

SOCIAL AND BEHAVIOR CHANGE COMMUNICATION

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

AGES 25-49 YEARS



SBCC INTEGRATED SESSION GUIDE FOCUSING ON THE DRIVERS OF HIV/AIDS EPIDEMIC AGES 25-49 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 ages 25 -49 is one of three Guides for ages 10-14, 15-24 and 25-49. It 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 2010, 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 proceeded to develop first drafts of the three Integrated Session Guides for partner use. Guides were developed by C-Change Namibia with funding from USAID/PEPFAR. The first draft of the Integrated Session Guide for ages 25-49 years of age

was developed in by Dr. Stephanie Van der Walt, 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 Dr. Van der Walt 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 Dr. Van der Walt 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 Ser Peace Corps Life Skills Manual, Peace Corps Information Collection and Exchange, 2001vices (AMS)
- Lutheran Medical Services (LMS)
- Churches AIDS Programme for Orphans (CAFO)

C-Change would like to express its gratitude to these organizations and individuals for prompting the development of the guides, and for their detailed field testing and reviews.

Resources

Sessions in this Guide were developed by C-Change Namibia or adopted from the resources listed below. Where necessary, sessions were adapted to Namibia or modified based on partner reviews. C-Change would like to express its 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:

1. PACT Botswana: Outreach Guide: Partner Reduction and Protection, 2007
2. C-Change Namibia, 2009

3. Peace Corps: Life Skills Manual, Peace Corps Information Collection and Exchange, 2001
4. PACT Botswana: Outreach Guide: Assertiveness and Peer Pressure, 2007
5. Chamber of Mines: Session, Ms. T Machoko
6. Engender Health: Engaging Boys and Men in Gender Transformation Group Education Manual, 2008
7. GTZ: Three and a Half lives of Philip Wetu, Life Choices Facilitator Toolkit
8. Ms. Libet Maloney, IntraHealth: MCP Flannelgram, , 2010
9. Society for Family Health: MCP Flip chart
10. MOHSS/DSP MCP TWG and C-Change Namibia: MCP Picture Code Flip Chart, 2010
11. UNICEF Zambia: Life Skills Education Facilitator Guide for Out of School Youth, 2003
12. Pact Botswana: Outreach Guide: Alcohol Abuse Reduction, 2007
13. Society for Family Health: Alcohol Flip Chart
14. MOHSS/DSP Alcohol and HIV TWG and C- Change Namibia: Alcohol and HIV Picture Code Flip Chart, 2010
15. Society for Family Health: Male Circumcision Flip Chart
16. NACSO: Curriculum and training tools for peer educators on condom use, 2010
17. Pact Botswana: Outreach Guide: Enhancing Parent-child Communication, 2007
18. AED and DFID: Peer Educator Toolkit for Namibia, 2005
19. Society for Family Health: Flip Chart Understanding ART, Prevention of Opportunistic Infections, and TB
20. Yale School of Medicine in collaboration with the University of Witwatersrand and the Peri-natal HIV Research Unit at Chris Hani Baragwanath Hospital
21. Society for Family Health: Counseling and Testing Flip Chart

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Module 1 – Assessing Risk

SESSION 1 – Personal Risk Assessment¹

Ages

25-49 years

Objectives

- To increase participant’s awareness of their personal risk 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 risk 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 their answers to the questions are confidential and will not be discussed.
- Read aloud the following questions slowly, one at a time. Repeat if necessary.

¹ PACT Botswana: Outreach Guide: Partner Reduction and Protection, 2007

- Ask participants to 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.):
 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 woman 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 a 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

- Ask participants to 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 behavior choices.
 - **Between 0 and 6 points:** You are less at risk, but unless you are at 0 you are 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 Health²

Ages

25 - 49 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 25-49 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 25-49:

- Unprotected sexual intercourse (no condom)
- Drinking too much alcohol
- Having sex in exchange for money or gifts
- 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.

² 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 – Good decision making³

Ages

25-49 years

Objective

- To prepare participants for making good decisions that prevents HIV infection.

Materials

Flip chart paper
Markers

Time

Approximately 60 minutes

Instructions

Step 1

- Read aloud the following example of a decision story and the three behavior choices:

Story

A man sees a neighbor at a shebeen who is very drunk and he thinks that he can very easily have sex with her without her resisting. What choice does he make?

- **Choice A:** Buy the girl more alcohol to get her drunker with the goal of reducing her resistance to having sex with him.
- **Choice B:** Give the girl a condom in case she decides to have sex with someone.
- **Choice C:** Help the girl to get home to keep someone else from taking advantage of her.

Step 2

- Read the following decision stories.
- Ask participants to list three choices that could be made for each story.

Story 1

A girl kisses a boy but tells him she doesn't want to have sex. The boy thinks she really does, but thinks she doesn't want him to think she is too easy.

³ Pact Botswana: Outreach Guide No 10:12. Partner Reduction and Protection

Story 2

A married man meets an old girlfriend with whom he has had sex in the past. She invites him to her room.

Story 3

Two people feel attracted to each other and wander off into the bush. They get more and more excited by touching and kissing. Neither one has a condom.

Story 4

A couple has been having sex for several months and using condoms. One suggests that they stop using condoms since they know and trust each other now.

Step 3

- Summarize the exercise and mention the following points:
 - The best decisions are made when time is taken to think about the positive and negative consequences.
 - People make poor decisions about sexual risk behavior, but should learn from them so they are not repeated.
 - Sexual excitement, pressure from partners, and being drunk can cloud decision making.
 - It is not easy to make a decision when it means missing out on pleasure, but failing to do so may cause problems later.

The Three C's Of Decision Making:

We often do not sit down and really think about the decisions that we make every day. However, for big decisions in our lives, there are three important things to consider when making a decision. We are going to call them the three C's:

1. **Challenges** or problems that you are facing: define the problem (for instance, I don't use condoms consistently and correctly).
2. **Choices**: what choices or options do you have? (for instance, I could use condoms correctly every time I have sex).
3. **Consequences of choices**: what would or could happen as a result of each choice? These consequences can be negative or positive. (for instance, I can get HIV if I am not using condoms correctly and consistently).

SESSION 4 – The Risk Game⁴

Ages

25-49 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 a partner
 - Having casual sex when you are away from home with someone whose HIV status you do not know
 - 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

⁴ Peace Corps: Life Skills Manual, Peace Corps Information Collection and Exchange, 2001

- Stick the three cards labeled 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 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 a partner 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 or are unfaithful to one another.
- Having casual sex when you are away from home with someone whose HIV status you do not know is a **high risk behavior** for contracting 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 holding 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 5– Double standards⁵

Ages

25-49 years

Objectives

- To consider how double standards affect risk behavior

Materials

Flip chart paper

Markers

Time

Approximately 45 minutes

Instructions

Step 1

- Ask participants what they understand about double standards.
- Read aloud the definition of double standards below:

“A double standard is when a behavior is considered acceptable for one group but unacceptable for another. For example, men may think it is acceptable for them to be unfaithful to their wives or partners but don’t think it is acceptable for their wives or partners to be unfaithful to them.”

Step 2

- Read aloud, or have a participant read aloud, the following examples of double standards:
 - Church goers stigmatize those with HIV for being promiscuous but have casual sex themselves.
 - A married man has sex with other women than his wife but doesn’t want her to.
 - Parents don’t want teens to have sex before marriage but they did it themselves.
 - A pastor preaches about sex and sin but has sex with a church member.
 - A person considers using condoms immoral but gets drunk and has sex with a stranger without one.

⁵ Pact Botswana:Outreach Guide No10:9 Partner Reduction and Protection

- A person promotes abstinence until marriage and fidelity afterwards but has sex with someone else's spouse or partner regularly.
 - A man considers himself to be a family man but meets women at a shebeen while his wife stays home with the children.
 - A woman has sex for money and gifts with different partners but thinks prostitutes are immoral.
- Ask participants to add other examples of double standards to the list.

Step 3

- Stimulate a discussion by asking the following questions:
 - Why is there often a gap between what people say and what they do?
 - What is the problem with double standards?
 - What is the impact of double standards on HIV risk behavior?
 - Why is not being honest and open about sexual risk behavior a problem?
 - Why are so many of the double standards good for men but bad for women?

Step 4

- Summarize the discussion and include the following points:
 - Double standards cover-up sexual behavior that causes HIV infection.
 - Double standards can prevent people from talking openly about HIV risk behavior.
 - Men don't want to change double standards if they benefit from them.

SESSION 6 – Drawing a Risk Map⁶

Ages

25-49 years

Objective

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

Time

Approximately 30 minutes

Materials

Paper

Markers in different colors, 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
 - Houses or house compounds

⁶ PACT Botswana: Outreach Guides: Assertiveness and Peer Pressure, 2007

- 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.
- Ask the groups to 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 2: Multiple and Concurrent Partnerships

SESSION 1 – How Having More than one Sexual Partner Increases the Risk of HIV⁷

Ages

25-49 years

Objective

- To increase understanding of the risks involved in having more than one sexual partner during the same period of time

Time

Approximately 30 minutes

Materials

Blue paper dots
3 red paper dots

Instructions

Step 1

- Greet the participants and tell them that you have a gift for them.
- Ask the participants to come up one by one and give them either a blue dot or red dot.
- Have them hold the dot gift in their left hand.
- Make sure that you have given out all the red dots. If you know your participants, give the red dots to people you know will most likely to mingle with many people.

Step 2

- Once everyone has a dot gift, explain that they now need to mingle with each other by shaking hands with their right hand.
- Tell them not to show the dots in their left hand to anyone.

⁷ Chamber of Mines: Session, Ms. T Machoko

- Have participants stand and walk around the room shaking hands and greeting each other with their right hands.
- After everyone has shaken hands with at least one person, ask participants to stop return to their seats.

Step 3

- Now ask the participants who have the red dots to come up to the front of the room.
- Have them show their red dots to the group.
- Explain that the red dots represent having HIV.

Step 4

- Explain that shaking hands represents having unprotected sex with someone whose HIV status is unknown.
- Ask the participants not standing if any of them shook hands with those who had a red dot.
- If they did, have them also come to the front of the room.

Step 5

- Now ask if any of the remaining participants shook hands any of those participants standing in the front of the room. If so, ask them to also come to the front of the room.
- Continue with this process until no one remains seated.

Step 6

- Explain to participants that the risk of getting HIV increases when people have more than one sexual partner during the same period of time.
- Help the participants draw the conclusion that the risk of getting HIV greatly increases with the number of sexual partners a person has, and that having overlapping partners greatly increases the spread of HIV.

SESSION 2 – Multiple Concurrent Partnerships, Cross-generational sex, Transactional sex⁸

Ages

25-49 years

Objectives

- To define multiple concurrent sexual partners, cross-generational sex, and transactional sex

Time

Approximately 30 minutes

Materials

Sheets of paper

Pens or pencils

Instructions

Step 1

- Explain that this session will explore three issues related to gender and sexual activity:
 - Men/women with concurrent multiple sexual partners
 - Men/women engaging in cross-generational sex, and
 - Men/women engaging in transactional sex
- Divide the participants into three groups and assign one of the following issues to each:
 - Group 1: Multiple Concurrent Sexual Partners and Multiple Partners (serial monogamy)
 - Group 2: Cross-generational sex
 - Group 3: Transactional sex

Step 2

- Ask each group to decide on a definition of their term(s).
- If they prefer, they can simply provide an example of their term or they can draw a picture of what they think it is.

⁸ Engender Health: Engaging Boys and Men in Gender Transformation Group Education Manual, 2008:223

Step 3

- Ask someone from each group to share their definition and/or example.
- As each group presents its definition, ask participants to provide additional examples.
- Check that the definitions are similar to the following, and correct any misconceptions:
 - Multiple Concurrent Sexual Partners: This term means a person is involved in more than one sexual relationship during the same period of time (for example, a woman who is sexually active with her main partner, but also has a boyfriend with whom she has sex).
 - Cross-Generational Sex: This term refers to two sexually-involved individuals with at least a 10-year difference in their ages (for example, a 30-year-old man who is in a sexual relationship with an 18-year-old girl).
 - Transactional Sex: This term refers to a sexual relationship or sexual act in which the exchange of gifts, services, or money is an important factor (for example, an older man buys a younger girl a cell phone or pays her school fees in exchange for sex).

Step 4

- After the groups have shared and discussed their definitions, ask each group to discuss the following question:

“Why does this behavior put men, women, and communities at risk for HIV?”

Step 5

- When they are ready, ask each group to share their response to the Question in Step 4 above.
- Be sure to include the following points if they are not mentioned:
 - Multiple Concurrent Sexual Partners: A person is much more likely to pass on HIV if he or she has more than one sexual partner during the same period of time. It is easiest to transmit HIV when a person is first infected. Therefore, if someone is infected by one person, and has unprotected sex soon after with a second person, that second person will likely become infected, too. MCP connects you to a sexual network.
 - Cross-Generational Sex: When a man has sex with a person who is more than 10 years younger, there is a major imbalance in power. As a result, the younger person may find it difficult to say no to sex or to convince the older person to use a condom. The older person has also probably had more sexual experience, and therefore is more likely to be infected.

- Transactional Sex: A person who is receiving money, gifts, or services in exchange for sex may find it difficult to say no to sex and may be unable to negotiate condom use.

Step 6

- Conclude the activity with the following discussion questions:
 - Why do you think that men are more likely than women to have multiple concurrent sexual partnerships?
 - Why do you think men are more likely than women to engage in sex with partners at least 10 years younger than they?
 - Why do you think men are more likely than women to provide gifts, services, or money for sex?
 - What are the reasons for people to become involved in multiple concurrent sexual partnerships, transactional sex and cross-generational sex?
 - What are the effects of engaging in multiple concurrent sexual partnerships, cross-generational sex, and transactional sex on the individual, family and community?
 - How can men challenge other men to stop engaging in multiple concurrent sexual partnerships, cross-generational sex, and transactional sex?

Step 7

- Explain that rigid gender norms can drive the HIV epidemic by leading people to practice unsafe behaviors such as multiple concurrent sexual partnerships, cross-generational sex, and transactional sex.
- Explain that it is important for both men and women to realize that their behaviors are driven by negative gender norms and that they can find ways to change their behavior and also change gender norms.

SESSION 3 – Facilitating the MCP video The Three and a Half Lives of Philip Wetu⁹

Ages

25-49 years

Objective

- To educate and raise awareness around HIV and AIDS and relationships

Materials

CD player

CD/DVD of the video Three and a Half Lives of Philip Wetu

Three and a half lives of Philip Wetu Facilitator toolkit

White screen/wall

Time

Approximately 30 -60 minutes

Instructions

Steps

- The film's main theme is multiple concurrent partnerships.
- Have participants watch a scene of 5-10 minutes on the DVD.
- Stop the DVD and ask participants to reflect on the scene using the facilitator's guide
- If time allows, you can decide to watch another scene.
- After viewing the DVD, individual or group action plans can be developed to help participants use what they have learned from the film in their everyday lives.

⁹ GTZ: Three and a Half lives of Philip Wetu Life Choices Facilitator Toolkit

SESSION 4 – Facilitating the MCP Flannelgram¹⁰

Ages

25-49 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 or more

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.
 - Knows the epidemic: You have studied the DHS and sentinel surveys and know the results.

Section #2: How to start

- Greet your participants politely.

¹⁰ Ms. Libet Maloney, IntraHealth: MCP Flannelgram, 2010

- Introduce yourself and your organization and your position.
- Explain that you are there to discuss a problem affecting thousands of families in Namibia and across the world.
- Explain that you are there to brainstorm with participants about challenges and healthy solutions for individuals and for the 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 behaviors 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 levels on the prevention of HIV are 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 of HIV from multiple concurrent partnerships.
- 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 LOVER 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 lover or other partners outside of your circle of wives.
- Explain the importance of couple's 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 5 – Facilitating the Multiple Concurrent Partner flipchart from SFH¹¹

Ages

25-49 years

Objective

- To raise open discussion regarding the risks involved in engaging in multiple concurrent partnerships.

Materials

MCP Flipchart from the Society for Family Health (SFH)

Time

Approximately 30 minutes

Instructions

Step 1

- Show the MCP flipchart to the participants
- Ask them to describe the drawing they see on the front of each page. Ask “What is happening in this drawing?”
- Ask if this kind of situation exists in their community/society.
- Ask participants what factors in the community/society are driving the situation (Culture, economy, peer pressure, alcohol, etc.)
- Ask participants if it is possible to have only one sex partner and still be on a sexual network.(The answer is yes)
- Help participants draw these conclusions from the discussion:
 - Being in a sexual network increases your risk of contracting HIV.
 - The more partners you have at the same time, the greater your network is, the bigger chance of HIV infections

¹¹ Society for Family Health: MCP Flip chart

SESSION 6 – Using Picture Codes to explore MCP and its effects¹²

Ages

25-49 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 behavior 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 do not talk too much.

¹² MOHSS/DSP MCP TWG and C-Change Namibia: 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 field 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 so everyone is involved.
- Re-ask the same question to different people.
- Ask others if they agree with the responses given.

SESSION 7– Multiple Concurrent Partnerships¹³

Ages

25-49 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.

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 has two or more sexual partners during the same period of time. One example is when a man has a wife and also has another regular sexual partner on the side.

Definition of the term “multiple partnerships”

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 aloud) and stimulate a discussion by asking the questions after each story.

¹³ UNICEF Zambia: Life Skills Education Facilitator Guide for Out of School Youth, 2003

Story 1

Two men are talking about HIV and AIDS. One man is afraid that he might get infected and has decided to only have sex with his wife. 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 woman.

- 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 from HIV?

Story 2

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 women. One of the men decided to go home with one of the women. The woman 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 woman anyway. The following weekend the man and the woman met again and had sex. In the meantime the man was also having sex with his wife. This became a practice and the men had sex with this woman 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 bar or shebeen and whose HIV status you do not know?

Story 3

A 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 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 women to have sex with them?
- What can be done to stop men from abusing their positions and power?
- What could the women have done in this situation?
- How common is it for men to abuse their positions and power to get sex?

Story 4

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. 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 willing to have 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 8 - Causes and effects of Multiple and Concurrent Partnerships¹⁴

Ages

25-49 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 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 can people deal with such problems in their community?
 - Why is Tukelo having affairs with men other than her steady boyfriend?

¹⁴ UNICEF Zambia: Life Skills Education Facilitator Guide for Out of School Youth, 2003

- What social or cultural factors influence the practice of multiple concurrent sexual partnerships in your community?

Step 3

- 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 social and financial problems for individuals and families.

Module 3: Alcohol, substance abuse and HIV

SESSION 1 – Factors contributing to alcohol abuse¹⁵

Ages

25-49 years

Objectives

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

Time

Approximately 30 minutes

Materials

Flip chart paper or chalk board

A4 paper

Markers or chalk, pencils or pens

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:

¹⁵ C-Change Namibia, 2009

- 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.

Step 3

- Divide participants into groups.
- Give each group a piece of paper and pen or pencil or marker
- Ask groups to list the factors that lead people to abuse alcohol or become addicted to alcohol.
- Ask each group to present their factors to the others. Write their ideas on the flip chart paper.
- 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 bad things that happened • Loneliness • Poverty • Feelings of hopelessness • Worry | <ul style="list-style-type: none"> • Family members drinking • Failure to do well • Personal happiness • Peer pressure • Friends drinking |
|---|--|

SESSION 2 – Types of substances commonly abused¹⁶

Ages

25-49 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 participant's 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. Relieve tension, bring calming and relaxing sensations
- Examples are: alcohol, opium, inhalants such as glue and benzene

Stimulants:

- 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.

¹⁶ C-Change Namibia, 2009

- 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 3 – The Risks of Alcohol abuse and HIV¹⁷

Ages

25-49 years

Objectives

- To identify the effects (physical, mental, emotional and behavioral) of alcohol abuse
- To discuss situations in which alcohol consumption increases risk for STIs, including HIV and AIDS

Materials

Sheets of paper and pencils or pens

Flipchart

Markers

Tape

Time

Approximately 30 minutes

Instructions

Step 1

- Give all participants a piece of paper and a pencil or pen
- Ask them to write down three ways in which men or women can have fun. Tell them these can be situations they have experienced or observed in persons around them.

Step 2

- Ask the participants to read their ideas out loud to the group.
- Write the answers on flipchart paper,
- Ask which of the activities are most preferred by men or women
- If the group has not mentioned it, ask them: “In which of these activities is alcohol or other substance use present?”

Step 3

- Next ask: “Why do people consume alcohol?”
- Write the responses on another piece of flipchart paper.

¹⁷ Engender Health: Engaging Boys and Men in Gender Transformation: The Group Education Manual, 2008:157

- Possible answers might include “to be accepted,” “to have fun,” “to show who can drink the most,” or “to not look bad in front of friends.” All of these answers relate to what is socially expected of a man and a woman.

Step 4

- Next, ask the participants to list the effects of alcohol consumption (physical, mental, emotional, and behavioral).
- Write the responses on another piece of flipchart paper.
- You can add to the list using information contained in the box below.
- It is important you explain that these effects are not the same for everyone in every situation. They vary, depending on the amount of alcohol consumed, speed or length of time of drinking, the size and weight of the person, etc.
- Divide the participants into two groups and discuss how alcohol use can lead to HIV—that is, how can use of alcohol and other substances lead to risky sexual behavior, unprotected sexual intercourse, situations of coercion, etc.? Then, ask each group to share their findings.

Effects of alcohol consumption

| Physical | Mental | Emotional | Behavioral |
|--|---|---|---|
| Nausea, vomiting, loss of balance, numbness in the legs, loss of coordination, reduction of reflexes | Confusion, difficulty concentrating, thought disturbances, loss of memory of what one does while under the influence of alcohol, altered judgment, bad recollections of personal experiences (a bit unclear, obsession, bad dreams) | Feeling of temporary well-being, relaxation, state of exaggerated happiness/sadness/disgust, sensation of being all-powerful and unbeatable | Violent, depressed behavior, difficulty speaking, uninhibited behavior, tearfulness |

SESSION 4 – Pleasures and Risks¹⁸

Ages

25-49 years

Objectives

- To reflect on the risks associated with pleasurable activities
- To discuss strategies for reducing risks and harmful effects

Time

Approximately 1 hour and 30 minutes

Materials

Magazines and newspapers

Scissors

Glue

Flipchart

Markers

Resource Sheet: Example Table of Pleasures and Associated Risks and Harms and Protective Factors (below)

Facilitator's notes

The discussion for this activity is focused on risks related to abusing alcohol and other substances. However, the questions can be easily adapted to the discussion of the risks and protective factors associated with other activities, including sex.

Instructions

Step 1

- Divide the participants into two to three small groups.
- Give each group a piece of flipchart paper.
- Explain that they should list or create drawings of things that give them pleasure.
- Tell them that they can write about or draw images on their paper.
- Allow the groups 15 minutes to create these lists and drawings.

Step 2

- Now, give each group another piece of paper and ask them to divide it into three columns.

¹⁸ Engender Health: Engaging Boys and Men in Gender Transformation: The Group Education Manual, 2008:163

- Tell them to write the following headings on the columns: “Pleasures”, “Risks/Harm”, “Protection factors”.
- Under the first column, entitled “Pleasures,” the groups should list or draw the things that give them pleasure.
- Under the second column, entitled “Risks/Harms”, the groups should describe the risks or harmful effects associated with these pleasures.
- Under the third column entitled “Protection factors”, the groups should write what a person could do to ensure that the pleasurable activity does not cause harm, or how a person could minimize harm.
- For low-literacy groups, participants can use drawings to identify the risks/harms and protection factors associated with the pleasure they identified.
- Allow the groups sufficient time to fill out their tables.

Step 3

- Ask each group to present their tables to the other groups.
- Use the questions below to facilitate a discussion about pleasure and risk and harm reduction:
 - Why is it important to think about the risks/harms associated with those things that give us pleasure?
 - Why is it important to think about the protective factors associated with those things that give us pleasure?
 - What is the relationship between alcohol and substance abuse and protection factors?
 - What is the relationship between alcohol and substance abuse and HIV?

Step 4

- Summarize by explaining the following points:
 - Many of the decisions in our lives come with pleasures and also with risks.
 - A person can make the decision to drink alcohol or use a substance or not.
 - The decision to drink or smoke might bring some immediate pleasures, but it can also involve risks.
 - For example, alcohol can reduce your reasoning power, increasing your risk of accidents and injuries and your vulnerability to violence and HIV/STI infection, while long-term or sustained alcohol abuse can lead to serious health problems.
 - While it may not be realistic to think that people will stop using alcohol and other substances altogether, it is important that everyone be aware of the risks associated with alcohol and substance abuse and feel capable of minimizing the harm it might have on their lives and relationships.

Example Table of Pleasures and Associated Risks and Harms and Protective Factors

Below is an example of how the groups should organize their tables. It also includes a description of the risks and protective factors associated with some common pleasures. If

it is helpful, the facilitator can share these with the participants before they create their own tables.

| Pleasures | Risks/Harm | Protective factors |
|---|------------------------------|------------------------------------|
| Having good times with friends, drinking alcohol and then driving a car | Being part of a car accident | Don't drink alcohol before driving |
| | | |
| | | |
| | | |
| | | |
| | | |

SESSION 5 - Alcohol limits for men and women¹⁹

Ages

25-49 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 alcohol content of various alcoholic drinks (see below)

Instructions

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 amounts of alcohol (these are measured in “alcohol units”).

Step 2

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

¹⁹ C-Change Namibia, 2009

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
- 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 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 maximum recommended amounts for men and women 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 behaviors.
- Increases risk of injuries, accidents, having 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 6 – Decision-making, alcohol and substance abuse²⁰

Ages

25-49 years

Objective

- To reflect on peer pressure and decision-making related to alcohol and substance abuse

Time

Approximately 60 minutes

Materials

Enough copies of Handout: Individual Questionnaire: Decision Making (below)

Pencils or pens

Flipchart

Markers

Instructions

Step 1

- Give each participant a copy of the Handout below, pencil or pen, and ask them to complete it in five minutes.
- For low-literacy groups, read the questions aloud and have them discuss in pairs.
- Invite the participants to share their replies with each other.
- If the group is large, the participants can be divided into smaller groups.

Step 2

- After the participants have shared their responses, use the questions below to facilitate a discussion:
 - Is peer pressure a big factor in why men use alcohol and other substances?
 - Do women also experience peer pressure to use alcohol and other substances?
 - In what ways is this peer pressure similar?
 - In what ways is it different?
 - Can peer pressure contribute to risky behavior? If so, what kind of risky behavior?

²⁰ Engender Health: Engaging Boys and Men in Gender Transformation: The Group Education Manual, 2008:167

- How does alcohol abuse influence sex and decisions about sex? Does it help/hurt?
- What other decisions or behaviors can alcohol or other drugs influence (e.g. driving, work, relationships, violence)?
- How can you challenge some of the peer pressure men may face to use substances?
- How can you challenge some of the peer pressure women may face to use substances?
- What have you learned from this exercise? How can you apply this to your lives and relationships?

Step 3

- Explain the following to participants and discuss:
 - In many settings, it is common for men and women to use alcohol and other substances as part of their social interactions and gatherings.
 - It is important for individuals to know how to establish limits to alcohol and substance use and to respect the limits of others.
 - Some strategies for drinking responsibly include drinking a small amount or not mixing drinks with other substances.
 - It is good to do other activities that do not put alcohol or other substances at the center, such as sports.
 - One should also avoid pressuring those who do not want to drink alcohol or take other substances.

Step 4

- Explain the following to participants regarding responsible drinking, and discuss:

Guidelines on responsible drinking:

- Responsible drinking may mean not drinking, such as when a person is sick, taking medications or being the designated driver.
- Responsible drinking also means that you did not do anything you had to feel sorry for after drinking. Basically, this means not becoming drunk.

Hints to help people drink more responsibly:

- 1. Know your limits:** If you do not already know how much alcohol you can drink without losing control, try it out one time at home with your friends present to learn.
- 2. Eat food while drinking:** If you eat while drinking that is best. High protein foods such as meat, cheese or ground nuts, help to slow the absorption of alcohol into the blood system.
- 3. Sip your drink slowly:** If you gulp a drink for the effect, you are losing the pleasure of drinking. Better to sip your drink slowly.

4. **Accept a drink only when you really want one:** If someone is trying to force another drink on you, tell them "no thank you" or ask for ice in the drink or have a cool drink instead.
5. **Choose quality rather than quantity:** Learn the names of good wines, whiskeys and beers then only drink a small amount of those rather than a large amount of a cheaper type of drink.
6. **Skip a drink now and then:** Have a non-alcoholic drink between the alcoholic ones to keep your blood alcohol concentration down.
7. When drinking out, if you must drive a car home, **have your drinks with a meal, not afterwards.**
8. **Avoid unfamiliar drinks:** Drinks as zombies and other fruit and alcohol drinks can be deceiving as the alcohol is not always detectable, and it is difficult to space them out.
9. **Make sure that drinking improves your relationships rather than hurts them:** Have alcohol as part of an activity rather than as the main focus. Avoid getting drunk and doing something to hurt your relationships.
10. **If you are driving home in a car, appoint a designated driver:** Have someone in your group who will not be drinking and will drive all drinkers home.
11. **Use alcohol carefully in connection with other medication:** This includes over-the-counter medication such as cold or cough medicines.
12. **Respect the rights of individuals who do not wish to drink:** It is considered a lack of respect to push people to drink who do not wish to.
13. **Avoid drinking on an empty stomach:** This might produce low blood sugar levels, which can cause dizziness, weakness and mood change.
14. **If you know that you will have to drive a car after consuming alcohol, limit your consumption to no more than one drink an hour:** If you have NO MORE than ONE glass of wine, a beer or a mixed drink with a meal in an HOUR, you are generally safe for driving.

Step 5

- Explain the following to participants regarding alcohol units, recommended limits for men and women, and the body's ability to process alcohol, and discuss:

Examples of amounts of alcohol units in different alcoholic drinks:

- Beer 340ml (one dumpy)= 1 unit of alcohol
- Wine 120ml (half a wine glass)= 1 unit of alcohol
- Cider 340ml (one bottle) = 1.5 unit of alcohol
- Spirits 25ml (one tot of alcohol)= 1 unit of alcohol

The maximum numbers of alcohol units for men and women per day:

Women = 2 units
Men = 3 units

The 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

| Handout: Individual Questionnaire: Decision Making | | |
|--|------------|-----------|
| Individual Questionnaire: Decision Making | Yes | No |
| 1. Would you feel out of place at a party or gathering with your friends if they offered you a drink with alcohol and you decided not to have one? Explain | | |
| 2. Imagine that you are at a party or gathering where they are serving alcohol and you are drinking, but one of your friends doesn't want to drink. Would r think badly of your friend? Explain | | |
| 3. Would you defend your friend's decision not to drink to the other friends? If you decided to defend him or her, how do you think the other friends would react? Explain | | |
| 4. Do you believe that to be accepted in a group you have to do what the other people in the group want? Explain | | |
| 5. Do you think that it is possible for a person to lead an enjoyable social life without taking alcoholic drinks? Explain | | |
| 6. Can a person feel good about himself or herself even without drinking alcohol? Explain | | |
| 7. Can a man or a woman feel accepted by others without drinking alcohol? Explain | | |

SESSION 7 – Reasons why people drink alcohol and have sex when drunk²¹

Ages

25 – 49 years

Objectives

- To better understand the relationship between alcohol and sex
- To better understand the causes and effects of drinking alcohol

Time

Approximately 30 minutes

Materials

Flipchart
Markers

Instructions

Step 1

- Write the following questions on the top of four sheets of paper:
 - Why do some people drink alcohol?
 - Why do some people not drink alcohol?
 - Why do some people have sex after drinking alcohol?
 - Why do some people not have sex after drinking alcohol?

Step 2

- Divide participants into four groups.
- Assign one of the four questions listed above to each group.

Step 3

- Ask each group to answer their question by making a list of the reasons they can think of.
- Tell participants that “pressure from friends” would be an example of why some people drink alcohol.

Step 4

²¹ Pact Botswana Outreach Guide No 6:20. Alcohol Abuse Reduction

- Have each group present their lists to the other participants.
- Ask the whole group if they agree with the lists, or want to add suggestions.

Step 5

- Compare the participant's lists presented with lists below.
- Discuss whether to add to the lists the groups created.
- *Why do some people drink alcohol?*
 - Pressure from friends
 - Relieve stress and worry
 - Cool thing to do
 - Like the taste and feeling
 - Feel less inhibited
 - Satisfy curiosity
- *Why do some people not drink alcohol?*
 - Against religious beliefs
 - Don't like the effects
 - Don't want to break the law
 - Don't want to be like drunk people
 - Afraid for effect on health
 - Risk of losing control
 - Costs too much
 - Will affect school work or job
- *Why do some people have sex after drinking alcohol?*
 - Pressured to have sex
 - Feel more relaxed
 - Less inhibited
 - Feel strong desire to have sex
 - Drinking in a place where others meet and have sex
 - Want affection and attention
 - Less afraid of consequences (pregnancy, STIs including HIV infection)
 - Girls want money, gifts, or free drinks for sex
- *Why do some people not have sex after drinking alcohol?*
 - Afraid of an unwanted pregnancy
 - Afraid of an STI infection including HIV
 - Feel lust but not love
 - Against religious beliefs
 - Against personal values
 - Want to know a person better before having sex
 - Don't have condoms

SESSION 8 – Unintended sex and alcohol abuse²²

Ages

25-49 years

Objectives

- To identify what happens when drinking alcohol leads to unintended sex.
- To understand the influence of alcohol on sexual decision-making
- To practice ways of avoiding drinking alcohol and having unintended sex.

Time

Approximately 30 minutes

Materials

Copies of stories (below)

Instructions

Step 1

- Explain to participants that:
 - **Unintended sex** means that a person did not expect to have sex but did.
 - **Unwanted sex** means that a person did not want to have sex but did.
 - **Forced sex** means that a person was made to have sex against their will.

Step 2

- Give groups of participants the following stories to discuss:

Story One: Neighbor trouble

Frieda was sent by her mother to buy cooking oil. Her neighbor who is drinking traditional alcohol with some friends calls her over. He is drunk but is nice to her. He tells her to take a drink and hands her a cup which she takes so as not to offend him. He fills her cup again and tells her how she has grown into a sexy woman. The neighbor tells her he will go with her to buy the cooking oil. On the way he grabs her and takes her behind some bushes and forces himself sexually on her.

Story Two: Paying off debts the hard way

²² Pact Botswana: Outreach Guide No 6:22. Alcohol Abuse Reduction.

Joseph and Vikky both attended the same secondary school. Joseph was very interested in having sex with Vikky, but she was not interested. Joseph had bought Vikky some small gifts including some candy and a plastic comb for her hair. One night Joseph had been drinking alcohol and decided to give Vikky one more gift in the hope she would have sex with him. She said she still wasn't interested which made him angry. He struck her, pushed her to the ground and told her "I am going to take what you owe me."

Story Three: Too much holiday drinking

It was a national holiday and it seemed to Jason and Tugles, a boy and a girl who had been friends since childhood, that everyone in the community was celebrating by drinking alcohol. Neither had ever taken alcohol before, but both were curious to try it. It didn't take much before they felt drunk since they were not used to it. Jason began to feel a strong sexual desire for Tugles. Tugles felt a bit dizzy from the alcohol. She didn't say that yes, she wanted to have sex, but she didn't say no either. She just found herself on the bed with Jason, having sex for the first time in her life, and risking pregnancy and HIV.

Step 3

- Ask participants to discuss each story by answering the following questions:
 - What created the situation where the sex occurred?
 - What affect did taking alcohol have?
 - What could the women have done to avoid having sex?
 - What should the men have done to avoid having sex?
 - How do you think the men felt about themselves after having sex?
 - How do you think the women felt about themselves after having sex?
 - What advice would you give a friend who told you they were involved in a situation like the ones described in the stories?

Step 4

- Review the points made by the participants and mention the following:
 - Forcing another person to have sex against their will is illegal and immoral.
 - Alcohol reduces people's capacity to make wise decisions with a clear head.
 - Avoiding drinking too much alcohol reduces the chances of having unwanted sex.

SESSION 9 – Alcohol abuse and forced sex²³

Ages

25-49 years

Objectives

- To better understand what sexual abuse is.
- To better understand the link between alcohol and sexual abuse.

Time

Approximately 30 minutes

Materials

Flipchart
Markers

Instructions

Step 1

- Write the following statements on sheets of paper, a flip chart or chalk board or read them aloud to participants:
 - “Men in Namibia think they have the right to force women to have sex.”
 - “Women in Namibia think they have to quietly accept having sex against their will and can’t do anything about it.”

Step 2

- Divide participants into pairs of two..
- Ask participants to think about the two statements on the flip chart for a moment and then discuss how they feel about the statements for five minutes.
- Ask the participants to share with the group what they think of the statements and why.
- Discuss.

Step 3

- Write the following statements on sheets of paper, a flip chart or chalk board or read them aloud to participants:

²³ Pact Botswana: Outreach Guide No 6:34. Alcohol Abuse Reduction.

- “Alcohol abuse by a woman increases the chances she will be forced to have sex against her will.”
- “Alcohol abuse by a man increases the chances he will force someone to have sex against their will.”

Step 4

- Divide participants into pairs of two.
- Ask participants to think about the two statements for a moment and then discuss how they feel about the statements for five minutes.
- Ask the participants to share with the group what they think of the statements and why.
- Discuss.

Step 5

- Ask participants to make a list of the things they have learned about alcohol abuse and forced sex.
- Ask them to share their ideas with the group.
- Compare the points listed by the participants with the following points:
 - Forced sex is common among people.
 - Women and girls feel vulnerable to forced sex.
 - Men and boys often don’t know forced sex is wrong.
 - Drinking alcohol can make men and boys feel more aggressive.
 - Drinking alcohol can make women and girls vulnerable to forced sex.

Step 6

- Ask participants to make a list of the ways people who abuse alcohol can do to reduce alcohol abuse.
- Compare the points listed by participants with the following points:
 - Find love
 - Get more emotional security
 - Learn anger control
 - Decide on a future direction, dream
 - Get more psychological stability (e.g. learn to make responsible decisions)
 - Get physical security (e.g. have a good support system in the household or among friends)
 - Get comfort for emotional pain (e.g. be part of a support group, go for therapy)
 - Learn coping skills

Step 7

- Ask participants what adults can do to discourage young people from alcohol abuse.
- Compare the points listed by participants with the following points:
 - Parents and other adults should not send young people out to buy alcohol or offer them alcohol.
 - Parents could host alcohol-free activities for young people.
 - Encourage young people to join youth groups.
 - Teachers can show videos about alcohol abuse.
 - Parents and other adults should drink less or not at all to set a good example to young people.
 - Good communication amongst parents, caregivers and other adults.
 - Ensure that orphans get the support they are provided and don't trade their food baskets for alcohol.

SESSION 10 – Alcohol abuse and gender-based violence²⁴

Ages

25-49 years

Objective

- To better understand the role alcohol plays in gender based violence.

Time

Approximately 30 minutes

Materials

SFH Alcohol Flipchart

Instructions

Step 1

- Show the first drawing on the flipchart to the participants.
- Ask the participants the following questions:
 - What is happening in this picture?
 - What do you think are the effects of alcohol in making important decisions?
 - Since the woman and man are both drunk in this drawing, what are the chances that they will use a condom?

Step 2

- Show the second drawing to the participants.
- Ask participants the following questions:
 - What is happening in this picture?
 - Do you think it was alcohol that made the man beat his wife or partner?
 - What role did alcohol play in this situation?
 - How does the beating affect the woman's self esteem?
 - How does low self esteem affect the woman's ability to negotiate condom use?
 - How does the inability of the woman to negotiate condom use affect her health (for instance, HIV and Sexually Transmitted Infections)?

²⁴ Society for Family Health: Alcohol Flip Chart

Step 3

- Show the third drawing on solutions to the participants.
- Ask participants to explain what is happening in the drawing.
- Ask the audience what other methods could be used to reduce alcohol abuse.
- How could this change of attitude help reduce the chances of contracting HIV and STI's?

SESSION 11- Using picture codes to discuss alcohol abuse and HIV²⁵

Ages

25-49 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 behavior 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.

²⁵ 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 field 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 to let everyone participate.
- Re-ask the same question to different people.
- Ask others if they agree with the responses given.

SESSION 12- Why people drink and how to avoid alcohol abuse²⁶

Ages

25-49years

Objectives

- To examine why 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 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
 - Relax
 - Feel good
 - Avoid problems with reality
 - Bored or lonely
 - Want to experiment
 - Want to be drunk
 - Want to copy the drinking habits of others

Step 2

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

²⁶ 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:

- My religion doesn't allow it.
- 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 list below.
- Write their responses on 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 people who are pressuring others to drink alcohol. Others take on the role of 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 people who are drunk and starting to make poor behavior 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 learned from the three role plays. Some lessons that might be learned include:
 - It is not easy to resist pressures to drink alcohol.
 - Being polite but assertive is a good way to resist unwanted offers to drink.
 - People often don't want to be told they have drunk too much, but often need help drinking moderately.

Module 4: Male Circumcision

SESSION 1 – Male circumcision²⁷

Ages

25-49 years

Objectives

- To understand the definition of male circumcision
- To understand the health benefits of male circumcision to men

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 male circumcision takes to heal.
- 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.

²⁷ C-Change Namibia, 2009

- Circumcision reduces the risk of HIV infection 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

- There is an 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 during healing 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.

SESSION 2 – Facilitating a discussion on male circumcision using the SFH flipchart²⁸

Ages

25-49 years

Objective

- To sensitize communities on the benefits of male circumcision for the prevention of HIV

Materials

SFH flipchart on Male Circumcision

Flipchart paper

A4 paper

Markers and pencils

Time

Approximately 45 minutes

Instructions

Step 1

- Divide participants into groups.
- Give each group paper and markers or pencils.
- Ask the groups to list their answers to the following questions:
 - What are the benefits of male circumcision?
 - What are the risks of male circumcision?
 - How can male circumcision reduce the risk of infection with HIV?

Step 2

- Once groups are done, ask each group to present their answers to the other participants.

Step 3

- Using the SMA flipchart on MC:

²⁸ Society for Family Health: Male Circumcision Flip Chart

- Explain the role of MC in HIV prevention
- Explain the male circumcision procedure to the participants.
- Explain the recovery procedure to the participants.
- Discuss the issue of returning to sexual activity after male circumcision.

SESSION 3 – Male Circumcision as an HIV-Prevention Strategy²⁹

Ages

25-49 years

Objectives

- To increase knowledge of the health benefits of male circumcision to a man and his sexual partner
- To discuss the messages and channels for promotion of male circumcision

Time

Approximately 45 minutes

Materials

Flipchart paper

Markers

Tape

Note to Facilitators

- Before the session begins, prepare a piece of flipchart paper with the following definition, and then cover it with a blank piece of paper:

Male circumcision is the removal of the foreskin that covers the head of the penis

- Write the following information on the next sheets of flipchart paper and cover them with blank pieces of paper:

Ways in which MC protects against HIV and STI infection:

- The skin on the head of the penis becomes less vulnerable to infection
- There are fewer HIV target cells
- There is less chance of genital ulcer disease

Other benefits to MC:

- Fewer urinary tract infections in male infants
- Prevention of inflammation of the glans and the foreskin
- Prevention of other health problems associated with the foreskin (the inability to retract the foreskin, and swelling of the retracted foreskin resulting in the inability of the foreskin to return it to its normal position)

²⁹ Engender Health: Engaging Boys and Men in Gender Transformation: The Group Education Manual, 2008:245

- It is easier to keep the penis clean
- Some studies have shown that female partners of circumcised men have less cancer of the cervix.
- Circumcision may lower the chance of cancer of the penis.
- Circumcised men have fewer STIs, especially chancres and syphilis

Instructions

Step 1

- Write the term “Male Circumcision” on a blank piece of flipchart paper and ask the participants if they know what it means.
- Write participant responses on the flip chart paper
- Now remove the blank flipchart paper and reveal the definition underneath.
- Make sure everyone understands what MC is.

Step 2

- Explain that there is no age limit for male circumcision. Any male can be circumcised as an infant, a child, a young or older adult man.
- Now show the flipchart page you prepared in advance listing the ways MC protects against HIV and STI infection, and explain
- Then show the flipchart pages you prepared in advance listing the other benefits and explain.

Step 3

- Explain that in some cultures, male circumcision is a part of a traditional ritual that shows a boy is a man.
- It is often done in a community setting when boys are young.
- In some cultures, if a boy is not circumcised in this ritual, he will never be considered a “man.”
- Sometimes, traditional circumcisions are performed under unhygienic conditions “full” circumcisions . For this reason, Namibia is planning to work with traditional circumcisers to make sure the procedure is well done.
- The safest way to be circumcised is by a trained medical practitioner in a clinical setting. Namibia is training clinical providers in MC methods.

Step 4

- Explain that if a man is circumcised, he must wait six to eight weeks before he can resume sexual activity.
- If he does not wait six to eight weeks, he might increase his risk of infection with STIs, including HIV, and more easily transmit HIV or STIs to a partner.

Step 5

- Make SURE that participants understand the following:

- Male circumcision reduces the risk of HIV infection from a woman to a man, but it does NOT completely protect a man against HIV.
- Male circumcision offers only a 60% protection to a man against HIV transmission.
- For this reason, circumcised men still need to use a condom every time they have sex.

Step 6

- Now ask questions below:
 - Do you think male circumcision is important for the prevention of HIV? Why or why not?
 - Do you think that men from cultures that do not traditionally circumcise will go for circumcision?
 - Do you think men will understand that even if they are circumcised, they still need to use condoms?
 - Do you know where a man can go to get circumcised in your area?
 - What can men do to encourage other men to think about circumcision?
 - What can women do to encourage their male partner to consider circumcision?

Step 7

- Emphasize again in closing that:
 - Male circumcision is an important strategy for HIV prevention.
 - However, even though it does reduce the risk of HIV infection from a woman to a man, it does not completely prevent HIV
 - Circumcised men must still use a condom every time they have sex.

Module 5: Condom Use

SESSION 1 – Demonstrating correct condom use³⁰

Ages

25-49 years

Objective

- To provide participants with the opportunity to practice handling male condoms.

Materials

Male condoms

Models of a penis

Time

Approximately 60 minutes

Instructions

Step 1

- Find a suitable 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.
- Explain that those who are sexually active need to protect themselves and, if used correctly, condoms provide excellent protection.

Step 2

- Using your model, demonstrate how to place a condom on it, highlighting the following points:
 - a) Check the expiry date and look for signs of wear such as discolored, torn or brittle wrappers. Do not use condoms which have passed the expiry date or seem old.
 - b) Tear the package carefully along one side. It is better not to do this using teeth or fingernails to avoid damaging the condom.

³⁰ NACSO: Curriculum and training tools for peer educators on condom use, 2010

- c) Place the rolled up condom on the top of the penis model.
- d) 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).
- e) Place the condom on the end of the penis and unroll the condom down the length of the penis model by pushing down on the round rim of the condom. (If this is difficult, the condom is “inside-out”. Throw the condom away and use a new one.
- f) When the rim of the condom is at the base of the penis (near the pubic hair) penetration can begin.
- g) 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 you have sex.

Step 4

- Hand out condoms to each of the participants.
- Have each participant practice putting the condom on the model and spell out loudly 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.
- When they have finished, ask them to report what 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 properly on the model
 - The user is too rough when opening the package or uses teeth to open it
 - The air in the tip is not squeezed out

SESSION 2 – Consistent condom use³¹

Ages

25-49 years

Objective

- To better understand the importance of using condoms consistently

Materials

Copies of stories, below

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 behavior shows “consistent” use of condoms.
- Write their responses on flip chart paper.

Story A

A 25 year old man works as a mechanic. He used a condom with a woman he met in a night club. The next week, he met a young girl who sells oranges in the market. He didn't use a condom because, since she was younger, he thought she was less likely to be infected with HIV.

Story B

³¹ PACT Botswana: Outreach Guide: Partner Reduction and Protection, 2007

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

Story C

A 30-year-old single man joined the Armed Forces and was sent to a border location after basic training. While stationed there, he met an 18-year-old woman. For the first month he used condoms but one day she told him: *"If you really love me and want to marry me you would stop using condoms."* He liked her very much but marriage was a long way off for him. Besides, he would more than likely be transferred back to the city in a couple of months. That day, he didn't use a condom, but for the rest of his stay he did.

Story D

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

Story E

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

Step 3

- Tell the participants that the correct answer is that NONE of the people featured in the stories used condoms consistently.
- Explain that Jones was the least at risk because he used condoms in all his relationships outside his marriage. However, he did allow himself to have unprotected sex that one time.
- Explain the importance of using condoms consistently and correctly every time when having sex.

SESSION 3 – Condom facts and misinformation³²

Ages

25-49 years

Objective

- To correct misinformation about condoms
- To increase condom use

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.

1. Condoms don't provide protection against HIV.

³² PACT Botswana: Outreach Guide: Partner Reduction and Protection, 2007

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. These are 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 (such as Vaseline) as oil-based lubricants break down the latex.

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 feels less constricted.

SESSION 4 – Advantages and disadvantages of condom use³³

Ages

25-49 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 or prestik

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 or at different locations around the meeting space.

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 by the paper that says “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 by the paper that says “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.

³³ PACT Botswana: Outreach Guide: 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 5 – Negotiating condom use³⁴

Ages

25-49 years

Objective

- To improve skills for discussing condom use

Materials

Flip chart paper

Markers

Time

Approximately 30 minutes

Instructions

Step 1

- Ask participants to role play the following story.

Story

A man meets a woman at a shebeen and he asks to have sex with her. The woman suggests using condoms, but the man doesn't like using them. He says they don't protect people from HIV and he is healthy anyway. She says she is healthy too, but people can have infections but not show any signs. She thinks condoms are reliable protection. He says they are unnatural and spoil his sexual pleasure. She says that she will help him to put the condom on and that they can make it enjoyable. She says she enjoys sex more knowing she is protected from getting pregnant and getting sick. He agrees to use the condom when he realizes his choice is between sex with a condom or no sex with her at all.

Step 2

- Explain to participants that one person may want to use a condom and another may not.
- Explain that negotiation occurs when the two discuss whether or not a condom will be used before they have sex.

Step 3

³⁴ Pact Botswana: Outreach Guide No 10:31. Partner Reduction and Protection

- Stimulate a discussion about the story by asking the participants the following questions:
 - What did you see happening in the role play?
 - Can you tell if someone is infected with HIV because of the way they look?
 - Do you think the girl was right to demand that he use a condom? Why?
 - How were the two able to resolve the problem about condom use?
- Explain the answer: They talked openly about the problem. They understood each other's point of view. They showed they cared and were willing to compromise.

Step 4

- Provide participants this definition of negotiation:
 - Negotiation involves making a decision together.
 - Different options are proposed and discussed.
 - The consequences of different options are also discussed.
 - For example, in the story, the man and the woman decided that the consequences of sex without condoms were much worse than the feeling that sex with condoms might not be comfortable.
 - A solution where both people can benefit is found.

Step 5

- Tell participants that negotiation requires these steps:
 - Each person is able to express her or himself.
 - Each person listens to the other.
 - There is time to discuss opinions and options.
 - Each person is respectful.
 - People recognize the feelings that the other person may be having.
 - People are willing to compromise.

Step 6

- Ask participants if they thought these steps were followed in the role play.
- Ask them to give some examples.
- Examples might include that the couple took time to consider different opinions before having sex.
- The woman recognized the man's discomfort and tried to suggest ways they could make the option of condoms more appealing for both of them.

Step 7

- Ask participants to think of a situation in their own lives where negotiation was necessary. Participants can share these situations with others if they feel comfortable.

- Ask them the following questions:
 - Did you use negotiations steps in that situation?
 - Would it have been easy or difficult to have used negotiation steps and principles in that situation?
 - How might things have changed if you had used negotiation steps?

Step 8

- Ask participants to think about risky sexual situations where negotiation might help and ask them to:
 - Describe a situation involving risky sexual behaviors where negotiation could help.
 - Describe a situation involving risky sexual behaviors where negotiation would be difficult.

SESSION 6 – Role play on condom use³⁵

Ages

25-49 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 of participants 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 discuss by asking 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 the results could have been different?

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

Module 6: Couple communication

SESSION 1 – Looking at our attitudes³⁶

Ages

25 – 49 years

Objective

- To explore attitudes about gender differences, roles and inequalities.

Materials

Four signs (Strongly Agree, Strongly Disagree, Agree, Disagree)

Time

Approximately 45 minutes

Instructions

Step 1

- Before the activity begins, place the four signs around the room.
- Leave enough space between them to allow a group of participants to stand near each one.
- Review the statements provided below. Then choose five or six that you think will help the discussion most:
 - It is easier to be a man than a woman in Namibia.
 - A man is more of a “man” if he has many sexual partners.
 - Sex is more important to men than to women in Namibia.
 - It is okay for a man to have sex outside of relationship, if his partner does not know about it.
 - A woman who carries a condom in her purse is “easy” (has sex with men easily).
 - Women who wear revealing clothing (tight or short skirts, low cut top with breasts showing) are asking to be raped.
 - It is okay for a woman to refuse sex to her husband or main sexual partner if he has sexual intercourse with another person.
 - Homosexuality is natural and acceptable.

³⁶ Engender Health: Engaging Boys and Men in Gender Transformation: The Group Education Manual, 2008:61

Step 2

- Explain to the participants that this activity is designed to give them a general understanding of their own and each other's value and attitudes about gender.
- It is designed to challenge some of their current thinking about gender issues and help them clarify how they feel about certain issues.
- Remind the participants that everyone has a right to his or her own opinion, and everyone's opinions should be respected.

Step 3

- Read aloud the first statement you have chosen.
- Ask the participants to stand near the sign that says what they think about the statement.
- Some participants may say that they don't know whether they agree or disagree and don't want to stand beside any of the four signs. If this happens, ask these participants to say more about their reactions to the statement. Then encourage them to choose a sign to stand beside. If they still don't want to, let these participants stand in the middle of the room as a "don't know" group.
- After the participants have moved to their sign, ask for one or two participants beside each sign to explain why they are standing there.
- Ask them to say why they feel this way about the statement.
- If all the participants agree about any of the statements, play the role of 'devil's advocate' by walking over to the opposite side of the room and asking, "Why someone would be standing on this side of the room?" (i.e., what values would they have that would put them here?)

Step 4

- After a few participants have talked about their attitudes towards the statement, ask if anyone wants to change their mind and move to another sign.
- Then bring everyone back together in the middle of the room and read the next statement.

Step 5

- Repeat steps 3 and 4.
- Continue with each of the statement you have chosen.

Step 6

- After reading all of the statements, lead a discussion by asking the following questions:
 - What statement, if any, did you have strong opinions and not very strong opinions about? Why?
 - What benefits do gender equality brings to couple's relationships?
 - How did it feel to talk about an opinion that was different from that of some of the other participants?

- How do you think people's attitude about the statements might affect the way they deal with their partners?
- How do you think people's attitudes about the statements help or do not help to reduce the spread of HIV and AIDS?
- How do you think people's attitudes about the statements help or do not help to improve couple communication?

Step 7

- End the activity by reminding participants about the importance of thinking about their own attitudes towards gender and HIV and AIDS.
- Encourage people to continue to challenge their own personal values and beliefs.
- Everyone has their own attitudes about gender and often it may be in conflict with others.
- Encourage couples to challenge their attitudes about their current roles in relationships and to improve their communication.

SESSION 2 – Persons and things³⁷

Ages

25-49 years

Objective

- To increase awareness about the existence of power in relationships and its impact on individuals

Time

Approximately 45 minutes

Materials

None

Notes to the Facilitator

- Some participants might not feel comfortable with the role play in this activity.
- It is important to be sensitive to how participants react to being assigned the role of “persons” or “things” and to be prepared to make the necessary changes.
- For example, rather than have the participants actually carry out the role play, the facilitator might invite the participants to discuss in pairs how “persons” might treat “things” and the feelings that this might generate for the “persons” and “things.”
- The facilitator should also be prepared to make referrals to counseling or other services for those participants who might be especially affected by the activity.

Instructions

Step 1

- Divide participants into three groups.
- Each group should have the same number of participants.
- If the number of participants does not allow for a similar number of people in each group, assign the “extra” participants to the third group which will be the observers.

Step 2

- Tell the participants that the name of this activity is: Persons and Things.
- Choose, at random, one group to be the “things,” another to be “persons,” and a third to be “observers “.

³⁷ Engender Health: Engaging Boys and Men in Gender Transformation: The Group Education Manual, 2008:73

- If there are equal numbers of men and women in the group, ask some of the men to be the “things” first and some of the women to be the “persons”, the rest of the participants will be observers.

Step 3

- Read the following directions to the group:

THINGS: You cannot think, feel, or make decisions. You have to do what the “persons” tell you. If you want to move or do something, you have to ask the person for permission.

PERSONS: You can think, feel, and make decisions. Furthermore, you can tell the “thing” what to do. You cannot leave the room or tell them to do anything you would not want to do.

OBSERVERS: You just observe everything that happens in silence.

Step 4

- Assign each “person” a “thing”.

Step 5

- Give the group five minutes for the “people” and “things” to carry out their designated roles.

Step 6

- After five minutes, tell the persons and things that they will switch and that now the “persons” will be “things” and “things” will be “persons.”
- Give them another five minutes to carry out the new roles.

Step 7

- Finally, ask the groups to go back to their places in the room and use the questions below to facilitate a discussion:
 - Ask the men how did it feel to be treated like a thing? (only ask if the group was divided according to sexes)
 - How did your “persons” treat you? What did you feel? Did you feel powerless? Why or why not?
 - Ask the persons how did you treat your “things”? How did it feel to treat someone this way? Did it make you feel powerful? Why or why not?
 - Why did the “things” obey the instructions given by the “persons”?
 - Were there “things” or “persons” who resisted the exercise?
 - In your daily lives, does your partner treat you like a “thing”? When? Why?
 - In your daily lives, do you treat your partner like a “thing”? When? Why?
 - For the “observers”: What did you observe? How did you feel not doing anything? Did you feel like interfering with what was happening? If yes, what do you think you could have done?

- In our daily lives, are we sometimes “observers” of situations in which some people treat others like things? Do we interfere? Why or why not?
- If you had been given a chance to choose between the three groups, which would you have chosen to be in and why?
- Why do people treat each other like this?
- What are the consequences of a relationship where one person might treat another person like a “thing?”
- How would being treated like a “thing” impact a person’s vulnerability to HIV?
- In your communities, do men most often belong to one of these three groups? Which group? Do women most often belong to one of these three groups? Which group?
- Why do you think this is?
- How does society/culture perpetuate or support these kinds of relationships?
- What can we do to make sure that different groups such as men and women live in a fair world where everyone is a “person” and can enjoy the same opportunities, equal treatment, and equal rights?

Step 8

- In summary explain the following points:
 - There are many types of relationships in which one person might have more power over another.
 - The unequal power balances between men and women in sexual relationships can have serious effects for the risk for STIs, HIV/AIDS, and unplanned pregnancy.
 - For example, a woman often does not have the power to say if, when, and how sex takes place, including whether a condom is used, because of beliefs that men should be active in sexual matters and women should be passive (or that women “owe” sex to men).
 - In other cases, a woman who is dependent on a man for financial support might feel that she does not have the power to say no to sex.
 - In cases of cross-generational sex, the age and class differences between men and women can further create unequal power relations that can lead to risky situations.
 - There are other examples of power relationships in our lives and communities.
 - Think of relationships between youth and adults, students and teachers, employees and bosses.
 - Sometimes the power imbalances in these relationships can lead one person to treat another person like a “thing”.
 - As you discuss gender and relationships between men and women, it is important to remember the connection between how you might feel

oppressed or treated like “things,” in some of your relationships and how you, in turn, might treat others like “things.”

- Thinking about these connections can help you to have more equal relationships between men and women in your homes and communities.

SESSION 3 – Gender Fishbowl³⁸

Ages

25-49 years

Objectives

- To share experiences related to gender issues
- To develop a better understanding of understanding for the experiences of the other gender

Time

Approximately 60 minutes

Materials

None

Notes for the Facilitator

- In some communities (especially when both husbands and wives are attending the session), it might be difficult for women to truly express themselves because they are afraid to publicly speak in front of their husbands.
- In that case, it might be best to hold group sessions separately with men and women and have someone take notes to later share with the other gender.

Instructions

Step 1

- Divide participants into groups of men and women.

Step 2

- Ask the men's group to read each of the questions below, discuss and prepare their answers.

Questions for Men

- What is the most difficult thing about being a man in Namibia?
- What do you want to tell women to help them better understand men?
- What do you find difficult to understand about women?
- How can men support and empower women?
- What do you remember about growing up as a boy in Namibia? What did you like about being a boy? What did you not like? What was difficult about being a teenage boy?

³⁸ Engender Health: Engaging Boys and Men in Gender Transformation: The Group Education Manual, 2008:79

- Who are some of the positive male influences in your life? Why are they positive?
- Who are some of the positive female influences in your life? Why are they positive?
- What do you think is the most difficult part about being a woman in Namibia?
- What can men do to encourage better communication in relationships?

Step 3

- Ask the female group to read each of the questions below, discuss and prepare their answers.

Questions for Women

- What is the most difficult thing about being a woman in Namibia?
- What do you want to tell men that will help them better understand women?
- What do you find difficult to understand about men?
- How can men support and empower women?
- Who typically makes decisions in your household? If men, how does it feel to behave them making all the decisions?
- What is something that you never want to hear again about women?
- What rights are hardest for women to achieve in Namibia?
- What do you remember about growing up as a girl in Namibia? What did you like about being a girl? What did you not like? What was difficult about being a teenage girl?
- Who are some of the positive male influences in your life? Why are they positive?
- What can women do to encourage better communication in relationships?
- Who are some of the positive female influences in your life? Why are they positive?

Step 4

- Once the groups are ready, ask the women to sit in a circle in the middle of the room and the men to sit around the outside of the circle, facing in.

Step 5

- Begin a discussion by asking the women's group read and answer each of the questions listed for women, above.
- The men's job is to observe and listen to what is being said. They are NOT allowed to react or speak.

Step 6

- After 30 minutes, close the discussion and have the men and women switch places.
- Now ask the men's group read and answer each of the questions listed above for men.

- The women's job is to observe and listen to what is being said. They are NOT allowed to react or speak.

Step 7

- Discuss the activity after both groups have taken a turn. Use the following questions:
 - What surprised you about this activity?
 - How did it feel to talk about these things with others listening?
 - What did you learn?

SESSION 4 – Healthy relationships: It’s about me - developing a personal advertisement³⁹

Ages

25-49 years

Objectives

- To understand that healthy romantic relationships start by knowing and loving oneself
- To identify qualities that one can appreciate about oneself

Time

Approximately 60 minutes

Materials

Flip chart paper

Copies of the handout on a personal ad, below

Markers

Pens

Instructions

Step 1

- Open this activity by explaining that relationships are a two-way street.
- Many single people think that they are ready for a relationship, however, they often have not found out enough about themselves to truly be ready.
- Healthy relationships are about knowing and loving one’s self first, and then identifying qualities about others that are of interest.

Step 2

- Give participants the handout, below, and explain it to them.

Step 3

- Next, explain that you would like everyone to work on their own personal ad, in 25 words or less.
- Give them 5-10 minutes to complete this task.

Step 4

³⁹ Engender Health: Engaging Boys and Men in Gender Transformation: The Group Education Manual, 2008:171

- After they have finished, ask them to develop a description of a potential romantic partner in 25 words or less.
- Explain that if participants are already in a relationship, they can still participate by describing what they like about their current partner or what they would like to change about their partner.
- Give them 5-10 minutes to complete this task.

Step 5

- When they are finished, have them find a partner to share their personal ads.
- Give them about 10 minutes for discussion, with each person sharing their ads with the other.

Step 6

- When they are finished, use the following questions to lead a discussion:
 - Was this exercise easy or difficult? Why?
 - How did it feel to do this exercise? Was it fun? Frustrating?
 - What characteristics did you use to describe yourself?
 - What characteristics are important for healthy relationships?
 - What did you learn from this activity?

Step 7

- Explain that before starting a relationship, it is important to know and love yourself and to figure out what you might want in a relationship.
- Many single people think that they are ready for a relationship, but often they have not found out enough about themselves to truly be ready.
- As a result, they can sometimes find themselves in unhealthy relationships.
- Healthy relationships are about knowing and loving one first, and then identifying qualities about others that are of interest.

Handout:

Developing a Personal Ad

For this exercise, you need to develop a personal advertisement for a newspaper or website. You need to think about your positive attributes and document them. You also need to think about what you are looking for in a romantic partner. The following adjectives may be helpful in describing oneself/your romantic partner:

Physical:

Short/Medium Height/Tall
 Long Hair/Short Hair
 Race/Ethnicity
 Male/Female/Transgendered
 Young/Old (use actual age if you desire)

Personality:

Outgoing
 Shy
 Energetic
 Artistic
 Honest

| | |
|---|-------------|
| You also may wish to list: Communicative, Living Positively | Sincere |
| Hobbies | Athletic |
| Interests | Humorous |
| Profession | Trustworthy |
| Educational Level | |
| Likes/Dislikes | |
| Religion/Political Affiliation | |
| Experience | |
| Personal Ad for Yourself (limit of 25 words): _____ | |
| _____ | |
| _____ | |
| Personal Ad for your Romantic Partner (limit of 25 words): _____ | |
| _____ | |
| _____ | |
| _____ | |

SESSION 5 – It’s about me, it’s about them⁴⁰

Ages

25-49 years

Objectives

- To be able to name the personal qualities the participants would want in a romantic partner
- To identify the differences between what women and men want from romantic relationships
- To understand what women and men need to better communicate about what they want from each other in romantic relationships

Time

Approximately 60 minutes

Materials

Flipchart

Paper

Tape

Pencils or pens

Notes to the Facilitator

- This activity looks at men’s and women’s views on the ideal partner.
- In most cases, participants will assume this means a heterosexual partner. But there may be some participants who are gay and may not admit it to the group because of stigma.
- There will also be many groups in which one or more of the participants has felt sexually attracted to, or has had sex with, someone of their own gender.
- It is important to be open with the group about these possibilities.
- In being open you can challenge the stigma and silence that surrounds homosexuality in many countries around the world.
- This stigma is based on fear of people being gay or “homophobia”, and it helps to sustain the homophobia that damages the lives of gay men and women.

Instructions

Step 1

- Divide participants into small groups of about five people each.

⁴⁰ Engender Health: Engaging Boys and Men in Gender Transformation: The Group Education Manual, 2008:175

- If there are both women and men in the workshop, divide the groups by gender so that participants are working in same-gender groups.
- If there are only one or two women, have some men join this group and take part in the discussion as if they were women.
- If there are no women in the workshop, ask one of the groups of men to do the activity as if they were women.

Step 2

- Give each participant a piece of paper and a pencil or pen.
- Ask them to write all of the qualities they would want in the ideal romantic partner. (For example, loving, outgoing, adventurous, animal lover, etc.) Give them five minutes.
- Check in with the groups as they write their responses, and make suggestions (examples of qualities) when they get off track.
- If participants are only listing physical characteristics, encourage them to think about other qualities that they would want in a partner.

Step 3

- When time is up, ask participants to share with their groups what they have written.
- Tell each small group to decide what they think the three most important qualities for a romantic partner are, and write these out on a flipchart page.

Step 4

- When the groups are finished, have each group present its list to the rest of the participants.

Step 5

- After each group has presented its lists, discuss the activity with the following questions:
 - How similar are the qualities of the ideal romantic partner among the groups?
 - Are there any differences between the ideal partner, as defined by the male groups and the female groups?
 - What are these differences? How do you explain them? Were there any positive differences? Any negative differences?
 - What are the differences between what men and women want in romantic relationships? How do these expectations influence romantic relationships?
 - How equal are the roles of men and women in relationships?
 - If the roles are not equal, why is this? Is this fair? If the roles are not equal, what could some of the consequences be?
 - How well or badly do you think men and women communicate with each other about what they want from a romantic relationship? Why?
 - Why is it important to communicate about what we want from each other in romantic relationships?

- What do women and men need in order to communicate better about what they want from each other in romantic relationships?
- What have you learned from this activity? Have you learned anything that could be applied to your own life and relationships?

Step 6

- Ask the group for ways to support women and men in forming and maintaining better romantic relationships.
- Explain that there are many cultural norms or beliefs about the distinct roles men and women should have in relationships.
- Some of these norms, such as “men should make all the moves in a relationship,” can reinforce unequal power dynamics and create situations of vulnerability for both women and men.
- For example, this norm might lead men to assume they should make all the decisions about sex and HIV prevention, even when they do not have adequate knowledge on these matters, and women might not feel comfortable trying to negotiate.
- Maintaining a healthy and equitable relationship requires work from both partners. Both need to work to communicate their expectations, needs, and desires and to understand and listen to the other’s needs and desires.

SESSION 6 – From violence to respect in intimate relationships⁴¹

Ages

25-49 years

Objective

- To discuss the use of violence in intimate relationships and how to construct intimate relationships based on respect

Time

Approximately 90 minutes

Materials

Flipchart

Markers

Tape

Notes to the Facilitator

- It is important to understand that men often feel helpless in response to other men's violence.
- Many might believe that they should not interfere with the affairs of other men.
- It is important to explore the lack of power and silence that men might feel when they see domestic violence.
- This activity uses role-play with female characters.
- If you are working with a male-only group, some of them may be reluctant to act as a female character.
- Encourage the group to be flexible. For example, if none of the men want to act as a female character, you can ask them to describe the scenes using the flipchart.

Instructions

Step 1

- Explain to the participants that the objective of this activity is to discuss and analyze the various types of violence that we sometimes use in our intimate relationships, and discuss ways of demonstrating and experiencing intimate relationships based on respect.

⁴¹ Engender Health: Engaging Boys and Men in Gender Transformation: The Group Education Manual, 2008:177

Step 2

- Divide the participants into 2-4 small groups.
- Ask one or two groups to present a role play showing an intimate relationship—boyfriend/girlfriend or husband/wife—which shows scenes of violence. Emphasize that the violence portrayed in the role plays can be physical, but does not necessarily have to be – it can also be verbal. Ask them to try to be realistic, using examples of persons and incidents that they have witnessed or that they have heard about in their communities.
- Ask one or two other groups to also present an intimate relationship, but based on mutual respect. There may be conflicts or differences of opinion, but the presentation should show what respect looks like in a relationship and should not include violence.
- Allow 15 to 20 minutes for the groups to develop the role play.

Step 3

- Each group will now have about five minutes to present their role plays.
- The other groups can ask questions at the end.

Step 4

- When all the groups have had their turn, list the following questions on the flipchart and discuss with the participants:
 - What are the characteristics of a violent relationship?
 - When does violence usually occur in relationships? Encourage the participants to reflect on the various forms of violence in intimate relationships (control, coercion, shouting), as well as physical violence.
 - Why does violence usually occur in relationships?
 - What characteristics make a relationship healthy?
 - What is necessary to achieve a relationship based on respect?

Step 5

- Discuss the following questions:
 - What do you think are the causes of violence in intimate relationships?
 - In the role plays showing violence, how could the characters have acted differently?
 - Why do you think some people stay in unhealthy relationships?
 - Are these reasons different for women than for men? Why?
 - Do only men use violence against women, or do women also use violence against men? How are they violent? How should men react to this violence?
 - When you see couples using violence, what do you normally do? What could you do?
 - Where can you go to seek help?

- What role do alcohol and other drugs play when it comes to violence in relationships?
- What are the consequences of violence in an intimate relationship?
- What is the relationship between violence and HIV?
- What is the social/community response to violence in relationships?
- What does a healthy intimate relationship look like? Do we see examples of respectful relationships in our families and communities?
- What can we do individually to construct healthy intimate relationships? How can friends and family help people in unhealthy relationships?
- What skills and support do men need to create healthier relationships?

Step 6

- Explain the following points in closing:
 - Conflict happens in all relationships. It is the way that you handle this conflict that makes all the difference.
 - Learning how to take the time to think about your feelings and express yourselves in a calm and peaceful way is an important part of building healthy and respectful relationships.
 - In healthy relationships, both partners are happy to be with the other person.
 - In unhealthy relationships, one or both partners are unhappy because of continuing problems with the relationship that are not being addressed.
 - Gender plays a role in who remains in unhealthy relationships.
 - In general, women find it harder to leave unhealthy relationships than men.
 - Usually women earn less money than men and have less control over economic resources (land, credit).
 - This makes many women economically dependent on their husbands.
 - Socially, women are more stigmatized for being divorced or separated.
 - There is huge social pressure on women to preserve the family.
 - As men, it is important to reflect on how you react when someone has a different opinion than yours or when someone does something that makes you angry.
 - It is not always easy, but it is important to take the time to think about your feelings BEFORE you react, especially when you are frustrated or angry.
 - Sometimes, if you do not take the time to think about your feelings, you may react in a way that is hurtful or violent to another person or even yourself.
 - Men need skills and support to talk with their wives and girlfriends about creating healthier relationships.
 - There is little support for either men or women in making their relationships healthier.
 - Gender roles for women allow them to ask each other for support and to talk about their feelings.
 - Gender roles for men make it difficult for them to ask for support on personal matters or to show their emotions.
 - The first step toward healthier relationships is to challenge these gender rules.

- Men need more opportunities and permission to ask for support. Men also need specific training on how to talk about their feelings and their relationships.

SESSION 7 – Ways for improving parent-teenager communication⁴²

Ages

25-49 years

Objective

- To understand how to communicate well with teenagers. The more a parent is prepared to answer questions about sex when asked by their children, the better they will be able to do it well. If a parent is not listening well, he or she won't understand what the child means.

Time

Approximately 30 minutes

Materials

Flipchart
Markers

Instructions

Step 1

- Read the following list of ways for improving parent-teenager communication one at a time.
- Stimulate a discussion by asking the related questions for each one.
- After the discussion, share the points listed below each statement and the related questions.

Understand the question being asked:

- Why is it important to understand the question your teenager asks?
- What can be done to make sure the question is understood?
- Why does asking for clarify actions about the question help?
- To ask for clarification you can:
 - Ask a question that will help you better understand the question.
 - Don't judge the question or make fun of it.

⁴² Pact Botswana: Outreach Guide No 9:15. Enhancing Parent-child Communication

- Think about why the question is being asked.

Give a clear and simple answer:

- Why is it important to share what you know with your teenager?
- Why is it a problem to be embarrassed and avoid the truth?
- Why is it difficult to talk about sex?
- When you talk about difficult subjects you can:
 - Try to respond as honestly and directly as possible.
 - Use language a young person will understand.
 - Keep answers short and simple.

Make sure the answer was understood:

- Why is feedback from your teenager to you important?
- Why is it important not to judge your teenager?
- What is the best way to get feedback?
- To get good feedback you can:
 - Ask if your teenager child understands the answer and have him or her repeat what was said back to you.
 - Listen carefully to what was said.
 - Correct any misunderstanding or seek clarifications with a question.

Share your values:

- Why is it important to share values, including moral beliefs, with your teenager?
- What can be done if your teenager is not interested in values?
- Why is it important to set an example with behavior as well as words?
- To share your values:
 - Share values and set moral limits, but you have to live by them too.
 - Do not lecture or expect children to automatically accept your values.
 - Listen to what your teenagers say about values and morals without judgment.

Build confidence and trust:

- Why is building confidence and trust with your teenager so important?
- Why is it important that teenagers feel comfortable talking about sex with parents?
- What can parents do to build confidence and trust?
- To build confidence and trust:

- Thank the teenager for asking questions.
- Take the time to listen and discuss and give full attention.
- If you are discussing sex, let your teenager know that it is a good thing to discuss.
- Reassure your teenager that no one else will be told about the discussion.

Step 2

Ask the participants to do role plays of 5 minutes each to demonstrate good parent-teenager communication and bad parent-teenager communication.

Step 3

Summarize the session and make the following points:

- Improving communications skills with your teenager makes talking about sex easier.
- Getting over shyness when talking about sex is a big challenge for parents.
- Talking about sex with children can't be ignored in a world with HIV.

SESSION 8- Using picture codes to discuss couples communication⁴³

Ages

25-49 years

Objective

- To discuss couples communication using the Multiple Concurrent Partnership Picture Code Flip Chart

Time

Approximately 30 minutes per photo

Materials

Multiple and Concurrent Partnership Picture Code Flip Chart (photos related to couples communication)

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 behavior 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.

⁴³ 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 field 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 to let everyone participate.
- Re-ask the same question to different people.
- Ask others if they agree with the responses given.

Module 7: People living with HIV and AIDS

SESSION 1 – Living positively when you are HIV positive⁴⁴

Ages

25-49 years

Objective

- To better understand the personal impacts of HIV and AIDS

Materials

Handout (below)

Paper

Pens or pencils

Time

Approximately 20 minutes

Notes to the Facilitator

You can invite a person that is living positively to share their live experience with the group. After this discussion, allow the participants to ask relevant questions to the guest speaker and proceed to step 1.

Instructions

Step 1

- Divide participants in three groups.
- Give them each a copy of the handout, below.

Step 2

- Ask each group to study the handout.
- Then ask each group to think of a set of six questions to ask a person who is HIV-positive, to find out whether or not they are living positively.

⁴⁴ Engender Health: Engaging Boys and Men in Gender Transformation: The Group Education Manual, 2008:249 and NACSO Curriculum and training tools for peer educators on VCT

- Each group should agree on their six questions and write them down.

Step 3

- In plenary each group should then ask the person living positively to answer their six questions.

HANDOUT

Living positively when you are HIV-positive

Components of Positive living:

1. Physical Health

This refers to maintaining your physical health through a well balanced diet, enough exercise, rest, keeping your body free from illnesses or any form of infection and living in a health and clean environment.

2. Mental Health

This refers to maintaining your mental health. If you have good mental health you have peace of mind, are stress-free and can cope with situations. Mental health demands on-going support from family, friends and colleagues.

3. Spiritual Health

This refers to your spiritual well-being. This means that you have someone or something that you believe in and that forms a good support system. Many people believe in many different things and it is important that their belief systems be strengthened.

If you are HIV-positive you should try to keep your body strong. This means you should:

- Maintain a good diet including proteins, vitamins and carbohydrates. Nutritional deficiencies may negatively affect your body's ability to fight HIV.
- Stay as active as possible, keep fit and sleep regularly. Exercise helps prevent depression and anxiety and can add to a feeling of well-being and contribute to general health and stamina.
- Continue to work, if possible.
- Occupy yourself with meaningful, or at least distracting, activities.
- Socialize with friends and family.
- Talk to someone about your HIV status and illness.
- Use a condom every time during sexual intercourse.
- Seek medical attention for health problems and follow medical advice for care including counseling and social services.

If you are HIV-positive you should avoid:

- Alcohol and cigarettes
- Getting other infections, including further doses of HIV
- Using non-prescribed drugs
- Being isolated from other people

The best place for the proper care of people living with HIV and AIDS is where the person gets the most love and emotional support. This is usually at home.

Some important points about how to live healthily and positively when HIV-positive:

| | |
|--------------------------------|---|
| • Take care of yourself | • Get regular counseling |
| • Maintain your self-esteem | • Seek medical care |
| • Keep yourself healthy | • Get more information about HIV and its transmission |
| • Eat nutritious food | • Protect others from being infected by you |
| • Take adequate rest and sleep | • Spend time with family and friends |
| • Get regular exercise | • Be positive, plan for the future |

SESSION 2 – Stigma: In the river, on the bank⁴⁵

Ages

25-49 years

Objective

- To better understand the personal impacts of HIV and AIDS

Materials

None

Time

Approximately 15 minutes

Instructions

Step 1

- Ask the participants to stand in a line, all facing the same direction.
- Tell the group that they are standing on the bank of the river.
- When you say the words “In the river”, they should take one step FORWARD.
- If however, you say, “On the River”, they should NOT MOVE.
- Additionally, when you say “On the Bank”, they should take one step BACK to the starting point.
- If, however, you say, “In the Bank”, they should NOT MOVE.
- If anyone makes a mistake, they are taken out of the game.

Step 2

- Start the game.
- Give the commands quickly.
- If anyone makes a mistake, ask them to leave the game.
- After a few minutes, stop and discuss.

Step 3

- Note that everyone laughed when the first person made a mistake.
- Ask the person who made the mistake how he or she felt. (Possible answers - embarrassed, angry, stigmatized, bad)

Step 4

- Explain that this game shows us that we are “all in the same boat”.

⁴⁵ AED and DFID: Peer Educator Toolkit for Namibia, 2005:49

- There is no separation between “us” and “them”.
- We are all facing and living with the HIV and AIDS epidemic.
- Lots of people like to blame or judge others, but one day they may also “fall into the river” and others will judge them.
- Remember HIV affects everyone.

SESSION 3 - Our experiences as stigmatizer and being stigmatized⁴⁶

Ages

25-49 years

Objective

- To have a closer look at situations where we have stigmatized others and where we have been stigmatized.

Materials

Flipchart
Markers
A4 papers
Pens or pencils

Time

Approximately 20 minutes

Notes to the Facilitator

- Prepare two flip charts before the session as follows:
 - **Flip chart 1 Our personal experience of being stigmatized**
 - Think about a time in your life when you felt isolated or rejected for being seen to be different from others or when you saw other people being treated this way.
 - Think about what happened.
 - How did it feel?
 - What impact did it have on you?
 - **Flip chart 2 Our personal experience of being the stigmatiser**
 - Think about a time in your life when you isolated or rejected other people because they were different.
 - Think about what happened.
 - How did it feel?
 - What was your attitude? How did you behave?

Instructions

⁴⁶ AED and DFID: Peer Educator Toolkit for Namibia, 2005:48

Step 1

- Ask participants to sit on their own at a distance from other participants but where they can see the flip chart.
- Give them each paper and a pen or pencil.
- Show them flip chart 1.
- Ask them to answer the questions on flip chart 1 and write them down on their papers.
- Explain that this does not need to be examples of HIV stigma – it could be any form of isolation or rejection for being seen to be different.

Step 2

- Ask the participants to return to the circle and invite them to share their stories regarding flip chart 1 in the large group. You should not force anyone to share.

Step 3

- Ask participants again to sit on their own and take a look at the flip chart 2.
- Read out loud the questions from the flip chart and give them a few minutes to reflect.

Step 4

- Ask the participants to return to the circle and invite them to share their stories regarding flip chart 2 in the large group. You should not force anyone to share.

Step 5

- Summarize by asking if participants can see how powerful and hurtful stigma can be.
- Stress that we need to be careful how we treat others. We need to treat them the same as we would like to be treated.

SESSION 4 – Stigma problem tree⁴⁷

Ages

25-49 years

Objective

- To identify some of the root causes of stigma, different forms of stigma, and how stigma affects people

Time

Approximately 45 Minutes

Materials

Flipchart

Markers

Notes to the Facilitator

- On a flipchart, draw a simple tree with roots, a trunk, and branches and leaves.
- Write the word “causes” next to the roots, the word “forms” next to the trunk, and the word “effects” next to the branches and leaves.
- Read and be familiar with the following list of potential causes, forms, and effects of stigma. Do not note them on your tree:

Effects or Consequences

Shame. Denial. Isolation. Loneliness. Loss of hope. Self-blame. Self-pity. Self-hatred. Depression. Alcoholism. Anger. Violence. Suicide. Dying alone without love. Feeling useless/not contributing. Family conflict. Quarrels within the family over who is responsible and who will take care of the sick PLWHA. Divorce. Getting kicked out of the family. Getting fired from work. Dropping out from school. AIDS orphans and street kids. Abuse or poor treatment by relatives. Deprived of medical care (health staff arguing that it’s a “waste of resources”). Ceasing to make use of clinics, voluntary counseling and testing (VCT) programs, and home-based care. Reluctance to take medication. Lack of treatment. Spread of infection.

Forms of Stigma

Name-calling. Finger-pointing. Labeling. Blaming. Shaming. Judging. Spreading rumors. Gossiping. Neglecting. Rejecting. Isolating. Separating. Not sharing utensils. Hiding. Staying at a distance. Physical violence. Abuse. Self-stigma, (blaming and isolating oneself). Stigma by association (family or friends also affected by stigma). Stigma due to looks/appearance.

⁴⁷ Engender Health: Engaging Boys and Men in Gender Transformation: The Group Education Manual, 2008:261

Causes

Morality (the view that PLWHAs are sinners, promiscuous). Religious beliefs. Fear—(of infection, the unknown, of death). Ignorance that makes people fear physical contact with PLWHAs. Gender (women are more stigmatized than men). Peer pressure. Media exaggerations.

Instructions

Step 1

- Form five groups.
- Ask each of the groups to draw a tree similar to what you have prepared on the flipchart.

Step 2

- Ask the following questions, discuss and list their responses:
 - “Why do people stigmatize other people” (e.g. lack of knowledge)? List responses as the roots (or causes).
 - “What do people do when they stigmatize people” (e.g., name-calling)? List responses as the trunk (or forms).
 - “How do these actions affect the person being stigmatized” (e.g., isolation)? List responses as the branches/leaves.

Step 3

- When groups are done, ask groups to present their answers to each other.
- Check the facilitator’s notes above for any additional causes, forms, or effects that were not mentioned.

Step 4

- Conclude with the following questions:
 - Do you think we should focus more of our stigma reduction efforts on fixing the causes, forms, or effects of stigma? Why?
 - What can be done to address the causes of HIV-related stigma, and therefore reduce them?

Step 5

- In closing, explain that HIV-related stigma is a major factor stopping people from finding out their HIV status.
- Stigma is caused by various factors, including lack of knowledge, fear of death, shame/guilt associated with a sexually transmitted disease and the moral judgment of others.

- Stigma has serious effects that can compromise an HIV-infected person's life.
- However, through education and disclosure, stigma can be reduced.

SESSION 5 – HIV status disclosure role plays⁴⁸

Ages

25-49 years

Objectives

- To practice providing support to people who disclose their HIV-positive status
- To understand the potential benefits of disclosing one’s HIV-positive status to a peer
- To develop empathy for someone who discloses their HIV status

Time

Approximately 60 minutes

Materials

Flipchart
Markers

Instructions

Step 1

- Explain that this activity will allow participants to explore ways to let people know your HIV status and understand the advantages and challenges it can bring.
- Explain that in this activity, everyone will be assumed to be HIV-positive.
- In reality, we may not know another person’s status. That is something everyone has a right to keep confidential.
- However, this activity will help us become more comfortable about talking openly about being HIV positive.

Step 2

- Ask participants to divide into groups of three persons each.

Step 3

- Explain that in this activity, we will take turns asking each person to role-play an HIV positive person telling someone his or her HIV status.

Step 4

- Explain that the first role-play will involve the first participant telling his or her HIV status to a close friend.
- The third person in the group should observe.

⁴⁸ Engender Health: Engaging Boys and Men in Gender Transformation: The Group Education Manual, 2008:264

Step 5

- After five minutes, ask a new participant in each group to play the role of the person telling his or her HIV status.
- In this role-play, the participant will tell a family member.
- The third person in the group should observe.

Step 6

- After five minutes, ask the third member of the group to role-play the person telling his or her HIV status.
- In this role-play, the participant will tell his or her regular sexual partner.
- The third person in the group should observe.

Step 7

- After all role-plays are completed, bring the participants together to discuss the following questions:
 - What was this activity like for you?
 - What was it like to tell someone about your HIV status when you were HIV positive? How did it feel?
 - Did you find it easier to tell some people than to others? Why?
 - What was it like to have someone a person who is HIV positive tells you their status? How did you react?
 - If you were in this situation in real life, would you really tell someone your HIV status? Why or why not?
 - What are the advantages and disadvantages of telling someone your HIV status if you are HIV positive?
 - What are some strategies a person could use to tell someone their HIV status if they are HIV positive?
 - What are some important things to consider when someone tells you they are HIV positive?
 - How can we encourage people to be tested for HIV?
 - What have you learned from this activity? Have you learned anything that could be applied to your own life and relationships?
 - Will you make any changes as a result of this activity?

Step 8

- After asking the questions above, explain to participants that this was only an exercise and does not reflect the participants' true HIV status.
- In closing, make sure that the following points have been covered:
 - Knowing your HIV status is a key part of being able to protect yourself and your partners.
 - When you know your HIV status, you can tell it to your partners and take the necessary measures to protect yourself and your partners from infection or, in

- the case where you or a partner are HIV-positive, protect yourselves from re-infection.
- It is important that you know where you can get tested in your community and share this information with others.

SESSION 6 – Mapping existing services for PLWHA⁴⁹

Ages

25-49 years

Objective

- To identify what treatment, care and support services exist for PLWHA and map and list HIV services in the local area

Time

Approximately 30 to 45 minutes

Materials

Flipchart
A4 Paper
Pencils or pens

Instructions

Step 1

- Ask the group to brainstorm all the local services that are part of the treatment, care and support continuum for people living with HIV.
- Write these on the flip chart.
- Make sure all of the following possible sources are taken into account:
 - Government HIV clinic/hospital
 - NGO health center providing HIV care
 - Private hospital (nursing) for HIV care
 - Private doctor treating HIV
 - Other government facility addressing needs of PLWHAs
 - NGO facilities addressing needs of PLWHAs
 - Private hospital (nursing home) addressing needs of PLWHAs
 - NGOs assisting orphans and vulnerable children
 - Pharmacies offering ARVs
 - Laboratory services (e.g., CD4 count, viral load)
 - TB treatment/direct observation therapy (DOT) centers
 - ARV roll-out center
 - Pediatrician who specializes in HIV treatment

⁴⁹ Engender Health: Engaging Boys and Men in Gender Transformation: The Group Education Manual, 2008:265

- HIV voluntary counseling and testing (VCT) Centers
- Prevention of Parent-to-Child transmission center (with PPTCT ARV Services)
- Nutritional support centers
- Educational institutions providing services for children infected/affected by HIV
- Care homes for PLWHAs
- Detoxification and de-addiction centers
- Legal services for PLWHAs
- Drop in centers
- Other

Step 2

- Add any items that were overlooked to the participants' list.
- Assign a colored dot or a number to each type of service delivery point on the list (for example, a government clinic or hospital might be number 1 or a red dot; an NGO health center might be number 2 or a blue dot, etc.)

Step 3

- Now explain to participants that they will draw a map of the services in their community.
- Ask them to draw a large circle on the flipchart. This circle represents the community.
- In this circle have them draw the main physical features of the community such as streets, main buildings, rivers, etc. The map need not be perfect.
- Based on what they know about the services available in their area, and then ask participants to place the color dot/number of each type of service delivery point (from the numbers assigned at the end of Step 1) on the service delivery point in their community.
- Repeat the same process for all types of services available in their area.

Step 4

- Discuss, asking the following questions, below.
- Tell participants that even though these questions below focus on ARTs, you can use them to discuss any services for PLWHAs (OVC, HBC, etc.):
 - Where are ARV services provided locally?
 - What is the cost for people to travel to these ART services?
 - What is the process involved in accessing those ART services? Registration? How long one has to wait?
 - What are the criteria for one to receive ARV? For example, if I am a person who has been recently diagnosed with HIV infection, and I have a CD4 count of 150, what is the likelihood that I will receive ART at these sites?

- Will I have to pay for that treatment? If so, what do I do if I have no financial resources?
- How are these services linked to each other?
- How do I contact these services? Who are the contact people?
- Given that demand for ART is higher than supply, how do programs decide who gets access to ART first?

Step 5

- End the session by explaining that participants could use this same mapping exercise to map a district or region, or use as a referral checklist in their workplace or for coordination purposes.
- Explain that there are now many community locations that provide services for those living with HIV/AIDS. If you don't know how you to access them, ask a local government representative, health provider(s) and/or NGO, or CBO representatives, who may be able to direct you to available services.

SESSION 7 – Understanding ART, prevention of opportunistic infections, and TB⁵⁰

Ages

25-49 years

Objective

- To understand basic concepts about ART, prevention of opportunistic infections and TB

MATERIALS

SFH Flip Chart Understanding ART, Prevention of Opportunistic Infections, and TB

Flipchart paper

Markers

A4 paper

Pencils or pens

TIME

Approximately 45 minutes

INSTRUCTIONS

Step 1

- Explain that ART stands for Anti-retroviral Treatment.
- ART is the treatment for HIV infection.

Step 2

- Explain that not everyone infected with HIV needs treatment with ART.
- Explain the criteria you need to meet in Namibia to start with treatment.

Step 3

- Divide participants into three groups.
- Explain that people with HIV have lowered resistance to other infections.
- Ask each group to explain how someone who is HIV positive can avoid TWO of the following infections.
- If people do not know the infections, refer to the information on opportunistic infections, below.

⁵⁰ Society for Family Health: Flip Chart: Understanding ART, Prevention of Opportunistic Infections, and TB Definitions: The Official Educators AIDS Guide for South Africa, 2008. Health Systems Development Unit, 2001

- Herpes simplex
- Candida
- Kaposi's Sarcoma
- Meningitis
- Tuberculosis
- Pneumonia

Information on opportunistic infections:

- **Herpes simplex virus** is the virus that causes ulcers in the mouth or on the genitals in healthy patients. In HIV/AIDS patients it causes deep ulcers that are often extremely painful. In addition, instead of being isolated to the mouth or genitals, the ulcers may be found on any surface in the body.
- **Candida** is a fungal infection (thick white discharge) that affects the mouth, urinary tract and vagina. It is normally painless, but can be painful on swallowing if the candida is in the throat. Treat with vaginal cream.
- **Kaposi's sarcoma** is a tumor of the blood vessels that can occur anywhere in the body. It can commonly be seen on the skin or mucous membranes. The palate or roof of the mouth is a likely place to look for it. It appears as dark, reddish or purple lesions that may be smooth to the touch or nodular and elevated. It is not normally itchy or painful, and may go unnoticed by the patient. It also affects the internal organs and may cause shortness of breath, urinary bleeding, or swelling of the glands.
- **Tuberculosis** is caused by a bacterium.
- **Cryptococcus Meningitis** is a fungus that is commonly found in the soil. It is a cause of meningitis in AIDS patients. The symptoms may be mild to severe, ranging from poor memory and concentration to fever, headache and neck stiffness.
- **Cryptosporidium** is a protozoa infection that causes persistent diarrhea in AIDS patients. Normally, the diarrhea has been present for longer than three weeks, and has no blood in it. In most patients, it is not important to find the exact cause, but rather to give the patients treatment with Bactrim.
- **Pneumocystis carinii** is a type of fungal organism that commonly causes pneumonia in AIDS patients.

Step 4

- Once the groups are ready, they should present in plenary.

Step 5

- Participants then go back into their groups.
- Each group should answer the following questions about TB, depending on their group:

- Group 1: What are the signs and symptoms of TB?
- Group 2: How is TB treated?
- Group 3: How is TB related to HIV?

Step 6

- Once the groups are ready, they should present in plenary.

Step 7

- Compare group comments with the following information and correct any errors:

Information on TB:

- **Tuberculosis:** Patients with lung tuberculosis present with persistent cough for 3 weeks or more, blood-stained sputum, shortness of breath and chest pain, loss of appetite, loss of weight and sunken cheek bones, night sweats and fever, a general feeling of illness, tiredness, loss of motivation and loss of strength and anemia.

SESSION 8 – Adherence to ART⁵¹

Ages

25-49 years

Objective

- To understand the importance of taking your ARVs regularly

Materials

Computer

Yale School of Medicine DVD Adherence to ART (get from C-Change Namibia)

Time

Approximately 15 minutes

Instructions

Step 1

- Explain that ART stands for Anti-retroviral Treatment.
- ART includes treatment with ARVs, which is the medicine you take if you need it.

Step 2

- Explain that not everyone infected with HIV needs ART.
- Once someone begins ART, they need to take their medicine regularly. Taking medicine regularly is called “adherence”.

Step 3

- Explain to the participants that you will show them a video on ART adherence.
- The video gives a definition of adherence to ART, it discusses the side-effects of ART and it shows adherence in action.

Step 4

- Show the video clip to the participants and allow some time for asking questions.
- You can also invite a person who is living positively and is on ART, to answer the questions.
- Conclude the session by emphasizing the importance of adhering to ARV treatment.

⁵¹ Yale School of Medicine in collaboration with the University of Witwatersrand and the Peri-natal HIV Research Unit at Chris Hani Baragwanath Hospital

Module 8: Voluntary Counseling and Testing

SESSION 1 – Men getting tested for HIV⁵²

Ages

25-49 years

Objective

- To discuss the importance of men getting HIV/AIDS counseling and testing and its related benefits and challenges

Time

Approximately one hour

Materials

Paper

Scissors

Markers

Tape (Prestik/Bostik)

Notes to the Facilitator

- Prior to the session, gather information on local centers for voluntary counseling and testing (VCT).
- If possible, arrange for a staff person from the VCT center to participate in this session and/or for the men to visit the VCT center itself.
- Alternatively, arrange for mobile VCT in the community.
- It is also important to be aware of policies and services related to the provision of antiretroviral (ARV) for people who have HIV/AIDS.

Instructions

Step 1

- Ask for two volunteers to do a role-play of a man arriving at a health center to get an HIV test and a counselor helping the man.
- Participants should decide what the scene is like, the expression on the man's face, his behavior, and the appearance of the counselor.

⁵² Engender Health: Engaging Boys and Men in Gender Transformation: The Group Education Manual, 2008:243

- Explain that it takes some time to receive the result of the HIV exam and that this is the man's first contact with the health center.
- The counselor should be friendly and create a rapport with the man.
- When the play gets to the point of giving the test result, stop the scene with a command (for example, "Freeze!").

Step 2

- Discuss the following questions with the participants:
 - What do you think made the man want to take the HIV test?
 - How long do you think it took him to decide to take the test?
 - How do you think he will deal with the result?
 - How is he feeling? Is he afraid? Confident? Why?
 - Do you think his family or friends know that he has come to take an HIV test?

Step 3

- After discussing these questions, ask two other pairs to role-play the same scene, but this time, they should begin just as the test result is given.
- Assign a positive result to one pair and a negative result to the other, and have each role-play the counselor giving the result and the man reacting.
- Do not let the other participants know which pair will act out the positive and negative results.

Step 4

- Once the role plays are over, ask the group questions about the two role-plays:
 - How did the man receive the news about being positive?
 - How did the man receive the news about being negative?
 - Who do you think will be the first person he will talk to about his results?
 - Why do you think the result of the test was positive?
 - Why do you think the test result was negative?
 - What is the man thinking of doing now that he knows he does not have the virus?
 - What is the man thinking of doing now that he knows he does have the virus?

Step 5

- Finally, ask for two more pairs to role-play what the future holds for the man who receives a positive result and for the young man who receives a negative result.

Step 6

- When the two role plays are over, ask the group questions about the role-plays:
 - What steps should HIV-positive men take?
 - What steps should HIV-negative men take?

- What are the expectations of each person for the future?

Step 7

- Wrap-up the discussion with the questions below:
 - Do people know where they can go for HIV counseling and testing?
 - Do they trust it will be done safely and anonymously?
 - How are people treated when they seek HIV counseling and testing?
 - How do you think they should be treated?
 - Do you think men are more or less likely than women to seek out HIV counseling and testing? Why?
 - What do you think are the biggest factors that stop men from seeking HIV testing?
 - What can be done to address these factors?
 - What should a man do if his test result is positive?
 - What should a man do if his test result is negative?
 - How can you encourage more men in your community to be tested?

SESSION 2 – Facilitating a discussion on HIV Counseling and Testing using the SFH Flipchart⁵³

Ages

25-49 years

Objective

- To discuss the importance of HIV/AIDS counseling and testing and to share information on the testing procedure

Time

Approximately one hour

Materials

SFH Flipchart on HIV Counseling and Testing

Instructions

Counseling:

Step 1

- Ask participants what they see in the counseling picture on the flipchart.
- How does this situation relate to HIV and AIDS?

Step 2

- Begin a discussion on counseling by reading the definition of the word below:

“Counseling is the process of interacting with one or more persons on issues with the aim of helping the person solve his or her problems by providing the necessary information and guidance on making informed decisions.”

Step 3

- Ask participants why people go for counseling.
- Discuss the responses.

⁵³ Society for Family Health: Flip chart on Counseling and Testing

Step 4

- Ask participants why people choose not to go for counseling.
- Discuss the responses.

Step 5

- Ask participants what qualities they think good counselors should possess.
- Read the following list and mention any of the following not said by the participants:
 - Not be judgmental
 - Respect the client
 - Maintain confidentiality
 - Be trustworthy, open and honest

Testing and getting results:

Step 1

- Explain that the HIV testing process at a New Start or an MoHSS centre might take in total from half an hour to 1 hour 30 minutes, depending on the centre volume, and consists of:
 - Pre-test counseling (data intake and information)
 - Testing (rapid test 15 minutes-finger prick)
 - Post-test counseling (result of test - referral)

Benefits of getting tested:

Step 1

- Ask the participants if any of them has gone for counseling and testing.
- Ask the participants why it is necessary to go for counseling and testing.

Step 2

- Share with the participants the reasons to get tested:
 - To know your HIV/AIDS status. Knowing the results will help a person make changes in his or her way of life. That will help improve the person's health.
 - To help prevent and control the spread of HIV.
 - To put your mind at rest.

Step 3

- Inform the participants when to get tested:
 - If you have never done an HIV test.

- If you have had an HIV test more than 6 months ago.

Step 4

- Inform participants where to go for testing in their area.

Step 5

- Conclude by sharing any of the following benefits not mentioned:
 - You will know your status.
 - Your action will be guided by information about your status.
 - You will seek treatment if you test positive, and
 - You can access support from existing support structures such as positive living groups.

SESSION 3 – HIV Voluntary Counseling and Testing for couples⁵⁴

Ages

25-49 years

Objective

- To consider the advantages and disadvantages of couples testing for HIV

Time

Approximately one hour

Materials

Flipchart
Markers

Instructions

Step 1

- Divide participants into groups no larger than 10, with men and women mixed together in each group.
- Read each of the questions below in bold one by one and ask the groups to discuss. Give them 5 minutes on each question.
- Each group should write their ideas on flip chart paper.

Step 2

- Once groups are ready, ask them to present their ideas to the wider group.
- When the groups have finished presenting, read the points below each question, below, to make sure everything has been covered.

What are the advantages of VCT for couples?

- HIV testing for couples ends worrying about being infected, one way or another.
- If infected, couples can plan their life and seek treatment.
- If detected early, couples can get treatment and live longer.
- Waiting too long to get a test can make it harder for treatment to work.

⁵⁴ Pact Botswana: Outreach Guide No 8:48. Improving couple communication

- If not infected, couples can make sure HIV continues to be kept away from their family.
- Couples who plan to have babies are better off having an HIV test before getting pregnant.
- Getting tested increases the chances of having a baby not infected with HIV.
- Getting results right away reduces the stress of waiting and worrying.

What are the disadvantages of VCT for couples?

- The advantages far outweigh the disadvantages of being stressed about going for an HIV test.

Why are couples reluctant to go to VCT?

- Couples can be very shy about testing because they are afraid.
- Couples are afraid that they will be abandoned by their partner if positive.
- Couples are afraid of being accused by the other of bringing HIV into the relationship.

What are the advantages of couples going together for testing?

- Going for testing together is a sign of love and confidence in a relationship.
- Testing together can increase courage about facing the results, whether they are positive or negative.
- Trusting each other is important for couples and a test is the only way to know if a partner is infected.

Why is VCT a confidential service?

- Voluntary counseling and testing services are confidential and reliable in Namibia.
- Because of the stigma, people usually want their status to remain a secret.
- Hiding HIV status from a partner, if positive, is irresponsible and disrespectful.

How can couples feel more comfortable about couple testing?

- Couples can discuss testing with each other after seeing an advertisement or hearing it mentioned on the radio or television.
- Talking about it openly and honestly reduces the fear.
- Couples can go for testing together or go separately as long as they share the results.

How should you feel about protecting your partner if you were positive and he or she was negative?

- Protecting a partner who is not infected takes discipline and respect.

What is the problem with men being more reluctant to test than women?

- Even when lives are at stake, men can be embarrassed or afraid about testing.

- Embarrassment and fear can make things worse.
- Men can deny they have sexual risk behavior.
- Men may not realize that sharing test results with their partner shows respect.

Step 3

- Summarize the discussion and make the following points:
 - Couples can be fearful about what will happen if they test together for HIV.
 - They often don't see the big advantages of early testing.
 - Poor communication between couples makes it difficult for them to discuss testing.
 - Getting tested together and sharing the results can bring couples closer together either way.

SESSION 4 – Why is testing for HIV so important?

Ages

25- 49 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 their ideas on the flip chart or board.

Step 2

- Compare what the participants have identified with the following list below:
 - Knowing your status makes you feel better.
 - Knowing your status helps you to plan for your future.
 - Knowing your status helps you to make changes in your life that will help you preserve your health and ensure that you live longer.
 - Knowing your status allows for early treatment of HIV and of HIV associated infections like TB or pneumonia.
 - Knowing your status helps infected people protect others from being infected and to live positively.

Step 3

- Ask participants to list the 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 that 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 also suffer from the consequences of an HIV-positive test result as 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 support to orphans.
 - It generally reduces the rate of transmission of HIV.

SESSION 5 – Where can one get tested for HIV?

Ages

25-49 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 or 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 VCT maps to the wider group.
- Discuss where one can go for HIV testing.
- Discuss how far it is and how much it costs for travel.
- Can people go to testing easily?

SESSION 6 – Role play on talking to your partner about HIV testing

Ages

25-49 years

Objectives

- To encourage dialogue between partners on their 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 reaching an agreement on any subject. .
- Explain the following 4 steps to reaching an agreement:

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 sexual partners, so I decided to talk to him about HIV 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 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 want 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?