?
- What would you have done if you were in Lillian's shoes?

## **STRATEGIES FOR COPING WITH STIGMA**

1. Calm Down
2. Stay Positive
3. You Can Control How You React To Other People's Opinion/Behaviour
4. Assess: Is Providing Information Helpful
5. Assess If Exit Is Better
6. Seek Help Against Discrimination
7. Seek Help From Advocacy Groups Of Organizations Of People Living With HIV
8. Be aware: Each Situation Is Different

# MODULE 6 : Positive Living (Medical)

## Goals

*The goals of this module are to:*

- Increase participants knowledge about the effects of HIV on the body
- Increase participants knowledge about positive living
- Increase participants knowledge about ARVs including importance of adherence and need for regular medical follow-up

## Learning Objectives

*After completing this module, participants will be able to:*

- Describe what HIV does to the body
- Describe what ARVs do to the virus
- List the benefits of adherence to medication
- Explain the benefits of a healthy lifestyle (good nutrition, exercise, adequate sleep)
- View positive living as being responsible
- Believe in their ability to live positively
- Demonstrate strategies for adherence to medication
- Identify appropriate health facilities in the community where to seek medical support

## Module preview

The sixth module 1) helps participants understand the HIV virus and its effects on the body 2) helps participants realize that they can live a normal, healthy life with HIV 3) helps participants distinguish myths and facts about ARVs 4) helps participants understand the benefits of positive living

## **Strategies/Methods**

- Brainstorming
- Group Discussion
- Group Exercise
- Myths and Facts Game
- Rose Comic

## **Materials Needed**

- Pre-labelled newsprints:
  1. *Positive Living*
  2. *Important Things to Know about ARV*
  3. *Myths* on the left column and *Facts* on the right column
  4. *Challenges and Strategies for Adherence*
- Myths and Facts cards
- Participant handbook
  1. *Positive Living Scenario Cards*
  2. *ARV Fact sheet*

## **Preparation Needed**

- Put up pre-labelled newsprints
- Prepare Myths and Facts cards

## Instructional Time

55 minutes

Activity	Minutes needed
A. HIV and your body	15
B. Myths and Facts about ARVs	15
<b><i>C. The Vicky Story</i></b>	<b>15</b>
D. Buddies Exercise	10

## Activity A

## HIV and Your Body

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### Preparing For The Activity:

#### **Rationale:**

Providing information on HIV and how it affects the body. This will help adolescents living with HIV to gain a better understanding about their own health, promote good health seeking behaviour and enhance positive living. It will also help them to accept their HIV status.

#### **Materials Needed**

Pre-labelled newsprints:

*Positive Living*

Participant handbook:

*Positive Living Scenario Cards*

#### **Time**

15 minutes

## Procedure

1. Introduce the activity by saying,

We have just discussed about disclosure, stigma and discrimination. Now we want to discuss more about positive living. We will discuss what positive living means. We will discuss how to live positively and also talk about how positive living can help you achieve your daily goals.

But before we do that let us first discuss what HIV does to your body.

2. Continue by saying,

How does HIV affect the body?

Answers **may** include:

- It makes our body weak so it can't fight off infections
- It attacks our immune system
- It makes us get sick frequently
- The body can suffer from opportunistic infections (infections that take opportunity of the weakened immune system)

3. Pause to let participants respond, then continue by saying

Those are very good answers. Just like the kraal/fence protects the cattle from any outside danger, the body has white blood cells called CD4 cells that defend it against germs. We call all of these white blood cells together: our immune system. HIV attacks and weakens these CD4 cells. So HIV attacks your immune system, that is why our body becomes weak and is unable to fight other infections.

Do you know of some common infections that people living with HIV may suffer from?

Answers **may** include:

- Coughing
- Tuberculosis
- Skin infections e.g. Herpes Zoster
- Pneumonia

### ***FACILITATOR'S NOTES***

The facilitator should encourage the participants to share as much of the infections as they can. They should be discouraged from laughing and calling names of their fellow participants who might display such infections. They should be reminded that the infections are treatable and they need to visit the health facilities when they feel ill.

4. Commend participants for the answers and continue by saying,

There is still no cure for HIV. But the good news is that it is possible to live a normal and healthy life even with HIV. This is what is called positive living.

5. Help the group define positive living by asking,

What does positive living mean to you?

6. Record answers on the pre-labelled newsprint *Positive Living*



Answers **may** include:

- Eating a balance diet
- Exercising
- Seeking timely health care
- Adherence to the medication
- Not drinking alcohol
- Not smoking/taking drugs



7. Pause to let participants respond and continue by saying,

Thank you for those wonderful answers. Positive living means taking good care of yourself and looking after yourself. It also means accepting your HIV status and making a commitment to adopt a healthy lifestyle.

8. Allow participants to respond, then continue by saying,

Remember that our goal is to live a healthy life with HIV. We are going to do an exercise to discuss how we can maintain a healthy lifestyle. To do this, I will divide you in 5 teams. Each team will get a card with a story about a teen living with HIV. At the end of the story you will find a question. You will work as a team to discuss the story and answer the question. After three minutes, I will ask each team to share with us how they answered their question.

9. Divide participants into five teams without interfering with their seating arrangement.



10. Direct participants to the *Positive Living Scenario Cards* in the participant handbook.



11. Tell each group which scenario they will discuss and allow three minutes for discussion.
12. After three minutes, call the teams to order and ask the first group to share their scenario, the questions and their answers with the rest of the participants. Use the text below to summarize the group's responses. Follow the same procedure for all five teams.

Steve should know that if he doesn't take his ARVs as the health service provider says, he can face the following consequences:

- The medicines may no longer be able to control the virus.
- The virus will multiply in your body and further attack your immune system.
- You will need other medicines to control the virus in your body.
- These medicines may be more expensive and may give you more bad side effects.

Lillian should be aware that sex without a condom can lead to:

- Infection with a sexually transmitted infection (STIs)
- Unplanned pregnancy
- Transmission of HIV to your partner
- Re-infection

It is important for Rose to know that exercising, eating well, and keeping your mind free of stress, are examples of healthy physical habits. These practices can help your body to:

- Stay strong and healthy
- Help your immune system become stronger, so that it can better control the HIV virus.
- If you are taking ARVs, you are likely to gain weight because your appetite improves. However, taking ARVS as instructed will help your body get stronger to deal with the side effects of the medicines. Healthy physical habits can also help you deal with weight gain.

Joyce should be told that visiting a health service provider immediately after you start feeling unwell is important. It will make it easier for the health service provider to understand what the problem is and to give you medication in time. If you get medication in time, your body will respond better and of course, you will feel better sooner.

John should know that being part of a support group will give you an opportunity to share your challenges and to learn from other teens living with HIV how to live positively. He should also know that in all support groups the members commit themselves to confidentiality. They promise not to tell others what they heard in the group.

13. Ask participants if they have any questions and respond to them.

14. Commend participants and summarize the activity by saying,

Wow!!! That was a wonderful exercise. I hope you enjoyed working as a team and that you learned a lot from each other. All of us should take all the advice that was given to Rose and her friends.

Remember that you can live a normal and healthy life with HIV. Taking the steps we have just learned is important in having a healthy life with HIV. We will discuss these steps in more detail in our next sessions.

## **POSITIVE LIVING SCENARIO ONE**

It is Thursday morning and the Social Studies class is going on. The topic today is on HIV/AIDS. The teacher asks, “Who is at risk of getting HIV?” Sabrina, one of Rose’s classmates says, “Only prostitutes and those who have multiple sex partners” ....

- What do you think happened next?
- How do you think Rose felt?
- How would you react if you were in Rose’s position?

## **POSITIVE LIVING SCENARIO TWO**

Steve is 17 years old and recently met a new girl and has been on a few enjoyable dates. He is preparing to meet her one afternoon but is suddenly feeling anxious about what will happen when he reveals to her that he is HIV positive.

- Why do you think Steve is feeling anxious?
- What may happen if he discloses his status?
- What would you do if you were in a similar position?

### **POSITIVE LIVING SCENARIO THREE**

Lillian is 15 years old and is HIV positive. One Saturday afternoon when she was coming from a support group meeting at the local youth centre she ran into some school mates. Since then they have been avoiding her and no longer want to hang out with her. She feels so sad about not being included in their activities anymore and wishes she could move to a different school.

- Why do you think Lillian is feeling sad?
- Why do you think Lillian's friends are treating her like this?
- What would you have done if you were in Lillian's shoes?

### **POSITIVE LIVING SCENARIO FOUR**

Joyce is a 15 year old girl who has been complaining of abdominal pain and diarrhea for two days. Her mother wants her to visit a health service provider but she says she is too busy.

- What advice can you give Joyce?
- What are the benefits of seeking health care whenever you feel ill?

## **POSITIVE LIVING SCENARIO FIVE**

John is a 14 year old boy who recently found out he is HIV positive. The counselor has advised him to join a support group of people living with HIV. But he is afraid of joining such a group because he hears that group members gossip a lot.

- What advice can you give John?
- What are the benefits of joining a support group?

## Activity B

# Myths and Facts About ARVs

### Preparing For The Activity:

#### Rationale:

Dispelling popular myths about ARVs and providing factual information on the benefits of ARVs will help promote adherence among adolescents living with HIV.

#### Materials Needed

2 Pre-labelled newsprints

*Facts* on the left column and *Myths* on the right column

Masking tape

Participant handbook:

*ARV Fact sheet*

#### Time

15 minutes

## Procedure

1. Tape the pre-labelled newsprints on opposite sides of the room.
2. Introduce the activity by saying,

Now we will learn more about ARVs.

Can anyone share with us what is important to know about ARVs?

3. Pause to let participants respond.

Answers **may** include:

- They do not kill the virus but they keep it under control
- If the drugs work well they can even reduce the amount of virus to very low (undetectable) levels
- They prevent the virus multiplying and spreading in your body. The virus does this by copying itself in the white blood cells. If the virus cannot multiply, it cannot destroy many white blood cells, and therefore it does not weaken the immune system
- They are usually a combination of 3 drugs
- They need to be taken at the prescribed times, so that the amount of medicine in the body remains more or less the same
- They are of different types but they all prevent the virus from spreading in your body

4. Continue by saying,

We have just talked about positive living. One of the things we said you need to do to live positively is to take your medicines as instructed by the health service provider. In this next activity, we are going to discuss some of the myths and facts people say about ARVs.



Could you share with me some of the stories you hear people say about ARVs?

Answers **may** include:

- If you are taking ARVs you cannot transmit the virus to your partner
- If you are taking ARVs you are always hungry

5. Pause to let participants respond. Commend participants for the answers and introduce the exercise by saying,

Thank you very much for sharing those interesting ideas. We are now going to do a small exercise to help us identify common myths about ARVs. To do this exercise, we are going to break into two teams.

***Explain the procedure by saying:***

- Each team will choose a leader and will work together to accomplish their task
- Each team will get a set of cards with statements
- You will work together as a team to decide whether the statement is a myth or a fact
- The group leader will then paste the statement using masking tape on the newsprint labelled *myth for statements you determine to be incorrect*, and on the newsprint labelled *Fact for statements you determine to be correct*.
- Each team will have to explain why they identified a statement as a MYTH or a FACT
- You have ten minutes to complete the task.

The first team to complete their task within the required ten minutes will earn two bonus points. Each team will also earn a point for each statement they labeled correctly.

### ***FACILITATOR'S NOTES***

The facilitator should go round to each team to encourage all the team members to participate as some of them may look intimidated due to the contributions from the rest of the participants.

6. Divide the group into two teams and issue each team with the same set of seven myths and facts cards and masking tape.



7. Direct each team to one of the pre-labelled newsprints and allow five minutes for the exercise.

8. After 5 minutes, ask participants from Group A to join Group B and go through each of their statements. Clarify the statements using the information provided in the manual.

9. Ask Group B to move to the side with Group A's newsprint and again go through each statement and clarify appropriately.

- ARVs can help me live a longer and healthier life (Fact)

*It is true that taking ARVs can help you to live a longer and healthier life. ARVs prevent the virus from multiplying in your body.*

- If I am on ARVs, I cannot transmit HIV (Myth)

*If you are on ARVs, the amount of virus in your body goes down. Sometimes even to a level that it can not longer be detected by a test. However, the virus is still in your body. You can still transmit HIV to your partner if you have sex without a condom.*

- ARVs are only for adults living with HIV (Myth)

*ARVs are for all people living with HIV. They have to take it when their immune system becomes weak. A health service provider will advise when one has to start taking medicines and which ARVs one has to take.*

- If I am on ARVs, I still need to visit a health service provider every time I am unwell/suspect an infection (Fact)

*Visiting a health service provider every time you suspect an infection is important. This will enable the health service provider to identify your infection in good time and give you the right medicines. You should remember to do this every time,*

- ARVs always have side effects (Myth)

*ARVs have a number of side effects such as feeling tired. However, if you take them as instructed by the health service provider you will reduce the number of side effects.*

- It is okay to STOP taking my ARVs once I am feeling better (Myth)

*When you feel better, it is because you are on treatment. If you stop your medication you will start feeling worse again. The only time you can stop your medication is when your health care provider tells you to stop.*

- One day there will be a cure for HIV and I will be able to STOP taking ARVs (Myth and Fact)

*Right now, it is ARVs which enable you to live a longer and healthier life. A lot of research is going on and hopefully there will be a cure in future. Maybe you can stop your medication then, but for now you have to keep on taking your ARVs.*

10. Award points appropriately. If a clear winner is determined, ask the losing team to congratulate the winning team by clapping for them. Be sure to point out that the losing team also did a great job, so the winning team should also congratulate the other team!

11. Ask the participants to return to their seats and remind them to go through the *ARV Fact Sheet* in the participant handbook.



12. Summarize by saying,

Thank you for doing the exercise so well. It is important to remember that ARVs cannot make the HIV virus go away but they can reduce the amount of HIV virus in your body and keep it under control. ARVs can greatly improve your health and help you lead a normal and healthy life.

If you have more questions about ARVs, feel free to talk to your service provider.



## **MYTHS AND FACTS ABOUT ARVs**



**ARVs can help me live a longer and healthier life**

**If I am on ARVs I cannot transmit HIV**

**ARVs are only for adults living with HIV**

**If I am on ARVs I still need to visit a health service provider  
everytime I am unwell or suspect an infection**

**ARVs always have side effects**

**It is okay to stop taking my ARV once I feel better**

**One day there will be a cure for HIV and I will be able to stop  
taking ARV**

## Activity C

# The Vicky Story

### Preparing For The Activity:

**Rationale:**

A story of the outcome of non-adherence to ARVs by a teenager living with HIV can help participants develop more positive values about adherence.

**Materials Needed**

Pre-labelled newsprint:

*Challenges to Adherence* on the left column and *Strategies for Adherence* on the right column

Participant handbook:

*Vicky's Story*

**Time**

15 minutes

## Procedure

1. Introduce the activity by saying,

Now that we know the myths and facts about ARVs, we are going to read a story of a young girl who did not take her ARVs as instructed by the health service provider. Can I have a volunteer to read the Vicky story for us?

2. After getting a volunteer, refer participants to *Vicky's story* in the participant handbook.



3. Introduce the story by reading out the introduction part, then let the volunteer read the rest of the story.

It is Friday evening and Rose and her friends are at the school assembly. As usual, the school master reads out letters and Rose's name is called. Rose is delighted to receive a letter and cannot wait to open the letter and find out who has written to her. She invites her friend Lillian to share her joy of receiving a letter. Rose opens the letter and realizes it is from her friend Vicky who transferred one year ago to another school in a neighboring district. She reads out the letter aloud so that Lillian can hear what Vicky says...

4. Thank the volunteer for reading and process the script with the following questions:

What has happened to Vicky?

Is this situation (difficulty in taking medicines) something you also struggle with?

5. Continue to explain what happened to Vicky by saying,

As we have seen from the Vicky story, because she did not take her ARVs as prescribed, the amount of medicine in her body was too low from time to time. HIV is a very clever virus. It always tries to find ways of escaping the medicines. If the amount of medicines

reduces, the virus can change shape and the medicines are no longer able to prevent the virus from copying itself. At this point, the virus has become resistant to the medicines. HIV starts multiplying again in the body. It attacks the immune system. That is why Vicky became sick again.

What are some of the challenges of taking ARVs?

6. Record answers on the pre-labelled newsprint on the *Challenges to Adherence* column.



7. Commend participants for the responses and continue by asking the following question. Be sure to get solutions for all challenges mentioned,

How can we overcome these challenges?

8. Record answers on the pre-labelled newsprint on the *Strategies for Adherence* column.



9. Commend participants for their answers. Probe for benefits of adherence by asking,

What are the benefits of taking ARVs as instructed by the health service provider?



10. Summarize the activity by saying,

What happened to Vicky can happen to any of us. Not taking ARVs as instructed by the health service provider makes it difficult for those medicines to manage HIV in your body. It may also make it difficult for you to continue living a normal life because of many health complications. The best way to prevent this from happening is to always take your medicines as instructed.

What can you do if one day you forget to take your medicines?

***[Pause to let participants respond]***

We all forget sometimes. If this happens to you, you can take your medicines up to 2 hours later than the prescribed time. If 2 hours have already elapsed, you wait for the next time you are to take your medicines. Use the information you have learned today to get support you need to always take your medicines. If you do that, you will be a step closer towards living positively and achieving a brighter future.

## Vicky's Story

Dear Rose,

Greetings! It has been many months since I last heard from you. I have been unwell and have not been attending school. As my friend who understands all my secrets, I am writing to you to share the challenges I have gone through in the past three months. I developed sores in my mouth; I couldn't eat anymore and had to be rushed to the hospital for treatment. The doctors there asked me if I had been taking my medicines as instructed. I was honest and told them that sometimes I forget to take them especially when I am feeling well. They explained to me that this is why the medicines are not working very well anymore. As a result, I've become sick, I had to be put on other drugs. Now I have to visit the hospital many times.

Rose my friend, I am very sad. I thought I was gaining control of my health, living positively. I made a simple mistake and now it is threatening to cause serious problems to me.

The doctors have said that there is hope but it will take time before I can regain my health. In the meantime my father had to pay a lot of money at the hospital. I am also unable to regularly attend school. I do hope that I will get better soon.

I didn't know that not taking your medicines as instructed had such serious effects. This is why I am telling you, my advice to you is to really try to take the medicines as prescribed, even if it can be hard. It can help save your life. Please pass my greetings to Lillian and the other members of the support group. Write back and tell me how you are doing.

Your friend,

Vicky

## Activity D

## Buddies' Exercise

### Preparing For The Activity:

#### **Rationale:**

The exercise will help participants complete one practical task related to positive living before the fourth session. This will help prepare them to deal with the challenges of living with HIV

#### **Materials Needed**

Participant handbook

*Buddies Exercise*

#### **Time**

10 minutes

## Procedure

1. Introduce this activity by saying,

Today's "Buddy's Exercise" will help you identify the support that you can get from your buddy, immediate family or health care provider to enable you take your medication as instructed by the health service provider.

Let's review the assignment together.

2. Refer participants to *Buddies' Exercise* in the participant handbook.



3. Read out the entire exercise.

*Adherence to medication is important if we want to live positively and achieve a brighter future. We need support from our friends, health service providers, close family and relatives to enhance adherence.*

What kind of support can we get from:

1. Friends: \_\_\_\_\_
2. Health service providers: \_\_\_\_\_
3. Family and close relatives: \_\_\_\_\_
4. How can we let our friends, health service providers, family and close relatives know the kind of support we expect from them to help us adhere to medication?

4. Explain the procedure for doing the exercise by saying,

You will read the assignment again together with your buddy. After reading the assignment, you will discuss and respond to the questions on the exercise sheet together. You each get a sheet of the assignment. However, you will be required to fill the assignment together with your buddy and submit your work together during the next session.

5. Ask the participants,

Are there any questions about the exercise? (*Pause for responses.*)

Does everyone understand what he or she is being asked to do? (*Pause for responses.*)

6. Remind participants of their weekly goals by saying,

The second part of our homework will be the *Weekly Goal* in the participant handbook. We agreed during our first session that we will be identifying one goal to achieve every week. You can think about a goal related to what we learned today such as to join a support group or start exercising. It could also be any other goal you feel you want to achieve. Remember to pick a goal that is clear, realistic, specific and easy to measure.

7. Pause to let participants identify their weekly goals. Answer any questions the group has about the exercise and summarize the activity by saying,

We have learned about positive living and how adolescents living with HIV can live positively to ensure our dream of a brighter future.

## Buddies' Exercise

**Directions:** Read the assignment together with your buddy. After reading the assignment, discuss and respond to the questions on the exercise sheet together.

*Adherence to medication is important if we want to live positively and achieve a brighter future. We need support from our friends, health service providers, close family and relatives to enhance adherence.*

What kind of support can we get from:

1. Friends: \_\_\_\_\_

\_\_\_\_\_ 2. Health

service providers: \_\_\_\_\_

\_\_\_\_\_ 3. Family and close

relatives: \_\_\_\_\_

\_\_\_\_\_

4. How can we let our friends, health service providers, family and close relatives know the kind of support we expect from them to help us adhere to medication?

\_\_\_\_\_

\_\_\_\_\_

# **MODULE 7 : All You Want to Know about Pregnancy and Sexually Transmitted Infections (STIs)**

## **Goals**

*The goals of this module are to:*

- Increase participants' knowledge about sexually transmitted infections.
- Increase participants' perceived risk to STIs and pregnancy.
- Increase participants' understanding of the consequences of unplanned pregnancy.
- Increase participant's knowledge about the facts on pregnancy and prevention of mother to child transmission (PMTCT).
- Increase participants' knowledge of contraceptives.

## **Learning Objectives**

*After completing this module, participants will be able to:*

- Identify the signs and symptoms of the most common STIs.
- Identify how STIs are transmitted and their relationship to HIV.
- Acknowledge one's risk for contracting an STI or getting pregnant.
- Explain the relationship between pregnancy and HIV.
- Identify facts on pregnancy and PMTCT
- Identify negative consequences of adolescent pregnancy.
- Distinguish myths from facts about pregnancy.
- Identify correct information about contraceptives.
- Know where to go to access further information about contraceptives and where and how to get them if needed.

## Module preview

The seventh module 1) Helps participants realize that they are at risk for STIs; 2) Helps them understand the importance of protecting themselves against STIs and pregnancy; 3) Helps participants identify their personal level of risk for STIs and pregnancy; 4) Illustrates how pregnancy can impact the lives of young people and 5) Helps participants examine myths and facts about pregnancy.

## Strategies/Methods

- Brainstorming
- Group Discussion
- The Transmission Game
- Comic

## Materials Needed

- Masking Tape
- Pre-labelled newsprints:
  1. *S, T, I*
  2. *Symptoms of STIs*
  3. *Why You Should Avoid STIs*
- Index Cards for “The Transmission Game” pre-labelled with A, C, S or U (1 “S”, 1-2 “A”, 1-2 “C”, 5-6 “U”).
- Agree/Disagree signs
- Posters:
  1. *Contraceptives*
- Participant handbook:
  1. *Symptoms of STIs and Their Consequences*
  2. *Myths and Facts about Pregnancy & Contraceptives*



## Preparation Needed

- Put up the pre-labelled newsprints
- Prepare index cards for Transmission Game (depending on the size of the group)
- Put up the group rules of first session

## Instructional Time

95 Minutes

Activity	Minutes needed
A. Welcome Back, Recap and Buddies' Exercise Review	10
B. Mary's Story	15
C. Contraceptives	15
D. Myths and Facts About Pregnancy	15
<b><i>E. STIs Brainstorm and Discussion</i></b>	<b>20</b>
F. Transmission Game	20
G. Break	15

## Activity A

# Welcome Back, Recap and Buddies' Exercise Review

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### Preparing For The Activity:

#### Rationale:

To recap what was learned in the previous session and provide a supportive environment for all participants to contribute in this session

#### Materials

Participant handbook:

*Buddies' Exercise* from the previous session

#### Time

10 minutes

## Procedure

1. Welcome back participants to the session by saying,

Welcome back to another session of Brighter Future. It's good to see all of you again.

How was your week?

Can you remember all the interesting stuff that we learnt last week? (*Allow participants to respond before proceeding*)

We will start our session by trying to remind ourselves what we learned. What was most important to you in our session last week?

2. Start with the person on your left and allow the group members to speak until all group members have had a chance to share what they remember from last session.

Answers **may** include:

- How HIV affects the body
- Advantages and disadvantages of disclosure
- How to disclose your status to your family, friends and others who can support you
- Coping with stigma and discrimination
- Taking your ARVs as prescribed
- Maintaining a healthy lifestyle (including nutrition, exercise and seeking medical attention when ill)

3. When all have participated in the Talking Circle, say,

Those were great answers. It looks like you really enjoyed the previous week, and we are going to make this session fun too.

Does anyone have any questions before we continue?

4. When all have participated, say,

I want to thank each of you for sharing. You are doing a wonderful job remembering the information we learnt.

Last week each one of us set a goal that they were to achieve within a week. Let's continue by sharing how that went...

- What goal did you set?
- Which steps did you take towards achieving it?
- Were you successful?
- If not successful how would you do it differently in order to achieve your goal(s)?

#### ***FACILITATORS' NOTE***

*All the participants should share their goals. For the rest of the buddies' exercise, get responses from a few of the participants but make sure that they all get a chance to share their responses at some point during the program.*

*If some of the participants made their buddy exercise just before the start of the session, remind them of the group rule that all assignments need to be done before coming to the session, otherwise it affects the entire group: it makes us start late and this is not nice to the others in the group who did make their assignment at home.*

5. After **ALL** the participants have shared, review the *Buddies' Exercise* by saying,

Last week we also gave you a *Buddies' Exercise*. We requested you to discuss with your buddy what kind of support you can get in order to adhere to medication.

- Who managed to meet with his/her buddy?
- How did it go?
- Who did not manage to meet with his/her buddy? What were the reasons? How can these be overcome during the next week?
- How did you like doing the exercise with your buddy?

Let's look at the exercise that you did with your buddy:

6. Pause to let participants respond then review responses from the buddy exercise by asking,

Let us now review some of the questions from the buddy exercise.

- What kind of support can we get from:
  - Our friends,
  - Health service providers and
  - Close family?
- How can we let our friends, health service providers, family and close relatives know about the kind of support we expect from them to help us adhere to medication?

7. Then say,

You all did a great job with the Buddies Exercise. Remember that it is important for you to get support from friends, health service providers and family in order to help you take your ARVs and other medication in time.

## Activity B

## Mary's Story

### Preparing For The Activity:

#### **Rationale:**

Presenting and reinforcing information about pregnancy can promote further discussion. Seeing how pregnancy can impact the lives of individuals can help increase motivation to prevent unplanned pregnancy.

#### **Materials Needed**

Participant handbook:

*Mary's Story*

#### **Time**

15 minutes

## Procedure

1. Introduce the activity by saying,

We are now going to talk about adolescent pregnancy. We are going to read a story about Rose and her friends. There are 4 characters in this story. Who would like to volunteer to read?

2. Direct participants to *Mary's story* in the participant manual.



3. Ask for volunteers to represent Rose, Lillian, Mary and Steve.
4. Read out the introduction part of *Mary's Story*.

Melodious Mary is a 15-year-old girl who is in the same support group as Rose, Lillian and Steve. She loves singing and her dream is to form a band and become a famous musician. She is currently in Form 1. Mary has not attended support group meetings in the past two months and her friends, Rose and Lillian are concerned about her. They decide to visit her one Saturday evening to find out how she is doing.

5. Have the participants read and act out the dialogue.
6. Then ask the following questions,

- What is the story about?
- What choices did Mary make?
- How did Mary's choices affect her goals and dreams?
- How would getting pregnant or making a girl pregnant take you off the path to your dreams and goals?

7. Then ask,

What is the burden of pregnancy to an adolescent living with HIV?

Answers **may** include:

- During pregnancy the immune system becomes weakened. The body becomes more at risk for infections
- Pregnancy may make you tired and nauseated
- Adolescents' body not fully developed so higher risk of health problems to both mother and child
- Fear of rapidly progressing to AIDS
- Dropping out of school
- The baby may be born with HIV and this will require a great amount of care

8. Thank the participants for their responses then ask,

- Have you heard about prevention of child transmission (PMTCT)?
- Who can tell us what it is?

9. Allow participants to respond then say,

Prevention of mother to child transmission means taking measures to prevent the mother from giving her HIV to her baby. These measures are: the mother taking special ARVs during her pregnancy and when she is giving birth. When the baby is born, the doctors will recommend bottle feeding instead of breastfeeding but only when the mother has access to clean water. When the mother has no access to clean water, she is advised to breastfeed exclusively. This means not giving the baby any other food or liquids other than breast milk and this during the first six months. In some countries they also advise mothers to get operated, like Mary was, to get the baby delivered. This is called a caesarean section. Apart from all that, the baby will also have to take ARVs for the first 6 weeks after birth.



All of these actions are reducing the chance of the mother giving HIV to her baby, but it does not work all the time. In very few (3%) cases, even if the mother followed all the actions correctly, the baby still has HIV.

10. Summarize the activity by saying,

As you have seen, getting pregnant can change your life dramaticall, especially when you did not plan for it. Therefore, it is important to avoid having unprotected sex and abstain or protect yourself by using a condom every time you have sex. Using a condom correctly during sex will protect you not only from STIs but also from getting pregnant. This means using condoms all the time... that's the best thing you can do to protect yourself and your partner! You can also use modern family planning methods and we will talk more about these today.

## Mary's Story

### Scene 1

Rose: Hey Mary, how are you doing my friend?

Mary: I'm not feeling very well and am glad that you decided to visit.

Lillian: We got concerned because it is unlike you to skip two meetings. So we thought to pass by and check on you.

Rose: We thought you might be unwell but you actually seem to have put on some weight so you must be in good health.

Mary: *(smiling sheepishly)* yes I have put on some weight....but there is another reason for that....

Lillian: And what could that be?

Mary: *(almost whispering)* I'm pregnant....

*Rose and Lillian exchange looks and there is a long pause before anyone speaks*

### Scene 2

*Mary has had a baby and Rose, Lillian and Steve go to visit her.*

Rose: Hi Mary, how are you? How is the baby? Here are a few items we brought for the baby.

Mary: Thank you. I am fine and so is the baby but he is asleep now. How are you doing? And how about your study plans for the upcoming exams?

Steve: *(happily)* We are fine. We are all working very hard and looking forward to passing the exams and going to the next class.

Mary: *(sadly)* I wish I could turn back the clock. Life is so difficult for me. I was in labour for 16 hours. Because my body is not fully developed, it was very painful. In the end they had to operate me to save the baby, who would have died otherwise. After my parents paid the hospital bill they said I am now on my own. Things are difficult; I have to take every job I can get, to

allow me to buy necessities. The baby needs milk every 2-3 hours, and I can hardly sleep at night because he cries so much.

Steve: You said you have to work, isn't your boyfriend, Peter, supporting you in any way?

Mary: When I told him about the pregnancy, he stopped seeing me. He even told me that he needs to concentrate on his studies so that he can make it to university and fulfill his dream of becoming a lawyer.

Lillian: I'm sorry that he has refused to take responsibility and support you. Don't worry my friend, we will try and support you in any way we can. Did they tell you about the baby's HIV status?

Mary: I will have to wait for a few months before he can be tested, then I'll know for sure.

Rose: We hope that the baby is not infected. But what about you? Will you be able to go back to school next year?

Mary: No, I will not be able to because there is nobody to pay my school fees now or to look after my baby. All my dreams of becoming a musician are dead ...if I just knew what I know now, I can tell you...don't make the same mistake.... focus on your goals and work hard towards achieving them. And as for sex, I didn't think it would happen to me when my parents told me that I should wait until I'm ready, now I do understand what they meant!

*As her friends leave she looks at them truly understanding that her life is different now that the baby is there.*

## Activity C

# Contraceptives

### Preparing For The Activity:

#### Rationale:

This activity focuses on individual responsibility for the prevention of pregnancy by using contraceptives.

#### Materials

Pre-labelled newsprint:

*Contraceptives*

Samples of contraceptive pills, emergency contraception and condoms

Poster:

*Contraceptives*

#### Time

15 minutes

## Procedure

1. Introduce the activity by saying,

We have seen that it is possible for adolescents to get pregnant or to make someone pregnant through having unprotected sex. We have also seen how getting pregnant can change an adolescent's life. Let us now see how an adolescent can prevent getting pregnant. How can an adolescent who chooses to have sex avoid getting pregnant?

Answers **should** include:

Use condoms every time he/she has sex;

Use contraceptives

Have sex during the safe days

2. Using contraceptives **should** be mentioned as one of the ways to prevent pregnancy.

If it is not mentioned by participants then the facilitator should define contraceptives as methods used to prevent pregnancy

3. Continue by saying,

If you are going to have sex, you should be concerned about unplanned pregnancy and STIs (sexually transmitted infections).

What are some methods that adolescents use to prevent pregnancy?

4. Record their responses on the *Contraceptives* newsprint.



5. Direct their attention to the *Contraceptives* poster and ask for a volunteer to read aloud the contraceptives listed.

6. Continue by describing each of the contraceptives below as you show participants the illustrations from the participant handbook

If used correctly and consistently, condoms prevent both pregnancy and STIs while the other contraceptives only prevent pregnancy.

There is the oral contraceptive pill. It contains hormones that prevent ovulation or the release of an egg. A woman must take one pill at approximately the same time each day as prescribed, to be fully protected.

The emergency contraceptive pills (commonly called morning-after-pill) need to be taken as soon as possible after a woman has had unprotected sex (for example if the condom burst during sexual intercourse or if the woman has been sexually assaulted). She will have to take one pill immediately after unprotected sex and repeat the dose 12 hours later. This is an emergency measure and should not be considered as a regular form of family planning.

Another hormonal method is Depo-Provera. It is long-acting hormone and given by injection. A woman has to receive a new injection of the product every 3 months to prevent pregnancy effectively.

Norplant is another hormonal method which consists of rods that are placed under the skin of a woman's upper arm and can prevent pregnancy for at least 5 years. Because it is placed under the skin you cannot see a woman who has a Norplant. Even if you can't see it, it will stay in its place; it is specially constructed for that.

Does anyone have questions?

All these are very effective methods to prevent pregnancy, if taken as prescribed. However, if a person is on TB treatment, the pill may not work very effectively.

7. Respond to any questions then say,

If you decide to have sex, you should discuss with your partner and your health provider about the best contraceptive method for you.

8. Give the participants a chance to ask questions then say,

Why do you think many adolescents who have sex, prefer not to use contraceptives?

9. Pause to let participants respond then continue by saying,

It is true that many adolescents who have sex do not use contraceptives. One of the reasons why this happens is because they fear going to a health centre to ask for contraceptives. However, it is important for you to see a health provider you trust as he/she can counsel you about the different types of contraceptive methods and the ones that would best suit you. You can go to any health centre near you, especially those that advertise youth-friendly services. Some medicines and contraceptives have interactions, so it is important to see a doctor if you want to use contraceptives.

10. Summarize as follows,

People have lots of ideas about contraceptives and prevention of pregnancy, some are based on facts, others on myths. If you are going to have sex, you have to make the healthy choice to prevent unplanned pregnancy by using contraceptives. It is each person's responsibility to protect him or herself. Using contraceptives is the responsibility of both partners.

Remember in order to reach your goals and dreams; the healthy choice is to abstain from sex until you are ready. However if you do decide to have sex, then the responsible thing to do is to use effective methods of protection every time you have sex.

## Activity D

# Myths and facts about Pregnancy & Contraceptives

### Preparing For The Activity:

#### Rationale:

This activity helps participants distinguish between myths and facts about pregnancy.

Adolescent pregnancy is a subject with which adolescents are familiar but they continue to have misconceptions.

#### Materials:

Participant handbook:

*Myths & Facts About Pregnancy & Contraceptives*

#### Time

15 minutes



## Procedure

1. Introduce the activity by saying,

In the last activity, we just learnt how pregnancy changed Mary's life for good. Now let's play a game that will help us take a closer look at some myths and facts about pregnancy.

2. Explain the directions,

- a) I will go around the room and read a statement to each of you.
- b) Please tell me if the statement is a myth or a fact.
- c) And try to explain why it is a myth or fact. If you are not sure, someone else may help you to answer.

3. Read the following statements. Supplement the participants' explanations with those provided after each statement or have other participants give the information.

### **Myths and Facts About Pregnancy & Contraceptives**

- 1) You can get pregnant by swallowing sperm (MYTH)

The only way a woman can get pregnant is if the sperm enter her vagina and womb and fertilize an egg. This usually occurs during vaginal sex, but sperm can also enter a woman's vagina if a man "comes" when his penis is near the entrance to the vagina, but not inside.

- 2) If a girl misses her period, she is definitely pregnant (MYTH)

This is not true! When girls first start having periods, they often have irregular cycles and may even skip a month or more in between their periods from time to time. However, if a girl has had sex without a condom or a contraceptive and she misses a period, she could be pregnant. The best advice for her is to see a doctor right away to check.

3) A girl can get pregnant if she has sex standing up (FACT)

If a boy and a girl have sex something magical happens. Sperms from the boy go up from the vagina into the womb and into the tubes. They swim like mad to be the first one entering the egg. If a sperm manages to enter an egg; the girl is pregnant. There are no exceptions to this rule. There are no safe positions or safe times for having unprotected sex without risking pregnancy.

4. A girl cannot get pregnant if she has sex during her 'safe days' (MYTH).

The 'safe days' are not totally safe, one can still get pregnant.

To know which the safe days are, one should first know the duration of the menstrual cycle, for example from the first day of the last period to the first day of this period. The duration varies from person to person but is usually between 26 and 31 days. Release of the egg usually happens in the middle of the cycle. A week before and a week after the egg is released is considered to be the fertile period, or the period when one can become pregnant. All the other days people often call the safe days. It is less likely that one gets pregnant during the safe days than in the fertile period, but not impossible. Therefore relying on the safe days alone is NOT safe to avoid pregnancy.

5. A girl can get pregnant the very first time she has sexual intercourse (FACT)

Of course she can! It happens every day, much to the surprise of many young girls. You can get pregnant even if you have sex just once.

6. A girl cannot get pregnant if she has not had her first period yet (MYTH)

Girls can get pregnant before they have their first period. Young girls may not realize that their bodies are already releasing eggs.

7. If you take a lot of hot tea just after sex then you can prevent getting pregnant (MYTH)

You are NOT safe if you drink any liquids, even strong liquids, from which people say these will prevent pregnancy or induce abortion. You are NOT safe if you wash your vagina with vinegar, coke or other fluids. All these are myths. The only way to avoid getting pregnant is to abstain from sex, or to use condoms and/or modern contraceptives.

8. Withdrawal or pulling the penis out of the vagina before the man ejaculates ('comes') is an effective way to avoid pregnancy (MYTH).

No this is NOT safe! It is a way that makes many teenage girls pregnant. A fluid called pre-cum or pre-ejaculate comes out of the penis before ejaculation. Each drop of this fluid contains thousands of sperms. Even if the penis is pulled out of the vagina before ejaculation, pre-ejaculate inside the vagina has enough sperm to get a girl pregnant.

9. Adolescents living with HIV cannot become pregnant because of HIV (MYTH).

It is possible for an adolescent living with HIV to become pregnant, just like any other adolescent. If one is thinking about wanting to get pregnant, it is important to talk to a doctor or nurse and learn about the different options available to reduce the chances of your child becoming infected.

10. The very first sperm in boys cannot make girls pregnant (MYTH)

Occasionally pregnancy can occur even before a boy has had his first wet dream so it does not matter whether it's the first sperm or not. If he has unprotected sex, he is at risk of making a girl pregnant.

11. A child of an HIV positive man or HIV positive woman will be HIV positive as well (MYTH)

If the mum takes ARVs during pregnancy and the baby takes ARVs for the first 6 weeks after birth it greatly reduces the baby's risk of HIV infection. Having a C(easarean)-section instead of a natural birth also reduces the risk of passing HIV to your baby. When you decide to have a baby, it is important to talk to a health provider about all the options available to you.

12. If you use contraceptives now, you will become infertile (MYTH)

Contraceptives will only prevent you from unplanned pregnancy for the period you are using them. When you stop using them, you will be able to conceive and have a baby. Contraceptives do not stay in the body beyond the time they are used. So even if you are using contraceptive now, you will be able to get pregnant later.

13. If you take the pill, you basically have a mini abortion every month (MYTH)

Contraceptives will only prevent pregnancy but will not destroy a fetus if fertilization has already taken place. So, if you take the pill, you will NOT have mini abortions every month.

14. Contraceptives may have some side effects (FACT)

While the majority of girls and women, who use contraceptives experience no side effects, few women experience side effects such as bleeding in between periods; weight gain, nausea, breast tenderness, headache, mood changes. Most of these side effects improve within three months. However, if the side effects remain, you should ask advice from your health provider, and change to another reliable method.

4. Summarize by saying,

Good job! You really showed that you now know the facts about pregnancy and contraceptives. The more you know about the consequences of unprotected sex, the better you can make healthy choices. Use the *Myths & Facts about Pregnancy & Contraceptives* in the participant handbook. You can protect yourself against unplanned pregnancy and STIs and avoid transmitting HIV by correctly using condoms along with another contraceptive every time you have sex.

## Activity E

# STIs Brainstorm and Discussion

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Preparing For The Activity:

### **Rationale:**

Providing information on STI transmission and symptoms gives participants the necessary information they need to prevent the spread of STIs. It also helps participants to see the link between STIs and HIV.

### **Materials Needed**

Pre-labelled newsprints:

*Symptoms of STIs*

*Consequences of STIs*

Participant manual:

*Symptoms of STIs and their Consequences*

### **Time**

20 minutes

## Procedure

1. Begin this activity by asking participants what STI stands for.
2. Once participants respond with the correct answer, say the following

We just discussed a lot about pregnancy. We will now talk about the infections that we can get by having unprotected sex. The infections I am referring to are Sexually Transmitted Infections or STIs.

3. Ask participants to brainstorm on ALL the STIs they know or have heard of. Answers should include: gonorrhea, syphilis, chlamydia and genital herpes.

### ***FACILITATOR'S NOTE***

*Some of the participants may use descriptions to identify the STIs. Use the descriptions to try and determine what disease the person is describing (e.g. walking difficulties: if someone walks with the legs apart- is commonly used to describe gonorrhea). English names may be used to accompany the descriptive symptoms or local names for the STIs. It is also possible that participants may not know about STIs especially the younger adolescents. In such a situation, the facilitator should go ahead and explain what STIs are and stress that anyone who engages in unprotected sexual intercourse can get an STI.*

4. Have the participants brainstorm on all the signs and symptoms of STIs. Write those answers on the newsprint. The list should include:
  - Sores, blisters, warts or pimples on the genital area
  - Unusual discharge (in color, texture, amount or smell) from penis or vagina.
  - Pain or itching in the pubic/genital area.
  - Burning when urinating.
  - Pain in the lower stomach (in women)

5. Then say,

Having any of these symptoms doesn't necessarily mean that one has an STI; they could be symptoms of other diseases. However if a person has had unprotected sex and presents any of these symptoms it is very important that he or she goes to the health provider for a check up.

6. Now say,

As you can see, there are a number of STIs that present with different signs and symptoms. If you or your partner has any of these signs and symptoms, don't ignore it and seek advice from your health provider. It is also important to note that a person who has an STI may not have any symptoms. The person may not even know that he or she has an STI.

How do people get an STI?

**Answer:**

By having unprotected sex

7. Let the participants answer the question, then say,

STIs affect adolescents and young people more than any other age group. If you have unprotected sex and suspect that you may have gotten an STI it is very important that you seek treatment. You will be given medicines or injections, usually antibiotics. Remember, you must finish your treatment so that you are completely cured. It is also important that your partner also gets treated. Otherwise you can get the infection again after finishing your medicines. You will have to tell your partner about the STI. As long as you are on treatment it is advisable not to have sex. If you cannot avoid sex, you should use a condom.

8. Continue by saying,

How can you prevent getting an STI?

Answers **should** include:

- Abstain from sex
- Use condoms every time you have sex

9. Then say,

We know how STIs are transmitted. We know the signs and symptoms. However, STIs often do not cause symptoms and a person may not even realize that he/she has an STI. We now know how to avoid getting an STI. But what are the consequences of STIs? Let's brainstorm about some of the long-term physical and emotional consequences of getting an STI.

10. List the group's responses on the *Consequences of STIs* newsprint.



Answers **should** include:

- Your boyfriend or girlfriend may leave you
- Embarrassment
- Baby born with STI or hurt by STI
- Chronic pelvic pain (gonorrhea and Chlamydia)
- Cervical cancer (genital warts)
- Ectopic pregnancy (pregnancy outside the womb) (Chlamydia)
- Blindness (syphilis-if left untreated)
- Paralysis (syphilis- if left untreated)



- Not being able to have children (if Pelvic Inflammatory Disease (PID) is not treated, the tubes may close and make one unable to have children); also men can get infertile!
- Having an STI increases the chances of transmitting HIV to your partner
- If your partner is HIV-negative and he/she has an STI, he/she can more easily catch HIV

11. Now say the following,

You can use the *Symptoms of STIs and their Consequences* fact sheet in the participant handbook to learn more about specific STIs and their consequences.

There are some important facts about STIs that I wish to emphasize:

**STIs hurt women more than men.** If a woman has sex with an infected man, she is twice as likely to get an STI than if a man has sex with an infected woman. Women are less likely than men to notice symptoms if they have certain STI. Therefore, a woman is less likely to know she has an STI. Women also suffer consequences that men do not suffer. This includes: cervical cancer, chronic pelvic pain and transmission of STI to her baby.

**Not all STIs are curable.** For example HIV and genital herpes are not curable.

12. Then ask,

- What makes it difficult to tell your partner that you have an STI?
- If you get an STI with whom would you be angry?

Answers **should** include:

- Partner becomes angry
- You may feel embarrassed, ashamed, you might be afraid of losing your partner
- He/she may think that you had sex with another person
- I should be angry with myself (Question 2)

13. Then say,

Remember the *4-step plan for disclosure* that we used to disclose HIV status? We can also use the same strategies to inform a partner about an STI.

14. Summarize as follows:

If a person is concerned about having an STI, it is very important that he/she goes to the health provider and gets a check up. There is no need to be ashamed to seek help. Know that you are doing the right thing by seeking treatment. Remember that the doctor will maintain confidentiality and will not tell others about your condition.

You now know the basic information that will allow you to avoid getting an STI.

Remember how STIs are transmitted, some of the signs and symptoms, how to avoid STIs and what to do if you suspect that you have an STI. Part of acting responsibly and making healthy choices is being informed. You are now informed about STIs so be responsible and abstain from sex or use condoms every time you decide to have sex to prevent getting STIs.

## Sexually Transmitted Infections Fact sheet

Below are descriptions of the most common STIs, including their causes, symptoms, treatments and other information. Further information on these or other STIs can be obtained from a clinic near you.

### Gonorrhea

- This STI, is caused by bacteria which are transmitted when you have sex. Gonorrhea may cause pelvic inflammatory disease; this is a serious medical condition that can lead to infertility if it is not treated in time.
- Boys and girls experience different symptoms when they have gonorrhea, Most boys get the following symptoms:
  - Most boys but not all boys, have pain or a burning feeling when they pee
  - About half of the boys who have gonorrhea have thick, yellow discharge coming out of their penis.
  - Pain from the internal reproductive organs

Girls do have different symptoms than boys. Many girls get the following symptoms. Though not all girls have symptoms as sometimes they have gonorrhea without knowing.

- They need to urinate often.
  - They experience itching, irritation and burning of the vagina with some discharge due to infection.
  - At times they bleed in between menstrual periods
- Gonorrhea is easily treated with antibiotics.

### Syphilis

- Syphilis is an infection caused by bacteria which is spread through sex. It a

mother has syphilis she can also pass it to her child during birth. It can lead to the baby becoming blind.

- The symptoms of syphilis occur in stages. First, sores appear in the genital area, but they are not painful so people don't know they have syphilis. In a second stage, the disease reappears as a rash on the bottoms of the feet or palms of the hands. In nothing is done in the long run, people become blind or get brain damage.
- Penicillin can cure syphilis at any stage of the disease, but the damage it has done to your body cannot be reversed.
- Boys and girls experience more or less the same symptoms:
  - Small swelling between the thigh and lower abdomen.
  - Fever
  - Sore throat
  - Sores on the lips
  - Rashes on the palms and the feet
  - Girls might get a wound in the vagina

### **Chlamydia**

- Chlamydia is caused by a bacteria which is transmitted during sex
- Chlamydia is a very common STI among young people
- If left untreated, Chlamydia can cause among girls more serious illness called Pelvic Inflammatory Disease (PID). This illness can prevent girls from ever having children.
- Boys and girls experience different symptoms.

#### Boys.

- Experience discharge from the penis.
- They also feel pain.
- Because of infection they also feel pain in their belly

### Girls,

- Bleeding after sex
- Girls can also bleed between their menstrual periods
- They can have pain in their belly
- Girls can have pain when they have to pee
- Girls can also have discharges from their vagina
- Chlamydia can be cured with antibiotics and should be treated early.

### **Genital herpes**

- Genital herpes is transmitted through direct skin-to-skin contact, when the boys genitals touch the girls genitals.
- If you have herpes, symptoms come and go and come back again and go again. Doctors call these moments you have symptoms, outbreaks. The symptoms you can have can vary widely but are almost the same in both

#### boys and girls

- Pain or burning while urinating,
- Bumps or blisters around the genital area, upper thighs and buttocks.
- Swollen lymph nodes
- Fever or flu-feeling.
- Most people who get infected with herpes, get heavy symptoms the first time but there are some people who are infected but ever experienced symptoms
- Herpes can be transmitted even when you are not having an outbreak, are experiencing symptoms at that moment.
- There is no cure for herpes, but various medications can treat the symptoms or shorten the outbreak.

## **Hepatitis**

- Hepatitis is a very dangerous virus that affects the liver.
- There are many forms of the hepatitis virus: the most known are, hepatitis A, hepatitis B, and hepatitis C
- Hepatitis B is the most common form of the virus, and is often spread through sexual contact. Hepatitis B transmits very easily.
- Boys and girls get the same symptoms
  - Yellow eyes and skin
  - Abdominal pain
  - Nausea or vomiting
  - Fever
  - Fatigue
  - The urine becomes darker than normal
- There is no cure for hepatitis, but pills or injections can treat the symptoms. There are only vaccines available to prevent people from being infected with hepatitis A and B in the first place. Ask a doctor for more information.

## **Human Papilloma Virus (HPV), or Genital Warts**

- HPV is a viral infection, which causes genital warts
- HPV is usually spread by direct, skin-to-skin contact during vaginal, anal, or oral sex
- There are many different types of HPV. Some are not dangerous, while others are linked to the development of (cervical, anal, or penile) cancers.
- Sometimes the warts may go away by themselves. Sometimes the doctor has to help and remove the warts. Both boys and girls get these warts.

## **Trichomoniasis**

- Trichomoniasis, or “trich,” is a common vaginal infection.
- It is transmitted through sexual contact.
- Boys rarely have symptoms.
- Girls do get symptoms:
  - Foul, fishy or musty smelling discharge
  - Itching, irritation, redness or soreness in or around the vagina
  - Peeing is more painful and more frequent.
- Trichomoniasis can be treated with antibiotics.

**NB: Some of the STIs that can be transmitted from mother to child include: HIV, Syphilis, Genital herpes, Gonorrhea and Chlamydia**

## Activity F

## Transmission Game

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### *Preparing For The Activity*

**Rationale:**

Participating in an exercise that highlights how easy it is for anyone to get an STI, increases risk perception to infection as well as motivation to avoid infection.

**Materials Needed**

Lettered index cards (C, U, A and S)

Pencils/pens

**Time**

20 minutes



## Procedure

1. Ask the rhetorical question,

Who can catch an STI? Don't answer. Just think about it. We are going to participate in an activity that will help us answer this question.

### ***FACILITATOR'S NOTE***

*The following activity helps participants understand the potential ease of transmission of an STI if safer sex is not practiced. Be aware, however, that it can be a very sensitive activity. Some participants might have had an STI or know someone who has. Others might worry about being wrongly identified as having an STI.*

2. Say the following,

This activity is not intended to identify anyone personally, it is **STRICTLY** an exercise. It should not be taken lightly or used against a member of the group.

3. Distribute cards and pencils to all participants. Each card has a letter on the back of it. Each letter means something different. **DO NOT** discuss the meaning of the letters with the participants at this time:

**C** = Condoms

**U** = Unprotected Sex

**S** = Sexually Transmitted Infections

**A** = Abstinence

4. In a group of twelve, distribute cards so that only one person has a “**S**”, two participants should have an “**A**”, two participants should have a “**C**” and the remaining participants (seven) should have a “**U**”. *[Keep this approximate ratio if the group members are larger or smaller]*



5. Explain the following instructions:

- a) Listen very carefully
- b) Write your name on the side of the index card that has the letter on it.
- c) I would like everyone to stand and have a pencil or pen in your hand.
- d) You are going to walk around the group as you sing along until I say “Stop”
- e) Then you will stop in front of the person closest to you.
- f) The two of you will discuss a question that I will ask you (see the box below).
- g) At the end of each question (30 seconds to 1 minute), you will sign each other’s cards on the side without the letter on it and return the card to the original owner.
- h) We will continue this procedure for six brief discussions.

6. Select six of the following unfinished sentences and read out, following the procedure you just described. Lead a song as participants dance around the room. After the first question, have the participants move to a new partner. Repeat steps d-h above five more times (for smaller groups, four partner exchanges may be enough).

1. If I told my partner that I may have an STI, he/she would...
2. If I told my partner that I wanted to abstain he/she would....
3. If I decided to abstain from sex, I would be able to....
4. I could convince my partner to abstain if....
5. If I walked around with a condom in my pocket, my partner would think...
6. I could convince my partner to use a condom if I...
7. You can make using condoms fun by...
8. If I ask my partner whether he/she is having sex with other people, he/she might...
9. If I had to encourage my partner to use a condom he/she would...
10. People do not like to use condoms because...
11. If I inform my partner that I have an STI, he/she would....

7. When the six unfinished sentences have been discussed, ask all participants to have a seat and then read the following directions:

- a. This has been an exercise involving “verbal intercourse”, but we are going to pretend that it involved “sexual intercourse”.
- b. The person (or people) who has an “S” on his/her card please stand.  
Unfortunately, for this activity, you have a sexually transmitted infection and anybody with his or her name on your card has possibly contracted the infection.
- c. [Say to the person with the “S”] read the names on your card. Everyone whose name is read please stand.
- d. [Say to those who just stood up]. All the people who have an “A” on their card can sit down because you practiced abstinence, the surest way to avoid STIs.
- e. [Say to those who just stood up]. All the people who have a “C” on their card can sit down because you used a condom and used it correctly.
- f. [Say to those still standing]. All of you with a “U” on your card can remain standing because you had unprotected sex. You took a chance and had anal, oral or vaginal sex. You did not use a condom, and now you are possibly infected with whatever STI your partner had!!!
- g. [Say to those who are still standing] I would like each of you to read the names on your cards written after the name of the person who had a “S”, and those whose names are called, please stand up.
- h. Repeat steps d, e and f until all participants with a “U” card are standing.

8. Count the number of people standing and ask the group to consider what would happen if they continued to have unprotected sex with new partners.

9. Ask the remaining people who are standing to sit down.

10. Ask the person (or people) with the “S” card,

How did it feel to imagine you had been infected with an STI?

11. Ask the person with the “U” card,

How did you feel about possibly being infected?

12. Ask the person with the “C” card,

How did you feel?

13. Ask the person with the “A” card,

How did you feel?

14. Ask the participants,

What did you learn from this activity?

**FACILITATOR’S NOTE**

*The facilitator should encourage that each participant says a new thing. Ask each participant who repeats what has already been said to add something new to his/her statement.*

**Try to elicit the following answers:**

- STIs can be spread through unprotected vaginal, oral and anal sex
- One STI can infect many people by passing the disease-causing germs e.g. viruses to someone who passes it on to the next person
- You can’t tell by just looking at someone who is infected and who isn’t
- Using condoms can help you protect yourself and feel good about yourself and prevent an STI

15. Emphasize the following:

Even though this was just a game, it highlights how fast and casually STIs can spread. The best way to avoid infection is to abstain from sex or **use a condom** every time you engage in sex.

16. Take the cards back and formally remove the disease from the person with the “S” card to avoid any future stigma saying,

This was just a game. So \_\_\_\_\_ [name of the person(s) with the “S” card] I take this card and the STI back from you. No one here is infected.

17. Then ask,

What would you do if you suspected that you have an STI?

18. Summarize as follows,

Let’s reflect again about my first question, “Who can catch an STI?”

We have learned that STIs are a threat to us all.

STIs among adolescents are real. It’s important that you understand that if you have sex without a condom, you are putting yourself at risk for infection. The more you know about STIs, the better prepared you are to protect yourself from infection.

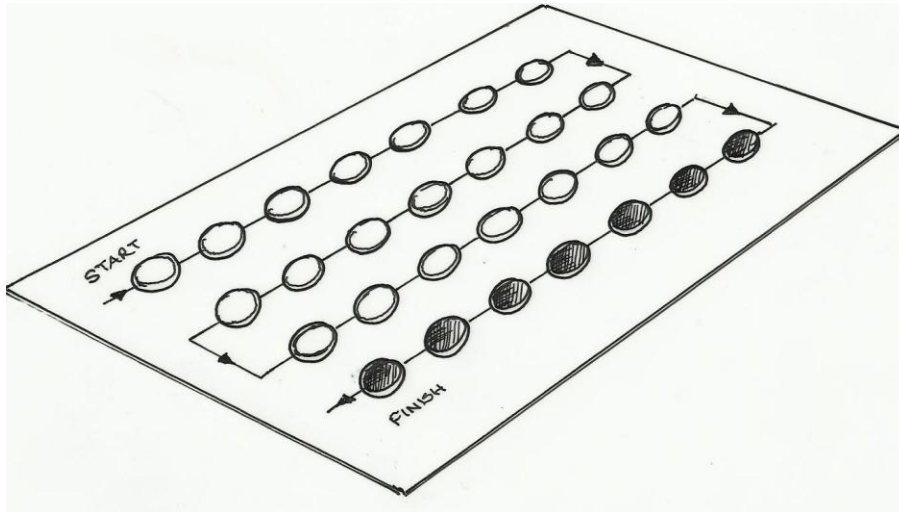
Protecting yourself from infection is your responsibility. Only you can choose to use a condom every time you have sex and only you can choose to reduce your risk. And this is a healthy choice for a brighter future.

19. Then say,

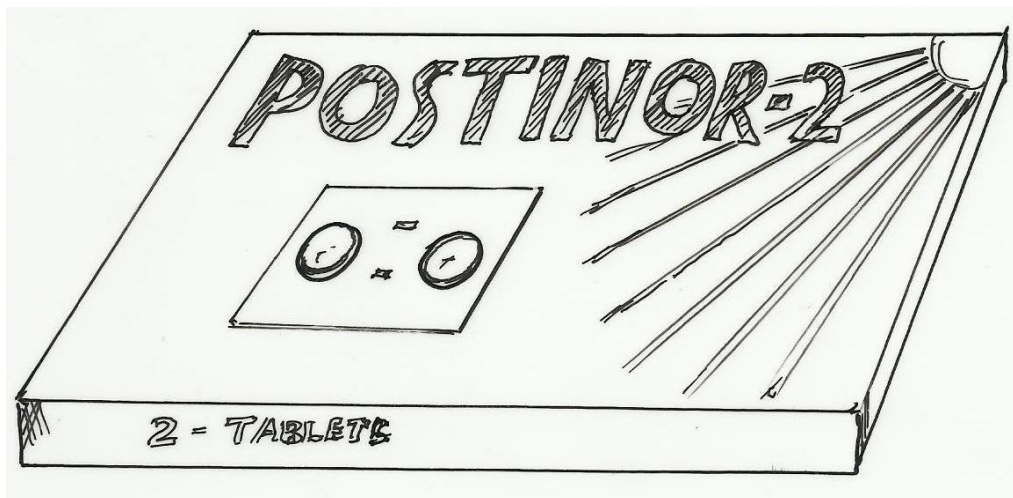
We will now take a 15 minute break. You will get some snacks to eat and can stretch yourself. But we kindly ask you to not leave the premises.

# CONTRACEPTIVES

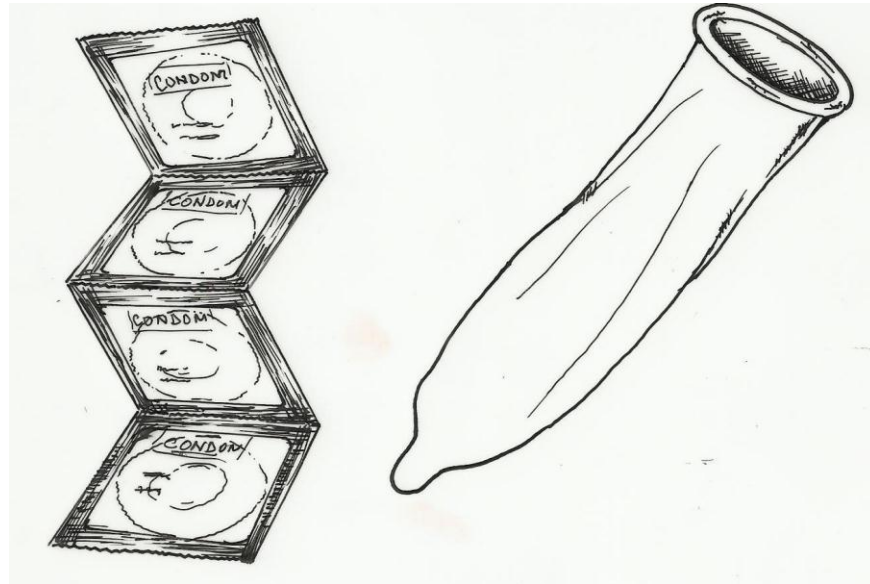
## Pills.



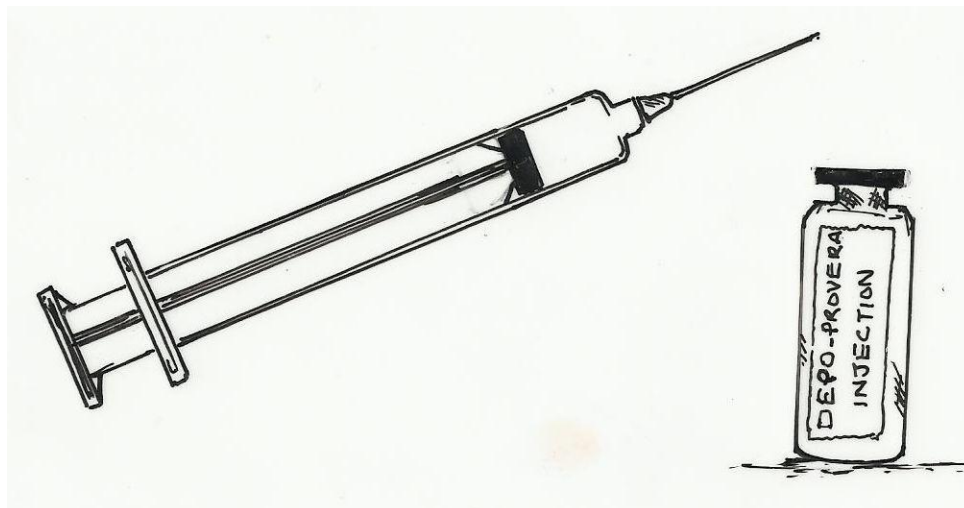
## Emergency Pills



## Condoms



## Depo Provera



## Norplant





# MODULE 8 : Developing Condom Use Skills

## Goals

*The goals of this module are to:*

- Increase participants' understanding of barriers to condom use and increase their strategies for reducing those barriers, including how to make condom use fun and pleasurable.
- Increase the participants' communication and negotiation skills so that they can negotiate condom use with a sexual partner.
- Teach participants the steps for correct use of a condom.

## Learning Objectives

*After completing this module, participants will be able to*

- Demonstrate steps for correct use of a condom.
- Identify ways to make condoms a more pleasurable part of the sexual experience.
- Identify barriers to using condoms and other safer sex behaviours.
- Demonstrate ability to respond to excuses a partner may give with statements in support of condom use.

## Module Preview

The eighth module 1) enhances participants' ability to use condoms correctly and 2) explores positive aspects of condom use.

## **Strategies/Methods**

- Brainstorming
- Group discussion
- Exercises
- Forced choice
- Condom demonstration

## **Materials Needed**

- Pre-labelled newsprints:
  1. *Condoms can be fun...*
  2. *Reasons Against Condom Use*
  3. *Reasons For Condom Use*
- Condom use picture cards
- Lubricated male condoms (2 per participant or pair of participants, plus demonstration condoms)
- One female condom
- Penile model (s)
- Tissue
- Small paper bag (to dispose of condoms)
- Participant handbook:
  1. *Buddies' Exercise*

## **Preparation needed**

- Put up the pre-labelled newsprints

## **Instructional Time**

60 minutes

<b>Activity</b>	<b>Time needed</b>
A. Discussing Condoms and Learning the Skills to Use those	30
B. How to Make Condoms Fun	10
C. Reasons For and Against Condom Use	15
D. Buddies Exercise	5

## Activity A

# Discussing Condoms and Learning the Skills to Use Them

### Preparing for the activity

#### **Rationale**

By becoming more comfortable touching condoms and by practicing correct condom use strategies, participants are more likely to use them consistently and correctly in their personal lives and feel responsible doing so.

#### **Materials**

Condom use picture cards (5 or 6 sets)

Lubricated condoms (2 per participant or pair of participant, plus demonstration condoms)

One female condom

Penile model (s) (1 per participant or pair of participants)

Tissue

Masking tape

Small paper bag (to dispose of condoms)

#### **Time**

20 minutes

## Procedure

1. Welcome participants back from the break and lead them in a brief energizer.
2. It is very important to begin the discussion with some clarifying remarks about the purpose of the activity.

For the rest of today's session we are going to focus on how you can be safer when you have sex. Even if you have not had sex, it is important to know how to use condoms, so that you can be safe in the future. We just want you to be informed because planning in advance will help you make responsible decisions if the need arises.

3. Ask the group to define "condoms"

What is a condom?

4. Allow participants to respond then say,

A condom is a thin latex (rubber) sheath that slips snugly over an erect penis and catches the sperm when the man ejaculates. Condoms offer protection against both pregnancy and sexually transmitted infections, including HIV.

5. Ask the group to brainstorm some of the nicknames or slang terms for condoms. Do not write them down. Say,

What are all the names for condoms that you can think of, including nicknames or slang?

### Examples:

- 'juala', cds, gumboots, socks, umbrella, raincoat

6. Ask the group to brainstorm on brands and types of condoms. Say,

What brands of condoms can you think of?

**Examples:**

- Trust, Sure, Trust Studded, Raha, GOK, Durex

7. Then ask,

Where can you get condoms from?

Answers may include: clinics, chemists, public washrooms, shops and supermarkets, youth center

8. Next say,

There are many places where you can access condoms free of charge such as in clinics, in public washrooms or restaurants. You can also buy them at the chemist, local shops or supermarkets.

9. Take the female condom, show it to the participants while saying,

We have been talking about condoms which are worn by men but there are also condoms for women. The female condom is worn in the vagina by the woman during sex. It catches sperm when the man ejaculates. These condoms also offer protection against both pregnancy and sexually transmitted infections, including HIV. You can not buy these female condoms everywhere, like condoms for men. Therefore we will practice with male condoms in this session. But it is important for you to know that these exist.

10. Explain the following,

We are going to learn how to use condoms correctly. Some of you may not have seen or touched a condom before. We're going to practice using condoms, so that you will know what they feel like and how to use them when you are ready to use them.

11. Divide participants into groups of 2 or 3 and distribute the condom use cards. Then say,

Each group has pictures showing the different steps of correct condom use. The pictures are all mixed up. Your task as a group is to discuss and arrange the cards in the correct order. We will then go through the steps together.

***FACILITATOR'S NOTE***

*As the group is doing the exercise, walk around and provide help as necessary.*

12. After 2 minutes, ask the participants to stop the exercise and say,

Thank you for doing the exercise. You can leave your cards as they are so that we go through the correct steps together.

13. Begin the condom demonstration by showing the strength and the size of condoms.

Use the following steps:

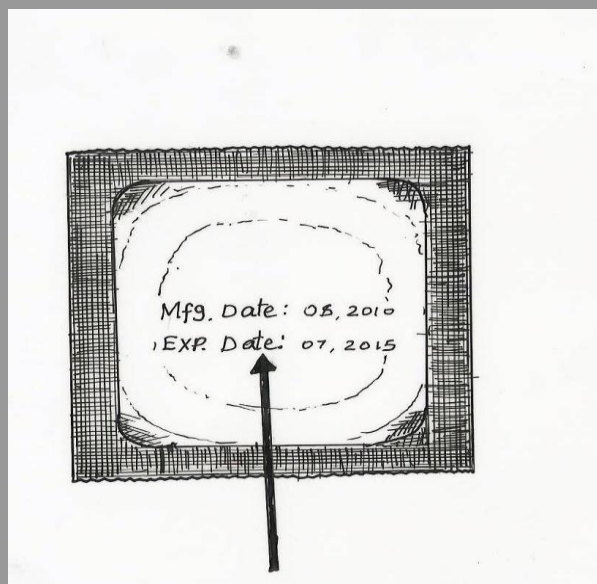
- a. Open a package, take the condom out.
- b. Put it over your hand to show them how strong it is and how it can accommodate any penis size. Roll the condom up your arm, being careful with sharp objects. If it tears on your nails or jewelry, use this as a teachable moment about being careful with sharp objects.

***FACILITATOR'S NOTE***

*The ideal way to demonstrate proper condom use is to use a wooden penile model. If a model is not available demonstrate by using your fingers. Also, be sensitive to the comfort level of your participants during this activity.*

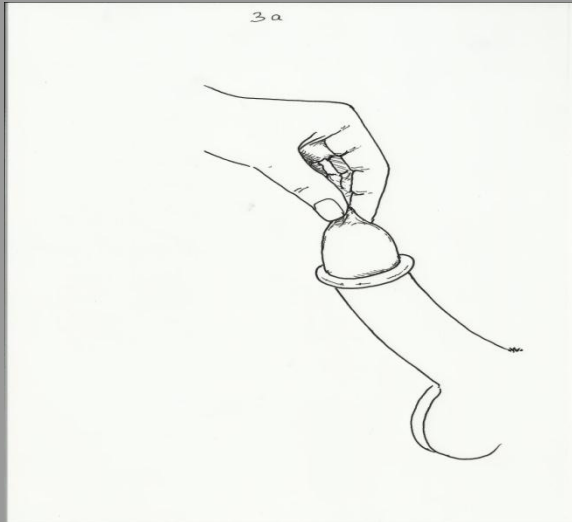
14. Demonstrate correct condom use (using a penile model) by following the steps for condom application outlined in the box below. Participants should not have a penis model at this time. They should be watching the facilitator model the procedure while reading out the steps below. Refer participant to the pictures of the condom use under each step from the participants' handbook.

1. Check the expiring date on the condom's package. If it has expired do not use it.

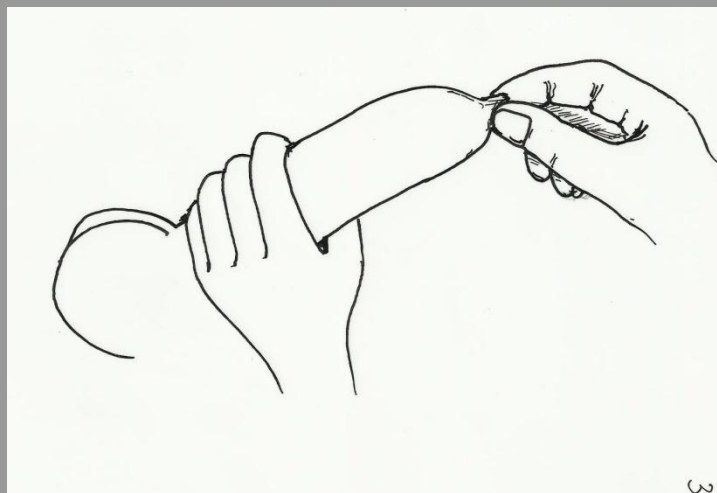


2. Push the condom in the package to one side and open the package carefully. If you are not careful, you could tear the condom.



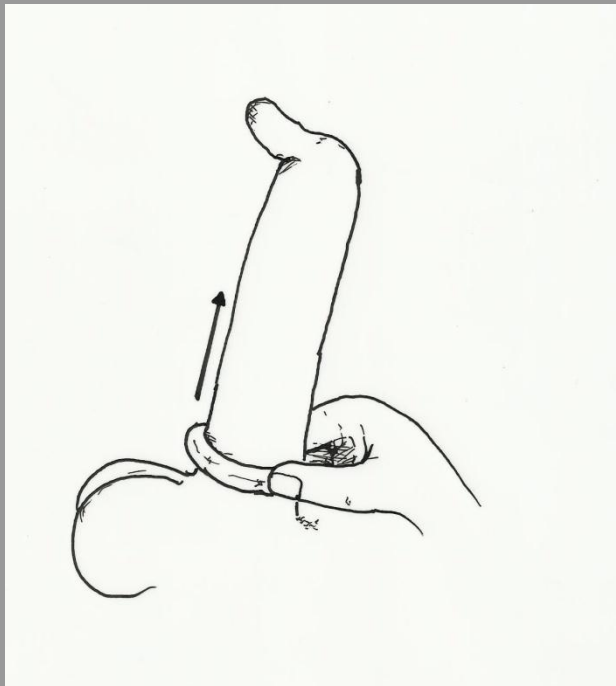


3. Hold the condom at the tip and unroll the condom all the way to the base of the penis. It is important to squeeze out air inside the tip of the condom before you unroll it because otherwise the condom might break.



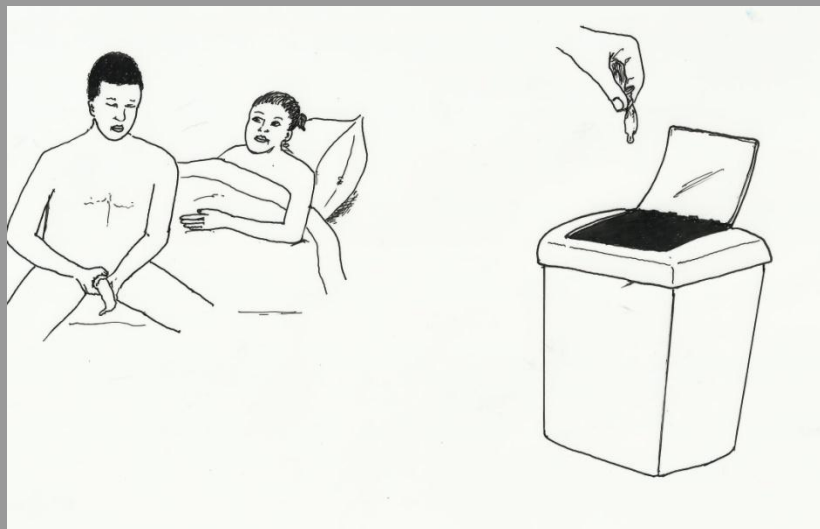
4. After sex and after ejaculation, hold the condom firmly by the rim at the base of the penis and withdraw the penis while it is still erect. [Ask: Why? Answer: If the penis

stays inside when no longer erect, the condom may come off inside the vagina and sperm could escape into the vagina].



5. Remove the condom while away from your partner's body and dispose of it safely.

[**Ask:** Why would you need to do this? **Answer:** So that the sperm (ejaculate) now inside the condom, won't get on or in your partner.]



15. Start by asking,

When does a condom need to go on a man's penis?

**Answer:**

As soon as the penis is erect, and before the penis touches the partner's body.

16. After modeling the steps, have the groups check their pictures again and review if all the groups managed to put the cards in the correct order.

17. Give each pair a condom and a penis model.

18. Read each of the 5 steps one by one and have each pair demonstrate each step. Let the participants practice putting condoms on a penile model.

19. If participants react as if condoms are messy say,

Sex is messy anyway, with sperm and vaginal secretions clinging to the penis and dripping from the vagina. Using condoms is just a different type of mess, but one that protects you. Condoms are lubricated to prevent breaking, due to friction during sex.

20. When one has demonstrated correct condom use, repeat the process with the other participant from each pair. Each participant must model the behaviour.

***FACILITATOR'S NOTE***

*There might be lots of giggling and nervous behaviour. The participants will have lots of fun. They will probably ask many questions. Supervise each participant because adolescents have trouble using condoms correctly. For example they will sometimes unroll the condom backwards or not roll them off over the entire length of the model penis.*

21. Introduce the next exercise by saying,

Now we are going to see if you can put on a condom properly while in the dark or when under the influence of alcohol.

22. Ask for two volunteers preferably a male and a female
23. Blindfold the first volunteer
24. Turn around the second volunteer several times until he/she is drowsy

***FACILITATOR'S NOTE***

*While turning the volunteer around, be careful not to cause any physical harm*

25. Give a condom and a penile model to each of the two volunteers and ask them to put on the condom following all the steps.
26. Collect the condoms and packaging in a paper bag.
27. Give participants paper towels to wipe their hands.
28. Reinforce condom information by asking the following questions. Answers are provided.

**a. Are all condoms the same size?**

Condom sizes vary SLIGHTLY from brand to brand.

**b. Is it OK to keep a condom in your pocket?**

Yes, but **ONLY** for short periods of time. Prolonged exposure to any heat source (including body heat) can damage condoms.

**c. Should you use condoms after their expiring date?**

Throw away safely unused condoms once the expiring date has passed or use them only to practice your condom skills.

**d. Should you put on more than one condom for one sexual act for more protection?**

Putting on more than one condom increases the risk of the condom breaking due to friction. One condom if properly used can give you maximum protection from STIs and unplanned pregnancy as well as transmission of HIV.

**e. What would you do if a condom breaks?**

If a condom breaks, it is important for you and your partner to see a health provider to get emergency contraception to prevent pregnancy. If your partner is HIV negative, it is also important that you disclose your status and that you encourage your partner to get tested after three months.

**f. Can you follow the proper steps of using a condom when you are drunk?**

**g. Can you follow the proper steps of using a condom in the dark?**

Trying to use a condom when you are under the influence of alcohol or in the dark can make it difficult for you to follow all the steps of proper condom use. The safe thing to do is to avoid alcohol and other drugs and to always have some light to help you follow the steps of using a condom properly.

29. Ask the participants if they have any questions and summarize as follows,

- Use a condom every time you have sex
- Keep a supply of condoms at hand
- Get used to condoms, so they are natural and fun. Keep practicing until you become a pro!
- Talk to your partner about using condoms
- Do not use alcohol or other drugs when you have sex because they affect your judgment.

**Condoms make sense.** Condoms help to protect **both partners** from STIs, pregnancy and HIV transmission. However, you must use them correctly every time you have sexual intercourse.

## Activity B

# How to Make Condoms Fun

### Preparing For The Activity:

**Rationale:**

Helping participants see how they can make condom use fun and pleasurable for themselves and their partner encourages consistent use and a sense of responsibility.

**Materials Needed****Pre-labelled newsprint:**

*Condoms Can Be Fun...*

**Time**

10 minutes

## Procedure

1. Introduce this activity by saying,

How would you complete this unfinished sentence?

“Condoms can also be fun when having sex because...”

2. Record their responses on the *Condoms Can Be Fun....* newsprint.



3. Add the following ideas to their list if the participants did not already mention them.

Sex is more fun when condoms are used because...

- You can act sexy/sensual when putting condoms on
- You can tease each other sexually while putting on the condom
- You feel more relaxed and can really enjoy yourself
- Condoms make the erection last longer.
- You can use different colours and types/textures
- You can tell your partner that using a condom can make a man last longer
- The woman puts the condom on the penis
- You have a sense of humor and make jokes
- You talk about them in advance
- You have the condom open and ready to use.

***FACILITATORS' NOTE***

*Emphasize the strategies for making condom use more pleasurable. Remember that some adolescents may not be sexually active and that for them this discussion may not make much sense.*

*Emphasize that you are not encouraging sexual activity among adolescents.*

4. Then say,

Once you get used to condoms they become a natural part of having sex.

5. Then ask the group the following question. Encourage everyone to respond.

How confident are you that you can use a condom when you have sex?

6. Summarize as follows,

Once you both agree to use condoms, do something positive and fun. Get condoms together, you can even get different brands. Plan a special day when you can experiment. Just talking about how you'll use all of those condoms can be a turn on. Remember, the healthy choice is to always use condoms if you decide to have sex.



## Activity C

# Reasons For and Against Condom Use

### Preparing For The Activity:

#### Rationale

Pointing out the positive aspects of condoms – by changing negative statements about condom use into positive ones- may reinforce the need to use condoms correctly and consistently, as well as build self-efficacy. This activity also sets the foundation for role-playing and responsible decision -making skills.

#### Materials Needed

Pre-labelled newsprints:

*Reasons in Favour of Condom Use*

*Reasons Against Condom Use*

#### Time

15 minutes

## Procedure

1. Introduce this activity by saying,

There are many reasons why people do or do not use condoms. Some of them are reasons that encourage condom use (For) and others are reasons against condom use and discourage people from using them (Against).

2. Ask participants to brainstorm on the reasons why people choose to use condoms (all the things that encourage people to use condoms) and record their responses on the *Reasons in Favour of Condom Use* newsprint



Answers **should** include:

- Condoms can prevent sexually transmitted infections and transmission of HIV
- Condoms can prevent pregnancy
- Condoms make you feel good about yourself
- You know you are safe when you use condoms so you can relax and enjoy yourself

3. Ask participants to brainstorm on the reasons why people choose not to use condoms (all the things that discourage people from using condoms) and record their responses on the *Reasons Against Condom Use* newsprint.



Answers **should** include:

- Condoms are not available
- Condoms ruin the mood and the pleasure
- Condoms don't feel natural
- Condoms cost too much
- My partner doesn't want to use condoms
- I'm embarrassed to bring up the subject
- My parents might find them
- I'm embarrassed to go to the store to buy them
- If I suggest condom use my partner will know I have HIV
- My partner would think I don't trust him/her if I asked him/her to use condoms.
- Condoms are messy

4. Explain the following,

Since we are responsible young people who respect ourselves and want to protect ourselves, we are now going to change these reasons against into reasons in favour of condom use.

6. Demonstrate by reading one of their reasons against into and turning it into a reason for condom use.

**Example:**

*Reason Against Condom Use:* Condoms don't feel natural

*Reason in Favour of Condom Use:* Having an STI won't feel natural either.

7. Then, give each member of the group a chance to change a reason against condom use into a reason in favour of condom use.

8. Cross each reason against off the list as it is changed into a reason for condom use.
9. Next say,

What if your partner says no to using condoms?

**Answer**

Then you should postpone having sex with your partner until you both agree to use them.

10. Then ask,

Do you need to use condoms even if you are involved with only one person?

**Answer**

Yes, even if you believe that neither of you has ever had sex with anyone else and that know each others' HIV status.

11. Summarize as follows,

Good job. As you can see, we've changed all the "reasons against condom use" to "reasons in favour of condom use". There are no longer "reasons against condom use". Remember, regardless of what reason your boyfriend/girlfriend gives you for not using a condom, you need to be prepared to give a response that turns the reason against into a reason for. The healthy choice is using a condom every time you decide to have sex.

## Activity D

## Buddies' Exercise

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### Preparing For The Activity:

#### **Rationale**

Discussing how to obtain condoms with their buddies gives participants a chance to come up with strategies to obtain condoms.

#### **Materials Needed**

Participant handbook:

*Buddies' Exercise*

#### **Time**

5 minutes

## Procedure

1. Introduce this activity by saying,

We have learnt a lot about condoms. Today's Buddy's Exercise" will help you to come up with strategies for obtaining condoms. Let's review the assignment together.

2. Direct participants to the *Buddies Exercise* in the participant handbook.



3. Give out instructions for completing the assignment by saying,

With your buddy, discuss and outline how you would go about obtaining condoms listing all the possible options.

You should also obtain a few condoms and carry to them to our next session.

4. Ask the participants,

Are there any questions about the exercise? (*Pause for responses.*)

Does everyone understand what he or she is being asked to do? (*Pause for responses.*)

5. Remind participants to set a weekly goal then say,

We would like to end by reviewing what we have learnt today. What are some of the things you can remember from today's session?

8. Allow participants to respond and summarize by saying,

We have learned a lot today. We have learned about STIs, how they are transmitted and how we can protect ourselves from them. We also talked about pregnancy and what impact it can have on your goals and dreams. We have also learned a lot today about contraceptives and condoms. Remember, you have the choice to protect yourself. The

safest choice you can make is to abstain from sex so that you are more focused on your goals. If you decide to have sex, then use condoms every time you have sex to prevent STIs, unintended pregnancy and HIV transmission. This is a healthy choice that can help you move towards a brighter future!

Remember to use the reference materials in your participant handbook to revise on what we have learned and prepare for the next session.

Our next session will be on \_\_\_\_\_ at \_\_\_\_\_. It is important for you to be there as we will be learning new and interesting things that will help stay healthy. Please remember to come on time and carry your participant handbook and pen with you.

## Buddies' Exercise

With your buddy, discuss and outline **How would you go about obtaining condoms** (list all the possible options).

*You should also obtain a few condoms and carry to them to our next session.*

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

d. \_\_\_\_\_

e. \_\_\_\_\_

f. \_\_\_\_\_

g. \_\_\_\_\_

h. \_\_\_\_\_

i. \_\_\_\_\_



# **MODULE 9 : Role-Plays : Enhancing Refusal and Negotiation Skills**

## **Goals**

*The goals of this module are to:*

- To increase participants' communication and negotiation skills regarding safer sex (abstinence and condom use).
- To enhance participants' ability to resist situations that places them at risk for sexually transmitted infections and unintended pregnancy.
- Enhance participants' sense of and responsibility in negotiating safer sex.

## **Learning Objectives**

*After completing this module, participants will be able to:*

- Identify strategies for negotiating safer sex with a sexual partner.
- Demonstrate body language and strategies for negotiating safer sex with a partner.
- Express pride in sticking to their decision to abstain from risky sexual behaviours and use condoms correctly and consistently.

## **Module preview**

The ninth module 1) Increases participants' motivation to practice safe sex; 2) Builds skills to negotiate safe sex; 3) Allows participants to rehearse negotiation skills and receive feedback; and 4) Reinforces participants' sense of pride in choosing safe sex.

## Strategies/Methods

- SWAT Technique
- Scripted Role plays
- Talking Circle

## Materials Needed

- Posters:
  1. *SWAT*
  2. *Negotiation and Refusal Skills Charts (1A, 1B, 2, 3 and 4)*
  3. *Role-Play Guidelines*
- Participant handbook:
  1. *Role-Play Character Description Cards*

## Preparation Needed

- Hang SWAT Poster, Refusal Skills Charts 1 – 4, and Role-Play Guidelines.
- Hang the group rules from the first session

## Instructional Time

75 minutes

Activity	Minutes needed
A. Welcome Back, Recap and Homework Review	15
B. Review of SWAT	20
C. Enhancing SWAT: Partner Role-Playing	40
D. Break	15

## Activity A

# Welcome Back, Recap and Buddies' Exercise Review

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### Preparing For The Activity:

#### Rationale

To create a friendly and free environment motivates teenagers to participate in the session. This activity breaks the tension and provides a free environment for all participants to contribute to the learning.

#### Materials

Participant handbook:

Filled in *Buddies' Exercise* from previous session

#### Time

15 minutes

## Procedure

1. Welcome back participants to the session by saying,

Welcome to the last session of Brighter Future. To start off today's session we are going to sing and dance. Can we get a volunteer to lead us in a song?

### ***FACILITATORS' NOTE***

*If no one volunteers to lead the song, the facilitator should lead the first few lines and encourage a participant to continue onwards*

2. After the song and dance, have participants get into their Talking Circle positions (**tight** circle of chairs). Reintroduce the Talking Circle by saying,

We are going to use the talking circle again to remember what we learned in the previous session of Brighter Future.

When it is your turn to speak, please share with us one thing that you liked from the last session.

3. Start with the person on your left and allow the group members to speak until all group members have had a chance to share what they remember from last session.

Answers **may** include:

- Pregnancy story
- Myths and facts about pregnancy and contraceptives
- STIs
- Transmission game
- How to use condoms correctly
- How to make condoms fun and pleasurable

4. When all have participated in the Talking Circle, say,

That was great. It shows that you are enjoying learning together. In the last session, you each choose a weekly goal to achieve. You were also given a buddies exercise.

Let us first hear your weekly goal and how you went about achieving it. I will start from my right. Each person will share with us their weekly goal and their experience.

5. Start with the person on your right and allow each participant to speak until all participants had a chance to share their weekly goal for the last week and their experiences.

6. When **ALL** the participants have shared their weekly goals, say

I can see that you are now doing very well with your weekly goals. Weekly goals can help you get closer to your long term goal of a brighter future. Remember to continue setting weekly goals and discuss with your buddy even after the program.

7. Process the *Buddies' Exercise* by saying,

Now I would like us to review the second part of the buddies exercise that you were given last week.

Each pair of buddies will tell us the steps they identified for obtaining condoms.

8. Then ask,

If there was someone who really obtained condoms? Kindly share with us your experience.

## Buddies' Exercise

With your buddy, discuss and outline **How would you go about getting condoms** (list all the possible options)

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

d. \_\_\_\_\_

e. \_\_\_\_\_

f. \_\_\_\_\_

g. \_\_\_\_\_

h. \_\_\_\_\_

i. \_\_\_\_\_

9. When all the questions have been answered, thank participants by saying,

You have all done a great job. You should be proud of yourselves. You will see that you now have all the information and skills to use condoms correctly and consistently every time you decide to have sex. This is a healthy choice to make for you to achieve a brighter future!

## Activity B

## Reviewing SWAT

### Preparing for the activity

#### Rationale

Reinforcing negotiation strategies with participants, builds skills and self-efficacy

#### Materials Needed

Posters:

*SWAT*

*Refusal Charts 1A, 1B, 2, 3 and 4*

#### Time

20 minutes



## Procedure

1. Begin this activity by saying,

In our previous sessions we have talked about the pressures that young people like you may face from your peers or your partners to have sex without condoms. As a adolescent living with HIV, it is important to know how to respond to such pressure. We are now going to review the SWAT strategy that we discussed some time ago.

What do you remember about the SWAT strategy?

Does anyone remember the characteristics of the Say No Effectively steps in SWAT?

2. Thank participants for their responses and continue by saying,

As you have mentioned, SWAT is a very interesting strategy for dealing with pressure to engage in unsafe sexual behaviour. It is a strategy that you can use to negotiate abstinence or condom use. In session 2 we discussed the “S” part or the “Say No” part of the SWAT strategy already, but let’s just quickly review it so that we are really comfortable saying NO in unsafe situations.

3. Read each item under the *Characteristics* section of the *Say NO Effectively chart* (Chart 1-A).
4. Demonstrate how to use those “characteristics” by modeling only the **first** example from the *Say No Effectively Examples* (chart 1-B) section of the chart.
5. Then say to the participants,

Now, each of you will get another chance to read an “example” on the *Saying No Effectively* chart. Since we have done this before, I know you are able to say these statements like you really mean it.

6. Go around the group and have each participant read aloud one of the examples like they really mean it, until all of the examples have been read. Participants may also want to use their own examples. Encourage this.

7. Explain the following,

Next we will review the other steps of the SWAT technique: *W*, which is to explain *Why*; *A* which is to suggest an *Alternative*; and *T*, which is to *Talk it out*.

Let's start with *Chart # 2, "Why-Give Clear Reasons to Support Your Choice"* it shows examples of reasons that you might give for why you are saying "no" to unsafe sex. We will go around the group and I would like each of you to read aloud an example of a "why" statement. You may choose to develop your own "why" statement. When you say the statement, say it like you really mean it.

8. Go around the group and ask each participant to read aloud an example from *Refusal Skills Chart # 2*, until all the examples have been read.

9. Now following the same procedure with *Refusal Skills Charts #3*. Say the following,

Let's move on to *Chart #3, "Alternative — Suggest Something Else"* which is the "*A*" part of the *SWAT technique*. The Chart shows examples of alternative actions you might suggest instead of engaging in unsafe sex. We will go around the group and I would like each of you to read aloud an example of an alternative action statement. You may choose to develop your own alternative statement. When you say the statement, say it like you really mean it.

10. Go around the group and ask each participant to read aloud like they really mean it an example from *Refusal Skills Chart #3* like they really mean it, until all the examples have been read.

11. Now follow the same procedure with *Refusal Skills Charts #4*. Say,

Okay. Now let's look at *Chart #4, "Talk it out—Discuss Your Feelings,"* which is the "T," the last part of the *SWAT* technique. The chart gives examples of how you might discuss your feelings about safer sex and using condoms. Once again, we will go around the group, and I would like each of you to read aloud an example of a "talk it out" statement. You may choose to develop your own "talk it out" statement. When you say the statement, say it like you really mean it.

12. Go around the group and ask each participant to read aloud an example from *Refusal Skills Chart #4*, until all the examples have been read.

13. Say the following,

Wow!! I hope you enjoyed learning those nice tips from the *SWAT* strategy. Do you have any questions about *SWAT*?

14. Answer any questions.

15. Summarize as follows,

Great! Now that we have discussed the *SWAT* strategy for negotiating safer sexual behaviour, we are going to practice how to use the *SWAT* strategy. We are going to do role plays. Role plays are fun, remember, they help us practice using new information and skills. For the rest of the session today, we will be doing role plays and each one of us will get a chance to do a role play. Is that fun?

### ***FACILITATORS' NOTE***

*Be sure that participants understand that when using the SWAT technique, some people may use all of the steps in the order listed on the poster, from S to W to A to T. Others may go back and forth using the four steps in a different order. For example, a person may say “no” first, then give alternatives, then talk it out, and then explain why. The sequence of the steps does not matter as long as all four steps are used during the role-play conversations.*

## **SWAT**

### **S = Say NO to unsafe behaviour**

Refuse the unsafe behaviour.

Be careful not to do this in a negative way.

### **W= Be prepared to explain WHY you want to be safe.**

Provide a good explanation as to why you want to be safe. Explaining why helps your partner hear and understand your real concerns and prevents him or her from reacting in a negative way.

### **A= Provide ALTERNATIVES**

Providing safe alternatives and other strategies shows that you still care about the person and want to have a relationship with this person.

### **T= TALK it out**

Talking helps the relationship grow and makes things gel between the two of you.

## Negotiation and Refusal Skills - Chart #1A

### “Say No” Effectively

#### Characteristics

- Use and repeat the word “no” often
- Send a strong nonverbal “no” with your body language (for example, use hand and body gestures to emphasize the point)
- Project a strong tone of voice.
- Look directly at the person’s face and eyes. Don’t put your head down.
- Stand straight and tall. Don’t fumble with things.
- Use a serious facial expression
- Don’t send mixed signals (such as smiling while you are saying “no”)

## Negotiation and Refusal Skills - Chart #1B

### “Say No” Effectively

#### Examples

- No! I’m not ready to have sex yet!
- No! I do not want to have sex without a condom!
- No! I don’t want to touch you there!
- No! Stop trying to unbutton my clothes!
- No! I’m not going to have sex with you!
- No! I really mean ‘NO’!
- No! I want to protect myself. We have to use a condom

## **Negotiation and Refusal Skills - Chart #2**

### **Why-Give Clear Reasons to Support Your Choice**

#### **Examples**

- No, am not ready for sex yet
- Because I want it (with emphasizing the “I”)
- No, I won't risk my future goals by having unprotected sex
- Condoms prevent STIs and unintended pregnancy infection.
- I'm not ready to be a parent yet
- I don't want to risk giving HIV to you (in case partner is aware of HIV-status)

## **Negotiation and Refusal Skills - Chart #3**

### **Alternative-Suggest Another Action**

#### **Examples**

- Let's go buy some condoms right now
- Let's get out of the house. It makes me uncomfortable
- We can hold hands, hug or kiss, but no sex now
- Let's choose some things that will feel ok for both of us since we don't have a condom
- Let's go get something to eat

## **Negotiation and Refusal Skills - Chart #4**

### **Discuss Your Feelings**

#### **Examples**

- I feel like you don't really care about me when you pressure me like this.
- I'm not ready to have a baby. I would feel better if we used a condom.
- I'm glad you agreed to use condoms. I feel like you really care about me.
- You really turn me on when you touch me, but I won't have sexual intercourse without a condom.
- If you can't respect my feelings, then I'm prepared to end this relationship.
- Our future goals and dreams are more important than a moment of unsafe pleasure, so I'm glad we decided to use condoms.

## Activity C

# Enhancing SWAT: Role Plays

### Preparing for the activity

#### Rationale

This activity allows participants guided practice in negotiating with a partner in a controlled and safe environment. Those not participating directly in the role-play have the opportunity to identify helpful strategies and coach those in the role-play. This practice increases skills and feelings of confidence about negotiation, and the likelihood that they will use these negotiation skills in real life situations.

#### Materials Needed:

Posters:

*SWAT*

*Refusal Skills Charts (1 – 4)*

*Role-Play Guidelines*

Participant handbook:

*Role-Play Character Description Cards*

#### Time

40 minutes



## Procedure

### ***FACILITATORS' NOTE***

*If you have 8 pairs of participants, have the last pair of participants present Role-play A which was originally done by the facilitators.*

***Make sure everyone participates in a role play.** If you have an odd number of participants, you may have to ask some participants to volunteer more than once. You can also use your knowledge of the participants to put them in pairs or “coaching groups” that will effectively play the roles.*

*If you are not satisfied with the participants’ responses, it is up to you to let other participants give a response or to offer responses of your own.*

*Your job is to be sure that important issues are addressed and that participants feel they can confidently use their skills. Give suggestions and help, as need arises. Do not allow disagreement to continue for too long or for anti-condom attitudes to win.*

*If time allows, you may wish to have participants replay the role-play showing alternatives, let the audience help out, or play the role with one of the players. What is important is that participants practice communicating even when the situation is difficult. In real life, one of the hardest things to do is to fully explain yourself and be understood.*

1. Post the *SWAT, Refusal Skills Charts* and *Role-Play Guidelines* poster before beginning this activity.
2. Introduce this role-play activity by saying,

We have now reached the best part of the *Brighter Future II* Program.

Today’s role plays will help us practice using the SWAT technique that we have just learned to resist pressure to engage in unsafe behaviour.

You should do your best to feel and behave like the person whose role you are playing. You are trying to behave in a way that will help you and everyone else learn. Let’s review some role-play guidelines.

3. Point to the *Role-Play Guidelines* poster. Review and read each item on the poster. Remind the group to also use the *Refusal Skills Charts*.

- Read your role-play scenario carefully
- As a pair, agree on which character each of you will play. It is okay for a girl to play the character of a boy and for a boy to play the character of a girl
- Read the description of your character carefully and get into the shoes of your character
- Read the role of your character carefully and think about how that person would really behave in such a situation.
- Practice together with your partner how you are going to role-play your scenario
- Do your best to stay in the role throughout the entire role-play.
- Really try to feel and act like the person you are playing.
- Don't let comments and laughter distract you.
- Try things that you usually not do, just to see how it feels.

4. Direct participants to the *Role-Plays* starting in the participant handbook.



5. Ask for volunteers or pair up the participants for each of the role plays then say,



Each of you will get a role play script. You are going to use these role-plays to practice talking to your friends and peers. Once you get your scenario, read together and agree on what character each one of you will play. The characters you will play have a name and a description. I will give you time to study the description of your character so that you can play your role well I will give you about 5 minutes to read the script with your partner, prepare and practice how you will perform the role-plays.

6. After 5 minutes, invite the participants back to the larger group and say,

I hope you enjoyed practicing the role-plays together. Now I will give a chance to each pair to come and demonstrate to us how you handled your scenario. But before we begin, my colleague and I are going to demonstrate the first role-play scenario. I will play the part of **Rose**, the person being pressured and [co-facilitator's name] will play the part of Richard. As we do this, we want you to observe how we are using the refusal skills in the SWAT strategy. Let us start with *Role-Play A*.

7. Read aloud the description of your characters, Rose and Richard,

- Responsible Rose: one of our main characters.
- Richard: A 17 year old courageous boy who spends most of his time at the market selling fruits.

*Role Play A* is a conflict where Richard is pressuring his younger sister's friend, Responsible Rose, to get into his hut. **Rose** is the pressured character so focus on her. The goal of this role-play exercise is for Rose to be responsible and resist pressure to engage in risky behaviour.

8. Start by saying,

As you watch the role-plays, check to see if the SWAT skills are demonstrated. Focus on the character that is pressured, in this play it is Rose. The rest of you can “coach” the players if we get stuck in the role-play. Remember that no one says ALL the right things in every conversation. But we can always go back to our partners and say more things about our thoughts and feelings another time.

9. After 2-3 minutes of the role-play, use the questions below to discuss participants’ comments on *Role-Play A*. Encourage everyone to give input.

- Did Rose say “NO?”
- Did Rose say “Why?”
- Did Rose give an “Alternative?”
- Did they “Talk it out”?
- What methods/strategies did Rose use to get her message across?
- Actors (Rose and Richard), what pressures were your characters feeling?
- Were there any misunderstandings or breakdowns in communication?
- How would you have handled the situation differently?

10. Summarize *Role-Play A* by saying,

Sometimes you might experience pressure to get into a risky situation. It is important to know which situations can expose you to unsafe behaviour and how to avoid them. Apart from getting into a “simba” with a boy/girl alone, which other situations can expose you to unsafe behaviour?

***[Pause to let participants respond].***

Always remember to avoid these situations. However, if you find yourself in a risky situation, be sure to resist pressure to engage in unsafe behaviour by using the SWAT strategy.

11. Continue to the next volunteer pair and introduce *Role-play B* by saying,

Let's now have pair B come in front and show us how they handled their role-play scenario.

- Maurice: A 16 year old honest boy who cares about his future and is in love with his girlfriend Christine.
- Charming Christine: A 16 year old beautiful girl who is an active member of the local support group.

*Role-Play B* is a conflict where Christine, is pressuring her boyfriend, Maurice to have sex without a condom. Maurice is the pressured character so focus on him. The goal of this role-play exercise is for Maurice to be safe and make a healthy decision to use a condom.

12. After 2-3 minutes of the role-play, use the questions below to discuss participants' comments on *Role-Play B*. Encourage everyone to give input.

- Did Maurice say "NO?"
- Did Maurice say "Why?"
- Did Maurice give an "Alternative?"
- Did they "Talk it out"?
- What methods/strategies did Maurice use to get his message across?
- Were there any misunderstandings or breakdowns in communication?
- How would you have handled the situation differently?

13. Summarize *Role-Play B* by saying,

As young people living with HIV, sometimes you might be under pressure from a partner who is also HIV positive to have sex without a condom. Remember that sex without a condom can expose you to other sexually transmitted infections, and unintended pregnancy. By using condoms correctly and consistently, it does not mean that you don't trust one another. It is a healthy choice to make to help you achieve your life goals.

It is also important to use the different techniques that we learned in our previous session that can make condom use pleasurable and fun. It is important to talk about condom use ahead of time, before any touching or kissing begins. People have expectations in certain situations. If something happens that you don't like, always tell your partner.

14. Continue to the next volunteer pair and introduce *Role-play C* by saying,

Let's now have pair C come in front and show us how they handled their role-play scenario.

- Irene: A 14 year old beautiful girl who wants to be a famous musician in future.
- Daniel: A 15 year old boy who loves to party and have fun.

*Role-Play C* is a conflict where Irene is pressuring her boyfriend, Irene to have sex without a condom. **Daniel** is the pressured character so focus on himr. The goal of this role-play exercise is for Daniel to be safe and make a healthy decision not to have sex without a condom.

15. After 2-3 minutes of the role-play, use the questions below to discuss participants' comments on *Role-Play C*. Encourage everyone to give input,

- Did Daniel say "No?"
- Did Daniel say "Why?"
- Did Daniel give an "Alternative?"
- Did they "Talk it out"?
- What methods/strategies did Daniel use to get his message across?
- What did Daniel think would happen if he had sex without a condom?
- Were there any misunderstandings or breakdowns in communication?
- Why is it important to avoid sex without a condom?

16. Summarize *Role-Play C* by saying,

If you choose to have safe sex then using a condom correctly and consistently is the healthy thing to do. However, in some situations such as in a disco matanga, you may find it difficult to resist the temptation to have sex without a condom. This is because condoms may not be available in such places and because of peer pressure. Remember what we said about risky situations? The best thing to do is to avoid them. But if you find yourself in such a situation, you can use the SWAT strategy to negotiate for safe sex. You can also decide to always carry a condom with you. Talking to your partner in advance about your choice to always use a condom during sex will also help.

17. Continue to the next volunteer pair and introduce *Role-Play D* by saying,

Let's now have pair D come in front and show us how they handled their role-play scenario.

- Michael: A 15 year old boy who wants to be a bus driver in future.
- Erick: A 15 year old boy who loves to party and have fun.

*Role-Play D* is a conflict where Michael is being pressured by his friend Erick to take bhang (marijuana). Michael is the pressured character so focus on him. The goal of this role-play exercise is for Michael to be safe and make a healthy decision not to take bhang.

18. After 2-3 minutes of the role-play, use the questions below to discuss participants' comments on *Role-Play D*. Encourage everyone to give input.

- Did Michael say “NO?”
- Did Michael say “Why?”
- Did Michael give an “Alternative?”
- Did they “Talk it out”?
- What methods/strategies did Michael use to get his message across?
- What did Michael think would happen if he took bhang?
- Were there any misunderstandings or breakdowns in communication?
- Why is it important to resist pressure to take bhang, other drugs?

19. Summarize *Role-Play D* by saying,

Bhang and other drugs can impair your judgment and cause you to make unhealthy choices in your life. It can make you engage in sex when you were not prepared. The healthy choice is to avoid bhang/drugs because they may lead you to engage in unsafe behaviour.

20. Continue to the next volunteer pair and introduce *Role-play E* by saying,

Let's now have pair E come in front and show us how they handled their role-play scenario.

- Ellen: A sexy 15 year old girl who wants to be a politician in future.
- Judith: A 16 year old girl who enjoys gossiping and talking about her boyfriends.

*Role-Play E* is a conflict where Ellen is being pressured by her friend Judith to have sex. Ellen is the pressured character so focus on her. The goal of this role-play exercise is for Ellen to be safe and make a healthy decision not to have sex.



21. After 2-3 minutes of the role-play, use the questions below to discuss participants' comments on *Role-Play E*. Encourage everyone to give input,

- Did Ellen say “NO?”
- Did Ellen say “Why?”
- Did Ellen give an “Alternative?”
- Did they “Talk it out”?
- What methods/strategies did Ellen use to get her message across?
- Were there any misunderstandings or breakdowns in communication?
- How differently would you have handled the situation?

22. Summarize *Role-Play E* by saying,

Sometimes your friends may put pressure on you to have sex by telling you how nice it is or the nice things they get from their partners. However tempting these stories are, remember that the decision to have sex is YOURS ONLY to make. Think clearly about what you want and use the SWAT strategy to cope with pressures to engage in behaviour that is unsafe. Remember that agreeing to have sex just because most of your friends are doing it or because they say that they are doing it, or even because of gifts is not a healthy choice to make.

23. Continue to the next volunteer pair and introduce *Role-play F* by saying,

Let's now have pair F come in front and show us how they handled their role-play scenario.

- Nelson: An intelligent 16 year old boy who loves reading.
- Brian: A 17 year old boy who likes keeping showing off and loves talking to girls
- *Role-Play F* is a conflict where Nelson is being pressured by his friend Brian to have sex. Nelson is the pressured character so focus on him. The goal of this role-play exercise is for Nelson to be safe and make a healthy decision not to have sex

24. After 2-3 minutes of the role-play, use the questions below to discuss participants' comments on *Role-Play F*. Encourage everyone to give input,

- Did Nelson say “NO?”
- Did Nelson say “Why?”
- Did Nelson give an “Alternative?”
- Did they “Talk it out”?
- What methods/strategies did Nelson use to get her message across?
- Were there any misunderstandings or breakdowns in communication?
- How differently would you have handled the situation?

25. Summarize *Role-Play F* by saying,

As we have seen from this role play, even boys sometimes get pressured by their friends to have sex. Your friends can tell you how nice sex is just to get you to have sex. Remember that however tempting these stories are, the decision to have sex is your own to make. You can use the SWAT strategy to say no to sex you're your friends are pressuring you to have sex and you are not ready.

26. Continue to the next volunteer pair and introduce *Role-play G* by saying,

Let's now have pair G come in front and show us how they handled their role-play scenario.

- Stella: A 14 year old girl who loves music and is keen on learning how to dance.
  - Christine: A 14 year old girl who is a great dancer and does not mind taking alcohol.
- Role-Play G* is a conflict where **Stella** is being pressured by her friend Christine to take beer. **Stella** is the pressured character so focus on her. The goal of this role-play exercise is for Stella to be safe and make a healthy decision not to take beer.

27. After 2-3 minutes of the role-play, use the questions below to discuss participants' comments on *Role-Play G*. Encourage everyone to give input,

Let's now have pair G come in front and show us how they handled their role-play scenario.

- Did Stella say "NO?"
- Did Stella say "Why?"
- Did Stella give an "Alternative?"
- Did they "Talk it out"?
- What methods/strategies did Stella use to get her message across?
- Were there any misunderstandings or breakdowns in communication?
- Why is it important to resist pressure to take alcohol?

28. Summarize *Role-Play G* by saying,

Just the same way bhang can impair your judgment, alcohol too can confuse and cause you to make unhealthy choices in your life, especially when it comes to sex. The healthy choice is to be safe and avoid alcohol/drugs

29. Once all volunteers have presented their role play, summarize the entire activity as follows,

Wow! You have really learned a lot in this program. Your role-plays show that you have picked up quite a few skills too.

As you have seen in these role-plays, the SWAT strategy can help you negotiate safer sex by resisting pressure to engage in unsafe behaviour. Continue practicing these skills with your friends in your free time.

30. Allow ten minutes of break by saying,

We have finished the first round of very exciting role plays and you have all demonstrated excellent skills. Before we continue with the remaining role plays, we are going to take a ten minutes break. Use the break time to discuss the role plays and the scenarios we have acted today with your buddy. I will see you back in ten minutes!

## Role-Play A

### When it becomes risky; the story of Richard and Rose

**ROSE** - You have gone to visit your friend. When you get to her home, you find her older brother, Richard, who tells you that she has gone to the market. You decide to wait for her. Richard tells you to go and wait for her in his 'simba'<sup>1</sup>. You have heard stories of girls being forced to have sex in 'simbas' [alternatively use 'room', if samba is not applicable]  
*Your task is to resist Richard's pressure to get into a risky situation.*

**RICHARD** – You have been admiring Rose, your younger sister's friend. You have been looking for an opportunity to spend some time with her alone but you have not succeeded. Today she has come to visit your sister and luckily for you, your sister is away on an errand. You come up with a plan to spend some time with Rose.  
Your plan is to convince her to join you in your 'simba' as she waits for your sister.  
*Your task is to convince her to come into your hut.*

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<sup>1</sup> this is the boys' hut which is separate from the main house

## Role-Play B

### Condoms and Trust: The story of Christine and Maurice

**MAURICE**– You and your girlfriend (Christine) are from the weekly support group meeting. You decide to pass by your place before escorting Christine home. When you get to your place, you find no one at home... you are all alone with Christine and things are getting hot. You suggest using condoms and you want to stop and look for condoms. Christine is getting angry with you and saying that you must think she is loose.

But you want to use a condom because you respect yourself. Your future is important to you and you want to be safe because you are worth it.

*Your task is to convince Christine that using condoms does not imply unfaithfulness.*

**CHRISTINE** – You and your boyfriend (Maurice) are all alone in his hut. You are starting to hug, touch and kiss each other. He tells you that he wants to use a condom, and you are beginning to get angry. You don't want to use a condom because you don't think sex will feel as good with a condom.

You also do not see the point in using condoms since both of you are HIV positive.

*Your task is to convince Maurice to have sex without a condom.*

## Role-Play C

### At the Disco: The story of Irene and Daniel

**IRENE** – You are at the disco matanga [*funeral disco*] and the music is good, the mood is hot and your boyfriend Daniel has just arrived. This is the opportunity you have been waiting for to have sex with Daniel. It has been so long since you had sex. This is because your parents never give you time to be away from home. You dance closer to Daniel and start touching him. As things get more intimate, Daniel asks you if you carried a condom. You don't have one; and frankly, you don't care. You can't waste this opportunity simply because you don't have a condom. But Daniel seems serious that without a condom, you won't be having sex.

*Your task is to convince Daniel to have sex without a condom.*

**DANIEL** - You have just arrived at the disco matanga and you spot Irene waving at you. You have waited so long for this opportunity to be together with her again. You can see that she is also excited about tonight. As you continue dancing and things begin to get hot, you realize you don't have a condom. You have made a choice not to have sex without a condom to protect yourself and help you achieve your future goals. But Irene is so ready for sex and she doesn't seem to care whether you have a condom or not.

*Your task is to resist pressure to have sex without a condom.*

## Role-Play D

### Booze and Bhang: The story of Michael and Erick

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**CHAE**L – Of late you have become very fond of Juliet. You have also noticed that she likes spending time with you and doing nice things to you. However, you have not had the courage to ask her to be your girlfriend. You are telling your friends that you are meeting Juliet today. They know that you have never had sex before. Most of them drink, take bhang' (marijuana) and engage in unsafe behaviour. They are trying to convince you to take some bhang' to give you the courage to force Juliet into having sex with you.

*Your task is to say no to your friends' pressure to take bhang' and engage in unsafe behaviour.*

**ERICK** – You and your friends have been drinking and taking bhang' (marijuana) as a way to have fun. You have been trying to convince your friend Michael to do the same but so far you have not succeeded. Today, he is telling you that he will be meeting his girlfriend Juliet later in the day. You know that he has never had sex with her.

*Your task is to convince Michael to take bhang' so as to have the courage to force Juliet to have sex in case she says 'no'.*



## Role-Play E

### Standing up for yourself: The story of Judith and Ellen

**ELLEN** – Your friends are having sex and they are always talking about it. Judith, who is the most vocal of your friends, has been asking questions about you and David. It seems as if Judith and your other friends want you to have sex with David. They are constantly talking about the nice things they get from their boyfriends and how much they enjoy having sex. But you don't feel ready to have sex.

*Your task is to resist peer pressure to have sex.*

**JUDITH** - You and your other girlfriends are having sex with your boyfriends. You frequently talk about the nice times you spend with your boyfriends. You have noticed that every time you and your friends talk about having sex, Ellen keeps quiet or walks away. You know that she likes David but you suspect that she might still be a virgin. You think that she is missing a lot by not having sex.

*Your task is to convince Ellen to have sex with David.*

## Role-Play F

### Saying NO to sex: The story of Nelson and Brian

**NELSON** – You are friends with Brian and Steve. They talk a lot about girls and sometimes this makes you feel uncomfortable. You have never had sex and you have no plans of doing so anytime soon. But Brian and Steve keep laughing at you because you know nothing about girls. One day on your way home from school, Brian informs you that he has talked to one of the girls in your class to have sex with you. You value your friends but you do not feel ready to have sex now

*Your task is to resist peer pressure to have sex.*

**BRIAN** - You and Steve think that the problem Nelson has is that he does not know how to talk to girls. That is why he has not had sex. You have been talking to him about how nice sex is but he doesn't seem interested. To help him out, you have decided to tell him that you have convinced Jackline, a girl in your class, to have sex with him. You want to see if he can agree to have sex

*Your task is to convince Nelson to have sex with Jackline.*

## Role-Play G

### Just a Taste of Booze: The story of Stella and Christine

**STELLA** – You like going to discos with your friends. However, you have never mastered the courage to get to the dance floor and dance the way your friends always do. You always sit by the side and watch people dance. Your friends keep telling you that if you tried alcohol you will easily be able to dance the same way they do. One day at the disco, your friend Christine comes with a bottle of beer and asks you to try it. You would really love to be able to dance like your friends but you are not ready to drink alcohol just so you can dance

*Your task is to resist peer pressure to drink beer.*

**CHRISTINE** – Stella has been your best friend for many years now. You have attended many discos together. You know that Stella loves to dance but she has never been able to get up and dance like you do. You think that by drinking beer, Stella will gain enough courage to dance and all her problems will be solved. You are at the disco and you buy a bottle of Tusker beer to give Stella. You want her to drink the beer so that she can dance.

*Your task is to convince Stella to drink beer.*

# **MODULE 10 : Role-Plays: Enhancing the 4-step Plan for Disclosure**

## **Goals**

*The goals of this module are to:*

- Increase participants' communication skills regarding disclosure of HIV status.
- Enhance participants' acceptance of their HIV status.

## **Learning Objectives**

*After completing this module, participants will be able to:*

- Demonstrate effective communication skills for disclosing HIV status.
- Demonstrate the 4-step Plan for disclosure of HIV status.
- Express confidence in their ability to disclose their HIV status.

## **Module preview**

The tenth module 1) Increases participants' motivation to disclose their HIV status; 2) builds skills to disclose HIV status; 3) Allows participants to rehearse the 4-step Plan for disclosure and receive feedback; and 4) Reinforces participants' sense of pride in disclosing their HIV status.

## **Strategies/Methods**

- 4-step plan
- Scripted Role plays
- Review Game
- Talking Circle
- Certificate Ceremony

## Materials Needed

- Posters:
  - *4-Step Plan for Disclosure*
  - *Role-Play Guidelines*
- Participant handbook:
  - *Role-Play Cards*
- Road to a Better Future: Question Cards
- Newsprint
- Marker
- Pencils
- Certificates

## Preparation Needed

- Hang posters
- Prepare certificates by writing out the participants' names.

## Instructional Time

75 minutes

Activity	Minutes needed
A. Welcome Back, Review of 4-step Plan for Disclosure	10
B. Enhancing 4-step Plan: Partner Role-Playing	30
C. Road to a Better Future-A Review Game	25
D. Talking Circle and Certificate Ceremony	10

## Activity A

# Reviewing the 4-step Plan for Disclosure

### Preparing for the activity

#### Rationale

Reinforcing communication skills for disclosure with participants, builds skills and self-efficacy

#### Materials Needed

Poster:

*4-step Plan for Disclosure*

#### Time

10 minutes

## Procedure

1. Introduce the activity by saying,

In one of the previous sessions we discussed the benefits of telling people you trust about your HIV status. We also discussed the 4-step plan that can help you talk about your HIV status to people that are important to you. Can you remind me of some of the things we learned about the 4-step plan for talking about your HIV status?

2. Pause for responses then point to the *4-step Plan for Disclosure* and continue by saying,

Let us look again at the *4-step Plan for Disclosure* poster. We discussed that before telling people about your HIV status, you need to feel good about yourself. Throughout the program, we have seen that there are so many things to be happy about and to look forward to in life. Keep these happy things in mind as you consider disclosing to people.

3. Start with Step One by asking for a volunteer to read out the step,

Can someone read out loud step one of the *4-step Plan*.

***[Pause to let a volunteer read]***

As we said in the previous sessions, some of the important things to think about when planning to talk to someone about your HIV status include: deciding who to talk to and choosing a time and place that is convenient. When choosing who to talk to, consider how much this person cares about you, what kind of support he/she can give you and if he/she will keep the information confidential.

4. Continue to the second step by saying

Can someone read out loud step two of the *4-step Plan*.

***[Pause to let a volunteer read]***

It is always important to relax. You can never have all the answers. It is okay if you don't know how to respond to the person's reaction.

5. Move on to the third step,

Can someone read out loud step three of the *4-step Plan*.

***[Pause to let a volunteer read]***

How you communicate will determine how the person reacts to the news. Be clear, stick to the information you want to share and give the person time to react to the news.

6. Draw participants attention to the last step by saying,

Can somebody read out the last step?

***[Pause to let a volunteer read]***

Remember that the person you are talking to does not know your HIV status. They are going to hear it for the first time. If they need someone to talk to or if they need more information that you cannot provide, you can suggest talking to your trusted health service provider. If it is your sexual partner, he/she might need to know his/her own HIV status. Be sure to refer him/her to a place where you can go together as a couple.



7. Continue by saying,

Talking about your HIV status with other people is not easy. By using the 4-step Plan for disclosure we can make talking about your HIV status less threatening and a little bit easier. In the next activity, we will practice effective communication about your HIV status and to deal with different kinds of reactions.

Are you excited about this?

## **FOUR-STEP PLAN FOR DISCLOSURE**

**1. PLAN AHEAD**

**2. RELAX**

**3. COMMUNICATE CLEARLY**

**4. BE SUPPORTIVE**

## Activity B

# Enhancing the 4-step Plan for Disclosure: Partner Role-Plays

### Preparing for the activity

#### Rationale

This activity allows participants guided practice in disclosing their HIV status and other health conditions to a trusted person in a controlled and safe environment. Those not participating directly in the role-play have the opportunity to identify helpful strategies and coach those in the role-play. This practice increases skills comfort and confidence about disclosure, and the likelihood that participants will use these skills in real life situations.

#### Materials Needed

Posters:

*4-step Plan for Disclosure*

*Role-Play Guidelines*

Participant handbook:

*Role-Play Cards*

#### Time

30 minutes

## Procedure

1. Introduce this role-play activity by saying,

This is another great opportunity where we are going to do more role plays. This time, the role plays will be about using the 4-step Plan.

We are going to read stories about Rose and her friends and their plans about disclosing to people close to them about their HIV status.

2. Direct participants to the *Role-Plays* starting in the participant handbook.



3. Pair up the participants and say,



As we did in the first role plays, you will each pair up.

***[It is okay for participants to keep the same pairs, but this should be their choice]***

I will give each pair a role-play scenario. Once you get your scenario, remember to read together and agree on which character each one of you will play. The characters that you will play have a name and a description. I will give you time to study the description of your character so that you can play your role well. Each role play has a character who is disclosing his/her HIV status and one who is being disclosed to. We will all observe the character disclosing his/her HIV status to see how effectively they use the 4-step Plan for Disclosure.

4. Point to the *Role-Play Guidelines* poster and remind participants of the procedure to follow during the role plays.

5. Allow participants 5 minutes to read their role-play scenario and to practice together. As they do this, walk around the room to give support to those who may be in need. Be sure to point out to participants that the role play scenarios are for steps 2 – 4 in the 4-step Plan and that they build on step 1.
6. Continue by saying,

I will now give a chance to each pair to come and demonstrate to us how you handled your scenario. But before we begin, \_\_\_\_\_ *[co-facilitator's name]* and I are going to demonstrate the scenario. I will play the part of Rose, who is disclosing her status to her auntie Eunice. As we do this, we want you to observe how we are using the disclosure skills in the 4-step Plan.

7. Read aloud the description of your characters Rose and Eunice.

Responsible Rose: One of our main characters. She is 14 years old girl who was born HIV positive

Eunice: Rose's auntie who has big dreams for her.

In *Role Play A*, **Rose** is the one disclosing so focus on her to see if she uses the *4-Step Plan* while talking to her auntie, Eunice.

8. Start by saying,

The rest of you can “coach” us if we get stuck in the role-play. Remember that no one says ALL the right things in every conversation. But we can always go back to and say more things about our thoughts and feelings another time.

9. After 2-3 minutes of the role-play, use the questions below to discuss participants' comments on *Role-Play A*. Encourage everyone to give input,

- Did Rose tell her auntie that she is HIV positive?
- Did Rose “relax?”
- Did rose “communicate clearly?”

- Did rose “give support?”
- What information did Rose provide to her auntie?
- How did the auntie react? How did Rose handle her auntie’s reaction?
- How would you have handled the situation differently?

10. Summarize *Role-Play A* by saying,

Great Job!!! From the story of Rose we have learnt that she decided to tell her auntie about her HIV status because of the close relationship they had. People close to you such as your mother/father, siblings, uncles/aunties, grandparents or other close relatives may be in a good position to help you make the choices for positive living. When you decide to tell people about your HIV status, they may get emotional and concerned about your future. By listening to their concerns and by assuring them that you are still positive about life, it can be easier for them to deal with the news. This will also help them in providing support to you. It may also encourage them to learn their HIV status as well.

11. Continue to the next volunteer pair and introduce *Role-play B* by saying,

Let’s now have pair B come in front and show us how they handled their role-play scenario.

Elizabeth: An elegant young girl aged 16 years who is HIV positive

John: Elizabeth’s boyfriend who believes that he is her first boyfriend. He is also Steve’s friend.

In this role play, Elizabeth has decided to talk to John her boyfriend about her HIV status. She feels that by doing this, it will be easier for her to get his support to live positively and make healthy choices. We will observe how **Elizabeth** uses the 4-step Plan to talk to her boyfriend and to handle his reaction.

12. After 2-3 minutes of the role-play, use the questions below to discuss participants’ comments on *Role-Play B*. Encourage everyone to give input,

- Did Elizabeth tell John that she is HIV positive?
- Did Elizabeth “RELAX?”
- Did Elizabeth “COMMUNICATE CLEARLY?”
- Did Elizabeth “GIVE SUPPORT?”
- What information did Elizabeth provide to John?
- How did John react? How did Elizabeth handle John’s reaction?
- How would you have handled the situation differently?

13. Summarize *Role-Play B* by saying,

Disclosing to your girlfriend/boyfriend can be difficult. However, it is important because by telling him/her, you can together make choices about your sexual life. Using the 4-step Plan can also help you deal with some beliefs such as the false belief that HIV only affects people who have many sexual partners. If you decide to tell your partner that you are HIV positive, it is also important to help him/her understand that he/she needs to get tested as well. You will need to assure him/her of the importance of knowing his/her HIV status.

14. Continue to the next volunteer pair and introduce *Role Play C* by saying,

Let’s now have pair C come in front and show us how they handled their role-play scenario.

Mark: Mischievous young man, 17 years old, who is HIV positive and is a member of Majaliwa support group.

Liza: Mark’s girlfriend who doesn’t believe that a young person can get HIV

In this role play, Mark has decided to talk to Liza his girlfriend about his HIV status. He feels that by doing this, it will be easier for him to get her support to live positively and make healthy choices. We will observe how **Mark** uses the 4-Step Plan to talk to his girlfriend and to handle her reaction.

15. After 2-3 minutes of the role-play, use the questions below to discuss participants' comments on *Role-Play C*. Encourage everyone to give input,

- Did Mark tell Liza that he is HIV positive?
- Did Mark “RELAX?”
- Did Mark “COMMUNICATE CLEARLY?”
- Did Mark “GIVE SUPPORT?”
- What information did Mark provide to Liza?
- How did Lillian react? How did Mark handle Liza’s reaction?
- How would you have handled the situation differently?

16. Summarize *Role-Play C* by saying,

The first time someone hears that you are HIV positive s/he may not feel comfortable being close to you. This is usually because that person does not have the right information about HIV. If the person is important to you, you may want to try to help him/her understand that living with HIV is not as bad as one may think. However, if they choose not to be your friends anymore, it is okay. It is healthier to relate with people who understand you and who are prepared to stand with you despite your HIV status.

17. Continue to the next volunteer pair and introduce *Role-play D* by saying,

Let’s now have pair E come in front and show us how they handled their role-play scenario.

Robert: Realistic Robert is aged 16 years and is HIV positive

Vivian: A nurse who works at a youth-friendly health centre.

In this role play, Robert has decided to talk to Vivian, the nurse at the local health center about his HIV status. He feels that by doing this, it will be easier for him to get support from her to live positively and make healthy choices. We will observe how Robert uses the 4-Step Plan to talk to **Vivian** and to handle her reaction.

18. After 2-3 minutes of the role-play, use the questions below to discuss participants' comments on *Role-Play D*. Encourage everyone to give input,

- Did Robert tell Vivian that he is HIV positive?
- Did Robert “RELAX?”
- Did Robert “COMMUNICATE CLEARLY?”
- Did Robert “GIVE SUPPORT?”
- What information did Robert provide to Vivian?
- How did Vivian react? How did Robert handle Vivian's reaction?
- How would you have handled the situation differently?

19. Summarize *Role-Play D* by saying,

Health service providers can play a big role in helping you to make healthy choices and live positively. When you identify a supportive health service provider that you can trust, it is important to tell him/her about your HIV status. This will help them in deciding how to treat your health condition.

20. Continue to the next volunteer pair and introduce *Role-play E* by saying,

Let's now have pair E come in front and show us how they handled their role-play scenario.

Caren: Careful Caren is 15 years old and is HIV positive

Kenneth: A young clinician who works at the youth friendly health centre.

In this role play, Caren has decided to talk to Kenneth, the Clinical Officer at the local health center. She suspects that she may have a sexually transmitted infection. She feels that by doing this, it will be easier for her to get tested and to confirm whether she indeed has a sexually transmitted infection. We will observe how **Caren** uses the 4-Step Plan to talk to Kenneth and to handle her reaction.



21. After 2-3 minutes of the role-play, use the questions below to discuss participants' comments on *Role-Play E*. Encourage everyone to give input,

- Did Caren tell Kenneth that she thinks she has an STI?
- Did Caren “RELAX?”
- Did Caren “COMMUNICATE CLEARLY?”
- Did Caren “GIVE SUPPORT?”
- What information did Caren provide to Kenneth?
- How did Kenneth react? How did Caren handle Kenneth's reaction?
- How would you have handled the situation differently?

22. Summarize *Role-Play E* by saying,

We have learned a lot about the 4-step Plan for Disclosure. In this role play, we have seen how the plan can be used to disclose other health conditions such as sexually transmitted infections and pregnancy. By practicing the skills we learned in the plan you will gain more confidence in using it to talk to people you trust about a range of health conditions.

23. Continue to the next volunteer pair and introduce *Role-play F* by saying,

Let's now have pair F come in front and show us how they handled their role-play scenario.

Sylvia: Straightforward Sylvia is 17 years old and is HIV positive

Edgar: An enthusiastic nurse who works at the local health center

In this role play, Sylvia has decided to talk to Edgar, a nurse at the local health center.

Sylvia suspects that she may be pregnant. She feels that by talking to Edgar, she might get the advice and the courage to actually do a pregnancy test Observe how **Sylvia** uses the 4-Step Plan to talk to Edgar and to handle his reaction.

24. After 2-3 minutes of the role-play, use the questions below to discuss participants' comments on **Role-Play F**. Encourage everyone to give input,

- Did Sylvia tell Edgar that she thinks she is pregnant?
- Did Sylvia "RELAX?"
- Did Sylvia "COMMUNICATE CLEARLY?"
- Did Sylvia "GIVE SUPPORT?"
- What information did Sylvia provide to Edgar?
- How did Vivian react? How did Sylvia handle Edgar's reaction?
- How would you have handled the situation differently?

25. Summarize *Role-Play F* by saying,

This last role play has shown us that we can use the 4-step Plan to disclose pregnancy to a health service provider. Remember, you can use the same skills to disclose different health conditions to health service provider or to any trusted adult.

26. Process the activity by asking the following questions:

How did it feel to talk about your HIV/STI status and other health conditions?  
How difficult/easy was it to handle the reaction of the people you talked to?  
How comfortable do you feel now to talk to people you trust about your HIV/STI status?

27. Summarize by saying,

That was GREAT! You have gained a lot of skills. Using the 4-step Plan will help you gain more confidence to talk to people you trust about your HIV status. Continue to practice this strategy with your buddy to gain more confidence.

## Role-Play A

### Disclosing to close relative: The story of Rose

**ROSE** – You have a very close relationship with your auntie and you would like her to know everything that is important to you. Recently, you came to Majaliwa town to live with your auntie over the long Christmas holidays. You have decided to tell your auntie about your HIV status because you want her to support you as you live a positive life and make healthy choices. But you are afraid of her reaction...

*Your task is to use the 4-step Plan effectively to tell Eunice, your auntie, that you are HIV positive and to handle her reaction.*

**EUNICE** – You have a lot of hope in your niece Rose. You want her to study well and get a good job...

*Your task is to get emotional when Rose tells you she is HIV positive. You think that she will not be able to reach her goals*

## Role-Play B

### Disclosing to your boyfriend: The story of Elizabeth

**ELIZABETH** – You have been John’s girlfriend for the last one year. You love him so much and you are having hopes of getting married to him some day. Three months ago you went to the local VCT center and tested positive for HIV. You feel that John needs to know about this. You are afraid of how he will react...

*Your task is to use the 4-step Plan effectively to tell John, your boyfriend, that you are HIV positive and to handle his reaction*

**JOHN** – You care a lot about your girlfriend Elizabeth. You do not want anything to come between the two of you. You have heard about HIV but you believe that you and Elizabeth are not at risk of getting HIV because you trust each other. You do not want to get HIV because you think that by getting HIV you will die...

*Your task is to show Elizabeth that you don’t trust her anymore now that she is HIV positive and to threaten to end the relationship.*

## Role-Play C

### Disclosing to your girlfriend: The story of Mark

**MARK** – You have been HIV positive for a while now. You have accepted your status and are living a normal and happy life. You now want to tell Liza, your girlfriend, about your HIV status. This is because of late things are getting more intimate between the two of you and you think soon you might even have sex with her. But you do not know how she is going to react to the information...

*Your task is to use the 4-step Plan effectively to tell Liza, your girlfriend, that you are HIV positive and to handle her reaction.*

**LIZA** – You have heard of people living with HIV. You don't think it can happen to young people. You do not want to be friends with anyone living with HIV because you are afraid you can get the infection.

*Your task is to show Mark that you are afraid of befriending him anymore because you do not want to get HIV from him*

## Role-Play D

### Disclosing to a health service provider: The story of Robert

**ROBERT** – You have been sick on and off for the past six months. Every time you fall sick, you go to the nearest health facility for treatment. There is a particular health service provider in that facility who has been very friendly and supportive to you. Her name is Vivian. Two months ago, your elder sister advised you to get tested for HIV. You went to the nearest VCT center and you tested HIV positive. You have been to the health facility twice since you knew your HIV status. However, you have not had the courage to tell Vivian about your HIV status. You have just completed the fifth session of Brighter Future II and you now understand the advantages of telling Vivian your HIV status.

*Your task is to use the 4-step Plan effectively to tell Vivian, a health service provider, that you are HIV positive and to handle her reaction.*

**VIVIAN** – You have been treating Robert every time he comes to the health facility. You like him because he is an honest young man. You are interested in helping him as much as possible to deal with his health condition. But you never suspected that he could be HIV positive.

*Your task is to support Robert as he tells you about his HIV status.*

## Role-Play E

### Disclosing an STI to a health service provider: The story of Caren

**CAREN** – For about 5 days now you have noticed a whitish fluid coming from your vagina. It does not smell well. You are worried. This is not normal. You recently had unprotected sex with your boyfriend and you suspect you may have a sexually transmitted infection. You think it is important to get tested, to know if you indeed have a sexually transmitted infection. You have decided to talk to Kenneth, a young Clinical Officer recently posted at the local health center. Kenneth appears friendly and approachable.

*Your task is to use the 4-step Plan effectively to tell Kenneth, a health service provider, that you suspect you may have a sexually transmitted infection.*

**KENNETH** – You graduated from the Kisumu Medical Training College one year ago. Recently, you were posted at a Health Center. You are very friendly to young people and always ready to help them. You have seen Caren before, during your community outreach activity. Caren is a happy teenager. You never suspected that she could be having a sexually transmitted infection.

*Your task is to support Caren as she discloses her suspicion of a sexually transmitted infection.*

## Role-Play F

### Disclosing pregnancy to a health service provider: The story of Sylvia

**SYLVIA** – Your period has delayed for about 2 weeks now and you are getting worried you could be pregnant because you know you had sex with your boyfriend a few weeks ago. Even though he used a condom, you are not sure if he used it well. You really want to know if you are pregnant or not. The only way to do this is to talk to a health service provider but you are afraid of what he will think of you. You decide to approach Edgar, the nurse in the local health center.

*Your task is to use the 4-step Plan effectively to tell Edgar, a health service provider, that you suspect you may be pregnant.*

**EDGAR** – You know Sylvia through your younger cousin who goes to school with her. You think that she is a very focused young girl with a bright future.

*Your task is to support Sylvia as she discloses her suspicion of a sexually transmitted infection.*



## Activity C

# Road to A Better Future- A Review Game

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### Preparing for the activity

#### Rationale

Game-playing reinforces all the information learned throughout the entire program with the hope that the knowledge, positive attitudes and skills will translate into behaviour change.

#### Materials Needed

None

#### Time

25 minutes

## Procedure

1. Introduce the activity by saying,

We are about to play a fun game called the Road to A Brighter Future. This game will help us see how much of the safer sex information you remember. It will be lots of fun.

2. Explain the following instructions of the game,

- a) I will lead in a song
- b) We will all stand to join in the song and dance as we move around the room
- c) When I say “STOP”, you have a few seconds to look out for an empty seat and sit down. We will have one seat less
- d) The one who misses a seat will pick a question card, read aloud the question and answer it.
- e) If he/she cannot answer the question, other members of the group can help
- f) We will continue this procedure until we go through all the questions

3. Check that participants understand the rules.

4. Ask everyone to stand up and start the song.

5. When all questions are answered, thank participants and summarize the activity by saying,

Wow!!! What a game! It doesn't matter who got the answer right or not, because everyone showed that a lot of information was learned and remembered. The most important thing is that you have learnt a lot about positive living and how to use the new skills. The healthy thing to do is to live positively for a brighter future. We all need to be safe and healthy. We now have knowledge, skills, and confidence, which will let us make healthy choices and live positively!!!!

8. Ask the group if they have any questions about what they learned from today's activities, and thank them for participating in the game.

### Question Cards

1. What are 2 things that could possibly happen to you if you engage in unsafe sex now?  
**Pregnancy or STIs**  
**Not achieving your goals in life**
2. What are the most common ways HIV is transmitted?  
**Sexual contact and mother-to-child transmission. *[Sharing needles, blood to blood contact or and exchange of blood are also ways of transmission].***
3. What is the best way to prevent pregnancy and STIs?  
**Abstinence**
4. What can you do to protect your partner from getting HIV?  
**Use condoms consistently or practice abstinence**
5. Why should you use condoms even with an HIV positive partner?  
**Because of the potential risk of STI infections, HIV re-infection and unwanted pregnancies**
6. What are some of the negative consequences of contracting an STI?  
**Infertility**  
**Health complications**
7. What can happen if you use drugs/alcohol?  
**When you are under the influence of drugs or alcohol, your thinking is clouded and you make poor decisions; you will less likely think about using a condom when you are under the influence of alcohol/drugs.**
8. Name three benefits of using a condom?.  
**Will avoid contracting other STIs**  
**Will avoid an unplanned pregnancy**  
**Will be able to focus on goals and dreams**
9. Name the technique you should use to tell someone you want to practice

abstinence or to use condoms and explain the 4-step s.

### **SWAT**

- 1. Say No! to unsafe behaviour**
- 2. Explain Why you want to be safe**
- 3. Provide Alternative things to do**
- 4. Talk it out, to ease tension and strengthen your relationship**

10. What are at least 3 things that you can say if your boyfriend or girlfriend wants to have sex without a condom, but you don't?

- 1. Sex without a condom is too risky; I could get STIs.**
- 2. I am not ready to be a parent.**
- 3. I have goals and I am not willing to risk my future**

11. What is the 4-Step Plan for talking to someone about your HIV status?

- 1. Plan ahead**
- 2. Relax**
- 3. Communicate Clearly**
- 4. Give Support**

12. What does positive living mean?

**Take your medication as recommended by the health service provider**

**Abstain from sex or use condoms every time you have sex**

**Proper nutrition**

**Healthy physical habits**

**13. What are the steps for correctly using a condom?**

- a) Check expiration date
- b) Push (squeeze) the condom to one side
- c) Check to be sure that the condom is on the proper side
- d) Hold the condom by the tip and squeeze out air inside the tip of the condom
- e) Put the condom on the tip of the erect penis, before any contact
- f) Unroll the condom to the base of the penis.
- g) After ejaculation, hold the condom firmly by the rim at the base of the penis and

withdraw (pull out) the penis while it is still erect.

h) Remove the condom by rolling it off.

i) Discard the condom

j) Never reuse a condom

**14. Name at least three reliable contraceptive methods**

Condoms

Oral contraceptive pill

Depo-provera

Norplant

## Activity D

# Talking Circle and Certificate Ceremony

### Preparing For The Activity:

**Rationale:**

This activity provides participants with a sense of closure to the program. It also serves as a certificate ceremony.

**Materials Needed:**

Certificates

**Time**

10 minutes

## Procedure

1. Ask participants to form a tight circle with their chairs. We will use the talking circle to have the group close and say goodbye.
2. Introduce the activity by saying,

We have come to the grand finale of Brighter Future. We have had a nice time learning together and I am sure each of us is going to use the information we learned. It is now time for our graduation. Each of you is going to receive a “Brighter Future Certificate.” When I call your name, please come forward and as I hand you a certificate, share with us how the things you learned in the group will help you achieve your dreams for a Brighter Future.

3. Call out participants’ names in alphabetical order. As each of the participant’s names is called to receive his/her certificate they will explain what he/she has learnt from the curriculum and how this will help him /her to achieve their goals.
4. Thank the participants for their attendance and let them know how much you enjoyed working with them. In closing say,

We have spent a lot of time together talking about safer sex, HIV, STIs, pregnancy, and about making healthy choices and positive living. I hope that you are now convinced that everyone living with HIV, including you yourselves, can live positively and achieve one’s life goals. The healthy choice is to equip you with all you need to know to avoid getting STIs and an unplanned pregnancy, and protecting your partner from HIV. Congratulations to all of you. You can really be proud of yourselves. You are already one step closer to your bright future.