

SOCIAL AND BEHAVIOR CHANGE COMMUNICATION

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

AGES 15-24 YEARS

January, 2011



SBCC INTEGRATED SESSION GUIDE FOCUSING ON THE DRIVERS OF HIV/AIDS EPIDEMIC AGES 15-24 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 15 -24 is one of three Guides for ages 10-14, 15-24 and 25-49. This Guide was 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 15- 24 years of age was developed in by Ms. Grace Hidinua, Social and Behavior Change Technical Advisor from C-Change and edited by Dr. Elizabeth Burleigh, Chief of Party, C-Change Namibia.

At the request of partners, first draft guides were made available to partners 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. Hidinua 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. Hidinua and Dr. Burleigh following the final review.

The following organizations 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 (AMS)
- 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. UNICEF Zambia: Life Skills Education Facilitator Guide for Out of School Youth, 2003
3. Path and Population Council, Tuko Pamoja: Adolescence Reproductive Health and Life Skills Curriculum, 2006
4. PACT Botswana: Outreach Guide 10: Partner Reduction and Protection, 2007
5. Peace Corps: Life Skills Manual, Peace Corps Information Collection and Exchange, 2001
6. PACT Botswana: Outreach Guide 3: Assertiveness and Peer Pressure, 2007
7. PACT Botswana: Outreach Guide 2: Abstinence Promotion, 2007

8. Ms. Libet Maloney, IntraHealth: MCP Flannelgram, , 2010
9. MOHSS/DSP MCP TWG, C-Change Namibia and Nawa Life Trust: MCP Picture Code Flip Chart, 2010
10. Auntie Stella interactive discussions. Zimbabwe
11. C-Change Namibia: training materials, 2009
12. MOHSS/DSP Alcohol and HIV TWG and C-Change Namibia: Alcohol and HIV Picture Code Flip Chart, 2010
13. PACT Botswana: Outreach Guide 6: Alcohol, 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 – Self Esteem Assessment¹

Ages

15-24 years

Objectives

- To define self-esteem
- 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 questionnaire

Instructions

Step 1

- Read aloud the following definition of self esteem and ensure that the participants understand the term.

Definition of self esteem

The term “self-esteem” describes how people feel about themselves. How people feel about themselves influences their actions towards others and what they can accomplish in life.

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

When people feel worthy of love and respect, they expect it from others. Having 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 Styles (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 friendships more, and keep those friendships easily, etc.

Step 2

- Ask participants if they understand the term “self esteem”.
- Ask how someone with high self-esteem acts.
- Ask how someone with low self-esteem acts.

Step 3

The self esteem assessment

- Ask the following questions and have participants write “yes” or “no” to each one on their piece of paper, working alone.
- Explain that this questionnaire is confidential and their answers are for their eyes only:
 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 give yourself extra care during times of illness or stress?
 8. Do you generally expect the best from the world and the people around you?
 9. Are you happy to self-reflect and do you acknowledge your achievements as well as your imperfections?
 10. Are you happy to engage others at social gatherings and in general are not threatened by the success of others?
 11. Are you motivated in your life and do you generally have a clear sense of direction?
 12. Are you usually able to accept criticism without feeling angry or insecure?
 13. Are you usually able to face risks and new challenges reasonably easily?
 14. Can you live with most mistakes you might make and also the mistakes of others?
 15. Can you make decisions and are you able to consider all options clearly?

Step 4

- Tell participants:

- **If you have answered 'yes' to all of the above questions**, then you already have high self esteem and strong feelings of 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 only six or fewer 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 about yourself.

SESSION 2 – Factors Contributing to High and Low Self-Esteem²

Ages

15-24 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
Prestik or tape

Instructions

Step 1

- Ask participants to list the 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	Friends with positive attitude
Rejection by friends	Awareness of one's talents
Separation from loved ones / Divorce of parents	Feeling a sense of worthiness
End of a relationship/Divorce	Having positive friends
Unemployment	Victory at tasks, sports e.tc
Failure at school or business	Achievement of one's goals
Pressure and stress	Good performance at school

² C-Change Namibia

Competition (losing out)	Winning
Abuse	Affection

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

- Can cause anxiety and depression
- Poor performance in school or career goals
- Can create tension in a person's relationship
- Can lead to dependency problems

Step 3

Conclude the discussions by highlighting the most important factors.

SESSION 3 – Enhancing Self-Esteem³

Ages

15-24 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

Flip chart paper or chalk board

Markers or chalk

Papers and pens or pencils

Instructions

Step 1: The Positive List

- The facilitator should assure participants that this session will be confidential.
- Ask each participant to write a list of 10 things they like about themselves
- This is their "positive list."

Step 2: The Negative List

- 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 two lists, have them choose two or three things from their "positive list" that they would like to share with other participants if they want to.
- This is voluntary. Not all need to participate.

³ UNICEF Zambia: Life Skills Education Facilitator Guide for Out of School Youth, 2003

Step 4: Sharing the negative list and finding solutions

- Pair participants into groups of two.
- 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 feel they perform well in mathematics; a possible solution would be to practice mathematics with friends who perform better.
- You will often notice that once people talk about their problems with others and find solutions, they become more self-assured and confident.

Step 5: Discussion

- 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 solutions into practice?
 - Did this session help them with their self-esteem?

SESSION 4 – Promoting Self-Esteem⁴

Ages

15-24 years

Objective

- To enhance self esteem among participants

Time

Approximately 30 minutes

Materials

Pieces of paper large enough to write on

Tape

Markers, pens

Instructions

Step 1

- Ask participants to fix a piece of paper to each other's backs with pieces of tape.
- Everyone should then walk around the room writing positive comments 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 sentences 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 his/herself to the list.
- Have each participant read out the new strength added to the list and discuss.
- Ask learners if it was easy or difficult to recognize their own strengths.

⁴ Path and Population Council, Tuko Pamoja : Adolescence Reproductive Health and Life Skills Curriculum, 2006

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?
 - What does it say about people who cannot write positive qualities about others?
 - Are we positive enough in the way we look at others?
 - Why is it important to look at people's positive qualities?
 - Are we positive enough when we look at ourselves?
 - Why is it important to recognize our positive qualities?

Module 2: Risky Sexual Behaviors

SESSION 1 – Personal Risk Assessment⁵

Ages

15-24 years

Objectives

- To increase participant’s awareness of their personal risks of HIV infection
- To motivate participants with a risk of HIV infection to change their risky sexual behaviors

Time

Approximately 40 minutes

Materials

Sheets of paper
Pens or pencils

Instructions

Step 1

- Explain to participants that people often do things that put them at risk of getting infected with HIV and other sexually transmitted diseases.
- Unfortunately, people - especially when they are young - tend to think things like HIV infection cannot happen to them.
- For this reason, an individual may be unaware of their personal risks from their behaviors and think they are safe when they are not.

Step 2

- Participants need to sit so that no one can see their paper or their answers.
- Explain to participants that you are going to read a series of questions regarding sexual behavior.
- Explain that the answers to the questions are confidential and will not be discussed.
- Read aloud the following questions slowly, one at a time. Repeat if necessary.
- Have participants mark one point on a piece of paper for each of the following questions to which they answer “**yes**”. (They can count to themselves if paper is not available or participants cannot write.)

⁵ PACT Botswana: Outreach Guide 10: Partner Reduction and Protection, 2007

1. Have you ever had sexual intercourse?
2. Have you ever had sex without a condom?
3. Have you ever had sex without a condom with a women (or man) who was not a mutually faithful partner?
4. Have you ever had three or more regular sexual partners during the same month?
5. Have you ever had sex without a condom with a person you just met?
6. Have you ever had a sexually transmitted infection (STI - such as gonorrhea, syphilis or others)?
7. Have you ever had a sexually transmitted infection and not treated it?
8. Have you ever had sex while drunk?
9. Have you ever treated an STI without consulting a health professional?
10. Have you had sex without a condom with more than 10 people during your lifetime?
11. Have you ever had one or more sexual partners in the period of a month and not used a condom every time?
12. Have you ever received money, a service or gift for sex?
13. Have you ever given sex for money, a service or a gift?
14. Have you ever had anal sex without a condom?
15. Do you desire sex more after drinking alcohol?
16. Have you ever had sex with a schoolgirl (or school boy) and not used a condom?
17. Have you ever forced a woman to have sex against her will?
18. Answer yes or no: I do not know my HIV status. (answer yes if you do NOT know your status, or no if you DO know your status)

Step 3

- Have the participants add up their total “yes” answers.
- Explain the consequences of the following categories their point totals place them in:
 - **Between 12 and 18 points:** Extremely high risk. Serious consideration should be given to having an HIV test, receiving counseling and changing risky sexual behaviors.
 - **Between 6 and 12 points:** High risk. Consideration should be given to increased condom use and reflecting on behaviour choices.
 - **Between 0 and 6 points:** You are less at risk, but still at risk. Consideration should be given to avoiding risky sexual behaviors.

Step 4

- Ask each participant to make a list of things they do that put them at risk for HIV infection.
- Ask them to think of the actions they can take personally to change those behaviors.

- See example, below:

Example: One risky behavior might be getting drunk and having casual sex. The behavior change might be to drink less and not have sex when you get drunk or carry a condom when going out to drink.

SESSION 2 – Behaviors that are Risky to Your Health⁶

Ages

15-24 years

Objectives

- Introduce people to the behaviors they practice that could harm their health
- Discuss the negative consequences of these behaviors

Time

Approximately 30 minutes

Materials

Flip chart paper or chalk board
Markers or chalk

Instructions

Step 1

- Ask participants to sit in small groups.
- Give each group a piece of flip chart paper and a marker.
- Ask groups to think about people 15-24 years of age in their community, and list the behaviors they engage in that are bad for their health or that can put them at risk of infection with HIV.
- An example of a list is below. Do not read this list to the participants. Let them come up with their own.

List of risky behaviors ages 15-24

- Unprotected sexual intercourse (no condom)
- Drinking too much alcohol
- Having sex in exchange for money or gifts
- Having sex with a much older person
- Having more than one sexual partner during the same period of time (multiple concurrent partners)
- Experimenting with illegal drugs such as marijuana, cocaine, etc.

Step 2

- Ask each group to present their list of risky behaviors and discuss them as a group.

⁶ C-Change Namibia, 2009

Step 3

- Ask the group:
 - What are some of the health consequences of the behaviors listed?
 - Could any of the behaviors lead to HIV infection?
 - How could people avoid engaging in these risky behaviors that are harmful to their health?

SESSION 3 – The Risk Game⁷

Ages

15-24 years

Objective

- To learn whether specific behaviors can put one at high, low or no risk in giving or getting infected with HIV

Time

Approximately 60 minutes

Materials

Activity Cards (see below for content) – at least 2 activity cards for each group

Paper, prestik, pens

3 risk cards or pieces of paper saying “High”, “Low” and “No Risk”.

Instructions

Step 1

- Label three cards, one saying “High Risk”, another saying “Low Risk”, and another saying “No Risk”.
- Prepare Activity Cards, writing one activity on each card. Activities are listed below:
 - Having oral sex
 - Deep kissing
 - Having sex with different partners without a condom
 - Having sex with your boyfriend or girlfriend
 - Having casual sex when you are away from home with someone whose status you do not know
 - Having sex with a boyfriend/girlfriend who is ten years older
 - Having sex in exchange for money or gifts
 - Having sex when you are on a contraceptive pill or injection
 - Taking care of a relative who has AIDS
 - A mother who is HIV positive breastfeeding her baby
 - Eating or drinking from a cup or plate with someone who is HIV positive
 - Having sex with someone you just met after drinking a lot of alcohol with friends

Step 2

⁷ Peace Corps: Life Skills Manual, Peace Corps Information Collection and Exchange, 2001

- Stick the three cards High, Low and No Risk up at different corners of the room or different places around the group if you are outside.
- Divide the group into pairs (or fours if you have a large group).
- Give each pair one activity card.

Step 3

- Ask the groups to discuss among themselves whether they think the activity on their card is high risk, low risk or no risk of HIV infection.
- The group should then stick their card on the wall by the risk card they think best represents the risk from that activity.

Step 4

- Group members should remain standing by the risk card where they placed their activity.
- Ask each group to explain their activity and why they put their card in the risk category they selected.

Step 5

- After discussions on why they placed the cards, explain whether an activity is low, high or no risk, referring to the list below:

Explanation of risk for each behavior

- Having oral sex, is a **low risk behavior** unless the people performing oral sex and have open wounds. This could spread the virus.
- Deep kissing is a **low risk behavior** unless the people kissing have open wounds in their mouths.
- Having sex with different partners without a condom is a **high risk behavior**.
- Having sex with your boyfriend or girlfriend can be a **no risk behavior** if both of you are tested and faithfully to each other, **but it can also be a high risk behavior** if you are not tested and are unfaithful to one another.
- Having casual sex when you are away from home with someone whose status you do not know is a **high risk behavior** for contracting HIV.
- Having sex with a boyfriend/girlfriend who is ten years older can be a **high risk practice** as often older partners have control over younger partners and decide whether or not to use a condom. Older partners may also have HIV.
- Having sex in exchange for money or gifts is a **high risk behavior** because one does not know the HIV status of the person he or she is having sex with.
- Having sex when you are on a contraceptive pill or injection is a **high risk behavior** as contraceptives such as pills and injections do not prevent you from getting infected with HIV.
- Taking care of a relative who has AIDS is a **low risk behavior** provided that the person taking care takes precautions when handling body fluids of the relative.

- A mother who is HIV positive breastfeeding her baby is a **high risk behavior** as a mother can transmit the virus to the baby through the breast milk.
- Eating or drinking from a cup or plate with someone who is HIV positive is a **no risk behavior**. One cannot get infected by sharing cups and plates with an infected person.
- Having sex with someone you just met after drinking a lot of alcohol with friends is a **high risk behavior** as alcohol reduces inhibitions. When one is drunk they may not use a condom or may use it incorrectly.

Step 6

- End the session by summarizing with a discussion for 5 minutes on the activities and risks.
- Go around the circle and ask the participants what is the most important thing he or she learned from this session.
- Review the most important points and emphasize that these risky behaviors do not cover all the possible behaviors which could put one at risk of getting infected with HIV.

SESSION 4 – Drawing a Risk Map⁸

Ages

15-24 years

Objective

- To identify areas in the community where young people could engage in risky behaviors

Time

Approximately 30 minutes

Materials

Paper

Markers in different colour, pencils or pens

Instructions

Step 1

- Divide participants into groups of around 5 people.
- Ideally, the group should be made up of people from the same community.
- If they are not from the same community, they will need to make up an imaginary community based on their experiences.
- Give each group a large piece of paper, markers in different colors, pencils or pens.

Step 2

- Ask the groups to draw a large circle on the map.
- Then have them label the circle “my community”. This can be a real community or an imaginary community.
- Ask groups to discuss and then draw in the circle all of the major physical places in their “community”. This should include the following:
 - Main roads and side roads or paths
 - Lakes, streams, rivers
 - Mountains or hills
 - Main buildings such as stores, churches, government buildings, clinics, hospitals, fuel stations, youth centers
 - Smaller buildings such as stores, bars, shebeens
 - Other places such as sports fields

⁸ PACT Botswana: Outreach Guide 3: Assertiveness and Peer Pressure, 2007

- Houses or house compounds
- Any other structure the group would like to include (kraals, etc.)
- Once the “community” maps are done, explain that some places in a “community” are more risky for HIV infection than others. Places that are “Safe” are those where people are not tempted to engage in risky behaviors, while places that are “Risky” are those where people might be tempted to engage in risky behaviors and so could get infected.
- DO NOT READ THIS LIST to the group, but for example:
 - “Safe” places might include: youth centers, sports fields, clinics, hospitals, etc.
 - “Risky” places include: bars, places where people are doing illegal things or looking for sex, and places where you might experience negative peer pressure to engage in risky behavior.
- Let the groups hold discussions and decide for themselves which places are “Safe” and which ones are “Risky.” Ask each group to mark each place on their map as either “Safe” or “Risky”. They could mark those that are “Safe” in one color, and those that are “Risky” in another color.

Step 3

- Ask each group to present their “community” map.
- The group should first describe the “community” and its structure.
- Then the group should explain why they have labeled each place as “Safe” or “Risky”.

Step 4

- When all groups have finished presenting their “community” risk maps, facilitate a group discussion.
- What are the most common “Risky” places in a community?
- Who goes there?
- What can be done to prevent people from going to those places and engaging in risky sexual behaviors?”

Module 3: Delayed Sexual Debut and Abstinence

SESSION 1 – Reasons why people have sex, delay first sex or avoid sex (abstain)⁹

Ages

15-24 years

Objectives

- To explore why people have sex, delay first sex or avoid having sex
- To help participants explore ways of delaying first sex or avoiding having sex

Time

Approximately 50 minutes

Materials

Sheets of A4 paper, flip chart paper or chalk board
Markers, pens or chalk

Instructions

Step 1

- There are many reasons why people have sex. Prepare by writing down the list of reasons below on sheets of paper, flip chart paper or a chalk board but keep the list hidden for the first part of the exercise:
 - To stop pressure from a partner
 - To get affection
 - To avoid loneliness
 - To keep a boyfriend or girlfriend
 - To receive gifts or money
 - To go against their parents
 - To feel like an adult
 - Because it feels good
 - Because they want a baby

⁹ PACT Botswana: Outreach Guide 2: Abstinence Promotion, 2007

- Because they intend to get married
 - Curiosity about sex
 - Pressure to have sex
 - In love with girlfriend or boyfriend
- There are also many reasons why people decide to delay having first sex or avoid having sex. Prepare by writing down the list below on sheets of paper, flip chart paper or a chalk board but keep the list hidden for the first part of the exercise.
 - To avoid complicating a friendship by having sex
 - They feel they can be close without sex
 - Religious values against sex before marriage
 - Not ready for the responsibility
 - Not found the right person
 - Fear of violence or being forced to have sex
 - Fear that a good change relationship won't last if they have sex and the partner will leave

Step 2

Why people have sex

- Ask participants to discuss and make a list of reasons why people have sex.
- Write the reasons given by participants on flip chart paper, chalk board or sheets of paper if available.
- Once the participant's list is complete, show the list you made earlier on reasons why people have sex.
- Compare the list prepared by the participants with the earlier list and ask them if they want to add any points to their list or not, and why.

Step 3

Why people delay having sex the first time or avoid having sex

- Now ask participants to make a list of reasons why people delay having sex the first time (delayed debut) or avoid having sex (abstinence).
- Write the reasons given by participants on flip chart paper or sheets of paper if available.
- Once the participant's list is complete, show the list you made earlier on delaying first sex or avoiding sex to the group.
- Compare the list prepared by the participants with the earlier list and ask them if they want to add points to their list or not, and why.

SESSION 2 – Strategies for resisting sex¹⁰

Ages

15-24 years

Objectives

- To learn ways to resist having sex
- To encourage participants to practice methods for resisting sex

Materials

Sheets of paper, flip chart paper or chalk board
Pens, markers or chalk

Time

Approximately 45 minutes

Instructions

Step 1

- There are many ways of resisting having sex. Write down the actions listed below on sheets of paper, flip chart paper or a chalk board but keep them hidden for the first part of the exercise.
 - Decide how much affection you will share before meeting someone (none at all, hand holding, kissing, light touching).
 - Don't drink alcohol at all or limit the amount you will drink.
 - Be cautious of romantic words or lies told when pretending to be in love.
 - Pay attention to your feelings and leave if you feel uncomfortable.
 - Don't be too warm and affectionate if you don't want to have sex.
 - Avoid spending time with those who keep asking for sex.
 - Be honest from the beginning and say you will only have sex after marriage or when you are ready.
 - Avoid going to secluded places especially after dark.
 - Do not accept rides from those who you don't know and trust.
 - Don't stay in a house alone with someone you don't trust if no one else is there.
 - Don't accept money, a gift or service in exchange for sex.

STEP 2

- Explain to participants that there are ways people can avoid situations where they feel pressured to have sex or are even forced to have sex against their will.

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

- Read the following examples and then ask the participants to come up with other suggestions. Write the list down if possible.
 - Go to parties or events with several friends you know well instead of going alone.
 - Be clear about not wanting to have sex and don't create false expectations.
 - Do not accept gifts or money because sex will likely be expected in return.

STEP 3

- Once the participants have completed their list, show the list you made before the session began.
- Read the list you made earlier and compare it with the one prepared by the participants.
- Ask if there are any points on this list that they would like to add to their list and why.

STEP 4

- Read the final list, point by point
- Ask the participants to comment on how realistic each suggestion is and what might be the problems encountered in trying each one.

STEP 5

- Once the discussion is over, summarize the discussion and make the following points:
 - There are many pressures to have sex, but these can be resisted.
 - People have to decide for themselves how best they can resist having sex, if that is what they chose to do.
 - Young people are often disappointed when they think they had sex for love and then find out it was not love and break up afterward.
 - Having sex with an unfaithful partner can lead to infection with HIV.

SESSION 3 – Abstinence¹¹

Ages

15-24 years

Objective

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

Time:

Approximately 60 minutes

Materials

Flip chart paper or chalk board
Markers or chalk

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 although the girl wanted to wait, the boy was very anxious to have sex. Even though she had never had sex before, she found him very attractive and so agreed. A short time later she found that he was also having sex with other girls. She felt very bad when she found out, and cried and cried. She had trusted him and thought he loved her, but he did not love her and was not to be trusted. Her heart was broken. She decided to never go out with or have sex with that boy again and swore not to have sex with anyone until she got married.

Step 2

- Hold a discussion by asking the following questions about the story:
 - Why did the girl not want to have sex in the first place with the boy?
 - Why did the boy want to have sex with the girl?
 - Why did the girl change her mind and have sex with the boy?
 - How did the girl feel after she found out that the boy was unfaithful?
 - What do you think of the girl ending the relationship with the boy?
 - What do you think of her deciding not to have sex again until marriage?

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

- What will she have to do to avoid having sex until marriage?

Step 3

- Explain that there are different aspects of a person that make a person whole or complete. List these on the flip chart or paper:
 - Emotions (your feelings)
 - Spirituality (your relationship to God or a spiritual power)
 - Beliefs (your values)
 - Body (your physical body)
 - Head (what you think)
- Explain to participants that sexual relationships, especially ones that end badly, can result in preventing a person from feeling whole or complete.
- Explain that a sexual relationship that does not work out may result in a deep hurt caused by rejection, unwanted pregnancy, a sexually transmitted disease or a feeling of disappointing yourself and others.

Step 4

- Ask participants to think how a failed sexual relationship might negatively affect each one of these aspects of a person.
- For example; the negative effect on “Emotions (your feelings)” might be that you “Feel rejected.”
- List the negative effects on each aspects of a person next to the corresponding part.

Step 5

- Once the list is complete, compare the list made by the participants with the following list:
 - Emotions (your feelings) – being unable to love, fear of relationships, feeling jealous
 - Spirituality (your relationship to God or a spiritual power) – being disappointed in God, Bible says no sex before marriage, committed sin
 - Beliefs (your values) - broke a pledge, didn't live up to parent's expectations, lost respect of others
 - Body (your physical body) - risked HIV infection, got pregnant, got an STI or HIV
 - Head (your thoughts) - mistrust, now afraid of sex, fear for the future

Step 6

- Stimulate a discussion with participants by asking the following questions:
 - What can a person do to feel better after having a bad experience with a sexual relationship? What can the person do to regain their self-confidence and feel control over their life?

- What are the chances someone who has had sex before can manage to abstain and not have sex again before marriage or when they are ready?
- What lessons can be learnt from previous sexual relationships?
- What are the common disappointments with sexual relationships when they end?
- What are the advantages of deciding not to have any more sexual relationships until marriage or when you are ready?

Step 7

- Explain the following steps a person can follow to abstain from sex:
 1. Break off relationships with current sexual partners.
 1. Focus on having friendships without sex.
 2. Put energies into realizing your future goals and dreams.
 3. Keep friends around you who are also not sexually active.
 4. Talk to close friends about your feelings and disappointments with sexual relationships.

Step 8

- Summarize the session by explaining the following reasons to practice abstinence until marriage or when you are ready:
 - Freedom from complicated sexual relationships
 - Freedom from heartbreak and disappointment when the relationship ends after having sex
 - Freedom from unwanted pregnancy
 - Freedom from premature parenting
 - Freedom from STIs
 - Freedom from HIV infection
 - Freedom from worrying about the decision to have sex or not
 - Freedom to explore friendships with no pressure for sex
 - Freedom to trust in a friend who is not only interested in sex
 - Freedom to plan your future and achieve your goals and dreams

SESSION 4 – Avoiding Risky Behavior to make dreams come true¹²

Ages

15-24 years

Objectives

- To encourage young people to plan for the future
- To reflect on how decisions today impact on the future

Materials

A4 sheets of paper

Pencils or pens

Flip chart paper or chalk board

Markers or chalk

Time

Approximately 45 minutes

Instructions

Step 1

- Ask each participant to imagine their life 10 years from now if all their dreams came true.
- They might imagine finishing school, being happily married, having children, owning a car or house, or having a good job.
- Give them each a piece of paper and a pen or pencil and have them write their personal dreams down.

Step 2

- Ask participants to list of things that a young person can do today that might make it difficult for their dreams to come true.
- Write their answers on the flip chart paper or chalk board.
- Compare the list created by the participants with the following list:
 - Get pregnant or get someone pregnant
 - Become infertile from a sexually transmitted disease
 - Get infected with HIV

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

- Drop out of school
- Abuse alcohol or drugs
- Not take school work seriously
- Get married too young
- Get in trouble with the police
- Become infertile from a dangerous backstreet abortion

Step 3

- Ask participants to write on their personal sheets of paper what they intend to do to make sure they achieve their goals and make their dreams come true.
- Give as examples of the following:
 - Have clear plans and dreams
 - Follow the advice of parents, guardians or others who have your best interests at heart
 - Avoid drinking alcohol and taking drugs
 - Refuse to have sex when you are still young
 - Work hard at school
 - Avoid places where older men or women go to meet young people
 - Be assertive when refusing sex
 - Be clear about what you want and need in a relationship

Step 4

- Have those who are willing to share what they have written with the others and discuss.
- Summarize the discussion.

SESSION 5 – Assertive, Aggressive and Passive Behaviors¹³

Ages

15-24 years

Objectives

- To understand the difference between passive, aggressive and assertive behaviors
- To encourage girls and boys to be assertive without being too aggressive when making a sexual decision (for example, to delay sex or to abstain)
- To better understand the disadvantages of being passive

Materials

Sheets of A4 paper, flip chart paper or chalk board

Markers, pens, pencils or chalk

Time

Approximately 50 minutes

Instructions

Step 1

Ask three volunteers to read aloud the definitions below:

Assertive behavior is:

- Telling someone exactly what you want in a way that does not seem rude or threatening to them
- Standing up for your rights without putting down the other person's rights
- Respecting yourself and others
- Listening and talking
- Expressing positive and negative feelings
- Being confident but not "pushy"
- Staying balanced and knowing what you want to say
- Saying "I feel" "I think"
- Being specific and using "I" statements
- Talking face to face with the person
- No whining or sarcasm

¹³ Peace Corps: Life Skills Manual, Peace Corps Information Collection and Exchange, 2001

- Using body language that shows you are standing your ground, and staying centered

Aggressive behaviour is:

- Expressing your feelings, opinions, or desires in a way that threatens or punishes the other person
- Standing up for your own rights but at the expense of others
- Overpowering others
- Reaching your own goals, but at the sake of others
- Dominating behaviours – for example: shouting, demanding, not listening to others, saying others are wrong, leaning forward, looking down to others, wagging or pointing a finger at others, threatening or fighting

Passive behaviour is:

- Giving into the will of others
- Hoping to do what you want without actually have to say it
- Leaving it to others or letting them decide things for you
- Taking no action to assert your own rights
- Putting others first at your own expense
- Giving into what others want
- Remaining silent even when something is bothering you
- Apologizing a lot
- Acting submissive - for example: talking quietly, laughing nervously, sagging shoulders, avoiding disagreement, hiding face with hands

Step 2

Individual Assertiveness Assessment (15 minutes)

- Explain that this exercise is designed to help participants discover how assertive they already are.
- Give each participant a piece of paper and a pen or pencil.
- Read each of the statements below. Repeat if necessary.
- For each of the following statements, ask participants to write an M for most of the time, S for some of the time, and N for never or almost never.

1. I can express my feelings honestly.
2. When I say how I feel, it is not to hurt someone else.
3. I express my view on important things, even if others disagree.
4. I offer solutions to problems instead of just complaining.
5. I respect others' rights while standing up for my own.
6. I ask my friends for a favor when I need one.
7. I take responsibility for my own feelings instead of blaming others.
8. If I disagree with someone, I don't use verbal or physical abuse.
9. I can admit when I am angry.
10. I can say "no" without guilt or an apology.

- 11. I do not do risky things with my friends even if they want me to.
- 12. I ask for help when I am hurt or confused.

Step 2

- Ask participants to count how many times they wrote down an M.
- Tell participants that the total number of M scores mean the following:
 - 0 – 4: You need to work hard at being more assertive.
 - 5 – 9: You are somewhat assertive, but could improve.
 - 10 – 12: You are good at being assertive and need to keep practicing.

Step 3

- Facilitate a discussion with participants asking the following questions:
 - Why is it sometimes difficult to be assertive?
 - How can being assertive help in a relationship?
 - How can being assertive help in a family?

Step 4

Different words to describe assertiveness, aggressiveness and passiveness

- Ask participants to imagine that aggressiveness, assertiveness, and passiveness are like a seesaw.
 - The aggressive person is at the top, looking down on everyone else.
 - The assertive person is perfectly balanced in the middle and quite comfortable with himself, herself and others.
 - The passive person is at the bottom, looking down at the ground and feeling bad.
- Divide a piece of flip chart paper or chalk board into 3 columns, labeled “Passiveness”, “Assertiveness” and “Aggressiveness”.
- Ask participants to give examples of passiveness, assertiveness and aggressiveness under each column.
- Write down their suggestions.
- Use the following as a guide:

Passiveness	Assertiveness	Aggressiveness
Giving in to the will of others Hoping to get what you want without having to say	Telling someone exactly what you want but in a way that does not seem rude or threatening	Expressing your feelings or desires in a way that threatens or punishes others Insisting on your rights while

<p>it</p> <p>Leaving it to others to decide for you</p> <p>Being submissive</p> <p>Talking quietly, giggling, looking down or away, sagging shoulders, hiding the face with hands</p> <p>Avoiding disagreement at all costs</p>	<p>Standing up for your rights without endangering the rights of others</p> <p>Knowing what you need and want</p> <p>Expressing yourself with “I” statements say “I feel” not “You...”</p> <p>Looking people in the eye</p> <p>Standing your ground</p>	<p>denying their rights</p> <p>Dominating, shouting, demanding, not listening to others</p> <p>Looking down on people</p> <p>Saying others are wrong and you are always right</p> <p>Blaming, threatening, or fighting with others</p>
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Step 5

- Facilitate a discussion on the results above, asking the following questions:
 - Do you know people who are passive, aggressive, and assertive?
 - What are the negative results of being passive?
 - What are the negative results of being aggressive?
 - How can someone learn to be assertive instead?

SESSION 6 – Saying “no” Role Play¹⁴

Ages

15-24 years

Objectives

- To help young people develop assertiveness in non-sexual situations
- To help participants find ways of dealing with peer pressure

Time

Approximately 40 minutes

Materials

None

Instructions

Step 1

- Ask participants to think of a situation in which someone their own age asked them to do something they did not want to do.
- Give a few examples to get started, such as:
 - A friend asked you to go and drink alcohol in a nearby bar
 - A friend asked you to steal an item in a shop
- Ask two volunteers to act out one of these situations in a spontaneous role play.
- The roles plays should focus on saying “no”.

Step 2

- When the role play is over, ask the audience the following questions:
 - What happened in the role play?
 - How did the actor say “no” to the person who asked them to do the thing they did not want to do?
- Ask the actor who refused how they felt refusing what the other asked.
- Was refusing easy?
- Ask the actor who was refused how it felt when the person said no.

¹⁴ PACT Botswana: Outreach Guide 2: Abstinence Promotion, 2007

Step 3

- Explain to the group that it is not always easy to say “no”, especially to a friend.
- It is normal to feel confused or to think there is something wrong with you when others are putting pressure on you.
- You can learn different ways of refusing to do something you do not like or do not want to do, while remaining true to yourself and to the things you believe.

Step 4

- Ask the participants to think of different ways of saying “no”.
- List their answers on a sheet of paper.
- Compare those to the following list, to make sure everything was included. Examples of assertive ways of saying no include:
 - You refuse politely
 - You give a reason for your refusal (this doesn’t mean you have to apologize)
 - You walk away from the situation
 - You give an alternative
 - You disagree firmly but calmly

Step 5

- Ask two new volunteers to act out the second situation proposed at the beginning of the activity.
- Ask them to try using a few of the ways of saying “no” that you just discussed.
- You can do more than one role play, if time permits.

Step 6

- Facilitate a discussion regarding the new role play with the group, asking the same questions as before.
- Discuss how well the actors resisted pressure and how well the strategies for saying “no” worked in each situation.

SESSION 7 – Delaying sexual debut¹⁵

Ages

15-24 years

Objectives

- To discuss the importance of delaying first sex
- To explain that the sooner two people start having a sexual relationship, the more likely the relationship will not last long. The better a couple know each other before having sex the more likely the relationship will last.

Time

Approximately 30 Minutes

Materials

None

Instructions

Step 1

- Read the letter from Martha below aloud or have one of the participants read it aloud.

Martha's letter to Auntie Maggie

Dear Auntie Maggie

I am a 17-year-old girl and I love my boyfriend very much, but he always wants me to satisfy him in ways which hurt my feelings. My girlfriends tell me that if I want to keep him, I have to have sex with him. I'm worried that he will sleep with other girls if I say no, so should I sleep with him? I also fear that my girlfriends will laugh at me because I don't want to have sex. They say everyone has sex when they are my age.

Martha

Step 2

- Ask the following questions about Martha's letter and let the participants discuss.
 - What do you think is Martha's main problem...?

¹⁵ Auntie Stella interactive discussions. Zimbabwe.

- Her boyfriend?
 - Her own worries about her boyfriend?
 - Her worries about her friends?
 - Should Martha be worried about what her friends think?
 - Would you or your friends laugh at someone like Martha?
- Should Martha...
 - Have sex with her boyfriend?
 - Only have sex with him if he threatens to have sex with someone else?
 - Leave him because he doesn't respect her?

Step 3

- Now read the letter from Auntie Maggie to Martha below aloud or have one of the participants read it aloud.

Auntie Maggie's response to Martha's letter

Dear Martha

People should never have sex if they do not want to, and your letter shows that you do not want to. Your boyfriend should not demand sex from you if you are not comfortable with it. You have no obligation to "satisfy him". Even if he says that he has sexual needs, if he really loves you, he will respect your needs. Please remind him that sex can lead to unwanted pregnancy, STIs and all sorts of misery. Do not do what your friends say just to please them. If they are your friends they should respect your decision and support you.

Auntie Maggie

Step 4

- Ask participants the following questions about Aunt Maggie's letter and discuss.
 - What do you think of Auntie Maggie's letter...?
 - What advice did she give to Martha?
 - Do you agree with the advice she gave?
 - What will happen next?

Step 5

- Ask participants the following questions and discuss.

If you or your friends are in a similar situation, what can you do?

- To help yourself do only what you want?
- To help your friends do only what they want?
- To help your girlfriend or boyfriend act responsibly?

SESSION 8 – Benefits of delaying sexual debut¹⁶

Ages

15-24 years

Objective

To understand the benefits of not rushing into a sexual relationship when you have not yet had sex

Time

Approximately 30 minutes

Materials

Flip chart paper or chalk board
Markers or chalk

Instructions

Step 1

- Explain to participants that there are disadvantages to rushing into a sexual relationship, and there are advantages to waiting.

Step 2

- Give the example below of one disadvantage of rushing into a sexual relationship and then ask participants to add to the list:
 - Example: You do not really know the person well.
- Write their ideas on the flip chart paper.

Step 3

- Compare the participants list with the following list and discuss:
 - You would be at risk of HIV if the person starts and stops many sexual relationships
 - The relationship is not likely to last if you don't know the person well
 - You may get stuck in a bad marriage if you marry too fast
 - Sex complicates relationships
 - One person maybe in love and the other not really in love
 - One partner maybe pretending to be in love just to get sex

¹⁶ PACT Botswana: Outreach Guide 2: Abstinence Promotion, 2007

Step 4

- Give the example below of an advantage of waiting before starting a sexual relationship and then ask participants to add to the list:
 - You know your partner well and trust them
- Write their ideas on the flip chart paper.

Step 5

- Compare the list of advantages suggested by the participants with the following list and discuss:
 - Sex is better when there is true love
 - Show respect for yourself and the other person by waiting
 - Decisions of having sex should not only be based on physical attraction
 - You are less likely to be hurt

Step 6

- Summarize the discussions with the following points:
 - Ideally, couples should wait for marriage or until they are ready before having sex.
 - Having sex without a condom because you think you are in love is a risk for HIV.
 - Having sex can make relationships seem more serious than they really are.

SESSION 9 – Saying no to sex means no sex¹⁷

Ages

15-24 years

Objective

- To better understand the importance of refusing sex and respecting the choice to refuse

Time

Approximately 45 minutes

Materials

Flip chart paper or chalk board
Markers or chalk

Instructions

Step 1

- Ask participants to read the two following stories aloud.
- Explain that the first version is from the point of view of the young man and the second version is from the point of view of the young woman.
- If there are many participants, have them break up into groups to do this exercise.
- Groups should also read both versions of the story.

Young man's version of the story

I invited a girl I had met through a friend to a party and was happy she accepted. When she arrived she looked very sexy. I could see the shape of her body in the dress she was wearing and her lips and nails were bright red. I was really getting turned on when we danced and she moved her hands all over my shoulders and back. After a few drinks I asked her if she wanted to go outside for some fresh air. When she agreed my heart started beating because I thought this meant we would have sex that night. We walked along a road quietly talking and when we were out of sight I pulled her close to me and we started kissing and I touched her breasts and rubbed her body all over. She made a few small noises and pulled away from me a bit. I told her everything was going to be OK and held her hands behind her back. As I pushed her gently down to the grass she told me to "wait." But I thought why wait, someone might come along at any moment. She kept repeating "no," "don't," "please," and "wait," over and over again but I knew it was all part of the game because she didn't want me to think she was a naughty girl. I didn't stop because that is what girls say all the time. They pretend to put up a fight but

¹⁷ PACT Botswana: Outreach Guide 2: Abstinence Promotion, 2007

then always give in at the end. She struggled and cried as I lifted her dress up and had sex with her. Since I wasn't expecting to have sex that night I had no condom. I certainly wasn't going to miss out on having sex because there was no condom. When we were done she didn't talk to me and she was angry. I asked her what was wrong but she just fixed her clothes and ran off crying.

Young woman's version of the story

I met this guy through his sister and since she was nice, I thought he might be nice as well. He was funny and made me laugh. When he invited me to a party I thought I could get to know him a little better. I borrowed a cute dress from a friend and put on some make up. At the party I could tell he thought I was sexy the way he looked at me up and down. I was enjoying talking to him when we went outside for some air and I felt excited when he touched my hand. When we started kissing and touching each other all over I felt tingly inside. I was enjoying his touch and starting to feel hot all over. When he started to be a little rough with me that is when I realized that we should slow down a bit and I asked him to wait. He told me that I was a woman and he was a man and that he loved me. That made me feel funny. I asked him to stop but he kept touching me and pinned me to the ground. Then I got scared. I knew that I was enjoying what we were doing and it could lead to sex but I was not ready to have sex yet with him. I started to cry but it didn't make any difference to him. He kept touching me and undid his belt and pants. I told him to stop but he smiled and kept going. I couldn't believe it when he forced my legs open and started having sex with me. I didn't plan to have sex but never imagined he would force himself on me. I trusted him but he was like all men - just interested in sex. I told him I was angry with him but he just looked at me like I was crazy. Now I am worried about getting pregnant or, even worse, getting HIV from him. I never want to see him ever again.

Step 2

- Stimulate a discussion on the stories by asking the following questions:
 - What went wrong in this situation?
 - How do you think the young man feels about what happened?
 - How do you think the young woman feels about what happened?
 - Why didn't the young man listen when the young woman said "no"?
 - What could the young woman have done differently?
 - What should the young man have done differently?
 - What will happen next for the two of them?

Step 3

- Ask participants to make a list of things a girl can do to avoid having sex against her will
- Write their ideas on the flip chart paper.
- Compare the participant's list with the following list:

- Say “no” loudly and clearly.
- Trust your feelings and leave if uncomfortable before it gets to that stage.
- Don’t get drunk or don’t drink at all.
- Make it clear what you will and won’t do (kissing, touching, sex).
- Don’t be alone with a partner until you know him better.
- Find out how your partner feels about the rights of women to control their own bodies.

Step 4

- Summarize the discussion and include the following points:
 - Young women or men have to be clear and firm when refusing sex.
 - Young men and women need to respect each other’s right to refuse sex.
 - Young men and women never have the right to force someone to have sex against their will.
 - Forcing someone to have sex against their will is rape and is against the law.

Module 4: Multiple Concurrent Sexual Partnerships

SESSION 1– Multiple Concurrent Partnerships¹⁸

Ages

15-24 years

Objectives

- To define the term “multiple concurrent partnerships” and multiple partnerships
- To discuss multiple and concurrent partnerships

Time

Approximately 60 minutes

Materials

None

Instructions

Step 1

- Ask participants to read aloud the definition of “multiple and concurrent partnerships” and the term “multiple partnerships”. below, and make sure they understand the difference.
- Read aloud to participants the following stories one at a time (or have participants read them) and stimulate a discussion by asking the questions after each story.

Definition of the term “multiple concurrent partnerships”

Multiple concurrent partnerships are sexual relationships where an individual has two or more sexual relationships that overlap in time. A sexual relationship is considered to be concurrent if a person reports having two or more sexual partners during the same period of time. One example is when a man has a wife and also another regular sexual partner on the side.

Definition of the term “multiple partnerships”

¹⁸ UNICEF Zambia: Life Skills Education Facilitator Guide for Out of School Youth, 2003

Multiple partnerships is the practice of having two or more sexual partners over a period of time but without an overlap. One example is when a man has a girlfriend, then breaks up with her and has another girlfriend.

Step 2

- Read aloud to participants the following stories one at a time (or have participants read them) and stimulate a discussion by asking the questions after each story.

Story 1

Two young men are talking about HIV and AIDS. One man is afraid that he might get infected and has decided to only have sex with the girl he intends to marry. The other laughs at him and says that sexual variety is the spice of life and that it is no fun to have sex with only one girl.

- Why do some men like to have many different sexual partners at the same time?
- What is the problem with having many different sexual partners at the same time?
- Why do you think the first man is able to be faithful to one partner?
- What should the second man do to protect himself and his partners?

Story 2

A young woman has a boyfriend she loves very much but he is a student and has no money. She also has a sugar daddy who is an older married man. The sugar daddy buys her gifts and gives her money. She doesn't use condoms with the sugar daddy and she suspects he has sex with other girls as well. Since she gives some of the money to the poor boy friend, he doesn't object to her having sex with the sugar daddy.

- What is the problem with this situation?
- What should the young woman do to protect herself from HIV infection?
- Will the sugar daddy accept the use of condoms?
- Will the young woman give up her gifts and money?

Story 3

Two male friends who have regular partners hadn't seen each other in a long time and decided to go to a bar together. They were getting a little drunk and started talking to two young women. One of the men decided to go home with one of the girls. The girl confessed to him that she has a regular sexual partner. The man was not carrying a condom nor were there any condoms available at the bar. Though his friend advised him not to, the man decided to have sex without a condom with the girl anyway. The following weekend the man and the girl met again and had sex. In the meantime the man was also having sex with his regular sexual partner. This became a practice and the men had sex with this girl from time to time.

- How does drinking alcohol affect decisions about sex?

- Why do some men who usually use condoms have sex anyway if there are none available?
- What are the advantages of always carrying condoms?
- What is the problem with having sex without a condom with someone you just met in a shebeen and whose HIV status you do not know?

Story 4

One Saturday a pretty young girl got nicely dressed and went out to find a man to have sex with, in the hope of getting a little money. She met a man who bought her beer. As night approached, the young woman decided to go home with the strange man. After some kissing and touching she asked him if he had a condom. He said no and they had sex anyway. The man was a married man whose wife lived in the village. The young woman also had a regular partner who she was dating.

- What are the advantages of young girls trading sex for money?
- What are the disadvantages of young girls trading sex for money?
- What should the girl have done differently?
- How would the other sexual partners of the young woman and the men feel if they knew?
- Why do some women depend on men to provide the condoms instead of having condoms or using female condoms themselves?

Story 5

A young woman has been looking for a job for a long time without success. She finally gets an offer to work for a man who owns a small business. The man invites her to his house to sign some papers. At his house he tells her that in order to get the job she has to have sex with him. She agrees though she doesn't want to because she really needs the work. After she gets the job the man tells her that in order to keep her job she will have a regular sexual relationship with him. The young woman learns that the other two women who work at the business are also in the same situation, but since they all want to keep their jobs no one is willing to turn down the man's offer.

- What other examples are there of men who abuse their positions and power to get girls and women to have sex?
- What can be done to stop men from abusing their positions and power?
- What could the girls have done in this situation?
- How common is it for men to abuse their positions and power to get sex?

Story 6

A married taxi driver with three children also has two regular girlfriends. Now and again, he also has sex with female passengers who are not able to pay for taxi rides, including some school girls. He doesn't like using condoms and refuses to go for an HIV test. His wife is worried that he might infect her with HIV but is afraid to talk to him about it.

- Why are women so interested in having sex with the man?
- Why is his wife reluctant to talk to her husband about HIV?
- What are the advantages of reducing the number of different sexual partners?
- What are the advantages of using condoms if it is impossible to be abstinent or faithful?

SESSION 2 - Causes and Effects of Multiple and Concurrent Partnerships¹⁹

Ages

15-24 years

Objectives

- To identify reasons why people have multiple concurrent sexual partnerships
- To identify the effects of multiple concurrent sexual partnerships
- To determine ways to avoid having multiple concurrent sexual partnerships

Time

Approximately 45 Minutes

Materials

Flipchart paper or chalk board

Markers or chalk

Instructions

- The facilitator should know the definition of the terms multiple partnerships and multiple concurrent partnerships.

Step: 1

- Divide the participants into groups if the group is too large.
- Read aloud or ask one of the participants to read aloud the following scenario:

Scenario

Tukelo is a young woman who works at a local bank. She has a steady boyfriend with whom she has two children. Tukelo is also seeing and secretly having sex with three other men at the same time.

Step 2

- Ask the participants to discuss the following questions in the groups:
 - What possible problems are likely to arise from such relationships?
 - What are disadvantages of such relationships?
 - Does this happen in your community?
 - How would you deal with such problems in the community?

¹⁹ UNICEF Zambia: Life Skills Education Facilitator Guide for Out of School Youth, 2003

- Why is Tukelo having affairs with other men other than her boyfriend?
- What social or cultural factors influence the practice of multiple concurrent sexual partnerships in your community?

Step 2

- Summarize by explaining that multiple concurrent partnerships are common in communities.
- Explain that these types of relationships are dangerous in that the risk of contracting HIV and spreading it to your partners is very high.
- The practice of multiple concurrent partnerships is also associated with many social and financial problems for individuals and families.

SESSION 3 – Facilitating the MCP Flannelgram²⁰

Ages

15-24 years

Objectives

- To increase awareness among young people on the dangers of multiple and concurrent partnerships
- To identify reasons why people engage in MCP
- To identify the risks associated with MCP

Time

Approximately 60 minutes

Materials

Flip chart paper and markers

MCP Flannelgram kit with the Cue Card, virus chart and all the characters (mannikes)

Instructions: taken from the Cue Card

Section #1: Before you begin **BE READY**

- A good facilitator IS always:
 - Prepared: You have the flannelgram ready to work with and IEC materials ready to hand out.
 - Focused: You are paying close attention to the work and to your participants.
 - Organized: You have done your ground work, organized the venue and participants.
 - Committed: You do not miss arranged sessions and respect their time.
- A good facilitator always:
 - Knows the curriculum: You have PRACTICED the curriculum and the Cue Card.
 - Know his/her epidemic: You have studied the DHS and sentinel surveys and know the results.

Section #2: How to start

- Greet your participants politely.
- Introduce yourself and your organization and your position.

²⁰ IntraHealth, Ms. Libet Maloney: MCP Flannelgram, 2010

- Explain that you are there to discuss a problem affecting 1000's of families in Namibia and across the world.
- Explain that you are there to brainstorm with you about challenges and healthy solutions for individuals and for this community.

Section #3: Put your group in the picture: What is today's topic?

- Explain that you there to discuss information about HIV.
- Say that HIV is preventable but only if we ALL change our behavior.
- Explain that first we must identify dangerous behaviours in the community.

Section #4: Let us begin: Why us?

- Explain that there are 194 countries on earth, and Namibia is fifth in HIV (you may mention the prevalence in the region where you are).
- Explain that Namibia shows a high knowledge level on HIV and AIDS according to the Demographic and Health Survey.
- Ask why HIV is high if knowledge level on the prevention of HIV is also high.
- List participant's ideas on the flip chart paper.

Section #5: Introduce the virus chart: How does the virus work in the body?

- Study the virus chart carefully before beginning work. You MUST understand it in order to explain it to others.
- Put the virus chart up on the flannel board.
- Explain that 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.
- Explain that with very high virus amounts in the body a person can spread the virus VERY easily.

Section #6: How do sexual networks happen? Create the network

- Explain that the sexual risk factor you are discussing is having more than one sexual partner at the same time. Multiple concurrent partnerships or MCP means having more than one sexual partner at the same time.
- Ask if there is a word for MCP in participant's language or area.
- You will now begin helping participants to understand about networks by helping them create their own sexual network.
- Put the characters (mannikes) on the flannel board. You may first pose questions to the group:
 - Can you find a man here in the characters (mannikes) who has more than one sexual partner at the same time?
 - Can you find a woman here in the characters (mannikes) who has more than one partner at the same time?

- Begin the exercise by pinning the characters (mannikes) on to the flannel board 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 and add to the story.

Section #7: So we have built a sexual network, what about HIV?

What if a person in the network gets infected?

- Remind the group how the virus works in the body.
- Ask them what would happen in the network if someone gets infected.
- Ask them to identify one person who got infected and then put an orange line on the infected person.
- Ask volunteers to put more orange lines showing how HIV spreads on the network until finished.
- Summarize by explaining the following:
 - The HIV virus spreads VERY fast in a sexual network, especially when the first infection is new.
 - HIV can spread to everyone in the network.

Section #8: How do we step off the network? Solutions

- Explain that stepping off the sexual network is not easy, but is possible.
- Start by asking participants what they as a community can do to lower the risk.
- Hold a brief discussion.
- Now put the solutions page up on the flannel board.
- Describe the 2 different solutions for getting off the sexual network:
 - Having only ONE sexual partner whose HIV status you know can protect you and NOT HAVING A SECRET OR MORE THAN ONE PARTNER AT THE SAME TIME.
 - If you live with more than one wife, this can also be safe if you CLOSE THE DOOR. No secret or other partners outside of your circle of wives.
- Explain the importance of couples communication in relationships and how that can help you 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.

Section #9: Wrap up the meeting

- Ask participants if they have understood the risks of HAVING MORE THAN ONE SEXUAL PARTNER AT THE SAME TIME.

SESSION 4 – Using Picture Codes to explore MCP and its effects²¹

Ages

15-24 years

Objective

- To discuss multiple concurrent sexual partnerships (MCP) using the MCP Picture Code Flip Chart

Time

Approximately 30 minutes per photo

Materials

MCP Picture Code Flip Chart

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

²¹ MOHSS/DSP MCP TWG, C-Change Namibia and Nawa Life Trust: MCP Picture Code Flip Chart, 2010

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.

Module 5: Cross-generational sex and transactional sex

SESSION 1 – Sex favors and older women²²

Ages

15-24 years

Objectives

- To understand the terms “cross-generational sex” and “transactional sex”
- To discuss cross-generational sex and transactional sex and their consequences

Time

Approximately 30 Minutes

Materials

Flip chart paper or chalk board
Markers or chalk

INSTRUCTIONS

Step 1

- Ask participants to read the definitions below and make sure they are understood:

Cross-generational sex: Young women or men who have non-marital sex with a man or woman who is 10 years or older than themselves.

Transactional sex: Transactional sexual relationships are sexual relationships which involve the exchange of sex for money, gifts or services. Those offering sex may or may not feel affection for their patrons.

Step 2

- Ask one of the participants to read the following story aloud:

Litu is being laughed at by her peers in school because her school uniform is very old. Her hair is short and she cannot afford to buy braids or to do her hair like the other girls. A man the age of her father has recently started to offer her a ride home from

²² Auntie Stella interactive discussions. Zimbabwe

school as she usually walks a long distance. Sometimes the man offers her money to buy clothes and buy braids for her hair. One day the men asked Litu to accompany him to his house. Litu agreed and when she got there the man offered Litu food and drinks and asked her to have sex with him. Because of the pressure Litu agreed. Now Litu has a new school uniform nice hair and even a new phone.

- Read the questions below and discuss with participants:
 - What is this story about?
 - Is this situation common in communities?
 - Why did the man offer Litu money and gifts in exchange for sex?
 - What power did she have in the relationship?
 - Do you think they used a condom?
 - What are the consequences of having sex with an older man or woman?

Step 3

- Ask one of the participants to read the second story aloud:

I am a 20 year-old boy. I rent a room near the University because I had to move to the city for school. The rest of my family lives out of town. Sometimes my parents are late in sending me money to pay the rent for the room and buy food. My landlord is an older woman the age of my mother and her husband works out of town. She is a nice lady and sometimes she offers me food. Last month she came into my room and asked me for sex. I was scared that if I say no she will have me thrown out and I won't have anywhere to stay. This month she came back to my room and asked me to have sex with her and because of the pressure I was so scared and I gave in. I am worried that this will happen again. Signed, Oliver.

- Read the questions below and discuss with participants:
 - What is this story about?
 - Do you think older women sometimes ask young boys to have sex with them?
 - What should Oliver have done to avoid this happening?
 - What are the consequences of this?
 - Should Oliver tell his parents?

Step 3

- Ask participants to list reasons why young people should not have non-marital sex with an older person.
- Write their answers on the flip chart paper and discuss.

SESSION 2 – Using picture codes to discuss cross-generational and transactional sex²³

Ages

15-24 years

Objective

- To learn about cross-generational and transactional sex using the MCP Picture Code Flip Chart

Time

Approximately 30 minutes per photo

Materials

MCP Picture Code Flip Chart

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

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

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 – Factors that lead young people to have cross-generational sex²⁴

Ages

15-24 years

Objective

- To identify and discuss factors that lead to young people engaging in transactional sex.

Time

Approximately 35 minutes

Materials

Flip chart paper or chalk board
Markers or chalk

Instructions

Step 1

- Divide participants into three to four groups.
- Give each group a piece of flip chart paper and a marker.

Step 2

- Ask the groups to divide their paper into two parts.
- In one part they should then list reasons why young people might have sex with someone who is not their marital partner and is 10 years older than they are
- In the other part they should list the reasons why an older person might have sex with someone who is not their marital partner and is 10 years younger than they are.
- Give groups some time to complete the exercise.

Step 3

- Ask each group to present the results of their discussion to the other participants.

Step 4

²⁴ C-Change Namibia, 2009

- When groups have completed their presentations, hold a general discussion on the reasons why young people have cross-generational sex, and why older people have cross-generational sex.
- Ask "what are the risks to the younger person and older person of this sexual behavior?"
- List participants' responses on the flip chart paper and discuss.

SESSION 4 – Giving sex in exchange for money, gifts or favours²⁵

Ages

15-24 years

Objective

- To discuss factors related to sex in exchange for favours, money or goods

Time

Approximately 30 minutes

Materials

None

Instructions

Step 1

- Ask one of the participants in the group to read the following letter aloud:

Dear Auntie Maggie,

I am a young man in college. My girl friend attends a local high school. We have been dating for a year now. I want to have sex with my girlfriend but every time I ask she ignores me. I buy her lunch at school and sometimes even give her taxi fare to go home. Still she won't have sex with me. Why can't she even give me a thank you for the things I do for her?

Themba

Step 2

- Ask the following questions and discuss:
 - Do many young men expect sex in exchange for buying things for their girlfriends?
 - Do you think sex is the correct way for Themba's girlfriend to thank him?
 - How else could Themba's girlfriend thank him?
 - If she won't have sex with him, should he stop spending money on her?

²⁵ Auntie Stella interactive discussions. Zimbabwe

Step 3

- Now ask another participant to read the reply from Auntie Maggie, below:

Dear Themba

If you have a girlfriend, you should love and respect her. If you expect her to give you sex in return for gifts and money, you expect her to behave like a sex worker. That shows no respect for her or for you. Sex should be a loving thing and if you are pressuring your girlfriend into it, neither of you will enjoy it very much. Why don't you concentrate on your studies and wait until both of you are ready to have safe sex? This will doubtless mean waiting a while but will be well worth it.

Auntie Maggie

Step 4

- Hold a discussion with participants. Ask the following questions to get started:
 - What do you think about Auntie Maggie's response to Themba?
 - What have you learned from this session about sex, love and money?
 - Do you need to change the way you think about sex, love and money?
 - Can you have relationships with people without exchange of sex for gifts or money?

SESSION 5 – Having sex for money and favors²⁶

Ages

15-24 years

Objective

- To discuss factors related to sex in exchange for favours, money or gifts

Time

Approximately 30 minutes

Materials

None

Instructions

Step 1

- Ask one of the participants in the group to read the following letter from Rachel aloud:

Dear Auntie Maggie,

I am a 19 year-old girl, doing my grade 12 this year. My father left us when I was 15 years old and my mother died last year. We are six in my family: four younger brothers and a sister. Now that I am the elder person at home, I need to look after them. Sometimes we do not have enough food to eat. I want to finish my grade 12 so I can get a job. One of my friends is making a lot of money by having sex in exchange for money or food. Is it right to ask for money after having sex? I can't think of any other way to earn enough money to buy food and other things needed for the family. My friend has told me that she can introduce me to her good friends.

Please, Auntie, help me to solve this problem,
Rachel.

Step 2

- Ask the following questions and discuss:
 - Do you know many young people who have problems like this?
 - What are they doing to help support their family?
 - Should Rachel try to earn money from sex?

²⁶ Auntie Stella interactive discussions. Zimbabwe

- How could she earn money another way?
- Where can she go to get help with school fees and food for her brothers and sister?

Step 3

- Ask another participant to read the reply below from Auntie Maggie.

Dear Rachel,

I understand that you are in a very difficult situation, but having sex for money will only lead to more problems - like getting pregnant, getting HIV or other STIs, or being raped and beaten. It is just not worth it. What you can do is think of all the other ways there are to solve the problem - either to earn money, or to find a person or organization to sponsor you and help to support your brothers and sisters. Try to find someone in your school or community who can give you advice on this. There are many other ways to learn things apart from going to school. Get whatever skills you can, whether you're paid or not. Find out what organizations are doing projects in your area, and ask if you can help in any way. If there are any books around, read them. Don't mess up your life by having sex for money. If you have sex when the other person doesn't care about you, you will always end up hurt.

Auntie Maggie

Step 4

- Hold a discussion with participants.
- Ask the following questions to get started:
 - How can people make money besides having sex for money?
 - Who are some of the people and where are places in your community where you could get help?

- **Step 5**

- Compare the possible solutions participants have identified with some of the suggestions below:
 - Look for a job while studying part time.
 - Talk to your teacher or community leader.
 - Go to the local youth office in your area and speak to a social worker.
 - Places where one is likely to find support: Ministry of Gender Equality and Child Welfare, Churches, NGOs, Ministry of Health.

Module 6: Alcohol, substance abuse and HIV

SESSION 1 – Types of substances commonly abused²⁷

Ages

15-24 years

Objective

- To identify different types of substances commonly abused

Time

Approximately 40 minutes

Materials

Flip chart paper or chalk board
Markers or chalk

Instructions

Step 1

- Ask participants what kinds of alcohol and other substances are commonly abused in their communities.
- Write participants responses on the flip chart paper or chalk board.

Step 2

- Read the types of substances, below.
- Discuss to make sure they understand the meaning of the types.

Types of substances:

Depressants:

- Depress brain activity, causing sluggishness and disinterest
- Examples are: alcohol, opium, inhalants such as glue and benzene

Stimulants:

²⁷ C-Change Namibia, 2009

- Increase brain activity, causing wakefulness and alertness
- Examples include cocaine, caffeine, crack, tobacco

Hallucinogens:

- Modify brain activity by altering the way in which we perceive reality, time, space, sights and sounds. Relieve tension, bring calming and relaxing sensations
- Examples: Ecstasy, marijuana, LSD

Step 3

- Ask participants to classify the substances they mentioned in Step 1 into the types of substances discussed in Step 2.

SESSION 2 - Alcohol limits for men and women²⁸

Ages

15-24 years

Objectives

- To explain what is meant by “alcohol”
- To understand the daily maximum recommended alcohol intake for men and women
- To understand the body’s ability to process alcohol
- To understand the short term and long term consequences of alcohol abuse

Time

Approximately 30 minutes

Materials

Flip chart paper or chalk board

Markers or chalk

Bottles and glasses to illustrate the alcohol content of various alcoholic drinks (see below)

Step 1

- Ask participants what is alcohol.
- Write their responses on the flip chart paper.
- Now read the definition of alcohol, below, and make sure they understand:

Alcohol: The alcohol found in beer, wine and distilled spirits is known as *ethanol*, or *ethyl alcohol*. It is a molecule made up of carbon, hydrogen and oxygen. Each type of alcoholic drink contains different amount of alcohol (alcohol units).

Step 2

- Ask participants to list the different types of alcoholic drinks.
- Then ask them to say which types are stronger (have more units) than the others.
- Now read the alcohol units in each type of alcoholic drink, below, and correct any errors. Use bottles or glasses with water to illustrate amounts:

Alcohol units in different alcoholic drinks:

- Beer 340 ml (dumpy) = 1 unit of alcohol
- Wine 120 ml (about half a wine glass) = 1 unit of alcohol

²⁸ C-Change Namibia, 2009

- Cider 340 ml (bottle) = 1.5 unit of alcohol
- Spirits 25 ml (1 tot) = 1 unit of alcohol
- Tombo Jug (jug) = 3 units

Step 3

- Ask participants what they think is the maximum number of alcohol units a man should drink in a day. Write their answers on the flip chart paper.
- Now ask to list participants what they think is the maximum number of alcohol units a woman should drink in a day. Write their answers on the flip chart paper.
- Read the amounts below and correct any errors:

Maximum recommended alcohol consumption per day:

- Women = 2 units per day
 - Men = 3 units per day
- Relate these amounts to the various kinds of alcoholic drinks discussed in Step 2.

Step 4

- Explain the following facts about the body's ability to process alcohol:

Body's ability to process alcohol:

- It takes 1 hour for the liver to process 1 unit of alcohol.
 - It takes 3 hours for the brain to recover completely from 1 unit of alcohol.
- Explain that if someone has just one unit of alcohol, he or she is still under the effects of the alcohol up to 3 hours later.
 - Ask how long a person would be affected if they drank a lot in the evening. Would they still be affected by the alcohol in the morning?

Step 5

- Ask participants to list the short term effects of drinking alcohol.
- Write their ideas on the flip chart paper.
- Then compare their answers with the list below, and discuss:

Short term effects of drinking alcohol:

- Alcohol impairs your judgment.
- It increases the likelihood of participating in risky behaviours.
- Increases vulnerability to injuries, accidents, unsafe sex, being a victim of a crime or getting into trouble with the law.
- Drinking very large amounts in one session can lead to acute alcohol poisoning, which in turn can result in unconsciousness, a coma, or even death.

Step 6

- Ask participants to list the long-term effects of drinking alcohol.

- Write their ideas on the flip chart paper.
- Then compare their answers with the list below, and discuss:

Long term effects:

- Causes serious health problems including alcohol dependence (alcoholism)
- Pancreatic problems
- Liver cirrhosis
- In extreme cases, heavy drinking can result in alcohol poisoning
- Coma
- Brain damage and death
- Many other types of physical and emotional health problems

SESSION 3 - Introduction to alcohol and HIV²⁹

Ages

15-24 years

Objectives

- To examine why young people drink alcohol
- To understand when it is acceptable to drink alcohol
- To understand how alcohol affects decision-making

Time

Approximately 45 minutes

Materials

Flip chart paper or chalk board
Markers or chalk

Instructions

Step 1

- Ask participants to list reasons why young people drink alcohol.
- Write their responses on the flip chart paper.
- Compare their responses with the following list, add any that are missing and discuss:
 - Pressure from friends
 - Desire to fit in with others
 - Feel like an adult
 - Relax
 - Feel good
 - Avoid problems with reality
 - Bored or lonely
 - Want to experiment
 - Want to be drunk
 - Want to copy the drinking habits of parents

Step 2

- Divide the flip chart paper into two sections: Reasons and Actions

²⁹ C-Change Namibia, 2009

- Ask participants to list of the reasons a person could give or actions a person could take to resist pressure to drink alcohol.
- Write their responses in the sections of the flip chart paper.
- Compare their responses with the following lists, add any that are missing and discuss:

Reasons:

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

Actions:

- Refuse politely but firmly, say "No thank you".
- Ask for a cool drink instead.
- 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.

Step 3

- Ask participants to list the ways that drinking alcohol affects decision-making.
- and compare them with the following list:
- Write their responses in the sections of the flip chart paper.
- Compare their responses with the following lists, add any that are missing and discuss:

Ways alcohol affects decision-making:

- Slows decision-making
- Makes decision-making difficult
- Brings out anger and violent urges more quickly
- More likely to have sex with someone you don't know
- Less likely to use protection (condom)
- Could say something you would regret later

Step 4

- Divide participants into three groups and have each group prepare and act out a role play for the others on one of the following topics:

Role Play One: Pressure to drink alcohol

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

- **Role Play Two: Moderate Drinking**

Some participants take on the role of young people who are pressuring others to drink alcohol. Others take on the role of young people who are reluctant to drink alcohol but do so because they don't want to offend the others.

- **Role Play Three: Poor decision-making affected by alcohol**

Some participants take on the role of young people who are drunk and starting to make poor behaviour choices. Others play the parts of their friends who are trying to help them avoid making decisions that they will regret later.

Step 5

- Ask participants to say what they learnt from the three role plays. Some lessons that might be learnt 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.
 - People often don't want to be told they have drunk too much, but often need help drinking moderately.

SESSION 4 – Factors contributing to alcohol abuse by young people³⁰

Ages

15-24 years

Objectives

- To understand terms related to types of alcohol use
- To understand why young people drink alcohol

Time

Approximately 30 minutes

Materials

Flip chart paper or chalk board
Markers or chalk

Step 1

- Explain that there are different types of alcohol use and that each has a term that describes it.
- Write the terms below on a flip chart paper or chalk board, but do not write the definitions.
- Ask participants what they think the terms might mean.
- Write their responses on the flip chart paper.

Step 2

- Read the real definitions for each term, below, correcting any errors made by participants:

Types of alcohol use:

- ALCOHOL USE = Ingestion of alcohol without experiencing negative consequences
- ALCOHOL MISUSE = Ingestion of alcohol, but experiencing negative consequences
- ALCOHOL ABUSE = A continued pattern of alcohol use in spite of the negative consequences
- ALCOHOL ADDICTION/DEPENDENCE = the compulsive use of alcohol and inability to stop drinking regardless of negative consequences.

³⁰ C-Change Namibia, 2009

Step 3

- Divide participants into groups.
- Ask groups to list the factors that lead young people to abuse alcohol or become addicted.
- Ask each group to present their factors to the others.
- Compare the group ideas with the list below and round up with a five minute discussion.

<ul style="list-style-type: none">• Boredom• To forget incidents• Loneliness• Poverty or feeling of hopelessness• Worry	<ul style="list-style-type: none">• Parents or family members drinking• Failure to do well in school• Personal happiness• Peer pressure
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SESSION 5 – Using picture codes to discuss alcohol abuse and HIV³¹

Ages

15-24 years

Objective

- To discuss alcohol and HIV using the Alcohol and HIV Picture Code Flip Chart

Time

Approximately 30 minutes per photo

Materials

Alcohol and HIV Picture Code Flip Chart

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

³¹ MOHSS/DSP Alcohol and HIV TWG and C-Change Namibia: Alcohol and HIV Picture Code Flip Chart, 2010

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 6 – Talking to someone you trust about alcohol abuse and HIV³²

Ages

15-24 years and or group of parents and guardians

Objective

- To understand questions young people might ask parents or guardians about alcohol abuse and sex, and possible responses

Time

Approximately 35 minutes

Materials

A4 paper and pens or pencils for each participant
Flip chart paper and markers

Instructions

Step 1

- Tell participants that they will be given a list of questions that young people might ask their parents or guardians about drinking alcohol and sex, and then they need to think of a response.
- Give each participant an A4 paper and pen or pencil, if you want to do this individually. If you want to do it as a group, that is also fine. You can write their answers on a flip chart.
- If there is a large group of participants, divide participant into groups and assign several questions to each group and have them write their answers on a piece of flip chart paper.

Step 2

- Read each of the four questions below (in bold). Do not read the responses yet.
- Each participant or group should think of how they would respond to the question and then write their answers on their piece of paper, or if you do it in a group then you could write their answers on the flip chart.
- Once they are done, have them present their answers for each question to each other.

Step 3

³² PACT Botswana: Outreach Guide 6: Alcohol, 2007

- Now read the answers below to each question, and discuss:

Question 1: Adults drink alcohol often, so why shouldn't young people?

Response: Drinking too much alcohol is bad for your health at any age. Young people are more likely to lose control when they drink than adults because they are not used to it. Boys who get drunk are likely to get in fights and have unprotected sex. Girls who get drunk are more likely to have unprotected sex or even be raped.

Question 2: What should I do if all my friends are drinking alcohol and they want me to drink too?

Response: It is possible to drink less alcohol than others and drink lots of water or cool drinks at the same time to avoid getting drunk. The best way to resist pressure to get drunk is to stand by your convictions or avoid drinking at all.

Question 3: What is the problem with accepting alcohol from people who want to buy it for you?

Response: Accepting alcohol bought by other people may cause you to drink more than you want to. Men and boys may encourage girls to get drunk so that they will agree to have sex with them, or to get so drunk that they won't resist if they force them to have sex.

Question 4: What is the problem of being with people who get drunk even if you don't drink yourself?

Response: A person who doesn't drink any alcohol, but goes to places where other people are getting drunk, can run into problems. Young men may find that drunken people want to beat them, whereas young women may find that they are risking being raped.

Step 3

- Stimulate a discussion by asking the following questions:
 - Why is it important that young people communicate with their parents/guardians about the problems of alcohol abuse and sexual risk or any other problem?
 - What is the best way one can communicate with someone they trust about the problems they are facing?

Module 7: Male Circumcision

SESSION 1 – Male circumcision³³

Ages

15-24 years

Objectives

- To understand the definition of male circumcision
- To assist in the understanding of the health benefits of male circumcision to a man

Time

Approximately 45 minutes

Materials

Flip chart paper or chalk board
Markers or chalk

Instructions

Step 1

- Ask participants what they think is “male circumcision” and how long it takes to heal from the operation.
- Listen to answers, and then read the description of male circumcision below.

Male circumcision and the healing periods

Male circumcision is the surgical removal of the foreskin, the tissue covering the head of the penis. In adult men, a four to six week period is required to fully heal the wound. When circumcision is performed on babies, healing is usually complete after about one week.

Step 2

- Ask participants what they think are the BENEFITS of males being circumcised.
- Write their answers down on flip chart paper.
- Read the benefits below and make sure all have been included:

Benefits of male circumcision

- The skin on the head of the penis is less likely to get infected.

³³ C-Change Namibia, 2009

- Circumcision reduces the risk of HIV infection with up to 60%.
- The man is less likely to get genital ulcers.
- Male infants have fewer urinary tract infections.
- Male circumcision prevents inflammation of the glans and the foreskin.
- Circumcised men find it easier to clean their penises.

Step 3

- Ask participants what they think are the negative effects of the circumcision operation itself.
- Write their answers down on flip chart paper.
- Read the negative effects below and make sure all have been included.
- Stress that these effects are temporary, and only related to the operation.

Negative effects of the circumcision operation

- Increased risk of passing HIV to another person if HIV positive men have sex before the circumcision is completely healed.
- Male circumcision can lead to excessive bleeding, but if done by a trained professional this can be controlled.
- There is increased sensitivity of the penis for the first few months after the operation.
- There is some pain which can be controlled by painkillers.
- Sometimes there is an infection after the operation.

Step 4

- Explain the following points to participants:

Male circumcision does not:

- Male circumcision does not provide 100% protection from HIV infection or sexually transmitted infections.
 - Male circumcision does not keep HIV positive circumcised men from infecting others.
 - Male circumcision does not replace other HIV prevention methods like condom use, partner reduction, faithfulness and abstinence.
 - Male circumcision does not change the man or his partner's sexual satisfaction.
- Conclude the session by explaining that that male circumcision is currently available in specific public hospitals, and private hospitals can also perform the procedure.
 - Stress again that male circumcision does not completely prevent HIV. For this reason, circumcised men still must use condoms every time they have sex.

Module 8: Condom Use

SESSION 1 – Condom Facts and Misinformation³⁴

Ages

15-24 years

Objective

- To correct misinformation about condoms

Materials

None

Time

Approximately 40 minutes

Instructions

Step 1

- Explain to participants that some things people believe about condoms are completely false.
- Unfortunately some people don't use condoms because of this misinformation.
- For this reason it is important to clarify the facts about condoms.

Step 2

- Divide the group into pairs and give each pair a point from the list below to discuss. Do not give them the correct responses yet.
- Give them time to go over their point and decide if it is true or misinformation and why.
- When the pairs are ready, ask them to report back to the larger group.

Step 3

- After getting the response for each point from the participants, give them the correct response by reading the explanation written below each point.

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

1. Condoms don't provide protection against HIV.

RESPONSE: This is misinformation. Condoms, if used properly every time when one is having sex, prevent HIV transmission. Sperm and viruses can't get through the latex rubber.

2. Condoms break easily.

RESPONSE: This is misinformation. Condoms can break, but usually as a result of human error like not putting them on properly because of inexperience or being drunk.

3. Condoms reduce sensation.

RESPONSE: It is true that sex with a condom doesn't feel the same as sex without one, especially when first entering the vagina, but after the condom warms up, it is usually forgotten.

4. Condoms in Namibia are of poor quality.

RESPONSE: This is misinformation. Condoms available in Namibia meet international standards and are electronically tested.

5. Using two condoms increases protection.

RESPONSE: This is misinformation. One condom is all the protection that is needed. Using two condoms is not recommended and may even increase the chance of breakage.

6. Condoms are not used because of embarrassment.

RESPONSE: This is true. People mistakenly think they may be seen as having HIV or being promiscuous if they suggest use of a condom

7. Condoms are too small for large men or too large for small men.

RESPONSE: This is misinformation. Condoms are made of latex rubber and stretch to fit even the largest man. However, if a man feels a condom is too large or too small, he should get a smaller or larger size of condom available in Namibia.

8. Using a lubricant with condoms increases sensation.

RESPONSE: This is true. All condoms have some lubricant on them already. Adding more can increase sensation. Just make sure the lubricant is not oil-based.

9. Men and women both prefer the female condom.

RESPONSE: This is true. If they try the female condom several times, they prefer it to the male condom because it transmits heat better and the man is less constricted.

SESSION 2 – Consistent and correct condom use³⁵

Ages

15-24 years

Objective

- To better understand the importance of using condoms consistently and correctly.

Materials

Flip chart paper

Markers

Time

Approximately 45 minutes

Step 1

- Tell the group that the term “consistently” means “doing something regularly or all the time.”
- Ask the participants why they think it might be important to use condoms “consistently” or all the time.
- Listen to their responses and write them on a flip chart paper.
- Once you have their responses, point out that it is impossible to tell if someone is infected with HIV or an STI by the way they look.
- For this reason, the only way to feel safer from HIV or STIs is to use condoms every time you have sex.

Step 2

- Read the following three stories, below, one by one.
- After each of the stories, ask participants to say whether or not they think the behaviour shows “consistent” use of condoms.
- Write their responses on flip chart paper.

Story A

A 20 year old young man is a college student. He met a young woman at a night club and used a condom when they had sex. The next week, he met a different young woman who is in grade 12 in a nearby school next to his college. He decided not to use a condom when he had sex with her because he thought the girl is young and therefore free from HIV.

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

Story B

A young woman had a regular boyfriend in town where she leaves. While away for holidays in the north, she met a young man who works at a local bank. She had sex with him and used a condom the first time. A few weeks later she suggested that they stop using condoms when they had sex. The young man agreed since they had known each other for some time. When she returned back to town from her holidays she had sex with her boyfriend without a condom.

Story C

A 20-year-old bachelor joined the police force and was sent to a border location after receiving basic training. While stationed there, he met an 18-year-old woman. For the first month he used condoms with her but one day she told him: “If you really loved 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.

Step 3

- Once participants have given their responses, tell them that the correct answer is that NONE of the people featured in the stories used condoms consistently.
- The 20 year old bachelor in the police force 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, which is all it takes to get infected.

SESSION 3– Advantages and disadvantages of condom use³⁶

Ages

15-24 years

Objective

- To better understand the advantages, disadvantages and facts about condom use

Materials

Flip chart paper or sheets of A4 paper

Markers, pencils, pens

Tape

Time

Approximately 35 minutes

Step 1

- Write “advantages” on one sheet of flip chart or A4 paper and write “disadvantages” on another.
- Tape these on the wall.

Step 2

- Hand out pieces of A4 paper to participants.
- Ask them to suggest some “advantages” of using condoms and write them down on their paper, then stick their paper on the wall under “advantages”.
- When participants are done with “advantages”, ask them to suggest some “disadvantages” of using condoms and write them down on their paper, then stick their paper on the wall under “disadvantages”.
- Stop when all the participants have made suggestions, or when no one can think of any more ideas.

Step 3

- Go over the lists on the wall under “advantages” and discuss with participants.
- Look at the list below and see if anything has been left out. Correct any misconceptions with facts.

Advantages:

- Reduces worry about getting HIV/AIDS and dying prematurely.

³⁶ PACT Botswana: Outreach Guide 10: Partner Reduction and Protection, 2007

- Protects people from getting an STI, which may cause infertility.
- Reduces the risk of facing the responsibility of parenthood resulting from an unwanted pregnancy.
- Can make sex last longer by delaying the male orgasm.
- No penis is too big or too small for a condom.
- HIV cannot leak through condoms.
- Most condoms are lubricated which helps if a woman's vagina is too dry.

Step 4

- Now go over the lists on the wall under “disadvantages” and discuss with participants.
- Look at the list below and see if anything has been left out. Correct any misconceptions with facts.

Disadvantages and FACTS:

- Condoms reduce sensation. **FACT:** Condoms do not eliminate sensation, although they change it.
- Condoms are unreliable. **FACT:** If used correctly and consistently, condoms provide good protection from HIV.
- Condoms are expensive. **FACT:** Condoms are cheap compared to the cost of treating STIs, unwanted pregnancies and the costs of HIV/AIDS. In Namibia freely distributed condoms are available widely.
- Condoms cause erection loss. **FACT:** This problem usually stops after you get used to condoms.
- Putting on condoms interrupts the flow of passion. **FACT:** Have your partner put them on – that helps keep the passion.
- Genital area itches after condom use. **FACT:** Itching can go away if you wash it with soap and water.

SESSION 4– Demonstrating correct condom use³⁷

Ages

15-24 years

Objective

- To provide participants with the opportunity to practice putting on and taking off condoms.

Time

Approximately 40 minutes

Materials

Condoms

Wooden models of a penis.

Instructions

Step 1

- Find a suitable penis model. Ideally a wooden model of a penis is used to demonstrate how a condom is put on. If such models are not available, other similarly shaped objects like a banana or the end of a broom handle can be used.
- If this is not possible the condom can be rolled by one hand down one or two fingers of the other hand.
- Facilitator needs to clarify that a condom need to be put in an erect penis

Step 2

- Explain that those who are sexually active need to protect themselves
- If used correctly, condoms provide excellent protection from HIV, STIs and unwanted pregnancies.

Step 3

- Using your model, demonstrate how to place a condom on it, highlighting the following points:

³⁷ PACT Botswana: Outreach Guide 10: Partner Reduction and Protection, 2007

- Check the expiry date and look for signs of wear such as discoloured, torn or brittle wrappers. Do not use condoms which have passed the expiry date or seem old.
- Tear the package carefully along one side. It is better not to do this using teeth or fingernails to avoid damaging the condom.
- Place the rolled up condom on the top of the penis.
- Hold the tip of the condom between a finger and thumb of one hand (leaving space at the tip to collect the sperm or semen).
- Place the condom on the end of the penis and unroll the condom down the length of the penis by pushing down on the round rim of the condom. (If this is difficult, the condom is “inside-out”. Turn the condom the other way around, take hold of the other side of the tip and unroll it.
- When the rim of the condom is at the base of the penis (near the pubic hair) penetration can begin.
- After intercourse and ejaculation, hold the rim of the condom and pull the penis out before it gets soft. Tie the condom in a knot sealing in the semen or sperm. Dispose of the condom in a safe place. Use a new condom the next time.

Step 4

- Hand out condoms to each of the participants.
- Have each participant practice putting the condom on the model and recite aloud each of the steps as they go.
- Ask the participants who are observing to point out any difficulties or omitted steps.
- If the group of participants is very large, they can be divided up into groups of five and practice.
- Have them report what has happened.

Step 5

- List the most common difficulties encountered.
- Ask the participants to suggest how these problems might be solved. Some common problems include:
 - Trying to roll the condom down when it is “inside-out”
 - The condom is not rolled down all the way
 - The condom is placed crookedly on the model
 - The user is too rough when opening the package or uses teeth to open
 - The air in the tip is not squeezed out

SESSION 5 – Role play on condom use³⁸

Ages

15-24 years

Objective

- To improve skills for discussing condom use.

Materials

None

Time

Approximately 30 minutes

Instructions

Step 1

- Ask 2 participants to role play the following scenarios on condom use.
- Change the pair for each scenario.

Condom Role Play Scenarios

- 1) Two boys or girls who are friends are talking. One is in favor of using condoms and the other is not.
- 2) A boy is trying to persuade his girlfriend/boyfriend to use condoms. She doesn't want to.

Step 2

- Each pair performs their role-play in front of the rest of the group.
- After each role-play has finished make sure that you allow the group an opportunity to ask questions. For example:
 - How did the people who did the role-play feel about the character they played?
 - How did the rest of the group feel about the role-play? Did they feel it could have been different?

³⁸ PACT Botswana: Outreach Guide 10: Partner Reduction and Protection, 2007

Module 9: Voluntary Counseling and Testing

SESSION 1 – Why is testing for HIV so important?³⁹

Ages

15-24 years

Objective

- Identify and discuss the advantages and disadvantages of HIV testing

Time

Approximately 30 minutes

Materials

Flip chart paper, or chalk board
Markers or chalk

Instructions:

Step 1

- Ask participants to list the advantages of being tested for HIV.
- Write the reasons on the flip chart or board.

Step 2

- Compare what the participants have identified with the following list below:
 - Knowing one's status makes one feel better
 - Knowing one's status helps us to plan for our future better.
 - Knowing one's status helps in making changes in our lives that will help us preserve our health and ensure that we live positively longer.
 - It allows for early treatment of HIV and of HIV associated infections like TB or pneumonia.

³⁹ C-Change Namibia, 2009

- It helps infected people protect others from being infected and to live positively.

Step 3

- Ask participants to list disadvantages of being tested.
- Write the reasons on the flip chart or board.

Step 4

- Compare what the participants have identified with the following list below:
 - Learning that a person is infected with HIV can be very upsetting.
 - A person who learns he or she is infected with HIV is likely to suffer from feelings of doubt, fear, grief, depression, denial and anxiety.
 - Partners and family members are likely to suffer from the consequences of an HIV-positive test result as well as the infected person; regardless of their status, they are affected.
 - A person who has tested positive for HIV may be discriminated against if others find out.

Step 5

- Ask participants to brainstorm the benefits of VCT to the community. Possible answers could include:
 - It encourages discussion on prevention, testing, risk reduction, and living with HIV.
 - It reduces stigma as more people go public about being HIV positive.
 - It serves as a catalyst for the development of care and support services like (aid to orphans).
 - It generally reduces the rate of transmission of HIV.

SESSION 2 – Where can one get tested for HIV?⁴⁰

Ages

15-24 years

Objective

- To identify and map areas where one can go for testing in the communities

Time

Approximately 30 minutes

Materials

Flip chart paper

Markers

Instructions

Step 1

- Divide participants into three to four groups
- Give the paper and markers

Step 2

- Ask groups to draw a large circle on their papers to represent the community
- Ask groups to mark on the community map places in or near the community where one can go for HIV testing.
- Make sure that the list includes:
 - New start centers
 - Clinics
 - Hospitals
 - Mobile testing
 - Private clinics and hospitals

Step 3

- Have groups present their community testing maps to the wider group
- Discuss where one can go for HIV testing

⁴⁰ C-Change Namibia, 2009

- Discuss how far it is and how much it costs for travel
- Can people go to testing easily?

SESSION 3 – Role play on talking to your partner about HIV testing⁴¹

Ages

15-24 years

Objectives

- To encourage dialogue with partners on discuss HIV testing issues
- To discuss four steps of agreement.
- To role play a VCT scenario

Time

Approximately 60 minutes

Materials

None

Instructions

Step 1

- Explain to participants that there are four steps to agreement that may help you make a decision together with your partner:
- Explain the following steps to agreement and write them on the flipchart:

Step 1: Say what you feel and want.

Step 2: Listen to what the other person feels and wants.

Step 3: Restate your point. Do not get distracted on other points of conflict.

Step 4: Agree to what each of you will do.

Step 2

- Ask one of the participant to read Mary's story below while the others listen attentively.

Mary's Story

My name is Mary. I know my boyfriend, Thomas, has other partners, so I decided to talk to him about HIV and AIDS in order to protect myself. One day, when Thomas was relaxed and in a good mood, I said to him: Thomas, I have been hearing about

⁴¹ C-Change Namibia, 2009

HIV and AIDS, and I feel afraid. I want us to protect ourselves from getting it. What do you feel we should do? I listened respectfully to Thomas.

‘What do I feel?’ he said, ‘I think you are trying to cover up the fact that you have other boyfriends!’ His words were painful to me, but I did not get angry. Instead, I restated what I felt and what I wanted. ‘Thomas, I can see you are upset, but we must talk about this. I am afraid and do not want you or me to die. What can we do to protect ourselves?’ I continued to listen respectfully to Thomas’ response.

‘You are just changing the subject!’ he said to me in a loud voice. ‘You have other boyfriends! Next you will be wanting me to use a condom!’ I restated what I felt and wanted and said to Thomas, ‘Because I am so worried about getting AIDS – believe me, I will be faithful! I really want to protect both of our lives.’

While Thomas was listening to me, I suggested what we could do. I said to him: ‘Would you use a condom until we both get tested and make sure we do not have HIV? Then we can talk about what we need to do after that. How do you feel about that?’ Thomas and I finally agreed. ‘I do not like it,’ Thomas said, ‘but I will wear a condom until we know we do not have the virus.’

Step 3

- Review the four steps to agreement above once more.
- Divide learners into pairs and ask them to role play the same scenario, this time using the four steps.

Step 4

- After the pairs finish role-playing, bring them back together and ask the following questions to the group:
 - What suggestions do you have to make the chances of reaching an agreement more likely?
 - In what other situations could you use these steps to resolve conflicts and problems?