SEXUALITY AND LIFE-SKILLS

Participatory activities on sexual and reproductive health with young people
Acknowledgements

This toolkit is the result of teamwork between sexual and reproductive health practitioners working with young people in Zambia, Malawi, Zimbabwe and Uganda.

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Users and aims of the toolkit

This toolkit is written for anyone who wants to facilitate participatory learning activities with young people to equip them with the knowledge, positive attitudes and skills to grow up and enjoy sexual and reproductive health and well-being. This includes peer educators and leaders, outreach workers, teachers, community workers and others.

It aims to assist facilitators to:

- provide accurate and complete factual information to young people
- plan appropriate educational activities for groups of young people that enable them to:
  - analyse their own situations, resources and needs
  - apply new knowledge to their own lives
  - increase awareness of their own values and attitudes
  - develop their self-esteem and confidence
  - develop life skills, for example, communication and assertiveness skills, problem-solving and decision-making
  - build trust and take collective action as a group.
- follow up and evaluate their work.

The educational approach to behaviour change used in the toolkit

Experience has shown that education which has a positive impact on attitudes and behaviour has the following characteristics:

- It is a two-way learning process between equals that starts from what people already know and feel. Everyone is respected and valued, whatever their age and sex.
- People actively learn through participatory problem solving activities related to their own lives. They experience a new way of doing things or how it feels to be in someone else’s shoes and this changes them.
- People develop positive values and behaviour through exploring options, understanding the different influences on their lives and coming to their own views and decisions, rather than being told what to do.
- In order to adopt healthy sexual behaviour, young people need to have accurate information (key facts), opportunities to apply this to themselves (values and attitudes) and to feel good enough about themselves to think that they are worth looking after (self-esteem). Then they need the skills to act on their new understanding.
- Young people are more likely to adopt healthy behaviours if they see that this will have a positive effect on their lives than if they are asked to give up something to avoid a bad consequence.
- For example, young people are more likely to avoid smoking if they believe that this will make them play football better or be more attractive than if they are told to stop because they might die of lung cancer some time in the future.
- The education is based on the reality of young people’s lives, their opportunities and difficulties and the choices open to them.
- The education is based on internationally and nationally agreed rights of the child, of women and of human beings in areas of sexual and reproductive health.
What do young people need to learn about sexuality and life-skills?

People worry that if we teach young people about sexuality, it will encourage them to start having sex early. The evidence shows sex education either has no effect or young people delay sex for longer and when they do start, they are more likely to protect themselves from pregnancy, STIs and HIV.

Abstinence before marriage, and lifelong fidelity within it is the moral ideal of many religions. Many people promote this ideal to reduce the spread of HIV. However, some young people are born with HIV and, although we may try our best to have good and safe sexual relationships, our lives are complex and we do not always achieve our goals. This puts us at risk of HIV and other problems. For example, many young women contract HIV in their first year of marriage from an older spouse who had sex before. This is why we need to be open our relationships and able to access HIV testing and condoms.

The danger of setting such difficult targets is that when we fail, we feel bad and keep it a secret. We blame others who fail, including those with HIV. This often leads to people hiding what is going on and feeling unable to take actions such as going for testing or using condoms. In this environment, condoms are often seen as a device only for people with bad morals and people are reluctant to obtain them or suggest using them. This toolkit aims to reduce damaging behaviour and feelings such as blame, shame, guilt, stigma and discrimination caused by judging and labelling sexual behaviours that do not match the moral ideal.

In this toolkit we say that abstinence is the safest choice for young people, but they will grow up and at some point become sexually active. We cannot afford to wait until they do, nor can we afford not to equip them with the information they need to protect themselves. Up-to-date information on sexual and reproductive health needs to become a part of the sexual culture of our societies, taught through school and community teachers.

Sexuality is a sensitive issue for all of us. New and controversial issues are being talked about in our countries and in this toolkit. Sometimes we find it difficult to face the reality and to imagine how things could be different. We are afraid that our culture will be destroyed by outside influences. However, our culture is always changing – things are different for young people now than they were for past generations. An important life-skill is critical thinking about the things that influence our behaviour. Then we can strengthen the helpful parts of our culture, change or remove harmful ones and add some new ideas.

Our ultimate aim is to help young people to grow up happy, healthy and safe. This means seeing the reality and working together to improve things within that reality as well as working for positive change.

Working with parents, guardians and community members

Young people cannot improve sexual and reproductive health alone. They need the support of friends, families, service providers and the wider society. If they meet in groups, they can support each other in positive ways and take actions together to improve things. If they make strong partnerships with others, they can get support to make the community a safer place for everyone.

Parents and carers would often like to teach their children more about sexual and reproductive issues but they may need more information themselves, more confidence and approval from the society.

Adults will also learn a lot from the topics and activities in this toolkit. If they learn alongside their children, it will bring many benefits to both generations in increased knowledge, helpful attitudes and life-skills. This will encourage good relationships and safer sexual behaviour.
If parents learn to praise more and criticise less, to be good role-models to their children, to teach with love and to critically think about their changing cultural norms, then they can strengthen the socialisation that they already do.

As facilitators, you might want to use this toolkit in the same way as the Stepping Stones process (see Resources at the back of this toolkit). In this process, older men and women, young men and women and boys and girls meet in peer groups and learn each topic at the same time. They sometimes come together to share what they have learned and discuss how they want to change. At the end of a series of meetings, the peer groups make a request to the whole community to change.

Guide to using the toolkit

Planning your sessions

The toolkit contains topic sessions with aims, key facts and a number of different activities. You need to plan each session with its aims, key facts and activities before you start.

Always begin meetings with a new group with introductions, trust, working together, ground rules and listening. This will help people to stay safe and feel comfortable.

In some topics in the toolkit, you will find a ‘Take care!’ note for the facilitator, to help you avoid hurting or offending the group.

Decide on the age and sex of your group and the amount of time that you have for the session. For example, in our programme, peer educators hold regular sessions of about 90 minutes with single sex groups in three age bands, 9-12, 13-17 and 18-24 years. Also think about what materials you have available; for example, paper and pens or beads.

Select topics and activities that meet the interests and needs of your different age and sex groups. Spend time in the first session finding out from the group what they would like to learn about. What questions do they have? If people are shy to ask their questions, ask them to write them on slips of paper and put them in a bag or box anonymously. Those who can write can help those who cannot.

People in the three age groups have different needs because of their different stages of development. Males of different ages have different needs to females.

For example, girls of 9-14 years will need detailed information on how to manage menstruation, while boys of the same age may be worried about wet dreams. Many young
people aged 18-24 will already be sexually active or married and/or have children. They may be concerned about child-spacing and sexual happiness.

Select activities that a particular age and sex group will enjoy. Ask them how they like to learn, and evaluate their participation and interest in different activities.

Preparing for the session
Read the key facts before you start a session to get them clear in your mind. Keep your toolkit with you in case you need to refer to it. Provide information as people need it throughout the session. Use the facts to answer questions, to help people understand an activity and to add to their knowledge after the activity.

If an activity is new to you, try it out with a friend. If necessary, adapt the story or role-play to suit your group.

If you are going to use a resource person, meet with her or him beforehand, go through the session and the key facts, and agree on who will do what and how long it will take.

What resources will you need?
You and the young people that you work with are the best resources for learning. You can talk, discuss, debate, perform role-plays and practise new ways of saying things. All these methods help people to learn actively rather than just memorising facts.

In most of the sessions, you will only need yourselves, your toolkit and a notebook to record the evaluation of the session. Prepare for the session beforehand so that you have everything you need.

If you are using activities with pictures, make sure that you have the right picture with you.

If you are doing mapping or diagrams such as the ‘But why?’ tree, you need a smooth area of ground, soil or wall to draw on, some sticks and some objects such as flowers, leaves and stones to use as markers. For the HIV infection game you need plastic bags or gloves and prepared slips of paper.

Make yourself a plan for each session (see page 13).

Evaluating your sessions
Evaluation can tell us:
- how well we facilitated the session and how we can improve
- what people have learned from the session
- whether the topic and activity was appropriate for the group
- what more they would like to learn
- how they have used what they learned in their lives.

We can evaluate the session in three ways:

1 Self-assessment
Ask yourself:
What went well? What was difficult? What did I achieve? How will I do it differently next time?

2 Observation
If you are working with another person, you can take it in turns to observe how the group is working together and responding to the activities and discussion. If you are alone, you can still observe how the group is responding and working together. Watch out for the following:
- How many people have come to the meeting?
- Who is actively participating and who is keeping quiet?
- Who talks most and who talks least? Are people listening to each other?
- Are people working together or splitting off into smaller groups?
- What is the mood of the group? Are people bored or interested? Is anyone upset or embarrassed?
How do people respond when the peer educator does different things?

Give feedback to each other after the session.

3 Feedback from group members

Invite participants to tell you their views on the session. You could go around and ask everyone to say something, or invite people to call out if they want to say something.

Feedback questions

What is the most important thing that you have learned in this session?

How will you use what you have learned in your own life? (if appropriate)

What did you enjoy most about this session?

What did you find difficult?

What suggestions do you have for improving the next session?

What questions or issues would you like to cover in the next session?

If appropriate, you could ask people at the next session how they were able to use what they learned in the previous session.

You could ask them to respond to questions with body language. For example,

Ask people how interesting they found the session. If they found it very interesting, they put their hand up and wave. If they found it interesting, they put their hand up; neither interesting nor boring, put hands in lap; boring, put thumb down; and very boring, put thumb down and waggle it.

Or make an imaginary line on the ground with one end ‘Very interesting’ and the other ‘Boring’. Ask people to stand along the line according to how they feel about the session.

Following up issues

Issues may arise in the sessions that require follow-up. For example, a participant may need counselling or referral. They may want you to involve their family or friends. The group may bring up an issue that requires the involvement of other community members or service providers. Try to make contact and collaborate with resource people and service providers in the community so that you can work with them to solve problems identified by the group.

How to use the activities

The following suggestions aim to help you to facilitate the activities in the toolkit in a safe, enjoyable and effective way.

Working with groups

Try not to have more than 15 people in one group. Divide into smaller groups or pairs to discuss sensitive topics.

Start with groups of the same sex, especially for sensitive topics. When people have gained confidence, mix boys and girls together to share their ideas and get used to talking to each other on these issues. Find ways that young and older people can share their ideas.

Do the activities in a place where people feel comfortable, private and free from interruptions.

Always be aware that there are likely to be those of us with HIV in the group or people who have experienced the situation under discussion. Use language that includes everyone, for example, say, ‘those of us with HIV’ instead of ‘people with HIV’ as if they are different from us.

Agree on how much time you will spend together. For example, 90 minutes is a good period of time to cover a topic.

Arrange the seating so that everyone feels part of the group, able to make eye contact with everyone and to talk and hear easily. For example, sit in a circle without desks.
INTRODUCTION

Explain that in this book people learn through discussions and activities, rather than lectures. Each person has valuable ideas and people should feel free to express their ideas and feelings.

Say that we all feel embarrassed at times when talking about sexual matters. But this is essential if we are to enjoy safe and happy lives. Point out that because a person talks about sex does not mean that they are unusually free in their behaviour.

Use games such as singing and dancing to help people to relax at the start of an activity or after a difficult topic.

Agree on some guiding rules with the group. The group could make pictures of these so that they can be used at each session to remind people of their rules. Or the peer educator could write them down and remind people if they forget. In the right-hand column is an example of guiding rules agreed by a group in Zambia.

No question is stupid or not worth asking

Ask open-ended, probing and clarifying questions to encourage people to talk more fully.

Put a box nearby so that people can write their questions anonymously.

Focus the discussion and summarise so that people can see what they have covered and where to go next.

If you use a picture, make sure that everyone can see it. Pass it around the group. Ask people to give the characters names and tell a story about them.

If you are using a story, agony aunt letter, role-play or picture to start a discussion, use these questions:

△ What is happening in the story or picture?
△ Does this happen to people like us?
△ What are the causes and consequences of the situation?

Our ground rules

We will not talk about personal stories and ideas that are discussed in the group to people outside the group.

We will speak one at a time and listen to each other. Let’s begin by going around the group and giving everyone a chance to say something about themselves.

We will help noisy people to quieten down and quiet people to speak.

We each have a right not to participate. We will never pressure anyone to take part in an activity or share personal information.

We will respect each other’s right to our own opinions and values. We won’t judge or ridicule people.

We will take responsibility for challenging harmful prejudice and oppression in ourselves and others.

We all have a right to change our minds and make mistakes.

How could the characters solve the problem or what could the characters have done to avoid the problems?

Role-plays

In a role-play, people act out a particular situation. They may act as themselves or play the role of another person. There is no written script in role-play and the focus is on what happens in the interaction, not how well people ‘perform’ or act.

Role-play is used as a basis for discussion; to increase communication skills and self-esteem; to explore different situations and ways of dealing with them; to express feelings openly and see how others feel; to get inside other...
people’s shoes and see how things feel from their side and to rehearse for the future.

In role-play, males can role-play females and vice versa. This experience helps males and females to understand each other better.

**How to use role-play**

Involve everyone as participants with a role, or as observers. Ask people to volunteer for roles. Start in pairs or small groups with a few observers to build confidence. Encourage people to get into the role they are playing. If they are playing a new character, have people ask them questions about themselves to help them get into that person’s shoes. If they are playing themselves in a new situation, they should respond as honestly as possible to that situation.

Help the role-players to stay focused and explore the situation fully. Most role-plays come to a natural pause. The best role-plays are fairly short, not more than 10 minutes at the most.

Tell the observers what to look for in the role-play by giving them some questions. For example:

- What happened?
- Why did it happen?
- What did the characters feel?
- How did others react?

After the role-play, give each of the players an opportunity to express their feelings about the characters and situations they portrayed. Then ask them to shed their characters and return to themselves by removing any props, saying their names and something about themselves.

Then discuss what everyone learned from the experience, analyse the role-play and discuss its relevance to their lives. Talk about the role-play positively in ways that increase the self-esteem of the players, especially if they have been brave enough to practise new skills and deal with a difficult situation. Give praise first, before suggestions for improvement. Help with information and skills as necessary.

**Hot-seating**

In hot-seating, the players stay in role after the play. The observers ask them questions to deepen understanding of their motives, feelings and situation. The observers can challenge them by asking why they behaved as they did, but not judge them.

**Forum theatre**

In forum theatre, the role-play is shown once. It is then replayed from the beginning. The observers can clap and say ‘freeze’ to stop the play at any point. They then ‘go into the shoes of’ one of the characters and change what they say and/or do so that the situation goes better. The observers then discuss whether the new way worked well and whether it is realistic. The play then continues from where it was before the freeze.

**Stories**

You might use the stories in the toolkit in different ways. For example, read the story aloud and then discuss it or role-play the story or draw pictures of the different scenes. You might tell the story in the way that it is written and then retell it so that the characters avoid the problems and have a happier life.

**Drawings and diagrams**

Try drawing and making some of the diagrams shown in the toolkit. For example, flow charts, maps and seasonal calendars. These methods are called participatory learning and action (PLA) because they help people to share and add to their knowledge, to analyse their situation, to plan and to act. Everyone can draw on the ground with a stick, on the blackboard or walls with chalk. The drawing does not have to be professional because the creator can explain what it means. Help everyone in the
group to pick up the stick and add their ideas. Use leaves, seeds, stones or sticks to mark different places or to score.

Visits to health and other services
It can be very helpful for young people to visit local health services and talk with the nurses and family planning workers. It gives them an opportunity to ask questions and express their concerns, so that they feel more confident to use the services. Involve the whole community in the use of the toolkit so that you get the support you need.

Talking with people in the community
Some activities suggest that you talk with people in the community. For example, talk with parents and grandparents about how gender relations have changed since their day. You can make this go well by involving the community in the activities and trying to get agreement on the needs of young people for sexual and reproductive health education.
## Activity record sheet: Group meeting on sexuality and life-skills

### 1. Details of group meeting
- Date of meeting
- Location of meeting
- Number of participants
- Type of participants (e.g. age and sex)

### 2. Topic and activities covered during the meeting
- Topic(s) covered
- Activities used

### 3. What went well and what was difficult?
- What went well?
- What was difficult and how can we address this?

### 4. What did we learn and how will we use this learning?

### 5. Action points

### 6. Date and time of next meeting and topics that we will cover at the next meeting
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<td>Session title Key facts</td>
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<tr>
<td>How?</td>
<td>Activity and resources needed</td>
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<tr>
<td>Where?</td>
<td>Location</td>
</tr>
<tr>
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<td>Date and time</td>
</tr>
<tr>
<td>Who?</td>
<td>Peer motivators and resource people</td>
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<td>What effect?</td>
<td>Evaluation</td>
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Key facts

Why have we organised this meeting?

Introduce yourselves. Explain that you would like to talk with the community about holding some meetings where people learn more about sexual and reproductive health and how they can enjoy happy, healthy and safe sexual lives as they grow up and as adults.

We are all sexual beings from birth to death, even at times when we are not having a sexual relationship. We are born and brought up to behave as males and females. Later, we get together and make more boys and girls. Sexual relationships are often difficult to talk about and make us feel shy. Yet this is an area of life that is very important for all of us.

We may learn about sexuality from our elders, friends, families, school, books, magazines and films. We learn about growing up, relationships, being a man and a woman, pregnancy and how to avoid sexually transmitted infections.

These days we also face an epidemic of HIV, the Human Immunodeficiency Virus which causes Acquired Immune Deficiency Syndrome or AIDS. HIV weakens the immune system, which protects our bodies from germs. When the immune system is very weak, we may suffer from a number of diseases – we have AIDS. Without treatment many us get very ill and die of AIDS.

In Zambia and Uganda sexual intercourse is the main way that HIV is passed from one person to another. For this reason, young people need to know how to protect themselves from HIV from an early age. In Zambia, evidence shows that young people have a 50% chance of dying of AIDS in their lifetime.

There may be ten years when young people have sexual feelings and perhaps relationships before marriage, which also has a risk of HIV.

There are many reasons why we behave as we do and we work together to find ways which enable us to express our sexuality safely.

What will we learn about in sexuality and life-skills meetings?

In these meetings, we will learn about growing up, friendship, love, being a male or a female, how to say ‘No’ to sex, how to express our sexual feelings safely, about sexually transmitted infections and HIV and AIDS, pregnancy and ways to avoid
it, and about our rights and how to protect ourselves from sexual abuse.

We will discuss our joys and problems, our most pressing needs, why we behave as we do and what we can do as individuals, families and groups to improve our lives.

Sexuality is about our bodies, feelings, thoughts, behaviour and desires. It is about ourselves and our relations with others as sexual beings. It is about the way we dress, walk and talk, dance and express our sexual feelings. We can enjoy feeling and expressing our sexuality in different ways through our lives. We do not need to have the physical act of sexual intercourse to enjoy our sexuality.

Life-skills are skills that can help us to live a healthy and happy life, to respond to life’s needs and meet the daily demands and challenges of our lives. They include attitudes and skills related to living with ourselves, relating to other people and relating to the environment around us. Key skills include the ability to communicate well, make good decisions, solve problems and act responsibly.

In these meetings we will practise life-skills to keep us safe and happy and to build a good future in all areas of our lives, including our sexual and reproductive lives.

**We will learn together in the following ways:**

- begin by getting to know each other and agreeing how we want to work together safely and happily
- share our ideas, learn new ones and participate in interesting activities together
- divide into peer groups by age and sex for some topics and activities so that we can talk freely about things that matter to us. We can then come together to share ideas
- agree on how to divide into groups
- talk about and make up stories and role-plays about our own situations and lives so that the information and skills are very useful to us
- hold the meetings in a comfortable, private and acceptable place
- meet at convenient times when we are free and it is safe to move to and from the meeting.

**Activity**

**Talking together**

1. Talk in small groups about:
   - What is sexuality and life skills education?
   - Why do we need this education now?
   - What do we think about attending the meetings?

2. Ask groups to act short role-plays to show what they have discussed. Give them some ideas if they feel shy, or perform a role-play yourselves to show an example of the learning.

3. Invite people to ask questions and raise any concerns that they have about the meetings. Put a box, with a slot in the top, and give people pieces of paper and pens.

4. Ask who would like to attend the meetings, to get together in peer groups and organise the first meetings. Find out how often they would like to meet and for how long.
Aim
To introduce people to each other, explain what you will be doing and to make participants feel comfortable.

Group
All ages

Time
20 minutes

Activity

1. Put group into pairs and ask them to find out the answers to the following questions from their partners:
   - their name and the name they want to be called
   - something that is special about them, that can help others to remember them (for example, they are good at storytelling or have big feet)
   - where they live
   - why they decided to come to this group.

2. Ask each pair to introduce each other to the group.

3. In pairs, ask people to talk about what they hope to get from coming to the meetings. Ask each pair to call out one of their hopes without repeating what others have said.

4. Explain that the group will learn and talk about topics which are important to young people and which will help them to be happy, healthy and safe.

5. In pairs ask people to talk about their fears about attending the meetings. Ask each pair to tell the group about one fear.

6. Talk about how we can work together to reduce our fears. Think about these fears when you do the Ground rules activity in session 5.
Trust

Aims
▲ To understand the meaning of trust.
▲ To understand the benefits of trust.
▲ To build trust.
▲ To find ways to talk about sexuality together safely.

Group
All ages

Time
45 minutes

Key facts
▲ Trust is believing in someone or something and having confidence that there is some good in everything that happens.
▲ Trusting others leaves you free to do the things that you need to do. Trusting yourself helps you to stop worrying and trying to control everything.
▲ Trustworthiness is being worthy of trust. People can count on you to do your best, to keep your promises and to be a reliable friend.
▲ Trustworthiness is being able to keep secrets if people have asked you not to tell anyone.

Activity

1 Ask: Which words shall we use for trust?
2 Put participants into small single sex groups. Tell them to imagine that they have an embarrassing problem to do with growing up. Ask them to talk together about:
▲ who they would talk to about this situation to do with sexuality as you are growing up – for example, body changes or being attracted to the opposite sex
▲ what qualities they would look for in this person.
3 In the big group, ask participants to tell each other which qualities are important.
4 Ask the group to think about their own qualities and to ask themselves:
▲ Do I behave in a way that helps people to trust me?
5 Tell the group that they are going to be talking about their feelings, friendship and sexuality and that they need to think carefully about what to tell the group. Tell them to ask themselves:
▲ What are the good things about telling our own stories? This helps us to understand our lives, to solve problems, to feel better and to gain strength from each other.
▲ What are the risks of telling our own stories? Someone might tell others about our stories. Then someone might be angry or hurt, or we might be punished.
▲ How can we work together so that we enjoy the goodness and reduce the risks?
Tell them:
▲ We could tell our stories as if they happened to another person (using no names) or ‘to people like us’.
▲ We could care for each other and not tell private stories outside the group.
▲ Some of us may have one of the problems that we learn about – for example, HIV infection or a violent boyfriend. We should always talk about problems in a caring way without judging or joking.
Ask: ▲ What have we learned from this activity? How will we use it in our own lives before the next meeting?
Aim
To understand the benefits of helping each other using listening, words and touch.

Group
All groups

Time
30 minutes

Materials
Blindfold, cloth or scarf

Key facts
Members of a peer group or the community can work together and support each other to grow up happy, healthy and safe – for example, doing community clean-up or putting on a drama about sexual abuse.

Activity¹

1 In plenary, ask the group for examples of how their community works together and people support each other.

2 Ask one person to walk in a straight line across the meeting area. Blindfold the person and turn them around several times. Ask them to walk back to the point where they started. Instruct the rest of the group to keep silent and give no help at all and to observe how near the person was to their target. Ask the person how they felt.

3 Repeat the exercise. This time the group gives encouragement and guidance with words but no touching. Ask:
   ▲ Did the person get nearer this time?
   ▲ How did the person feel?

4 Repeat the exercise. The group now uses both hands and words to guide the person. Ask:
   ▲ Did the person reach the target?
   ▲ How did they feel?

5 Put the group into pairs and tell them to take turns to blindfold each other and guide each other around, first with only words, then with words and touching. Ask:
   ▲ What have we learned from this activity?
   ▲ How can we use it in our own lives before the next meeting?

¹Alice Welbourn (1995) Stepping Stones: a training package on HIV/AIDS, communication and relationship skills, Strategies for Hope
Aim
To agree on how we want to work together comfortably and safely.

Group
All groups

Time
30 minutes

Activity

1. Tell the group that we all have a responsibility to make the meetings go well. We need to agree on how to work together so that the meetings are helpful and people feel comfortable and safe. For example, we should respect and listen to each other.

2. Put people into groups and ask them to talk about how they want to work together and how they can show this in mime (acting without words).

   For example, a group could show listening by having one person miming talking while the others show that they are listening.

3. Ask each group to mime one of their rules. If everyone else agrees, make a note of it so that you can remind people at each meeting.

4. Continue until everyone has mimed all their rules. Add any of your own.

5. Summarise the rules. Refer to Introductions and hopes and fears on page 16. Encourage people to follow their rules and remind each other when they forget. Add new rules if you need to. Put up on a paper that you can refer to throughout the meetings.

An example of ground rules from a group

- Respect other people’s views
- Observe punctuality
- No mini-meetings
- No unnecessary movements
- Speak through the facilitator in plenary
- Use appropriate language
- Be sober in group
- No smoking
- All should participate
- Keep to the point
- Maintain trust and confidentiality
- Do not put pressure on others if they are not ready to speak
- Challenge others to think again, but do not criticise personally
- All questions are worth asking
- Show appreciation for effort
- Be non-judgemental
- Laugh and have fun
**Aim**
To understand the importance of listening in our lives.

**Group**
All groups

**Time**
30 minutes

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### Key facts

Listening makes people feel valued. Listening is hard work. We need to control our love to talk and instead focus our attention on what the speaker is saying.

We think we listen, but often we only hear part of what is said, or we shut out things we don’t want to hear, or we become so focused on what we want to say in reply that we don’t hear what is being said.

#### Signs of listening

- Pay attention to the person’s facial expression and body language, their words and actions.
- Show that you are paying attention and listening carefully.
- Show appropriate facial expressions; for example, concern at a problem or pleasure at a happy event.
- Look at the person and make appropriate eye contact.
- Smile and show friendship.
- Nod head and encourage person to continue.
- Praise.
- Ask questions to find out more.

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### Activity

1. In pairs, ask one person to talk about something which made them very happy. Tell the other person to listen carefully to the story, without speaking, for two minutes.

2. Now ask the listeners to stop listening. The speakers continue to talk about their happy event for two minutes.

3. Call ‘Stop’. Ask the pairs to change roles and repeat the activity.

4. In the big group, ask:
   - How did it feel when your partner listened to you?
   - How did you know they were listening?
   - How did it feel when your partner did not listen to you?
   - How did you know they were not listening?
   - How did you feel as a good listener?
   - What made it easy to listen?
   - How did you feel as a bad listener?
   - What made it difficult to listen?

5. Ask people to call out the ways that show that a person is listening. Ask:
   - Why is it important for us to be good listeners?
   - How will we practice listening before the next meeting?
Aim
To look at the importance of body language in our interactions with others.

Group
All groups

Time
30 minutes

Key facts
We give each other messages through our body language as well as our words. Body language includes our facial expressions, how we are standing or sitting and how we are placed in relation to other people.

We express our feelings through body language without thinking about it. We read each other’s body language and this affects how we respond to a situation.

A mime is a play which people act with their bodies but without words. The audience understands what is happening through what the actors do with their bodies.

People believe our body language more than our words. If we say one thing but our body language says another, people will not believe us.

Activity
1. Explain that, as we saw in the previous activity, we tell each other things through our body language as well as our words.

2. Put people into pairs and ask them to think of an interaction that one of them had recently with another person. Ask them to act this out without words (mime).

3. Show some of the mimes to the whole group. Ask:
   - What is happening?
   - What feelings are the two people showing?
   - What does the body language tell us about their status and power?

4. Ask people to call out some other feelings and show them with their bodies; for example, sadness, pleasure, anger and boredom.
Aims
▲ To help us to feel happy with who we are.
▲ To build our self-esteem so that we believe that we are worthy of respect and care and have pride in ourselves.

Group
All groups

Time
30 minutes

Key facts
▲ Self-esteem is the way that we feel about ourselves.
▲ If we have high self-esteem, we feel good about ourselves, we respect ourselves, we are confident to say what we think and feel clearly and expect people to treat us well.

Ways to develop high self-esteem
▲ Praise each other when we do well and say what we like about each other.
▲ If someone does something that we don’t like, tell them how we would like them to change in a helpful way as a friend. Don’t tease or mock people in ways that make them feel sad.
▲ Find things that we are good at and remember them when we feel bad about ourselves.
▲ Listen to each other and accept each other as special people.
▲ Don’t be too hard on ourselves. We all make mistakes and we can learn from them.
▲ Believe in ourselves, because we can achieve a lot, one step at a time. Think about our achievements so far in our lives.

Activities

Praising ourselves
We all have things that people like about us, our behaviour and the things we do well; for example, our smile, our kindness or our skill in gardening.

1 Put people into pairs and ask them to tell each other three things that they like about each other. One each about: ▲ their looks ▲ their behaviour ▲ things they do well.

2 Then ask them to tell each other something they like about their own looks, behaviour and skills.

Changing ourselves
We all have things that we would like to improve. This helps us to do better. But sometimes we worry too much and make ourselves feel bad. No one is 100% good!

1 In pairs again, ask people to tell their partners one thing they would like to improve about: ▲ their looks ▲ their behaviour ▲ their skills.

2 For each point, ask them to discuss:
▲ Can they improve it? If yes, how?
▲ If not, can they learn to stop worrying about it?

3 Encourage them to help their partner to accept the way they are or encourage them to change.
How we are the same, how we are different

Aims

▲ To have empathy for people who are treated badly because they are different and to enjoy the differences between people.

▲ To reduce stigma and discrimination.

Group
All groups

Time
30 minutes

Key facts

▲ Sometimes we feel bad because people don’t value us because of our looks, how we behave, our religion, tribe or our family. This is called stigma. We are not chosen for the team, people ignore our ideas or our rights. This is called discrimination.

▲ It helps to understand that we have all suffered stigma and discrimination in some way. We are not alone.

▲ People who discriminate against others often have low self-esteem themselves. They feel better if they make someone else seem bad. They may be very ignorant.

Activity

1 Ask people to stand in a circle. Say:
   Go into the middle anyone who has been discriminated against because they are poor.

2 People who have experienced this go into the middle of the circle. They hold hands and smile at each other, thinking about how they feel. Now they look at the people in the outside circle.

3 Ask people to go back to the big circle.

4 Repeat the activity with different reasons why people may have been discriminated against. Ask participants to call out ways that they have been discriminated against.

5 Ask:
   ▲ What have we learned from this game?
   ▲ How does it feel to be discriminated against? What effect did it have on you?
   Ask them to think of a time when they discriminated against someone.
   ▲ How did you feel? What effect did it have on the person?
   ▲ Think of one thing you will do to stop discrimination before the next meeting.

Some examples of reasons for discrimination

The colour of your skin; being a woman or a man; your age; poverty; religion; tribe; being short or tall, fat or thin; wearing glasses; being disabled; not being able to read or write; bad at sport; having an illness.
It is good to have goals in our lives and plan to reach them. This can help us to work hard and keep away from things that might stop us from reaching our goals.

Goals are our dreams and hopes for the future. They include our plans for jobs, partners and children.

We need our own hard work and the support of our friends and families to reach our goals.

Aims
△ To think about what we have done in our lives so far and what we want to do in coming years.
△ To think about what can help us to get there.

Group
All groups

Time
1 hour

Take care!
Try to help people to include issues around sexual and reproductive health; for example, unwanted pregnancy and STIs, including HIV and HIV reinfection.

Activity

1 Tell the group that today we are going to think about our lives from the time we were born until now and we will think about what we want to do in the future.

2 In turn, ask people to say one good thing that has happened to them since they were born. This could be what have they learned, how have they grown, what have they been doing, friends they have made and so on.

3 If you have pens and paper, give each person a sheet and a pen. If you do not, ask people to make a line on the ground with a stick or on a floor or wall with chalk.

4 Ask people to draw a line across the ground, floor or paper, showing the time they were born at the beginning of the line, where they are now in the middle and a point in five years time at the end of the line.

5 Ask them to make drawings or put symbols like leaves, sticks and stones along the line to show important points in their lives.

6 Make the line go up when things are good and down when they are bad.
8 With a friend, ask people to answer the questions:
   ▲ In your life so far, what has helped you to do the things you wanted to do? What has helped you to achieve your goals?
   ▲ When things were difficult, what helped you to cope or to solve the problems?

9 Now tell them to call out to the wider group all the things they want to do in the coming years. For example, go to college, start a big farm, get married, have children, start a trade and so on.

10 Now tell them to fill in the path for the next bit of their life. Ask:
   ▲ How can you use what you have achieved and learned so far to help you to achieve your goals in future?
   ▲ What more might you and people around you need to do?
   ▲ What steps will you take now to achieve that?
   ▲ What might stop you from achieving your goals?
   ▲ What would happen if you got pregnant or contracted HIV?
   ▲ What can you do to prevent this from happening?
   ▲ Who can help you?

11 Ask each person to say one thing that they learned from the road to life and one step they plan to take to reach their goal before the next meeting.
Puberty is the physical, social, mental, emotional and behavioural changes that happen to young people as they move from being children to being adults. In this session we focus on the physical changes.

Puberty happens to most people between the ages of around 9 to 18 years.

**Aims**
- To learn about the physical changes that happen to us during puberty.
- To learn how we can get help for any worries.

**Group**
8-16 years. Separate males and females at first and then bring together to share.

**Time**
1 hour 30 minutes for all activities

**Materials**
Pictures to show changes in puberty and the reproductive organs of boys and girls.

**Physical changes**
**Girls:** Development of breasts, pubic hair, broad hips, small waist, grow faster, pimples, menstruation. Sexual feelings – excitement when touching our private parts.

**Boys:** Broken voice, broad chest, development of sex organs, wet dreams, pubic hairs, flat stomach, growing faster, pimples. Sexual feelings – excitement when touching our private parts.
Body mapping

1. Put group into single sex groups. Ask one person to lie on the ground or stand against a wall and draw around them with a stick or chalk. (Or just draw the outline of a body on the ground.)

2. Ask them to mark on the body all the changes that happen to people of their sex (male or female) during puberty.

3. Ask them to discuss:
   - What are the good things about growing up?
   - What are the bad things about growing up?
   - Why do those changes happen?
   - How do people feel about them?
   - What questions do we have about growing up?
   - What problems do we have with the changes?

Collect the questions to answer later.

4. Bring the group together and invite them to share their body maps, if they are happy to do so. Share ideas about the good and bad things about growing up, the changes and why they happen.

5. Add any additional information, using pictures if you have them.

6. Read out the questions that people gave one by one. Invite members of the group to answer them and share the ideas. Correct or add information, as it is needed. If you don’t know the answer to the question, say you will find out.

Getting help during puberty

1. Divide into pairs and ask people to talk about who they would talk to if they had a problem about puberty or sexuality. Ask them to tell each other why they chose that person. Ask:
   - Do we have some worries that we do not get good help for? What is the reason for this?
   - Who might help us with this worry?

2. Ask the group to do some role-plays to practise asking these people for help with different puberty problems.

3. Tell them that, when they go home, they should practise talking to a parent or close relative about puberty or a sexuality issue.

4. At the next meeting, discuss how it went.
**Aims**
- To learn about menstruation.
- To help girls to manage menstruation happily.

**Group**
8-15 years plus parents. Separate male and female groups at first and then bring together to share.

**Time** 1 hour

**Key facts**

▲ Menstruation is normal monthly bleeding from the vagina that happens to all women. Menstruation is also called periods because it happens every 21-35 days.

▲ Menstruation is a normal, healthy part of a woman’s life. It is not an illness, dirty or shameful. It means that she is a woman and can have babies.

▲ Girls are born with thousands of tiny eggs in their two ovaries. Each month one egg becomes ready and leaves the ovary. This is called ovulation.

▲ The egg goes down the Fallopian tube to the womb. The womb makes its inside wall thick like a nest ready to house a baby.

▲ If the woman has sex and the egg meets a sperm from a male, it can be fertilised. The joined egg and sperm beds into the wall of the womb where it grows into a baby.

▲ If there is no fertilisation, the inside lining of the womb breaks down. It leaves the body through the vagina as menstrual blood. This happens about 14 days after ovulation. This is the monthly period or menstruation.

▲ Periods usually last 4-6 days.

▲ Periods often do not come on time at first, but they usually settle down to a regular pattern.

▲ Menstruation continues every month from puberty to menopause when periods stop. This happens between 40 and 55 years.

▲ Menstruation stops when a woman is pregnant. It starts again some time afterwards.

▲ If a young woman has not started her periods by 19 years, she should see a doctor.

▲ There is no need to keep menstruation a secret, although it is a private matter.

▲ Women can do everything during menstruation that they normally do.

▲ Menstruation shows that a girl can become pregnant, but only if she has sex. Going near a boy during menstruation cannot cause pregnancy.

▲ A girl can get pregnant before she starts her periods, because she has her first ovulation before her first period.

▲ It is normal for periods to be heavy at first and then get lighter. If periods go on for longer than 8 days or are very heavy with thick blood, a girl should see a doctor.

▲ Worry, sickness, weight loss or pregnancy can cause periods to not come. A young woman who is sexually active and does not attend her period should have a pregnancy test.
Female reproductive organs

Menstruation cycle

1. Egg (ovum)
2. Egg moves into uterus. It has not been fertilised
3. Egg and wall of womb being shed in blood
4. Egg (ovum)

1. Egg and wall of womb being shed in blood
2. Egg moves into uterus. It has not been fertilised
3. Egg (ovum)
4. Egg (ovum)
Some girls have pain during menstruation as the muscles of the womb push out the blood. This is normal, not a curse. Exercises, resting and painkillers can help to stop the pain.

Girls keep themselves clean during menstruation by using something to catch the blood:

**Cloths:** Any clean materials which easily soak up liquid can be used, such as old T-shirts. Girls should change these frequently, wash them with unperfumed soap, and dry them as much as possible. If possible, iron them to kill germs.

If girls use white toilet roll, they should take care that bits are not left in the vagina, because they can cause infection.

**Sanitary towels:** these are special towels made out of cotton wool on sale in drug stores. Girls may also use cotton wool wrapped in thin cloth.

**Tampons:** these are tubes of cotton wool which can be inserted into the vagina to catch the blood. They should be used only one at a time, changed regularly to avoid infection and, at the end of the period, girls should make sure that the last tampon has been removed.

**Chitenge:** Girls should take a *chitenge* to school in case they start their period and stain their dresses. They can also take a plastic bag to keep used cloths in.

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**Activity**

1. Ask:
   *What do you think is happening in the body during girls’ monthly cycle?*
   Ask them to draw on the ground with a stick to explain it if this makes it easier.

2. Summarise the correct information using a picture, or make a circle on the ground and use different leaves or coloured beads to explain what is happening. Ask people if they have any questions.

3. Divide into small groups, to talk about:
   *What are the good and bad things about menstruating?*

4. In the big group, say all the good points and bad points. Make a note of the bad points. Ask if people have any other worries to add.

5. Take each worry or bad point one by one and talk about ways to make it better. Ask:
   - *How can we help each other to manage menstruation happily?*
   - *How can boys help us? How can we help girls?*
   - *How can our families, teachers and elders help us? For example, build a separate pit latrine for boys and girls.*
**Wet dreams**

**Aims**
- To understand why boys and girls have wet dreams.
- To feel happy about having wet dreams.
- To know that wet dreams do not mean that boys and girls should have sex.

**Group**
All ages. Separate and then mixed sex groups.

**Time**
30 minutes

**Key facts**
- When a boy reaches the age of about 12, the male sex hormone or ‘messenger’ is produced and tells the testes to start producing sperm.
- The sperm pass through a long tube to the prostate, where they are mixed with a liquid, like milk, to become semen. This is stored until it comes out through the penis.
- Semen comes out in quick, short bursts. This is called ejaculation.
- Sometimes, a boy’s first ejaculation happens at night when he is asleep. This is called a wet dream and the boy may have a sexy dream when it happens.
- Some boys have regular wet dreams and others hardly ever have them. Both are normal. Wet dreams can continue into young adulthood.
- Wet dreams are the body’s way of practising for making a baby. They are normal and not a disease. A boy should not feel shy or worried about wet dreams. They are a sign that he has reached puberty and his reproductive organs are working well.
- Wet dreams do not mean that a boy should start to have sexual intercourse. It is safer to let wet dreams take care of sperm production until boys are mature enough to have a safe, caring sexual relationship.
- Ejaculation means that a boy is capable of making a girl pregnant. It does not mean that he is ready to become a father.
- Girls can also have sexy dreams and some might find that they are wet between their legs at these times. This wetness is made in the vagina. When the girl is grown up, it will protect her vagina during sex. This is normal.
Dear Aunty,

I am a 13 year old boy. Last week I woke up with a wet patch on my bed. It smelled funny and I noticed that it was on my penis too. I remembered that I had a sexy dream about a girl in my class. I wanted to touch her body!

My older brother noticed the wet patch and laughed at me. He said that the only way I can stop this happening is to get the girl to agree to have sex with me. Now I am afraid. Can you help me?

Chipili
Aims
△ To understand the mental, social, emotional and behavioural development that happens during adolescence and its effects on our lives.
△ To make good use of these new skills and feelings to help ourselves and others.

Group
All ages and mixed groups

Time 1 hour

Key facts

Mental development
As we grow up we gain new mental tools. We learn to analyse situations, think about cause and effect and imagine situations that are not real. We can compare options, make good decisions and plan for the future.
We also develop a social conscience, values and ethical behaviour and take on increased responsibilities.

Emotional development
As we grow up we try out and gain a sense of who we are and what makes us special. We develop a set of beliefs about our qualities, gender, ethnic identity, roles, goals, interests and values.
Self-esteem is how we feel about ourselves.
We develop skills such as empathy, recognising and managing feelings and relating to others so that we can make friends and co-operate with others.

Social development
Our social development is about our relationships. Our peers become important, because by identifying with them, we become more independent from our families. We may argue more with our parents as we reach for independence. This is normal, but we should still show respect and listen to our parents’ ideas and wishes.
We start to have closer one-to-one friendships with people of the same or opposite sex. We may feel sexually attracted to others and form sexual relationships. We become less influenced by our peers and more able to accept difference in ourselves and others.

Behavioural development
As we grow up we use our new skills to experiment with new behaviours. This is normal and helps us to shape our identities, assess ourselves and gain peer acceptance.
However, experimenting does mean taking risks. These risks can either work out well or badly. We need to weigh up the benefits and dangers of different situations, know our own strengths and weaknesses and make good decisions. We can find positive ways to satisfy our need to take risks rather than harmful ways. For example, we might learn a new challenging sport rather than take drugs.

As adolescents, we are a great resource for our communities. We have new skills, energy and creativity that we can put to good use. For example, we can help our families and communities.
Activity

Helping others
1 In small groups, make a list of all the different ways that young people help others in their schools, homes and communities. Compare your lists with other groups.
2 In your groups, make a plan for one or more actions that you want to take to help others in your community. Share the ideas in the big group.
3 Make a practical action plan.
   ▲ What will you do?
   ▲ When will you do it?
   ▲ Who in your group will do what?
   ▲ How will you do it?
   ▲ What materials and other help do you need? How will you gather these?
4 Be realistic in your action plan. Make sure it is practical.

Activity

Thinking about our risk-taking behaviour
1 In pairs, think of a time when you experimented with a new behaviour and took a risk.
   ▲ Why did you take the risk?
   ▲ Did it turn out well or badly?
   ▲ Could you have done anything to make the risk smaller?
   ▲ What other choices did you have?
   ▲ Do you think you take a lot of risks or a few?
   ▲ What do you think about friends who take risks?
2 Role-play a situation where you and your friend are about to take a risk that could harm you. Show how you could change this dangerous risk to a positive one (such as trying a new and challenging skill or sport).
Aims
▲ To remember how we learned about being male or female.
▲ To understand the roles that we are expected to play as males and females and how they are changing.
▲ To learn how gender roles affect our choices in life and our health and well-being.
▲ To think about whether we would like to see some changes in gender roles.

Key facts
▲ Our sex describes the biological differences between males and females.
   Men have a penis and testicles and produce sperms to make babies.
   Women have breasts and a vagina and produce eggs to make babies.
▲ Gender is the norms, roles and responsibilities given to males and females by society. Older people teach boys and girls how they should behave to become ideal women and men according to the culture.
▲ Gender norms can change because people, not biology make them, and therefore people can change them.
▲ Some gender norms are helpful and strengthen sexual and reproductive health, for example, the rule that married people should have sex only with each other prevents the spread of HIV.
▲ Some gender norms are harmful and need to change. For example, widows being inherited by their brother-in-law can spread HIV. Girls are taught to always obey men, even if their ideas are harmful.
▲ It is good to understand our own values and opinions about gender roles and how they affect our sexuality. Then we can change those which are harmful.
▲ Empowerment is a change in the way that males and females feel and behave which allows them to enjoy information, services, skills, money and time equally. They have equal say in decision-making and equal respect and together bring about development.
▲ We can help females in some ways without changing gender roles.
▲ We can improve sexual health by achieving equality and caring friendships between men and women.

Group
10-24 years. Mixed males and females.

Time
45 minutes
Growing up as a boy and as a girl

Activity

1 Ask:
   ▶ What is the difference between gender and sex?
   ▶ What are some sex roles and some gender roles?
   Add to their ideas.

2 Tell the group to shut their eyes and think back to the time when they were growing up. They should imagine themselves when they were 5 years old. Ask:
   ▶ What were you doing?
   ▶ How were you dressed?
   ▶ Who were you playing with?

3 Now tell them to think about:
   ▶ What is your earliest, most important memory of something that happened to make you discover that you were male or female and for this reason treated differently from the opposite sex?

4 When everyone has had time to think into their past, ask them to go into small groups of four or five people, choosing people that they feel free with. This may be people of the same sex as themselves.

5 Ask everyone to share only what they wish of their memories in the group. Then work together to make a five-minute role-play that shows the memories shared within the group. Ask them to prepare to present it to the larger group.

6 Ask each group to make its presentation. Ask:
   ▶ How did you feel sharing this memory with your group?
   ▶ What did the memory tell you about being male or being female?
   ▶ What did your family expect you to behave like, to talk like, to be like?
   ▶ What did you like and not like about this?

7 Ask:
   ▶ What did you learn from this activity?

I am avoiding pregnancy by using the injection without my husband knowing. But he may still give me HIV because he refuses to use condoms.

We talk together about how to plan our family and protect ourselves from HIV.
**Aims**

▲ To find out how we think girls and boys should behave.

▲ To learn which of these ideas protects us from STIs, including HIV and HIV reinfection, and that put us in danger.

▲ This activity is also good practice for listening skills.

**Group**

All groups. Adapt the statements to make appropriate for different age groups.

**Time**

1 hour

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**Key facts**

▲ Harmful gender norms for males and females can put us in danger of STIs, HIV, HIV reinfection, unwanted pregnancy, abuse or rape.

▲ It is good to think about our own gender values and see whether we need to change any.

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**Activity**

1. Make one sign with a happy face, meaning ‘agree’; one with a cross face, for ‘disagree’ and one with a puzzled face, for ‘not sure’. Put them in three corners of your space.

2. Prepare some sentences like the examples in the box on the next page.

3. Explain that you are going to read out some sentences one by one and people should go to the corner that best says what they think about the idea in the sentence.

4. If they agree with the sentence, they go to the corner with the smiling face. If they disagree, they go to the corner with the cross face. If they are not sure, they go to the corner with the puzzled face.

5. To begin, everyone should stand in the middle of the room.

6. Read out the first sentence. Repeat it and make sure that everyone has understood it.

7. Ask people to think about the sentence and then go to their corner.

8. When everyone has gone to their corner, give them a few minutes to talk together about why they chose that corner.
9 Then let each group explain to the other groups why they have chosen that corner. Ask the other groups to listen carefully and try to understand each group’s views well. Maybe they have some good ideas. Ask:

- Did the boys choose different corners from the girls? Why?
- Which of these ideas protect us from unwanted sex, pregnancy, STIs, including HIV and HIV reinfection and which ones put us at risk of it?
- Does anyone want to change groups now that they have heard other people’s reasons for agreeing or disagreeing? If yes, ask them to explain why they are changing.

Provide information and challenge harmful ideas as needed.

10 Read out another sentence and repeat the activity until people understand how it works.

11 Invite participants to think of new sentences and continue.

12 When the sentences are finished, sit down and ask what people have learned from the activity. Ask:

- Where do we get our ideas about these topics from?
- Are our ideas changing?
- Is that good or bad?

13 Summarise the learning.
Where do we get our ideas from?

Aims
▲ To find out where we get our ideas on sexuality and gender from.
▲ To find out how we can decide which ideas to believe in.
▲ To find out how we can decide which ideas are good for us.

Group
All groups

Time
45 minutes

Key facts
▲ As young people, we get many different and changing messages about growing up, sexuality and gender, HIV, etc. from different people.
▲ This makes it difficult for us to know which information to trust and to make good decisions.
▲ Learning to judge the truth of different messages is an important life-skill; otherwise we get confused and make bad decisions.

Activity

Role-play
1 Tell the group that you are going to think back to the activity in the last session. Remind them that they looked at sentences that they agreed or disagreed with about boys and girls. Ask: ▲ Who can remember some of the sentences?
2 Choose one of the sentences. For example, ‘Boys need to practise sex with different girls so they can please their wives later.’ Ask: ▲ Where do we get our ideas from about this sentence?
   Ask people to call out their different ideas – for example, parents, friends, elders and traditional teachers, church, teachers, radio, video, etc.
3 Remind people that this is a role-play and we have already seen that some of these ideas are good and some harmful. Ask for volunteers to play the role of each of these people. For example, one person plays a father, one a friend, one a preacher and so on. Ask each person to role-play what advice their character would give to either a boy or a girl on the topic.
4 Ask the rest of the group to play themselves, listening to the advice from different people.
5 At the end ask the people listening to the advice how they feel. Ask:
   ▲ How will you decide which advice is good to follow amongst all these different ideas?
   ▲ What different things will you think about when you are deciding?
   ▲ How correct is the information from each person likely to be? What other information do you need?
   ▲ Do you have the same beliefs and values as this person?
   ▲ Why is the person telling you this? Do they want to help or harm you? Do you trust them?
   ▲ What would be the good and bad consequences of this option for you?
6 Ask what people have learned from this activity. How will they use what they have learned before the next meeting?
Where do we get our ideas from?

Example of role-play on condoms

Preacher: Condoms are sinful and not allowed by our church.

Condom seller: Buy condoms here and enjoy your sex life without fear.

Initiation adviser: Condoms don’t work because they break.

Elder: Giving condoms to young people causes promiscuity.

Parent: If I ever found any of my children with condoms, I would beat them.

Friend 1: Condoms are not good; it’s like eating a sweet with the wrapper on.

Friend 2: Hey man, condoms are great. You can practise for future perfection without worrying about ‘damages’ and AIDS.

Radio: The Americans have put HIV into the condoms to kill African people.

Rural health worker: Condoms are not 100% safe, but they give around 90% protection if used correctly every time you have sex. They will protect against STIs, including HIV and HIV reinfection, and pregnancy, which is a lot better than nothing. I can give you some free. But first let’s talk about your life and whether condoms are the best choice for you at this time.

Activity

Picture code

1 Show the picture on page 41 (boy with priest, girl and herbalist) and ask:

▲ What do you think is happening here?

▲ What do you think the people are saying?

▲ How is the boy feeling?

▲ Does this happen to young people in our community?

▲ What would you do if you were the boy?

▲ What should the uncle, priest and girl do to help the boy protect himself from STIs, including HIV?

2 Make a picture to show a girl getting different messages about sex from different people.
No sex before marriage or you will burn in hell!

Here: drink this, and beautiful girls will come for you to practise love.
Key facts
- Friendships and love between boys and girls, men and women would be happier and safer if they were able to talk to each other more freely about their feelings and thoughts and what they would like.
- We all feel particularly shy to talk about our feelings to do with our sexuality.

Aims
- To help boys and girls to talk more freely with each other about their thoughts and feelings.
- To let girls and boys find out what people of the opposite sex think and feel.

Group
All groups

Time
1 hour

Activity

What questions do we have for the opposite sex?

1. In this activity, tell the boys they are going to answer questions from the girls and the girls from the boys. The facilitators will ask the questions and only they will know who asked each question.

2. Ask everyone to think of two questions that they would like to ask the opposite sex.

3. Tell them to think of things that they want to understand better about the opposite sex and the way that they feel, think and act. Say that these things might make them feel happy, curious, confused, worried or angry.

4. The boys and girls will answer the questions as a group, so tell them not to ask questions to one person or make the question about one person, or to choose insulting questions because they will not be answered.

5. If people can read and write, give everyone a small piece of paper and pen and ask them to write their two questions and bring them to you.

6. If people can’t write, ask people to come and tell you their questions one by one privately, so that you can write them down. People could also tell their questions to a friend, who tells you if they prefer.

7. When you have all the questions, select the best ones, taking out insulting or personal ones and duplicates.

8. It is important that girls and boys are not pushed into telling the group personal stories about sexuality, which may put them at risk of harassment or punishment. In separate groups, give the boys the girls’ questions and the girls the boys’ questions. (Give each person one question to remember if they cannot read.) Give the groups time to discuss the questions and decide how to answer.

9. Put the mats or chairs in two circles, both facing inwards, with one circle inside the other. Have enough mats or chairs for boys and girls in both circles. The girls sit in the inside circle and the boys on the outside.
What do boys and girls think and feel?

10 Read the boys’ questions one by one. Ask the girls to talk about each question, giving their answers. Ask the girls to:

- speak clearly so that the boys can hear them talking
- feel free and say what they think
- not answer questions that offend them
- not talk about their personal experiences. Talk instead about ‘girls like us’, with no names.

11 Ask the boys to sit and listen quietly while the girls talk. They should not talk or make noise. They will have a chance to talk about the exercise later.

12 Give the girls 20 minutes maximum. Stop even if some questions are not answered. If people want to do the rest of the questions, organise another session.

13 Repeat the same thing with the boys in the middle answering the girls’ questions. Talk about it.

14 Make one large circle. Ask the following questions:

- How did you feel about this exercise? What were the good and bad points about it?
- Was anyone surprised by what they heard?
- Girls, has it changed your ideas about boys? And boys, has it changed your ideas about girls? In what ways? How?
- What are the good things about boys and girls understanding each other better?
- What are the bad things about boys and girls understanding each other better?

15 Put girls and boys in pairs to discuss;

- What more can boys and girls in this group do to understand each other better?
- What have you learned from this meeting? How will you use what you have learned before the next meeting?

Encourage boys and girls to continue talking to each other.
**Aims**

- To learn about the different kinds of friendships between boys and girls of different ages.
- To help young people to make and keep happy and safe friendships between the sexes.

**Group**

All age groups including older people. Mixed males and females.

**Time**

1 hour 30 minutes

**Preparation**

Ask young people, before they come to the meeting, to talk to their grandparents about how relationships before marriage have changed since their time. Ask what the grandparents think are the good and bad points about the changes.

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**Key facts**

- Boys and girls can be just good friends without having sex.
- Friendships between boys and girls are good; they help boys and girls to understand each other better and get new ideas from each other.
- Boys and girls who are friends can help to change the bad ideas that people have about their friendship.
- If a boy and a girl are sexually attracted to each other, spending a lot of time alone may lead to a sexual friendship.
- If boys and girls spend time together as friends, it is best to be clear that they just want to be friends and to spend time with other friends as well. It may be best to refuse gifts, in case this leads to pressure to have sex.
- Traditionally boys and girls were not allowed to spend time together before marriage, because people thought that they would have sex. But they still met in secret.
- We need to encourage older people to accept friendships between boys and girls. Times have changed. Boys and girls marry later and need to get to know each other as friends before marriage. This helps to improve gender relations.
Activity

Mapping where boys and girls meet
1 Divide into groups and ask each group to make a map on the ground and mark on it the places where boys and girls of their age meet (this can be done with chalk or with a stick, and leaves and stones can be used to mark places on the map).

2 Ask:
   ▲ What activities do boys and girls do together in these places?
   ▲ What are the good and bad points about these activities?
   ▲ How can boys and girls spend time together without the bad points?

3 If the groups do not mention pregnancy, STIs or HIV as bad points, explain it to them.

Activity

Friendship between boys and girls
1 Divide into mixed sex groups of about ten people.

2 Ask each group to prepare a role-play about the following situation.

   A boy and girl are good friends. They have the same interests; they both enjoy studying and feel happy together. They do not have sexual feelings for each other. The boy and girl spend a lot of time together.

3 Imagine what different friends, family and other community members might say about this friendship. Show different characters in the role-play treating the boy and girl in these different ways.

4 Show the role-plays to the whole group. Ask those watching to come up and defend the boy and girl when they feel that they are not being properly treated.
**Aims**

▲ To think about what we mean by love and friendship.

▲ To learn about what makes a good friend.

**Group**

10 years and above and older people. Mixed males and females.

**Time**

1 hour

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### Key facts

▲ Love is a special feeling that fills your heart.

▲ Love is putting yourself in someone else’s shoes and caring about how they feel and their lives.

▲ Love is accepting and loving people just as they are and caring about them enough to help them to do better.

▲ When you are being loving, you help others to feel important and happy. They become gentler and kinder. Love is catching – it keeps spreading.

▲ Sharing is a way to show love. Share your belongings, time, feelings and ideas.

▲ You can be loving to people you don’t know, by caring about what happens to them and sending loving thoughts.

▲ You show love in a smile, a pleasant way of speaking, a thoughtful act or a hug.

▲ Love is treating people just as you would like them to treat you – with care and respect.

▲ Love is treating people with special care and kindness because they mean so much to you.

▲ Love is being trustworthy and loyal.

▲ Love is sharing the good times and bad.

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### Activity

1. Explain that we are going to talk about the virtue of love and how we show it. Ask:

▲ **What words do we have in our language for love?**

2. Divide into pairs, and ask people to talk about:

▲ **What ways we can show love for a friend?**

Ask people to do role-plays to show some of these ways to the group.

3. In pairs, ask them to talk about:

▲ **What behaviour would they show if that person was not their friend?**

Ask people to do role-plays to show some of the behaviours.

4. Divide into four separate groups, two of boys and two of girls.

Ask one group of boys and one of girls to talk about:

▲ the things that make a good friendship with a person of the opposite sex

▲ the things that you like about a friend of the opposite sex.

Ask them to make a role-play to show this good friendship.

This could be one where they are just good friends or one where they like each other sexually.

5. Show the role-plays to the big group and ask them to watch out for things that show them that this is a good friendship. Ask:

▲ **What things show that this is a good loving friendship?**
What is love and how good a friend am I?

- Can you think of more things that show a good loving friendship?
- What do you think is making this friendship work well?
- What advice would you give the two people to help them keep their good friendship?

6 Ask the other group of boys and girls to talk about:
- the things that make a bad friendship with the opposite sex
- the things that you do not like in a friend of the opposite sex.

Ask them to make a role-play to show a bad friendship that had problems or where one person is unhappy.

7 Show the role-plays to the big group. Ask:
- What are the reasons that the friendship is not going well?
- Do the two people show love for each other? Are they each a good friend to the other? Why, or why not?
- What things might be making it difficult for them to have a good friendship?
- What advice would you give the people concerned?

Ask:
- What do boys want in a friendship with girls? How do they show love for girls?
- What do girls want in a friendship with boys? How do they show love for boys?
- What things are the same for boys and girls?
- What things are different for boys and girls?
- Did anything surprise you about what the opposite sex wants?
- Are you able to talk to a friend of the opposite sex about what you want in friendship and how you can both show love?

8 Ask what people learned from the activity. Summarise. Ask how they will show love to someone before the next meeting.
Aims
▲ To understand the difference between strong (assertive), weak (passive) and fighting (aggressive) behaviour.
▲ To look at our own behaviour and how it helps or hinders us in our friendships and lives.
▲ To practise being strong in different situations.

Group
All groups

Time
30 minutes each activity

Key facts (pages 48-50)
▲ We send messages to each other about our thoughts and feelings.
▲ One third of our messages are understood through words and two-thirds through our body language.
▲ We can learn to express our thoughts and feelings clearly in ways that show friendship and love.
▲ Good communication is very important for good relationships.

Activity

1 Ask for volunteers to act a role-play to show the difference between weak, fighting and strong behaviour. Use the same situation for each role-play to make the difference clear. Ask the group to choose a difficult situation that might happen to them. The situation in the right-hand column is just an example. Help the group to select their own.

2 For each type of behaviour ask:
▲ Is this behaviour weak, fighting or strong?
▲ How did the person behaving this way feel?
▲ How did the other person feel?
▲ What will happen as a result of this behaviour?

3 When you have talked about all the behaviours, ask:
▲ Which type of behaviour do you think is best, and why?

4 In groups of three, ask people to share examples of a time when they behaved in a fighting way, a weak way or a strong way. Ask what happened?

5 Ask each group to role-play a situation for the whole group where one person was fighting or weak. Replay the situation and invite people to ‘freeze’ the acting and replay the story to show strong behaviour.

Weak
A boy often beats his girlfriend. She is hurt but she accepts it without complaining. She only says ‘poor me’ to her friends.

Fighting
A boy often beats his girlfriend. One day, when he threatens to beat her, she pours boiling water over him.

Strong
A boy starts to beat his girlfriend. She shouts ‘No’ and walks away from the place.

The next day she says to him ‘I felt very hurt and afraid when you wanted to beat me yesterday. You have no right to beat me for any reason. I cannot be happy with you if you beat me.

If we are to remain together, I want us to agree that you will never beat me again. If you ever try it, I will leave you. What do you say?’
Key facts

Different ways of behaving

Our families teach us how to behave at an early age. There are different ways of behaving in a situation, and the way we behave affects whether things go well or badly.

We behave in a weak or passive way when we:

- take no action to demand our rights
- put others first so that we lose
- give in to what others want
- remain silent when we disagree or feel unhappy about something
- put up with anything
- say sorry a lot
- hide our feelings
- do not start something new in case we fail
- allow others to make all the decisions
- follow the crowd and give in to peer pressure.

We show fighting or aggressive behaviour when we:

- take our own rights with no thought for the other person
- say we will do something bad to a person to get what we want
- put ourselves first even though others lose
- make demands without listening to other people’s ideas and needs
- become angry quickly when others disagree with us
- shout, push or force people
- make people feel that they need to defend themselves
- make people look small so that we look big.

We use strong (assertive) behaviour when we:

- stand up for our rights without putting down the rights of others
- respect ourselves and the other person
- listen and talk
- tell people our thoughts and feelings clearly and honestly; say ‘I’ think and ‘I’ feel
- stick to our values and principles
- match our words to our body language
- act confident but respectful
- accept praise and feel good about ourselves
- accept true suggestions for making ourselves better and learn from them
- say ‘no’ without feeling bad
- disagree without getting angry
- say ‘I feel angry’ in a way that does not harm others
- ask for help when we need it.
You are so lazy! All you do is sit around with your books while the farm grows weeds! If you don’t work harder, I’ll throw you out!

Saying what we want and how we feel

Key facts

Some communication skills

▲ Listen carefully to what people say and put yourself in their shoes.

▲ Ask questions that encourage people to talk about their thoughts and feelings.

Activity

How strong am I?

1 In this activity, we try to understand our own behaviour better. We all behave in strong, fighting and weak ways at times. Some of us behave more often in one way or the other. In some situations, fighting or weak behaviour may be the best way of dealing with a situation.

2 Explain that you are going to call out some different ways of behaving. Ask people to raise two hands if they behave like this often, one hand if they do it sometimes and keep their hands down if they never do it.

3 Say some of the strong, weak and fighting behaviours listed on the previous page, one by one and ask people to put their hands up as you explained. Ask:

▲ What have we learned about our own behaviour?

▲ Do we want to change it in any way?

Examples of ‘I’ statements

When you don’t help on the farm, I feel worried that we won’t grow enough to cater for the younger ones. I would like us to talk about how we as a family can solve this problem.

When you shout at me for studying, I feel worried that I will fail at school and not be able help you with a good job. I would like us to talk about how we can arrange things better.

Examples of ‘you’ statements

You are so ignorant! All you think about is farming! At least I don’t spend my time in bars!

You are so lazy! All you do is sit around with your books while the farm grows weeds! If you don’t work harder, I’ll throw you out!
One way of telling people how we think and feel

1. Explain that the ‘I’ statement is one way of telling people strongly how we think and feel. It is not the only way and different cultures have different ways of saying how they think and feel. Explain that you are going to try it out and see if the group find it helpful.

2. Explain how to make an ‘I’ statement and show with an example.
   - **Step 1:** Explain the situation and your feelings about it with the reasons you feel that way. Be careful not to blame the other person. Just say how you feel and why you feel that way.
   - **Step 2:** Say what you would like to happen.
   - **Step 3:** Ask what the other person feels about what you have said.
   - **Step 4:** Agree on what to do.

3. Ask for volunteers to role-play a situation showing someone using an ‘I’ statement. An example is given in the right-hand column.

4. Ask:
   - What do you think about this way of behaving?
   - What do you like or not like about it?
   - Do you ever use it and do you think you will?

5. In groups of three, ask people to agree on a problem situation that they want to solve using the four steps.

6. Read out each step one at a time so that people can all give their ideas on what to say for that step in the small groups.

7. Bring the whole group together and ask each group to act out how they used this way of being strong.

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The story of Dabwiso

Dabwiso is HIV positive and students at his school find out. They tease him and refuse to sit next to him.

**Step 1:** Explain how you feel about a situation and why you feel that way.

‘When you tease me and refuse to sit next to me, I feel very sad and angry because we are all human beings. Some of us have had sex and any of us could have HIV. Some of us were born with HIV and many of us have not had an HIV test so don’t know if we are HIV positive. I cannot give you HIV unless you have unprotected sex with me or we share blood.’

**Step 2:** Ask for what you would like to happen.

‘I value and need your friendship and I would like it if we could sit down together and talk about our feelings and what we can all do to protect ourselves and cope with HIV and AIDS in our school and community and reduce stigma.’

**Step 3:** Ask how the other people feel about what you have said.

‘What Dabwiso is saying is true. He was brave to go for a test. We should all go for a test.’

**Step 4:** Come to an agreement about what will happen next.

‘Thank you for listening to me. When is the best time to meet? After school? OK. Let’s meet tomorrow after sports.’
Aim

To practise ways of staying strong.

This session builds on Session 21.

Group

All groups

Time

1 hour

Key facts

People often try to stop others from being strong. They will find ways to make you back down, change your mind or give up trying to get what you want. Some of these ways are listed here, with examples from Dabwiso’s story in Session 21.

They pretend that there is no problem

Oh come on, you are imagining things. No one is teasing or rejecting you. Stop being so sensitive.

They try to make you feel small

What, you are weak to feel sad because a few of your group-mates tease you. Grow up!

They argue with your point of view

We don’t have HIV because we only have sex with nice girls. You must have been with a prostitute.

They try to scare you

If you get near me I will report you to the headmaster and he will expel you from the school for misbehaving.

They give you false information to persuade you to change your mind

It’s not true that you can’t give us HIV. Supposing you fall in football and cut yourself and then the blood gets onto the skin of another boy. Or saliva from your mouth might get into someone’s eye.

They try to get you off the topic

Anyway, let’s forget about HIV. What grade did you get in Maths, everybody?
Ways to stay strong

What to do when people try to stop you from being strong

1. Ask:
   - How could the boy and others who were on his side have responded to each of these?

2. Invite people to role-play responding to each point with facts or feelings. Ask; Why do people want to stop us staying strong?

What to do if someone tries to persuade you to do something you don’t want to do

1. Explain that sometimes people try to persuade you to do things that you don’t want to do and may harm you. Then you need to find strong ways to keep refusing.

   Ask the group to call out some examples of this kind of situation. Choose one situation.

2. Invite two people to role-play the situation. One is to try as hard as possible to persuade the other to do something they don’t want to do.

   Tell the rest of the group to watch and identify the ways each of them is using to get their way.

3. When the person persuading has run out of ideas or the person refusing has given in, ask a new person to come from the group and try.

4. Continue changing the actors until everyone has run out of ideas.

5. Ask:
   - Which ways did the persuaders use to make the other person to agree? (Make a note of these in your notebook.)

   - Which ways worked well? (Make a note of them.)

   Discuss the advantages and disadvantages of the decision that the person being persuaded finally made.

6. Divide into threes, and ask the groups to think of a situation that might happen to someone like them, where someone is trying to force them to do something that they don’t want to do. Tell them to take it in turns to role-play with one person saying ‘No’, another person trying hard to persuade them and the third person looking at which ways they use and what works well. Take it in turns to play each of the roles with a different situation.

7. Ask:
   - What did you learn from this activity and how will you use it before the next meeting?
Aims
- To learn that every decision has a consequence.
- To learn that we make many decisions in our daily lives and some can change our lives for better or worse.
- To learn the importance of keeping to a decision.
- To learn how to make a decision.

Group
All groups

Time
1 hour

Key facts
- Every day we make decisions. Some are big decisions, such as whether to plant our maize today or to have sex with a man who will pay our school fees. Others are smaller decisions, such as which T-shirt to wear or whether to buy a banana or an orange.
- Decisions that we make about friendships and sexuality are important and can have a big effect on our lives.
- Every day there are ‘decision points’ when we must choose to do one thing or another.
- Sometimes we make decisions based on our feelings. We want to do something so we do it without thinking. This can work well, but it can also turn out badly. For example, many people have sex because their feelings are very strong, without thinking about the consequences. When the feelings lessen, they often realise that they made a mistake.
- It is good to think about the good and bad points about each choice before we make a decision so we can weigh up which choice is best for us and others.

Activity

Decision points role-play
1 Explain that today we are going to talk about making good decisions about friendships between boys and girls.
2 Ask two people to act the role-play of Kaluba and Taonga.
3 Explain that you will clap your hands at a point when Kaluba and Taonga need to make a decision. The players should stop when you clap so that the group can discuss the decision point.

The story of Kaluba and Taonga
Kaluba is a smart young man who is learning to be a carpenter. He meets his pretty neighbour Taonga, aged 16 years, on the way to market. She has just completed school and is selling vegetables.

Kaluba invites her to go to a night entertainment with him in the next village. He will borrow a bicycle and take her there and back.

At first Taonga refuses, but then she agrees if he will promise her certain things.

Let the two actors stop at this point.

4 Ask the group:
- What promises does Taonga want Kaluba to make before she goes to the entertainment?
- If he makes the promises, should she agree to go? Why or why not?
- What might be the good or bad consequences of going?
- How can she keep safe if she does go with Kaluba?
5 Vote on whether you would go if you were Taonga.

Do boys and girls vote differently? Why?

After the discussion, continue with the drama.

Taonga agrees to go to the entertainment if Kaluba promises to bring her back by 10 o’clock in the evening and doesn't drink or smoke at the party. Kaluba promises.

Taonga and Kaluba enjoy the party, they dance and begin to feel quite sexy. 10 o’clock comes and goes without either of them noticing. At 11 o’clock, Taonga notices the time. Kaluba has drunk a few beers and the bicycle is nowhere to be found. The owner has taken it back to the village. Kaluba tells Taonga that they will have to sleep at his brother’s house.

The actors stop.

6 Invite two people to show what happens next in the drama.

What might the consequences be for Taonga and Kaluba?

7 Now invite two more people to show a different ending.

What might be the consequences of this ending?

8 Ask:

What did you see happening in the drama?

Does this happen in our community?

Why does it happen?

Which were the ‘decision points’ in the story for Kaluba and Taonga?

What are the consequences for the girl and the boy?

How could Taonga have made sure that Kaluba kept his promises?

Do you think that Kaluba was being honest with Taonga? Why, or why not?

Why do boys or girls try to trick each other into having sex?

Why do people allow themselves to be tricked into having sex?

9 Invite people to act a final ending showing how Taonga and Kaluba manage to stay safe that night.

10 Ask:

What did you learn from the activity? How will you use what you learned before the next meeting?
There may be good reasons for changing our minds. A decision might have been good in the past but is not the best choice in a new situation. Changes and new information tell us that it’s best to make a new decision.

It is not always easy to keep to a decision every time for a long time. We may get tired or bored with keeping to a good decision or find some consequences too difficult.

Things outside our control may stop us from carrying out a good decision.

Questions to ask when making a decision

Where am I now?

What are my goals? Where do I want to be?

What are my choices for getting there? What are the advantages and disadvantages of each choice?

What resources and support do I need for each choice? Who do I need to involve in the decision?

What would help or hinder me in acting on this choice?

What might the good and bad results of each choice be?

What steps do I need to take to act on my decision?

Aim
To learn how to keep to good decisions or make new decisions.

Group
All groups

Time
30 minutes for each activity

Key facts

Reading a story

1 Read the story of Taziwona and Chipili. Ask for volunteers to act the parts.

The story of Taziwona and Chipili

Taziwona and Chipili are school friends and go to the Anti-AIDS club together. They sign a pledge that they won’t have sex before marriage, but it’s not so easy for them to keep to their decision. Here’s why.

Taziwona’s family does not have enough money to pay school fees for all their children. They decide that Taziwona is now big enough to leave school and earn some money or marry. Taziwona is very unhappy, and when a business man says he will pay her school fees if she will be his friend she wonders what to do.

Chipili goes to stay with his uncle in another village. His uncle says that it is time for him to mature and have friendships with girls. He gives him some herbs to strengthen him and attract the girls. He says he will come back in a few days to see how he is doing.
2 Divide into groups and give the story of Taziwona to one group and Chipili to another group.

3 Ask them to discuss these questions:
   ▲ Why did Taziwona/Chipili decide to sign the pledge?
   ▲ What is making it difficult for Taziwona/Chipili to keep to their decision?
   ▲ What choices do Taziwona/Chipili have?

4 Take the choices one by one and discuss the good and bad points of each choice. Ask:
   ▲ What would you do if you were Taziwona/Chipili? Why?

5 Do a role-play to show what happens to Taziwona and Chipili five years later.

6 Ask:
   ▲ What did we learn from this activity?
   ▲ How will we use what we learned before the next meeting?

Our own decisions
1 Divide the group into pairs. Tell them to think by themselves of a decision that they made and managed to keep to.

Tell the pairs to take it in turns to talk with their friend and answer these questions. Ask:
   ▲ What helped you to stick to your decision?
   ▲ What made it difficult for you to keep to your decision?
   ▲ What more would you like to happen to help you to keep to your decision?

2 In the big group, ask people to call out their answers to the questions one by one.

3 Ask:
   ▲ What did you learn from the activity? How will you use it before the next meeting?
Aims
△ To learn about the difference between sexuality and sexual intercourse.
△ To learn that we can enjoy our sexuality safely throughout our lives.

Group
10 years and above. Separate groups by age and sex.

Time
1 hour and 20 minutes

Baby: Boy has erections, boys and girls enjoy being touched, cleaned, sucking the breast.

Child of 6 years: Plays mummies and daddies, enjoy dressing as a girl or boy, learning how to dance, may imitate sexual intercourse if they have seen others doing it.

Child of 15 years: Wet dreams, feeling sexy near others, interested in being a girl or boy, touching their own private parts.

Married couple: Do what they have been taught at initiation, enjoy married life or not.

Couple with baby: Mother enjoys giving breast milk and cuddling baby, feels like a woman, tender love for baby, man feels like a man, frustrated if woman shows love to the baby more than him.

Elderly couple: Don’t have to worry about pregnancy, free from hard work (maybe), enjoy each other as man and woman, enjoy dancing, singing, caressing each other, having sexual intercourse.

Key facts
△ Sexuality is part of being human from birth to death.
△ Sexuality is all the things we enjoy and feel as males and females, such as our bodies, our clothes, the way we look, walk, talk, dance, sing, think about boys and girls, men and women and express our sexual feelings.
△ Sexual intercourse means the act of a man putting his penis into a woman’s vagina and then moving together to enjoy themselves.
△ We all have our sexuality from the time we are born to the time we die. We can enjoy feeling and expressing it in different ways over our lives. We do not need to have sexual intercourse to enjoy our sexuality.

Activity
1 Ask: What is sexuality? What is the difference between sexuality and sexual intercourse?

2 Divide people into six small groups and give each group one of the following to discuss:
   △ a baby boy and girl
   △ a boy and girl aged 6 years
   △ a boy and girl aged 15 years
   △ a married man and woman aged 22 years
   △ a woman and a man with a baby
   △ an elderly man and woman.

Ask each pair to talk about how the person they have been given might feel and express his or her sexuality. Some examples are given in the left-hand column.

4 Ask each group to tell the big group their ideas about sexuality in the age group they talked about. Add if needed.

5 Ask people what they learned from the activity and how they will use it in their lives before the next meeting.

6 Point out that we can enjoy our sexuality at all ages even without sexual intercourse. We should not be in a hurry to have sexual intercourse, but wait until our minds and bodies are mature. We should trust ourselves that, when the time comes, we shall do it well.
Respect

Aims

▲ To understand the meaning of respect and how to practise it in our lives.
▲ To understand that the need to respect ourselves is as important as it is to respect others.
▲ To understand that we do not have to respect a person who is harming us.

Group
All groups

Time
1 hour

Key facts

▲ Respect is an attitude of caring about people and treating them with dignity.
▲ Respect is valuing ourselves and others. We show respect by speaking and acting with courtesy. When we are respectful, we treat others as we want to be treated.
▲ Respect is knowing that every man, woman and child deserves respect, including us.
▲ Self-respect is making sure that no one hurts or abuses us or treats us unfairly, even if they are elders or important people. We do not have to respect people who are doing bad things. People have to earn respect.
▲ Respect helps people to feel valued.
▲ Elders deserve special respect because they have lived longer and learned many of life’s lessons. However, we do not have to respect them if they are harming us.
▲ Respect includes honouring the rules of our family or school to make life more orderly and peaceful. However, this does not mean accepting every rule or anything that an older person asks us to do without question.
▲ Culture and rules change with changing times and we can help to change them in a respectful way.

Activity

What would respect look like if…?

1 Divide into pairs or small groups. Give each group one of the situations below. Ask them to role-play the situation and show what they would do to show self-respect, while also treating others with respect.

▲ Your uncle gives you advice about practising sex and some herbs to make you ‘strong’.
▲ A family friend starts touching your private parts.
▲ Your teacher beats participants harshly and you know that there is a new law against beating children in school.
▲ Your older brother comes home drunk and asks you to buy him some more beer.
▲ You attend a community meeting to agree on what to do to stop HIV spreading in the community. As a young woman, you are expected to sit on the ground silently
unless a man asks you to speak. You know that the men are not giving correct information about condoms.

▲ An older girl says that she will buy you some chicken and chips if you have sex with her. You don’t like her much.

2 Show the role-plays and talk about how the person showed respect and to whom. Ask:

▲ How would you have done it differently?
Ask people to come up and show how they would show respect.

3 In pairs, ask people to:

▲ Name three ways that they show respect.
▲ Name three ways that they could show more respect.

4 Ask:

▲ How do you feel when people treat you disrespectfully?
▲ How do you feel when they treat you respectfully?

Activity

Picture code

1 Show the pictures on page 61.

Ask:

▲ What do you see happening in the picture?
▲ Does it happen in your school?
▲ Which picture shows more respect?
▲ How do you think the participants feel in each picture?
▲ How do you think the teachers feel?
▲ Which teacher do you feel more respect for? Why?
▲ What can we do to encourage adults to treat young people with more respect, and vice versa?
That’s the wrong answer, you foolish girl!

That’s a good point, Tendai. Can anyone else add to this?

I can!
Talking with adults about sex

Aims
△ To find out who we can talk to easily about friendships and sex.
△ To think about who we cannot talk to easily about sex and why.
△ To understand why parents/carers worry about their children and sex.
△ To help us to talk more easily to trusted adults about sex, even when it is difficult.

Group
All groups

Time
30 minutes for each activity

Key facts
△ In most societies parents find it difficult to talk to their children about sex. Traditionally other members of the family – for example aunts and uncles or community counsellors – are given the job of teaching children about sexuality, growing up and how to become women and men.
△ If we can help our carers to talk to us about sexuality, they can answer questions as they arise and meet our needs for information, counselling and advice.
△ If we prefer to learn about sexuality from people other than our parents, let’s look at who could teach them new ideas so that they can teach us.

Activity

Stories and role-plays
1 Divide group into single sex groups of four.
2 Ask people to think of a situation to do with sex and growing up when they wanted to talk to someone about it and get help.

The stories below are given as examples, but you can use the situations given by the groups.

A friend of Titamenji’s father tells her that she is becoming beautiful and he wants to take her out for a nice time in Chipata. She doesn’t want to be rude to an older man, so she agrees politely. He says that he will clear it with her father, but her father says nothing to her about it. She is worried because she has heard people saying that he has a lot of girlfriends and he will soon have HIV. The day comes around and she wonders what to do.

One morning Zindaba had a nice dream about a beautiful woman who was loving him. He felt so good and then woke up and found that his bed was wet and sticky. What could have happened? He felt very guilty because of the dream and thought that God had punished him with this terrible sickness. Who can he talk to?

3 Ask each group to choose one common situation for people like them.

Ask: Who would you turn to for help with this situation?

4 Ask two people in each group to act a role-play showing the person with the problem and person they chose to help them talking together. The helper should talk and act in a helpful way.
In the big group, take it in turns to act the role-plays while others look out for what things are making the helper understanding and good. Ask:

- What did you think of the role-play?
- Does such a thing happen?
- How did the person with the problem behave?
- How did the helper behave?
- Can you think of ways that the helper could improve the way that they helped?

Ask for volunteers to show the ways that the helper could improve.

**Picture code**

1. Show the picture on page 64. Ask:
   - What do you see happening in the picture?
   - Who are the boy and the older man?
   - What do you think the boy is thinking and feeling?
   - What do you think the man is thinking and feeling?

2. Ask the group to act some role-plays to show what might happen next. Ask:
   - What will the boy say? What will the man say?
   - What is the worst thing that might happen?
   - What is the best thing that might happen?

3. Ask the girls to role-play what might happen if a girl showed the condom to her mother.

4. After the role-plays, ask:
   - Why do you think some parents get angry if their children ask them about sex?
   - Why do parents and children find it difficult to talk about sexual things with each other?
   - Do you think we should try to change the way that parents talk to their children about sexuality?
   - Is it better to talk with other people we feel comfortable with and help them to talk with us in the best possible way?

5. Ask people to make a plan to help young people and parents or other adults to communicate better about growing up and sexuality.

6. Ask people to create a drama to show in the community which will help parents and children to talk more easily about growing up and sexuality.
Talking with adults about sex
Shall we have sex or not?

Aims

▲ To think about the good and bad things about having sexual intercourse at this time in our lives.

▲ To make good decisions about our sexual lives.

Group

10-24 years. Mixed males and females. It may be best to separate boys and girls and then bring them together to share their ideas. Make sure that both boys and girls think carefully about their answers to the questions. Remember that both boys and girls can get STIs, including HIV, or be reinfected with HIV.

Time

1 hour

Key facts

▲ Many young people have sex without thinking carefully about the results.

▲ Young people often do not make a decision to have sex. It just ‘happens’ to them in an unplanned way.

▲ Sex is a very powerful feeling and can overcome people’s common sense.

▲ Some young people are forced into sex against their will.

▲ It is very important that young people learn to make strong decisions on whether to have sex or not; to say the real ‘No’ and the real ‘Yes’ when it is right for them.

▲ Young people may decide to have sex for a number of reasons, including love, desire, power, money or to be part of a group.

Activity

1 Ask for two people to play the role of a boy and girl who are thinking about whether to have sex or not. Make one of them the same age and sex as the group members.

2 Give the pair names. Ask them to leave the group and get into their roles. They should agree on their past, how long they have known each other, how and where they are together and how they feel about each other.

3 Put the rest of the group into pairs and tell them to imagine that they are thinking about having sex with someone. Tell them to talk about what questions would you need to answer to make a good decision.

4 Tell them to remember their questions so that they can ask them to the boy and girl who are making the decision.

5 Invite the couple to join the group. Explain that the group members are going to help them to make a decision on whether to have sex or not by asking them some questions.

6 Ask the couple to introduce themselves, giving only their names.

7 Then ‘hot-seat’ them, asking them to stay in role while the questions are asked.

8 Tell people to make sure that they ask
questions to both the boy and the girl, because they should make the decision together.

9 Tell people to take care that they ask open questions that do not tell the couple the answers that they want to hear. Tell them not to ask moral questions.

For example, don’t ask: ‘Don’t you think that it is wrong to have sex before marriage?’ Instead ask: ‘What do you think about having sex before marriage?’

Tell them to try to ask questions that follow on from the question the person before them asked. For example: ‘Do you want to have a child with this person?’ If the answer is no, ask: ‘What are you going to do to prevent pregnancy if you have sex?’

10 When people have asked all the questions that they can think of, ask any of the following questions that they have left out (or give them to members of the group to ask):

- Why are you thinking of having sex with this person?
- If you do have sex, what will be your reasons for doing it?
- Do you want to have sex with this person? Does he or she make you feel sexy? How do you know this?
- Have you talked with this person about having sex?
- Will you be able to have sex in a private place and have enough time to enjoy it?
- Are you high from drinking alcohol or using drugs?
- If so, would you still want to have sex with this person if you were sober?

11 When they have answered all the questions, ask the couple to go away for five minutes and decide whether to have sex or not. Ask them to weigh up the good points about having sex and the bad points, and see which one weighs heavier.

12 Ask the group to vote on whether they think the couple should have sex or not.

13 Invite the couple back to give their decision and the reasons for it. Tell them how the group voted.

14 Ask:

- What are the good and bad points about the decision?

15 Ask people what they learned from the activity and summarise.
Saying ‘No’ to sex until I’m ready

Aims
▲ To look at ways to keep to our decision to say ‘No’ to sex.
▲ To practise saying strongly that we do not want to have sex.

Group
10–24 years. Mixed males and females.

Time
1 hour

Key facts
▲ Abstinence means not having sexual intercourse. Sexual intercourse is when a man puts his penis in a woman's vagina or into the anus.

Good points about saying ‘No’ to sex
▲ We can wait to have sex in a loving relationship with someone we trust.
▲ If we wait until we are ready, our first sex will be better because we will be prepared and can enjoy it in a good way.
▲ We will not be in danger of being forced, badly treated or used.
▲ Saying ‘No’ to sex is the only 100% safe way of protecting ourselves from pregnancy and STIs, including HIV and HIV reinfection. Condoms are around 90% safe if used correctly and every time you have sex. They can sometimes break and no contraceptive is 100% safe. If we say ‘No’ to sex, we will not have any worries about these problems.
▲ If we value sex as something to only be done in marriage (or with a person whom you plan to marry), we will feel happy with ourselves for keeping to our values.
▲ If our friends and parents value sex as something to do only in marriage, they will think we are good people.
▲ We may have more time and energy for education and skills training.

Possible bad points about abstinence
▲ We miss the enjoyment of sex.
▲ We may miss chances to get close to a young man or woman who will make a good future partner.
▲ Young women may not get help with money to pay school or training fees or start work.
▲ We may feel sad and left out if all our friends are having sex and we are not.
▲ We may feel that we are not giving enough love to our boyfriend or girlfriend and we are hurting their feelings.
▲ Our peers may insult us.
▲ Young men may see girls who refuse sex as a challenge and force them to have sex.
▲ We may feel bad because our body wants to have sex and we are not allowing it.
▲ We may feel that we are not yet grown up.

Ways to avoid sexual intercourse
▲ Saying ‘No’ to sex requires motivation, making a stand and skill. We can practise these skills through role-play.
▲ People have sex for different reasons, so they need different ways to avoid sex.
▲ Find a safe place to talk, where you won’t feel like getting romantic.
▲ Say, ‘I want to talk to you now, before we go too far.’
Saying ‘No’ to sex until I’m ready

Activity

Saying ‘No’ to sex assertively

1 Tell the group to imagine that they have decided that they want to say ‘No’ to sex. Tell them to think of all the places and situations where they might be in danger of having sex because someone is proposing them.

2 Divide the group into pairs. Give each pair two of the situations to role-play. Start with the first situation. One person should try to persuade the other one to have sex, using any ways they wish. The person who wants to say ‘No’ should use strong ways to keep to his or her decision to abstain.

3 The pairs now change over and role-play the second situation, with the person who wanted to abstain playing the one who wants to have sex, and vice versa. This allows them both to practice being strong in saying no.

4 Bring everyone together and watch some of the role-plays, choosing different situations. For example, the female wants to have sex and the male does not, and vice versa; people of different ages; the pair love each other, or they have just met, or money is offered.

5 Ask:

- Which ways worked well to keep to your decision about delaying sex?
- Which ways used by the proposer were difficult to resist?
- Which were the best ways to resist them?

6 Ask what people have learned from the activity and summarise.

Listen to me. I said ‘No’. I do not want to. I feel happy to talk and cuddle, but if this is not OK with you, I’m going home.

Examples of saying ‘I do not want to have sex yet’

- I have made a decision to abstain from sex until I am older and ready.
- I’d like you to respect my views.
- Abstinence is the only 100% effective way to avoid pregnancy, STI and sexually transmitted HIV infection and reinfection. What would happen if either of us got pregnant or an STI or HIV?
- I want to protect my fertility and life until I am ready to have a baby.
- I want to stay alive and help my parents and community, not die of AIDS.
- I think sex before we are living together or married is wrong. I would feel bad if I went against my beliefs.
- Let me tell you what I want in my life and where I want to be in three years’ time. Having a baby or paying damages or getting sick would stop me from getting to where I want to be.
- Let me tell you about what my parents hope for me and how they would feel if I had a child or got very sick.
How are boys and girls expected to behave?

1 Divide people into single sex groups. Ask them to talk about how people of their sex are expected to behave about sex. For example:
   - Should girls ask boys for sex?
   - Should they say ‘Yes’ when a boy proposes them?
   - What about when an older man proposes them?
   - Should boys ask girls for sex?
   - What do people think of boys who do not ask girls for sex?
   - What do boys feel, think and do when a girl refuses to have sex with them?
   - What do girls feel, think and do when a boy refuses to have sex with them?

2 Ask the group to do some role-plays to show how an ideal girl or boy should behave.

3 Ask:
   - What are the consequences of these ideas about ideal boys and girls?
   - How would we like to change things?
   - How can males and females communicate more clearly with each other about what they want?

In some cultures a girl is expected to say ‘No’ to a proposal of love, even if she later intends to say ‘Yes’. She is expected to be polite to a man, even if she really means no.

A young man is expected to keep trying to get the girl to have sex. He may think that she is playing hard to get when she says ‘No’. This makes it difficult for men and women to communicate clearly about what they want.

The roles may be reversed and girls may also pressure boys into having sex.

Examples of some ideas

- Say that you can love each other without having sexual intercourse.
- Say that you want to enjoy spending time together, having fun and building trust before you begin to have sex.
- It is good to talk and really learn about each other deeply before deciding to have sex.
- Studying, reading, doing community activities, working, dancing, singing – there are many things that boys and girls can do together without having sexual intercourse.

Ways to be happy together without having sexual intercourse

1 In small groups ask people to think of all the ways that a boy and girl could express their love and be happy together without having sexual intercourse.

2 Ask: What would be good about enjoying being together without intercourse at this time?

3 Ask them to share their ideas with the group.

4 Together find and agree on ways to avoid having sexual intercourse.
Activity

Avoiding having sex
1 Make a map on the ground and ask people to mark on it all the places where they might find it difficult to avoid sexual intercourse.
2 Divide into small groups and give one place to each group. Ask them to discuss what makes it difficult to avoid sex in that place and ways that could make it easier. Ask them to prepare a role-play, story or song to share the ideas with the big group.
3 In the big group, role-play each situation and ways to avoid that situation.

Example of some ideas
▲ Go out with other friends. Try to avoid being alone together.
▲ Agree to stay away from alcohol and drugs, because these make it harder to abstain.
▲ If you feel very sexy go for a run, dance, do some physical work or meet a group of friends. You can also masturbate (see Session 30).
▲ Tell your partner if you feel you are being forced or afraid.
Aims
▲ To talk about one way that people have found to cope safely with their sexual feelings.
▲ To talk about our feelings and beliefs about masturbation.
▲ To learn correct information about masturbation.
▲ To feel OK about masturbation as a way to stay safe from pregnancy, STIs, including HIV and HIV reinfection.

Group
All groups

Time
1 hour

Activity

Warm up
1 Go around the circle asking people to finish the two sentences below one at a time:
▲ The thing I like most about my body is…
▲ The thing that makes me happiest about growing up is…

Key facts
▲ As our bodies change, we may start to have sexual feelings towards other people and in our own bodies. Certain parts of our bodies can become very exciting to touch, especially the private parts. For boys, this area is the penis and testicles. For girls, it is the area around the opening to the vagina, especially the clitoris.
▲ Some people enjoy rubbing these areas in a certain way. If they do this for a while, they may reach a moment when it is very exciting and reach or have an orgasm.
▲ The penis and vagina often produce fluids during masturbation. Semen comes out of the penis and vaginal fluid comes out of the vagina. This is normal.
▲ Masturbation is a natural way of coping with sexual feelings. There is nothing wrong with it. It causes no harm to your private parts or to your mind. It does not make you less interested in boyfriends or girlfriends, or stop you marrying when you are older. Most young people and adults masturbate at some time or another.
▲ Sometimes parents or teachers or religious leaders may say that masturbation is wrong and this can make you feel guilty. There is no need to feel guilty about it. It is a private matter and a personal choice.
▲ Masturbation is a very safe way of coping with sexual feelings. It is much safer than having sex with another person – you cannot catch any diseases or get pregnant from masturbating.

How to masturbate safely
▲ Always make sure that your hands are clean when masturbating, as dirty fingers can carry germs. Keep your fingernails short and clean.
▲ It is safest to use your fingers, but if do you use an object, make sure that it is very clean and cannot break inside you. If it does break, use your fingers to pull out the pieces. Do not use any object that could cut or bruise you.
▲ Rub yourself gently to avoid soreness. Stop if you feel any soreness and do not masturbate again until it is cleared up.
Activity

Ways to cope with sexy feelings

1. Show the picture below. Ask:
   ▲ What is happening in the picture?
   ▲ Why do you think it is happening? What is the girl feeling?
   ▲ What do you think the girl will do about her feelings?
   ▲ What are the good and bad points about that?
   ▲ What else might she do? What are the good and bad points of coping with her feelings?

2. Ask:
   ▲ Do boys also feel sexy when they think about their girlfriends?
   ▲ How do they know that they are feeling sexy?
   ▲ What ways do boys have of coping with their sexual feelings?
   ▲ What are the good and bad points about these ways?

3. Summarise the ways that boys and girls have found to cope with sexual feelings without having sex.

4. Explain that in this session we are going to talk more about masturbation.

5. Ask:
   ▲ What words do we have in Zambia for masturbation? Do we like these words? Which words do we want to use?
Helping ourselves

Activity

Quiz

1 Label one corner of the room with ‘True’, another corner with ‘False’ and a third with ‘Don’t know’.

2 Explain that you are going to read a sentence and you want people to go and stand by the label that they think is the correct answer to the question.

3 Ask people in each corner to explain why they think that is the correct answer.

4 Invite people to change corners after hearing all the ideas, if they wish.

5 Give people the correct answer to the sentence.

6 Use the sentences below. Add any ideas that the group talked about in the picture activity.

7 Ask people what they have learned in the session and how they will share what they have learned with their friends.

Sentences

▲ People who don’t masturbate are not normal.

It is OK to choose not to masturbate or to choose to masturbate. Both are very normal.

▲ Masturbation weakens the private parts and stops people being able to have sex in marriage.

People used to think that masturbation can harm you. This is not true as long as your hands and nails are clean. Dirty hands can make you ill.

▲ Males and females both masturbate.

This is true – males and females can both enjoy masturbation.

▲ Masturbation is a safer way of releasing sexual feelings than having sex.

This is true. You cannot catch STIs, including HIV or HIV reinfection, or get pregnant by masturbating.

▲ Masturbation is only done by immature people.

It is mature to be responsible about coping with your sexual feelings in a way that does not harm anyone. This is better than having unsafe sex or using someone you don’t care about to meet your sexual needs.

▲ Masturbation helps people to enjoy sex more when they get married.

Masturbation can teach people about how their bodies work and what gives them pleasure. When they get married or have sex, they can use this understanding to help them to enjoy sex more.

▲ Masturbation is a sin.

Some churches say that masturbation is a sin; others say it is not. The Bible is not clear about it. But all churches agree that sex without marriage is a bigger sin than masturbation.

▲ If masturbation is so common, we would see people doing it.

People usually masturbate in private. This is important because it shows respect for others and it is against the law to do it in public.
Aims
△ To understand our bodies and how they work in sexual activity.
△ To know which words to use to describe sexual organs and activities.
△ To understand that men and women both have a right to sexual pleasure.
△ To understand what men and women enjoy sexually and how to be good lovers.

Group
Age groups as you feel appropriate. Separate male and female groups.

Time
2 hours

Take care!
Talking about sexual pleasure can result in disapproval from the community. Explain that this information can help to prepare young people for marriage so that they enjoy their sexual lives together and that this can help them to stay faithful.

This information can also help girls and boys to abstain from sex because they know what is happening, and what might increase their sexual feelings and make it difficult to stop. This may stop people deceiving them and tricking them into having unwanted sex.

Adapt the session to the age and experience of the group. Some young ones may not know what sexual intercourse is, while others might have already had sex or been abused.

Key facts
△ Men and women both have a right to sexual pleasure and satisfaction.
△ The best sex is when both men and women enjoy it.
△ Men and women enjoy sex more if they care about each other’s pleasure and can show or talk about what pleases them.
△ A private, comfortable place; a caring and well-behaved lover all help to make sex enjoyable.
△ Men and women have parts of their bodies that make them feel sexually happy when they are touched.
△ In women, the clitoris, breasts and a spot inside the front of the vagina are very sensitive to touch.
△ In men, the head of the penis and nipples are very sensitive.
△ Any part of the body can become sensitive to touch with loving caresses; for example, the thighs, buttocks, feet, hands, face, ears, hair and neck.
△ When women become sexually excited, the vagina becomes wet. This is good because it makes sex comfortable and prevents sores, which would make it easy for HIV to enter the body.
△ The clitoris, lips of vagina and nipples become harder and more sensitive when a woman is excited.
△ In men, the penis becomes erect and the nipples harden.
△ Women tend to get sexual feelings more slowly than men.
△ Women need more touching and kissing beforehand to enjoy sexual intercourse.
△ If the sexual activity continues, the heart and breathing rates gets faster and sexual feelings
increase. Blood goes into the lower belly area. If sex is stopped at this point, the man and woman feel a little pain, but it is not harmful. The testicles will not burst. Things will return to normal quite soon.

▲ If sexual activity continues, the man and woman may reach orgasm. Sexual feelings get more and more until men and women feel great pleasure. Men release (ejaculate) when they reach orgasm and semen (liquid containing sperm) shoots out of the penis. The woman can also ejaculate and her vagina moves and sends sperm to the womb.

▲ Most women reach orgasm more easily if they spend time romancing before sex; if the clitoris, breasts and buttocks are touched during intercourse; and if the man can continue for sufficient time before releasing.

▲ After orgasm, people relax and return to normal. This can take an hour or more. The penis becomes soft and the blood leaves the lower belly. Men and women may feel weak and enjoy being together quietly at this time.

**Activity**

**What shall we call it?**

1. Divide into single sex groups. Ask each group to draw around a person on the ground or against a wall to make a body map. Each group should do a map of a man and a woman.

2. Ask groups to begin working on the body map of their own sex.

3. Ask groups to draw or mark the sexual organs and answer these questions;

   ▲ What name would we like to call this organ?

4. Explain the correct term in English, but invite them to agree on the term they feel most comfortable with.

**Example of a body map from a workshop**
Activity

How do men and women show their love sexually?

1. Explain that people can show their sexual feelings in many different ways, from a tender touch on the cheek to sexual intercourse. It is good to understand how people make love and have sexual intercourse, because this helps us to make good decisions about what we want to do sexually.

2. Explain that this activity does not mean that we are teaching young people how to do sex so that they rush out and practise. This information is useful for helping young people to avoid sex and for when they are mature and in a relationship.

3. Use the body map to discuss these questions:
   - What happens when a man and a woman make love?
   - Which are the places that people of your sex like to be touched to make them feel sexy (hot spots)? Mark them on the body map.
   - Mark on the map, starting from 1, the steps that people of your sex would like to enjoy before having sexual intercourse.

4. Ask each group to show their body map and ideas on the questions. Tell people that they do not have to tell the whole group if they feel too shy or think they might be harassed. If they do not feel happy to show and tell, you can talk to each group and present their main points for them.

5. Correct or add to their ideas as needed. Use pictures and the body map to explain how sexual activity and intercourse take place. Talk about it as a loving and pleasurable thing to do, but explain that it is best when two people are caring, loving friends, married, can talk about what they like and want each other to be safe and happy.

6. Ask what they have learned and how they will use what they have learned.

Activity

Enjoying sexual feelings without intercourse

1. Explain that many young people are trying to delay having sexual intercourse until they are older because of the dangers of STIs, including HIV and HIV reinfection, and pregnancy. The only way to avoid HIV, if they have sex, is to use a condom correctly and condoms are sometimes too big for younger boys.

2. In this activity, we are going to talk about the good and bad points of pleasing each other sexually without having sexual intercourse. We are also going to look at whether and how we can manage to do this and stop before intercourse.

3. Divide the group into separate male and female groups. Tell them to imagine that they want to have a nice time with their boyfriend or girlfriend and show their love, but they want to stop before having sexual intercourse. Tell them to talk about all the different ways that they could please each
other without having sexual intercourse. Encourage them to talk about:

- What things could you do where it would be easy to stop?
- What things could you do where it would be more difficult to stop?
- What things could you do where it might be impossible to stop having full intercourse?

4 Ask the groups to make a picture of a ladder on the ground, maybe using some sticks. Tell them to think of the steps of the ladder as the level of sexual feelings as a boy and girl make love in different ways. Put the ideas on the ladder. (Tell people to think of ways to show this with the things that they can find in their community.)

5 Ask the groups to share their ideas on the ladder. Ask:

- Did boys and girls have the same or different ideas about where to put activities on the ladder?
- Did girls or boys disagree within their own groups?
- What can we learn from this activity?
- How can we use it to delay sexual intercourse?
- What are the good and bad points about enjoying sexual activities without sexual intercourse?
- What would make it safe and what would make it unsafe?

6 Explain that the level of feelings with different sexual activities and the ability to stop before having intercourse varies a lot.

7 Explain that it depends on how strongly people's sexual feelings are; how determined they both are to avoid intercourse; how much they care about each other; and whether they are sober. Sexual feelings can be so strong that they make it impossible to stop even at the bottom step.

8 Ask the groups to make some rules for having sex without intercourse.

### Examples of rules for having sex without intercourse

- Don’t do it when you are under the influence of alcohol or drugs.
- Only do it when you know each other well, trust and respect each other.

### An example of a sexual ladder

**Sexual intercourse**

- Impossible to stop
  - No clothes on
  - Touching genitals
  - Penis outside vagina
- Difficult to stop
  - Top clothing off
  - Touching breasts
  - Touching genitals under clothes
- Fairly easy to stop
  - Deep kissing
  - Touching breasts over clothes
- Easy to stop
  - Holding hands
  - Kiss on the cheek
  - Rubbing back or feet
The quiz

Aim
To understand more about sexuality.

Group
All groups, using appropriate statements.

Time
1 hour

Preparation
Select and add statements suitable for different ages and experience of the group. Local myths can also be added.

Activity

1. Divide into two teams. Explain that you will read out questions one at a time and the teams will take it in turns to answer ‘True’ or ‘False’, giving their reasons. Give correct information as needed. The answers are given below each question if they are not given in previous lessons.

2. Ask what people have learned and summarise.

The quiz – statements and answers

A woman has as much right to pleasure as a man.
TRUE

A woman must feel sexy so that her vagina is wet before the man puts his penis inside her.
TRUE

A man has to lie on top of a woman to do sex.
FALSE

There are many different sexual positions. Women can lie on top of men, they can lie side by side or the woman can sit on the man.

If a boy doesn’t have sex, his penis will become flat.
FALSE The penis stands up and becomes hard whether a boy has sexual intercourse or not. It cannot become flat, because it fills up with blood when it gets hard and this makes it round and thick.

If a girl doesn’t have sex, her vagina will close.
FALSE The vagina is a tube made of muscles and thin skin. It keeps itself clean by making a white, sweet-smelling fluid. It cannot close up.

A woman needs time to reach orgasm.
TRUE

If a boy is excited and doesn’t have sex, he will be sick.
FALSE It does no harm to a boy or girl to feel sexy and not have sex. The blood in the penis, which makes it hard, just flows out into the blood vessels again and things go back to normal. The body clears up unwanted sperm.

The quiz – statements and answers

Some examples of myths about HIV prevention

Having sex very quickly before HIV can get you.

Having sex with someone who is drunk because the HIV will be drunk too.

If a group of boys have sex with a girl with HIV and the first boy uses a condom to disorganise the virus, then the rest can follow and won’t get infected.

Having sex with a virgin.

Washing private parts with Coca Cola.

Having sex while standing up.

None of these myths are true!
The quiz

Many males ejaculate too fast for the female to have orgasm.
TRUE

The penis cannot produce urine and sperms at the same time.
TRUE There is a little door which closes off the tube to the bladder which carries urine when a man releases.

If a man takes his penis out of the woman before ejaculating, she will not get pregnant or contract HIV.
FALSE A small amount of fluid comes out of the penis before the man releases. This fluid contains sperms and can contain STIs/HIV.

Men and women can have orgasm without sexual intercourse.
TRUE Many men and women have orgasm by touching sensitive spots – rubbing their own or each other’s genitals. Some women have orgasm when they breastfeed their babies.

The brain is the biggest sex organ.
TRUE Sexual enjoyment is as much to do with thoughts and feelings as with physical activity. A person who is unhappy with his or her partner may not reach orgasm, no matter how long sex goes on for. Thinking about sexy things helps people to reach orgasm.

Touching a woman’s clitoris helps her to have an orgasm.
TRUE

It is good to have sex up the anus because it cannot cause pregnancy.
FALSE The anus can easily tear if the penis is put inside, because it is tight, there is no natural lubrication and the skin inside is very thin. This can lead to leaking of stools. It is better to use a condom or contraceptive and have sex in the vagina.

A man with a small penis can never have sex or satisfy a woman.
FALSE Most penises are roughly the same size when they are erect. If a man knows how to please a woman sexually, so that she enjoys sex too, then she will not worry about the size of his penis.
Talking about our feelings and sexuality

Aim
To learn how to talk about sexuality and safer sex in a good way.

Group
10–24 years. Separate male and female, and age groups.

Time
2 hours

Key facts
△ Many of us are shy to talk about our feelings, particularly about sexuality with someone of the opposite sex.
△ People say that it is a taboo to talk about sexuality in our culture.
△ This lack of communication makes it difficult for people to enjoy their sexuality safely and express their love and care for each other fully.
△ We can all learn how to communicate more about our dreams, needs and desires for friendship, love, sexual pleasure and safety.

Activity

1 In small groups, ask people to think of situations where people like them find it difficult to talk in a good way about sexuality with a friend of the opposite sex.

Below is an example, but encourage people to make up their own role-plays.

Daliso and Misozi are good friends but they don’t feel sexy about each other. Everyone teases them that they spend so much time together they must be having sex.

Daliso thinks that Misozi expects him to propose sex and that she thinks he is weak for not doing so. Misozi worries that she is not beautiful enough for him to propose sex.

Misozi and Daliso find it impossible to talk together about these worries. They both think the other wants sex, and one day Daliso jumps on Misozi and tries to kiss her and put his hand up her skirt. Misozi panics and pushes him away.

Afterwards they feel so embarrassed that they avoid each other at school and in the village.

2 Ask people to role-play these situations in the small groups and take it in turns to practise how they might talk about their feelings and sexuality in a good way.

3 In the big group show some or all of the role-plays.

4 Ask:

△ What can help us to talk more openly about our feelings and sexuality with our boyfriends or girlfriends, husbands or wives?
Aims
- To increase understanding of heterosexual and homosexual attraction and behaviour.
- To reduce stigma and discrimination towards those of us who are attracted to people of the same sex.
- To think about actions that we can take to support those of us who are attracted to people of the same sex and help them to protect themselves and others from HIV.

Group
All ages

Time
30 minutes

Take care!
This is sensitive topic but it is a reality and we need to talk about it to prevent HIV.

Key facts
- As we grow up we often make close friends with people of the same sex. We feel love and affection for them, and we may express this by hugging, kissing and stroking them.
- When we get older, many of us become more interested sexually in people of the opposite sex. Some people continue to feel attracted to people of the same sex. In some countries, these people call themselves ‘gay’ to show that they are happy to be the way they are. Having a sexual relationship with a person of the same sex is called ‘homosexuality’, while having a sexual relationship with someone of the opposite sex is called ‘heterosexuality’. A woman who is sexually attracted to women is called a ‘lesbian’.
- Some people are born as homosexuals, their genes determine their sexual orientation. Others are attracted to both men and women.
- People may express their sexuality with someone of the same sex at certain times of their lives, or in certain situations without seeing themselves as homosexual. For example, people of the same sex may have sexual relationships but still see themselves as people who will get married later.
- Homosexual people kiss, caress and cuddle together, having sex in many of the same ways as a man and woman, for example oral sex. If men have sexual intercourse with each other (the man puts his penis into the other man’s anus), they must protect themselves from STIs, including HIV and HIV reinfection, by using condoms.
- In many countries, including Zambia and Uganda, homosexuality is strongly disapproved of and illegal. If two men have anal sex together, or a man proposes sex to another man, they can be arrested and charged.

This situation forces people to hide these feelings. This makes it difficult for them to have a long-term relationship and to access safer sex information and services. This puts them at more risk of HIV. In Zambia and Uganda, most men who have sex with men also have wives or girlfriends, so the family is at risk too.
Activity

Points of view

1 Divide into small groups. Ask people to read aloud these two points of view:

**Daniel**
I am Daniel. I suffered as I was growing up because I realised that I was different from my friends, but I never dared to say so. I lived with this secret for a long time. I’m worried about HIV and there is no-one I can talk to. I want to find an organisation who will give me information and services without stigma.

**Mary**
I am Mary. I think homosexuality is disgusting and should be treated as an illness. God made men and women to have sex so that they can have children. If there are no children, it is wrong. I think homosexuality is wrong, but I also believe it is wrong to be cruel and attack such people. We need to work together to protect everyone in our community.

2 Then ask them to discuss these questions:

▲ What do you think about the views of Daniel and Mary?

▲ Who do you agree with and why?

▲ Are there situations where people of your age and sex might have sex with someone of the same sex?

▲ What can we do to make sure that people who are attracted to the same sex, or who have sex with people of the same sex, are able to protect themselves and others from STIs, including HIV and HIV reinfection?

3 Back in the big group, ask people to share what they have learned and add as appropriate.

4 Invite people to ask questions or to put questions in the anonymous question box.
Having a happy sex life

Aims

▲ To learn about what makes sexual life good and bad for men and women.
▲ To learn how men and women can continue to please and satisfy each other over time so that neither of them feels the need to have another girlfriend or boyfriend.

Group

15 years and above. Separate and then mixed male and female groups. Unmarried and married separately. Adapt topic for each group. Encourage abstinence in adolescents, as this can help them understand that sex is best when they are older and in a loving relationship.

Time

1 hour

Key facts

▲ Both partners should enjoy sexual activity.
▲ Men and women should be able to say what they enjoy and what helps them to reach orgasm or that they do not feel like having sex or reaching orgasm today.
▲ If couples enjoy their sexual lives together, they will find it easier to stay with each other.
▲ Couples can try out new sexual activities, styles and ways of being together. They can keep their sexual life exciting and won’t need to have sex outside marriage for ‘a change of soup’.
▲ Any sexual activity is good if both people enjoy it and it does not harm them.
▲ Most of the time couples are having sex for enjoyment, not to make babies, so they can enjoy all sorts of sexual activities as well as or instead of sexual intercourse.
▲ Caring, love and friendships are important for a happy sexual life. If either partner feels neglected, angry or abused, they will not be happy sexually.
▲ Couples should have an HIV test and practise low or no-risk sex if either of them have HIV.

Activity

Enjoying a sexual experience

1 Divide the group into small single sex groups.
2 Ask half the groups to make up a story, song, poem or role-play to describe their vision or dream of a wonderful sexual experience.
3 Ask the other half to make up a story, song, poem or role-play to show a bad sexual experience.
4 In two big single sex groups, share the songs or stories with each other.
   Ask:
   ▲ What things made sex good?
   ▲ What things made sex bad?
5 Choose the best ones to share with the opposite sex.

Bad sex life

Good sex life
Example role-play
Thokozile and Mulenga have been married for three years. They have a 1-year-old son. Thokozile is trying to avoid another pregnancy by abstaining on some days between periods, but she is not sure that they are the right ones.

Their son wakes up every night and lies with his mother to breastfeed. Thokozile is often not interested in sex because she is tired and worried about pregnancy. She sometimes feels that she enjoys cuddling the baby more than Mulenga.

Mulenga feels pushed out and often gets angry. They quarrel about sex a lot. He says that she has a duty to provide him with sex when he needs it; otherwise he is entitled to go outside the home for it.

Activity

Enjoying sex in marriage
1 Ask people to imagine that they have been married for five years and they both are trying hard to be faithful to each other.

2 Divide into separate male and female groups. Ask:
   ▲ What can you do to make your sex life with your partner so good that he or she does not want anyone else?
   ▲ What can your partner do to make your sex life so good that you don’t want anyone else?

3 Ask groups to prepare a role-play, song or dance to show this (see example in box).

4 Bring people back together in the big group and perform the role-plays or songs. Ask:
   ▲ Which ideas are the same for men and women?
   ▲ Which ideas are different?
   ▲ How do you feel about the ideas of the opposite sex?
   ▲ Which is more important – sexual performance or caring and love?

5 You might want to perform a role-play if people find it difficult to talk about this topic.

6 Talk about these questions:
   ▲ Does this happen in our community?
   ▲ What will Mulenga do? What will Thokozile do?
   ▲ What are the consequences of this situation likely to be?
   ▲ What would make the sexual life of Thokozile and Mulenga happier?

7 Ask what people have learned from this activity. Summarise.
Let’s use a condom

Aims

▲ To look for the reasons why young people do not use condoms every time they have sex.
▲ To find ways to make it easier to use condoms every time.
▲ To practise persuading a sexual partner that we want to use a condom.

Group

Age groups, 15–24 years. Mixed groups of males and females.

Time

1 hour

Take care!

Some people believe that young people should not learn about condoms because it will encourage them to have sex. There is no evidence for this and you can make it clear that this survival information is aimed at preparing them for the future, when they have a sexual partner. Adapt the groups and activities for people’s needs and comfort.

Key facts

▲ Male and female condoms protect us against STIs, including HIV and HIV reinfection, and pregnancy when we have sex. They do not have any bad effects on the body. We can obtain them without a prescription or cost from a health worker or buy them.
▲ The male condom is a thin rubber tube that fits over the hard penis and catches the semen so that it cannot enter the vagina, anus or mouth.
▲ The female condom is made out of plastic and has a ring at each end. It is inserted into the vagina before intercourse. It lines the vagina and the ring keeps it in place.
▲ Male condoms may be too large for younger boys and fall off. This is a good reason for boys to wait until they are mature before having sex.
▲ Some men find the female condom more comfortable than the male condom because it fits all sizes of penis
▲ If condoms are properly used, they provide around 90% protection if used correctly and every time you have sex.

How to use male condoms properly

▲ Obtain condoms from a place where they are covered and stored out of the sun. Keep your condoms in a cool place, not next to your body.
▲ Check the package to make sure that it is not open or torn. Check that there is pressure in the packet before opening.
▲ Check the date on the condom. If the date shown is the date of expiry and that date has already passed, the condom is no longer safe. Get a new one. If it is the date of manufacture, add five years to it. If that date has already passed, the condom is no longer safe – get a new one.
▲ Do not rush, wait until the penis is hard and the woman is feeling sexy and wet inside before opening the condom package.
▲ Open the package carefully, taking care not to break the condom with your nails.
▲ If the condom is discoloured or sticks to your fingers like glue, it is not safe. Throw it away and get a new one.
Let’s use a condom

▲ Do not unroll the condom and blow it up to check for holes. You will not be able to put it on correctly.
▲ Make sure that the condom is the right way up with the tip upwards and the roll on the outside, so that it goes down the penis properly.
▲ Hold the tip of the condom between finger and thumb to leave room for the semen.
▲ Use your other hand to unroll the condom all the way down to the base of the penis.
▲ The vagina and condom need to be wet to prevent the condom from breaking and to make sex comfortable.
▲ If the vagina gets dry, use saliva to make it wetter and touch the woman to arouse her.
▲ Do not use two condoms at the same time.
▲ Never use Vaseline or any other oil like hand lotion because it will make the condom burst. Also some of these products are heavily perfumed which can cause sores, leading to increased risk of HIV infection.
▲ You can now enjoy sex safely. The condom helps the man to go on for longer so that the woman has more time to reach orgasm.
▲ After sex, whilst the penis is still hard, take the penis out by holding the rim of the condom around the base of the penis so that the semen doesn’t spill.
▲ Take the condom off, wrap it up and throw it away safely so that children can’t play with it. Bury it, burn it or put it in the latrine.
▲ Always use a new condom every time you have sex. If you wash and grease them to use again, they will burst.
▲ Condoms rarely break if they are used properly and the couple avoids dry, rough sex.
▲ If you feel the condom break or come off, the man should pull out at once.
▲ If necessary, take the condom out of the vagina with your fingers, trying not to spill any of the fluid inside the condom. The condom can’t go into the woman’s body because the entrance to the womb is too small. You can always get it out with your fingers.
▲ Go and see the family planning nurse. She can help you with emergency contraception.

Using a male condom

Do not try to put the condom on until the penis is erect.

Hold the air bubble on the end of the condom and pinch it so that no air gets in. Gently roll it down the length of the penis.

Once the man has released sperm, he must hold on to the condom in case it slips off.
Let’s use a condom

Using a female condom

Hold the condom with the open end hanging down.

Push the inner ring and the bag into the vagina as far as it will go.

Make sure the condom is in straight and not twisted.

Activities

How to use a male condom

1. Demonstrate how to put on a condom and how to remove it. Give everyone a condom and ask them to practise putting it on a penis-shaped object like a banana.

2. Make sure that everyone can do it well.

How to use a female condom

1. You can make a clay model of a female pelvis with a hole for the vagina or use a box with a hole in it or any other improvised model. This will allow people to practise inserting the female condom correctly.

How to use female condoms properly

▲ Remove the condom from the package and rub the outside of the bag together to spread the lubricant inside it. Make sure that the inner ring is at the closed end of the bag and hold the condom with the open end hanging down.

▲ Squeeze the inner ring with the thumb and middle finger and put it into the vaginal opening. Push the inner ring and the bag up into the vagina, as far as you can, with your first finger. The bag is slippery so you need to do this slowly and carefully.

▲ Make sure that the condom is put in straight and not twisted in the vagina. The outer ring and about two centimetres of the bag will now lie outside the vagina.

▲ Guide the penis into the condom to make sure that it does not slip into the vagina outside the condom.

▲ Enjoy sex. Check to see that the condom is still in place and that the penis is still going into it. If the condom slips during sex, stop immediately and take the condom out. Put in a new one and add extra lubricant to the opening of the bag or penis. Female condoms are made of plastic; therefore oil-based lubricants such as Vaseline can be used.

▲ After sex, you can stay together a little because it does not matter if the penis goes soft. When you are ready to pull out, squeeze and twist the outer ring gently, then pull the condom out, keeping the semen inside. Wrap the condom and throw it away or bury it.
Activity

Why don’t we use condoms?

1 Ask people to go into pairs and discuss all the reasons why young people who are having sex do not use condoms even when they do not want to catch HIV or get pregnant.

2 Go back into the big group and in turns ask people to call out the reasons why young people do not use condoms. List them in your notebook.

3 Explain that you will now look at all the reasons in turn to find out how we can make it easier to use condoms every time.

   Ask:
   ▲ Where can we obtain and keep our condoms?

4 Summarise all the reasons for not using condoms that are to do with obtaining them and having them to hand when they are needed.

5 Make a map on the ground and ask participants to show all the places where young people can obtain condoms. Mark the places with stones or leaves.

6 Discuss the good points and problems with each place. Ask:
   ▲ Which places are best for young people?
   ▲ How could they be improved?
   ▲ What can we do to make getting condoms easier?

7 Ask groups to do a role-play asking for condoms from different places. Role-play what young people can do and say if a person refuses to give them condoms.

8 Discuss the best places to keep condoms so that they do not get hot or offend anyone. Explain that if condoms get hot, they break.

9 Ask:
   ▲ What have we learned?

10 Ask people to go into small groups to obtain a condom before the next meeting.
How can we persuade our sexual partner to use a condom?

1. Summarise all the reasons given why a young man or woman might not want to use condoms.

2. Ask people to call out any other reasons that they can think of.

3. Put the group into pairs. Give each pair two of the reasons why someone might not want to use a condom. Ask them to practise persuading their partner to use a condom through role-play. Tell them to take it in turns to be the person who wants to use a condom and the person who does not.

4. Ask them to discuss what persuaded the person and what did not persuade him or her and the reasons for this.

5. Meet in the big group and perform some of the role-plays showing how people tried to persuade their partner to use condoms. Choose some where the person was persuaded and some where they were not.

6. Ask:
   ▲ What are good ways to persuade your partner to use condoms?

   (Remember that some people may fear condoms or fear that they will not be able to perform well using a condom. It may be more helpful to be sexy and help the person to enjoy using a condom in a gentle way rather than being very assertive and strong.)

   ▲ What can we all do to make it easier for everyone to accept condoms?

7. Share tips on how to persuade your friend to use condoms.

8. Ask the participants to imagine that they have never talked to their boyfriend/girlfriend or husband/wife about condoms before. Now they are worried about HIV and would like to use them or at least talk about it.

9. Divide into pairs, and role-play bringing up the subject of condoms and talking about using them.

10. Show some of the role-plays to the big group. Ask:
    ▲ What was difficult about it?
    ▲ What makes it easier?
    ▲ What tips do you have to help other people to talk about condoms?

11. Ask what people have learned from this session and how they will share it with others. Summarise.
Keep using condoms!
1 Read the story.

Esther and Mabvuto have been sexual partners for a month now. They are in love and plan to marry when Mabvuto has enough money for a dowry. They decide to stop using condoms because they trust each other.

2 Ask:
   ▲ Does this happen with your peers?
   ▲ What are the good and bad points about Esther and Mabvuto’s decision?
   ▲ What do they mean by ‘trusting each other’?
   ▲ Can you trust someone not to have HIV if they haven’t had an HIV test?

3 Point out that we can trust each other to be faithful. But unless we have both had a recent negative HIV test result, we cannot ‘trust’ each other not to have HIV, because neither of us knows.

4 Divide people into pairs and ask them to do short role-plays to show other reasons why people might stop using condoms or not use them every time.

5 Show the role-plays and make a note of all the reasons.

   Take them one by one and ask:
   ▲ Is this a good reason? Why or why not?
   ▲ What could help the couple to go on using condoms?

6 Ask:
   ▲ What have we learned?

   On this and the next page are examples of how some people have answered their friends’ objections to condoms.
Let’s use a condom

I’m your wife, not a prostitute!

No, I love you and want to protect you from pregnancy until we are ready and we both have an HIV test.

So she asked me to use a condom.

Did you beat her?

No, stupid. She’s a great girl – I was glad she was brave enough to talk about it.

Let’s use a condom.

What! I never use those things – it’s free sex or you go now!

If you won’t use a condom, then goodbye. I value my life more than your gifts.

But what if we want to have a baby?

When we are ready to do that we’ll both be healthy and have wonderful babies.

Condoms often break.

Not if you use ones that have not expired and are not torn and put them on right.

Let’s use a condom.
Aims
- To know why it is good for sexual partners to have sex only with each other.
- To find ways to make it easier to stay only with each other.

Group
All groups

Time
1 hour

Key facts
- The only way that people can find out whether they have STI or HIV is to be tested for STI and HIV because many people do not show any signs or symptoms of these infections. This is true whether people are married or single.
- If two people both test negative for STI and HIV and have sex only with each other, they will not get STI or HIV through sex, no matter what sexual activities they do together.
- If either or both of them have STI or HIV, they should get treatment if it is available and abstain or use condoms correctly and consistently every time they have sex.
- People who have sex only with each other, but have not both had a recent HIV test would be wise to use condoms until they do.
- If either partner has unprotected sex outside the faithful relationship, both partners are at risk of HIV.
- The more people of unknown HIV status a person has unprotected sex with, the higher the risk of contracting HIV.
- Some people think that if they have unprotected sex only with each other and then break up and each find new faithful partners, they are at low risk of HIV because they have only one partner at a time. This is only true if they all have an HIV test and use condoms if they are positive.
- If a couple in a long-term relationship also each have one regular partner, who also has a regular partner and so on in a chain, they are all at high risk of HIV if anyone in the chain becomes infected. This is because there is a lot of HIV in bodily fluids when the person is newly infected and they easily infect the next person and so on. Also people in regular relationships are less likely to use condoms.
Having sex only with each other

Activity

Role-play on helpers and barriers to keeping to one partner

1 Explain that in this session we want to find out how young men and women can manage to stay with one sexual partner.

2 Divide into four groups. Ask people to imagine that they and their boy/girlfriend or husband/wife have decided to have sex only with each other.

Ask them to discuss for a few minutes:

▲ What will help them to do this?
▲ What may make it difficult?

3 Give each group one of the following situations to role-play to show what happens to people like them, the reasons for having sex with one or more than one person and the consequences of this.

▲ The young man and woman have sex only with each other.
▲ The young man has sex with another woman but the young woman only has sex with him.
▲ The young woman has sex with another man but the young man only has sex with her.
▲ Both the young man and young woman have sex with other people.

4 In the big group, show each role-play one by one.

Ask:

The man and woman have sex only with each other

▲ What might be the effects of this on their lives?
▲ What helped the man and woman to have sex only with each other?

▲ What else might help them?
▲ What might make it difficult for them?
▲ What can we do to make it easier for men and women to stay with one partner?
▲ What should they do if they are not able to have sex only with each other?

The man had sex with another woman or the woman had sex with another man

▲ What were the reasons that the young man/woman had sex with another person?
▲ What are other reasons that young men/women do not stay with one partner?
▲ What might be the consequences for the man and woman?
▲ What should they do next?

Both the man and woman have sex with other people

▲ What were the reasons that both the man and woman had sex with other people?
▲ What are other reasons that the partners both have sex with other people?
▲ What might be the consequences for both?
▲ What should they do next?

5 Make up a song or create a drama to show the advantages of couples having sex only with each other and what can help people to do this.
Aims
▲ To look at the good and bad points of early marriage and young people having sex with older people.
▲ To find ways to enable young people to make their own decisions about sex with older people.
▲ To find ways for young people to protect themselves if they do have a relationship with an older person.

Group
All groups

Time
1 hour for each activity

Key facts
▲ Older men have sex with girls and older women have sex with boys in Zambia.
▲ If an older person has sex with a young person under the age of 16 years, the law says that it is rape/sexual abuse whether the young person agreed or not. (See Sessions 45 and 46 on sexual abuse.)
▲ It is common for girls to have sex with men between five and ten years older than themselves, either in or outside marriage.
▲ Girls are at high risk of HIV because their vagina is not yet fully grown, their cervix is immature and HIV can easily get through into their bodies.
▲ Men aged 35-39 years have the highest HIV prevalence rate in Zambia. Girls aged 15-24 years have four times the HIV prevalence of boys of the same age. Older men having sex with girls increases the risk of HIV for everyone.
▲ These sexual relationships may have good points and bad points for the young and older people and their families. It is important for everyone concerned to weigh up the good and bad points and make decisions that prevent HIV transmission and enable young people to grow up happy, healthy and safe.
▲ Some girls are pushed by their parents into early marriage because they need the dowry, they fear that the girl will get pregnant before marriage and they want to save on the expense of catering for the girl’s needs.
▲ Older men may want to marry a girl because she is beautiful; more likely to be free of HIV infection; she will be obedient and hard-working and have many years of fertility. If the man already has an older wife who has several children, he may want a younger woman who is not exhausted by childcare and work.
▲ The consequences of early marriage for girls include high risk of STIs, including HIV and HIV reinfection; leaving school; risky teenage pregnancy; very unequal power relations between husband and wife and high rates of separation.
Activity

Picture code
1. Show the picture on page 96 to the group.

2. Ask:
   ▲ What do you see happening in this picture?
   ▲ How do you think the different people are feeling?
   ▲ Does it happen in our community?
   ▲ Why does it happen?
   ▲ What are the consequences for the girl, the man and the family?
   ▲ What does the law of Zambia and children’s rights say about early marriage?

3. Divide into groups and ask each group to prepare a role-play showing one of the following:
   ▲ the situation leading up to a marriage to an older man
   ▲ the consequences of the marriage for the girl, older man and families
   ▲ what strategies we can use to prevent early marriage
   ▲ what the girl, her friends and teachers and other people on her side can do to persuade the family to stop the marriage.

Some ideas

Educate adults on girls’ rights, the law on marriage, the bad effects of early marriage compared to good effects.

Peer educators, teachers and community workers should keep their eyes open for girls at risk of early marriage and take action to stop it.

Neighbourhood Health Committees and community leaders should educate the parents and prevent early marriage.

Community members should advocate for an end to early marriage.

The Victim Support Unit, police and community leaders should enforce the law which says that people should not marry until they are 21 years old and should choose their own marriage partners.

Create community drama from this session to educate people.

Take actions that increase the benefits and reduce the costs of later marriage for everyone – for example, give only a token dowry; promote condom use; and organise income-generating activities for young people.
Having sex with older people

Group
All ages

Time
30 minutes

Key facts

- Girls and sometimes boys may have sex with older people outside marriage. This can happen in different ways:
  - ‘Sugar daddies and mummies’: an older person has a relationship with a young person and supports them with gifts, money and a lifestyle over a period of time. This may be more common in urban areas.
  - Mothers expect girls to bring money or goods to the house and they manage this by having sex with older men without a regular relationship.
  - Older men and women use their higher status to propose sex to young people who do not feel able to refuse (see Sessions 45 and 46).
  - Young people may prefer to have sexual relationships with older people.
  - Young people want to enjoy the same lifestyle as their peers.
  - They want to feel young again.
  - They want a change from their wives or their wives are not always ready to have sex.
  - Men may have sex with girls because:
    - they fall in love with them
    - they think that girls are HIV free or virgins and can cure HIV
    - they have power over them, they will do whatever they ask
    - they do not cost anything much.

Picture code

1 Show the picture on page 98 to the group.

2 Ask:
   - What do we see happening in the picture?
   - What do you think the girl is feeling?
   - What is the older man feeling?
   - Does this happen in our community?
   - Why does it happen or not happen?
   - What are the good and the bad results of the situation?
   - What would you do if you were the girl?
   - What would you do if you were the older man?

3 Ask for a pair to role-play the situation and show what happens next. Ask pairs to role-play the scene from the beginning to show different ways that the girl and man might behave. Ask:
   - Which is the best way and why?

4 Divide into groups and role-play situations where boys and girls might have sex with an older person.

5 Ask:
   - What are the good points and bad points about the situation?
   - Who was in control? What choices did the young person have?
   - How could the young person refuse sex or insist on condom use?
Using sex to get on in the world

Aims
△ To understand how the need for money affects our sexual decisions.
△ To find ways that young people and their families can survive and achieve a better lifestyle without risk of unsafe and unwanted sex.

Group
All groups

Time
1 hour for each activity

Key facts
△ In sexual friendships, a boy and the girl may give each other gifts to show their love.
△ In sexual relationships, it is common for men to give women money or gifts. Girls may also give their boyfriends money.
△ Boys may also have sex with an older woman who gives them money.
△ In many cases, poverty pushes young women (and men) into sexual relationships that they would not choose if they had their own money.
△ Some young people enjoy a relationship with an older person and the lifestyle this brings them.
△ If poor young people need money or goods from older or richer people, they may not be able to ask them to use condoms. Sex may then result in pregnancy, STIs, including HIV and HIV reinfection.
△ Young people may use their sexuality as a way of escaping poverty and getting on in life. This sometimes works out well and sometimes results in more poverty, illness and death.

Activity

Income and expenditure tree
1 In single sex groups, draw a tree on the ground to show all the things that you spend money on (the leaves) and all the ways that you earn money (the roots). Ask:
△ What have you learned from drawing the tree?
△ Are there ways that you could reduce your spending or change it so that you spend your money more wisely?
△ Are there other ways you might earn money?

2 Come together and share your trees. Ask:
△ What have you learned from each other?
△ Will you make any changes in your own way of earning and spending money?
Using sex to get on in the world

**Diagram on ways to make money**

1. Divide into separate groups for males and females.
2. Ask each group to make a grid on the ground with a stick.
3. Down one side, put all the different ways that girls or boys can make money, including having sex. Use symbols to mark the ways.
4. Ask:
   - *What do we think about when we decide what work to do?*
   - *How does having sex for money compare with other types of work?*
   - *What are the good and bad points about it?*
   - *What other work could young women/men do so that they do not have to have sex for money?*
   - *What might make them still choose to have sexual relationships for money?*
5. Talk about each type of work in turn and put some stones to show how highly each job scores on each factor.
6. Bring the boys and girls together to share their grids.

Ask:
- *Which jobs can boys and girls do?*
- *Which jobs can only boys do and only girls do? Why?*
- *Why do girls use their sexuality to get money and goods more than boys?*
- *How can boys and girls help each other to get more income and protect themselves from HIV?*

Try it for yourself.

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<th>MY TALENT</th>
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Activity

**Role-plays on good and bad situations**

1. Ask people to do some role-plays to show some good situations where a man is helping a young woman with money and some bad situations. Ask:
   - *How can a young woman (or man) have a good sexual relationship in which her or his partner helps with money?*
   - *How can a young person avoid unwanted pregnancy, STIs and HIV and violence in a sexual relationship where the partner is older and/or richer?*

2. Ask groups to do a role-play asking for condom use in different sexual situations where money is given.

3. Ask groups to do a role-play saying ‘No’ to a person who is offering money for sex.

Here, take your money. If you refuse to use a condom, I’m not dying for it.
**Key facts**

- Young people face overwhelming demands for money to meet their needs – for example, buying clothes and caring for peers. Many factors make it difficult for them to meet these needs, such as poverty and loss of parents. This can lead them into exchanging sex for money.

- However, there are some activities that young people can engage in to generate money. This is more possible when we form groups to organise an income-generating activity, such as bee-keeping, fish farming, pig-keeping and growing cash and food crops. Other opportunities are becoming an apprentice, knitting, selling pancakes, music and drama, etc.

- As young people we can learn the skills needed to identify viable income-generating activities (IGAs) in our communities, to carry out resource mobilisation, make a simple business plan and set up an IGA management committee to ensure the smooth running of the project. We can hold meetings to monitor progress and evaluate and plan for next steps.

- We can use some of the funds raised to support other group members in their individual projects as revolving funds. We need to keep records of capital, profits, expenditure and saving on a daily basis.

- If young people are empowered economically, this can build their self-esteem and ability to make choices, such as managing their sexual life well. IGAs can help people who leave school early to access employment, and even return to education.

- Above all income-generating activities provide a forum for young people to discuss issues that affect them and come out with possible solutions to address them. These include helping their parents.

- The forum builds trust and reduces uncertainty, since peers already know how to earn, spend, save and record from their own experience.

- Income-generating groups are an opportunity to teach young people about sexual and reproductive health and life-skills.
Activity

Reading story

1 Read the story below to the group.

Matilda is a widow who has a six-year-old invalid child. Doctors at the local hospital have told her that her son’s condition may become better with continued medication. However, whenever she goes to the local hospital to get the prescribed drugs she finds them out of stock. She is promptly directed to a pharmacy in town, which has the drugs and sells them expensively. She later discovers that the pharmacy belongs to the pharmacist at the local hospital.

Matilda is so poor that she cannot afford the drugs. She takes her story to the Hospital Management Committee, which keeps postponing the date of hearing the case. After six months, Matilda’s child dies due to lack of drugs, as her case is still before the Committee.

2 Ask:

- What do we learn from the story?
- How should the story have read in a corrupt-free society?
- What corruption issues do we learn from the story?
- What are the challenges to fighting corruption?
- What did Matilda do to fight corruption? What challenges did she face?
- What would you do if Matilda was your mother?

3 In small groups, choose one situation showing corruption that affects you and your families. Make an action plan to reduce it.
Human activity as a way to alleviate poverty

Aims
▲ To learn about the importance of human activity in earning a living, making progress and solving problems in life at individual, household and community levels.
▲ To help young people understand their role in development through hard work.
▲ To look at the things which help us to work hard and the barriers to working hard.
▲ To understand that someone has to work hard in order for our needs to be met.

Group
All groups

Time 1 hour

Activity

Brothers or sisters at home
1 Ask the group to organise a role-play to show sisters or brothers who always demand that their parents/carers provide all they need in their day-to-day life. At the end of the role-play, ask:
▲ What do you think about the situation?
▲ Does this happen amongst people like us?
▲ What are the good and bad things about this situation?
▲ Why do you think they behaved this way?
▲ What advice would you give to the young people and to their parents/carers?
▲ What could help young people to work hard?
2 Ask young people to prepare a role-play depicting the benefits of a simple income generating activity initiated by brothers or sisters in a home. Ask them to show how that activity helped to meet their day-to-day needs and how the parents appreciated that.
▲ What do you think about the situation?
▲ Does this happen amongst people like us?
▲ What are the good and bad things about this situation?
▲ Why do you think they behaved this way?
▲ What advice would you give to the young people?
3 Ask people to summarise:
▲ What helps young people like us to work hard.
▲ What they learned from this activity and how they will use it in their own lives.

Key facts
▲ Human activity is important in generating income and having a better standard of living.
▲ Helping our parents in household activities to help us grow is important.
▲ Appreciating the value of work in one’s life is very important and needs to start early in life.
▲ Creativity and new ideas are crucial skills in the life of a growing person.
▲ Adults need to help young people to understand and appreciate the role of human activity in the development of the family, community and the nation at large.
## Aims

- To know what are wrong touches by relatives, friends or strangers.
- To know who can help us if someone tries to touch our private parts when we do not want them to.
- To learn ways of keeping ourselves safe from being touched in bad ways.

## Group
All groups including parents and adults.

## Time
1 hour for each activity

### Key facts

- **Sexual abuse** is when an adult touches a young person in a sexual, harmful and unwanted way or has sex or sexual activities with them. It includes rape and sexual activities such as kissing or fondling the breasts or genitals. It is also called ‘defilement’.
- **Incest** is sexual activity between a child and parents or aunt/uncle or brother/sister.
- It is against the law for adults to engage in sexual activity with a young person under the age of 16 years or commit incest. A person found guilty of this can go to prison.
- Often people who abuse children are relatives or friends of the family. Children often trust them until they try to touch them in a bad way.
- In some communities, people think that it is normal for older men to touch girls’ breasts and that it feels nice and helps the breasts to grow.
- In some cultures, older people do not see sexual activity with children as abuse; they believe that it is just play for comfort and teaches the child about sexuality.
- In other communities an abuser is an outcast from the family and community.
- In some communities, older men have sex with a young girl because they believe that it’s needed to make her genitals grow or to test that she has learned how to perform sex properly for her husband.
- Education on rights has resulted in people recognising sexual abuse and reporting it to the Victim Support Unit.
- Child sexual abuse can cause people to feel sad and low, have low self-esteem, engage in risky sexual behaviour and have problems with making friends and marrying.
- Children are often afraid to talk about sexual abuse by people they know and family members.
What can young people do to protect themselves from sexual abuse

▲ It is wrong for adults to touch your sexual organs. Adults can go to prison for this. Any touch that makes you feel afraid, shy or bad is wrong.

▲ You always have the right to say ‘No’ to any touch or behaviour that you do not like. Child abuse is never your fault. No one has a right to ask you to keep touching and sexual activity secret.

▲ You can say ‘No, stop it, I don’t like that, go away, that’s wrong’ to adults who do things that make you feel bad.

▲ Say that you will tell someone what they are doing.

▲ Run away and/or shout for help so that others will hear what is happening. Do not fight them unless you are sure that you are stronger than them.

▲ It’s best to refuse gifts or promises of money from adults because they may expect sex afterwards.

▲ Always try to move in pairs or groups when you have to be with an adult of the opposite sex.

▲ Wear clothes, such as shorts and trousers, that will protect you.

▲ Avoid isolated places.

▲ If you feel that something is wrong when with an adult, even if they don’t do anything, trust your feelings and get away from them.

▲ Tell an adult, that you trust, if you don’t like the behaviour of a man or woman, even if it is a relative or family friend. Tell a trusted adult if anyone:

▲ touches you in a way you do not like

▲ touches your private parts

▲ asks you to take off your clothes

▲ talks to you about sexy things or doing sex.

▲ If the first person you tell does not believe you, tell another person until someone does.

What can peer educators, teachers and other community members do to prevent child abuse?

▲ Always listen to a child who reports abusive behaviour. Take it seriously and find out more about the situation, even if it is difficult for you.

▲ Work with the whole community to let people know the bad consequences of sexual abuse and what Zambian law and human rights say and do about it.

▲ Encourage people to report child abuse and report the abusers to the police.

▲ Work closely with your nearest Victim Support Unit and invite them to talk to the community.
Body map of private places
1 We are going to talk about ways that an older person might touch you or talk about sex to you in a way that you do not like. This could be an older boy or girl or a man or woman. No one has a right to touch you in parts of your body and ways that you do not like. Let’s find ways to stop this.

2 Divide into single sex groups. Ask each group to make a body map of their own sex.

Ask them to mark on the map:
- Parts of their body which are OK for anyone to touch.
- Parts of their body which are private, which no one should touch unless they want them to.

Ask:
- Are there times when older people touch people of our age in a way that we do not like?

3 Come together and share the maps. Talk about the situations where an older person touches us in a way we do not like.

Role-playing situations
1 Ask people to think of a situation where an older person might touch a boy (the boys’ group) or girl (the girls’ group) in a way that they do not like.

2 Ask them to prepare a role-play to show what happened. Ask them to show the place, who was involved and what happened.

It is better to use the groups’ role-plays if they can think of situations. Only use the story on the next page if they cannot think of a story.

3 Show the role-plays and discuss them one by one.

Ask:
- What happened in the role-play?
- Does this happen to girls or boys like us?
- How did the boy or girl in the role-play feel?
Mary’s story
Mary is 11 years old. She attends a school 3 kilometres from her home. One day she is walking back from school alone and feels thirsty. She passes by the borehole to drink some water. There she meets her Uncle Masauso. There is no one else around.

Uncle Masauso greets Mary and invites her to come and get some water. Then he offers her an orange and invites her to sit down next to him.

He begins to touch her thigh. She is shocked and tells him to stop.

Uncle Masauso tells her not to worry. He only wants to make her feel nice.

But Mary says that it is not nice and she is going.

Uncle Masauso tries to stop her and begs her not to tell anyone. He says it is their special secret game and no one else will understand.

Mary says that she does not like that kind of game, runs away and reports it to her mother.

What did they do to protect themselves? Did they succeed?
What else could they do to protect themselves so that it does not happen again?

4 Ask people to find a friend and go into pairs to talk about these questions. Ask:
Who do you think people in the role-play talked with about what happened?
Why did they choose that person (or not tell anyone)?
What do you think they said? What did the other person say?

5 Ask the pairs to role-play what the person said and what happened next.

6 Show some of the role-plays to the whole group.
Ask:
Who are the best people to talk to if an adult touches us in a bad way?
Why do we choose that person?
What should the adult do after they have been told?
What should we do if the first adult we tell says we are lying or takes no action?
What more can adults do to help protect us from bad touches? How can we ask them to protect us?
What can the community and government do to stop adults abusing young people?

7 Ask:
What have we learned?
What are the next steps we should take to stop sexual abuse?
What shall we do before the next meeting?
Protecting ourselves from rape

Aims
- To know the meaning of rape, forced sex and sexual abuse.
- To know that everyone, whatever their age, importance and whether they are male or female, has the right to decide whether or not to engage in any sexual activity.
- To know that rape and sexual abuse are wrong in religion and law and punished by imprisonment.
- To know the damage that rape does to its victims.
- To understand the causes of rape.
- To help young people and the community to prevent rape.
- To equip young people with the skills to protect themselves and others from rape as far as possible.
- To enable people to report rape.

Group
All ages, including adults. Separate groups of males and females.

Time
1 hour

Take care!
Ensure that people do not blame women and children for rape. The rapist is committing a crime no matter how attractive the victim looks or how they are behaving.

Key facts
- Rape means being forced to have sexual intercourse against your will.
- Males usually rape females. Boys can also be raped if a man forces his penis is a boy's anus. A woman forcing a boy to have sex with her is also sexual assault or abuse.
- Men may use drugs, beating, telling women that they will harm them, making them feel like rubbish or telling them they have a right to sex with them in order to rape women.
- A woman being forced to have sex against her will by a boyfriend or husband is still rape.
- Most people who are raped know the person who rapes them and it usually happens in a place they know. In our communities young women are most often raped by boyfriends or would-be boyfriends or by elderly sugar daddies, customers or relatives. Rape by strangers is not common.
- Women of all ages have a right to say ‘No’ to sex at any time with anybody, be it boyfriends, husbands, employers or relatives.
- Sex without consent is rape, whether the girl has fainted, is asleep from drugs, has been knocked out, says ‘No’, fights or can’t move with fear.
Activity

1 Ask: What is rape? What are some of the danger places and situations when rape can happen?

2 Divide into groups of four. Ask each group to role-play a danger time when a girl (or boy) might be raped (don’t show the rape just the danger time leading up to it).

3 Bring the groups together and show the role-plays to each other. After each role-play, ask:
   ▲ How did the raped person feel?

4 After all the role-plays, ask:
   ▲ What are the consequences of the rape for the raped person? For their family? For the rapist?
   ▲ What were the factors that put the raped person in danger?
   ▲ What could the person, or any other person, have done to prevent the rape?
   ▲ What should the raped person do now?

A story

1 Read the following story.

Maiwase’s story

Maiwase is 12 years old, a schoolgirl who lives with her parents and older cousin Dabwiso. Dabwiso often touches her breasts or bottom and laughs. She is afraid of him, but as he is her cousin she doesn’t say anything.

One day Maiwase comes home after school and goes to the bathroom to wash and change her clothes. Dabwiso comes into the house alone and she hears him coming towards the bathroom. He says, ‘Is that you Maiwase?’ and opens the door.

2 Ask: What might happen next? Ask for volunteers to role-play the story to show different endings.

3 Role-play the story from the beginning to show what Maiwase and those around her could do to stop rape or abuse in the family.

4 Role-play a story in which a boy is abused and repeat the above steps.

Activity

Forced sexual activity without the penis going into the vagina or anus is called sexual assault or abuse.

Rape, sexual assault and sexual abuse are wrong in law and the rapist can be sent to prison.

Rape victims do not enjoy rape or see it as a small thing.

Rape victims suffer from serious problems after rape, physically and mentally. If the girl gets pregnant or contracts an STI or HIV, she may die, become infertile or have an unwanted baby. Her career and life may go very badly.

Rape results in low self-esteem, feeling sad and down and harmful behaviour such as drug use or sex with many people.

What are sexual assault and sexual abuse wrong in law? What is the punishment for the rapist?

What consequences do rape victims suffer? What can be the results of rape?

Forced sexual activity without the penis going into the vagina or anus is called sexual assault or abuse.

Rape, sexual assault and sexual abuse are wrong in law and the rapist can be sent to prison.

Rape victims do not enjoy rape or see it as a small thing.

Rape victims suffer from serious problems after rape, physically and mentally. If the girl gets pregnant or contracts an STI or HIV, she may die, become infertile or have an unwanted baby. Her career and life may go very badly.

Rape results in low self-esteem, feeling sad and down and harmful behaviour such as drug use or sex with many people.

What are the consequences of the rape for the raped person? For their family? For the rapist?

What were the factors that put the raped person in danger?

What could the person, or any other person, have done to prevent the rape?

What should the raped person do now?

What are other times when girls or boys are in danger of rape?

What can boys, girls, parents, leaders, the police and the community do to stop rape?
What to do if someone is abused or raped

Aims
- To know what to do after abuse or rape to reduce bad consequences.
- To help people who have suffered from sexual abuse or rape to heal.

Group
All ages, including carers and adults.

Time
1 hour

Key facts
- Go to a safe place. Tell a friend or relative who you trust and who will believe you. If they do not, tell another person.
- Do not wash yourself or change your clothes because the police will want to have evidence of the rape. If you go to the clinic or police, take some other clothes with you in case they want to keep your clothes as proof.
- Report the rape to the clinic or a health worker who you trust. They may be able to help you prevent pregnancy, give you treatment for STIs and treat you to prevent HIV infection. They can record any injuries you have and treat them. You may also want to have an HIV test after three months.
- Follow the steps for handling rape in your community. This may be first reporting it to the family or community leaders, who should then report it to the police. The police should arrest and charge the rapist and he should be punished according to the law. He should not just pay a fine to the family or community. The police will take a written statement about what happened.
- If you are raped by someone you know – a boyfriend, family member or neighbour – do not keep it secret. Remember you are not to blame and you can stop him from hurting someone else.
- Talk to someone about your feelings. Many girls and boys feel unloved, dirty or angry after being raped. Talking about these feelings can help you feel better. Get help from your religion. Remember that you are innocent and it was not your fault. Even if the rape happened a long time ago, it can help you to talk about it.

Activity

Helping a person who has been raped

1 Imagine that your friend has been raped and needs help. In small groups, talk about what you would do to help your friend.

2 In the large group, identify the steps and put them in the right order.

3 Ask each small group to act a short scene to show one of the steps, in the right order, until they are all covered.

4 Discuss what challenges you might face and how you could overcome them. You could use the activities in Session 47 to solve the problems.
### Aims
- To share ways that we have solved problems in our lives.
- To practise solving a problem using these ways.
- To find more ways to solve problems and try using them.

### Key facts
- Everyone has worries and problems in their lives. Some are big problems and some are smaller ones. We can learn to solve problems as much as possible and to live positively with problems that we cannot solve.
- We learn and feel strong by looking at how we have solved problems in our lives before. We can use the same ways again for other problems.
- We can also imagine new ways to solve problems and put them into action.
- We can understand our problems better by looking at why they happen. We can then think of ways to avoid them.
- We can imagine how we would like our lives to be. Then we can look at what steps we can take to make our dreams come true.

### Group
All groups

### Time
1 hour

### Activity

#### Steps for solving problems

1. Explain that we are going to learn some steps for solving problems and then use them to solve a problem. (Use the letter on the next page or divide into small groups and ask each group to come up with a problem situation about your topic which happens to people like them.)

2. Explain the steps for solving a problem briefly, using a simple example and asking the group to answer the question at each step.

   - **Step 1** – What is my problem? (Explain it clearly and pick out the main problems. Choose one to start with.)
   - **Step 2** – What is causing my problem? (What are all the causes? Which ones are most important?)
   - **Step 3** – What can I do about it? (What are the realistic ways to solve it?)
   - **Step 4** – Which way is best? (For me and those I care about.)
   - **Step 5** – What steps should I take to solve it and when?
   - **Step 6** – Who do I need to support me?
   - **Step 7** – Have I solved it successfully? (Will I be happy if I look at it in the future?)

3. Read the letter on the next page or use group letters.
4 Ask each group to use the steps to help Taonga solve her problem. Read out each step one at a time and give people time to answer them in their groups.

5 In the big group, share what you have learned about problem solving. If every group had the same problem, ask each group to talk about one of the steps and others to add.

6 What have we learned from this activity? How will we use it before our next meeting?

Dear Auntie Misozi,
I am really worried. I am 14 years old and in grade 7. My mother is alone and we don’t have much money. She says that she can’t afford to pay my fees next term. I often don’t have time to do my homework because I have to help her and sell groundnuts after school. A boy in my group helps me with my homework and he is asking me to have sex with him.

My group teacher keeps telling me I am beautiful and he wants me to be his special friend. He says he will pay my fees for me and make sure that I get enough marks to go to grade 8. Yesterday he asked me to take some books to his house and started kissing me. I made an excuse and ran away but I know he will try again. My problems are worrying me too much.

What can I do?
Taonga

Activity

Sharing experiences
1 Divide into groups of five or six people.

2 Ask everyone to think of a problem that they managed to solve in their lives. The problem could be big or small, and it does not have to be about sexuality.

3 Ask:
   ▲ What did you do to solve it?
   ▲ What helped you to succeed?

4 Ask each group to select one of the problems or put some together to make a common problem for people like them. Ask them to prepare a role-play to show how they solved the problem and why they were successful.

5 Ask them to act out the role-plays and summarise all the ways that helped people to successfully solve their problems.

6 Ask:
   ▲ How can we strengthen those ways to make it easier for people like us to solve problems in future?
Activity

Margolis wheel – a way to solve problems together

1. In this activity, explain that people are going to help each other to find solutions to their problems. They are going to form a ‘wheel’, with some people being ‘helpers’ and others ‘people with a problem’ to find solutions.

2. Ask everyone to think of a problem that they need help with now. They should choose a problem that they are happy for others to know about and which will not take too long to explain and get help for.

3. Divide the group in two. Make one group the ‘helpers’ and the other group the people with the problem. (Explain that everyone will have chance to change over later.)

4. Ask the ‘helpers’ to take their chairs and make a circle in the middle facing outwards.

5. Ask the ‘people with problems’ to take their chairs and sit opposite the ‘helpers’ so that everyone has a partner.

6. Explain that the people with problems now tell their helpers their problem and the helpers have three minutes to suggest solutions. The people with problems should try to remember all the solutions.

7. Clap your hands after three minutes and ask the people with problems to stand up and move one chair to the left. They now face a new consultant and again get their suggestions for three minutes.

8. Repeat two more times.

9. Change places so that the helpers become people with problems and vice versa.

10. People with problems move one place to the right so that they meet a different consultant. Repeat the activity.

11. Ask people to think about all the suggestions they received from the helpers and what steps they will now take to solve their problem.

12. Ask for volunteers to share their problem, the solutions and steps they will take with the big group.
Aims
▲ To understand female and male fertility
▲ To know safe ways to avoid pregnancy.
▲ To find ways to make it easier for people who have sex to use contraceptives.

Group
All ages as appropriate. Separate groups of males and females.

Time
30 minutes for each activity

Key facts

**Fertility awareness**

The diagram below shows what happens in the female body over the menstrual cycle. Females can keep track of their own menstrual cycles and learn more about when they are fertile. They count the number of days each month, from the day the bleeding starts to the next period. They also notice changes in the amount of vaginal fluid they produce and feelings of wetness. The fluid increases over the days when a woman is fertile.

About 14 days before her period starts, a female releases a tiny egg from one of her ovaries. This is called ovulation. The egg remains fertile for up to 24 hours after ovulation. Sometimes a woman releases two eggs and is fertile for two days.

If a female has sexual intercourse over this time, a sperm can fertilise the egg and make a baby.

Sperm can survive in the Fallopian tube for up to six days. This means that it is possible to get pregnant if a couple has sexual intercourse up to six days before ovulation. It is not possible to tell exactly when a woman ovulates so we can say that a woman is potentially fertile for 11 days of her cycle.

Girls ovulate 14 days before their first period. This means that they can get pregnant before they menstruate for the first time.
Girls with short menstrual cycles can get pregnant if they have sex during their menstrual cycle.

All young women should learn to understand their monthly fertility cycle because this helps them to avoid pregnancy and to conceive when they are ready.

**Natural family planning (NFP)**

▲ In NFP the woman learns to recognise when she is fertile and avoids sex at this time.

▲ Teenage girls often have irregular menstrual cycles. This makes it impossible for them to know when they are fertile. NFP is not a good method for teenage girls for this reason.

▲ NFP works best when there is a high level of co-operation between the man and woman.

▲ NFP is not very good at preventing pregnancy and is best for people who would not mind very much if they had a child.

▲ NFP does not protect against STIs, including HIV and HIV reinfection.

**Withdrawal**

Withdrawal is when the man takes his penis out of the vagina before he ejaculates. This is not a very reliable method for preventing pregnancy. Sperm can leak out of the penis before he ejaculates and he may not pull out in time.

**Using contraceptives to avoid pregnancy**

▲ Abstinence is the safest way to avoid pregnancy, STIs and HIV.

▲ People have different ways of avoiding pregnancy, if they do have sex, but some do not work and may be dangerous. For example, women may try to remove the sperm from the vagina after sex by jumping up and down or urinating which is ineffective as there are millions of sperms and they quickly swim into the womb.

▲ Young people can get safe methods of contraception that work well from family planning service providers.

▲ The condom gives between 80-90% protection against pregnancy and STIs, including HIV and HIV reinfection, has no chemical effect on the body and is available in the community free or at a low cost.

▲ If a person has had sex without using contraception, or a condom has broken, they can go to the nearest clinic, within 72 hours, for emergency contraception. These special pills will prevent conception. The quicker the person takes the medication, preferably within 24 hours, the more effective it will be.
Condoms are a good method for young people because they protect against pregnancy and STIs, including HIV (see Session 36 for more information on condoms).

**Spermicides**

Spermicides are creams, foams or jellies containing a chemical that kills sperm. Spermicides are put inside the vagina as foam with a special applicator, or as tablets that are pushed high up inside the vagina. Spermicides are about 70% reliable by themselves. It is best to use them with condoms.

**The pill**

The chemical or hormone in the pill stops the woman from releasing an egg each month so she cannot get pregnant. The hormone also changes the lining of the cervix and uterus so that babies cannot develop there. The pill should be taken at the same time every day. It is about 99% safe.

- The pill is very reliable.
- It makes periods lighter, more regular and less painful.
- The pill does not protect against STIs and HIV.
- Women should have their blood pressure checked if they take the pill.
- The pill does not suit everyone. Some women get headaches, sore breasts, depression, weight gain, they feel like vomiting or bleed lightly through the month. Often these problems go away after a few months.

**The loop or intrauterine device (IUD)**

The loop is a small plastic object with a copper wire that is inserted into the womb by a doctor or nurse. It disturbs fertilisation and the implantation of the egg.

- The loop is a reliable contraceptive (99%) and the woman can keep it inside the womb for five years.
- The woman can check the thread that hangs into the vagina to make sure that the loop is still there.
- The loop does not interfere with sex.
- The loop can cause cramps and heavy or painful periods.
- The loop is not good for young women who have never had children.
- The loop does not protect against STIs or HIV. If the woman
is at risk of STIs, the loop increases her chance of getting a serious infection that could stop her from having children.

**The injection – Depo Provera and Noristerate**

The injection contains hormones that prevent a woman from releasing an egg. The hormones are strong chemicals that affect the body for some months but then stop. Young woman can use Noristerate, which is injected every two months. Depo Provera is better for older women who have had several children.

▲ The injection does not protect against STIs and HIV.

▲ It is very reliable (99%).

▲ The woman only has to go to the clinic every two, three or six months and can do it without anyone knowing.

▲ The injection changes the pattern of menstrual bleeding. Women may not bleed at all for many months. Some women like this.

▲ Women may take a year or more to get pregnant after stopping the injection.

**Implants**

Implants are tiny silicon rods, which have female hormones inside them. They are inserted under the skin of a woman's upper arm through a small cut during the first five days of the menstrual cycle. They are effective for five years and can be removed at any time. They work like the pill.

▲ The implants work for a long time and are 99% effective.

▲ Women lose less menstrual blood. Irregular menstrual bleeding is common, while others may stop completely.

▲ They do not give protection against STIs and HIV.

**Sterilisation**

Sterilisation is an operation carried out on a man or woman that stops them ever having children again. The tubes that carry the egg to the womb or the sperm to the penis are cut. This is done when a man or woman are sure that they do not want any more children.
Activity

Why not use contraceptives?

1. Ask people why young people who have sex don’t use contraceptives. Make a note of the reasons given.

2. Divide into small groups.

3. Ask each group to perform a role-play to show one of the reasons. (Do not show why young people have sex, only why they don’t use contraceptives.)

4. Show the role-plays one by one. For each role-play, ask:
   - What are the reasons that this boy (man) and girl (woman) did not use condoms or another contraceptive?
   - What can help them to use a contraceptive in future?

5. Provide additional information as needed. Make a plan of action with the group to help young people to use condoms or another contraceptive if they decide to have sex. For example, work with the health providers to make services friendly to young people. (See also Session 36 on condoms.) Ask what people have learned and summarise.

Activity

Avoiding pregnancy

1. Explain that you are going to talk about how young people who have decided to have sex can avoid pregnancy. The safest way to avoid pregnancy is to abstain from sex, but once people have decided to have sex they can avoid pregnancy by using a contraceptive.

2. Ask: What ways do you know that people can avoid pregnancy if they have sex? (Keep to those that prevent pregnancy if people are having sex. We talk about abstinence in another meeting.) Note down all the ways.

3. Take each way that they suggest to avoid pregnancy one by one and discuss:
   - Is this true?
   - Why is it true or not true?
   - Is it a good way for young people who are having sex to use to avoid pregnancy?

Help people to share ideas and give them correct information if you need to.

4. Show them the different contraceptives, if you have them. Say that condoms are best for young people because they protect against pregnancy and STIs, including HIV.
Taking responsibility for pregnancy

Aims
△ To learn about taking responsibility for our actions.
△ To learn how we can prevent teenage pregnancy.

Groups
All ages from 7 years and above, including adults. Mixed groups of males and females.

Time
1 hour

Key facts
△ Being responsible means that others can depend on us and we are accountable for our actions. We keep to our agreements and give our best to any job.

△ Taking responsibility means accepting our role in whether things go well or badly. It means taking control of a situation rather than letting things just happen to us.

△ Responsibilities are linked to rights. If we have the right to decide on whether to have sex or not, we also have the responsibility to make sure that if we do decide to have sex, we do it with the full agreement of the other person and not harm ourselves or anyone else.

△ When things go wrong, we are responsible if we acknowledge our mistakes and make amends instead of excuses and blaming.

△ We should not take responsibility for things that are not our fault. For example, when children are abused, they often blame themselves, but it is never their responsibility.

△ We can encourage each other to act responsibly and also ask adults to take up their responsibilities for protecting and supporting young people.

△ Men often expect women to take responsibility for preventing pregnancy, STIs, including HIV and HIV reinfection, even though men tend to make the decisions about sex and wear the condoms.

△ It is best if young men and women share responsibility for their behaviour and what happens in relationships.
Activity

**Community responsibility**

1. Divide into two groups.

2. Ask one group to create a drama showing a typical situation where someone like them gets pregnant or impregnates a girl. Bring different characters into the drama who have some responsibility for the situation – for example, a teacher, nurse, initiation advisor, parents, friends, drug store, older man, as well as the girl or boy concerned.

3. Perform the role-play to the rest of the group.

4. Ask the characters to stay in the middle and remain in their role.

   Ask the audience:

   ▲ *Who has some responsibility for the pregnancy?*

5. For each character, ask the group:

   ▲ *What responsibility did this person have for the pregnancy?*

6. Explain the four-point plan for taking responsibility.

7. Ask each of the characters in the play to stand up and say how they will follow the four-point plan.

8. Continue the drama to show how all the characters follow the four-point plan in making things turn out as well as possible and avoiding having the same problem again.

9. Ask people what they have learned from the activity. Summarise.

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**Four-point plan**

1. ACKNOWLEDGE what we have done

2. ACCEPT our part of the responsibility for it

3. ACT to make things turn out as well as possible for everyone

4. THINK about how we can avoid doing it again
Coping with teenage pregnancy

Aims
△ To learn correct information about the choices for young people with an unplanned pregnancy.
△ To think about the advantages and disadvantages of all the choices, taking into account values, health and future.
△ To learn about how to reduce the bad effects of teenage pregnancy on young women’s and men’s health and lives.
△ Organise drama and community activities on unwanted pregnancy to raise awareness of community responsibility for its prevention and support to girls with unwanted pregnancies.

Group
All ages

Time
1 hour

Take care!
This is a sensitive topic but young people need to have true facts about abortion.

Key facts
△ The choices for coping with unplanned teenage pregnancy are to end the pregnancy by having an abortion, to have the baby and get married, or look after it as a single mother or give it to a relative to take care of.
△ Young women and men with unplanned pregnancies need to think carefully about the advantages and disadvantages of these choices from the point of view of their own lives and health and those of the baby, and their own values.
△ Many girls and women would not seek an abortion if they were better supported by their family, health workers and communities. This includes:
   △ having trusted relatives or friends to talk over their pregnancy
   △ having information, services and enabling environments for young people to help them to make good choices about sexual life
   △ a reduction in stigma and discrimination against pregnant girls
   △ opportunities to return to school after delivery or to find work.

Abortion
△ People feel very strongly about abortion. Many people believe that it is a sin. However, women will find ways to abort even if they cannot do it safely and legally and many girls and women in Zambia and Uganda die or are injured every year because of unsafe abortion.
△ Women use different methods to cause unsafe abortion, including drugs, herbs, ground bottles, blue, sugar mixtures and a certain twig inserted into the mouth of the womb. These methods are ineffective and/or dangerous and may cause death, infertility and serious injury.
△ Young women should go to a health worker at once if they have continuous bleeding, smelly liquid coming out of the vagina, pain in the lower belly or fever and shaking after an abortion. They may need further treatment, counselling on not having sex until they are healed and information on sexual and reproductive health and contraception.
In Zambian law women can have an abortion if continuing with the pregnancy will harm the mental or physical health of the woman or child. Three doctors, at the Lusaka University Teaching Hospital, are needed to give permission. The abortion is safe if done within three months by a qualified practitioner in a health facility.

In Zambia it is possible to get a safe abortion privately from women’s doctors for a high price.

Having a baby

Pregnant teenagers may decide to have the baby. If the couple love each other, they may get married. If not, the family should see the man and his family and ask him to support his partner and child.

Counsellors, peer educators and parents/carers can help teenagers to see that it is not the end of the world to have an unplanned child, although it will be difficult at first.

Now that girls are allowed to return to school after delivery, they should be encouraged to continue with their schooling.

Encourage the girl’s parents and the baby’s father to care for the girl, give her loose dresses, good food and not too much work.

Help her to attend the antenatal clinic to keep herself and the baby healthy.

Help her to deliver her baby in a health centre or hospital in case there are any problems, for example obstructed labour.

Help her to care for herself and her baby after the birth.

Suggest positive choices and try to build her self-esteem. Do not blame her.

Activity

Drama

1. Divide into four single sex groups. Ask each group to act a short role-play to show a situation where someone like them has an unplanned pregnancy or impregnates someone. Try to make up different situations.

2. Ask the group: What choices do the girl, the father of the pregnancy and the families have now?

3. Get into four single sex groups and give each group one of the following choices; abortion or having the baby.

Ask one group to prepare a role-play to show the choice working out well and one to show it working out badly.

4. Perform the role-plays. Perform the good and bad role-plays for one choice first and discuss them. Then perform the other choice and discuss.

Ask:

What are the good and bad points about this choice?

If a person makes this choice, what can everyone do to make sure that it works out as well as possible?

For example, if abortion is the choice, the girl, boy and families would have to find enough money to get a safe abortion.

If the girl has the baby, she should be able to go back to school, the father of the baby and their families should be able to support the girl and raise her self-esteem.

5. Ask what people learned from the session. Summarise the main learning points.
Infections caused by germs can go from person to person during sexual intercourse. These are called sexually transmitted infections or STIs.

Gonorrhoea and syphilis are the most common STIs in our communities.

The signs of STIs in men and women are:
- unusual or bad-smelling liquid coming from the penis or vagina
- pain and burning on passing urine
- blood in the urine (that is not bilharzia)
- wanting to urinate often
- sores, rashes, blisters, warts or any other sort of irritation on or around the penis, vagina or anus; they may be painful or painless, one sore or many
- itching, burning or pain in the genitals
- swellings in the groin, which may burst
- pain during sex
- lower belly pains above the sex organs
- in women, headaches, fever and shaking with any of the symptoms, but especially lower belly pains is very serious and can make the woman unable to have babies – they should go straight to the clinic if they get this problem.

Men often get signs of STIs earlier than women, because their organs are outside their bodies and easier to see. Men and women need to tell their partners if they have an STI so that they can also get treatment. If not, they can get very sick and become infertile.

Many people have no signs of STIs at first, especially women. But the germs are inside their organs causing harm. People can infect others without knowing it even though they look healthy.

It is normal for girls to have some whitish, nice-smelling fluid in the vagina. This is normal and changes through the menstrual cycle.

When girls have sexual feelings, the vagina becomes wet. This is normal and protects them if they have sex. It is not a disease.
Some infections in girls are not sexually transmitted. For example, girls often have a white itchy discharge called thrush. Sometimes they have painful urination called cystitis. Girls should always wipe themselves with clean materials after toilet from the vagina to the anus to prevent germs going into the tube they urinate from and the vagina.

Anyone who has sex without a condom can get an STI. The more sexual partners we and/or our partners have, the higher our chances of getting an STI.

Most STIs are curable with the correct course of antibiotics, a medicine that kills germs.

It is important to take all the medicine the health worker gives you or asks you to buy, otherwise it may not work.

It is important to tell all the people we have had sex with to seek treatment. Otherwise they can become infertile or very sick, and pass the infection to others without knowing.

Herbs and other local treatments can relieve symptoms but not kill all the germs.

If STIs are not treated early and properly, they can cause serious health problems, such as:
- being unable to have babies in males and females
- problems with urinating in males
- losing the baby or going into early labour, baby born dead or death of baby and pregnancy outside the womb in women
- pregnant women can pass the STI on to her baby in the womb and this can make it blind or disabled or die young
- STIs make it easier for HIV to get into the body through sores and broken skin. Also a person who gets an STI is also in danger of HIV because they are caught through unprotected sex in the same way.

Activity

What diseases do people get through sex?

1 Ask people to call out all the STI names they know. Ask:
  - What diseases do you know that are passed through sex?
  - What signs and symptoms do people see when they have an STI?

Ask them to use local language and slang.

2 Ask: What are the causes of STIs?

All STIs are caused by a germ going from an infected to an uninfected person during sex.

3 It is very important to know the signs and symptoms of STIs in case we catch one. If we know the signs, we can rush to the clinic to get treatment.

4 However, don’t forget that HIV is also an STI caught through sex and it has no signs and symptoms at first and no cure. So it’s always best to avoid STIs.

5 Give each person one STI symptom to remember. We are going to make up a song to help us remember the symptoms.

6 The group can make up any song with a chorus and the symptoms can be fitted in, or use the example on the next page.
7 Ask some people to go into the middle—these are the ones with a symptom. Ask the rest to make a circle around them. Ask the people on the outside to start dancing and clapping in time to a beat as they sing.

8 When you have the beat, ask the people in the middle to think of how they can sing or chant their symptom to fit in with the beat. Others can help them.

9 Now do the song again, and this time leave a gap for one person to add their symptom. Do the chorus again and let the next person do their symptom, and so on until everyone has had a go.

Example of rap song

The clinic can cure
That’s for sure
So don’t be shy
S-T-I - 1-2-3
S-T-I - 1-2-3

Taziwona’s story

When I was 14 years old, I really loved a boy from school called Chipili and I had sex with him. One day, he refused to talk to me. He said bad things about me to his friend Zindaba, who called me a prostitute. I tried to forget Chipili and work hard at my books. Some time later, I started to have a pain at the bottom of my belly and some bad-smelling fluid came from my private parts. I told my friend Titamenji and she gave me some herbs. I was too frightened to tell my mother. Then one day I had fever and a terrible pain in my belly. My father took me to hospital. They gave me antibiotics. They told me that I had a disease you get from sex, and I might never be able to have children. My father was so upset and angry and I cried and cried. I only had sex with that one boy—why was I so unlucky?
### Activity

**A flow chart on the bad effects of STIs**

1. Help participants to make a flow chart on the dangers of untreated STIs. You could do it with chalk on the blackboard or on the floor or outside by drawing on the ground with a stick. Each time a person adds a point, ask:
   
   ▲ What might happen then?

2. Add any dangers that the young people have not mentioned.

3. Explain that most STIs are curable if the person rushes to the clinic at once and takes all their treatment correctly.

4. Ask people to do role-plays to show how a person like them might get an STI and not go for treatment.

5. Use what the group learned from the role-plays for the next session.

---

### Table: Character Responsibility

<table>
<thead>
<tr>
<th>Character</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Taziwona</td>
<td>She had sex without a condom.</td>
</tr>
<tr>
<td></td>
<td>She did not tell an older person about her problem.</td>
</tr>
<tr>
<td>Chipili</td>
<td>He had sex without a condom.</td>
</tr>
<tr>
<td></td>
<td>He had sex with another girl.</td>
</tr>
<tr>
<td></td>
<td>He did not tell Taziwona about his infection, he blamed her.</td>
</tr>
<tr>
<td></td>
<td>He told his friend about Taziwona.</td>
</tr>
<tr>
<td>Zindaba</td>
<td>He did not tell his friend to tell Taziwona to go for treatment.</td>
</tr>
<tr>
<td></td>
<td>He blamed Taziwona.</td>
</tr>
<tr>
<td>Titamenji</td>
<td>She gave Taziwona some herbs to use.</td>
</tr>
<tr>
<td>Taziwona’s mother</td>
<td>Taziwona was too scared to tell her mother about her problem.</td>
</tr>
<tr>
<td></td>
<td>She did not teach Taziwona about STIs.</td>
</tr>
<tr>
<td></td>
<td>She did not notice that her daughter had a problem.</td>
</tr>
<tr>
<td>The nurse</td>
<td>Taziwona was too scared of her to go to the clinic.</td>
</tr>
<tr>
<td></td>
<td>She did not educate the young people about STIs.</td>
</tr>
<tr>
<td>Taziwona’s father</td>
<td>He did not make sure that Taziwona was educated about STIs.</td>
</tr>
<tr>
<td></td>
<td>He was angry with her when she was sick.</td>
</tr>
<tr>
<td>The doctor</td>
<td>He blamed Taziwona and made her feel worse when she was already ill.</td>
</tr>
<tr>
<td></td>
<td>He made Taziwona’s father more angry.</td>
</tr>
</tbody>
</table>
Activities

Where can we get treatment?

1. Make a map and ask people to mark on it places where young people can get treatment for STIs.

2. For each place marked, talk about the good and bad points of that service. Think about quality and availability of treatment, cost, distance, whether they are treated with respect, confidentiality, preventive advice and condoms.

3. Invite a youth-friendly health worker to talk to the group about common local STIs and what happens when people go for treatment. Make sure he/she talks about who they will see at the clinic, what will happen, the cost, and that there is no need to feel shy – they will not be judged.

4. Ask the participants to prepare questions and act some role-plays to show how they would like to be treated if they went for STI treatment and things that worry them.

5. Ask them to suggest to the health worker any improvements that they would like to see and ask the health worker for feedback on their suggestions.

6. Make sure that people understand violence is wrong and that STIs are caused by germs, not witchcraft.

Persuading your friend to get treatment

1. Ask for boy and girl volunteers to act the stories in the left-hand column. Ask two boys to act the first role-play.

2. Invite another participant to try to persuade Daliso to go for treatment. Daliso should resist as much as possible.

3. Ask people to take it in turns to try to persuade him, following on from the last story, until he agrees to go.

4. Now ask them to role-play Daliso telling his girlfriend that he has an STI. Try different ways until you find a good way.

5. Repeat with the girls’ group.
Aim
To learn how we can protect ourselves from STIs.

Group
All groups

Time
1 hour for each activity

Key facts

▲ STIs are spread by germs that go from a person with an STI to another person during sex.

▲ We can reduce the risk of the germs getting into our bodies in these ways:
  
  ▲ By not having sex. This is the best way for young people, because it is 100% safe.

  ▲ Using condoms properly every time we have sex because they stop the germs going from one person to another 90% of the time. Only condoms protect us from STIs and HIV – no other contraceptive can do this. Condoms do not protect us if the person has sores on parts not covered by the condom.

  ▲ Doing sexy things together without having sexual intercourse in the vagina, anus or mouth, or touching the private parts, body fluids or sores.

  ▲ Not doing deep kissing if either of us has mouth ulcers or bleeding gums.

  ▲ Only having sex with one uninfected person who only has sex with us. The more partners we have, the higher our chances of catching an STI.

▲ Not having sex with someone if they have got any rashes, sores, ulcers or other symptoms around their private parts.

▲ However, we shouldn’t think a person is safe just because he or she has no signs of STI. The germs could still be living in his or her body. We need to have a check-up for STIs.

▲ Wash our private parts every day, taking care to clean under the foreskin in uncircumcised boys and between the labia in girls with plain water.

▲ Wash our private parts before and after sex.

▲ Go to a health worker as soon as we notice any symptoms of STI. In this way, we won’t spread the germs.

▲ Herbs do not cure STIs. They also do not mix with antiretroviral treatment.

▲ Take all our medicine as instructed and do not have sex before we are cured.

▲ Encourage all our sexual partners to go for a check-up and treatment. Go together, if possible.

▲ Abstain or use condoms form now on!
Protecting ourselves from STIs

Activity

STI attacker game

1 Ask participants to call out the ways that they can protect themselves from STIs.
   ▲ don’t have sex
   ▲ use a condom
   ▲ have sex with one uninfected person who only has sex with you.

2 Ask participants to call out the ways that they could get an STI.
   ▲ have sex without a condom
   ▲ have unprotected sex with more than one person
   ▲ have unprotected sex with one person who also has unprotected sex with another person.

3 Play a game to form seven groups – for example, pretend that you are at a disco dancing with music. It is time to go home and there are taxis, which can take four people. People have to run into groups of four and anyone who is not in a group will not get a taxi. Repeat with different types of transport and finish with a number that will give you seven groups. If you have 21 people, it will be groups of three.

4 Give each group one of the ways to prevent or to get an STI as listed above. Ask one group to role-play the STI germs.

If you have paper

5 Ask each group member to draw a picture on a piece of paper to show the way of preventing or getting STI that they were given. For example, they could draw a picture of a condom or draw stick figures to show ‘Saying no to sex’ or ‘Two people having sex only with each other’.

6 Ask the STI group to draw pictures showing STI germs on their papers.

7 Collect and mix up all the papers.

8 Attach one piece of paper showing a way to prevent or get STIs on the chest of each participant with the drawing hidden. Attach the STI pictures to the rest of the participants with the picture showing.

9 Stand in a circle with two of the STI people in the middle. Ask six people with hidden pictures to try to cross the circle. The STI attackers try to catch them.

10 When they are caught, turn the paper round to see the picture.

11 If the activity shown could give them an STI, the person sits down. If it protects them from STI, the person continues to the other side. The people caught should look at the picture and explain whether they think they are in danger of STI or not, and why. Others can then give their ideas until everyone agrees.

12 Continue taking it in turns to be the STI attacker until everyone is either sitting down or safe.

13 Ask the people sitting down to say what they are going to do to prevent themselves from getting an STI in future. When they say it, they can stand up.

We only have sex with each other.
If you have no paper

5 Make a list of participants’ names in each group and secretly write one way of preventing or getting an STI against each group. Do not tell anyone which group members have which way.

6 Ask for volunteers to play the STIs. They should be very fierce and try to catch people.

7 When the attacker catches a person, the facilitator tells the person what their activity is.

8 The person caught says whether they think they are safe or not, explaining why.

9 If others agree, the person either sits down or crosses safely.

10 When everyone has crossed, ask all the people sitting down what activity they did to catch an STI. Ask the people still standing what they did.

11 Ask the people sitting down to say what they are going to do to prevent themselves from getting an STI in future. When they say it, they can stand up.
Protecting ourselves from HIV infection

Aim
▲ To understand how HIV goes from the body of an infected person into another person.
▲ To understand which activities put us at high or low risk of HIV infection and which activities are safe.

Group
All ages. Separate groups, then mixed groups of males and females.

Time
1 hour

Key facts

No risk sexual behaviour
Abstinence, that is not having anal or vaginal sexual intercourse, is the way to achieve 100% protection against sexually transmitted HIV.

We don’t have to be virgins to practice abstinence. A person who has been having sex can choose to abstain because they are not in a loving relationship or they want to protect themselves from pregnancy, STIs, HIV and HIV re-infection.

Masturbation by ourselves is 100% safe.

Massage, caressing, cuddling, dancing, holding hands, touching breasts and hot spots, other than the genitals, is safe as long we can both stop before touching the genitals or having sex.

If either person has HIV, it maybe transmitted through:
▲ sexual intercourse, when the penis goes into the vagina or anus
▲ oral sex, when a person takes the penis in their mouth or licks or sucks the woman’s private parts
▲ blood transfusion (blood from one person put into another) when the blood contains HIV
▲ injections with dirty needles or cutting with instruments not cleaned properly to kill HIV; using the same razor one after the other if there is blood on it
▲ mother-to-child in the womb, when giving birth or breastfeeding.

HIV is not spread through:
▲ shaking hands
▲ kissing if there is no bleeding in the mouth
▲ touching the body
▲ embracing
▲ masturbation
▲ visiting or caring for a person with HIV
▲ talking to a person with HIV
▲ eating together from same plate, cup, chop bar
▲ sharing toilets and bathrooms
▲ being bitten by mosquitoes or other insects
▲ feeding or washing a person with HIV.

Chain of transmission
We can stop transmission by breaking the chain

Quality of HIV

Route of transmission into body

Quantity of HIV
Low risk sexual behaviour

Masturbation with a partner is a low risk activity if we prevent semen, vaginal fluids or blood going from one of us onto the genitals or breaks in the skin of the other person.

Oral sex where people suck or kiss the genitals is low risk because HIV could be transmitted if either person had broken skin or bleeding in the mouth or on the genitals. It is safest to use a condom or cover the woman’s genitals with a plastic sheet.

Using condoms correctly every time we have vaginal or anal sexual intercourse is about 90% safe, so they give low risk sex but not no risk sex.

High risk sexual behaviour

Vaginal or anal sexual intercourse without a condom is very risky because HIV in the semen, vaginal fluid or blood can go from one person to the other.

Withdrawal is risky because some fluid, which may contain HIV, comes out before ejaculation.

We cannot protect ourselves by choosing a fat, healthy looking partner because people can have HIV for many years without any signs or symptoms. We cannot tell whether we or other people have HIV by looking and many of us have had sex and some people were born with HIV.

Having sex with one partner who only has sex with us is only safe if we have both had an HIV test and use condoms if we are positive.

Taking an HIV test

The only way to know that we are both free from HIV is to both go for an HIV test. Until we know our HIV status, we need to abstain from sex or use condoms and continue using them after the test if either or both of us have HIV.

We both need to have an HIV test before we have sex with a new partner and when either of us has sex outside the relationship. This is true whether we are married, living together, having a one night stand or having one or more than one partner.

Knowing our HIV status helps us to plan our lives so that we stay healthy for as long as possible, go on with our lives and protect our partners and unborn children from infection.

Many of us fear stigma and discrimination if we have an HIV test, but good counselling and community education can help to reduce this. If many of us have the test and talk about it, this will reduce stigma.

We may be offered an HIV test routinely when we go to the clinic for other reasons. We have the right to decide not to have the test but we have to tell staff that we do not want it. Some clinics offer tests to people who come voluntarily to ask for counselling and testing.

When someone becomes infected with HIV, it can take up to three months for their immune system to produce enough antibodies to show up on an HIV test. This time is called the ‘window period’.

During this time the HIV test may show negative, but the person is infected. They will have enough of the virus in their blood, semen or vaginal fluids and breast milk to infect another person. In fact the amount of virus in their blood at this time can be very high, making them very infectious.
This means that a person with a negative test result should wait for three months and not expose themselves and others to risk of HIV and then take a second test.

**What do the results of the test tell us?**

The HIV test shows whether we have HIV antibodies in our blood – it is not a test for AIDS.

**A positive result**

If the result is positive, we have HIV, but if we are well, we do not have AIDS. We may live for some years with untreated HIV before we get sick and perhaps develop AIDS. If we take drugs, called antiretrovirals (ARVs), we can stay well for much longer.

**A negative result**

This may be because we are in the ‘window period’ and we should take a repeat test.

If we are negative we may think that we are immune to HIV because we have had sex and escaped it. However, any of us can get infected at any time, so we should feel blessed and use the negative result to make a plan to stay negative.

HIV is not very easily transmitted, so some people do not get infected even when they have sexual relations with a person with HIV for some time. Couples, where one person is negative and one positive, are called discordant couples. They still need to protect themselves because a person can be infected at any time.

**Protecting ourselves after the test**

If we have both tested HIV negative and have sex only with each other, we can enjoy any kind of sexual activity and will not be at risk of HIV.

If either of us have sex outside the relationship without using a condom correctly every time we have sex, we should start to use condoms and go for an HIV test after three months.

If either of us have HIV we should practice the no and low risk sexual options listed on the next page – abstain, use condoms or enjoy sex without intercourse to avoid infecting each other. Even if we both have HIV, we still need to protect ourselves from getting more HIV in our bodies from each other (known as HIV reinfection) because this can make us get sick more quickly and the ARVs will not work as well.

STIs must be treated, because the associated sores and discharges make it easy for HIV to enter the body. Also STIs lower the immune system and cause HIV to multiply fast.

If we are positive we should take ARVs to reduce the level of HIV in the blood when the health worker tells us it is time. Even though the level of HIV in our bodies will be reduced, we can still infect others and become reinfected ourselves and should therefore continue to use no or low risk sexual activities. ARVs should be taken regularly, as instructed by a doctor, and shouldn’t be shared with others.

See Session 58 Prevention of parent-to-child transmission.

In some places we can get Post Exposure Prophylaxis (PEP) if we have been exposed to HIV, for example through rape or an injury.
## Protecting ourselves from HIV infection

### The level of risk of HIV transmission from different sexual activities

<table>
<thead>
<tr>
<th>No risk of HIV</th>
<th>Low risk of HIV</th>
<th>High risk of HIV</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Description</strong></td>
<td><strong>Description</strong></td>
<td><strong>Description</strong></td>
</tr>
<tr>
<td>These are sexual activities with no risk of HIV transmission because the</td>
<td>These are sexual activities which involve semen, vaginal fluids or blood but</td>
<td>These are sexual activities where semen, vaginal fluids or blood from one</td>
</tr>
<tr>
<td>activities do not involve semen, vaginal fluid and blood in any way.</td>
<td>people take care to prevent any of these fluids getting from one person onto</td>
<td>person go onto the thin, wet skin of the vagina, penis, anus or broken skin of</td>
</tr>
<tr>
<td></td>
<td>the thin, wet skin or broken skin of the other person.</td>
<td>another person.</td>
</tr>
<tr>
<td></td>
<td>These activities are not 100% risk free because condoms can break, there may</td>
<td></td>
</tr>
<tr>
<td></td>
<td>be breaks in the skin and people may not manage to completely avoid fluids</td>
<td></td>
</tr>
<tr>
<td></td>
<td>getting onto the genitals.</td>
<td></td>
</tr>
<tr>
<td><strong>Examples include</strong></td>
<td><strong>Examples include</strong></td>
<td><strong>Examples include</strong></td>
</tr>
<tr>
<td>Massage.</td>
<td>Masturbating each other (cover cuts on the hands and wash after playing</td>
<td>Any contact between blood, semen or vaginal fluid and the thin wet skin of the</td>
</tr>
<tr>
<td>Hugging.</td>
<td>before you touch your own genitals).</td>
<td>genitals or anus or breaks in the skin on the body or mouth.</td>
</tr>
<tr>
<td>Masturbating yourself.</td>
<td>Open mouth kissing (do not do this if either of you have bleeding gums or</td>
<td>Vaginal intercourse without using a condom.</td>
</tr>
<tr>
<td>Body-to-body rubbing (not involving the genitals).</td>
<td>sores in the mouth).</td>
<td>Anal intercourse without using a condom.</td>
</tr>
<tr>
<td>Talking sexy.</td>
<td>Vaginal intercourse with a condom.</td>
<td>Sharing sex toys without cleaning them between partners.</td>
</tr>
<tr>
<td>Sexy dancing.</td>
<td>Anal intercourse with a condom and water-based lubricant.</td>
<td>Sex that damages the thin, wet skin in the vagina, head of penis or rectum</td>
</tr>
<tr>
<td>Sharing sexual fantasies.</td>
<td>Oral sex is kissing or licking each others’ genitals. The risk is greater for</td>
<td>increases the risk of HIV infection further. Examples include dry sex, rough</td>
</tr>
<tr>
<td>Body kissing.</td>
<td>the person doing this, especially if they have mouth sores or either has</td>
<td>sex or sex using harsh substances in the vagina.</td>
</tr>
<tr>
<td>Washing together.</td>
<td>untreated STIs. These are also easily transmitted through oral sex. Using a</td>
<td></td>
</tr>
<tr>
<td>Using sex toys without sharing them.</td>
<td>condom or piece of plastic over the vulva and avoiding ejaculation of semen</td>
<td></td>
</tr>
<tr>
<td></td>
<td>into the mouth reduces the risk of oral sex.</td>
<td></td>
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</tbody>
</table>
Protecting ourselves from HIV infection

Activity

Safety and danger game

1. Put participants into separate groups of girls and boys.
2. Ask them to think about all the different sexual activities that males and females might do together to enjoy themselves. Give some examples to help them understand.
3. Either ask each group to call out their activities and give each person one activity, or ask them to write each activity on a separate piece of paper.
4. Make a line on the ground. At one end, put an object or picture to indicate ‘high risk’ of HIV infection. In the middle of the line, put an object to show ‘low risk’ of HIV infection and at the other end an object to show ‘no risk’ of HIV infection.
5. Ask everyone to think about the sexual activity they have been given and ask themselves:
   - Is there high, low or no danger of HIV infection?
   - What are the reasons that I think this?
6. Ask people in turn to stand on the line in the place that shows the danger level of their sexual activity or put their piece of paper there.
   - Why are you standing there?
7. Ask if other people agree, and if not, the reason for their disagreement. Add any information and agree on where the person should stand. They move if they were standing in the wrong place. They can then sit down at that place.
8. Continue until everyone is on the line. Add any sexual activities that they have not thought of.
9. Ask:
   - What activities can we enjoy that do not put us in danger of HIV infection?
   - What level of danger are we willing to live with?
10. Ask what lessons people have learned from the activity and how they will share them. Add any information as needed.
How is HIV transmitted in the community?

**Aims**

▲ To understand how people are exposed to HIV in the community.

▲ To know how we can protect ourselves and the impact of our individual behaviour on how HIV spreads in the community.

**Group**

All groups

**Time**

1 hour 30 minutes

**Take care!**

Emphasise at the beginning that this is a game to show how HIV spreads. The roles that people play are decided by chance. The game does not imply that anyone in the group has or hasn’t HIV. Remind the group that any of us might have HIV and not know it if we have not had an HIV test. Some people may know that they have HIV infection but prefer not to tell others. Therefore play the game carefully without hurting each other.

### HIV infection game – round 1

1. Make the same number of small pieces of paper as numbers of participants. Draw a cross on one fifth of the pieces and fold all the papers so no one can see what is written.

2. Put three plastic bags, condoms or socks to one side.

3. Ask all participants to take a piece of paper, but not to look at it until instructed to.

4. Ask participants to walk around the room and, when you clap, shake hands with one person and remember their name.

5. Repeat so that participants shake hands again with one person and remember their name. Repeat once more.

6. Ask everyone to look at what is written on his or her slip of paper.

7. Ask the people with the ‘X’ to come forward. These people are those who have HIV infection in the game.

8. Ask everyone who shook hands with ‘X’ on the first round to come and sit in the middle.

9. Ask everyone who shook hands with ‘X’ in the second round, or with any of the people sitting in the middle, to sit in the middle.

10. Ask everyone who shook hands with ‘X’ in the third round, or with any of the people sitting in the middle, to sit down.

11. Ask:

   ▲ *What is the handshake pretending to be?* (Sexual intercourse.) Stress that you cannot get HIV through shaking hands.

   ▲ *How many people have been exposed to HIV through shaking hands?*

   They have been exposed to HIV but we do not know whether they are infected or not. This is because not everyone who is exposed becomes infected. For example, there are many couples where one person is infected and the other is not, even though they have sex without a condom. We can be infected the first time we have sex or the 50th time, but we do not know when.
12 Count how many people were exposed on this round of the game. ▲ What did the people who were not exposed do to stay safe?

13 Point out that HIV can spread unknown through the community because at first, there are no signs or symptoms and the virus remains in the body for life.

Game replay

1 Replay the game, but this time participants have a choice to protect themselves from HIV. Ask how they can protect themselves from HIV. Make sure they include:

▲ abstinence

▲ having sex with one partner who does not have HIV and only has sex with you

▲ having sex only using condoms

▲ having sex without intercourse (fingertips shake).

Explain that the plastic bags represent condoms; or people can refuse to shake hands with anyone; or the same two people can shake each other’s hand three times.

2 Ask people to decide on their strategy and prepare.

3 Shake up and hand out the papers again, asking people not to look at them.

4 Repeat the instructions for the three rounds, emphasising that people should do their own actions, not listen to the facilitator’s instructions.

5 Repeat as in round 1 to find how many people are infected this time.

▲ Ask everyone who shook hands with an ‘X’ on the first round to come and sit in the middle, unless they were wearing a plastic bag.

▲ Ask everyone who shook hands with ‘X’ on the second round or any of the people in the middle to sit in the middle, unless they were wearing a plastic bag.

▲ Ask everyone who shook hands with ‘X’ on the third round or any of the people in the middle to sit down, unless they were wearing a plastic bag.

6 Ask the people who are still sitting on the outside to explain what they were doing during the game.

7 Ask the following questions and explain what the answers tell us. Remember that anyone who has a cross is already infected whatever their behaviour, but they can prevent infecting another person if they abstain or wear a condom.

▲ What was the person who refused to shake hands doing? (Not having sex.) Are they infected? (Not unless they had a cross.) How did they feel when they were refusing to shake hands? How did others feel when they refused to shake hands? How do they feel now?

▲ What was the plastic bag? (A condom.) Did the people using the bag become infected? (Not unless they already had HIV) How did the people feel when they shook hands with the bag on? How did people feel shaking hands with them? Did anyone say anything or laugh or go to another person? How do people feel about it now?

▲ What happened to the two people who shook hands with the same person all the time (having sex with one person who only has sex with you)?
55

How is HIV transmitted in the community?

If they shook hands with a person with a condom, they will not be infected.

If neither of them had HIV and they only shook hands with each other they will not be infected.

If the person they shook hands with had HIV or they had HIV, both will be in the middle. In real life, one may still not be infected.

8 What were the people who touched fingertips doing? They were enjoying sexual activities without intercourse, such as caressing. Did they get HIV? No, because no semen, vaginal fluids or blood got on to the sexual organs.

9 Ask people to summarise which people did not get exposed to HIV during this game:
   ▲ anyone wearing a bag over their hand
   ▲ anyone who refused to shake hands
   ▲ anyone who shook hands with the same person throughout if that person did not have HIV
   ▲ anyone who did fingertip shaking.

10 Make sure that the participants are all clear about the following statements:
   ▲ to be safe when you are having sex only with each other, you should know that you are both free of HIV, or use condoms until you have a test
   ▲ if your partner has HIV, having sex only with that person will not protect you unless you use condoms
   ▲ people with the ‘X’ who used a plastic bag all the time or refused to shake hands, will not have infected anyone or been reinfected
   ▲ people living with HIV can protect themselves from more HIV and their friends and partners by enjoying sexual activities without intercourse or by using condoms.

11 Refer to page 135 for information about HIV transmission.

12 Ask: What did we learn and how will we use it?

13 Count how many people were exposed to HIV in rounds 1 and 2. What was the percentage reduction when some people protected themselves?
Aims
△ To learn that we have different choices for protecting ourselves from pregnancy, STIs, including HIV and HIV reinfection, that may be good for different times of our lives.
△ To think about the reasons why we might decide to use one safer sex way at this time.
△ To learn what makes it difficult to practise safer sex and how we can help each other to do this.
△ To learn how safer sex can help us to reach our good future.

Group
All ages. Separate groups of males and females, but try it again with people acting roles rather than being themselves to see if girls and boys could do it together.

Time
1 hour 30 minutes

Materials
Use locally available materials to make the boats – for example, sticks, stones and leaves.

Take care!
Unless people in the group really trust each other, it is best to ask people to play roles in this game when they choose which boat to go in. They could be playing themselves, but no one will know this because you emphasise that they are playing roles. Otherwise, some people, especially girls, will be afraid to go in anything but the abstinence boat in case they are judged or people tell others about them. This could put them in danger. Look after young people living with HIV.

1 Explain that you are all crossing the ‘river of life’ to your ‘future islands’. In the water there are dangers that can stop you from getting across safely. Ask:
△ What are some of these dangers?
Make a note of the dangers and add ‘HIV’, if no one says it.

2 Explain that there are ‘boats’ which can help you to cross the water safely to your future islands. Ask:
△ What are some of these boats? What can help us to protect ourselves against STIs, HIV, pregnancy and abortion?
Add any protective action that people miss out. Add any protective actions not mentioned, such as; abstinence, staying faithful to one uninfected partner who is also faithful, using condoms, and HIV testing.

3 Explain the idea of the boats for protection, the crocodiles for danger and the future islands. Mark out the ground to show where the water and the future islands will be.

4 Divide into pairs or threes and give each group a boat, crocodile or future island to make on a spot
on the ground. Put the future island at one end and the boats spread out on the water with crocodiles in between. People can use whatever local materials they can find to make the boats, crocodiles and islands.

People should make:
- the abstinence boat
- the condom boat
- the faithfulness boat
- the HIV test boat
- an HIV crocodile
- an STI crocodile
- a pregnancy crocodile
- a crocodile with any other dangers that they know
- two or three future islands showing their dreams of a good future which they hope to reach.

5 Explain that different safer sex choices suit us at different times, depending on our age, friendships, values, feelings, marriage and childbirth. The important thing is that we practise one or more of the choices.

6 Ask each person to think of a person who they want to role-play in this game. They will be asked to go into one of the boats or stay in the water. They should think of a person of their age who might go into one of the boats or stay in the water.

7 Emphasise that people are not playing themselves. (Some people might choose to play themselves but no one will know.)

Now ask everyone to go in their boat or stay in the water.

8 Ask people one by one to explain:
- Why did you choose to go in that boat?
Other people can ask them questions.

9 After the explanations and questions ask:
- Does anyone want to change boats?

10 Ask the people in the water:
- Why are you in the water?
For example, a girl who loves a boy and likes having sex with him but he refuses to use condoms and she doesn’t know if he is faithful.

11 The people in the boats try to help the people in the water to get into a boat.
For example, they can call the boyfriend and try to persuade him to use condoms.

12 Ask people what they learned from this activity and summarise the key points.

13 Ask: Which boat would you go in now?
Aims
△ To learn about the HIV test.
△ To think about the good and bad points of taking an HIV test.
△ To learn how we support each other to live positively with HIV.

Groups
All age groups. Mixed males and females.

Time
1 hour and 30 minutes

Take care!
There may be people in the group who know that they have HIV or who are worried that they might have it. Welcome the group, and particularly anyone who has had the courage to go for an HIV test or who is open about living with HIV. Explain that we can all learn a lot from each other about ways that we have found to cope with HIV.

Make sure that the activity does not make anyone of us with HIV feel bad. Encourage people to think carefully before telling the group that they are living with HIV.

Key facts
△ The human immunodeficiency virus (HIV) causes low immunity by attacking the body’s defence system, which fights germs.
△ At first those of us with HIV have no signs or symptoms of illness. We may enjoy good health for 10 years or more without knowing that we have HIV.
△ Slowly, over some years, HIV reduces our body’s ability to fight off the germs. Then we get sick more often than usual. If each illness is treated quickly, we can stay healthy for longer.
△ Later, those of us who have HIV and are not taking antiretrovirals (ARVs) may develop AIDS. Then we suffer from serious sicknesses. If these diseases are treated well, we can go on living positively again.
△ At present there is no cure for AIDS, but there are antiretroviral drugs, which can greatly slow the disease and help those of us with HIV to stay healthy and live longer. The Ministry of Health in Zambia is working hard to make these drugs available for those who need them.
△ If they do not have an HIV test, healthy people with HIV can infect other people without either of them knowing it.

How to live positively
△ Use condoms or make love without sexual intercourse to avoid getting STIs and more HIV into our bodies and to protect others.
△ Eat a healthy diet of staple foods; beans, nuts, egg, meat or fish, vegetables and fruit and oil or fat to keep our bodies strong.
△ Avoid too much alcohol and do not take drugs or smoke because they weaken our immune system.
△ Avoid infections as much as possible by practicing good hygiene and get treatment quickly.
△ Take gentle exercise.
△ Carry on with our work and lives.
△ Spend time with those we love, talk about our feelings and dreams, pray and have fun to reduce stress.
Meet with other people who are living with HIV to support each other, educate others, reduce stigma and advocate for treatment.

Look after each other at home unless you need hospital treatment.

Prevent infection by boiling blood stained clothes or putting them in bleach. Cover any sores or cuts on your hands. Wash your hands often.

See Session 54 Protecting ourselves from HIV for more information about the HIV test. See Session 58 Prevention of parent-to-child transmission for more information.

Activity

1. Explain that we are going to talk about those of us living with HIV infection. Almost one in five people in Zambia are living with HIV. Many of us do not know whether we have HIV or not. We should praise those among us who have had the courage to take the test and are taking action to avoid or live positively with the virus.

2. Welcome everyone to the group, whatever their HIV status. If anyone has already told the group that they are living with HIV, say that we are all looking forward to learning a lot from their experiences.

3. Go into small groups to listen to a story. Read the story in steps and ask people to discuss some questions at each step. Make sure that the names of the characters are not the names of anyone in the group.

Kaluba is 18 years old. He has completed 10 years in school and now he is a hard-working farmer and learning carpentry. He is a good nyau dancer and the girls have always liked him. Now he is going out with Titamenji and they plan to marry after harvest. Kaluba attended an AIDS talk and he is worried that he might have HIV because he has had four girlfriends before Titamenji. He is trying to decide whether to have an HIV antibody test or not.

Ask:

- What do you think Kaluba is feeling? What is going through his mind?
- What might be the good and bad points for taking the test?
- Will he discuss it with Titamenji?

Share people’s ideas on these questions.
Kaluba decides to have the HIV test. He has to wait one day for the result.

Ask:
△ What is Kaluba feeling as he waits?
△ What is he thinking about?
△ Who is helping him?

Kaluba gets his test results. He is HIV positive.

Ask:
△ How does he feel when he hears the news?
△ What does he decide to do?
△ Who does he tell about his results?
△ Who helps him?
△ Does he tell Titamenji the results?

Kaluba tells Titamenji the results of his test.

Ask:
△ How does she feel?
△ What does she do?
△ How can Kaluba and Titamenji help each other?

Titamenji decides to have the HIV test. She is also HIV positive.

Ask:
△ What do they decide to do?

Kaluba and Titamenji decide to marry because they love each other and want to be happy together. They decide to live as positively as they can. They both feel healthy and get on with their work.

Ask:
△ What can Kaluba and Titamenji do to live positively with HIV?
△ How can they stay healthy?
△ How can they enjoy their love together?
△ Will they have a baby?
△ Who and what might help them? Who and what might make their lives difficult?

Kaluba and Titamenji have three happy years together with no problems. They decide not to have a child because they do not want it to be in danger of getting HIV or to be left an orphan.
Living with HIV infection

Ask:
▲ How will Kaluba and Titamenji feel about not having a child? What will other people say about them?

A drug becomes available at the hospital for pregnant women to prevent transmission of HIV from mother to child. Kaluba and Titamenji decide to have a child. The baby does not have HIV and grows well. Titamenji gives him only breast milk for six months and then stops and gives him nutritious foods.

Ask:
▲ How do you feel about Kaluba and Titamenji having a child?
▲ How can they protect the baby from HIV infection?

Titamenji starts to get sick more frequently. She goes for treatment quickly and stays as well in between. Then she gets tuberculosis (TB). She has to take drugs every day to cure it. Kaluba has to take care that he does not catch TB from her. She has her own bowls and cups and covers her mouth and nose when she coughs. After she starts taking the drugs, she is less infectious. Kaluba looks after her and their child when she is sick.

Then they learn about a new drug that helps people with HIV to live for a long time. They go to the hospital and Titamenji starts taking the antiretroviral (ARV) drugs. She has to take them correctly every day. Kaluba helps her. She starts to feel much better and goes on with her life and work. The doctor tells Kaluba that they will check his blood regularly and start him on antiretroviral treatment (ART) when he needs it.

Ask:
▲ What kind of sickness might Titamenji get? How can she and Kaluba cope? What help can they get?
▲ What can they do to keep as healthy as possible?
▲ How can Kaluba help Titamenji to take her ARVs correctly?

4 When you have finished the story, ask:
▲ How did you feel when you heard the story of Kaluba and Titamenji? (Encourage them to bring out all their feelings.)
▲ What were the good and bad points of Kaluba taking the test?
▲ How did Kaluba and Titamenji live positively with HIV infection?
▲ If Kaluba and Titamenji were your friends, how would you help them? How would you learn from them?
▲ How can those of us with HIV help people in our community to avoid HIV, to get tested and to go for treatment?

5 Ask people to think quietly to themselves whether it would be good for them to have an HIV test or not. What would be the good and bad points?

Ask:
▲ Where could they go for counselling and support?

Get people’s ideas on good and bad points from the groups without mentioning who said what.

6 Ask people what they have learned and how they will use what they have learned. Summarise the session.
Sexually transmitted infections, including HIV, can be transmitted from mother to child during pregnancy, delivery or breastfeeding.

There is a one in three chance of HIV being transmitted from an infected mother to her child in the above three ways. People who are parents now, and who want to be parents in the future, can take steps to protect their baby to greatly reduce the chance of HIV transmission.

Aims

▲ To motivate young men and women to take steps to protect themselves from STIs and HIV as they are growing up, in order to have healthy babies.

▲ To motivate potential parents to have an HIV and STI test before attempting to conceive and after conception.

▲ To equip young men and women with the knowledge, positive attitudes and skills to reduce the risk of HIV transmission from mother to child if either of them is HIV positive.

Group

All ages

Time

1 hour and 30 minutes

Many young women and men become infected with HIV during the year when they marry and have their first baby. This puts their baby at high risk because there is a lot of HIV in the blood and breast milk when a person is first infected.

The steps we can take to reduce HIV infection in our children are:

Before pregnancy

▲ Both parents protect themselves from HIV when they are growing up.

▲ Both parents take an HIV test before conceiving.

▲ If either or both of them are HIV positive, they abstain or use condoms except over the fertile time. If a blood test shows that their immunity is weak, they take ARVs.

▲ They only have sex with each other.

▲ They get a check up for other STIs and have them treated.

During pregnancy

▲ Both parents take an HIV test. They take ARVs if necessary.

▲ They practise safer sex by abstaining or using condoms if either partner knows they are HIV positive, or the HIV status of either partner is not known, or either is having sex outside the relationship.
They only have sex with each other. 

The mother attends the ante-natal clinic regularly. If the mother is HIV negative, she has an HIV test at 34 weeks. 

They disclose if they have HIV so that they can be referred to the correct facility. 

**During delivery** 

An HIV positive mother, who is not on ARVs, will take a drug called AZT from week 28. During labour she will take drugs, called nevaripine and septrin, and her newborn will take them after delivery. 

The mother should also have access to long-term treatment and drugs for other infections, to protect her own health. 

Some mothers have an operation called a caesarean section to take out the baby quickly if the labour is long. 

The baby is washed and birth fluids removed from the eyes, nose and mouth immediately after delivery. 

**After delivery** 

Do not breastfeed at all or only breastfeed (give the baby no other foods or drinks) for the first six months and then stop completely at one time and give other foods to the baby. 

Take the baby quickly to the health clinic if there any problems or poor growth. 

Continue to take ARVs and abstain or practise safer sex. 

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**Activity** 

**Drawing a cartoon**

1. Put people into pairs and ask them to think of a situation where a woman and a man are planning for a pregnancy. They decide to have an HIV test and STI check up in order to have a happy marriage and healthy children. 

2. In pairs, ask them to draw a series of cartoon pictures to tell the same story. They should put in speech bubbles to show what the man and woman are saying. Act a role-play if preferred. 

3. Ask the pairs to exchange their cartoon pictures with other pairs and to discuss them. 

4. Ask them to summarise the main messages from the cartoons using the ‘key facts’ – for example: 

   ▶ They will both have HIV and STI tests. 

   ▶ If either of them are HIV positive, they will use condoms, except during their fertile time. 

   ▶ If either of them are HIV positive, they will use condoms during the pregnancy and the duration of breastfeeding. 

   ▶ They will get help from a qualified health worker, deliver at a health facility, take ARVs and act on other health tips. 

   ▶ The mother will breastfeed only for six months and then change to weaning foods.
Aims
▲ To understand the meaning and causes of stigma and discrimination.
▲ To understand the consequences of stigma and discrimination for preventing HIV infection, caring for people with HIV and stopping its bad effects.
▲ To find ways that we can prevent stigma, challenge discrimination and fulfil everyone’s human rights.

Group
All groups

Time
1 hour for each activity

I’m worried about people finding out, because they don’t understand about HIV.

Key facts
▲ Stigma is when people think that a person or group is worth less than others.
▲ People may be stigmatised because of illness, sex, race, gender, age, disability, their work or religion.
▲ Discrimination is when a stigmatised person is treated unfairly or unjustly because they have HIV or they belong to a group seen as at high risk of HIV.
▲ HIV stigma builds on bad thoughts, inequalities and injustice that already exists about gender, age, poverty, race or sexual behaviour in others. For example, many people blame women, young people or people from outside the country or community for HIV.
▲ Institutions may also discriminate against people.

Causes of stigma
▲ Stigma towards people with HIV may result from: a lack of understanding and fear of the disease and how it spreads; prejudice; poverty; lack of treatment; fear of illness and death; social fears about sexuality; and messages about HIV and AIDS which increase fear.

Consequences of stigma
▲ Stigma and discrimination lead to denying those of us living with HIV our human rights. For example, we are denied the right to get a job, to marry, to stay at school, to get health care, to travel or return to our own country, to live in our community and even to life.
▲ Stigma, discrimination and the violation of rights worsen the results of the epidemic.
▲ Those of us living with HIV or thinking that we are at risk may feel shame, guilt and fear – we stigmatisate ourselves. This may cause us to hide our worries and avoid going for a test or practising safer sex in case people suspect us of having HIV. It prevents us from obtaining good care for ourselves and family members if they have HIV.
▲ Stigma and discrimination cause more anxiety and distress, which makes those of us with HIV become ill more quickly.
Prevention of stigma

▲ We can all help to prevent stigma and discrimination in our daily lives in many different ways.

▲ Those of us with HIV are the same as any other person with an illness. We do not expect to be treated differently – better or worse than anyone else. We need friends and family to share our worries and feelings about our illness with, and sometimes, practical help. We need friends who challenge and educate those who stigmatise, tease, bully or reject us. We have faced the reality of HIV and can take the lead in helping others to take the actions they need to take to protect themselves; and support those of us with HIV. We can promote changes in our culture, gender norms and environment that make it easier for people to have happy and safe sexual lives.

▲ Empower people with the knowledge, skills and self-confidence that they need to cope with the epidemic.

▲ Join those of us with HIV to challenge stigma and take charge of coping with HIV in our communities.

▲ Speak out against all forms of stigma and discrimination; for example, against women, young people and sex workers.

▲ Learn and teach others about:
  ▲ how HIV is spread and not spread to reduce fear of being with people with HIV
  ▲ how any one of us could be infected with HIV or become infected if we have sexual relationships or have injections, cuts or blood for any reason or were born and breastfed during the epidemic
  ▲ how those of us living with HIV can live positively for many years without being ill
  ▲ how health care workers can treat illnesses caused by HIV to help people to live longer and healthier lives
  ▲ how drugs which reduce the amount of HIV in the body and greatly prolong healthy life are becoming more and more available to people with HIV everywhere
  ▲ how we all lose when people with HIV are treated badly, because HIV spreads more quickly and has a worse effect
  ▲ how we should all work to fulfil the human rights of people with HIV
  ▲ how with loving care we can all contribute to preventing HIV, caring for those of us infected and affected and stopping the worst consequences of the epidemic.
Activity

Sharing experiences of discrimination

1 Divide participants into pairs. Ask the pairs to tell each other about:
   - an incident when they felt they were discriminated against
   - how they felt and how they reacted.

2 In the big group ask the pairs to share their feelings and reactions when they were discriminated against, not the incident itself.

3 In pairs again, share:
   - an incident when they discriminated against someone
   - how they felt and why they did it
   - how the person other person reacted and felt
   - how they would behave now and how they could make amends.

4 Bring the group together and share the reasons why they discriminated against someone and the reactions from the other person, not the incident itself. Ask:
   - What does this teach us about discrimination?
   - What are the causes of it?
   - What are the consequences?
   - What do we do to protect ourselves from the effects of discrimination against ourselves or our discrimination towards others?
   - How can we best challenge and cope with discrimination?
Activity

Sharing experiences of living with HIV

1 If there are people in the group who are open about living with HIV, invite them to talk about their experiences and answer questions. Make a rule that the person living with HIV can refuse to answer any questions that he or she does not want to answer. Ask people to think about how they would feel about a question before they ask it. All questions should respect the person answering them.

2 Talk together about how the group can help each other to cope with HIV, including preventing it spreading, caring and supporting those of us whose lives it has affected most and reducing its bad effects.

Ask:

- **What strengths and lessons can we learn from each other in coping with HIV? What makes us respect ourselves?**
- **What problems do children and young people living with HIV face? How can we work together with them to solve these problems?**
- **What can each of us do individually and as a group to cope with the epidemic?**

Role-plays

1 Divide into three groups. If there are people who are open about HIV status in the group, try to have at least one positive person in each group.

2 Ask each group to prepare two role-plays to show one of the following situations:

- a young person who is living with HIV
- a young person whose family member or members are living with HIV
- an orphan who is living with a new family.

The first role-play should show what may go wrong for a young person in this situation. The second role-play should show positive ways to cope with the situation.

The role-plays can show what the young person can do themselves, what their family and friends can do, and what the community leaders and health workers, teachers, VSU and so on can do to positively cope with the situation.

The people openly living with HIV can teach another person to act their part, so that people can get into the shoes of a person with HIV.

3 Ask each group to show their role-plays and bring out what different people can do to help each other cope with HIV.
Activity

Labels

1 Explain that in a certain community there are nine people living with HIV who need ARV treatment. Unfortunately, the government only has enough ARVs for three people in each community. They ask community leaders and service providers to decide who should have the treatment. The people living with HIV are listed below.

- a girl of 16 who is top of her group at school and gets her fees and helps her family by selling sex.
- a boy of 20 years, who has a good farm, smokes dagga and has two girlfriends
- an orphan who was sexually abused by her uncle
- a divorced woman living with HIV. She is a teacher and cannot have children
- a married man with two wives living with HIV
- a young man who is famous at football and has many girlfriends
- a woman with eight children who had an abortion when she became pregnant again
- a grandfather who takes herbs and proposes young girls
- a priest who has sex secretly with a young man.

2 Participants are the community members who must decide on who will be treated. Ask each person to think individually which three people they would choose and why. They then go into pairs and share their chosen people, with reasons. The pairs find another pair and they try to agree on the three people who should have treatment, and justify their choices.

3 Ask the groups to present their lists and make a master list, which ranks the number of times each person was chosen.

4 Ask people to look at the ranked list. Ask:
   - What did we learn about ourselves and others from this activity?
   - What reasons did we use to decide who should have treatment?
   - What does this teach us about stigma?
   - How did it feel to decide who should have a chance to stay healthy and live longer and who should not?
   - Is it right that people should choose who gets ARVs and who does not?
   - What else could we do in this situation?

5 Point out that people could also advocate for more ARVs to be available for everyone.

6 What have we learned about stigma? How will we use what we have learned before the next meeting?

Activity

What we have lost... what we could gain...

1 Divide into two or three groups. Ask each group to discuss:
   - what they, their family and community have lost because of discrimination against people living with HIV
   - what they, their family and community have gained by not discriminating against people living with HIV.

2 Ask them to report back to the large group.

3 Ask them to develop a drama to perform in the community to show the key points.
Aims
△ To learn about our human rights about HIV.
△ To learn about the consequences of denying people their rights.
△ To learn about what we can do to fulfil everyone’s rights, whatever their HIV status.

Groups
All ages. Married and unmarried people separately. Mixed males and females.

Time
1 hour

<table>
<thead>
<tr>
<th>Human right</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>The right to life</td>
<td>People should have the right to refuse unsafe sex.</td>
</tr>
<tr>
<td>The right to liberty and security of the person</td>
<td>All people have the right to enjoy and control their sexual and reproductive life, for example, not to be forced to have sex or made pregnant.</td>
</tr>
<tr>
<td>The right to equality and to be free of all forms of discrimination</td>
<td>Those of us living with HIV have the right to work, to live in our own homes and to go to school.</td>
</tr>
<tr>
<td>The right to privacy</td>
<td>The results of an HIV test should not be told to another person without the permission of the person having the test.</td>
</tr>
<tr>
<td>The right to freedom of thought, conscience and religion</td>
<td>Religion and culture should not force people to act against their wishes in their sexual and reproductive lives.</td>
</tr>
<tr>
<td>The right to information and education</td>
<td>Males and females of all ages should be able to obtain information and education about sexuality and HIV.</td>
</tr>
<tr>
<td>The right to choose whether or not to marry and to found and plan a family</td>
<td>People should make their own decisions about marriage and not be forced into marriage by parents or others unwillingly or stopped from marrying. People should have the right to marry who they want, including HIV positive people.</td>
</tr>
<tr>
<td>The right to decide whether or not to have children</td>
<td>People, including those with HIV, should be free to make their own decisions about when and how many children to have and how to space them without partners, religion or culture forcing them to have a child against their wishes.</td>
</tr>
</tbody>
</table>

Key facts
△ Human rights are what all people are entitled to, regardless of age, sex, ethnicity or wealth because they are human beings.
△ Human rights concerning sexual and reproductive health by the International Planned Parenthood Federation (IPPF) are listed in the chart below.
<table>
<thead>
<tr>
<th>Human right</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>The right to health care and health protection</td>
<td>Young people should be given the services and condoms that they need to protect themselves from HIV.</td>
</tr>
<tr>
<td>The right to the benefits of scientific progress</td>
<td>People have the right to ARVs and emergency contraception.</td>
</tr>
<tr>
<td>The right to freedom of assembly and political participation</td>
<td>Young people have a right to form associations to campaign for their rights and demand services. People have the right to campaign for ARVs and condoms.</td>
</tr>
<tr>
<td>The right to be free from torture and ill treatment</td>
<td>Young people have a right to protection from sexual exploitation, rape, abuse, harassment and beating.</td>
</tr>
</tbody>
</table>

**Activity**

1. Explain that you are all going to talk about human rights regarding HIV and the importance of fulfilling them to prevent HIV and care for people living with HIV and their families.

2. Ask:
   - What is the HIV test?
   - How and where can you have it done?
   - What can you learn from it and what does it not tell you?
   - How does it help us to cope with the HIV epidemic?

3. Share ideas and add or correct any misinformation. Invite people to ask you questions.

4. Ask for a group to act this drama. Take care! Do not use the names of anyone in the group in this drama.

   **Mulenga and Misozi want to marry. Their church refuses to marry them unless they have an HIV test.**
   - Misozi goes to the local clinic, where a nurse takes her blood and tells her to come back in three days. She does not tell Misozi anything else. When the nurse gets the result, she tells her husband about it and he tells his friend.
   - Misozi goes back to the clinic. The nurse tells her that she is HIV positive and she must not have sex again or get pregnant. The nurse is busy and calls for the next client.
   - Misozi tells Mulenga. He beats her, tells everyone she is a prostitute and refuses to marry her.
   - Mulenga is too scared to go back to the clinic and tells everyone he is negative. He finds another girl to marry and insists that she has a test, which is negative.
   - Misozi runs away to another town, drinks to forget her pain and starts selling sex to survive.
5 Ask these questions:
   ▲ Has the test prevented or increased the spread of HIV? What are the reasons?
   ▲ In what ways have Misozi and Mulenga’s rights been violated?
   ▲ What responsibility did different people in the story have in increasing the spread of HIV and suffering?

6 Invite people to role-play the characters to show what they could do differently to prevent the spread of HIV, reduce stigma and support people before and after the HIV test. Make sure people are aware that services should be confidential, people should be provided with full information and treatment, and they should be told about their rights, including sexual and reproductive health. They should also have ongoing access to counselling and support.

7 Replay the story so that it turns out better and people’s rights are not violated.

8 Ask people to think quietly for a minute about their own HIV status.

   Ask people to think about:
   ▲ If I do not know my HIV status, what would help me to go for testing? What would help me to cope if I tested positive or if I tested negative?
   ▲ If I do know my status, how can I use that experience to help others to improve services, go for a test and stop stigma?

   Ask:
   ▲ What can we all do to make sure that our rights are met in relation to HIV in our communities?

9 Divide into four groups. Give each group one of the following scenes, imagining that they have been given good counselling and they love and care about each other:
   ▲ Misozi and Mulenga are both negative.
   ▲ Misozi and Mulenga are both positive.
   ▲ Misozi is negative and Mulenga is positive.
   ▲ Misozi is positive and Mulenga is negative.

10 Discuss and role-play how they could live positively or decide to separate.
Key facts

▲ Some people all over the world use substances such as alcohol, tobacco and dagga that make them feel good in some way. We call these substances ‘drugs’.

▲ Some of these drugs always harm our health. Tobacco is like this.

▲ Some drugs are harmful when people lose control over when they use them, how much they use or how they behave when they are using them. Alcohol is like this.

▲ It is easier to say ‘No’ to drugs altogether than to give them up when we have grown to like and need them. It is best to say ‘No’ to drugs.

▲ We need to educate ourselves and be aware of the risks of using drugs, so that we do not harm ourselves or others.

▲ Drug dependence is when a person’s mind feels a great need for a drug.

▲ Drug addiction is when a person gets very sick when they stop taking the drug because the body needs it.

▲ People use different drugs for different reasons.

▲ People often like the way they feel when they take the drug at first. It can make them feel happy, confident, lively or relaxed. But when they take too much of it, they often feel bad.

▲ Drugs can help people to forget their problems for a while.

▲ We all copy the practices that we find around us. If elderly people use alcohol and cigarettes, young people will see them as part of life and try them. If they are not allowed, young people are even more likely to use them. They do this to find out how it feels to use them and to go against elderly people who tell young people not to use drugs but use them themselves.

▲ The use of herbs to make people feel sexy is part of culture in some communities. We need to think about what the good and harmful things are about this culture and change it if necessary.

▲ Peer pressure also leads young people to try drugs.
Activity

Debate
1 Ask:
   ▲ What do we mean by ‘drugs’?
   ▲ Which drugs do people like us most often use?
2 Choose two or three of the most commonly used drugs to debate. In Eastern Province this is likely to be alcohol and dagga.
3 Divide the group into four. Explain that you are going to have a debate on the good and bad points of using alcohol and dagga. Ask each group to prepare for one of the following:
   ▲ to argue in favour of using alcohol
   ▲ to argue against using alcohol
   ▲ to argue in favour of using dagga
   ▲ to argue against using dagga.
4 Give the groups 15 minutes to get information from handouts or resources, such as ‘Choices’, and to prepare their arguments. The motions are: ‘Drinking alcohol is good for us’ and ‘Smoking dagga is good for us’.
5 Ask the groups debating alcohol use to sit in the middle opposite each other. Ask each group to make their opening argument. The groups then debate the motion, each trying to persuade the other side to agree with them. The other groups listen carefully.
6 When the groups have run out of arguments, invite the audience to add any points and discuss them.
7 Ask each side to sum up their arguments.
8 Add any correct factual information that has been missed.
9 Ask everyone to vote on the motion. If the majority vote for the motion, say that is their choice. Advise them to avoid drug until they are older. If they then decide to use them, they should use them in small amounts to avoid the dangers, particularly of unsafe sex. Make sure that they have all the facts and do not go away with false ideas about drugs.
10 Repeat the activity with the other two groups for dagga.
11 Ask people what they have learned and how they will use it.

Activity

Mapping places where drugs are used
1 Ask people to make a map on the ground to show all the places where young people like them use alcohol and dagga. Use different leaves or sticks or stones to show where alcohol and dagga are used. Put one leaf if they are used a bit, two if more and three for high use.
2 Ask:
   ▲ Which of these are places where people might have sex afterwards?
   ▲ What are the dangers of having sex when you are high or drunk?
   ▲ What can boys and girls do to avoid the dangers?
3 Ask what people have learned and how they will use it.
Activity

1. Read the story or ask volunteers to act it.

2. Ask:
   - What happened in the story?
   - What do you think happens next?
   - How do you think they will feel tomorrow if they have sex?
   - If they had sex, do you think they used a condom? Why, or why not?
   - If they did not use a condom, what could happen?
   - What happens when a person takes alcohol or dagga? How do they behave?
   - What can we do to stop this happening to us?
   - How can we prepare ourselves to stay safe from STIs or HIV if we are drunk or high?

3. Replay the story, showing how Daliso and Maiwase could stay safe.

4. It is harder to be strong when we have taken drink or drugs. Make a plan together to avoid getting high or drunk and to stay safe if this happens.

The story of Daliso and Maiwase

Daliso is a 15-year-old boy. Maiwase is a 14-year-old girl.

One day Daliso’s friends pressure him to smoke some dagga. He quickly gets high. His friends also give him some chinuka to drink on his way home.

He meets Maiwase. Maiwase and Daliso like each other very much. Maiwase says ‘Daliso! Why are you carrying beer? You never drink!’

Daliso says ‘Today I am feeling good. I can do anything. Try some. If it’s OK for me, it’s OK for you too.’

He persuades Maiwase to try some beer. She is not used to drink.

Daliso tells her that he loves her and that she is the best of all the girls he knows.

‘I love you too’, says Maiwase.

‘Then prove your love’, says Daliso.

‘What do you mean? Sex? No!’

‘We have agreed to marry when we are old enough, so it is allowed’, says Daliso.

‘But we said we would wait’, says Maiwase.

‘Come, I know the beer has made you feel nice. Let’s make love’, says Daliso.

Herbs that make us feel sexy

1. In some communities young people are given herbs that make them feel sexy.

2. Ask:
   - What herbs are used to make males and females feel sexy?
   - When are they used and who gives them?

   ▲ How do they make people feel?
   ▲ What effect do they have on behaviour?
   ▲ What are the good and bad points about them?
   ▲ Is there anything that we want to change in the use of these herbs?

3. Ask people what they have learned from the discussion and summarise.
**Aims**

▲ To understand our anger and how we deal with it.
▲ To explore the causes and effects of anger.
▲ To find ways of managing our own and other people’s anger in a peaceful way.
▲ To find where to go for help and support.

**Group**

All groups

**Time**

1 hour for each activity

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### Key facts

▲ Anger is a feeling. Fighting or violence is something that people do to show anger.

▲ People are not responsible for how they feel, but they are responsible for how they act on their feelings. When we feel angry, we can choose to fight or to calm ourselves down.

▲ Root anger is a deep energy that we all have. It is our will to live, to grow, to discover, to be ourselves. For example, someone may be angry that corruption is stopping their opportunity to go to school. They respond to the anger by being an activist against oppression. When root anger is blocked, people lose energy for change and put up with things.

▲ Reactive anger is a how we feel when someone or something is against us or hurting us in some way. This may be happening now or it may have happened in the past, but we still feel it.

▲ When anger is blocked and not expressed, it leads to people storing their hurts until they come out in harmful ways.

### How to manage our anger assertively

▲ Recognise that you feel angry. What are the signals that you feel angry? What ways to you have of denying it?

▲ Decide what to do with it.

▲ Keep it in your mind to look at later when you have time.

▲ Voice it truthfully.

▲ When someone does something that you do not like, say, ‘I feel angry’ using the right body language. Describe the behaviour that makes you angry and ask for what you would like instead. For example:

‘I feel angry when you spend money on other women rather than our children because it leaves them hungry. I would like it if we could sit down together and see what we can do to change this.’

▲ Do not use harmful insults or laugh at someone.

▲ Release your anger later in a physical way by shouting, playing sport, running, dancing or hitting a pillow.
Get to know your anger in all its levels, from being a little angry to very angry.

Try to voice it at low levels before it builds up to dangerously high levels.

Try to understand which is present anger and which is past anger. Ask what belongs in this situation now.

Think about what your anger is trying to tell you.

Learn to recognise when you are getting too angry to control yourself, and walk away from the situation before you act with physical violence or speak violently and harm people. Relax and cool yourself until the physical effects of anger have died down.

Value and use your anger in a good way to power ideas and projects and make changes.

Let go of the bad ways that you abuse your anger, for example, by keeping it and wanting to hurt someone. Learn to let it go and forgive.

We can all learn to manage our anger in a way that is good for ourselves and others. This is a sign that we are grown-up, of manhood and womanhood. Violent responses to anger are a sign that we have not grown up in our feelings.

Managing anger well is good for physical health and our feelings for ourselves and those around us.

How to cope with a very angry person

If a person is being violent, walk away. Try to find someone who can talk to them.

Stop the flow by saying the person’s name and a short phrase, and repeating it as often as necessary.

Make eye contact but not in a provocative way.

Say that you can see that the person is very angry.

Try to understand the underlying cause of the anger. This is often a hurt or an unmet need. Try to respond to the pain underneath the anger.

Say how this anger affects you and what you want to happen.

If it is right, say that you intend to end the communication.

If this doesn’t work, leave. Do not put yourself in danger by trying to hold or touch a person who feels very angry.
Recognising how angry we and others are

1. Think about different levels of anger, from just irritated to furious. Say the words we have in our language for different levels of anger. Give each person a word and line up from the lowest level of anger to the highest.

2. Say that it is better to deal with our anger assertively when it is at a low level rather than hiding it until it gets very high.

3. Ask people to give some examples of this. Perform some role-plays to show what happens when we show our anger at a low level in a peaceful way and when we hide it until it becomes very big.

4. Break into small groups. In turn, talk about things that make you angry at different levels. Do some role-plays to show the effects of anger at different levels on others.

5. Then identify ways that you use to deal with your anger. Make some role-plays to show these.

6. In the large group, perform the role-plays and share and develop ideas on how to manage your anger in a way that is good for you and others. Add information from the Key facts.

Role-play

1. Discuss the way that we deal with an angry person in our culture.

2. Divide into groups of three and ask people to role-play being faced with an angry person. Tell them to use their communication skills to cool the person down and that, if this does not work, they should leave. Ask them to take it in turns to practise.

3. In the big group, ask each group to perform a role-play showing all the ways that helped to calm down the angry person.

Ask:

▲ How can we help each other to manage our anger assertively and to cope with an angry person?
Activity

Receiving criticism

1 Ask:
   ▲ How do we feel when we hear the word ‘criticism’?

2 Divide into threes and role-play two situations:
   ▲ a person giving helpful criticism to someone
   ▲ a person giving unhelpful criticism to someone.
   Take it in turns to play the roles.
   In the big group, ask:
   ▲ What were the things that made the criticism helpful?
   ▲ What were the things that made it unhelpful?
3. In the same threes, ask the group to perform role-plays to show:
   - a person responding to criticism in an aggressive way
   - a person responding to criticism in a passive way
   - a person responding to true criticism in an assertive way
   - a person responding to false criticism in an assertive way.

   In the big group, ask:
   - What is the best way to respond to criticism?

4. Ask people in threes to think about:
   - a time when someone gave you a true criticism
   - a time when someone gave you a false criticism
   - one thing you like about yourself.

   Ask them to tell each other about the situations.

   Ask them to role-play each of the situations. The person who was criticised acts as themselves but responding assertively. Their friend gives the criticism.

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Activity

Giving helpful criticism

1. In small groups, ask people to think of situations where they might want to give someone helpful criticism.

2. Ask them to choose someone to act the part of the person you want to criticise. Role-play giving the criticism as helpfully as possible, so that the person sees it as a gift, not an attack.

3. The person being criticised and the rest of the group members give feedback and the person re-plays it until it is helpful.
Key facts

What is violence?

- Violence is an act that causes pain in the mind or body.
- Physical violence includes slapping, beating, kicking, rape, female circumcision, putting ginger, pepper or onion in the anus, vagina or eyes, and burning someone.
- Emotional violence includes insults, harmful criticism, laughing at people and ignoring them and not meeting their needs.
- Violence includes keeping someone short of food, clothing, rest, schooling, shelter and safety.
- Males or females of any age may be violent in any of these ways.
- Violence denies people their human rights, which have been agreed by all countries and we should never say the person deserved it or it is acceptable.
- Physical violence is wrong according to the law and should be punished.

Why do people use violence?

- Some violent behaviour has its roots in cultural practices and power relations. People who are not thought to be very important or who do not have much power, including young, poor people, women, children, stepchildren and maidservants are particularly in danger of violence.
- People believe that they have a right to cause pain to others because they have power over them.
- People believe that violence is the best way to make less powerful people do what they want.
- People believe that violence is good for the one suffering it. It makes them behave properly and shows love and concern.
- Some men believe that physical violence shows their manhood.
- Some men believe that women belong to them and violence is a way to keep them obedient.
- People believe that they can get what they want through violence.
- People enjoy violence; it makes them feel good.
- People have grown up seeing violence used to solve problems.
The media also shows this idea. People do not know how to solve problems any other way.

▲ People have not learned to deal with their anger assertively.

▲ None of these ideas justify violence; it is always wrong and against human rights. We need to help people to change.

What are the consequences of violence?
▲ Violence can cause physical damage, disability, harm to the way we look and death. It causes sad and low feelings, worry, fear, dangerous behaviour and difficulty in making friends.

▲ Violence leads to more violence in response, and young people learn that violence is the way to get what you want.

▲ Violence carried out openly or in secret harms the whole community.

How can we reduce violence in the community?
▲ Young people can work with the community to change attitudes about violence and to protect everyone in the community.

▲ Talk about violence openly with friends and parents. Use drama to make the people see the problem and agree that they do not accept it, and encourage community leaders to speak out against violence.

▲ Help people to find peaceful ways to solve problems rather than fighting with each other.

▲ Help young men to respect themselves and young women. Make it clear that violence is not manly.

▲ Find out how the legal system protects people against violence of different sorts.

▲ If you are in danger of violence, make a plan to help you stay safe or to leave the violent situation.

▲ If you are beaten and hurt – at home, school or anywhere – tell a trusted person to help you to take action.

Activity

Mapping places and events where girls and boys are at risk of violence

1 Ask groups to make a map of the community and mark on the map all the places where girls and boys are at risk of violence. Use symbols or materials that show the difference between boys’ and girls’ places.

2 Ask:
▲ What were the reasons for the violence?
▲ What were the consequences?
▲ How could you avoid violence in these situations?
▲ What can young people do to protect and support each other in violent situations?
▲ Where can we go to for help after being beaten or hurt?

3 Do some role-plays to show situations leading to violence.

4 Mark on the map where you could get help in a violent situation.

5 What could the people involved, friends and family, peer educators, service providers and the community do to prevent this type of violence?
Activity

Auntie Taziwona letter

1 Read the letter out.

2 Ask:
   ▲ What happened in the letter?
   ▲ Does this happen in our community?
   ▲ How do you think Misozi feels when Chilipi beats her? What effect does it have on her feelings about herself and their friendship?
   ▲ Why do you think he beats her?
   ▲ Does he have a right to beat her? Why, or why not?
   ▲ Is beating a good way of ‘improving’ someone?
   ▲ What is a better way of communicating, solving problems and showing anger?

3 Ask the group to help Misozi to explore her options for solving her problem.
   Ask:
   ▲ What are her options?
   ▲ What are the good and bad points about each option?
   ▲ What would you do if you were Misozi?
   ▲ What would you say to Chilipi? How would you help him to change his behaviour?

4 Ask how you could help Misozi to:
   ▲ Make her own decision on what to do.
   ▲ Put her decision into action.

Dear Auntie Taziwona,

My boyfriend Chilipi beats me any time he is angry – if I refuse sex, talk to my girl friends or disagree with his ideas. I have talked to my friends about it. They think that he is right to beat me so that I respect him. But he makes more mistakes than I do and nobody beats him. Is that fair, and is it a good way to solve problems?

Please tell me what to do. Should I leave him or just accept that this is how our men are? Or can I change him?

Misozi
Aims

▲ To identify the causes of conflicts at individual, family, group and community level.

▲ To understand the steps needed to solve conflicts.

▲ To develop skills in conflict solving.

Group

All groups

Time

1 hour for each activity

Key facts

▲ Conflict is when individuals or groups have different views on a situation and cannot reach agreement.

▲ Through disagreement and discussion, people can come to a better understanding and make good changes.

▲ Conflict can have bad results if it leads to harmful behaviour such as stress, fighting, lack of working together and taking energy away from trying to change things for the better. The conflict may be mild or reach the level of violence. This happens if people do not handle conflict well or do not take any notice of it.

▲ Community educators can help people to use conflict in a good way to bring about positive change.

▲ Causes of conflict include: not being able to talk to each other, disagreeing over what is important, and solutions to problems and gender inequality, especially between sexual partners.

▲ Many conflicts are about the unfair distribution of resources, including money and land. Poverty and envy make this worse.

Some examples of conflict

▲ Parents and children have conflicts when parents cannot provide for their needs and the children think they are mean.

University students and administrators have conflicts when resources are inadequate and students accuse administration of corruption.

Sexual partners have conflicts over use of household resources, sex, childcare and the extended family.

Steps in resolving conflicts

▲ In some conflicts it is helpful to talk to each person or group alone at first.

▲ Make some ground rules. For example, people will speak one at a time, listen to each other and not talk while the other is talking or call each other names.

▲ Identify the problem clearly as all people in the conflict see it. Make sure that everyone listens to the other people and understands their opinions. Summarise the problem clearly and get everyone’s agreement on it.
Agree on aims and what each person or group hopes to achieve. Give everyone a chance to speak and to bring out common aims.

Summarise the agreed aims.

Look for solutions to the problems that will achieve the aims.

Brainstorm openly to think of as many solutions as possible and accept them all at first. Praise people for their progress.

Together, select those solutions which will achieve the aims and which everyone accepts.

Gain agreement on the solutions, compromising if necessary.

Make an action plan to carry them out.

Make a verbal or written agreement.

**Demonstration and practise**

1. Ask for volunteers to act out a conflict. Demonstrate the steps and skills of conflict resolution by role-playing this situation.

2. Ask the players and audience:
   - What were the steps used in the process?
   - What skills did you see used?
   - What suggestions do you have for improving the process?

3. Ask people to role-play conflict situations that they have heard about or experienced (without giving names).

4. Ask people to take it in turns to practise helping the people to solve the conflict. If someone cannot find a way forward, stop and ask another person to continue. Stop when people are satisfied with the result.
Resources

All together now! Community mobilisation for HIV/AIDS
The International HIV/AIDS Alliance (2006) UK

Choices: a guide for young people

Gendering prevention practices: a practical guide to working with gender in sexual safety and HIV/AIDS awareness education

Happy, healthy and safe: youth-to-youth learning activities on growing up, relationships, sexual health, HIV/AIDS and STDs life-skills

100 ways to energise groups: games to use in workshops, meetings and the community
The International HIV/AIDS Alliance (2002) UK

Our future: sexuality and life-skills education for young people. Grades 4-5, Grades 6-7, Grades 8-9
The International HIV/AIDS Alliance (2006) UK

Preparing to teach sexuality and life-skills
The International HIV/AIDS Alliance (2007) UK

Stepping stones: a training package on HIV/AIDS, communication and relationship skills
Alice Welbourn (1995) Strategies for Hope

Teaching about HIV and AIDS

Teaching sexuality and life-skills
The International HIV/AIDS Alliance (2007) UK

Tools together now! 100 participatory tools to mobilise communities for HIV/AIDS
The International HIV/AIDS Alliance (2006) UK

Understanding and challenging HIV stigma: toolkit for action
The International HIV/AIDS Alliance (2007) UK
Who is the International HIV/AIDS Alliance?

Established in 1993, the International HIV/AIDS Alliance (the Alliance) is a global partnership of nationally-based organisations working to support community action on AIDS in developing countries. These national partners help local community groups and other non-governmental organisations (NGOs) to take action on AIDS, and are supported by technical expertise, policy work and fundraising carried out across the Alliance. In addition, the Alliance has extensive regional programmes, representative offices in the USA and Brussels, and works on a range of international activities such as support for South–South cooperation, operations research, training and good practice development, as well as policy analysis and advocacy.

Our mission is to support communities to reduce the spread of HIV and meet the challenges of AIDS. To date we have provided support to organisations from more than 40 developing countries for over 3,000 projects, reaching some of the poorest and most vulnerable communities with HIV prevention, care and support, and improved access to treatment.