

SOCIAL AND BEHAVIOR CHANGE COMMUNICATION

INTEGRATED SESSION GUIDE FOCUSING ON THE DRIVERS OF HIV/AIDS EPIDEMIC

AGES 10-14 YEARS

January, 2011



SBCC INTEGRATED SESSION GUIDE FOCUSING ON THE DRIVERS OF HIV/AIDS EPIDEMIC AGES 10-14 YEARS

Introduction

The HIV and AIDS epidemic affects all Namibians and devastates individuals, households and societies alike. There is no cure for HIV-infection or AIDS and therefore the best defense against HIV infection is prevention.

Effective prevention programs require accurate knowledge about the drivers of the epidemic, determinants of individual behavior change and underlying factors. It is important to know under what conditions people may be prepared to change their sexual behavior and reduce their risk of contracting HIV.

Experiences in social and behavior change have shown that simply telling people about HIV and AIDS or the drivers of the epidemic may change knowledge, but is not sufficient to affect changes in behavior. Individuals and groups require a safe space in which to discuss risky behaviors and their underlying factors in order to effect behavior change.

This Session Guide focusing on youth ages 10-14 is one of three Guides for ages 10-14, 15-24 and 25-49. The Guides were developed in 2009-2010 at the request of public sector, civil society and private sector implementing partners in Namibia, who urgently required integrated guides that included sessions for specific age groups focusing on the drivers of the epidemic. The Integrated Session Guides consist of participatory sessions that can be implemented by field workers and volunteers in communities, workplaces and clinical settings to generate discussion on the drivers of the epidemic with target audiences.

It is hoped that the Integrated Session Guides will be of use to partners working in the prevention of HIV, and will result in wide-spread discussion for behavior change, contributing to the reduction of HIV transmission and prevalence in Namibia.

Process, Authors, Editors and Reviewers

In 2009, implementing partners approached C-Change Namibia to request interpersonal communication materials focusing on the drivers of the epidemic that could be used by field workers and volunteers. Partners lacked updated materials on the drivers that could be used to generate discussion for behavior change. C-Change Namibia is the chair of the National Interpersonal Communication Technical Working Group (IPC TWG) of the National Prevention Technical Advisory Committee, Ministry of Health and Social Services, Directorate for Special Programs.

C-Change Namibia proceeded to work closely with members of the IPC TWG to develop first drafts of the three Integrated Session Guides for partner use. Guides were developed

with funding from USAID/PEPFAR. The first draft of the Integrated Session Guide for Youth 10-14 years of age was developed by Ms. Erica Libuku, Social and Behavior Change Technical Advisor from C-Change Namibia and edited by Dr. Elizabeth Burleigh, Chief of Party, C-Change Namibia.

At the request of partners, first draft guides were made available for field use. Following months of use which constituted the field test, C-Change brought together a first group of implementing partners for a detailed 2 day review. Edits were made to the draft of this Guide by Ms. Libuku based on partner comments. A second and final review was then conducted with the remaining partners in a second detailed 2 day workshop. Edits were made on the final Guide by Ms. Libuku and Dr. Burleigh following the final review.

The following organizations and individuals participated in the field tests and review of the three Integrated Session Guides:

- PACT Namibia
- National Association of CBNRM Organizations (NACSO)
- Rhenish AIDS Programme (RAP)
- Change of Lifestyles (COLS)
- Sam Nujoma Multipurpose Centre (SNMPC)
- Chamber of Mines (COM)
- Catholic AIDS Action (CAA)
- IntraHealth
- LifeLine/ChildLine
- Engender Health
- Catholic Health Services (CHS)
- Anglican Medical Services (AHS)
- Lutheran Medical Services (LMS)
- Churches AIDS Programme for Orphans (CAFO)

Resources

Sessions in this Guide were developed by or adopted from the resources listed below. Where necessary, sessions were adapted to Namibia or modified based on partner reviews.

1. Change of Life Styles (COLS): Curriculum, 2004
2. Lifeline/Childline: Session Reggie Mouton, 2009
3. Society for Family Health: Peer Educators Training Guide, 2004
4. PACT Botswana: Outreach Guide 2- Abstinence Promotion. 2007
5. PACT Botswana: Outreach Guide 6-Alcohol Abuse Reduction, 2007
6. MOHSS/DSP National Alcohol and HIV TWG and C- Change Namibia: Alcohol and HIV Picture Code Flip Chart, 2010
7. Ms. Libet Maloney, IntraHealth: MCP Flannelgram Kit, 2010
8. C-Change Namibia: training materials, 2010

9. MOHSS/DSP National MCP TWG, C-Change Namibia, Nawa Life Trust: MCP Picture Code Flip Chart, 2010
10. Family Health International (FHI): Peer Educator Practical Handbook , 2006
11. Society for Family Health: Male Circumcision Flip Chart, 2010
12. PACT Botswana: Outreach Guide 10 – Partner Reduction and Protection, 2007

We would like to express our gratitude to these organizations and individuals for prompting the development of the guides, and for their detailed field testing and reviews, and our gratitude to these resources for the inclusion of their sessions into the guides. Without their creativity and generosity, the Integrated Session Guides would not have been possible.

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Module 1: Self-esteem

SESSION 1 – Introduction to self-esteem¹

Ages

10-14 years

Objective

- To understand the meaning of self-esteem

Time

Approximately 30 minutes

Materials

Flip chart paper

Markers

Instructions

Step 1

- Ask the participants to brainstorm together the definition of the term “self-esteem”.
- Write the responses on flip chart paper.

Step 2

- After writing down the responses, provide the participants with the definition below:

Definition of self-esteem – Self esteem means how you feel about yourself, how you value yourself, what you think of yourself, your opinion of yourself and how it relates to your perception of what others think or expect of you, such as friends and families.

People with high self esteem may have high regard for themselves. They know that they are worthy of love and respect. They respect themselves.

When people feel worthy of love and respect, they expect it from others. Having high self-esteem does not mean that you never get upset or angry with yourself. Everyone gets frustrated at times. But someone with high self-esteem can accept his or her mistakes and move on.

¹ Change of Life Style Project (COLS): Curriculum, 2004

People with high self-esteem (i.e. who like themselves) tend to make healthier decisions than people with low self esteem. They tend to build more friendships and keep their friendships more easily.

Step 3

- After ensuring that the participants understand self-esteem, divide them into two groups.
- Give one group a flip chart paper and have them label it at the top “Good Self-Esteem”.
- Give the other group a flip chart paper and have them label it at the top “Poor Self-Esteem.”
- Ask the groups to write down characteristics of someone with good self-esteem or poor self-esteem, respectively.

Step 4

- After 15 minutes, bring the two groups back together.
- Ask a volunteer from each group to share their answers with the larger group.

Step 5

- Compare participant’s lists with the following points, adding anything to their lists that is missing.
- Hold a discussion on the two lists.

Good Self-Esteem	Poor Self-Esteem
Confident and secure	Self-doubting insecure, and vulnerable (“I can’t, I m too ugly, I m not smart enough”)
Assertive	Passive
Actively engaged/participates	Not engaged/does not participate
Positive attitude	Negative attitude
High energy	Low energy
Well-informed opinions and values	Unsure of opinions and values; opinions and values based on others
Independent thinker and doer	Easily influenced by what others think and do
Able to say NO to peer pressure	Gives in to peer pressure
Believes they can succeed	Believes they will fail

SESSION 2 – Self esteem assessment²

Ages

10-14 years

Objective

- To conduct a self esteem assessment with each participant

Time

Approximately 35 minutes

Materials

Paper and pencil or pen for each participant

Copies of the self-esteem assessment, below, for each participant

Instructions

Step 1

The self esteem assessment

- Ask the following questions and have participants write “yes” or “no” to each one on their paper, working alone.
- Explain that this questionnaire is confidential and their answers are for their eyes only: **Please make sure that you understand the questions.**
 1. Are you generally calm and relaxed when faced with a challenging situation?
 2. After periods of high pressure, do you take time out to relax?
 3. Do you generally display a sense of well-being?
 4. Do you generally feel full of life – mentally, emotionally and physically?
 5. Do you generally approach new tasks with enthusiasm?
 6. Do you communicate with others in a straight forward way (a ‘what you see is what you get manner’?)
 7. Do you generally expect the best from the world and the people around you?
 8. Are you happy to self-reflect and do you acknowledge your achievements as well as your imperfections?
 9. Are you happy to engage others at social gatherings and in general you are not threatened by the success of others?

² C-Change Namibia

10. Are you motivated in your life and do you generally have a clear sense of direction?
11. Are you usually able to accept criticism without feeling angry or insecure?
12. Are you usually able to face challenges reasonably easily?
13. Can you live with most mistakes you might make and also the mistakes of others?
14. Can you make decisions and are you able to consider all options clearly?

Step 2

- Tell participants:
 - **If you have answered 'yes' to all of the above questions**, then you already have high self esteem and strong self worth.
 - **If you have answered 'yes' to eight or more questions**, then you have moderate self esteem which could still benefit from work to strengthen and improve it.
 - **If you have answered 'yes' to six or less of the questions**, then you have low self esteem and it would be in your interest to think about ways of improving your self esteem and feeling more balanced and positive.

SESSION 3 – Factors contributing to high and low self-esteem³

Ages

10-14 years

Objectives

- To identify and list factors that contribute to high self esteem
- To discuss the effects of low and high self esteem

Time

Approximately 30 minutes

Materials

Flip chart paper or chalk board
Markers or chalk
Tape or prestik

Instructions

Step 1

- Ask participants to list possible factors that contribute to low self esteem and high self esteem.
- Write the factors on a flip chart as they are mentioned.
- See the example, below.
- Do not read the sample list – let participants come up with their own ideas.

Some factors that may contribute to low self esteem	Some factors that may contribute to high self esteem
Death and loss of loved ones	Positive attitude
Rejection by friends	Awareness of one’s talents
Separation from loved ones / Divorce of parents	Feeling a sense of worthiness

³ C-Change Namibia

End of a relationship with a girlfriend/boyfriend	Having friends with positive attitudes.
Failure at school	Set and achievement of one's goals
Pressure and stress from school work, parents and peers	Good performance at school
Competition	Victory on tasks, sports e.tc
Abuse	Affection
Pregnancy	Protecting yourself from risky behaviors

Step 2

- Ask participants to list the effects of low self esteem on the individual and those around him or her.
- A sample list is below.
- Do not read the list below – have participants make their own list.

Effects of low self esteem

- Anxiety and depression
- Poor performance in school or his career goals
- Tension in a person's relationships
- Can lead to behavior problems such as:
 - Stealing
 - Absence from school
 - Running away from home

SESSION 4 – Positive and negative aspects of self-esteem⁴

Ages

10-14 years

Objectives

- To identify positive and negative things about ourselves
- To identify solutions to the negative things that need changing

Time

Approximately 30 minutes

Materials

A4 paper
Pens or pencils

Instructions

Step 1

The Positive List

- Give each participant a piece of paper and a pen or pencil.
- Ask each participant to write a list of 10 things they like about themselves. This is the "positive list."

Step 2

The Negative List

- Now ask participants to write a list of 5 things they do not like about themselves. This is the "negative list."

Step 3

Sharing lists

- After the participants have completed their lists, form them into pairs.
- Ask the participants to share the things on their "positive list" with their partner.

⁴ Change of Life Style Project (COLS): curriculum, 2004

- Now ask the pairs of participants to share the things on their “negative list” and help each other come up with ideas for changing those things. For example, if a participant says that he or she does not like that he can't perform well in mathematics; a possible solution would be to practice mathematics with friends who perform better.

Step 4

Discussion

- Say: You will often notice that once people talk about their problems with others and find solutions, they become more self-assured and confident.
- Ask the participants who want to share things on their “negative list” and solutions with the group to do so.
- Then hold a discussion with the group about the session. Ask:
 - Did everyone like the session?
 - What did they learn about themselves?
 - What solutions did they find to the things on their negative list?
 - Do they think they can put those into practice?
 - Did this session help them with their self-esteem?

SESSION 5 – Strategies to promote self-esteem⁵

Ages

10-14 years

Objective

- To strengthen self esteem among participants

Time

Approximately 30 minutes

Materials

Pieces of A4 paper (half sheets)

Tape

Markers

Instructions

Step 1

- Ask participants to stick a piece of paper to each other's backs with pieces of tape.
- Everyone should then walk around the room writing short positive comments about the person on the sheets of paper on each person's back.
- Comments should be short and express any positive thing or feeling they have about that person.
- There are two rules: the comment must be positive and it must be genuine.

Step 2

- Have participants remove the papers from their backs.
- Each participant then reads three of the statements that have been written about them, beginning the sentence with "I am..."

Step 3

- Explain how it can be difficult for each of us to accept praise.
- Ask each participant to add one additional positive characteristic or strength about him/her to the list.
- Have each participant read out the new strength added to the list.

⁵ Change of Life Style Project (COLS): curriculum, 2004

- Once all participants have read their lists, ask the participants if it was easy or difficult to recognize their own strengths.

Step 4

- Hold a discussion with the following questions:
 - How did it feel to get positive comments about yourself?
 - Were you afraid people would not have anything good to say about you?
 - Why do some people have trouble saying positive things about others?
 - Are we positive enough in the way we look at others?
 - Why is it important to notice people's positive qualities?
 - Are we positive enough when we look at ourselves?
 - Why is it important to recognize our own positive qualities?

SESSION 6 – Valuing me⁶

Ages

10-14 years

Objective

- To become aware of one's personal potential and attributes

Time

Approximately 30 minutes

Materials

Sheets of A4 paper
Pens or pencils

Instructions

Step 1

- Ask participants to think about their own self-esteem.
- Give them each a sheet of A4 paper and pen or pencil.

Step 2

- Ask participants to write down on a sheet of paper three things about themselves that they like.

Step 3

- Ask volunteers to tell the group one of the things they like about themselves.

Step 4

- Explain to the participants that people often focus on the things they least like about themselves, and do not give themselves enough praise for the things they DO like about themselves.
- Explain that everyone has good points, and good self-esteem depends on recognizing those things and feeling good about ourselves.
- Discuss this positive self-esteem with the group.

⁶ Change of Life Style Project (COLS): Curriculum, 2004

SESSION 7 – Love chair⁷

Ages

10-14 years

Objective

- To promote self esteem among participants

Time

Approximately 45 minutes

Materials

A decorated chair (throw a nice piece of cloth over it or do something else to decorate it)

Instructions

Step 1

- Put the decorated chair in the middle of the circle.
- Everyone should sit in a circle around the decorated chair.
- Ask one participant to come and sit on the decorated chair.
- Everyone should say any positive thing or feeling they have about that person.
- Rules: the comment must positive and genuine.

Step 2

- Participants take turns to sit on the decorated chair.

Step3

- After all participants have had a chance to be in the chair, hold a discussion with the group and ask the following questions:
 - How did it feel to get positive comments about yourself?
 - Were you afraid people would not have anything good to say about you?
 - Are we positive enough in the way we look at others?
 - Why is it important to notice people's positive qualities?
 - Are we positive enough when we look at ourselves?
 - Why is it important to recognize our own positive qualities?

⁷ LifeLine/ChildLine: Session Reggie Mouton, 2010

Module 2: Delayed Sexual Debut and Abstinence

SESSION 1 – Introduction to delayed sexual debut ⁸

Ages

10-14 years

Objectives

- To understand the meaning of the term “delayed sexual debut”
- To find out why young people are and are not delaying sexual debut

Time:

Approximately 30 minutes

Materials

Flip chart stand and paper
Marker pens

Instructions

Step 1

- Ask participants what is meant by the term delayed sexual debut.
- Write their answers on the flip paper.

Step 2

- Explain to participants that ***delayed sexual debut means delaying sexual intercourse until you are married or ready to take informed decisions.***

Step 3

⁸ SFH: Peer Educators Training Guide, 2004

- Explain to participants the meaning of informed decision: Informed decision means being old enough to consider all sides of a decision and make a mature choice.
- Explain to participants that they will be asked to consider the decision to have, or not to have sex when you are young.
- Ask participants to make a list of reasons why people DO have sex when they are young.
- The reasons can be written on flip chart paper, or sheets of paper if available.
- Give participants the following examples to get them started:
 - Curiosity about sex
 - Peer pressure to have sex
 - In love with girlfriend or boyfriend

Step 4

- Compare the list prepared by the participants with the list below:
 - To stop pressure from parents/guardian and peers
 - To get affection
 - To avoid loneliness
 - To keep a boyfriend or girlfriend
 - To receive gifts or money
 - To rebel against parents
 - To feel like an adult
 - Because it feels good
- Ask them if they want to add more points or not to their list and why.

Step 5

- Explain to participants that they will now do some role plays
- Explain that participants will play the roles of boys and girls in the story
- Ask the participants to pretend that they are characters in the story and invent conversations between the people for one minute. (If there are not enough boys, then girls can play the role of boys during the role-play)

Step 6

- Choose the story below that is appropriate to your participants.
- Read it aloud, and then have them do the role play for one minute.

Story 1:

The young Kacana had never been in love before and felt she would like to marry Simasiku eventually. He loves her as well but is in more of a hurry to have sex. He threatens to find another girlfriend if she doesn't have sex with him. Kacana has decided not to have sex at this stage but to convince Simasiku to delay sex until they are married. **What should she do?**

Story 2:

Ben has become afraid to walk home from school because there is an older boy scaring him. The boy waits for him and offers him sweets and once tried to force him into the bush. The big boy tells Ben he will teach him about sex. Ben does not want to. **What should he do?**

Story 3:

Selma's grown up male relative is staying in their house. Sometimes she is left alone with him. She is now afraid because he has begun trying to touch her. He tells her that if she comes in his room he will give her cool drink and if she does not he may beat her. **What should she do?**

Step 7

- After each role play, ask the other participants to comment on what they have seen. Some questions that can be used to stimulate a discussion are below:
 - What did you see happening in this role-play?
 - What did you think of the way the girl or boy reacted?
 - What do you think of the behavior of the other person?
 - Why do people threaten or try to convince those who don't want to have sex?
 - What is the best thing to do in a situation like this?

SESSION 2 – Saying NO to sex ⁹

Ages

10-14 years

Objective

- To explore reasons to delay sexual debut

Time:

Approximately 30 minutes

Materials

Flip chart stand and paper
Marker pens

Instructions

Step 1

- Explain to participants that we are now going to watch a common situation between two young people in different role plays.
- Explain that as they watch each role play, the group should think about the reasons why young people should delay sexual activities.
- Select volunteers (a girl and a boy) to perform the role plays.

Step 2

- Read the following role plays to the group and ask volunteers to act out each of the situations.
- You can change volunteers for each role play.
- After each role play ends, use questions to explore the situation with the group.

Role Play 1

John is 14 years old and helps his uncle in his shop. His parents are hard-working and hold traditional values. They believe that young people should not have sex before marriage. John is quite shy but would like to have sex because most of his friends say that it is great.

Role Play 2

⁹ SHF: Peer Educators Training Guide, 2004

Agnes is 13 but appears and acts older. Her sister became pregnant when she was 15 and her parents were very upset. She hasn't known John very long. She has just finished three classes on AIDS and really doesn't want to get HIV. She is afraid, however, that she might lose John if she doesn't have sex with him; however Agnes decided to stick to say NO to have sex with John.

Step 3

- Ask the participants to mention the reasons for "Saying NO"
- Compare their answers with the following reasons for "Saying NO" to make sure they have included everything:

Reasons for saying "NO"

- There are other forms of affection
- Religious values (don't approve of sex)
- Not ready (perhaps too young)
- Wait until marriage
- Fear of pregnancy
- Fear of an STD (like HIV)
- Family expectations (not to have sex)

SESSION 3 – Delayed sexual debut ¹⁰

Ages

10-14 years

Objective

- To have boys and girls reflect on and resist pressures to have sex

Time

Approximately 30 minutes

Materials

Flip chart stand and paper

Marker pens

Instructions

Step 1

- Explain that the participants will play the roles of boys and girls in the story.
- Read the story below (or have the participants read it).
- Ask the participants to pretend that they are characters in the story and invent conversations between the people for one minute. (If there are not enough boys, then girls can play the role of boys during the role-playing.)

Role play: The long wait

17 year old Sam has been dating 13 year old Ndapewa for three weeks. Sam wants to have sex with Ndapewa and threatens to break the relationship if she resists having sex with him. Ndapewa feels that she is not ready for sex.

Step 2

- After the role-play ask the other participants to comment on what they have seen.
- Some questions that can be used to stimulate a discussion are below:
 - What did you see happening in this role-play?
 - What did you think of the way the girl reacted?
 - What do you think of the behavior of the boy?
 - What do you think will happen in the future?
 - What is the best thing for a girl to do in a situation like this?

¹⁰ PACT Botswana: Outreach Guide 2- Abstinence Promotion, 2007

SESSION 4 – Delayed sexual debut role play ¹¹

Ages

10-14 years

Objectives

- To prepare girls and boys to respond strongly by saying NO to sex.
- To have boys and girls examine their behavior and honesty with regards to negotiations about sex

Time

Approximately 60 minutes

Materials

Flip chart stand and paper
Marker pens

Instructions

Step 1

- Write down the lines listed below in Step 3 on sheets of paper, flip chart paper or a chalk board but keep them hidden for the first part of the exercise.
- The lines can simply be read if it is impossible to write them down.

Step 2

- Explain to participants that boys will give girls many reasons to try to convince girls to have sex with them.
- This exercise helps girls think of reasons to tell boys why they don't want to have sex.

Step 3

- Read the following three examples of lines boys use to convince girls to have sex and ask the participants to add points to the list.
 - “If you really love me you would let me.”
 - “What’s wrong with you? Other girls are having sex.”

¹¹ PACT Botswana: Outreach Guide 2- Abstinence Promotion, 2007

- “Don’t you want to know what it is like?”

Step 4

- Compare the lines suggested by the participants with those listed below and ask whether they are realistic or not:
 - “No one has to know. “
 - “What are you afraid of? “
 - “Don’t you love me enough to have sex with me? “
 - “You are grown up now and it is time you tried sex. “
 - “It feels really good so you should try it.”
 - “If you don’t have sex with me, forget it. “
 - “Ignore your parents. You are old enough now. “
 - “I promise we will use a condom. “
 - “Come on just this once. “
 - “Sex feels good and I can make you feel good. “
 - “You don’t have to worry about HIV with me. “
 - “You are so beautiful and sexy I want you so much. “
 - “If you don’t give me sex I am going to make you give it to me. “

Step 5

- Read the following three examples of reasons girls can give boys as to why they don’t want to have sex.
- Ask the participants to add points to the list.
 - “I would prefer to save sex for someone who will love me for life.”
 - “Having sex now could put my future at risk.”
 - “I love you but I am just not ready yet.”

Step 6

- Compare the lines suggested by the participants with those listed below.
- Ask them whether they are realistic or not:
 - “If you loved me you wouldn’t pressure me to have sex.”
 - “Promises are nice but can be easily broken.”
 - “I am worried about getting pregnant.”
 - “I am not risking sexually transmitted infections and HIV no matter how nice sex is.”
 - “If you respected me you would not pressure me to have sex.”
 - “I control my body and decide when I am ready for sex.”
 - “I believe strongly in God and not having sex until marriage.”
 - “It takes more courage to resist sex than to give in.”
 - “Having sex now can ruin what we have now.”
 - “All it takes is having sex once to get pregnant.”

- “I don’t want to disrespect my parents by doing something behind their backs.”
- “I am curious about sex but it can wait.”
- “I don’t need sex to make me feel good about myself.”
- “We can try other ways to show our love for each other.”
- “I care about the future and you are in my future.”
- “Neither love nor money will convince me to forget my Christian beliefs.”

Step 7

- Ask boys to play the role of boys trying to persuade girls to have sex with them and girls to play the role of girls replying with reasons why they don’t want to have sex.
- They can use the lines discussed or create new ones.
- After each role play ask the other participants to comment.
- The questions listed below can stimulate a discussion:
 - “What do you think of the way in which the boy approached the girl?”
 - “What do you think of the way the girl responded?”
 - “How realistic was the situation presented?”
 - “What would have been a better way for the girl to respond?”

Step 8

- Summarize the lessons learnt. Some examples:
 - A simple “no” often isn’t enough to stop the pressure for sex.
 - It is not easy, but also not impossible, for girls and boys to stay close to each other without sex.
 - A strong love can be stronger than a strong desire for sex.
 - Girls need to be clear and confident when resisting sex.
 - Boys/girls need to be truthful and respectful of girls and boys decisions not to have sex.

SESSION 5 – Abstinence ¹²

Ages

10-14 years

Objectives

- To explore the possibility of abstaining from sex after becoming sexually active
- To explore strategies for abstaining from sex

Time

Approximately 30 minutes

Materials

Flip chart stand and paper
Marker pens

Instructions

Step 1

- Explain to participants that sexual relationships often end badly.
- Read them the following story:

Story

A young girl and a young boy knew each other as friends for four months. They fell in love and though the girl wanted to wait, the boy was very anxious to have sex. She finally gave in. A short time later she found out that he had sex with another girl. She felt very bad and cried and cried. She trusted him and he abused her trust. He broke her heart. She decided to never see the boy again and swore not to have sex again until she got married.

Step 2

- Stimulate a discussion by asking the following questions about the story:
 - Why didn't the girl want to have sex in the first place?
 - Why did the girl give in?
 - Why did the boy want to have sex?
 - How did the girl feel after the boy was unfaithful to her?
 - What do you think of the girl ending the relationship with the boy?

¹² PACT Botswana: Outreach Guide 2- Abstinence Promotion, 2007

- What do you think of her deciding not to have sex again until marriage (abstaining)?
- What will it take for her to avoid having sex until marriage?

Step 3

- Ask the participants to list strategies one can use in order to abstain from sex once a person has had sex at least once already.

SESSION 6 – Strategies for delaying sexual debut ¹³

Ages

10-14 years

Objective

- To help participants learn strategies that will help them delay sex

Time

Approximately 30 minutes

Materials

Flip chart stand and paper
Marker pens

Instructions

Step 1

- Split participants into three small groups of about five members (or more participants if the group is large).
- Give each group a different situation; read a story to each group (see the different stories below).
- Ask the groups to analyze their situation and come up with some suggestions to help the two people to delay sex.

Story One

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

¹³ SFH: Peer Educators Training Guide, 2004

Story Two

Edward and Rose are very serious about their relationship and would like to get married when they are older. Rose has invited Edward over to her house for the afternoon. Edward knows that Rose's parents will not get back until evening. This could be a good time for sex for the first time. Edward has been learning about pregnancy, HIV/AIDS, and STDs, and he is not sure he wants to have sex yet. However, he feels Rose would like to have sex and will probably tease him or tell her girlfriends if he doesn't.

Story Three

Eva met a boy, John, at school. She was attracted to him because he is good looking and a good athlete. He said hello to her after school and gave her a small, beautiful present—for future friendship. He invited her to go for a walk to the river alone. Eva is attracted to him but feels uncomfortable about the situation. However, she must give him an answer soon.

Step 2

- After the groups have finished working on their suggestions, have each group present their story and their suggestions how to delay sex to the larger group.
- Discuss these strategies together and come up with a list that the whole group agrees on.

Step 3

- Ask the group to come up with a list of some ways to avoid sexual situations and make it easier for them to delay sex.
- Compare their ideas with the following list and discuss:
 - Go to parties and other events only with friends and not alone.
 - Decide how far you want to “go” (your sexual limits) before being in a pressure situation.
 - Do not use alcohol or drugs at all.
 - Avoid falling for romantic words or arguments.
 - Do not give mixed messages or act sexy when you don't want sex.
 - Pay attention to your feelings. When a situation is uncomfortable, leave.
 - Get involved in activities (e.g., sports, clubs, hobbies, church).
 - Avoid “hanging out” with older people who might pressure you to have sex.
 - Be honest from the beginning by saying you do not want to have sex.
 - Avoid going out with people you cannot trust.
 - Avoid hidden or isolated places where you might not be able to get help.
 - Do not accept rides from those you do not know or cannot trust.
 - Do not accept presents and money from people you cannot trust.
 - Avoid going to someone's room when no one else is at home.
 - Explore other ways of showing affection than sex.

Module 3: Alcohol and HIV

SESSION 1 – Reasons for alcohol use¹⁴

Ages

10-14 years

Objective

- To understand why young people drink alcohol

Time

Approximately 30 minutes

Materials

Flip chart stand and paper
Marker pens

Instructions

Step 1

- Ask participants why very young people drink alcohol.
- Write the answers down on a flip chart.

Step 2

- Compare the participants list with the following list and discuss:
 - Pressure from friends
 - Desire to fit in with others
 - To feel like an adult
 - To relax
 - To feel good
 - To avoid problems with reality
 - Bored or lonely
 - Want to experiment
 - Want to be drunk
 - Want to copy drinking habits of parents
 - Hunger

¹⁴ PACT Botswana: Outreach Guide 6-Alcohol Abuse Reduction, 2007

SESSION 2 – Using picture codes to discuss alcohol and HIV¹⁵

Ages

10-14 years

Objective

- To identify the link between alcohol and HIV

Time

Approximately 30 minutes per picture code

Materials

National Alcohol and HIV Picture Code Flipchart

Instructions

Step 1

- Choose the relevant series of picture codes that make a story.
- Ask participants to sit in a circle or in a way they all can see the picture.

Step 2

- Lead the discussion on the picture code by asking the questions on the back of the picture code.
- Show the picture to the participants and start with the general question “What is happening in this picture”?
- Ask other questions to stimulate further discussion.

Step 3

- Wrap up with “talking points”.

¹⁵ MOHSS/DSP National Alcohol and HIV TWG and C-Change Namibia: Alcohol and HIV Picture Code Flip Chart, , 2010

SESSION 3 – Effects of alcohol use on decision-making for young people¹⁶

Ages

10-14 years

Objective

- To understand how alcohol affects decision-making

Time

Approximately 30 minutes

Materials

Flip chart stand and paper

Marker pens

Instructions

Step 1

- Have participants make a list of ways that drinking alcohol can affect decision-making.
- Write down their ideas.

Step 2

- Compare their ideas with the following list and discuss:
 - Slows decision-making
 - Makes decision-making difficult
 - Brings out anger and violent urges more quickly
 - Makes it more likely to have sex with a stranger

¹⁶ PACT Botswana: Outreach Guide 6 - Alcohol Abuse Reduction, 2007

- Makes it less likely to use protection (condoms)
- Could say something you would regret later
- You might get raped
- You might get addicted

SESSION 4 – Resisting peer pressure to drink alcohol¹⁷

Ages

10-14 years

Objective

- To increase understanding about resisting peer pressure to drink alcohol

Time

Approximately 30 minutes

Materials:

Flip chart stand and paper
Marker pens

Instructions

Step 1

- Ask participants to give examples of things young people can SAY to resist pressure to drink alcohol.
- Ask participants to list ACTIONS young people can take to resist pressure to drink alcohol.

Step 2

- Compare participant's ideas with the following list of ways to resist drinking, and actions that could be taken.
- Discuss.

Things young people can say:

- When I am legally old enough, I will drink.
- My religion doesn't allow it.
- My parents won't approve.
- I don't like the taste of alcohol.

¹⁷ PACT Botswana: Outreach Guide 6 - Alcohol Abuse Reduction, 2007

- I don't like the effect alcohol has on me.
- I am happy with myself without alcohol.

Things young people can do:

- Refuse, say no thank you.
- Walk away.
- Avoid the situation.
- Ignore the offer.
- Talk to others who are not drinking.
- Don't go to places where alcohol is served.
- Attend events where alcohol is served with a friend who doesn't drink.

SESSION 5 – The benefits of not drinking alcohol¹⁸

Ages

10-14 years

Objectives

- To reflect on the negative impacts of alcohol consumption
- To reflect on the benefits of not drinking alcohol

Time

Approximately 30 minutes

Materials

Flip chart stand and paper
Marker pens

Instructions

Step 1

- Ask participants to list all the negative results of drinking alcohol.
- Write them on a sheet of paper, blackboard or flip chart paper.
- The list may include things like:
 - Reduced performance at school, sport
 - Leads to poor decision making
 - Causes illness of the liver
 - Stealing
 - Rape
 - Feel sick

Step 2

- Ask participants to list all the benefits of not drinking alcohol.
- Write the benefits on a sheet of paper, blackboard or flip chart paper.
- The list may include things like:

¹⁸ PACT Botswana: Outreach Guide 6 - Alcohol Abuse Reduction, 2007

- One can reach one's goals and fulfill dreams
- One can complete one's education and do well in school
- One can save money
- Not drinking alcohol can lead to saving a life.
- Reduced risks of sexual transmission.
- Have a better relationship with parents.

Step 3

- Facilitate a discussion on the above mentioned topics with participants

SESSION 6 – Strategies to avoid drinking alcohol¹⁹

Ages

10-14 years

Objective

- To reflect on the strategies that can help to avoid drinking alcohol

Time:

Approximately 30 minutes

Materials

Flip chart stand and paper
Marker pens

Instructions

Step 1

- Ask participants to list what people who drink alcohol can do to avoid drinking alcohol.
- Write down their ideas.

Step 2

- Compare the ideas listed to the following list:
 - Stop drinking completely
 - Avoid going to places where alcohol is served
 - Drink water or soft drinks during parties instead of alcohol
 - Refuse drinks offered

Step 3

- Facilitate a discussion on the above-mentioned topics with participants

Step 4

¹⁹ PACT Botswana: Outreach Guide 6 - Alcohol Abuse Reduction, 2007

- Divide the participants into groups of 5 people
- Have each group of participants prepare a role play on the following:

Role Play: Resisting pressures to drink alcohol

- Some participants should take on the role of convincing others to drink alcohol by telling them why they drink and what the benefits and pleasures of drinking are for them.
- Others consider what is being said but offer reasons why they don't feel comfortable drinking alcohol.

Step 5

- Ask participants to discuss what they learned from the role play.
- Some lessons that might be learned include:
 - It is not easy to resist pressures to drink alcohol.
 - Being polite but assertive is a good way to resist unwanted offers to drink.

SESSION 7 – Myths and facts about alcohol use²⁰

Ages

10-14 years

Objectives

- To correct misinformation about alcohol•

Time

Approximately 30 minutes

Materials

Flip chart paper
Marker pens

Instructions

Step 1

- Ask participants to list all the kinds of alcohol that are commonly consumed in Namibia.
- The list should include all alcoholic drinks, including traditional ones.
- Write the list on sheets of paper, flip chart paper or a chalk board if possible.

Step 2

- Divide the participants into pairs.
- Give each pair a copy of the statements listed below.
- Ask them to discuss whether the statement is a myth (not true) or a fact (true), and why they think it is one or the other.
 1. Alcohol is not a drug.
 2. Alcohol abuse is a disease.
 3. Young people are introduced to alcohol by their parents.
 4. It is rare for a teenager to be an alcoholic.
 5. Alcohol can help people deal with stressful situations better.

²⁰ PACT Botswana: Outreach Guide 6 - Alcohol Abuse Reduction, 2007

6. A cup of coffee and a cold shower will sober up a drunken person.
7. Alcohol affects some people more than others.
8. Alcohol abuse tends to run in families.
9. Coolers like *Hunters Gold* have less alcohol than beer.
10. Different alcoholic drinks contain different amounts of alcohol.
11. Young people have fewer health problems caused by alcohol.
12. Alcohol abuse is a major cause of people not taking Antiretrovirals (ARVs).
13. Condoms are more likely to break if put on when drunk.
14. A quarter of teens aged 13-15 reported being “really drunk” once or more in their life.
15. Alcohol abuse always results in physical violence.
16. Half the men who rape women have been drinking alcohol.
17. Young women drinking alcohol are more likely to be raped.

Step 3

- Have each pair read a statement and explain why they think it is a myth or a fact.
- Ask the other participants if they agree or not.

Step 4

- Compare the answers given by the participants to the following answers, below.
- Explain why the statements are either myths or facts.

1) Alcohol is not a drug.

MYTH - Alcohol is a drug like any substance that affects the mind or body.

2) Alcohol abuse is a disease.

FACT - Alcoholism is a common disease that harms the body and can cause death. It needs treatment like any other disease.

3) Young people are introduced to alcohol by their parents.

FACT - Young people are more likely to try alcohol if they are encouraged to do so by their parents. They are more likely to abuse alcohol if their parents do.

4) It is rare for a teenager to be an alcoholic.

MYTH - 20 alcoholic drinks a week for men and 15 for women is considered heavy drinking. One out of three young men and one out of six young women in Namibia are heavy drinkers. Consuming three beers for men and two for women at one sitting is considered moderate drinking.

5) Alcohol can help people deal with stressful situations better.

MYTH - Alcohol can help people temporarily forget their problems but it won't make them go away. It can also make things worse by making poor judgments like having unprotected casual sex.

6) A cup of coffee and a cold shower will sober up a drunken person.

MYTH - Only time will cause a person to become sober. It takes one hour for the liver to process one drink of alcohol. Drinking water or soft drinks can help by rehydrating the body.

7) Alcohol affects some people more than others.

FACT - Body size, amount of alcohol taken and how fast, whether there is food in stomach all influence the affect of alcohol on different people. For example, men will be less affected when drinking the same amount of alcohol as women because their body mass is usually greater.

8) Alcohol abuse tends to run in families.

FACT - Children of parents who abuse alcohol are likely to abuse alcohol themselves. Children tend to imitate their parents behavior and may even be encouraged by them to start drinking.

9) Coolers like *Hunters Gold* have less alcohol than beer.

MYTH - Coolers may taste more like soft drinks than beer but they have the same amount of alcohol or even more.

10) Different alcoholic drinks contain different amounts of alcohol.

FACT - Different brands of beers, for example, contain different percentages of alcohol. It can vary from light beer which contains four percent, to strong beer which contains eight percent. Check labels for the alcohol percentage.

11) Young people have fewer health problems caused by alcohol.

MYTH - Young people often feel strong and healthy. Alcohol abuse can slowly deteriorate the liver, kill brain cells, and result in health problems sooner rather than later.

12) Alcohol abuse is a major cause of people not taking antiretrovirals (ARVs).

FACT - Alcohol abuse is the third most important reason people stop taking antiretrovirals (ARVs), which usually results in their deaths.

13) When drunk, condoms are less likely to be used or more likely to break.

FACT - Alcohol affects judgment and reduces resolve to use condoms. Condoms are more likely to break when awkwardly manipulated while drunk.

14) A quarter of teens aged 13-15 reported being "really drunk" once or more in their life.

FACT - Even though alcohol consumption is illegal for young teens, more and more of them are drinking alcohol.

15) Alcohol abuse always results in physical violence.

MYTH - Not all alcohol abusers are physically violent. But alcohol tends to encourage violent impulses and reduce the inhibitions that control those with violent tendencies.

16) Half the men who rape women have taken alcohol.

FACT - Alcohol impairs judgment and increases the likelihood violent acts like rape will occur. It can make men feel bold and not consider the consequences of their behavior.

18) Young women drinking alcohol are more likely to be raped or beaten.

FACT - Women are more vulnerable to being raped or beaten when they drink alcohol because they are usually with men who are also drinking. They may drink to the point where they lose control and are less assertive, increasing their vulnerability.

SESSION 8 – Physical effects of drinking alcohol²¹

Ages

10-14 years

Objective

- To reflect on the physical effect of alcohol on young people

Time

Approximately 30 minutes

Materials

Flip chart paper
Markers

Instructions

Step 1

- Ask participants what are the physical effect of alcohol on young people.
- Write the answers on the flip chart.

Step 2

- Compare the participant's list with the following list and discuss:
 - Brain Damage: Alcohol can cause damage to the brain cells, making the person forgetful or confused.
 - Visual Impairment: Perception may be altered. The person may "see things" or not be able to see correctly.
 - Nausea: Alcohol irritates the stomach lining, causing nausea and vomiting.
 - Liver Damage: Long term use of alcohol can cause serious damage to the liver, ranging from hypoglycemia to cirrhosis to liver failure.

²¹ C-Change Namibia - 2010

Module 4: Multiple and Concurrent Partnerships

SESSION 1 – Introduction to multiple and concurrent partnerships²²

Ages

10-14 years

Objectives

- To gain better understand of the meaning of multiple concurrent sexual partnerships
- To let the participants understand that they can be on a sexual network and not even know it
- To understand the risks of being in a sexual network

Time

Approximately 90 minutes

Materials

MCP flannelgram kit

Instructions

Step 1

- Explain the term multiple and concurrent partnerships to the participants:

Definition of MCP

Multiple concurrent partnerships or MCP means having more than one sexual relationship that overlaps in the same period of time. It can include starting one sexual relationship before another has ended, or having several persons with whom you have sex during the same period of time.

Step 2

²² Ms. Libet Maloney, IntraHealth: MCP Flannelgram kit, 2010

- Explain to the participants that flannelgram is an interpersonal communication) tool which can be used to generate a discussion on MCP.

Step 3

- Ask participants to sit in a half circle around the MCP flannelgram.
- Each participant should be able to see the flannelgram board clearly.
- Use the following instructions (also on the Cue Card in the kit) to facilitate a session.

Step 4

- Greet your participants politely.
- Introduce yourself and your organization and your position.
- Explain that:
 - you are there to discuss a problem affecting thousands of families in Namibia and across the world.
 - you are there to brainstorm with them about challenges and healthy solutions for individuals and for the community.
 - you are there to discuss new information about HIV prevention.
 - HIV is preventable but only if we ALL change our behavior.
- Say: First we must identify dangerous behaviors in this community that can lead to HIV. I hope everyone will join the discussion because we must change together.

Step 5

- Say the following to participants before you begin to build a network:
 - There are 194 countries on earth.
 - Namibia is fifth in HIV (you may mention the prevalence in the region where you are)
 - After all the education about HIV prevention why are so many people still getting infected?
 - Let participants list their opinions and put them on the flip chart.

Step 6

- Explain that all of what was said is important.
- Explain that many of their reasons are common in low HIV countries also (e.g. prostitution, low condom use, poverty occur in most countries), but in many countries with the same factors HIV is not increasing. Why?

Step 7: The Virus Chart

- Study the Virus Chart carefully before beginning work-You MUST understand it
- Put the Virus Chart on the flannelgram board.

- Explain that the amount of the virus becomes VERY high when it **first** enters the body because the body has not yet started a defense against HIV. The body is surprised and overwhelmed.
- With very high virus amounts in the body a person can spread the virus VERY easily

****KEY POINTS****

1. It takes 1-3 months for HIV tests to pick up the virus in the blood
 2. Therefore a person can test negative YET be the most infectious in his/her life
- Tell a story about a man who has unprotected sex, goes to New Start for a test 2 weeks later and tests negative. BUT HE IS INFECTED
 - Remind participants to remember how HIV works as we continue this session.

Step 8: How do sexual networks happen? CREATE THE NETWORK

- Explain to participants that:
 - The sexual risk factor we are discussing today is having more than one sexual partner at the same time.
 - MCP means having more than one partner at the same time
- Ask: Is there a word for MCP in your language or area?
- You will now begin helping participants to understand about networks by creating their own network.
- Put the mannequies on the board.
- Then pose the following questions to the group:
 1. Can you find a man here in the mannequies who you think has more than one sexual partner at the same time?
 2. Can you find a woman here in the mannequies who you think has more than one partner at the same time?
- You then begin the exercise by pinning mannequies unto the flannelboard according to the answers given or make up your own.
- Let the participants continue to build the sexual network.
- Make sure to call on both men and women to add to the network.
- Be creative; make it interesting by naming mannequies.
- Use real life stories occurring in communities.

Step 9

- Once the network is done, remind the group about how the virus works in the body.
- Ask what would happen in the sexual network if someone got infected.
- Have participants select the person who got infected and put a red line on the infected person.
- Then ask volunteers to put more red lines showing how HIV spreads in the network until finished.

- Explain that the virus spreads VERY fast through a sexual network, especially when the first infection is new. It can spread to everyone on the network

Step 10: SOLUTIONS

- Explain that stepping off a sexual network is not easy but IS possible.
- As participants what individuals or the community could do to lower the risk.
- Hold a brief discussion.
- Put the solutions page on the flannel board.
- Describe the 2 different solutions for getting off the sexual network:
 1. Having only ONE partner whose HIV status you know can protect you. NOT HAVING A SECRET LOVER OR MORE THAN ONE PARTNER AT THE SAME TIME.
 2. If you have more than one wife this can also be safe if you CLOSE THE DOOR. No secret lovers or other partners outside of your circle of wives.
- Explain the importance of couple's communication in relationships to step off the network.
- Explain that condoms should be used if a person cannot step off the network, BUT they only work if used every single time

Step 11: Wrap up the meeting

- Ask participants if they have understood the risks of HAVING MORE THAN ONE PARTNER AT THE SAME TIME.
- If relevant make an appointment for the next group meeting

SESSION 2 – Using picture codes to explore MCP and its effects²³

Ages

10-14 years

Objective

- To identify the link between MCP and HIV

Time

Approximately 30 minutes per picture code

Materials

National MCP Picture Code Flipchart

Instructions

What are picture codes?

- Picture codes are photos that are used to stimulate a discussion about specific issues like behavior which puts people at risk of HIV infection.
- The MCP Picture Code Flip Chart has a photo on one side of each page showing people in different situations, and on the other side of the page has questions the facilitator can use to stimulate a discussion.
- Underneath the questions are “talking points” or “key messages”. These are summary point that the facilitator can share with participants at the end of the discussion.
- Picture code stories are the same as picture codes except that there are several photos that should be shown and discussed one after the other. They tell a story of people in different situations that make different behaviour choices.

Step 1

- Bring together a group of one to 15 participants for a session.
- Select a picture that illustrates the topic you want to cover.
- Have participants sit in a circle or in a way they can see the picture.
- It is best not to stand in front of the participants like a teacher since the idea is to get the participants to talk about themselves.

²³ MOHSS/DSP National MCP TWG, C-Change Namibia and Nawa Life Trust: MCP Picture Code Flip Chart, , 2010

- Lead the discussion by asking questions and not talk too much.

Step 2

- Show the selected photo to the participants.
- Start with the general question “What is happening in this picture?” That should be enough to get the discussion started.
- Ask the other questions to stimulate further discussion.
- Don’t hurry. Allow enough time for in-depth discussions.
- Use the information under the “Talking Points” section to answer questions or to make points that haven’t already come up in the discussion

Tips on asking questions and involving everyone

- Skip questions that have already been discussed.
- Ask follow-up questions to encourage participants to offer more detail about the behaviors.
- Try to ask open-ended questions or questions that don’t take a single word answer like “yes” or “no” such as “What do you think about that?”
- Don’t be judgmental or moralistic about the discussion.
- There is no right or wrong answer to the questions the idea is to get participants to think about their behavior choices.
- A good outreach worker is a good listener who is very interested in the answers to the questions.
- Get the participants to relate what is happening in the photos with themselves or people they know.
- Correct any misinformation at the end of the session.
- Don’t let one or two people talk all the time.
- Ask a question directly to a different person each time.
- Re-ask the same question to different people.
- Ask others if they agree with the responses given.

SESSION 3 – Why people practice multiple and concurrent partnerships²⁴

Ages

10-14 years

Objective

- To understand why people engage in MCP

Time

Approximately 30 minutes

Materials

Flip chart paper and markers

Instructions

Step 1

- Ask participants to list the reasons why people have more than one sexual partner during the same period of time' and write the answers on the flip chart paper.

Step 2

- Compare the participants list with the following list and add if something is missing:
 - It is culturally and traditionally accepted
 - Society says that men should have girlfriends or more than one wife
 - Long distance drivers including truckers and migrant workers get lonely
 - Women or girls have sex with several men to get what they want or need
 - Using alcohol and drugs may lead to multiple and concurrent sexual partners
 - Lack of sexual satisfaction in relationships makes people go with others
 - Loneliness in relationships and marriages
 - Peer Pressure
 - Needing a backup partner (a “spare wheel”)
 - Main sexual partners are no longer found attractive.

Step 3

- Hold a discussion about the points on the participants list.

²⁴ C-Change Namibia, 2010

Module 5: Transactional Sex

SESSION 1 – Transactional sex and its risks²⁵

Ages

10-14 years

Objectives

- To understand what is transactional sex
- Increase understanding of the risks of transactional sex

Time

Approximately 30 minutes

Materials

Flip chart paper
Markers

Instructions

Step 1

- Ask each group member to say what they think is meant by “transactional sex”.
- If they prefer, they can simply provide an example of the term.
- After getting some possible definitions from group members, clearly explain the definition to the group members:

Definition of transactional sex

Transactional sex refers to a sexual relationship or sexual act in which the exchange of gifts, services, or money is an important factor (for example, someone buys a girl a cell phone or gives her lotion or pays her school fees in exchange for sex).

Step 2

- Ask participants to give examples of this type of behavior from their experiences or from their community.
- Discuss the health risks of this behavior, including infection with HIV.

²⁵ C-Change Namibia, 2010

- Explain that the person they have transactional sex with may also be having sex with other people, and could be infected with HIV.
- Explain that it is nice to get gifts, but getting nice things is not worth getting infected with HIV.

SESSION 2 – Factors contributing to the practice of transactional sex²⁶

Ages

10-14 years

Objective

- To identify factors contributing to transactional sex

Time

Approximately 30 minutes

Materials

Flip chart paper
Markers

Instructions

Step 1

- Ask participant to list why people get involved in transactional sex.
- Write their ideas on flip chart paper.

Step 2

- Compare the participants list with the following to make sure it is complete:
 - Economic reasons
 - Poverty
 - Pride
 - Pressure from parents or peers
 - Fashion

Step 3

- Hold a discussion with participants on the factors they listed.
- Emphasize the risks of trading sex for gifts or services, including getting infected with HIV.

²⁶ C-Change Namibia, 2010

SESSION 3 – Using picture codes to explore transactional sex and its effects²⁷

Ages

10-14 years

Objective

- To identify the link between MCP and HIV

Time

Approximately 30 minutes per picture code

Materials

National MCP Picture Code Flipchart

Instructions

Step 1

- Choose the relevant picture code(s) on transactional sex.
- Ask participants to sit in a circle or in a way they all can see the picture.

Step 2

- Lead the discussion on each picture code by asking the questions on the back of the picture code.
- Show the picture to the participants and start with the general question “What is happening in this picture”?
- Ask other questions to stimulate further discussion.

Step 3

- Wrap up with “talking points”.

²⁷ MOHSS/DSP MCP TWG, C-Change Namibia and Nawa Life Trust: National MCP Picture Code Flip Chart, 2010

Module 6: Cross-generational Sex

SESSION 1 – Introduction to cross-generational sex²⁸

Ages

10-14 years

Objective

- To understand the meaning of cross-generational sex

Time

Approximately 30 minutes

Materials

Flip chart paper

Markers

Instructions

Step 1

- Ask each participant to provide a definition of the term cross-generational sex.
- If they prefer, they can simply provide an example of the term.
- After getting few definitions from group members then clearly explain the definition to the group member by saying:

Cross-Generational Sex—this refers to two sexually-involved individuals with at least a 10-year difference in their ages (for example, a 30-year-old man who is in a sexual relationship with a 20-year-old girl).

Step 2

- Ask participants to give examples of this type of behavior from their experience or from their community.
- Discuss the health risks of this behavior, including infection with HIV.
- Explain that the person they have sex with probably also has sex with other people, and could be infected, and could give the infection to them.

²⁸ C-Change Namibia, 2010

SESSION 2 – Factors contributing to the practice of cross-generational sex²⁹

Ages

10-14 years

Objectives

To identify factors contributing to cross-generational sex

Time

Approximately 45 minutes

Materials

Flip chart paper

Markers

Instructions

Step 1

- Ask the participant to list why an older person gets involved in cross-generational sex.
- Write their ideas on the paper

Step 2

- Compare the participants list with the following to make sure it is complete:
 - Makes them feel young
 - Pride
 - Culture or social pressure
 - Peer pressure

Step 3

- Hold a discussion with participants on the factors they listed.

Step 4

- Now ask the participant to list why the younger person gets involved in cross-generational sex.
- Write their ideas on the paper.

²⁹ C-Change Namibia, 2010

Step 5

- Compare the participants list with the following to make sure it is complete:
 - Want to have things the older person can give them
 - Culture or social pressure
 - Pride
 - Peer pressure
 - Pressure from parents
 - 3 C's (cash, cell phone and car)

Step 6

- Hold a discussion with participants on the factors they listed.
- Explain that having sex with an older person puts them at risk for HIV infection
- The older person might have other sexual partners and may be infected with HIV or other infections, and give it to them.

SESSION 3 – Using picture codes to explore cross-generational sex and its effects³⁰

Ages

10-14 years

Objective

To identify the link between cross-generational sex and HIV

Time

Approximately 30 minutes per picture code

Materials

National MCP Picture Code Flipchart

Instructions

Step 1

- Choose the relevant picture code(s) on cross-generational sex.
- Ask participants to sit in a circle or in a way they all can see the picture.

Step 2

- Lead the discussion on each picture code by asking the questions on the back of the picture code.
- Show the picture to the participants and start with the general question “What is happening in this picture”?
- Ask other questions to stimulate further discussion.

Step 3

- Wrap up with “talking points”.

³⁰ MOHSS/DSP MCP TWG, C-Change Namibia and Nawa Life Trust: National MCP Picture Code Flip Chart, 2010

Module 7: HIV Counseling and Testing

SESSION 1 – Introduction to HIV testing for young people³¹

Ages

10-14 years

Objectives

- To understand the term HCT
- To understand the advantages of HIV testing

Time

Approximately 30 minutes

Materials

Flip chart stand and paper
Marker pens

Instructions

Step 1

- Explain the term HCT by saying: “HCT stands for HIV counseling and testing”.
- Explain that HCT is a service that is offered to a person who wants to know their HIV status.

Step 2

- Explain to participants that young people have the right to voice their opinions about issues that affect their sexual life.
- Explain that even if they are young, people need to be given information and support to help them understand their situation and be involved in decision making about what is best for them.
- Explain that children under the age of 16 cannot be tested without the consent of their guardians or parents.
- But a child who has symptoms of an STI or is pregnant can be tested without the consent of the guardians or parents.

³¹ FHI: Peer Educator Practical Handbook, 2006

Step 3

- Ask participants to list the advantages of young people knowing whether or not they are HIV positive.
- Write their answers on the flip chart.
- Compare the participants answers with the following list:
 - To experience the relief of knowing the truth rather than being worried and stressed about the unknown.
 - To know how to avoid getting infected with HIV if you do not have it.
 - If you are infected with HIV, having information can improve your life, for example by improving your diet and taking exercise.
 - If you are infected with HIV you can gain the support of others who are HIV+, for example by joining a support group.
 - If you do have HIV, you can be helped to understand how to avoid infecting others.
 - If you do have HIV, you can become a role model by showing that you can live well with HIV.
 - To get your treatment and care early so you don't get sick.

Step 4

- Hold a discussion about HCT and the advantages of testing for HIV.

Module 8: Male circumcision

SESSION 1 – Introduction to male circumcision and its benefits³²

Ages

10-14 years

Objectives

- To understand the meaning of male circumcision
- To know the benefits of male circumcision

Time

Approximately 45 minutes

Materials

Flip chart paper

Markers

Visuals of a penis and circumcision

Instructions

Step 1

- Form a group of MALE participants
- Ask participants to brainstorm together the definition of the term “male circumcision”.
- Write the responses on a flip chart paper.

Step 2

- After writing down the responses, provide the participants with the definition below:

Definition of male circumcision:

MC is the removal of the foreskin that covers the head of the penis. (show the visuals of uncircumcised and circumcised penis)

³² SFH: Male Circumcision Flip Chart, 2010

Step 3

- Ask the participants to list the benefits of male circumcision.
- Write responses on the flip chart paper.
- After a few responses, explain to the participants that male circumcision offers 60% protection from HIV infection.
- Explain that male circumcision also offers some protection (not 100%) from the following:
 - Sexual infections
 - Cancer of the penis
 - Urinary tract infection in male infants
 - Reduction of the chances of cervical cancer in female partners
- Explain that male circumcision also offers the following benefits:
 - Prevention of inflammation of the foreskin
 - The inability to retract the foreskin
 - Circumcised men also find it easier to maintain penile hygiene

SESSION 2 – Male circumcision and HIV prevention³³

Ages

10-14 years

Objective

- To understand how male circumcision can reduce the transmission off HIV and other sexual infections

Time

Approximately 45 minutes

Materials

Flip chart paper
Markers

Instructions

Step 1

- Form a group of MALE participants.
- Explain to the participants in detail how male circumcision works to help to reduce the contracting of HIV and other sexual infections by saying:
 - The inside of the foreskin is soft and moist and is more likely to get a tiny tear or sore that allows HIV to enter the body more easily.
 - The foreskin contains many “target cells” that allows HIV to enter the body easily.
 - Removing the foreskin of the penis removes the “target cells” and makes it more difficult to get HIV.
 - Male circumcision reduces the chance of a man getting infected with HIV by 60%, but not 100%.
 - Even if a man is circumcised, therefore, he still should use a condom.

Step 2

- Ask the participants to list the benefits of being circumcised.

³³ SFH: Male Circumcision Flip Chart, 2010

- Write the answers down on the flip chart.

Step 3

- Explain to participants that the male circumcision operation (like all operations) causes temporary discomfort, as follows:
 - Some pain which can be controlled by pain killers
 - Some bleeding
 - Some swelling
 - After the operation a man cannot have sex for 6 weeks until he is healed

Step 4

- Go over the list of benefits again and ask the following questions:
 - Do you think the temporary discomfort of male circumcision is worth the benefits?
 - Why or why not?

Module 9: Condom use

SESSION 1 – Correct and consistent condom use ³⁴

Ages

10-14 years

Objective

- To understand the importance of using condoms consistently and correctly

Time

Approximately 1 hour

Materials

Flip chart stand and paper
Marker pens

Instructions

Step 1

- Tell participants that you will discuss the term “consistent.”
- Explain that this means “doing something regularly or all the time.”
- Ask participants why they think it might be important to use condoms “consistently” (all the time) if you have sex with someone.
- Write their responses on the flip chart paper and discuss.
- Point out that it is impossible to tell if someone is infected with HIV or another sexual infection by the way they look.
- Explain that the only way to feel safe is to use condoms all the time.

Step 2

- Tell participants that you are going to read some stories that give examples of condom use.
- Read the stories below, one by one.
- After each story ask participants to say whether or not they think the behavior shows “consistent” use of condoms and why.

³⁴ PACT Botswana: Outreach Guide 10 – Partner Reduction and Protection, 2007

- Discuss with the group.

Story One

A young man works as a mechanic. He used a condom with a woman he met in a night club. The next week, he met a young girl who sells oranges in the market. He didn't use a condom because, since she was younger, he thought she was less likely to be infected with HIV.

Story Two

A miner had a regular girlfriend while he was away from home. He used a condom with her even though after a few months she suggested that they stop using condoms. Meanwhile, his wife ran into some financial difficulties while he was away and she was forced to raise some money by having sex with three different men. The men paid more money to her for not using condoms.

Story Three

A 20-year-old bachelor joined the G4 Company and was sent to Katima Mulilo after basic training. While stationed there, he met an 18-year-old woman. For the first month he used condoms but one day she told him: *"If you really love me and want to marry me you would stop using condoms."* He liked her very much but marriage was a long way off for him. Besides, he would more than likely be transferred back to the city in a couple of months. That day, he didn't use a condom, but for the rest of his stay he did.

Story Four

Nangula lived in a village near an Army Base. Her dream was to marry a soldier. She met a soldier and fell in love with him. She made a point of telling him that she was not a sex worker and had no other lovers than him. He thought that this girl was "clean" and so decided that it would not be necessary to use condoms. As it turned out, he was less in love with her than she was with him, and he stopped coming by to see her. Several months later she met another soldier and fell in love again. Condoms were not used this time either.

Story Five

Though Jones never discussed it with his wife, she knew that when he was away for several months driving his truck, he would be with other women. Jones did not want to infect his wife with anything infections he got when he had sex with the other women. As a result, he always used condoms whenever he had sex with the other women he met when he was away. He was certain that his wife did not have sex with other men. One time, a woman he had been having sex with for several months wanted him to stop using condoms, but he refused. Another time, he was having sex with a woman he didn't know very well and the condom broke. He didn't have another one, so he continued having sex figuring that he was already having unprotected sex with this woman and it wouldn't make any difference now.

Step 3

- Tell the participants that the correct answer is that NONE of the people featured in the stories used condoms consistently.
- Explain that Jones was the least at risk because he used condoms in all his relationships outside his marriage. However, he did allow himself to have unprotected sex that one time.
- Say that ***using a condom consistently means using it every time you have sex and not just sometimes. A condom must be used even when drunk.***

SESSION 2 – Advantages of condom use³⁵

Ages

10-14 years

Objective

- To discuss the advantages of condom use

Time:

Approximately 30 minutes

Materials

Flip chart stand and paper

Marker pens

Instructions

Step 1

- Ask the participants to brainstorm the advantages of condom use
- Go over the participants list explaining the facts related to each one, referring to the list below
- All of these are true:
 - Reduces worry about getting HIV and dying early
 - Protects people from getting an infection, which could keep you from having children some day
 - Reduces the risk of early pregnancy

³⁵ PACT Botswana: Outreach Guide 10 – Partner Reduction and Protection, 2007