

Relationships: Intimacy without Risks



Facilitators Guide to MCP
Community Dialogue



SESSION 1: READY, STEADY, GO!

Activity 1: Overview of program and session contents	30 min
Activity 2: The Human Knot	10 min
Activity 3: Listening to each other	15 min
Activity 4: Supporting each other	15 min
Activity 5: Group Expectations & Ground Rules	20 min
Activity 6: Values and Risk Assessment	20 min
Closing Circle: Guardian angels	10 min
	2 hours

Session Introduction

1. Welcome everyone to the first session of the *“Relationships: Intimacy without Risk”* Community Dialogue. Thank everyone for coming.
2. Ask everyone to complete the Attendance Form. Pass it around so everyone can complete it. Make sure you collect the completed form and sign the bottom.
3. Note that the ideal group size should be 10 to 12 members. There should be no more than 15 members. If there are more than 15 people in your group, you should consider starting a second Dialogue Group.
4. The dialogue sessions need to be spread over at least 11 weeks because time is needed for people to think about what they’re learning and to go through a process of change in their values, attitudes and behaviour.

ACTIVITY 1: Community Dialogue Program

In this activity you will explain the goals and objectives of the *“Intimacy without Risks”* Community Dialogue Program. You will then use the *“Intimacy without Risks”* DIALOGUE POSTER from the Toolkit to give an overview of each of the 11 sessions we will be covering together over the next 11 weeks.

Give the background, explain

1. The goal of the C-Change Project is to reduce the practice of having more than one sexual partner at the same time, also called Multiple Concurrent Partner or “MCP.” Many of us know it as *bonyatsi* or *mokokotelo* or *Leshala*.
2. MCP is the main behaviour fueling the spread of HIV in Lesotho. We must all work together to reduce this practice.
3. This Community Dialogue Program is called *“Intimacy without Risk.”* It’s about how we can improve our relationships and sexual lives so that we don’t go outside the relationship and take extra lovers on the side. We find emotional and sexual fulfillment inside our relationship.
4. Each week we will do a new Session where we will be discussing together and learning new things about relationships, intimacy, sexual pleasure, couple communication, sex, safe sex and how to change our behaviour to better protect ourselves and those we love from HIV infection.
5. The Dialogue Sessions are not lessons. We will learn new information, but we will also discuss with each other and come up with our own ideas and solutions. We can all learn from each other.
6. Explain to group members that by the end of the 11 weeks, we will all:

1. Have a better understanding of the risks involved in having more than one sexual partner at the same time.
2. Realise our own personal risk as a result of our own sexual behaviour or our partner's sexual behaviour.
3. Reflect on our attitudes and values about having more than one sexual partner at the same time.
4. Have new skills about how to communicate better and negotiate better in our relationship.
5. Begin new lifestyles where we are protected from the dangers of having more than one sexual partner at the same time.

7. Show participants the DIALOGUE POSTER from the Toolkit and go through the topics we will cover in each of the 11 Sessions.

8. Explain that each Session will be between 2 and 2 ½ hours. In each session we will do 4 or 5 different activities. **Agree on the time the group will meet every week.**

9. Tell the group that this is the first dialogue program like this in Lesotho. Their experience will help us to develop the program further for the next groups.

Answer any questions that the group has about the dialogue program.

ACTIVITY 2: The Human Knot

For us to be able to feel comfortable talking about topics like sex and sexual health, intimacy and relationships, we must feel we are in a safe, supportive place where everyone can share information, learn and grow. The human knot game is about trusting each other and working together.

INSTRUCTIONS

- 1.** Ask participants to form groups of five (5) people and stand in a circle close to each other.
- 2.** Explain: "Take the hands of someone in the circle but not the person next to you. Make sure you have the hands of two different people. Now, try to untangle yourselves without letting go of anyone's hand, until you are back in a normal circle. After three (3) minutes, ask the following questions:
 1. How were you able to get untangled?
 2. Did anyone give up?
 3. What made the group succeed?

Explain that in this program we will work together to learn from each other and to help each other with support and advice.

ACTIVITY 3: Listening to each other

Another thing that will help make our group successful is if we give each other a chance to talk and really listen to each other. Let's practice by doing an activity called listening pairs.

INSTRUCTIONS

1. Divide group members into pairs. Ask one person to tell the other person a story about a happy time they spent with a friend or family member recently.
2. Explain that the person who is listening cannot talk or interrupt, but can show interest and understanding without words. Let the person talk for 3 minutes. Make sure you keep time.
3. After three minutes, ask members to switch roles. The person who was listening can now tell their story about a happy time spent with a friend or family member.
4. The other person must listen without interrupting. Stop after 3 minutes.
5. Bring the group back together into a circle. In the group, ask members to talk about their experience. Ask the group,

1. *How did it feel to have someone really listen to you?*
2. *How was it to sit quiet and listen?*
3. *How can we show people that we are really listening?*

Wrap up the activity, say

- A person listens by paying attention to and thinking about what the other person is saying.
- Listening is a learned skill and gets better with practice.
- Practice really listening to your partner, friend or family.
- We can all learn from each other, but only if we listen to each other.

ACTIVITY 4: Supporting each other

We all have difficulties in our lives and face difficult decisions. Having our friends and group members here to support and guide us, can help us through these challenges in our lives.

INSTRUCTIONS

1. Read the story of Mme Refiloe (below) and ask the group the questions that follow. Or ask one of the participants to read the story.

The Story of Mme Refiloe

I don't know what to do ... I love my husband but these days I don't know what happens on Saturday nights. He's out with his drinking friends and doesn't come back till late at night. Sometimes he does not come home at all. I don't know whether he's with another woman, I just don't know... Please help me, I'm worried, but how do I ask him? I am afraid I could get sick from him, if he is with other women. I would feel safer using a condom... but how can I ask such a thing..? He will think I'm accusing him ... or that I'm being unfaithful.

2. Ask the group,
 1. Do we know people that are in Refiloe's situation?
 2. If you were Refiloe's friend, what support and advice would you give her?

Wrap up the activity say

- **During this dialogue program we will be talking more about people like Refiloe. People like you and me.**
- **We will turn to each other for support and advice.**

ACTIVITY 5: Ground Rules

This activity asks what participants hope to **get** from the dialogue program, and what they will **give**. The responses from participants are then turned into the Ground Rules for the program. Ground Rules refer to the way that the group and the facilitators will conduct themselves.

INSTRUCTIONS

- 1.** Ask the group to think for a minute about what they want to **GET** from this program. Ask participants to come up to the flipchart and draw a picture representing what they want to get from being in this dialogue program. These drawings are the groups' expectations.
- 2.** Explain to participants that for us to all get what we want, we will need to work together as a group, each contributing in our own way towards making our environment one in which we can learn and grow. Share with participants that structure and guidelines are necessary to help make this happen.
- 3.** Ask participants to think about what they are willing to **GIVE** to the program to help it be successful. With the help of participants draw these ideas on the flipchart.

Suggest that participants think about behaviour or things they will do, that will:

- **Make the learning environment productive and comfortable for everyone.**
- **Show respect for one another in how we treat each other.**
- **Help the group succeed.**

For "GIVES", ideas could include;

- "I will ..." Listen to everyone;
- "I will ..." Participate fully;
- "I will ..." Stick to the point;
- **Keep confidentiality. (No gossiping);**
- Respect everyone's ideas;
- Try to speak up and not be quiet all the time;
- Listen more. Not speak all the time;
- Be punctual;
- Attend every session.

- 4.** Once participants are satisfied with the "GIVE" drawings on the flip chart, tell them that these will be our "Ground Rules" for the time we are together.
- 5.** Ask participants to review the drawings on GIVES/GROUND RULES and see if there are any changes or clarifications needed. After a minute ask the group to show their agreement by folding their hands in their laps. If some do not agree, go back to the list and discuss any areas where participants are unclear or disagree.

6. Encourage group members to try to stick to these rules and ask them to remind you and one another if you or any of them break the rules.

Remember: Often people will suggest rules that are ideal – make sure the rules are realistic. Try to simplify the rules as much as possible.

IMPORTANT NOTE

It is better to make a drawing of the ground rules. For example use a picture of an ear for listening; a picture of a clock for punctuality and time-keeping, a picture of a smiling face for being polite and respecting everyone's contribution; and so on.

This activity also acts as an introduction to using drawings to communicate ideas in a way that everyone can understand. It is helpful to provide a lot of encouragement and praise at this initial stage of using drawings to express ideas. It is also useful to emphasize that the drawings do not need to be perfect or beautiful: the important thing is that it is a mark on the paper that everyone can recognize and identify with.

Closing Circle: Guardian Angels

The aim of Guardian Angels is to give each person support throughout the program. Each person becomes a guardian angel to another person in the group and their role is to “look after” them by asking them at the end of each session or in between sessions, how they are and if everything is going OK for them. The group Facilitator should monitor issues or concerns brought to their attention by guardian angels.

1. Ask everyone to stand in a circle and hold hands. Then ask everyone to drop their hands and turn to the person to their right. This will mean that each person in the circle is facing the back of someone else.
2. Explain that in this kind of program it is always a good idea for participants to “look after” one another. Therefore you would like to suggest that each person becomes the guardian angel of the person standing in front of them in the circle. In this way each person will be “looking after” somebody and each person will be looked after by somebody.
3. Explain that the role of each of them as a guardian angel is to keep an eye on the person they are “looking after” by asking them at the end of each session or in between sessions how they are and if everything is OK for them.
4. Explain that this kind of arrangement helps people who may find some of the sessions difficult. It also helps participants realise that everyone has something to offer and that we can all help and support each other.

Activity 6: Values and Risk Assessment

Ask participants to complete the Values and Risk Assessment Form. The form is confidential. They should not put their name on the form. The form is for research purposes only.

Collect the Values and Risk Assessment Forms.

Thank everyone for coming and agree on the date and time for the next session.

SESSION 2: LET'S TALK ABOUT SEX

Activity 1: The Language of Sex	20 min
Activity 2: Our Body's Hot Spots	40 min
Activity 3: Healthy vs. Unhealthy Relationships	30 min
Activity 4: Where can we go for support?	40 min
Closing Circle: Pocket Tour	10 min
	2 hrs 20 min

Learning Outcomes	<p>By the end of the session participants should:</p> <ol style="list-style-type: none"> 1. Feel more comfortable talking about sex, sexual acts and sexual behaviour. 2. Understand their own and the opposite gender's sexual hotspots. 3. Recognize that safe sex is pleasurable sex. 4. Understand some of the qualities that make a healthy sexual relationship.
Activities Overview	<p>Activity 1: The Language of Sex. In this activity participants come up with locally acceptable words for sexual parts of the body and different sexual acts.</p> <p>Activity 2: Our Body's Hot Spots. Participants draw an outline of a man and a woman and show where their sexual hot spots are. This is followed by a discussion on more pleasurable sex with less risk.</p> <p>Activity 3: Healthy & Unhealthy Relationships. This activity has participants deciding whether certain relationship situations are healthy or unhealthy. It notes that we all have a responsibility to make our relationships healthier and more sexually and emotionally fulfilling.</p> <p>Activity 4: Where can we go for support? This is a resource mapping activity where participants identify what sexual health services are available in the community and encourage each other to make use of these services and facilities.</p> <p>Closing Circle: Pocket Tour helps build trust and encourages talking openly among group members.</p>
Materials Needed	Activity 4: HEALTHY & UNHEALTHY RELATIONSHIPS PICTURE CARDS
<p>REMINDER: As a facilitator, you need to feel comfortable talking about sex. If you are not comfortable, the participants will also not be comfortable. The main purpose of this activity is to convince participants that safer sex is more pleasurable sex. Knowing you are safe increases your pleasure. If you know how to use your hotspots and those of your partner, using condoms can still be pleasurable.</p>	

Session Introduction

Welcome everyone back to the second session. Thank everyone for coming. Enquire about late-comers or non-attendees. Ask the volunteers who stayed behind at the last session to give a brief recap of the topics and activities covered in the previous session. Use the "ball game," in which you as the facilitator throw a ball randomly to any participant and then ask him or her to reflect what they thought about, or learned from the previous session. This is a good way to check participants understanding of the key messages from the previous session.

Using the DIALOGUE POSTER from the Toolkit, show participants which session we are doing today and what the learning outcomes are. See the table above.

ACTIVITY 1: The language of sex

The purpose of this activity is to clarify locally accepted terminology for sexual acts and sexual organs.

INSTRUCTIONS

1. Explain that we are going to talk about things which many people can find very embarrassing to talk about in public. But a good way of overcoming embarrassment is to recognize that we all experience it.
2. Since one of the main routes of HIV transmission is sex, we need to be able to talk about sexual attitudes and sexual behaviour, as well as sexual techniques.
3. Explain that in this session and in the rest of the dialogue program, we are going to need to talk about the different sexual parts of the body and different sexual acts. Therefore, we need to have a common agreement on locally acceptable words that we can all use and understand together.
4. Divide participants into two groups. Give each group a copy of the LETS TALK ABOUT SEX cards from the Toolkit. Ask one group to come up with locally acceptable words for the parts of the body in Column 1. Ask the second group to come up with local words for the sexual acts in Column 2.

1. Parts of the Body	2. Sexual Activities
Penis	Vaginal intercourse
Testicles	Oral sex on a man
Anus	Oral sex on a woman
Vagina	Self Masturbation
Clitoris	Mutual Masturbation
Breasts	Foreplay
Nipples	Erection
Semen	Anal intercourse
Pubic hair	Dry Sex
Vaginal fluids	Ejaculation
	Orgasm
	Withdrawal (of the penis before ejaculation)
	Thigh sex

To wrap up the activity

Congratulate everyone on the completion of a difficult exercise. Remind participants that these are the words we will use in the rest of the session and dialogue program.

ACTIVITY 2: Our body's hot spots

This activity involves drawing "body maps" to identify women and men's sexual "hotspots" and to support discussion about different types of sexual pleasure, not just sexual intercourse. The purpose of the activity is to increase understanding about women and men's "hotspots" to increase sexual pleasure and know how to manage sexual feelings safely.

IMPORTANT NOTE: This activity often causes a lot of laughter, but it has a serious aim – to help people to practice talking about sex and to discover more about their own and other’s sexual pleasure. Encourage participants to think of lots of ways to feel pleasure or reach orgasm, for example:

- talking about sex;
- sexy dancing;
- stroking “hotspots”;
- touching ourselves (masturbation);
- touching each other (mutual masturbation);
- oral sex;
- thigh sex and so on.

INSTRUCTIONS

1. Divide participants into two groups: women only and men only. If you have only men or only women, ask one group to pretend to be the other gender.

2. Ask each group to draw a Body Map (an outline of a person of their same sex) on a flipchart page on the ground. Ask the group to mark any parts of the body that are related to sex, pleasure, reproduction or sexuality.

3. Ask each group to mark “hotspots” - the places on the body where people of their sex like to be touched to make them feel sexy. Discuss whether different people like different hotspots.

4. Ask the groups to repeat the process, but this time to draw a body map for the opposite sex.

5. Put all 4 flipchart drawings onto the wall. Allow participants a chance to look at all 4 drawings. Then bring all the participants back together in a circle.

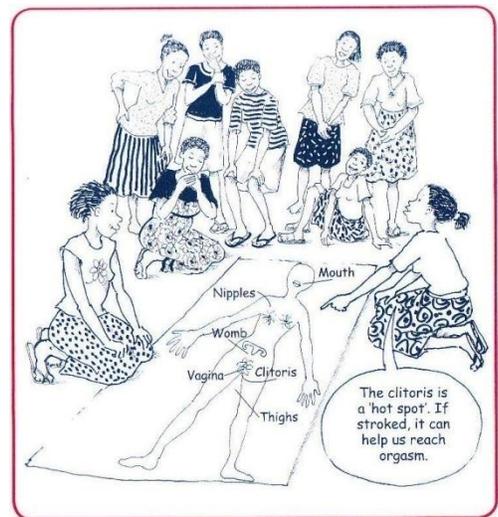
6. Ask the participants what they have learned from the activity by asking the following questions:

- 1. How well do men and women understand each other’s “hotspots?” What would help them to improve their understanding of each other’s hotspots?**
- 2. What risk of transmitting HIV is involved in touching hotspots? How can we reduce the risk while still getting the pleasure?**

7. Ask the participants to go back into their same groups and develop a short role-play or song about a man and woman encouraging each other to try some new ways of enjoying sexual pleasure without sexual intercourse. Ask if the groups would like to share their role play with the broader group of participants.

Wrap up the activity, say

- There are many ways to give and receive sexual pleasure, not just sexual intercourse.
- Safe sex is pleasurable sex. Using a condom does not have to take the pleasure out of sex. Be creative. Use your knowledge about hotspots.



- Talking about your sexual desires will make your relationship stronger and more sexually fulfilling.
- If you feel uncomfortable, practice talking about sex with your friends first. Build up your confidence.

ACTIVITY 3: Healthy vs. Unhealthy Relationships

The aim of this activity is to identify healthy and unhealthy behavior that exists in our relationships.

INSTRUCTIONS

1. Before the activity, write the following in large letters on separate pieces of paper: "Very Healthy," "Very Unhealthy" and "Depends." Use the symbols of a happy face, unhappy face and question mark.
2. On the wall in front of the group, place the "Very Unhealthy" sign on the left and the "Very Healthy" sign on the right. Explain that this is the "Relationship Range" that will be used to discuss behaviors in relationships. Make clear that romantic relationships can be anywhere on this range between healthy and unhealthy.
3. Break the group into pairs. Ask each person to share with their partner an example of a healthy relationship and an unhealthy relationship. The examples can be from their own lives, or from people that they know. Allow each pair five minutes to share their examples. Encourage participants to talk about the health and unhealthy parts of their own relationships.
4. Bring everyone back together to sit in a circle. Ask the group to brainstorm the qualities of a healthy relationship. Write these under the "Very Healthy" sign. Emphasize these key qualities:
 - Respect
 - Equality
 - Responsibility
 - Honesty and
 - The other qualities of a very healthy relationship that the group came up with.
5. Make clear that the qualities of an unhealthy relationship are the opposite of those for a healthy relationship, such as physical abuse/fighting, emotional abuse, withholding sex, not giving your spouse money to meet household needs if you are working.
6. Next to the Relationship Range put up another sign marked "Depends."
7. Then give each participant a HEALTHY vs. UNHEALTHY RELATIONSHIP card from the toolkit.
8. Choose one of the participants at random to read aloud what is on their card. Ask them to say how healthy or unhealthy this situation is in a relationship and why they think so. Tell them to place the card in the appropriate place on the Relationship Range.
9. Ask the group what they think about this placement. Allow time for discussion. If they don't agree, remind them of the qualities of a healthy relationship (respect, equality, responsibility, honesty). Ask them if the situation shows these qualities.
10. Repeat the process for each of the HEALTHY vs. UNHEALTHY RELATIONSHIP cards.
 1. The most important thing in our relationship is sex. *Healthy? Unhealthy? Depends?*
 2. I never disagree with my partner. *Healthy? Unhealthy? Depends?*
 3. I spend some time by myself without my partner. *Healthy? Unhealthy? Depends?*
 4. I have fun drinking alcohol with my partner. *Healthy? Unhealthy? Depends?*
 5. We do everything together. *Healthy? Unhealthy? Depends?*
 6. I am still close to my ex-lovers. *Healthy? Unhealthy? Depends?*

7. My partner goes out with friends, without me. *Healthy? Unhealthy? Depends?*
8. I feel closer and closer to my partner as time goes on. *Healthy? Unhealthy? Depends?*
9. I am scared to talk about my sexual needs. *Healthy? Unhealthy? Depends?*
10. We always have sex on Friday. *Healthy? Unhealthy? Depends?*
11. I stay in this relationship because it is better than being alone. *Healthy? Unhealthy? Depends?*
12. I fake sexual satisfaction to please my partner. *Healthy? Unhealthy? Depends?*
13. We talk about problems when they arise in our relationship. *Healthy? Unhealthy? Depends?*
14. We argue often. *Healthy? Unhealthy? Depends?*
15. It keeps things simple when my partner makes the decisions for us. *Healthy? Unhealthy? Depends?*

11. Then lead a general discussion by asking the following questions:

- Why do you think some people stay in unhealthy relationships?
- How can friends and family help people in unhealthy relationships?
- What skills and support do **men** need to create healthier relationships?

Wrap up the activity, say

- Healthy relationships are based on open communication and mutual respect. Decisions are made together and neither person dominates the relationship.
- Unhealthy relationships, on the other hand, have poor communication and unequal decision-making.
- Poor communication and unequal decision-making in relationships can put us at greater risk of contracting HIV or STI's.
- Both partners need to work at making their relationship more open and more equal.
- Let's allow our children to see what a healthy relationship is.

IMPORTANT NOTE

Gender has an impact on people staying in unhealthy relationships. In general, women find it harder to leave unhealthy relationships than men. 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 “keep the family together no matter what.” Remember we also have Sesotho proverbs that support or put pressure on women such as “Mosali o ngalla motseo” and we will talk more about this under culture session.

Men also need skills, support and practice to talk with their partner about creating healthier relationships.

But gender rules for women allow them to ask each other for support and to talk about their feelings. The gender rules 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 practice on how to talk about their feelings and their relationships.

ACTIVITY 5: Where can we go for support?

This activity is about working together as a group to identify the various sexual health services and resources available for different population groups in the community.

INSTRUCTIONS

1. Divide participants into 3 groups according to the age and gender categories below. Each group will identify the different resources and services available for that age and gender group.
 1. Group 1: Girls & boys under 18 years (youth)
 2. Group 2: Men over 18 years
 3. Group 3: Women over 18 years
2. Ask each group to draw the person in the centre of a flipchart page. On the **left side of the person**, show the resources and services that the person uses at the moment.
3. On the **right side of the person**, show the resources and services that exist in the community, but which the person does not use now.
4. **Above the person** describe reasons why the person does not use the resources and services that are currently available.
5. **Underneath the person** write how we can encourage the person to use the services that are available.
6. Bring the groups back into a circle. Discuss and compare drawings. Lead a discussion on what group members can do to encourage each other and others in the community to use the sexual health services available in the community.
7. Ask for two volunteers who will take the flipchart drawings and make a list of all the sexual health and HIV prevention, care and support services available in our community. This list will then be a Directory of Services that your group can keep. As you find out about other services available in the community, you can add these to the Directory. Keep the Directory as a resource for your group members.

Wrap up the activity, say

- There are sexual health services and resources available. We need to use them.
- Testing for HIV and knowing your HIV status can protect you and your loved one from HIV.

End the session

- Thank everyone for their participation.
- Ask for two volunteers to stay behind quickly to develop a report-back to the group on what was covered in today's session. These two volunteers will open the third session by giving a summary of what was done in session 2.
- Remind guardian angels to look after each other.

SESSION 2: PARTICIPANT TAKE AWAY MESSAGES

- It isn't easy to talk about sex.
- It takes practice and courage to talk about sex.
- Practice talking about sex with your friends first if you aren't comfortable.
- **Safe sex is pleasurable sex when we use our body's hotspots and our imaginations!**

Close your eyes and imagine that you and your partner have shared your hotspots with each other.

Visualize how your sexual pleasures have improved and the harmony in your home has increased.

SESSION 2: SOME IDEAS FOR OUTREACH ACTIVITIES

1. Share what you have learned with other women in the community. Form a group of older women and another group of younger women. Come together regularly to talk about how to increase your own and your partner's sexual pleasure!
2. As a group or as an individual write (or draw) a sexy love story about a man and woman who have the best sexual life ever! Send your story to C-Change and stand a chance to win a donation to your group. We might even use your story in the next manual.
3. Men, share what you have learned with other men in the community.
4. Do the healthy vs. unhealthy relationships exercise with a local youth group.
5. Listen to a pre-taped radio talk show about sex and have a group discussion or debate.
6. Distribute the Directory of Services your group has made to (a) other community groups, (b) the local clinic; (c) the community council; (d) the Police Station; (e) initiation schools; (f) traditional healers; (g) the local high school; and (h) any other groups or places where you think it will be useful.

SESSION 3: HIV and AIDS FACTS & MYTHS

Part 1

Activity 1: How does HIV infection spread?	30 min
Activity 2: How is HIV transmitted and not transmitted?	30 min
Activity 3: The Risk Game (sorting sexual activities)	60 min
	2 hours

Part 2

Activity 4: The story of the cows and jackals	20 min
Activity 5: Understanding our immune system	50 min
Activity 6: Myth Busting (FACT or MYTH Statements)	30 min
Closing Circle: Make a poster	20 min
	2 hours

Learning Outcomes	By the end of the activity participants should:	
	<ol style="list-style-type: none"> 1. Understand how HIV is spread and not spread. 2. Realize their own personal risk. 3. Describe ways to prevent HIV. 4. Know the facts about HIV and be able to dispel common myths about HIV and AIDS. 5. Understand the difference between HIV and AIDS and how HIV leads to AIDS. 	
Activities Overview	Activity 1: How does HIV infection spread using the Red X Game. Activity 2: How is HIV transmitted and not transmitted using the case study of Mamello. Activity 3: The Risk Game . Allocating sexual acts as High Risk, Low Risk or No Risk. Activity 4: A game about cows and jackals that explains the difference between HIV and AIDS. Activity 5: Understanding our immune system better through a role play with characters called HIV & White Blood Cell. Activity 6: Myth Busting . Allocating statements according to whether they are true or not true (myths).	
Pre-Workshop Preparation	Get condoms from the local clinic. After the session ask participants if they would like to take some. The need to use condoms every time you have sex is an important take away message from this session.	
Materials Needed	Activity 3: HIGH RISK, LOW RISK cards.	Activity 5: IMMUNE SYSTEM cards
	Activity 6: HIV MYTH OR FACT cards	
REMINDER: Always make sure that issues raised by participants that may reinforce certain negative beliefs, myths, rumours, or stereotypes are discussed by the large group.		

Session Introduction

This is a lengthy session with 6 activities. You can decide as a group whether you would like to do all the activities in one session or whether you would like to split the session. Doing the session activities over two meetings will allow more time for discussion.

Welcome everyone back to the session. Thank everyone for coming. Enquire about late-comers or non-attendees. Ask the volunteers who stayed behind at the last session to give a brief recap of the topics and activities covered in the previous session. Use the “ball game,” in which you as the facilitator throw a ball randomly to any participant and then ask him or her to reflect what they thought about, or learned from the previous session. This is a good way to check participants’ understanding of the key messages from the previous session.

Using the PROGRAM POSTER from the Toolkit, show participants which session we are doing today, what the learning outcomes are and what activities we will be doing.

Circulate the attendance form, and if there are visitors remember they sign in their own section.

ACTIVITY 1: How does HIV infection spread?

This activity uses the “Red X Game” to show how HIV can spread quickly in a community, especially in communities where men and women have more than one sexual partner at the same time. The game also shows how people can reduce their risk of HIV infection.

REMEMBER: It is important to include yourself in the game to demonstrate to participants that you are as much at risk of HIV infection as they are. Anyone who is sexually active is at risk of HIV infection.

INSTRUCTIONS

- 1.** Take the Game cards from the Toolkit. If you do not have the Toolkit, get some small pieces of paper and mark them with the HIV/AIDS red ribbon or a red “x”. Take 4 other pieces of paper and mark these with the letter, “C” for condom. Then make 5 blank pieces of paper. If you have 12 people in your group, use the 12 pieces of paper you have prepared. [3 red x; 4 letter c; and 5 blank]. If you have more than 12 people in your group, add the extra blank cards.
- 2.** Give each participant one of the pieces of paper. Tell them **NOT TO LOOK AT THEIR CARDS OR LET ANYONE ELSE SEE THEIR CARDS.**
- 3.** Ask the participants to move around the room and greet **three** people. They should remember whom they greeted, but should not look at anyone’s card.
- 4.** After everyone has greeted three people, ask everyone to sit down and look at their card.
- 5.** On a flip chart paper, put a red “X”. Ask everyone who has a red “X” on their card to stand near the flipchart. Inform the group that these people are living with HIV.
- 6.** Ask those who greeted any of the people in the front to come and join their friends.
- 7.** Explain that *“In this game, greeting someone represents having unsafe sex with that person and risking HIV infection. So in this game, the people that shook hands with the three people living with HIV are also infected.”*
- 8.** Ask anyone who has greeted any of the people standing in the front, to also stand up. All those standing are infected with HIV. Continue with this a few times until just about everyone is standing in the front.
- 9.** Now ask if anyone has the letter “C” on their card. Tell these people that they can sit down. Tell the group that these people have used a condom. They are not infected.
- 10.** Anyone who was infected by one of the people who used a condom, may also sit down.
- 11.** Ask the group what they learnt from this game. Possible answers will be:

- *HIV can be transmitted very quickly and easily, especially when you have more than one sexual partner at the same time.*
- *Having contact with one person is the same as having contact with all of the partners of that person.*
- *You cannot tell if someone has HIV.*
- *Using a condom correctly and consistently can reduce your risk of HIV.*

12. Ask the group how they could have avoided infection in this game, other than using condoms.

Possible answers will be:

- *They could have refused to play (abstinence).*
- *They could have insisted on seeing the other person's cards (testing)*
- *They could have greeted only one person (partner reduction).*

Activity Wrap Up: Remind participants that HIV is a serious infection that spreads quickly. There are ways of reducing the risk of HIV infection by protecting yourself, either through:

- **Wearing a condom every time you have sex.**
- **Knowing your HIV status and your partner's HIV status.**
- **Having only one sexual partner, who only has you. (Mutual Fidelity)**
- **Abstaining from sexual intercourse.**

ACTIVITY 2: How is HIV transmitted and not transmitted?

This activity will help explain how HIV is transmitted and not transmitted. You will use the story of Mamello to show how HIV transmission happens through bodily fluids and sexual acts.

FACILITATORS INFORMATION: HIV Transmission.

How is HIV spread?

Sexual intercourse is the most common way that people become infected. This is because sexual fluids contain a lot of the HIV virus. Babies born to mothers with HIV can also become infected during birth, or during breastfeeding. Infected blood can spread the virus, for example if it splashes on broken skin or by friends and family members sharing blades, razors or toothbrushes. People who share needles (e.g. diabetics or people getting tattoos) can infect each other.

What does not spread the virus?

You cannot be infected with HIV by sharing a house, desk, chair, car, locker, telephone, fork, toilet, sheets or clothes. This is because the HIV virus cannot live outside the body. It can only live in bodily fluids. You cannot be infected with HIV if you kiss someone. This is because there is not enough virus in saliva. You cannot be infected by a mosquito, bed bug, tick or flea that has bitten a person who is HIV positive. HIV is passed from one human to another human.

INSTRUCTIONS

1. Explain that you are going to read a story to the group and that they must stop you whenever they hear you mention or refer to any bodily fluid or sexual act. **2.** Read the story about Mamello aloud to the group. Be sure to read slowly. **3.** Ask the group to stop you whenever they hear a bodily fluid or a sexual act that could place Mamello at risk of HIV infection. **4.** Discuss whether this bodily fluid or

sexual act can or can't transmit HIV. If participants do not pick up all the fluids or acts underlined, be sure to come back to these after you have read the story.

Mamello's Story (adapted from ALAFA, 2006 & 2008)

Mamello is 26 years old. She had been born and brought up in Leribe, but because there was no work in the area she moved to Maseru to look for work in the factories. When she arrived in Maseru she had stayed with her aunt at first. She was thankful for the roof over her head and often helped out in the house, cooking and cleaning and sometimes preparing the vegetables for meals. Sometimes when she did this, she cut her fingers with a knife.

Mamello had an active social life and was very attractive. She liked to dance and enjoy herself with friends on the weekends. She often drank out of the glasses of her dancing partners or shared her drink with them and as they were all friends they often shared one another's food.

But the house was crowded and her aunt's boyfriend made her feel uncomfortable. One evening he became a little too friendly with her, forcing her to kiss and fondle him. She managed to push him off her before he could have sex with her. She knew that she would have to find a place to stay on her own, soon.

She had a boyfriend in Bloemfontein who she visited once a month, but it was difficult being alone, and she often flirted with her male friends, sometimes leading to something more. One day a friend of a friend heard of her problem with accommodation and offered to let her come and share his house, if she was willing to "return the favour". She thought about this for a long time, and decided that it would be best to get out of her aunt's house. At least then she thought she would be in control. She moved into the house and into her friend's bed as well. She still saw her boyfriend though, she loved him. Having sex with the owner of the house was just an economic necessity. Besides, he already had a girlfriend that lived in Johannesburg. Mamello had to stay with friends on the weekends when the girlfriend came to visit.

Mamello then discovered she was pregnant. She was not sure who the father was – it could have been her boyfriend, or the owner of the house. It might also have been one of the workers at the factory – they had had a party a few weeks ago and Mamello knew she should not have slept with the man, but she was happy and he was handsome and paid attention to her.

One holiday Mamello was on her way home to Leribe when the taxi had an accident. She was thrown from the taxi and was cut badly on her leg and head. One of the other passengers tried to help her by bandaging up her leg, but he struggled as his arm was also badly cut.

A few weeks later Mamello had a fever, diarrhea and a headache. She felt like she had flu, and decided to go to hospital. The sister asked if she wanted to be tested for HIV and she explained that she had been tested a year ago and the result was negative – so she couldn't have HIV. But she was very worried about her baby.

- Ask the groups to decide whether Mamello is HIV+
- Then ask them to decide that IF she is positive, when could she have been infected?
- Could the baby be HIV+? Why?

Answers: We don't know if Mamello is HIV+. We do not know if the baby is HIV+

ACTIVITY 3: High risk and low risk sex, and sexual behaviour

The purpose of this activity is for the participants to understand that different **sexual activities** have a HIGHER risk of HIV transmission and others have a LOWER risk of HIV infection. To reduce their risk of HIV infection, participants should know which activities place them at the greatest risk so that they can avoid these sexual activities.

FACILITATORS NOTES: HIV TRANSMISSION FACTS

Two things must happen for HIV transmission to occur: The virus must have an entry point into a person's blood stream, and the virus must be present in large enough quantities to be infectious.

HIV is transmitted through infected body fluids. There are only three body fluids that have enough quantity of HIV to be infectious:

1. **Blood.** The blood of a person who is HIV infected has a very high level of HIV. This includes the monthly menstrual blood of women when having periods.
2. **Sexual Fluids of men and women.** During sex, a man secretes two types of fluids from his penis. The first is a clear liquid that appears during initial arousal; and then there is a milky fluid that a man releases during ejaculation. In a man infected with HIV, both of these fluids contain enough HIV to infect the other person if his penis is inside the other person's body (vagina, anus or mouth). During sex a woman has sexual fluid in her vagina. In a woman with HIV, the sexual fluids contain enough of the virus to infect another person.
3. **Breast milk.** The breast milk of a woman who has HIV contains enough HIV to infect the child who is drinking that milk.

There are four ways these fluids can enter a person's bloodstream.

1. Sexual intercourse (vaginal, anal or oral);
2. Blood transfusions with contaminated blood;
3. Use of contaminated needles, syringes and other piercing instruments; and
4. Mother-to-child transmission (in the womb, during birth and through breastfeeding.)

Other body fluids have been shown to contain HIV, but they do not contain enough of the virus to infect a person. These fluids include saliva, tears and sweat.

INSTRUCTIONS

1. Take three flipchart pages. On one write "NO RISK," on the second write "LOW RISK" and on the third, "HIGH RISK." **2.** Place the three sheets of paper on the wall, spaced equally apart. **3.** Take out the RISK GAME CARDS from the Toolkit: Session 3. The cards will have a sexual activity or sexual behaviour drawn and written on the one side. **4.** Distribute the cards to the participants. **5.** Ask each participant to say which flipchart paper they think their card goes on: high, low or no risk. **6.** Once participants have

agreed and you have checked in the manual that it is correct, place the card onto the flipchart paper with the right heading.

HIGH RISK	LOW RISK	NO RISK
1. Vaginal sex without a condom. 2. Having sex for the first time without a condom. 3. Having more than one sexual partner at the same time. 4. Having many sexual partners one after the other. 5. Anal sex without a condom. 6. Oral sex on a man without a condom. 7. Having sex using the same condom more than once. 8. Drinking alcohol and having casual sex. 9. Going out with Sugar Daddies or Sugar Mommies.	10. Oral sex on a woman (licking or sucking). 11. Oral sex on a man with a condom. 12. Vaginal sex with a condom. 13. Anal sex with a condom. 14. Thigh sex (rubbing the penis between the girl's thighs).	15. Mutual masturbation. 16. Hugging, caressing, massaging. 17. Talking dirty / phone sex.

CHECK PARTICIPANTS' ANSWERS HERE.

- 1.** Vaginal sex without a condom. **HIGH RISK SEX**
- 2.** Sex for the first time without a condom. **HIGH RISK SEX.** All sex without a condom places you at risk of contracting HIV. When it is sex for the first time, there is a greater chance of vaginal tearing and bleeding. This increases the risk of contracting HIV.
- 3.** Having more than one sexual partner at the same time. **HIGH RISK SEXUAL BEHAVIOUR**
- 4.** Having many sexual partners, one after the other. **HIGH RISK SEXUAL BEHAVIOUR.** The more sexual partners you expose yourself to, the greater the risk of HIV infection.
- 5.** Anal sex without a condom. **HIGH RISK SEX.** To avoid unwanted pregnancy, some couples have anal sex. Other couples do it for sexual variety. Anal sex without a condom is very high risk sex. The soft tissue inside the anus can tear and bleed easily. This increases the risk of contracting HIV.
- 6.** Oral sex on a man (without a condom). **HIGH RISK SEX.** Oral sex on a man without a condom is high risk sex because a man's sexual fluids both before sex and in ejaculation contain enough of the HIV virus to infect the other person.
- 7.** Having sex using the same condom more than once. **HIGH RISK SEX.** You can no longer be sure that the condom is safe. It could have torn or there could be a hole from the previous time that you used it.
- 8.** Drinking alcohol and having casual sex. **HIGH RISK SEX.** When we drink alcohol we lose our good judgment. We have sex with casual partners and do not use condoms.

- 9.** Going out with a sugar daddy or a sugar mommy. **HIGH RISK SEX.** When there is an age difference in your relationships, there is a situation where one person has more power than the other. When you have less power it is more difficult to negotiate condom use. This puts you at high risk of HIV infection.
- 10.** Oral sex (licking or sucking) on a woman. **LOW RISK SEX.** Oral sex on a woman is low risk sex because there are minimal bodily fluids that are exchanged.
- 11.** Oral sex on a man with a condom. **LOW RISK SEX.** Condoms prevent bodily fluids coming into contact with each other
- 12.** Vaginal sex with a condom. **LOW RISK SEX.** Condoms prevent bodily fluids coming into contact with each other.
- 13.** Anal sex with condom. **LOW RISK SEX.** Condoms prevent bodily fluids coming into contact with each other.
- 14.** Thigh sex (rubbing the penis between the girl's thighs). **LOW RISK SEX.** Sex without penetration is low risk sex.
- 15.** Mutual masturbation. **NO RISK SEX.** Sex without penetration is low risk sex.
- 16.** Kissing, hugging and caressing. **NO RISK SEX.** There is no risk of HIV in these sexual activities because there is no exchange of sexual fluids. There is not enough HIV in saliva to transmit the virus.
- 17.** Talking sexy on the phone / phone sex. **NO RISK SEX.** There is no exchange of bodily fluids.

Wrap up the activity by,

Asking **participants** to look at the three flipchart papers and think about the sexual activities they are now engaged in, or that they might have done in the past.

Ask them to think about how these acts have affected their risk of HIV infection. Remind participants that knowing your status early means you will live a longer, healthier life.

ACTIVITY 4: The story of the cows and the jackals

In this activity, you will explain the difference between HIV and AIDS and then the group will play a fun game called "the story of the cows and jackals" to explain the difference between HIV and AIDS.

Start the activity off with an explanation, say,

1. *Many people are confused by the difference between HIV and AIDS. Some people think HIV and AIDS are the same thing. This is not true. People move from being HIV positive to having AIDS. This is how it works: People become infected with the HIV virus through risky sexual behaviour. The HIV virus attacks their body and makes them weak. Because their bodies are so weak, they can become sick with various illnesses. We call this stage AIDS.*

Use the example of termites in a mud hut, say (or read)

2. *HIV invades the body like termites invading a mud hut. To begin with you cannot see the damage the termites are causing to the house. The house looks normal. But slowly the termites living inside the walls eat up the poles and thatch which hold the house together. By doing this, the termites make the structure of the house very weak. One day a strong wind comes and knocks the house down. What caused the house to collapse: the wind or the termites? **(Answer: the termites).***

The story of the cows and the jackals

The purpose of this activity is to use a role play about a baby cow being attacked by jackals to explain what HIV does to the human body and how you get AIDS.

Read the facilitation notes carefully, and practice how you will present the activity in your own words.

INSTRUCTIONS

1. Ask for one volunteer to stand in the front of the room. Tell this person they are a **baby cow**.
2. Ask for 4 or 5 more volunteers. These people will pretend to be **adult cows**. Their job is to protect the baby cow.
3. Ask the adult cows to join their hands in a circle around the baby cow.
4. To show the adult cows the importance of their job, demonstrate trying to hit the baby cow. The adult cows will quickly get the point and close ranks to avoid attack.
5. Now, ask for four more volunteers. These people will be the jackals. Their job will be to attack the baby cow.
6. Explain that if one of the jackals manages to touch the baby cow, this counts as an attack!
7. When the facilitator says "Go!" the jackals should try to touch the baby cow.
8. Let this go on for about 30 seconds until the baby cow has had at least one touch from the jackals.
9. Ask participants:
 - What do they think the baby cow represents? (The baby cow is the human body).
 - What do the adult cows represent? (The adult cows are the immune system inside our bodies. The job of the immune system is to protect our body from diseases.)
 - What do the jackals represent? (The jackals are different illnesses that attack a person's body for example, TB, diarrhea or cholera. The jackals are not HIV)

While our immune system (the adult cows) is still strong, the jackals or illnesses cannot get to the baby cow. But once the adult cows (our immune system) become weak, they cannot protect the baby cow from the jackals (diseases) anymore.

HIV attacks our immune system. It tries to kill our immune system. Once our immune system is weak, we can no longer protect ourselves from infections and diseases which kill us.

ACTIVITY 5: Understanding AIDS & our immune system

This activity demonstrates in a memorable way what happens to a person's body and immune system once they are infected with HIV and how this can progress to AIDS, how the immune system responds to disease and infection, and how HIV affects the functioning of the immune system. By the end of the activity participants should:

- know how a healthy immune system functions;
- know how HIV attacks our immune system;
- understand how HIV causes us to become vulnerable, to become ill and to die of various opportunistic infections.

Read the instructions carefully, and plan and practice how you will present it in your own words.

For this activity you will need the IMMUNE SYSTEM GAME cards from the Toolkit: Session 3: The cards have the following labels:

- 1 x “The Body”;
- 4 x “White Blood Cell”;
- 1 x “Flu”; 1 x “TB”; 1 x “Syphilis”; 1 x “Pneumonia”; and
- 1 x “HIV”.

INSTRUCTIONS

1. Select 10 volunteers. If you want to use more than 10 volunteers, make the extra volunteers white blood cells. Give each volunteer a card.
2. Explain to participants that the 10 volunteers are going to do a drama about how HIV affects the body.
3. Ask for the volunteer with “The Body” card to come forward and to sit on a chair in the middle of the training room. She will be called Botle.
4. Explain that Botle is a beautiful woman. In her body she has a defense system that protects her from various illnesses. Her protectors inside her body are called “The Immune System”. The immune system is made up of white blood cells.
5. Ask for 4 volunteers to be “White Blood Cells”. Ask them to protect Botle by making a circle around her. Make it fun ... say, “Let’s welcome and give **White Blood Cell** a round of applause.” They must protect her and defend her against anything that tries to attack her.
6. Ask the audience to decide what type of illnesses might attack Botle. They might respond with illnesses such as “Flu”. “Let’s welcome and give **Flu** a round of applause.” Ask the “Flu” volunteer to come forward and pretend to attack Botle. As the “Flu” comes in to attack Botle, the “White Blood Cells” standing around her attack the “Flu”. After the White Blood Cells have destroyed the “Flu”, you ask the “Flu” volunteer to come stand by you.
7. Ask what other illnesses can infect a person. If someone says TB, ask the “TB” volunteer to come forward and try to attack Botle. The White Blood cells protect her. Repeat the process with Pneumonia.
The White Blood Cells chase off all the illnesses.
8. Now explain the following situation: *Botle was involved in a sexual relationship and contracted a sexually transmitted infection.* What kind of STIs do we get? The audience will respond with answers such as Gonorrhoea or Syphilis. “Let’s welcome and give **Syphilis** a round of applause ...” Ask the “Syphilis” volunteer to come forward and act the same way that the other illnesses did. The White Blood Cells protect the body from the “Syphilis.”
9. Continue with the scenario saying: *“During the sexual relationship, Botle was also infected with HIV.”*
Tell participants that the HIV virus destroys white blood cells.
10. Ask the “HIV” volunteer to come forward and remove one of the “White Blood Cells” from around Botle. There are now only three white blood cells to protect Botle from illnesses that attack her.
11. Allow “Flu” to attack Botle.
12. Ask “HIV” to remove another “White Blood Cell”. There are now only two white blood cells left. Allow “Syphilis” to attack Botle.
13. Ask “HIV” to remove the final “White Blood Cell”. Allow “Pneumonia” to attack Botle. Pneumonia can easily attack Botle because HIV has destroyed her immune system.

14. Now Botle has AIDS. Her defense system, the white blood cells have been destroyed and she can no longer protect herself from illness, also called opportunistic infections.

15. Discuss: If Botle dies, what does she die from?

Answer. Botle dies from the flu or the TB or the Pneumonia or the STI.

It is not the HIV that kills her. The HIV destroys her defense system allowing other illnesses to come in and kill her.

Wrap Up the activity, say

- HIV is a virus that causes AIDS.
- HIV destroys the body's immune system making us vulnerable to illnesses that can kill us.
- We can protect ourselves from HIV infection when we abstain from sex or practice only low risk sexual activity like kissing, masturbation or thigh sex.
- We can protect ourselves from HIV infection when we use condoms every time we have sex, even with our husbands or wives.
- We can protect ourselves from HIV infection when we have only one sexual partner who only has us.

ACTIVITY 6: HIV and AIDS Myth Busting

Many people have incorrect information about sex and HIV and AIDS. This game is to help participants determine if certain statements about HIV and AIDS are facts or myths.

Explain that a myth is a **story that is not true**. There are many untrue stories about HIV and AIDS. AIDS is a new disease and people are scared of getting it. Sometimes when people are scared, they believe stories that are not true. One should know the truth about HIV and AIDS so that you can protect yourself from infection and can help spread the truth about the disease.

There are three different ways this activity can be done. The three ways are described below. Working with your co-facilitator, you will need to decide which of the three alternatives you will use. The option you choose will depend on the groups' existing HIV knowledge and their literacy level.

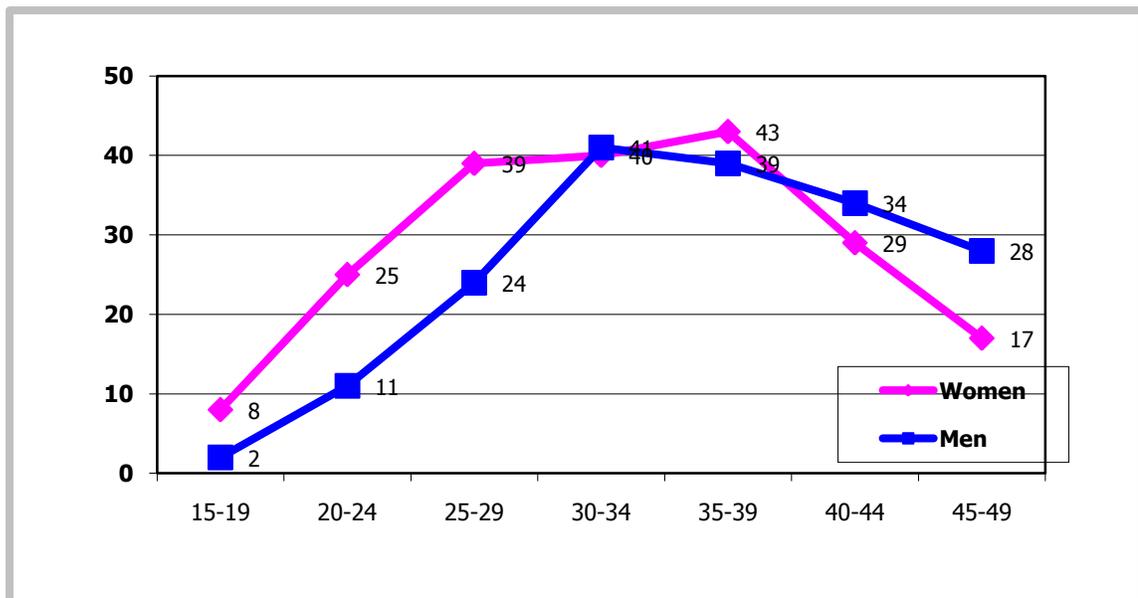
INSTRUCTIONS

- 1.** Take the FACT or MYTH cards from the Toolkit: Session 3. Shuffle the cards so that they are all mixed up.
- 2.** Take two flipchart sheets. On the one sheet write, "FACT" and on the other sheet write, "MYTH." Tape the flipcharts on opposite sides of the room.
- 3.** Ask participants to stand in the middle of the room. Read the first card out loud and ask the participants to go stand under the sign that reflects their answer. Those who think the statement is false will go stand under the 'False' sign and those who think it is true will go stand under the 'True' sign.
- 4.** Ask a couple of people to justify their answer and try to convince as many people over to their side.
- 5.** Discuss the correct answer as it is written on the back of the card. Go to the next statement and repeat the steps until all statements have been read.

If the group has questions about HIV and AIDS that you are not able to answer, ask a health worker from the health facility in your community to come and give a talk about HIV, disease progression and treatment.

MYTH AND FACT STATEMENTS

1. **Women and girls are more vulnerable to HIV infection than men and boys. FACT.** *This is true because:* Girls are more vulnerable to HIV infection because their sexual organs are not fully developed and can tear or be wounded more easily. This does not mean that young women behave any differently from others. It just means that their bodies are physically most at risk from the virus.
2. **If a person has sex with only one person, he or she cannot get HIV. MYTH.** *This is not true because:* The one person that you are having sex with, could be having sex with someone else that you do not know about. In Lesotho 40% of men and 20% of women have one, or more than one, lover at the same time. If you are having sex with only one person, make sure he or she is only having sex with you and no-one else.
3. **It is possible for an HIV+ woman to have an HIV- child. FACT.** *This is true because:* If the woman takes the treatment for Prevention of Mother-to-Child Transmission (PMTCT) the baby can be born HIV negative. If she does not take the treatment, the baby can be infected in the womb, at birth or during breast feeding. The best thing to do when you are pregnant is to have an HIV test and to follow the advice of healthcare workers.
4. **Married people do not need to test for HIV or use condoms. MYTH.** *This is not true because:* Unless married people can be sure that their partner is not having sex with anyone else, they need to use condoms. The best thing to do is to both take the HIV test and whether positive or negative, only have sex with each other.
5. **AIDS mostly affects younger people. MYTH.** *This is not true because:* More married people in Lesotho have HIV or AIDS than single people. The highest rate of HIV infection in Lesotho occurs in women between the ages of 25 and 40 years. For men, HIV infection is highest among men who are 30 to 49 years old. (source: Modes of Transmission Study, NAC 2008).



6. **Witchcraft can give you AIDS. MYTH.** *This is not true because:* The HIV virus causes AIDS. Just like the flu virus causes flu or the swine flu virus causes swine flu. You can only get AIDS if you have the HIV virus in your body. Nothing else can give you AIDS.

7. **African potato, beetroot and garlic together can cure AIDS. MYTH.** *This is not true because:* There is no cure for AIDS. Some foods and herbs can make you feel better and help with the symptoms you have, but they cannot cure AIDS. Good nutrition is important for a healthy life.
8. **People in Europe and the United States have access to different medicines that can cure them of AIDS. MYTH.** *This is not true because:* There is no cure for AIDS. ARVs help a person who is HIV positive live a longer, healthier life, but they do not cure AIDS
9. **Accepting gifts or money from a man or a woman gives them the right to control you. MYTH.** *This is not true because:* YOU decide who you have sex with, why and when.
10. **If both sexual partners are HIV positive, they must use a condom. FACT.** *This is true because:* When both partners are HIV positive, they must use condoms to avoid re-infection. Re-infection with HIV can hasten the onset of illness.
11. **Using dry herbs in the vagina limits bodily fluids and can prevent HIV. MYTH.** *This is not true because:* Drying the vagina by any means makes tearing and bleeding more likely. This makes the risk of HIV transmission greater, not less.
12. **If both partners are both HIV positive and the woman gets sick first, she must have been infected first. MYTH.** *This is not true because:* The speed of onset of illness is NOT at all related to who was first infected. Often it can relate to the amount of work a person has to do, their access to food and rest, and their body's natural ability to fight disease. Since women often work heavy loads and do not have opportunity for rest, they can often have poor resistance to disease.

Wrap up the activity, say

There are many untrue stories about HIV and AIDS. AIDS is a new disease and people are scared of getting it. Sometimes when people are scared, they believe stories that are not true. One should know the truth about HIV and AIDS so that you can protect yourself from infection and can help spread the truth about the disease.

Make sure that the following key messages have been covered. If these issues have not come up in discussion, raise them now.

1. Anyone who is sexually active is at personal risk of HIV infection.
2. The more you know about HIV transmission and prevention the more you can protect yourself from HIV.
3. Get the facts. Do not spread the myths and rumours about HIV and AIDS.
4. Talk to your partner about the realities of HIV infection and how you will protect each other from infection. If you cannot talk to your partner, make sure you protect yourself.
5. We all have a responsibility to protect ourselves and those we love from HIV infection.

REMEMBER: Complete the Session Reflection Tool. Ask participants to please stay for 5 minutes. Ask participants the questions on the Reflection Tool and write down their responses.

SESSION 3: PARTICIPANT TAKE AWAY MESSAGES

- There are many untrue stories about HIV and AIDS.
- Protect yourself and others by spreading the truth about HIV.
- Do not spread myths about HIV and AIDS.
- Always use a condom with every partner and every round.
- Testing HIV negative is an opportunity to examine your sexual behavior to ensure that you remain negative.

The best way to succeed in life is to act on the advice we give to others.

SESSION 3: SOME IDEAS FOR OUTREACH PROJECTS

1. Challenge the local Youth Club/ Youth Group to a quiz about the Facts of HIV and AIDS. Send C-Change a picture of the competition and project report and stand a chance to win a donation for your organisation.
2. Make a poster. Pretend that your group has been hired by an international organisation to create a poster to teach people about HIV prevention. Create the poster using the first letters of your group's name, for example:

C – Change your choices.

C – Change your risk.

H – Hold on to your values. Respect yourself and your partner

A – Accept responsibility for your actions.

N – Never cheat on your partner.

G – Go for HIV testing.

E - Correct and consistent condom use can protect you from HIV.

Send your HIV prevention poster to C-Change and stand a chance to win a donation for your support group.

3. Host a “movie night” with your friends. Watch one of the ONELOVE Untold Stories and have a discussion afterwards.
4. Write your own TV or radio script for an episode of ONELOVE. If your TV or radio script is about HIV prevention by reducing the number of sexual partners you have at the same time, send it to C-Change and stand a chance to win a donation for your support group.
5. Send C-Change your reports on any other HIV prevention outreach projects your group does and stand a chance to win a donation for your support group.

SESSION 4: THE PLEASURES AND PROBLEMS OF BONYATSI

Activity 1: What is MCP?	15 min
Activity 2: What are sexual networks?	45 min
Activity 3: Limpho’s Sexual Network	20 min
Optional Activity: The language of MCP	
Activity 4: Why are sexual networks dangerous? The Science of HIV	40 min
Activity 5: Sexual networks in our communities	30 min
Closing Circle: Community Likes game	10 min
	2 hr, 20min

Learning Outcomes	By the end of the session participants should:	
	<ol style="list-style-type: none"> 1. Know that sex without a condom in the first three weeks after HIV infection carries a very high risk of HIV infection. 2. Understand how sexual networks increase their risk and fuels the spread of HIV. 3. Realise their own personal risk of HIV infection as a result of their own behaviour or their partner’s behaviour. 4. Start to think about how to protect their sexual health if they are in a sexual network. 	
Activities Overview	<p>Activity 1: What is MCP? Using the stories of Nono and Thabo & Biopelo and Phakisi to explain what MCP is. Activity 2: What are sexual networks? Group work continuing with the story of Nono and Thabo & Biopelo and Phakisi to explain sexual networks. Activity 3: Limpho’s Sexual Network. A case study about Limpho followed by group discussion. Optional Activity: The language of MCP. This activity is optional if you have time. It asks participants to think of all the local sayings or proverbs about MCP and how these influence our behaviour. Activity 4: Why are sexual networks dangerous? The Science of HIV. This is a presentation by the facilitator using the “Why HIV loves MCP” graph to explain how HIV spreads so quickly in a sexual network. Activity 5: Sexual networks in our communities. Participants create sexual networks using character cards showing “typical community members”. Closing Circle: Community Likes game. This closes off the session on a positive note, asking participants what they love about their community.</p>	
Materials Needed	Activity 1: THE STORIES OF NONO AND THABO & BOIPELO AND PHAKISI picture cards.	Activity 2: THE SEXUAL NETWORK OF BOIPELO & PHAKISI, THABO & NONO picture cards.
	Activity 4: Copies of HOW HIV WORKS COMIC & WHY HIV LOVES MCP graph.	Activity 5: TYPICAL COMMUNITY MEMBERS picture cards.
Pre-Workshop Preparation	Practice creating sexual networks with the typical community member character cards before the session.	

Session Introduction

Welcome everyone back to the session. Thank everyone for coming. Enquire about late-comers or non-attendees. Ask the volunteers who stayed behind at the last session to give a brief recap of the topics and activities covered in the previous session. Use the “ball game,” in which you as the facilitator throw a ball randomly to any participant and then ask him or her to reflect on what they thought about, or learned from the previous session. This is a good way to check participants’ understanding of the key messages from the previous session.

Using the PROGRAM POSTER from the Toolkit, show participants which session we are doing today, what the learning outcomes are and what activities we will be doing.

Circulate the attendance form, and if there are visitors remember they sign in their own section.

Explain to participants that in today’s session we will be looking at the **high risk behaviour of having more than one sexual partner at the same time. This is called MCP. An example of MCP is bonyatsi.**

Explain to participants that in this session we will be learning new information about the science of HIV and how the HIV virus works. To understand just how risky MCP is, it is important to know how the HIV virus works and affects your body. But let’s start with exploring what MCP is.

ACTIVITY 1: What is MCP?

In this activity you will use the stories of four people to explain what MCP is, and what it means to be in a sexual network. The purpose of the activity is to help participants understand how having MCPs (many lovers at the same time) is different from having multiple partners (many lovers, one lover after the other).

Many of us know that the more sexual partners you have in your life, the greater your risk of contracting HIV. What many of us do not know is that when we have more than one sexual partner at the same time, we are at an even greater risk of HIV infection.

INSTRUCTIONS

1. Explain to participants what MCP is. Say, MCP refers to the practice where men or women have more than one sexual relationship at the same time. They have their “main relationship” but also have an extra partner or more partners “on the side.” An example of MCP is that of bonyatsi which is done by men and women in Lesotho.
3. This practice of having more than one partner at the same time puts you at a very **high risk of contracting HIV or transmitting HIV to someone you love.**
4. Let’s visit with some people and hear their stories. Read participants the quick story of Boipelo & Phakisi and then the story of Thabo and Nono.

THE STORY OF PHAKISI AND BOIPELO



Hey, Basadi! They're hard work I'm telling you. I've been married to Boipelo for 15 years now but e'ish I'm tired. There's no fun, no excitement anymore. So what does a man do? He keeps on rolling. I mean as long as I keep it quiet, as long as I still bring in the money, as long as I'm there for her, take care of her and the kids, I'm still being faithful. I mean what can I do? Our relationship died a long time ago... but we have children... we're together.



Look at my baby, she's so beautiful! She's our third child, a girl at last, I'm so happy! Phakisi, he's a good husband ... he works hard, brings in the money, he loves the children. But these days I'm getting worried. He's out with his drinking friends a lot. They're a bad influence on him. On the weekend he doesn't come home till late. But what can I say? I'm not supposed to ask a man about these things. I just hope he's not with someone...

THE STORY OF THABO AND NONO



It's so nice to have some money. I just started my new job last month and moved to Maseru. Compared to Mphaki, this place is happening! Parties, DJs...it's lively here. I guess I miss Thabo, to be honest not really, the guys down here are ... mmm nice. It's not that I don't like him anymore... I still see him ... he's a keeper... but you're only young once. Life's too short.



Why did Nono have to go? Maseru's so far - 5 hours by taxi! I really miss her... She's special, my only one. I can't stop thinking about her since she left. We still see each other every 3 weeks but it's not the same anymore. She's always talking about her 'new friends' and all the parties she goes to.

5. After you have read the two stories, ask participants the following questions.

- **How do you feel about these individuals and their situations?**
- **Do we know people in similar situations?**

Wrap up the activity, say

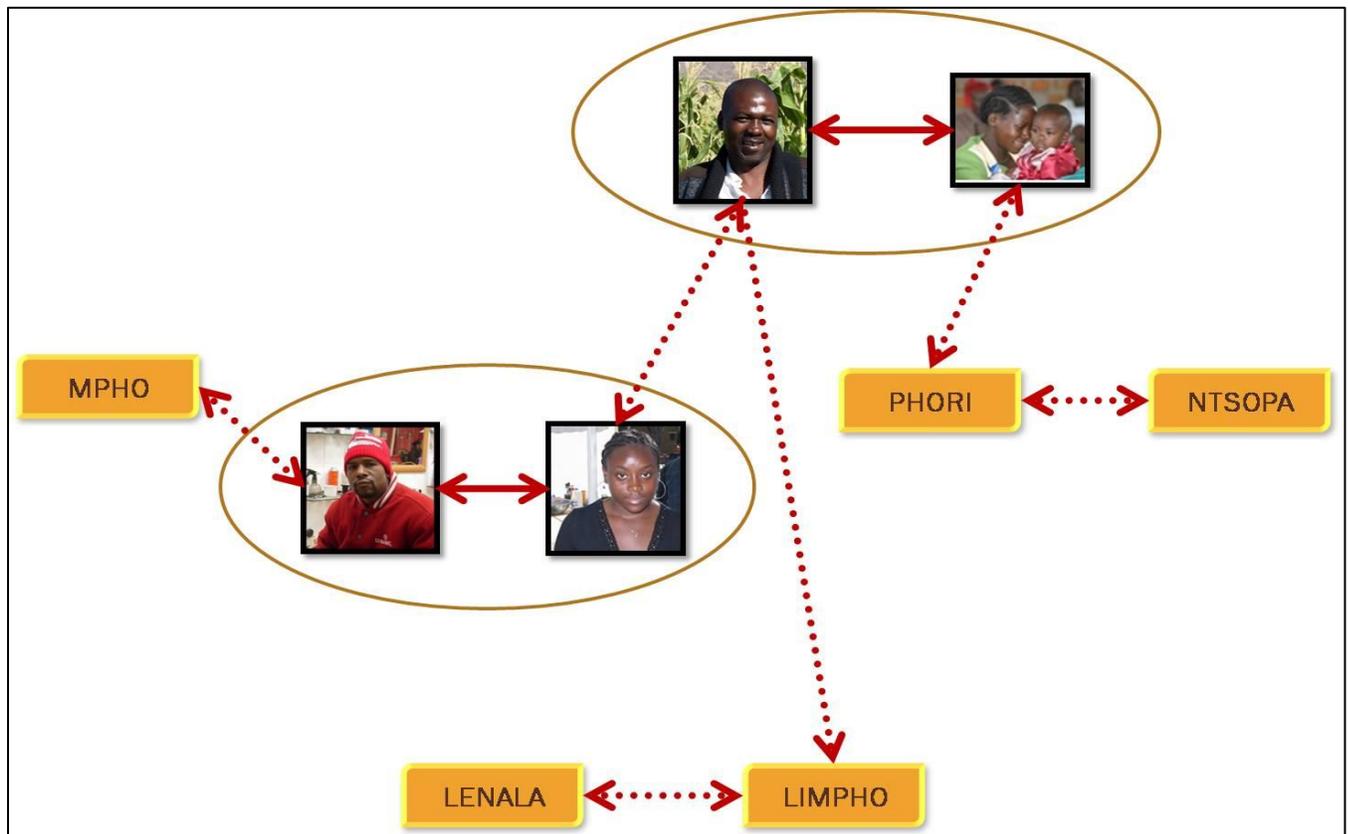
- There are many different reasons why people have sexual relationships outside of their main relationship. In the next session we will focus on all the different reasons why people do MCP, for example because they are poor or because they want more sexual satisfaction.
- Today we want to look at the risks and consequences of having more than one lover at the same time in this time of HIV and AIDS.
- When we have more than one sexual partner at the same time, we become part of a **sex network**. If one person in the sex network becomes infected with HIV, all the people in the sex network can be infected.

Let's look at an example of a sexual network in the next activity.

ACTIVITY 2: What are Sexual Networks?

In this activity you will explain what a sexual network is by continuing with the stories of Boipelo & Phakisi and Thabo & Nono. Followed by a plenary discussion of the questions related to their sexual network. The questions are on the next page.

The Sexual Network of Boipelo & Phakisi, Thabo & Nono



GROUP QUESTIONS

1. If Phori contracted HIV from having unprotected sex with his girlfriend Ntsopa last night - who would be at danger of contracting HIV? Seven people are at risk. Can you name them?
(Ntsopa, Boiphelo, Phakisi, Nono, Limpho, Lenala, Thabo)
2. How could Ntsopa reduce her risk of contracting HIV?
(They use condoms. Phori is HIV positive)
3. Many of the characters in this sexual network do not realise they are at risk. Why is this?
(Some do not know that their lover has another lover. They think it is just the two of them, but in fact they are connected to all the people in the network).
4. If Thabo finished with Nono & then started seeing Mpho – would Mpho also have the same risk of HIV? *(No. Mpho would not have the same risk because she is not part of the sexual network. If Thabo ends it with Nono, it will be only Nono and Thabo with no link into the sexual network).*

ENERGIZER: River Bank

Have the participants form a circle. Explain: “We are all standing on the bank of a river of MCP. When I say ‘river’ I want you to take one big jump in the middle”. (Have everybody jump into the middle). “When I say ‘bank,’ I want you to jump back onto the safety of the bank”. (Have them take one big jump backwards to the bank. Start out by calling out ‘river!’, ‘bank!’, ‘river!’, ‘bank!’ with the participants jumping back and forth, according to what you say. Try to trick them by calling out ‘river!’ when you are already in the river or ‘bank’ when you are already on the bank. If someone makes a mistake, they leave the circle. The exercise continues until one person wins.

OR ENERGIZER: The Sinking Boat

Ask everybody to imagine we are on a boat on a dam, which is sinking fast. To board the lifeboats we must get into groups with a certain number in each group. Instruct everyone to walk round and mingle, then shout: “Sinking boat – get into groups of 3”. One or two people may be left out – you can ask them to sit down. Repeat several times with different numbers, e.g. ‘groups of 4’, ‘groups of 7’.

ACTIVITY 3: Limpho’s Story

In this activity you will use the case study of Limpho to reinforce learning about sexual networks from the previous activity.

Tell the participants that you are going to tell them a story of a young woman named Limpho. Ask them to close their eyes and imagine what Limpho is like, what she thinks and feels. Read the case study or ask one of the participants to read it.

Limpho’s Sexual Network

Limpho is a 36 year old woman from Mohale’s Hoek. She has two children, a 12 year old girl and 6 year old boy. She lives with her lover, Ntate Tshepo on the outskirts of town. Tshepo is a quiet man who keeps to himself a lot. Limpho is outgoing and loves to have a good time.

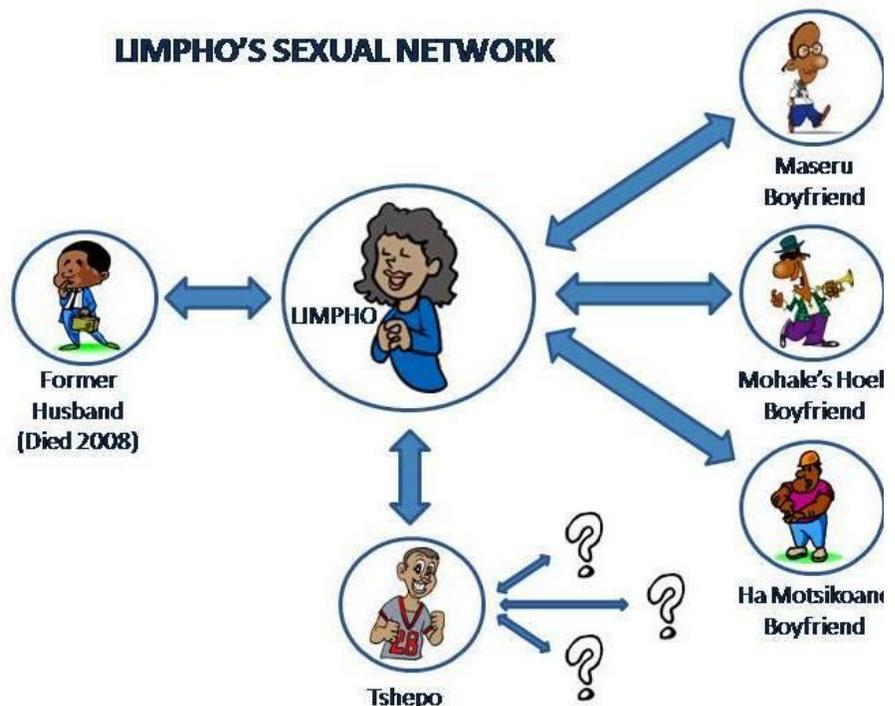
Limpho's first husband died in 2005 after a long battle with TB. Limpho met Tshepo at an overnight prayer meeting and they started a courtship. Tshepo told Limpho that he does not have a wife. Since he had no wife she decided to stay with him, and now they are living together as husband and wife. Limpho likes to "play the field" because she says "it is the way that we humans are made".

When Limpho worked as a factory worker in Maseru, she met one boyfriend. She does not work there anymore, but when she goes to Maseru she visits with him. She also has a boyfriend in Ha Motsikoane who she has known for a long time; he lives in her home village. Sometimes she sees him when she goes home. She also has another boyfriend in the village where she lives.

Limpho says: "I don't think anybody knows about him, but even if they do, Tshepo doesn't know."
 Limpho says she is being faithful to her husband because "he does not know about my other boyfriends, near here, in Maseru, or in my home town".

Limpho does not use condoms with her boyfriends or her husband. She thinks that the fat (lubricant) in the condoms can make her sick... Limpho says, "If there is AIDS, there is AIDS. If it is there then it is, but if it is not there then it's not." Limpho likes to say: "Fooling around is part of being human, we fool around because it was meant to be. A man and a woman are built for sex."

1. Discuss the following questions with the group.
 1. Draw the sexual network that Limpho is involved in.
 2. What are the health risks that Limpho is exposing herself and her boyfriends to?
HIV infections; STI's, unwanted pregnancy
 3. If Limpho was your friend what would you recommend she do?
Reduce the number of sexual partners she has. Use condoms with every partner, every time and every round.



ACTIVITY 4: The language of MCP

This activity uses the brainstorm method to ask participants what local words are used to describe different types of MCPs. This is a quick, fun exercise. Do not spend too much time on it.

Ask participants, in our communities:

- What words are used when **men** have more than one sexual relationship at the same time?
- What words are used when **women** have more than one sexual relationship at the same time?

Make a quick list on the flipchart.

FACILITATOR'S NOTES

These are some of the terms or slang words that are used in Lesotho. What others do participants come up with?

<i>Ho boka</i>	An extra marital affair that Basotho allow since it is done with respect
<i>Leshala</i>	A hidden relationship
<i>Mokokotelo</i>	A hidden relationship – usually among young people who have other relationships.
<i>Mosalioaka</i>	My “wife”. Could be a legal wife or a woman who is loved and taken seriously by her lover.
<i>ATM or Minister of Finance or Sugar Daddy or Sugar Mommy</i>	An older partner who provides cash in exchange for sex. The older partner often has a husband or wife and the younger partner has a girlfriend or a boyfriend at the same time.
<i>Floor Engineer or Khetwiwe or Sista Betina</i>	A young girl who is a domestic worker and is used by the husband for sex. The husband has sex with his wife and the young girl at the same time.
<i>Balimo or Mabluzza or Zebra (stretch marks) or Biltong or Bo-granny or Gaole</i>	An older woman usually married who has a sexual relationship with a young man.
<i>Bibo or Bonjo or Nestum or Hlatsoane or Le brat or Kideo</i>	A young man in a relationship with an older woman who is usually married.
<i>Spare Wheel or Plan B</i>	When a man or woman has more than one sexual relationship at the same time.
<i>Ministers</i>	Usually a wealthy male sex partner who provides material comforts such as cell phone, transport, cash, etc. Usually to a younger female.
<i>Queen</i>	The number 1 lady in a man’s life – any age.
<i>Youth Academy</i>	A young man in a relationship with an older woman. She is education him.

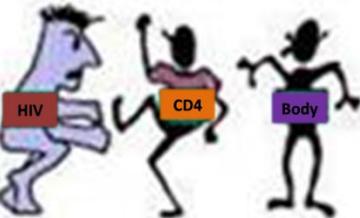
Wrap up the activity, say: **The fact that we have so many terms or words to describe MCPs shows how common these practices are in our communities in the past and in the present.**

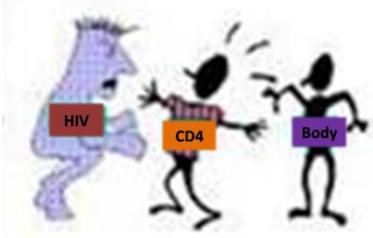
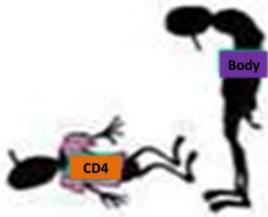
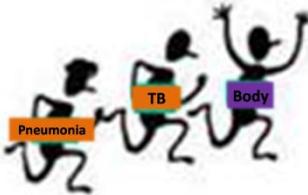
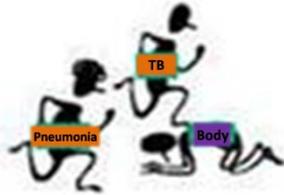
ACTIVITY 5: Why are sexual networks dangerous? The Science of HIV

In this activity you as facilitator will be doing a presentation on (1) how HIV attacks the body using a comic strip from the Toolkit and (2) why sexual networks are dangerous, using the “Why HIV loves MCP” graph from the Toolkit.

INSTRUCTIONS

1. Introduce the activity: To understand why sexual networks are so dangerous, we need to understand some of the science of HIV. We need to understand how the HIV virus affects our body.
2. Remind participants about the immune system game we did in Session 3 which showed the battle between “HIV” and “White Blood Cell”. Distribute the “HOW HIV WORKS” comic from the Toolkit.
3. Use the comic strip codes (below) to reinforce the immune system game and to explain HOW HIV WORKS IN THE BODY.

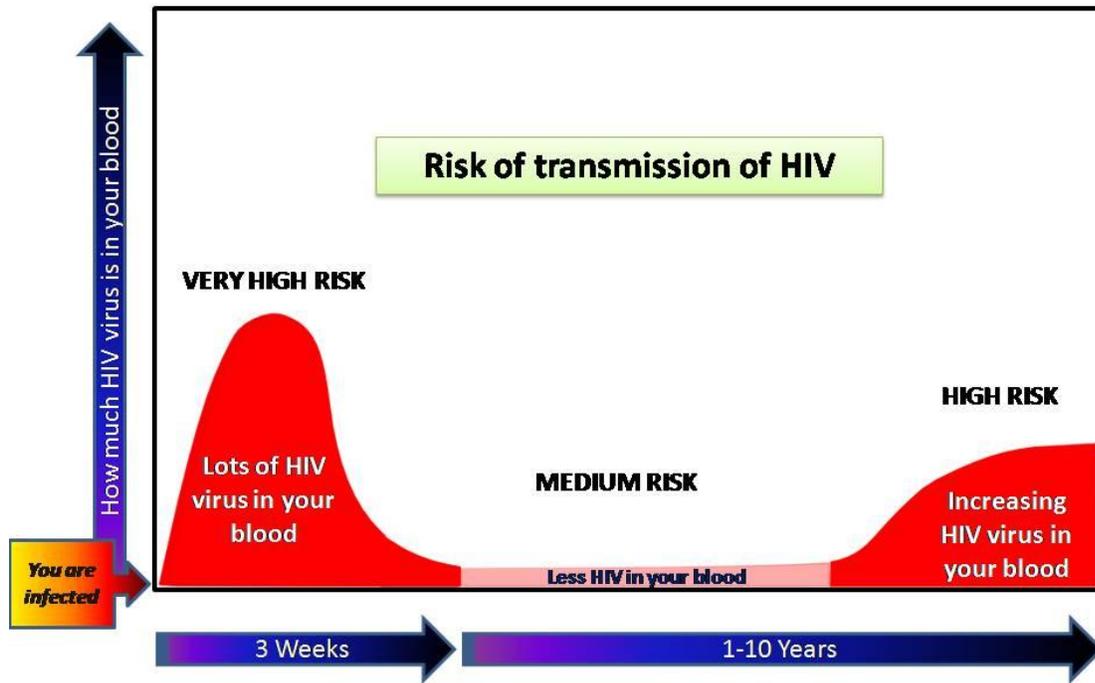
<p>Figure 1:</p> <p>In our bodies, we all have white blood cells which protect us. The CD4 cell is a kind of white blood cell. It fights disease and protects us. The CD4 cell is a friend of our body. We have millions of CD4 cells in our bodies, all working to protect us.</p>	
<p>Figure 2:</p> <p>When diseases like “cough” try to attack our body, our CD4 cells fight them off to defend the body.</p>	
<p>Figure 3:</p> <p>If other diseases like “diarrhoea” try to attack our body, the CD4 also fights them to defend the body, his friend.</p>	
<p>Figure 4:</p> <p>Now, HIV enters the body and starts to attack all the CD4 cells. When we are first infected with HIV there are millions of the HIV virus in our body. All of the HIV are attacking our CD4 cells.</p>	

<p>Figure 5:</p> <p>CD4 realises that he cannot beat HIV as easily as he did the other diseases. Unlike other diseases, the HIV virus can destroy CD4 cells. The CD4 cells keep fighting until the HIV gets too strong and destroys more and more CD4 cells.</p>	
<p>Figure 6:</p> <p>CD4 is losing the fight against HIV and the virus is growing stronger. There are more and more of the HIV virus in your body.</p>	
<p>Figure 7:</p> <p>Eventually, CD4 loses the fight. The body remains without defences.</p>	
<p>Figure 8:</p> <p>Now, the body is all alone, without defences. All kinds of diseases, like TB and pneumonia take advantage and start to attack the body.</p>	
<p>Figure 9:</p> <p>In the end, the body is so weak, that all diseases can attack without difficulty. Any of these diseases can kill the person. We say that the person has AIDS.</p>	

4. Tell participants that understanding how HIV works will help us understand why a person can so easily transmit HIV to all people in the sexual network.

5. Now move on to explaining the “Why HIV loves MCP graph”. Give each participant a copy of the WHY HIV LOVES MCP graph from the Toolkit to refer to as you are explaining.

WHY HIV LOVES MCP



It's like when you make bread ...

When you are making bread, and you add the yeast, the bread rises very quickly. There is lots of yeast in the bread. This is like when you are first infected with HIV. The HIV is like the yeast. It multiplies and increases in amount to make the dough rise. When you knead the dough, it starts to go flat, but the yeast is still there. You can't take it out. This is like when your body starts to fight the HIV and it becomes less, but it is still there. You can't take it out.

FACILITATORS NOTES: EXPLAINING THE GRAPH

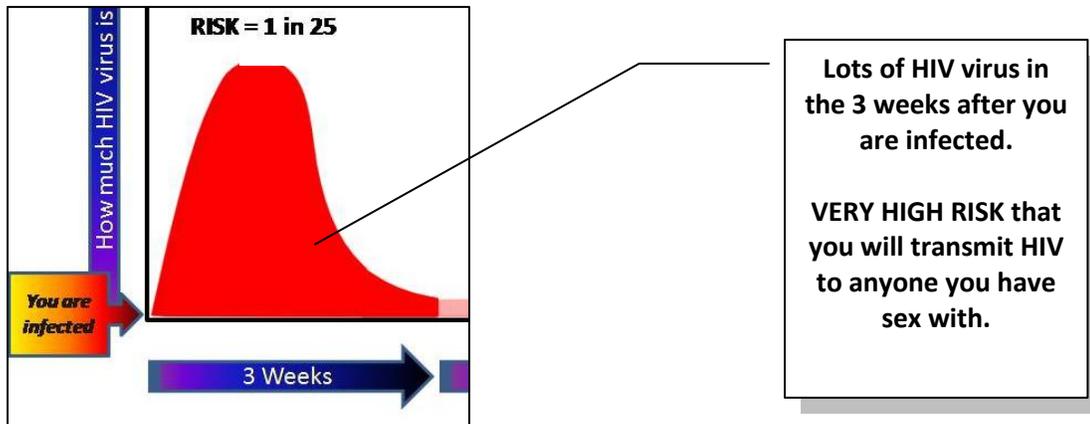
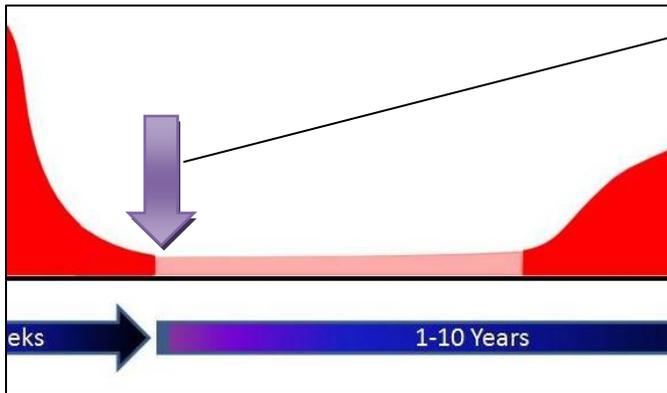


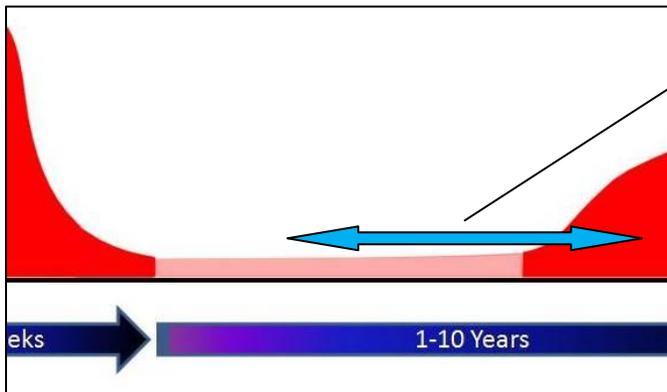
Figure 1: When you are first infected with HIV, you have millions of the HIV virus in your blood. There is a very high risk that you will transmit the virus to anyone you have sex with.



After 3 weeks the HIV in your blood drops.

MEDIUM RISK that you will transmit HIV to anyone you have sex with.

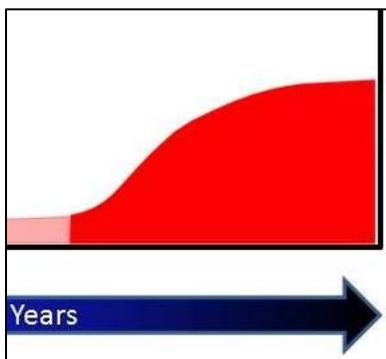
Figure 2: After 3 weeks, the amount of HIV in your blood becomes less. This is because your white blood cells are still strong. They are fighting the HIV. The risk of transmitting HIV to your partners has become less, **BUT IT IS STILL A RISK.**



The HIV is less; the white blood cells are fighting back.

MEDIUM RISK that you will transmit HIV to anyone you have sex with.

Figure 3: When you live healthy (live positively), your white blood cells will stay strong. This will help them to battle against the HIV virus. This battle can go on for a long time, anything from 1 to 10 years and more.

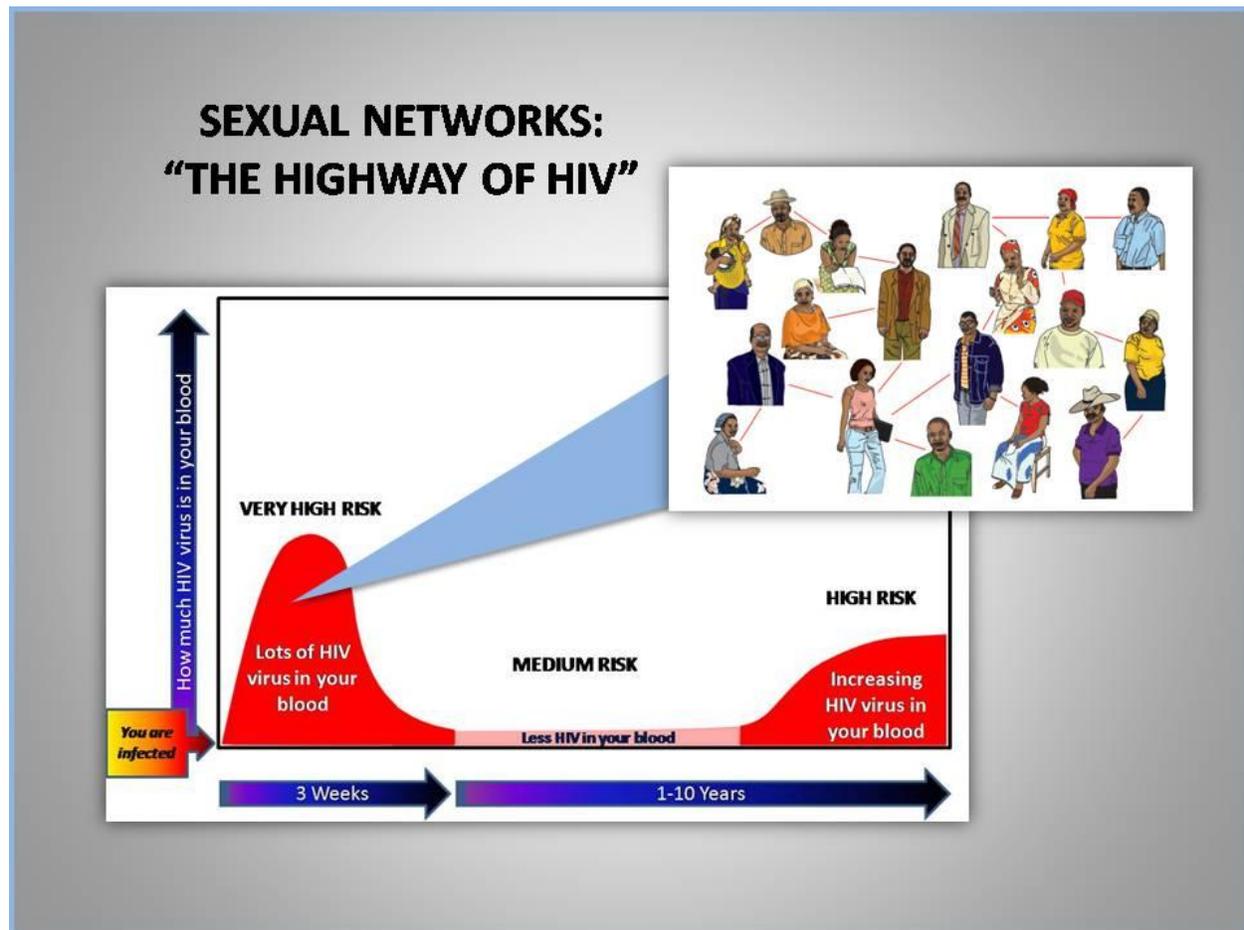


The HIV virus in your blood is more.

HIGH RISK that you will transmit HIV to anyone you have sex with.

Figure 4: When your white blood cells can no longer fight off the HIV, the HIV starts to get stronger and there is more and more virus in your blood. There is a **HIGH RISK** that you can transmit HIV to anyone you have sex with.

5. Once you are sure that participants have understood the graph, tell participants that when you are in a sexual network, you are always in that first three week period of the graph. This is because we never know when we have just been infected, or whether our partner has just been infected. Show the participants the MCP & SEXUAL NETWORKS diagram from the Toolkit.



6. Anyone in the sexual network, who gets infected, can infect the entire sexual network in that first three weeks. These sexual networks are often called the “highways of HIV” because HIV can travel so quickly through the highway.

7. It is this practice of **sexual networks** without condom use that is the main reason why our Southern African region has the highest HIV infection rate in the world.

8. Ask participants how common they think the practice of MCP and sexual networks are in Lesotho? Do they think they are as common among men as among women?

9. Inform participants that in Lesotho,

- **20% of sexually active women practice MCP. This means that 1 out of every 5 women is practicing MCP.**

- **40% of sexually active men practice MCP. This means that 2 out of every 5 men are practicing MCP.**

A moment to reflect

To get the full benefit of new material, some "introspective time" is needed. Have the participants lay their heads on the table, lie on the floor, or get in a comfortable position. Ask participants, "can you visualise for yourself where you fit into a sexual network; by your own choice or by your partner's actions."

After 5 minutes, say a key word or short phrase and have them reflect on it for a couple of minutes. Repeat one or two more words or phrases, and then gather the group back into a circle. Participants do not need to share what they thought about. Some examples of words you could use are [responsibility; help; condoms; children; family; benefits; costs; risk].

Note: Don't rush, let people think. This may seem like a waste of time, but reflection is one of the most powerful learning techniques available! Use it!

ACTIVITY 6: Sexual Networks in our Communities

In this final activity, you will use the "Typical Community Character Cards" from the toolkit to create examples of the kind of sexual networks that exist in our communities. **Before the session begins,** use the character cards to create a sexual network between the characters you have selected. Use this example as a demonstration to participants of what they will do in small groups.

2. Give each group a set of the "Typical Community Member Character Cards" from the toolkit.

MALE	FEMALE
1. School Boy	12. School Girl
2. Bank Manager	13. Minister of Trade & Industry
3. Soldier	14. Salon Owner
4. Pastor	15. Community Worker
5. Taxi Driver	16. Health Care Worker
6. Unemployed Man	17. Teenage Mother
7. Guardian	18. Factory Worker
8. Choir Member	19. Nurse
9. Prison Warden	20. Rural Woman
10. Rural Man	21. Sex Worker
11. Construction Worker	22. Street Vendor

3. Ask each group to use the character cards to demonstrate the kinds of sexual networks that exist in our communities.

4. Ask groups to stick the character cards onto a flipchart paper. This is because once all groups have completed their sexual network, you will bring the flipcharts together to show how the sexual networks can connect together to include many more people.

Wrap Up: Close this activity off with a summary of how sexual networks fuel the spread of HIV in our communities.

- Remind participants that by being in a sexual network they are not only at a higher risk of contracting HIV, but they are also at a higher risk of infecting those they love.
- If you have more than one sexual partner at the same time, it is possible that you are in a sexual network.
- While you may think you have only two partners, your two partners may have their own two partners, who may also have their own two partners. Sexual networks allow HIV to spread very quickly and infect many people.

However, this does not mean that having breaks or intervals of more than four weeks between sexual activities takes the risk away. As long as you are involved in more than one sexual relationship, your risk of getting HIV is high.

Closing Circle: Community Likes game

Use after a particularly difficult or negative exercise. It is useful to remind people of the good things about their community. Sit in a circle with the participants. Ask each in turn to say, "***I like my community because.....***" Start with yourself. Participants may like the people, or the trees, the river or whatever. They just need to mention one good thing that they like about their community.

SESSION 4: PARTICIPANT TAKE AWAY MESSAGES

- Break the sexual networks. Reduce the number of partners you have at the same time.
- You can have a fulfilling relationship by loving, respecting and supporting your partner. You do not need to go outside your relationship.
- Use a condom if you have sex in a relationship until you are 100% sure it is just the two of you and there are no other partners; and you both know your HIV status.

Always remember: If someone is willing to have unprotected sex with you, they may have been willing to have unprotected sex with someone else before you, or at the same time as you! This is a RISK ALERT for you.

SESSION 4: SOME IDEAS FOR OUTREACH ACTIVITIES

1. Ask the local school if you can do a short workshop with the teachers to talk to them about the new information you have found out about the particular risks of MCP.
2. Maybe you can also do a presentation to the Community Council.
3. Make a poster that illustrates the risks of sexual networks and ask the local clinic if you can display it. Take a photograph and send it to C-Change and stand a chance to win a donation for your group. We can also use your drawing in the next manual.
4. Do your own research. Identify 5 people who are seen as leaders in the community. Arrange an interview with them. Ask them what they think it will take to change to practice of MCP (or other research questions that you have). Write all the answers you get as a research report. Send it to C-Change and stand a chance to win a donation to your group.
5. Talk to your priest/pastor about doing a workshop with your church groups.

SESSION 5: LOVE, SEX & COMMUNICATION

Activity 1: Lebohang's sexual network	15 min
Activity 2: Why people in <u>our</u> community do MCP?	45 min
Activity 3: The benefits of having only one partner who only has you.	20 min
Activity 4: Oh Thabo, Mathabo game	15 min
Activity 5: Couples talk about MCP Role Plays	45 min
Closing circle: The 5 Languages of Love	10 min

2 ½ hours

Learning Outcomes	<p>By the end of the activity participants should:</p> <ol style="list-style-type: none"> 1. Begin to believe that the benefits of having one partner, who only has you, are much more than the pleasures you might get from MCP. 2. Change their attitude or false beliefs that it is only men who do MCP or that women only do MCP to get money. 3. Understand the reasons why people engage in MCP and that the lack of communication and sexual dissatisfaction are two of the main reasons for MCP. 4. Have practiced communicating about MCP with their partner through role play scenarios. 	
Activities Overview	<p>Activity 1: Lebohang's Sexual Network? Using a case study to identify some of the reasons why people engage in MCP. Activity 2: Why people in <u>our</u> community do MCP? Participants work in groups to draw pictures illustrating the reasons why men and women in our community become involved in MCP. The list is compared against a set of picture codes illustrating the reasons for MCP drawn from local research in 2008. Activity 3: The benefits of having only one partner who only has you. Participants make a list of the benefits of "No MCP." Activity 4: The Oh Thabo, Mathabo game is used to shift the session towards the importance of couple communication and the effect of body language & tone when you are communicating. Activity 5: Improving Couple Communication allows participants to practice discussing scenarios related to MCP with their partners. Closing circle: The 5 Languages of Love.</p>	
Materials Needed	Activity 5: Copies of COUPLE COMMUNICATION Scenarios	

Session Introduction

Welcome everyone back to the session. Thank everyone for coming. Enquire about late-comers or non-attendees. Ask the volunteers who stayed behind at the last session to give a brief recap of the topics and activities covered in the previous session. Use the "ball game," in which you as the facilitator throw a ball randomly to any participant and then ask him or her to reflect what they thought about, or learned from the previous session. This is a good way to check participants understanding of the key messages from the previous session.

Using the PROGRAM POSTER from the Toolkit, show participants which session we are doing today, what the learning outcomes are and what activities we will be doing.

ACTIVITY 1: Lebohang's Sexual Network?

In this activity we will read a case study about why people become involved in MCP. The purpose of the activity is to get participants to start thinking about the causes or reasons why people in their own community engage in MCP and what can be done to reduce the practice of MCP in their community.

INSTRUCTIONS

1. Read the case study slowly to the participants. The second time you read it, ask participants to draw the sexual network that Lebohang & Seipati are involved in. Then discuss the questions that follow the case study.

Lebohang's Sexual Network

Lebohang is 28 years old. He lives with Seipati, who is 25 years old. Lebohang and his friends think Seipati is very beautiful, and Lebohang is proud to be seen with her.

But Seipati is very demanding and stubborn. Lebohang says that she makes him feel like a child, always telling him what to do. She shows him no respect, especially when he did not have a job. "If you don't have money, you are nothing and a woman can show you no respect," says Lebohang. Lebohang also complains that they do not have enough sex. Because Lebohang works night shifts, he and Seipati are only together for four nights in every month. "A man cannot be satisfied with 4 days in a month". What Lebohang does not know is that Seipati feels the same, and so she is having a sexual relationship with Thuli.

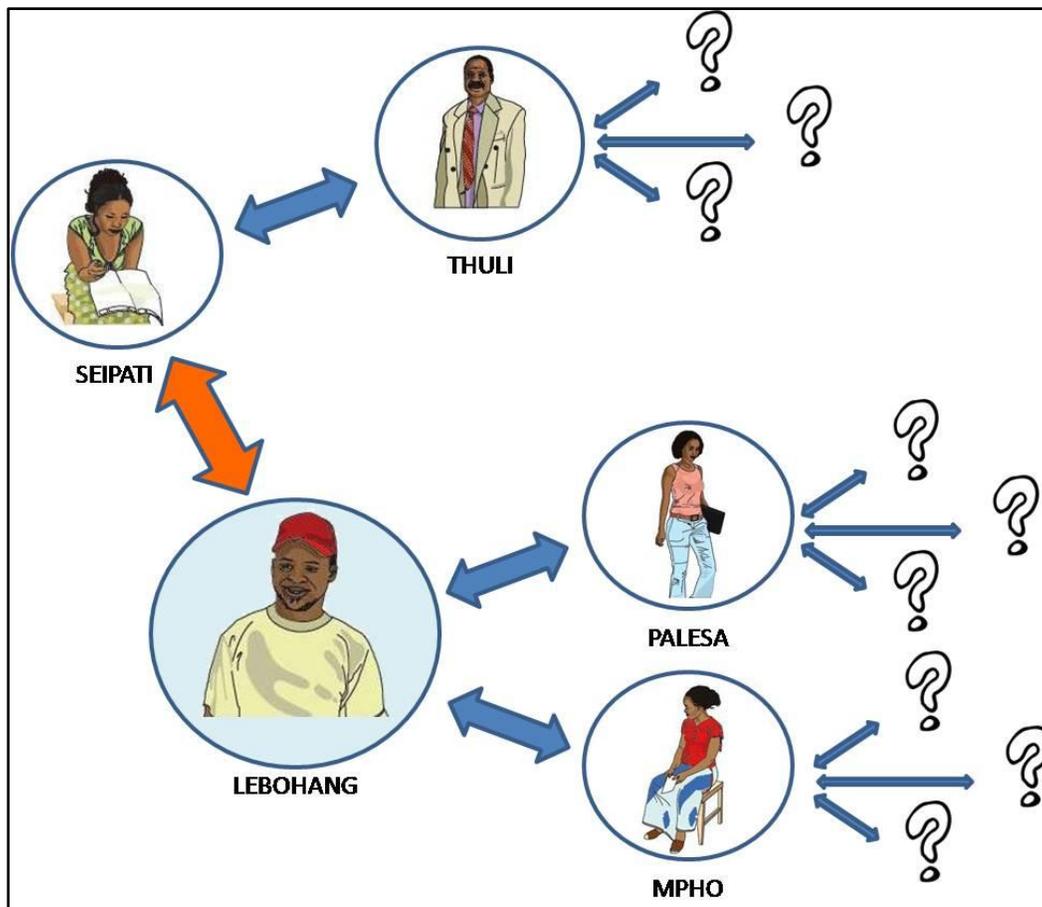
Lebohang's family lives in Leribe and he goes to his home at the end of every month. When he is in Leribe, Lebohang carries on his relationship with Palesa. Their two families have known each other for a long time and it was always expected that Lebohang and Palesa would get married. They have one child together. Palesa now lives in Pretoria. Lebohang says Palesa does not want to marry him because she has "too many better choices in Pretoria." Palesa and Lebohang still see each other when they are home in Leribe because "we are used to it and because Palesa always says that I am the best one in the bedroom," says Lebohang.

Three months ago, Lebohang found employment as a security guard at a new hotel. At the hotel he met Mpho. Mpho is 26 years old and works in the bar at the hotel. They have sex when they are working on the same shift together. Mpho thinks that Lebohang is very handsome. "She likes my manhood," says Lebohang. Lebohang and Mpho do not use condoms because Lebohang wants to have a baby with Mpho. Lebohangs says, "She is the one for me. I love her and if we can have a baby, we will be together." Lebohang says it is also great to have Mpho as a girlfriend because she works in the bar and they can both get alcohol from the bar.

Case Study Discussion Questions

1. Draw Lebohang's Sexual Network.
2. Why do you think Lebohang has many girlfriends at the same time? What is motivating him?
3. What are the dangers of this behaviour?
4. How can Lebohang avoid putting the people he cares for at risk?

LEBOHANG'S SEXUAL NETWORK



ACTIVITY 2: Why people in our community do MCP?

The purpose of this activity is for participants to understand that there are many reasons why husbands or wives, girlfriends or boyfriends take on extra lovers on the side. These reasons can be personal choices or as a result of the context or situation people find themselves in. In many instances, people choose to have extra lovers. To reduce the practice of MCP, we need to understand why people **choose** to do it. This activity is also intended to break down some of the myths associated with MCP, for example that only men do it, or that women only do it because of poverty. **Introduce the activity, say:** There are many different reasons why we go outside of our marriages or long-term partnerships. Or why we choose to have more than one sexual partner at the same time. As we know from the previous session, when we do this we put ourselves into a sexual network which greatly increases our risk of HIV infection. Let's look at some of the reasons why people in our community do MCP.

INSTRUCTIONS

1. Divide the participants into two groups, men only and women only. Give each group flipchart paper and crayons.

2. Ask each group to draw a MCP problem tree. The **roots** of the tree are the reasons why people do MCP. For example, they want more sexual satisfaction or they need money or because their partner is away for work. The **tree trunk** represents who and what gets affected when a person engages in MCP, for example the spouse, the family, the family income, the children are all affected. Finally the **leaves** of the trees are the results or consequences of MCP, for example, HIV infection and STI's, gossiping in the community or shame on the family.
3. If you think your group will struggle to do a problem tree, simply ask them to draw the reasons why they think people do MCP. Explain that as soon as a group is finished with one drawing, they must put it up on the wall for all the groups to see. Once a reason has been put onto the wall, other groups should not draw the same reason. They need to come up with a new reason for why people do MCP.
4. After all the groups have put up their drawings or problem trees on the wall, ask the participants to go around and look at each of the flipcharts on the wall and think about which of the reasons are more common in their own community.
5. Bring the participants back to sit down in a circle.
6. Ask participants to help you develop a list on the flipchart, detailing the main reasons why people in our community have more than one sexual partner at the same time.

FACILITATOR'S INFORMATION: WHY DO PEOPLE IN LESOTHO DO MCP?

SITUATIONS	ATTITUDES & VALUES	KNOWLEDGE	SKILLS
<ul style="list-style-type: none"> •Poverty or need for financial support. •Drunkenness & intoxication. •Migrant workers away from home. •Dissatisfaction with failed relationships. •Sexual dissatisfaction in main relationship. •Domestic violence. 	<ul style="list-style-type: none"> • Harmful cultural values and practices. •Gender stereotypes. •Women powerless to negotiate sex. •Family and peer pressure. •Desire for younger/older partner. •Desire for luxury goods. •Belief that many partners gives you status. •For security in case one parner leaves, you have another. 	<ul style="list-style-type: none"> •Low perception of the dangers of MCP. •Misunderstandings about HIV and AIDS 	<ul style="list-style-type: none"> •Poor condom negotiation skills. •Poor couple communication skills. •Limited behaviour change skills.

WHY PEOPLE HAVE EXTRA LOVERS ON THE SIDE?

1. People want better sex and better sexual satisfaction.
2. People want emotional satisfaction and love which they do not get in their main relationship.
3. Women feel they are powerless to stop partners from being unfaithful, so they accept it.

4. Women are afraid of being beaten if they try to talk about infidelity, so they don't say anything.
5. People drink alcohol which increases their desire to have casual sex.
6. There is a lack of communication between partners about sex and their sexual and emotional needs which can lead to MCP.
7. People need or want money and "nice things." They get into sexual relationships that will give them these things.
8. The desire for luxury goods like cell phones, clothes and cash often lead to men and women having sexual partners who can give them these things. Young adults talk about their "Ministers" who provide them with the 3 C's: cars, cell phones and cash!
9. Some men and women feel pressure from friends and even parents to have relationships with older men or older women.
10. Cultural norms that say it is ok for men to have more than one partner at the same time.
11. Cultural values which prohibit sex, like no sex during pregnancy and breast feeding can cause the husband or boyfriend to turn elsewhere for sex.
12. Social norms say that it is ok for women to have more than one partner because spouses are away working as migrant workers.
13. In research with 1 600 men in Lesotho in 2008, 48% of men interviewed say that they have extra lovers on the side "for fun." Men say that they do MCP for fun!
14. Violence in relationships can make partners seek comfort from others, or allow their partners to have more partners because they are afraid to question their partners.
15. Unmarried people often say they need to have more than one sexual relationship at the same time as a way of security because if one partner doesn't marry you, then maybe the other one will.
16. Infertility.

IMPORTANT NOTES

- It is important that participants do not speak about why MCP happens in Lesotho, but about why it happens in their own community.
- Make sure that groups look at the reasons why men have MCPs, as well as the reasons why women have MCP. Remember that 1 in every 5 women in Lesotho have MCP. MCP is not something that only men do.
- Group members might say that the most important reason is that people are poor. Challenge this view. It is not true that only poor people engage in MCP. There are many other reasons.

Wrap up the activity, say

- There are many reasons why people have extra sexual partners at the same time.
- Some reasons are personal choice.
- Some reasons are because of cultural and gender attitudes and values.
- Some reasons are because people are not aware of the dangers of MCP and do not have the skills to negotiate their sexual health.

ACTIVITY 3: The benefits of having only one partner who only has you.

In this activity, you will ask participants to make a list of the benefits of having only one partner who only has you.

INSTRUCTIONS

1. Divide participants into two mixed gender groups.

2. Tell the group that they will have a competition on which group can come up with the most benefits of having only one partner, who only has you as a partner. Groups can make a list or do a drawing. Provide the following examples to start groups off:

- No MCP means an end to worry about HIV and AIDS infection.
- No MCP makes you feel better about yourself.
- No MCP saves you money.

3. After 15 minutes ask the groups to share the ideas they come up with in their groups. Congratulate the group that came up with the most benefits.

4. Compare the list made by the participants with the list below.

- There is more trust in your relationship.
- Your marriage or your relationship (if you are unmarried) is more stable.
- There is more peace and harmony in your family.
- You can have more quality time with your partner as there is no sharing.
- You can fulfill your dream of having a healthy family.
- No MCP provides a good role model for your children and your peers.
- You can sleep confidently at home knowing your house is protected from HIV.
- You have no worries about unwanted pregnancy and sexually transmitted diseases.
- OneLove strengthens the love between a man and woman.
- You save the money that you would have spent on outside partners.
- No children are born outside the marriage.

ACTIVITY 4: Oh Thabo, Mathabo!

This is a quick energizer that demonstrates that our tone and body language are important when we communicate. The way we say something affects how the people we are talking to will understand us.

Introduce the activity, say,

One of the main reasons for MCP is because of a lack of communication between partners about sex and their sexual needs. In this next part of the session we are going to do some activities on how couples can communicate better and in so doing reduce their risk of HIV infection.

INSTRUCTIONS

1. Tell participants that our **body language** and **tone of voice** is important when we are communicating. Explain that this activity will illustrate how different uses of our voice and bodies can communicate different things to people.

2. Invite the participants to stand in a circle. Demonstrate how you can say the phrase “*Oh Thabo!*” or “*Oh Mathabo*” with many different emotions- with anger, with joy, with fear, with laughter etc.

3. Going around the circle, ask participant to say the phrase, “*Oh Thabo!*” or “*Oh Mathabo*” using different body language, tones, and facial expressions to communicate different **emotions**. This is a very lively exercise. Have fun with it!

4. After this exercise, brainstorm on the flipchart the different emotions that were expressed in the exercise.

Some of the emotions listed might be as follows: *Sadness, anger, pain, fear, grief, anxiety, joy, love, passion, confusion, depression, jealousy, annoyance, happiness, misery, disappointment and guilt.*

Wrap up the activity, say

We need to be aware of our body language and our tone when we are communicating. Let's practice this in the next activity,

ACTIVITY 5: Couples talk about MCP

The purpose of this activity is to demonstrate the kinds of problems MCP brings to couples and families and how couples can talk about the situation and come up with ways to try to address the problem.

INSTRUCTIONS

1. Divide participants into small groups for role play. Ask each group to choose one of the COUPLES TALK ABOUT MCP Role Play Scenarios from the Toolkit. The group should read the scenario and **discuss how the couple can communicate to resolve the problem**. The group should then prepare a short role play [5 minutes] focusing on how the couple communicated to resolve the problem.

2. Ask each group to do their role play and after each role play, ask the rest of the group to comment on the solution or how the couple resolved the situation. Ask participants if they can offer other suggestions. Guide the discussion after each role-play with the following questions:

- **Were the “partners” able to talk openly about the situation?**
- **Did the “partners” address the main problem or concern?**
- **What advice would you give to people you know who are in a similar situation?**

Scenario 1: Protecting families

A young man working for the police comes back from the barracks and greets his girlfriend and children. He tells his girlfriend that he learnt a lot about HIV/AIDS from the health centre nurse in a meeting that afternoon. *“She told us that men should protect their families from HIV by using condoms with their girlfriends.”* The girlfriend holds her newborn baby close to her and says: *“What kind of crazy idea is that? What girlfriends? You need to have only me, pure and simple.”* How does the couple talk about “No MCP” in their relationship?

Scenario 2: Old and Married!

An older woman who sells vegetables at the market has gone to the clinic to get condoms. Her friends laugh at her saying, *“what do you need condoms for, you are old and married!”* She tells her friends that her husband is like a dog, he goes everywhere, so she must protect herself from HIV infection. She tells her friends that she is scared to ask her husband to use condoms. She is afraid of what he might do. She raises the topic of using condoms with her husband, what happens?

Scenario 3: Pants down

A seamstress working in a local factory gets out of a long distance bus and walks to the door of her house. She unlocks the door and says, *“My darling husband, I’m home early, my mother is much better.”* She receives no reply, says to herself that perhaps he’s asleep in the bedroom, and goes to check. She enters the bedroom and sees her husband on the bed, clothes disheveled, kissing and embracing the teenage daughter of the neighbour. Their eyes meet in horror. How do they talk about this?

Scenario 4: Short of money

Due to an administrative problem, a male teacher is unable to get money to his family after he is transferred to another town. His wife borrows some money but this is not enough. She is having trouble

feeding her children. She decides to take matters into her own hands and goes out to a local bar with a man she knows wants to have sex with her in exchange for money. This relationship carries on for a few months, until her husband finds out. She tries to explain to her husband why she did what she did.

Scenario 5: Girlfriend trouble

The wife of a bank loans officer is driving by the bank in a taxi when she sees her husband warmly greeting a very sexy looking young woman who works in the bank, and handing her money. When he gets home, he finds that no dinner has been prepared, the house is a mess and his wife is fuming. *“You’ve been telling me for weeks that your salary has been delayed and I see you giving a young girl money,”* the wife yells, *“You had better not bring back any diseases to this house.”* Her husband tries to defend himself.

Scenario 6: Daughter in trouble

The teenage daughter of a couple is just starting to show the early stages of pregnancy. She is kneeling on the floor and crying. Her parents shout at her after she tells them that she isn’t sure who the father is. The father pulls her to her feet and tells her to not come back until she has found the father. The mother tries to console her, but the father insists that she leave the house immediately. How do the parents deal with the situation?

Scenario 7: Trouble ahead

A married man has a burning sensation when he urinates. He suspects that he has an STI from his bonyatsi, but doesn’t know what to do. He is also worried about giving it to his wife. His friend tells him he has to go to the clinic and take his wife too since he may already have given it to her. How does he tell his wife?

Wrap up the activity, say

- Relationships go through good times and hard times.
- Sometimes problems in relationships cause people to look for partners outside their relationships.
- When people are involved with more than one partner and they have unprotected sex, they increase the risk of HIV infection not only to themselves, but also to their partners.
- Through our role plays today we have tried to come up with ways for people to communicate to their partners. In some conversations the “couples” were able to work things out. In others, the situation required more work.

CLOSING CIRCLE: The 5 languages of love

Ask the group to sit in a circle. Use the “ball game” to throw the ball around, and the one who catches the ball share the way they can show their love to their partners. After each person has shared their idea, share with the group the 5 languages of love:

THE FIVE LANGUAGES OF LOVE

1. **AFFIRMATION:** Value each other. Tell your partner what you appreciate about them. Affirm that they are important to you and you love them.
2. **QUALITY TIME:** Find ways to spend time together, without the children!
3. **PHYSICAL TOUCH:** Both men and women like physical touch. Hold hands. Give each other hugs. Show that you are still attracted to each other.
4. **GIFTS:** Show your appreciation for each other by giving each other small gifts. These do not need to cost money. Plant a beautiful flower, write a letter to your partner telling them you love them; send them a photo of you in the post.
5. **SERVANT:** Serve your partner. Fetch her shoes. Look after the children. Cook the supper. Go to the store for your wife and do the shopping. Help and serve each other.

Ask participants to select one language of love action that is meaningful to them, and to begin implementing this behaviour in their relationship at home.

REMEMBER: Complete the Session Reflection Tool. Ask participants to please stay for 5 minutes. Ask participants the questions on the Reflection Tool and write down their responses.

SESSION 5: PARTICIPANT TAKE AWAY MESSAGE

Show appreciation for your partner.	<i>Provide encouragement for their contribution to the household.</i>
Show approval.	<i>Offer compliments to your partner for his/her thoughtfulness.</i>
Encourage improvements.	<i>Provide support when trying new things.</i>
Be open.	<i>Welcome honest and frank discussions.</i>
Provide practical help.	<i>Reduce the family workload by being available when needed.</i>
Be respectful.	<i>Value opinions and ideas even if different.</i>
Have regular sex.	<i>Make time to have sex that is satisfying to both.</i>
Provide emotional support.	<i>Listen to problems and encourage your partner.</i>
Pay attention.	<i>Listen well and ask questions.</i>

*“To love and be loved is to feel the sun from both sides.
To love and be loved is to receive a glimpse of heaven.”*

SESSION 5: SOME IDEAS FOR OUTREACH PROJECTS

1. You can also make a poster illustrating the five languages of love and hang it in the meeting room.

2. Write a song or poem about love in a time of HIV and AIDs. Send it to C-Change and stand a chance to win a donation for your group.
3. Do a series of 3 role plays showing why people engage in MCP and the risk of MCP. Present the role plays to another group in your community. Send photos and a report to C-Change and stand a chance to win a donation for your organisation.
4. Ask local church groups, pastors or chiefs in your community if you can present the role plays to their constituency.
5. Ask the Community Council HIV/AIDS Focal person if you can make a presentation on MCP to the Council.
6. Use the pictures that were drawn in the session as educational posters when doing community outreach. The pictures can be displayed in the room where you hold your meetings.
7. Send your illustrations and drawing to C-Change. We can use them in the next manual!

SESSION 6: HOW CAN WE CHANGE OUR BEHAVIOUR?

Activity 1: Friendly Quiz on HIV and AIDS in Lesotho	20 min
Activity 2: Breaking our bad habits	30 min
Activity 3: Overcoming barriers to change	30 min
Activity 4: Six steps to behaviour change	30 min
Activity 5: Is it as easy as A B C?	30 min
Closing Circle: A Moment to Reflect ...	10 min
	2 ½ hours

Learning Outcomes	By the end of the activity participants should: <ol style="list-style-type: none"> 1. Understand that changing our behaviour takes time and practice. 2. Realize their personal risk of HIV. 3. Feel confident that they can use the 5 Steps to behaviour change to develop their own plan for change. 	
Activities Overview	Activity 1: Friendly Quiz on HIV and AIDS in Lesotho using a set of 7 multiple choice questions from toolkit. Activity 2: Breaking our bad habits . Using red cards (behaviours we need to change) and green cards (behaviours we have changed for the positive) to identify what motivates and sustains behaviour change. Activity 3: Overcoming barriers to change . Using 2 case studies to discuss barriers to individual behaviour change. Activity 4: Six steps to behaviour change . Taking participants through how to use the 6 steps of behaviour change using two scenarios provided. Activity 5: Is it as easy as ABC? This is a short presentation where the facilitator explains the stages of behaviour change. Closing Circle: A moment to reflect.	
Materials Needed	Activity 1: HIV IN LESOTHO QUIZ CARDS.	Activity 2 Red cards and green cards.
	Activity 3: BARRIERS TO CHANGE Scenario cards.	Activity 4: 6 Steps to Behaviour change.

Session Introduction

Welcome everyone back to the session. Thank everyone for coming. Enquire about late-comers or non-attendees. Ask the volunteers who stayed behind at the last session to give a brief recap of the topics and activities covered in the previous session. Using the PROGRAM POSTER from the Toolkit, show participants which session we are doing today, what the learning outcomes are and what activities we will be doing. Circulate the attendance form, and if there are visitors remember they sign in their own section.

ACTIVITY 1: Friendly Quiz on HIV and AIDS in Lesotho

The purpose of this activity is for participants to get a better understanding of the scale of the HIV epidemic in Lesotho. How big is it? Who is infected? What is causing the epidemic? What do people in Lesotho generally know about HIV and AIDS? The activity is done as a quiz competition between two or three teams. Don't let the group become too competitive. You don't want one group to feel like "losers."

INSTRUCTIONS

1. Divide participants into two or three groups. Ask each group to give themselves a name. Explain that you are going to do a "quiz" or competition about HIV and AIDS in Lesotho.
2. Read out the question on the HIV QUIZ CARDS from the Toolkit. The first group to raise a hand gets a chance to answer. If the group gets the answer correct, award them 2 points. **READ THE ANSWER AND INFORMATION POINTS WRITTEN ON THE BACK OF THE CARD**, then move on to the next question. If the group gets the question wrong, give another group a chance. The group that scores the most points wins!

QUESTION 1: In South Africa 18% of the population is HIV positive. In Swaziland it is 26% of the population. This is the highest in the world. What percentage of the population do you think is HIV positive in Lesotho?

- A: 11% of the population
B: 50% of the population
C: 23% of the population

ANSWER: C - 23% of the population.

- Lesotho has the third highest HIV infection rate in the world.
- A rate of 23% means that about **1** out of every **4** Basotho has HIV. If you see four people standing together it is possible that at least one of them is HIV positive.

QUESTION 2: How many new HIV infections do you think happen every day in Lesotho?

- A: 23 new infections every day
B: 200 new infections every day
C: 62 new infections every day

ANSWER: C - 62 new infections every day

- The Lesotho government reports **62** new HIV infections **every day** (adults and children).
- Every day, 50 people in Lesotho die from opportunistic infections caused by AIDS.
- In the time that it takes to play a soccer game, 4 people will be infected with HIV and 3 people will die of AIDS.

QUESTION 3: Which population group do you think is most at risk of HIV infection?

- A: Young men up to 18 years.
B: Married men and women 30 to 39 years.
C: Young women between 15 years and 18 years.

ANSWER: B - Married men and women over 30 years.

- More married people in Lesotho have HIV than single people.
- Among men and women between the ages of 30 and 39 years, 40% are HIV positive.

- This is because of the common practice of MCP among this age group.

QUESTION 4: How many Basotho men use condoms in casual sex?

- A: Nearly 20% of men
 B: Nearly half the men
 C: Almost none.

ANSWER: B - Nearly half the men

- Only about 50% of Basotho use condoms in casual sex. These men often stop using condoms after the third or fourth time as the partners begin to “trust” one another.
- Not using condoms and stopping using condoms are two of the main causes for the spread of HIV in Lesotho.
- Public health experts say that to stop the spread of HIV, more than 80% of sexually active adults need to use condoms, every time, for every round.

QUESTION 5: Out of every 100 Basotho, how many do you think have tested for HIV?

- A: 12 out of every 100 Basotho have tested for HIV.
 B: 55 out of every 100 Basotho have tested for HIV
 C: No statistics are available.

ANSWER: A - Only 12% of the sexually active population have tested for HIV.

QUESTION 6: Do you think the HIV epidemic is slowing down in Lesotho?

- A: Yes, it is slowing down.
 B: No, it is getting worse.
 C: It is staying the same.

ANSWER: C - It is staying the same.

- Experts say the epidemic has stopped growing. The infection rate has stayed the same for the last two years at 23%.
- This means that the number of new infections is not going up or down, it is staying the same.
- At least it is not going up. But it is still very high.

QUESTION 7: Do you think awareness of HIV and AIDS in Lesotho is high?

- A: No, only a few people know about HIV and AIDS
 B: Yes, more than 90% of the people know about HIV and AIDS.
 C: No, less than 50% of the people know about HIV and AIDS.

ANSWER: B - Yes, more than 90% of the people know about HIV and AIDS.

- Awareness of HIV and AIDS in Lesotho is very high. 94% of men and women know how to prevent HIV, but this awareness has not led to a change in behaviour.
- Behaviour change is a process that needs practice and support.

Wrap up the activity, say

- These statistics show that HIV/AIDS is very real in Lesotho.
- They show that Basotho are **aware** of the risks of HIV and how they can reduce their risk.

- The problem is that although we are aware of HIV and how to prevent HIV infection, this knowledge is not being translated into changes in behaviour.
- In the next activity we will try to understand why we do not change our behaviour even when we know it is causing harm to ourselves and others?

ACTIVITY 2: Breaking our bad habits

In this activity you will use red cards and green cards where participants write or draw a habit they have successfully changed and a habit they have struggled to change. This leads to a discussion about what motivates us to change and how we can support others to change things in their life they want to change.

INSTRUCTIONS

1. Give each participant one green card and one red card. On the green card they should write or draw a behaviour or a habit they have **successfully** changed in the past. Examples of habits or behaviours people may have successfully changed in the past: going to pitsos regularly; taking an HIV test; drinking less alcohol, less often; using condoms with all sexual partners; dealing with weight problems; spending more time with their children; giving up smoking.
2. On the red card, participants should write or draw a behaviour or habit that they have wanted to change, but have struggled to change. Examples could include using condoms every time; spending more time with their children; stopping drinking.
3. Let participants put green cards on a flipchart on one side of the room and red cards on a flipchart of the other side of the room.
4. Ask all the participants to come and stand by the green cards. Put up a new blank flipchart with the title, MOTIVATING FACTORS. Choose one of the green cards. Ask the person whose card it is to say what motivated and helped them to change this behaviour? Write the responses on the flipchart titled, MOTIVATING FACTORS. **Repeat the process with another 3 green cards.**

Examples of motivating factors could include: Being active in a community/church group; getting new information about HIV and AIDS; a bad accident or death in the family; a particular event (lent, fasting, and mourning); a special time of the year like Christmas or New Year; birth of a child.

5. Ask participants to come and stand by the red cards. Add a flipchart title, TIPS FOR CHANGE. Choose one of the red cards. Ask **any group member** (NOT THE PERSON WHO PUT THE CARD THERE); if they were a friend, what would they advise a person with this problem to do. Write the responses on the Flipchart with the heading TIPS FOR CHANGE. Repeat the process with another 2 or 3 red cards.

Wrap up the activity, say

- We all struggle to change behaviours or patterns in our lives that cause harm.
- There are stages and steps in changing behaviour; it cannot just happen overnight.
- Sometimes we will slip backwards. We should not give up. We should try again.

ACTIVITY 3: Overcoming barriers to change

This is a serious group discussion to try to understand why it can be so hard to change our **individual** behaviour and how to build up the courage to change our behaviour and stick to that change.

INSTRUCTIONS

1. Divide participants into two groups. Give one group the scenario card of Abuti Shuping and the second group the scenario card of Ausi Lenka.
2. Give each group 20 minutes to discuss the scenario and answer the group questions.
3. Ask each group to report back their discussions.

Scenario 1: Abuti Shuping has a busy sex life

Abuti Shuping is a secondary school educator at a well-respected school in Maseru. He is responsible for organizing the school-based HIV Peer Education Club. Abuti Shuping is a “ladies man” and the other educators find him very attractive. So do some of the students. Abuti Shuping has a really busy sex life! Students are his favorite because they do not insist on condoms.

1. Why does Abuti Shuping continue to have unprotected sex with multiple partners at the same time, despite his high level of awareness about HIV and the way it spreads?
2. Why does he not stop his behaviour? What do you think is standing in his way?
3. If he gave you a chance, what advise would you give him to help him stop his dangerous behaviour? **What does he have to do?**

Scenario 2: Ausi Lenka’s many admirers

Ausi Lenka is a 22 years old, single woman with the most gorgeous body. Her friends tell her she has “a body built for sex.” Ausi Lenka is very proud of the many trophies she has won in beauty competitions since she was a baby. She is training to be a Police Officer. Part of her training involves learning about HIV and AIDS prevention and transmission. Most of Ausi Lenka’s colleagues are men. She just loves the attention they give her. She has an on-going sexual relationship with three of her colleagues. Sometimes she forgets to use condoms or she just feels like having it “flesh to flesh.”

1. Why does Ausi Lenka continue to have unprotected sex with multiple partners at the same time, without condoms?
2. Why does she not stop this behaviour? What do you think is standing in her way?
3. If she gave you a chance, what advise would you give her to help her stop this dangerous behaviour? **What does she have to do?**

Wrap up the activity, say

- People have different reasons for keeping behaviours that can be harmful to them.
- We need to think about what the costs of these behaviours are vs. the benefits we think we get from them.

ENERGIZER: TOUCH SOMETHING BLUE

This is an energizer to get people laughing and moving around. Ask everyone to stand up. Then explain that you will call out to everybody to “find something blue” around them and they should touch it. This could be someone’s blue scarf or dress or shoe – whatever. Then call out, “touch something green,” and everyone should run to touch a green object. Next, “touch your toes” or “touch someone’s ear” or “Touch that tree over there” or whatever. Ask other people to join in with their own suggestions.

ACTIVITY 4: Six Steps to Behaviour Change

In this activity, you will take the group through 6 steps for successful behaviour change by illustrating the steps using examples of behaviours participants want to change.

INSTRUCTIONS

1. Ask one participant to identify a risk behaviour that they may want to control, [always using condoms] and go through the following steps using the example, to familiarize participants with the 6 steps. Use the 6 STEPS FOR BEHAVIOUR CHANGE card from the Toolkit with the following example on it.

Six steps to changing behaviour: I will use a condom every time I have sex

<p>Step 1. Set your Goal What do you want to do from now on?</p>	<p>I want to use a condom every time I have sex.</p>
<p>Step 2. Know Your Barriers to Change What is stopping you from doing what you want to do?</p>	<p>I don't always have condoms with me. Sometimes it is when I have been drinking that I don't use condoms.</p>
<p>Step 3. Small success to big success Start with small steps that move you towards your big goal.</p>	<p>I will bring home reading materials and use these to bring up the conversation of condom use with my partner.</p>
<p>Step 4: Small Rewards Each time you take a step towards your big goal, reward yourself. Acknowledge and feel good about your small success.</p>	<p>After I registered at the Clinic, and got condoms, I went with my friends to a concert to celebrate my being responsible about my sexual health.</p>
<p>Step 5: Monitor Yourself Have a small book where you can write your progress; whether good (not drinking for a week) and bad (drinking too much at a friend's wedding). If you cannot write ask your best friend to help you.</p>	<p>Over the last month, I have used a condom nearly every time that I had sex. It was only twice that I forgot. Last month it was 5 times that I did not use a condom.</p>
<p>Step 6: Stay Away Stay away from situations or places which influence you to continue with your old behaviour. Make a plan for how you will avoid these situations or peer pressure.</p>	<p>Being with Thabo at the bar increases my chance of asking other girls out.</p> <p>I will meet up with Thabo at my house and drink there.</p>

2. Do the other example of a person who wants to reduce the number of sexual partners they have at the same time.

3. Tell the group that Mahabo is a young NUL student, whose goal is to go from having three sexual partners at the same time to only two sexual partners at the same time. She needs to keep two just in case one leaves. Take the group through each of the 6 behaviour change steps using the example of Mathabo. They should say what they think her barriers are, what small steps she can take towards her goal, how she can reward herself, how she can monitor herself and what situations they think Mathabo should stay away from or how she can avoid temptation.

Six steps to changing behaviour: I will reduce my partners

Step 1. Set your Goal	I want to reduce the number of sexual partners I have at the same time.
Step 2. Knowing Your Barriers to Change	I am scared that I will not get married before I am too old for babies so I have to keep all my options open.
Step 3. From small success to big success	I am going to join the MCP Community Dialogue group at university.
Step 4: Small Rewards	Beauty treatments that will make me feel beautiful.
Step 5: Monitor Yourself	I have not called them on the phone for the last three weeks.
Step 6: Stay Away	I am not going to student parties. I will rather go to the parties in my home where my family and friends are.

Wrap up the activity, say

- Using these six steps can help us to change our behaviour and reduce our risk of HIV infection.
- We can use these 6 steps to help us make changes in any parts of our lives that we want to change for the better.

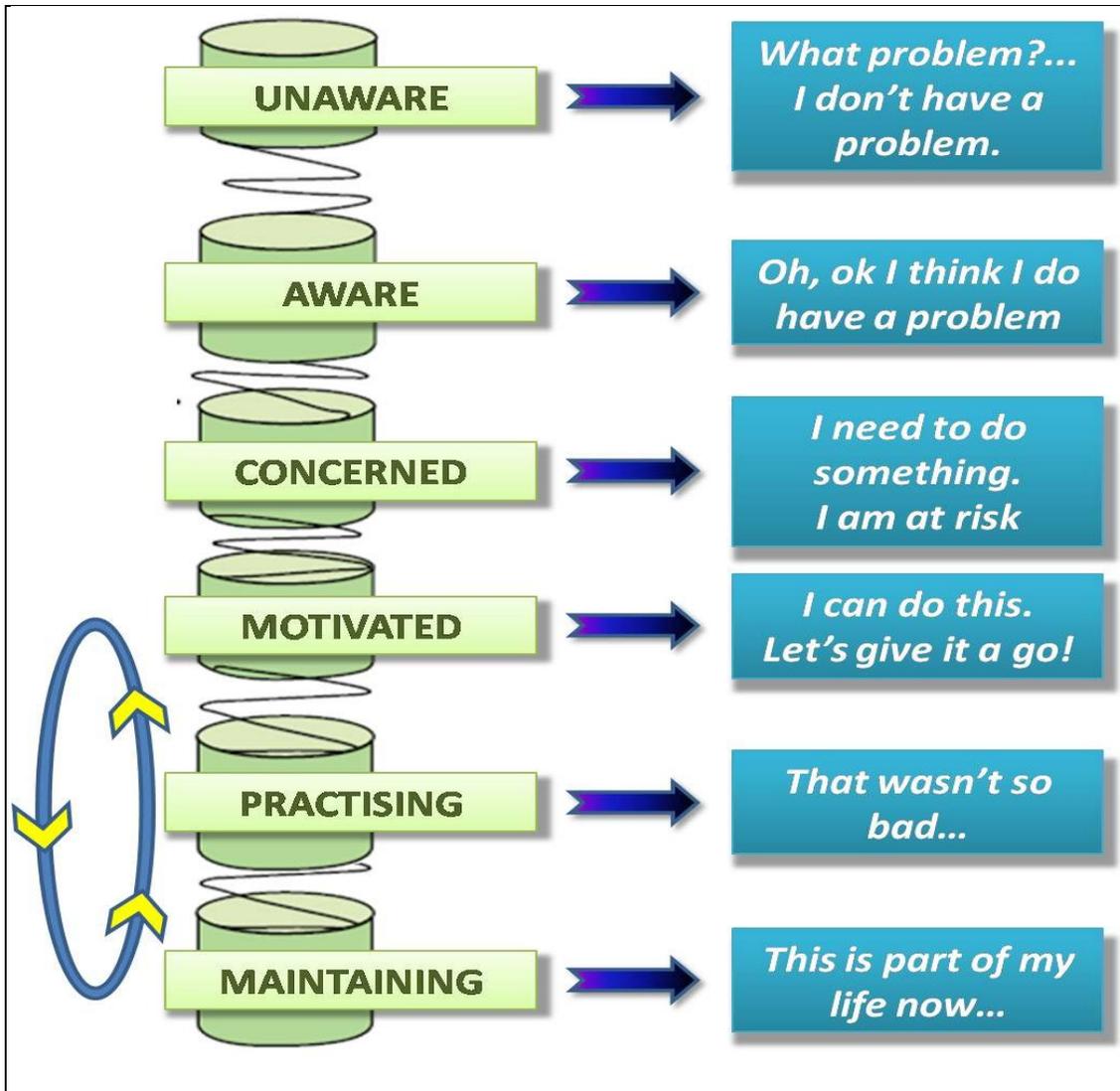
ACTIVITY 5: Is it as easy as A B C?

In this activity, you as facilitator will do a short presentation on the stages of behaviour change.

INSTRUCTIONS

1. Explain that changing our behaviour or changing our situations cannot always happen overnight. Some people are able to “just stop,” but for other people, we need to keep trying. Sometimes we will slip backwards but we should not give up, we should strengthen our resolve and try again.

2. Take participants through the behaviour change spiral diagram below. The spiral picture shows the different stages of behaviour change. The text next to each stage explains how we as individuals feel at that stage.



The Stages of Behaviour Change

Unaware	<i>I did not know about the very high risks of MCP.</i>
Aware	<i>Now I know about MCP. I realise that I am at personal risk of HIV infection</i>
Concerned	<i>I need to do something to protect myself from HIV infection.</i>
Motivated	<i>From now on, I am going to use a condom every time I have sex.</i>

	<i>There will be no excuses.</i>
Practicing New Behaviour	<i>I have been so good. But on Saturday I messed up. ... It's ok, though. I know I can do this. There will not be a next time.</i>
Maintaining new behaviour	<i>I am so glad I made the decision to use condoms every time. I've learned a few new tricks and I enjoy sex so much more because I know I am always safe. Life is much better this way!</i>

Wrap up the activity, say

- Even when we are motivated to change our behaviour, we can still fall back to our old patterns of behaviour. Making changes can be difficult.
- But the most important thing is not to give up. To keep practicing. To learn from our failures, strengthen our commitment and try again.
- Get support. Ask your friends, your family, your church, and your community support group members to help you. Visit the Health Clinic – there are people there who can support you. It is okay to relapse, seek help and start again.

Closing Circle 6: A moment to reflect

To get the full benefit of new material, some "introspective time" is needed. Have the participants lay their heads on the table, lie on the floor, or get in a comfortable position. Then, have them reflect on what they have just learned. After 5 minutes, say a key word or short phrase and have them reflect on it for a couple of minutes. Repeat one or two more word or phrases, then gather the group into a circle and have them share what they believe are the most important points of the session, how they can use these in their lives.

REMEMBER: Complete the Session Reflection Tool. Ask participants to please stay for 5 minutes. Ask participants the questions on the Reflection Tool and write down their responses.

SESSION 6: PARTICIPANT TAKE AWAY MESSAGES

Starting with the Person in the Mirror

1. What is the behaviour you would like to change?
2. What is the new behaviour you want to do?
3. What is stopping you?
4. What's your plan of action?
5. Who can support you?

“By perseverance the snail reached the ark!”

“If you run after two hares you will catch neither”.
Focus on one thing at a time.

SESSION 6: SOME IDEAS FOR OUTREACH PROJECTS

1. If there are several individuals who want to change the same behaviour, start a support group.
2. Campaign for a behaviour change for a certain time: I will not practice MCP for one month.
3. Draw a community map of all the different ways and places you can get condoms. Put it up in a shebeen.
4. Promise the group that you will always carry a condom with you.

SESSION 7: CAN CULTURE HARM?

Activity 1: How does culture and religion influence our behaviour?	30 min
Activity 2: Stop, Keep, Change	60 min
Activity 3: Changing beliefs that harm (Stop Start Role Play)	60 min
Activity 4: Let’s Debate It! We can Stop MCP.	30 min
	3 hours

This is a lengthy session that produces much discussion, especially activity 2 dealing with cultural practices that need to stop or be changed. Activity 3 is a lively interactive role play that can also take up some time as participants enjoy acting out the various cultural scenarios.

You can decide as a group whether you would like to do all the activities in one session or whether you would like to split the session. Doing the session activities over two meetings will allow more time for discussion.

Learning outcomes	<p>By the end of the session participants should:</p> <ol style="list-style-type: none"> 1. Understand how our culture and beliefs can influence us to behave in ways that increases our risk of HIV. 2. Understand how some cultural practices make women more vulnerable to HIV infection. 3. Feel confident that we can challenge cultural beliefs or practices that put us at risk of HIV infection.
Activities in the Session	<p>Activity 1: How does culture and religion influence our behaviour? We look at this question using the case study of Ntate Thotanyane.</p> <p>Activity 2: Stop, Keep, Change. In this activity we list current cultural practices, religious beliefs or traditions about sex and sexual life and decide whether we should stop, keep or change these practices.</p> <p>Activity 3: Changing beliefs that harm. Using the Stop Start Role Play method, participants can practice confronting traditions, practices or beliefs that place us at greater risk of HIV infection. Activity 4: Let’s Debate It! We can stop MCP. Participants role play a debate in parliament about how to reduce the practice of</p>

	MCP in Lesotho. Closing Circle: Songs & Proverbs. Participants think about songs or proverbs about how real Basotho men and real Basotho women should think and behave. This is our topic for the next session.	
Pre-Workshop Preparation	Make sure you set up and practice the Stop Start Theatre scenario for Activity 3 before the session.	
Materials Needed	Activity 1: The Story of NTATE THOTANYANE & GROUP QUESTIONS	Activity 2: 3 flipcharts with STOP, KEEP, CHANGE written on them.
	Activity 3: CHANGING BELIEFS THAT HARM Stop Start Role Play Scenarios	
<p>REMINDER</p> <p>When discussing gender and traditions, it is important to be objective and non-judgmental. These can be emotive subjects. Always make sure that issues raised by participants that may reinforce certain negative beliefs, myths, rumours, or stereotypes are discussed by the larger group. Always try to push the discussion further in order to make participants critically reflect on ideas and values that are considered traditional and encourage them to consider the possibility of changing those that can cause harm.</p>		

Session Introduction

Welcome everyone back to the session. Thank everyone for coming. Enquire about late-comers or non-attendees. Ask the volunteers who stayed behind at the last session to give a brief recap of the topics and activities covered in the previous session. Using the PROGRAM POSTER from the Toolkit, show participants which session we are doing today, what the learning outcomes are and what activities we will be doing. Circulate the attendance form, and if there are visitors remember they sign in their own section.

Give participants an overview of what we will be doing in this session:

- 1.** In this session we will discuss different Basotho traditions, beliefs and cultural practices, as well as religious beliefs which influence our behaviours and decisions.
- 2.** Our culture, traditions, beliefs and religion influence the way we live our lives. In most cases, they have a positive influence on us, but sometimes cultural and religious traditions and practices can have a negative effect on us.
- 3.** Together we will explore how some cultural and religious practices and beliefs can put us at risk of HIV infection, while others can protect us.
- 4.** We will look at how we can strengthen those cultural and religious practices that protect us from HIV infection and minimize those that can increase our risk of HIV infection.

ACTIVITY 1: How does culture and religion influence our behaviour?

Tell participants that in this activity we will listen to the story of Ntate Thotanyane. From his story we will try to understand the effect of culture on Ntate Thotanyane's behaviour and the effect that culture and religion have on the women in his life. *Remind the group that the names used in this story are not the real names, but the story is real. This case study was done during an interview with a Mosotho man aged 52 years in 2007.*

INSTRUCTIONS

1. Tell the group that you are going to read them the story of Ntate Thotanyane and that they should close their eyes and try to imagine what Ntate Thotanyane looks like and how he acts. Or ask one of the participants to read the story. Participants should also try to visualise the women in Ntate Thotanyane's story.

The Story of Ntate Thotanyane

Ntate Thotanyane prides himself on being a “*real Basotho man*”. He is 52 years old and lives at his homestead in Quithing. His community knows him as the best storyteller in the district. Ntate Thotanyane believes strongly that harm can come when you choose to live outside of your culture and traditions.

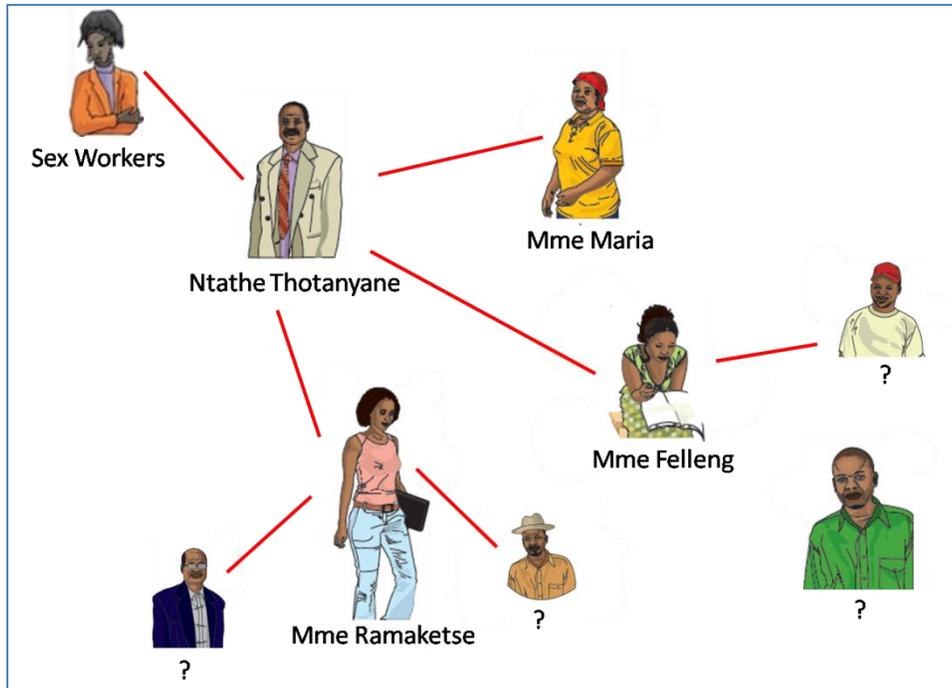
Ntate Thotanyane is married to **Mme Maria**, who runs a home for orphaned children. Ntate Thotanyane says they have “a very good relationship...,” but “**tali ea hae ha e jooe**” [*a rat that belongs to your home, cannot be eaten by you.*] Thotanyane is seeing someone else. **Ramaketse** is now 23 years old. He has been seeing her since she was 18. She is from the neighbouring village. Ntate Thotanyane laughs and says, “**mokoko o fatela sethole**” [*a cock always makes a hole for the nearest fowl.*]

Mme Maria knows what he is like, but her religion says she can never leave him; she feels she cannot even question him. Her job is to stand behind her husband. This is what her community expects.

Ntate Thotanyane tells us that Ramaketse is not the first one other than his wife. We have a saying: “**ka hara makala a mangala, ha le le leng le senyeha o ntse o salloa ke a mang a phelang hantle**” [*a man must hold many branches so that if one is broken, he is still left with some branches.*]

For the past 20 years, Ntate Thotanyane has had a relationship with Mme Felleng . They have three girls, who are Ntate Thotanyane's only children. His wife did not bear him children. About a month ago, he left Mme Felleng because she “let another man into my house”. Ntate Thotanyane was already seeing young **Ramaketse** when he was with Mme Felleng. He calls **Ramaketse** his “**sets'osa**” [*somebody where he hides or shields when it rains.*] He says he plans to marry her when she bears him a son.

Ntate Thotanyane doesn't believe in using condoms because it is man's duty to give a woman a child. He says that he used to sleep with all the girls who used to sleep at Thakaneng, but he didn't get HIV. He says the virus is chasing young people because of the food we eat today. He also says that he knows that the women he has been with – even those he has paid - do not have HIV because he “can tell when a woman is sick”. He teaches the younger men in the village how to tell a “good healthy woman” from a “bad woman”.



2. After you have read the story, ask two people what they thought about the story. Ask them, “**Does this story sound familiar? Are there any people like Ntate Thotanyane in our communities?**”

3. Divide participants into three groups. Ask the small groups to work through the **Case Study Discussion Questions** and record their discussions on a flipchart.

Case Study Discussion Questions

Look at the picture of Ntate Thotanyane’s sexual network and answer the following questions.

1. What is the effect of “culture” on Ntate Thotanyane **and** the women in his life?
2. Why do you think the women in the story “put up with his behaviour?” What is the role of culture, religion and traditional beliefs?
3. What are the risks of Ntate Thotanyane’s behaviour? How does his behaviour affect his wife and girlfriends, **and** the men he is teaching?

4. Allow the groups to report back on their discussion. Ask group 1 to report on question 1. Ask other groups to add. Then group 2 to report back on question 2 and group 3 to report back on question 3. Doing the report like this will save you time and keep participants attention up.

Wrap up the activity:

- Our risk of contracting HIV is determined by our behaviour and the decisions we make. Our behaviour and decision-making abilities are influenced by our values, culture and religion.
- For example, our culture makes it difficult for women to negotiate condom use. Some religions do not allow women to use condoms. This places them at greater risk of HIV.
- Another example: Our culture says that men should have many sexual partners. This places them at greater risk of contracting HIV.

- In the next activity, we will look at cultural and religious practices and beliefs that can protect us from HIV and those cultural and religious practices and beliefs that can increase our risk of HIV infection.
- We will also discuss how we can promote those practices that protect us and how we can change those practices and beliefs that may harm us.

ACTIVITY 2: Stop, Keep Change

The purpose of this activity is to identify aspects of culture and customs relating to sex and sexual life that are important for a community to keep, change or stop in order to support healthier and happier sexual lives. We start with a big group discussion to generate a list of different Basotho traditions, cultural practices and beliefs about sexual life. We then go through each one on the list and look at the benefits and costs of each. Finally, as a group we decide whether, in the context of HIV, we should Stop, Keep or Change the cultural practice, belief or tradition.

INSTRUCTIONS

1. Ask participants to name some cultural or religious practices and beliefs about our sexual lives, for example: no sex before marriage; initiation ceremonies; the belief that a woman is only a woman once she has a child; men's preference for dry sex; that women should not enjoy sex; that only men can initiate sex; that men are like pumpkins and women are like cabbages; that God created us to have children; and so on. Write these on a flipchart.
2. Remind group members to focus on customs or beliefs that are still practiced.

Cultural practices & beliefs that put us at risk

- Women are not allowed to talk about or initiate sex. Women are not supposed to enjoy sex.
- Dry sex which can encourage women to put drying agents in the vagina. Because the vagina is dry, women can experience vaginal tearing or irritation during sex. This increases the risk of HIV infection.
- Lobola or marriage rites can give women a "property" value. The woman becomes the man's "property" (and sometimes the property of the man's family as well). As a result, the woman is less able to negotiate safer sex practices with her husband, or even ask her husband about other women she suspects her husband is seeing.
- Community or parental acceptance of young girls exchanging sex for money, school fees or food due to extreme poverty.
- The belief that a man is causing harm to himself and ancestors if he does not ejaculate into a woman to attempt to make a baby.
- Beliefs which are expressed through proverbs or statements such as
- **'monna ke mokopu oa nama. Mosali ke Khabeche oa ipopa'** [*a man should spread like a pumpkin, a woman is like a cabbage*]
- **'mokoko o fatela sethole'** [*a cock makes a hole for the nearest fowl*]
- **'lehae la monna le hohle'** [*the home of a man is everywhere*]
- **'monna o oa theteha'** [*a man is rolling*]
- **'bitla la monna le ka thoko ho tsela'** [*the grave of a man is alongside the road*]
- **'ka hara makala a mangala, ha le le leng le senyeha o ntse o salloa ke a mang a phelang hantle'** [*a man must hold many branches so that if one is broken he is still left with some branches*]

○ 'monna ke apole oa lomisanoo' [man is the apple we have to share a bite of it]

3. Divide participants into groups. Ask each group to discuss **two** of the traditional beliefs or practices that have been named on the flipchart.

Group Discussion Questions

- What are the **benefits** of the belief or practice to individuals, families and the community?
- What are the **negative effects** of the belief or practice to individuals, families and the community?
- How different are the negative effects for **men and women**?

4. Bring people back together into a circle. Ask each group to share key points from their discussion.

5. Use flipchart paper to put three signs up in the room that people can stand under. Mark one flipchart, KEEP, the other, CHANGE and the final one STOP. Change means that the practice or belief is good, but needs to change here and there. Stop means that the practice causes such harm that it should be stopped altogether.

6. Go through each of the traditions, beliefs and practices the groups discussed. Read out the first one and ask participants to stand under the “keep”, “change” or “stop” sign that they agree with.

7. Ask people under each sign to explain why they are standing there. Then ask if anyone wishes to move to another place. Repeat the process with the other traditional beliefs, practices and customs.

8. To summarize the activity, develop a list of cultural practices that can protect us from HIV, and those that can put us at a greater risk of HIV infection.

Wrap up the activity, say

The purpose of this activity is not to say that culture is bad. It is to recognise that some beliefs and practices need to change in a time of HIV. We need to keep those that strengthen and protect society and change those that cause harm or put people at risk of HIV infection.

Culture, beliefs and values do change over time. Today we do not do exactly as our ancestors did. Tomorrow our children will not do as we did. Life changes with the times. We must change with the times.

Additional Activity: Proverbs about sex and sexual life

Do this activity as an additional activity only if you have time.

1. Ask the participants to brainstorm 6 typical Basotho sayings or proverbs about sex and sexual behavior. For example, “men are like pumpkins and women are like cabbages” or “a man’s home is everywhere.” **2.** Write the 6 proverbs on the flipchart or even better ask the participants to draw a picture to symbolize the proverb. **3.** Lead a discussion on each saying or proverb by asking: “Is this true or is it false.” Also ask, “What are the possible consequences of these sayings? and “how can we change these?”

Close the activity off by saying that we have talked about a number of beliefs that exist in our communities – some are stronger than others. Some beliefs are based on customs. Some are based on misperceptions. The beliefs we discussed can be harmful to us because they increase our risk to HIV

infection. Although it is difficult, it is important for us to challenge those cultural practices that place us at greater risk of HIV infection.

ACTIVITY 3: Changing beliefs that harm (Stop Start Role Play)

In this activity you will use the **Stop Start Role Play** method to practice how to bring up conversations about beliefs or practices that put us at risk of HIV infection. Many people struggle with how to start such a conversation and reach a positive outcome. This activity will help us to practice doing this.

Stop Start Role Play is like doing a normal role play, but it will allow the other group members to change places with actors in the role play so they can change how the role play ends. The purpose is for the audience to help the characters reach a positive outcome in the role play.

It works like this: two people do a role play using one of the scenarios described below. They perform the role play to the end. There is a bad outcome at the end. The two people then perform the role play again, exactly the same, but instead of going all the way to the end uninterrupted, the participants can stop the role play and change places with one of the actors in the role play. Once the new person is in the role play, they can change the ending of the role play. This method allows participants to keep changing a role play until the best possible ending is achieved. But an ending that is still realistic!

If you do not feel confident trying the stop-start methodology, just use normal role plays for the activity.

INSTRUCTIONS

Before the session starts, select one of the CHANGING BELIEFS THAT HARM scenarios from below. Find two volunteers. Ask them to practice acting out the scenario you have chosen, for example,

***Scenario.** A woman (the Main Character) suspects her husband of being unfaithful, and wants to open up a discussion about using condoms and going for an HIV test. However, the approach she uses is inappropriate and the argument turns to violence.*

When the two volunteers practice the role play, they should deliberately say or do things that make the situation worse, not better. The ending should not be good.

Once you are happy with the role play outcome, tell the two volunteers that they will be asked to perform the role play for the group.

- 1. Introduce the play.** Explain to the group that your two actors will perform a short play about how to communicate effectively.
- 2. Perform the play.** Ask the two volunteers to perform the short play they practiced before the session. When the play is finished, encourage the audience to applaud. Ask them what they thought of the way the Main Character (the wife) acted and how they feel about the outcome.
- 3. Perform the play the second time.** Tell participants that the actors will now perform the play again, but this time the participants can stop the play when they think the main character (the wife) is doing or saying something which will make the situation worse. Participants should put up their hand and say "STOP."
- 4. Stop & Change the play.** The person who said "STOP" should now take over the role of the main character (the wife) and try to improve the way the play ends.

- 5. Let the play go on.** If the participants think the **new** main character is making the situation worse, or saying things that are unhelpful, they can “STOP” the play and change places with the main character.
- 6.** The play can be stopped and changed until participants feel that the ending is the best possible ending for the scenario. But is still a realistic ending to the scenario.
- 7.** Split participants into groups of 4 people each. Ask each group to select a scenario from the CULTURE & MCP SCENARIO CARDS and prepare a role play showing the scenario they have chosen.
- 8.** After 15 minutes, let the first group do their role play using the stop start role play method.
- 9. After all the groups have done their stop start role plays, work with participants to draw up a list of “HELPFUL” and “UNHELPFUL” things you can do to communicate effectively about sensitive topics.**

CULTURE & MCP SCENARIOS

Scenario 1: A single mother (the main character) wants to discuss sexual networks and MCP with her 22 year old son studying at NUL, but fails because he/she uses an inappropriate way of introducing the subject.

Scenario 2: Limakatso (the main character) is married to a man 10 years her senior. She loves him a lot but finds that he is very boring in the bedroom. She keeps a younger lover on the side to satisfy her sexually. She does not want to be unfaithful to her husband so decides to talk to him about her sexual needs. She raises the topic one night. He becomes furious and calls her a “tramp,” asking her where she learned these things she wants to do.

Scenario 3: A young women (the main character) talks to her mother-in-law about her husband’s “extra women” and what his behaviour is teaching their twin boys, who are now 15. She asks her mother-in-law for advice on how to keep her husband happy in the bedroom. Her mother-in-law becomes offended by the conversation and blames the daughter for her husband’s ways. They get into a “blame argument.”

Scenario 4: Khabane (the main character) is married to Lerato, a successful business woman. Khabane says he feels that his wife gives him no respect because she earns more than he does. One night Lerato’s uncle tell Khabane that Lerato is often out at night alone, drinking and sleeping with young men. They say Khabane needs to “bring her under control.” If the family finds out, it will bring great shame to both their families. What Lerato’s uncle says is not true, so when Khabane confronts her, it ends in a huge fight.

Scenario 5: A family elder informs a young widow and her mother that since her husband has died, the family will provide for her. She will marry her brother-in-law. The mother consoles her daughter and assures her that things will be fine. However, the young widow has concerns about this brother-in-law as she has heard that he had several girlfriends. She does not want to marry him. She says this and the families become furious.

Scenario 6: Ntate Mofokeng is under pressure. It is keeping him up at night. His girlfriend, Masentle refuses to use a condom. She wants to have a child so she can become a real woman. She also says that if Ntate Mofokeng loves her he will trust her, and if he trusts her, he will not force her to use a condom. Ntate Mofokeng’s wife knows about Masentle and she has warned Ntate Mofokeng not “to get the girl pregnant.” Ntate Mofokeng tries to convince Masentle to use condoms, and it ends up in a fight.

Wrap up the activity, say

- Initiating a conversation about sexual health and protecting yourself from HIV can be difficult. Practice what you are going to say before you have the conversation.
- Ask your friends or support services how you can bring up such conversations in a way that will bring out positive results.

ACTIVITY 4: Let's Debate It! We can stop MCP

In this activity we will have a debate like they do in parliament. On the one side is the Government who wants to pass a law that makes practicing MCP illegal. The Opposition believes that this is impossible. The government organizes a debate between the two sides.

INSTRUCTIONS

1. Divide participants into 3 groups. One group will pretend to be the GOVERNMENT, the other group will be the OPPOSITION and the third group will be the PUBLIC.

GOVERNMENT will argue: **We can, and we must, change the culture of MCP.**

OPPOSITION will argue: **We can never change MCP. It is our culture.**

The third group will pretend to be members of the PUBLIC observing the debate. They come from a HIV Support Group and believe that Basotho can change the behaviour of MCP. They have seen people change and start to use condoms, so they know change can happen.

2. Give the groups 15 minutes to prepare their debate. Remind the groups to make a list of their own arguments, but also to think about what the "other side" might say and have counter arguments ready.

3. Tell the members of the PUBLIC that they will have a chance to ask each side two questions at the end of the debate. They should think strategically about what questions to ask. *They are not allowed to make a speech, only to ask a question. If they make a speech, they will be thrown out of parliament.*

4. Set the room up for a debate. Select a volunteer to be the timekeeper. Their role in the debate is to make sure that only one person talks at a time and that the debate does not turn into an argument. Allow the OPPOSITION to go first. They have **3 minutes**. Then allow the GOVERNMENT to go second. They also get 3 minutes. Then do a second round of 3 minutes each.

5. After the second round, the members of the PUBLIC can ask the opposition two questions and the Government two questions. The Opposition and Government only have **2 minutes** to respond to each question.

6. Once both sides have responded to the questions from the public, end the debate. Inform all groups that the government will now deliberate on the issue and host community pits to hear more from the people of Lesotho. Call everybody back together in a circle. Ask them to come out of their roles as Government and Opposition and Public and come back to being concerned members of the community.

7. As concerned community members, ask them what they learned from the debate about how we can change the wide-spread practice of MCP in Lesotho.

8. Ask the following questions and record responses on the flipchart:

- What can people do at an individual level to reduce the risks of MCP?
- What can we do in our communities to reduce the practice of MCP?
- What can government and other national players do to reduce the practice of MCP?

Conclude the session on a positive note. Remind participants that behaviours are changing all over Lesotho.

- Nearly 50% of men now use condoms. This was not the case 10 years ago.
- We have a new Sexual Offences Act that makes sex with your wife without her consent, a criminal offence. This would not have been possible 15 years ago.
- All around us, things are changing.

- **This practice of MCP will also change if we all play our part.**

Closing Circle: Bring everyone together in a closing circle. Ask participants to spend a few minutes thinking about short songs they know or short stories or proverbs which describe how a real Mosotho man or a real Mosotho woman should behave in their sexual lives. Ask people to volunteer to do a role play, sing a song or share proverbs about real man and real women at the start of the next session.

REMEMBER: Complete the Session Reflection Tool. Ask participants to please stay for 5 minutes. Ask participants the questions on the Reflection Tool and write down their responses.

SESSION 7: PARTICIPANT TAKE AWAY MESSAGES

- Some cultural practices, religious norms and values put us at greater risk of HIV infection.
- These cultural practices can change. Change starts with us.
- We can challenge cultural norms that put us at risk of HIV infection.

*Know your values. Stick to your values.
“If you don’t stand up for something, you will fall for anything.”*

SOME IDEAS FOR OUTREACH ACTIVITIES

1. Have your friends over for a “drama night” using the stop-start role play method. It will be lots of fun.
2. Arrange a debate session with other community groups (for example church groups or youth groups).
3. Ask an older traditional healer to address your group on how cultures and norms have changed over the years.
4. Host a “Culture Night” where you discuss or role play which practices and beliefs are protective and which are harmful.

SESSION 8: REAL MEN AND REAL WOMEN

Activity 1: What is the difference between sex and gender?	20 min
Activity 2: “Real Basotho men” & “Real Basotho women”	30 min
Activity 3: Agree / Disagree Game	60 min
Activity 4: Who has the power?	30 min
Closing Circle: Who would you like to be?	10 min
	2 ½ hours

Learning Outcomes	By the end of the activity participants should: <ol style="list-style-type: none"> 1. Understand that the only differences between women and men that cannot change are the biological ones. 2. Feel confident that harmful beliefs about the way a man and a woman should behave can change. 3. Know that to protect ourselves from HIV infection we need to change the way we treat each other as men and women. 4. Learn skills and strategies for talking about HIV prevention with their partner or spouse. 	
Activities Overview	Activity 1: What is the difference between sex and gender ? A presentation by the facilitator and plenary discussion. Activity 2: “Real men” & “real women” . Making a list of the characteristics that a real man and a real woman are supposed to display and discussing how these beliefs put men and women at greater risk of HIV infection. Activity 3: Agree / Disagree Game . Participants say whether they agree or disagree with a statement about gender equality. Activity 4: Who has the power? Using typical community member character cards to explore how unequal power in a relationship can place us at greater risk of HIV infection. Then exploring what skills and strategies those with less power need to be able to negotiate their sexual health.	
Materials Needed	Activity 3: AGREE DISAGREE STATEMENTS	Activity 4: TYPICAL COMMUNITY MEMBER character cards

Session Introduction

Welcome everyone back to the session. Thank everyone for coming. Enquire about late-comers or non-attendees. Ask the volunteers who stayed behind at the last session to give a brief recap of the topics and activities covered in the previous session. Use the “ball game,” in which you as the facilitator throw a ball randomly to any participant and then ask him or her to reflect what they thought about, or learned from the previous session. This is a good way to check participants’ understanding of the key messages from the previous session.

Circulate the attendance form, and if there are visitors remember they sign in their own section.

Using the PROGRAM POSTER from the Toolkit, show participants which session we are doing today, what the learning outcomes are and what activities we will be doing.

ACTIVITY 1: What's the difference between sex & gender?

This activity is intended to help participants understand the difference between sex and gender.

1. Ask group members what they think of when you say **“what is a man’s sex.”**

They should say his biological parts or his penis and testicles.

2. Ask participants what they think when you say **“what is a man’s gender.”**

Explain that a “man’s gender” means the roles he is expected to play and the behaviours, attitudes and capacities he is expected to have.

3. Give examples of what roles society expects men to play or what abilities or behaviours society expects men to have. Examples could include:

- Men must play the role of “breadwinner” or earner in the family.
- Society questions a man’s “manhood” if he is still a virgin when he gets married. As a man he is allowed, and even expected to, have many sexual partners before (and after) he gets married.
- A man is expected to be physically strong. He is expected to be able to build or fix things.

4. Ask participants to share with you what gender roles, attitudes or behaviours **women** are expected to have because they are women. Examples could include:

- Women raise the children.
- Women cannot initiate sex.
- Women take care of the sick.

5. Go through the table below with participants so that we are all clear on the difference between sex and gender.

Sex	Gender
Biological (body parts and reproductive functions)	Roles that are expected by family, culture and community
Born with	Learned and taught
Unchanging For millions of years, males and females have been made this way	Changes over time Things once expected of men or women change as community needs change.

Wrap up the activity, explain that:

- The gender norms that exist in society are often the basis for problems, such as the difficulty women have talking about condoms for fear of being labeled “unfaithful” or being subjected to violence. Or the risks men may take because they feel they need to have many partners to prove their sexual potency.

- These kinds of gender norms make it hard for men and women to protect themselves from STIs and HIV/AIDS.

ACTIVITY 2: A “REAL Mosotho man” and a “REAL Mosotho woman”

Let’s look at some of the expectations that communities have about how you must behave if you are “a real Mosotho man” or a “real Mosotho woman.”

INSTRUCTIONS

1. Explain to participants that gender stereotypes or myths are common views about how men and women are supposed to think, feel, look and behave.
2. Put two pieces of flipchart paper next to each other on the wall. On one page put the heading “REAL MAN” and on the other page the heading “REAL WOMAN. ”
3. Ask the participants to brainstorm what, in the view of their community, are the ten most important characteristics or qualities of a “Real Mosotho man” and then the 10 characteristics of a “Real Mosotho woman.”
4. Remind group members of the closing circle at the last session and ask them if they have thought of local songs or proverbs about “Real Mosotho men” or “Real Mosotho women.”
5. Ask group members to perform the songs and share the proverbs or local sayings.
6. As the group performs their songs or shares the proverbs, write the characteristics of a “Real Mosotho man” or “Real Mosotho woman” on the flipchart.
7. **Discuss the following questions with the group.**
 1. Are these statements about real men and real women true? Is this how men and women really are?
 2. How do these statements about “real men” and “real women” put women at greater risk of HIV infection?
 3. How do these statements about “real men” and “real women” put men at greater risk of HIV infection?
 4. How can we change these perceptions?

ACTIVITY 3: Agree Disagree Game

This activity involves participants standing by signs with faces (smiling, angry & uncertain) to show whether they agree, disagree or are not sure about attitudes and beliefs about gender and sexuality. The purpose of the activity is to encourage debate and understanding about attitudes and beliefs about gender and sexuality and their impact in a time of HIV and AIDS.

Remind the participants that everyone has a right to his or her own opinion, and everyone's opinions should be respected.

INSTRUCTIONS

1. Remember that changing behaviour usually involves changing some part of our attitudes and beliefs. This can be hard as we hold them deeply and we can be reluctant to change.
2. Welcome disagreement and do not move on to the next statement too quickly. Allow people a chance to discuss differing views.

- 3.** Be aware of your own attitudes and do not let them influence the discussions.
- 4.** Prepare 3 flipcharts. One titled, “AGREE” (with a happy face); the other titled, “DISAGREE” (with an unhappy face) and the third, “UNCERTAIN” with a question mark.
- 5.** Read the first statement aloud. Use the Gender Agree Disagree Cards from the toolkit or read them from the manual. Ask participants to stand near the sign that says what they think about the statement. Agree, Disagree or Uncertain.
- 6.** 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.
- 7.** 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 to the middle of the room and read the next statement.
- 8.** 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 would someone stand on this side of the room?" (i.e., what values would they have that would put them here?)

AGREE, DISAGREE STATEMENTS

- 1. It is easier to be a man than a woman.**
- 2. When a woman is pregnant, preventing HIV transmission to her child is her responsibility since she carries the child.**
- 3. It is worse when a woman has many lovers. With a man it is not so bad.**
- 4. A man must discipline his wife.**
- 5. Sex is more important to men than to women.**
- 6. A man is being faithful to his wife if he hides his sexual relationships from her.**
- 7. A man is being faithful to his wife if he continues to support and look after his main home.**
- 8. A woman who carries a condom in her purse is “easy.”**
- 9. Women are more intelligent than men.**
- 10. Women who wear revealing clothing show no respect for themselves.**
- 11. It is too difficult for men to control their sexual urges.**

After reading all the statements, lead a discussion by asking the following questions:

- How do gender stereotypes affect men and women’s vulnerability to HIV infection?
- What benefits does gender equality bring to men's lives?

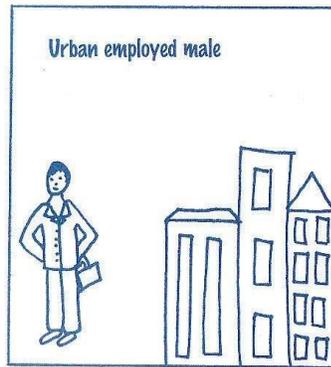
Wrap up the activity, say

- Gender stereotypes put us at risk of HIV infection.
- We must all work to challenge gender stereotypes that put men and women at risk of HIV.
- When there is unequal power in a relationship, the person with less power is at greater risk of HIV infection. Let’s look at a few examples of this in the next activity.

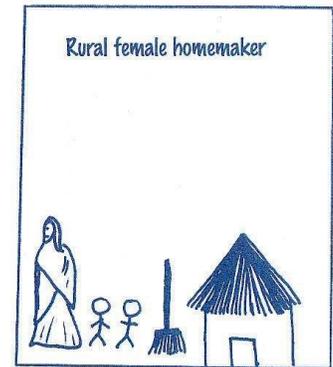
ACTIVITY 4: Who has the power?

This activity involves using the typical community member character cards from the Toolkit to create sexual relationships; identify who has the power in the relationship; and how this person reduces their risk of HIV infection.

In this activity we will look at some of the different skills and strategies that are needed in different sexual relationships and how we can build these skills.



‘Who has more power in a sexual situation involving these two people?’



INSTRUCTIONS

1. Gather participants around a small table. Take out the **two sets** of TYPICAL COMMUNITY MEMBERS cards from the Toolkit. Each set has the same 20 typical community members.

MALE	FEMALE
<ul style="list-style-type: none"> • School Boy • Bank Manager • Soldier • Pastor • Taxi Driver • Unemployed Man • Guardian • Choir Member • Prison Warder • Rural Man • Construction Worker 	<ul style="list-style-type: none"> • School Girl • Minister of Trade & Industry • Salon Owner • Community Worker • Health Care Worker • Teenage Mother • Factory Worker • Nurse • Rural Woman • Sex Worker • Street Vendor

2. Take each set and shuffle them separately. Put the two sets face down next to each other. Turn over the top two cards and show the participants the two typical community members.

3. Ask participants to imagine a sexual situation involving those two people. Then ask them to think about which community member would have the most power in this relationship and why.

4. Ask participants to say what skills and strategies the person with less power would need to be able to negotiate and protect their sexual health.
5. Then ask the same question for the person with more power. What skills and strategies would they need to protect their sexual health?
6. Put the cards on the bottom of the packs. Then turn over two new cards and repeat the activity. Do as many cards as you have time for.
7. Discuss with participants and record on the flipchart.
 - How does this activity relate to the practice of MCP?
 - What types of skills and strategies are most important for people with less power?
 - What can we do to improve these skills and strategies?

IMPORTANT NOTE: If a sexual activity is completely unimaginable between the two people shown on the cards, put one of the cards at the bottom of the pack and turn a new one over to replace it. Make sure you discuss why it is completely unimaginable.

This activity is a good opportunity to discuss sexual situations that people often deny or ignore, such as sex between adults and children, or between people of the same sex. If this happens, encourage participants to focus on the reality that such situations do happen, rather than judge the people involved.

To wrap up the activity, say

Differences in power affect people’s ability to negotiate in sexual relationships. Those with less power need support from family, friends and community members to develop the skills and strategies needed to protect their health. Staying in a situation where we are powerless could cost us our lives.

Remind participants that most MCP relationships have power imbalances in them. This places the person with less power at great risk of HIV infection. For example, an older man and a younger woman (intergenerational sex) or a poor woman with a married, wealthy man or a migrant worker’s wife.

DID YOU KNOW?

Research in Lesotho shows that in the next 12 months (1 year), 23% of new HIV infections will come from men and women who practice MCP infecting their main partners. (NAC/UNAIDS Modes of Transmission Study, 2008).

Closing Circle: Who would you like to be?

Seat your group in a circle. Ask: “If you could be anyone you want to be for the next year, who would you choose, and why? Or would you choose to be yourself and if so, why?” Go around the circle and share.

REMEMBER: Complete the Session Reflection Tool. Ask participants to please stay for 5 minutes. Ask participants the questions on the Reflection Tool and write down their responses.

SESSION 8: PARTICIPANT TAKE AWAY MESSAGES

- Power imbalances in our relationships put us at risk of HIV infection.
- We all have a responsibility to build gender equality. Building a society where men and women respect each other will help stop the spread of HIV.
- A sexual relationship where the partner is 10 or more years older than you is high risk. The older person has power over the younger person.
- A sexual relationship where you receive “gifts” or material goods is high risk because of the power imbalance in the relationship. Your life is more valuable than material things.
- Take small steps at a time to change a situation where you are powerless to negotiate your sexual health.

*“You must be the change you want to see.”
“Small deeds done are better than great deeds planned.”*

SESSION 8: SOME IDEAS FOR OUTREACH ACTIVITIES

1. Ask the church or a school choir to prepare a song about men and women being equal and perform it at their next performance.
2. Develop a short play about how gender stereotypes about how men should feel, think and behave, and put men at risk of HIV infection. Ask the Clinic Sister if you can do the play for patients at the clinic.
3. Try to have a meeting with those who run the initiation school. Ask them if you can talk to them about the new information you have found out about the particular risks of MCP.
4. Write a story about a young woman’s courage in challenging gender stereotypes. What is her situation? What does she do? What happens to her? How does she triumph? Send the story to C-Change and we may publish it in the next Manual.
5. Your own idea. Write to us and tell us about your successful community outreach project and you could win a donation to your group.
6. Invite someone from the Gender Protection Unit at the police station to address your group on the new Sexual Offences Act.

SESSION 9: COUPLES TALK ABOUT SEX

Activity 1: Couples don't communicate about sex. What happens?	30 min
Activity 3: Couples talk about sex role plays	40 min
Activity 4: What men and women want sexually?	40 min
Activity 2: What can happen when we decide to talk about sex?	30 min
Closing Circle: If I were an animal	10 min
	2 ½ hours

Learning Outcomes	By the end of the session participants should: <ol style="list-style-type: none"> 1. Feel more confident about talking about sex with their partner. 2. Have some ideas and skills to use when talking about sex with their partner. 3. Understand the link between communication, MCP and protection from HIV.
Activities Overview	Activity 1: Couples don't communicate. What happens? In this activity participants draw or act out a situation that can arise when couples do not talk about sex, safe sex and sexual needs. Activity 2: Couples talk about sex. Participants do role plays showing effective couple communication about sex. Activity 3: What men and women want sexually? This is a free discussion about what men and women want sexually using the fish bowl method. Activity 4: What can happen when we decide to talk about sex? In this activity we acknowledge that it can be very difficult to talk about safe sex with your partner. There can be negative consequences. The activity ends with making a collage of the positive results of talking openly about sex. Closing Circle: If I were an animal a closing activity that helps build self esteem.
Materials Needed	Activity 3 COUPLES TALK ABOUT SEX scenario cards
REMINDER Always make sure that issues raised by participants that may reinforce certain negative beliefs, myths, rumours, or stereotypes are discussed by the large group.	

Session Introduction

Welcome everyone back to the session. Thank everyone for coming. Enquire about late-comers or non-attendees. Ask the volunteers who stayed behind at the last session to give a brief recap of the topics and activities covered in the previous session. Using the PROGRAM POSTER from the Toolkit, show participants which session we are doing today, what the learning outcomes are and what activities we will be doing.

ACTIVITY 1: Couples don't communicate. What happens?

The purpose of this activity is to remind participants of the link between MCP and lack of communication about sex. In session 5, we learned that one of the main reasons why people go outside their main relationship and take on extra lovers at the same time is because of a lack of communication generally in the relationship and a lack of communication about sex.

As couples we need to learn how to talk about sex. Talking about our sexual needs and pleasures can save our relationships from extra partners on the side!

INSTRUCTIONS

1. Divide the group into three smaller groups. Give each group flipchart paper. Ask each group to either draw a picture, or prepare a short role play about what can happen when a couple does not talk about sex, safe sex and their sexual needs? **Give participants crayons from the toolkit.**
2. After 15 minutes, ask the three groups to share their drawing or role play about what can happen when a couple does not communicate about sex.
3. Remind participants about what we learned in Session 5 about the main reasons for MCP: **One of the main reasons why men and women do MCP is because they do not get sexual satisfaction in their main relationship. A couple cannot satisfy each other sexually if they do not talk openly about sex.**

Wrap up the activity, say

- We all find it hard to talk about our expectations, needs or fears about sex with our partners. Even with our closest friends it can be difficult to talk about sex!
- From a young age we are taught that it is not appropriate to talk about sex. Even as we grow older, we find that we are embarrassed to talk about sex. Women especially find it difficult to talk about their sexual needs.
- The norms and values in our Basotho culture tell us that it is not good to talk freely or openly about sex. This is the same in most societies around the world.
- But, as difficult as it is, it is something we must learn to do. Talking about sex will become easier with practice and the rewards will be great.

ACTIVITY 2: Couples talk about sex

Good communication needs practice. As long as we practice, we will become better and better at communicating about sex. Let's look at some ways to practice communication about sexual pleasure, safe sex and sexual decision-making by using role plays. Be aware that this discussion involves a lot of frank discussion about sex. Some participants may not approve. Remind them that this activity is about ways to help people in relationships to stay safe from HIV infection.

INSTRUCTIONS

1. Ask the participants to pair up and prepare a 3-minute role play showing how a couple can bring up the subject of sexual decision-making and the positive results that come from bringing up the discussion. The role plays are about successful communication. *The role play must show how the couple was able to communicate about the problem and resolve it.*
2. Give participants the copies of the scenarios from the Toolkit.

SCENARIOS FOR COUPLES TALK ABOUT SEX & SEXUAL DECISION-MAKING

Scenario 1: Limakatso is married to an older man. He is 10 years her senior. She loves him a lot but she finds that he is very boring in the bedroom. She keeps a younger lover on the side. She does not want to be unfaithful to her husband, so she decides to talk to him about her sexual needs.

Scenario 2: Ntsoaki is an 18 year old girl at Matsepe High School. The school's HIV Peer Education Club has been very active and has got Ntsoaki thinking a lot about AIDS. She knows her past history puts her at risk to be HIV positive. She decides she wants to do the HIV test. She asks her boyfriend to test with her.

Scenario 3: Ausi Puleng is a 24 year old woman who has just married her boyfriend of two years, Abuti Tumelo. They were both virgins when they got married. They are hoping that Ausi Puleng will get pregnant quickly. Abuti Tumelo's friends tease him saying that it must be fun doing all that practicing for making a baby! If "only" thinks Abuti Tumelo. Ausi Puleng seems to think that sex is only for reproduction and there is no fun in it at all. How can Abuti raise the subject with Ausi Puleng?

Scenario 4: Ntate Teboho wants to use condoms with his wife. He has a long standing nyatsi and sometimes has sex with women he meets at the bar. He uses condoms with these other women but not with his wife. He wants to protect her from HIV, so he brings up the subject of using condoms.

3. Allow the groups to perform their role plays. Do not let role plays go on for more than 5 minutes. Ask one of the participants to be the time-keeper.

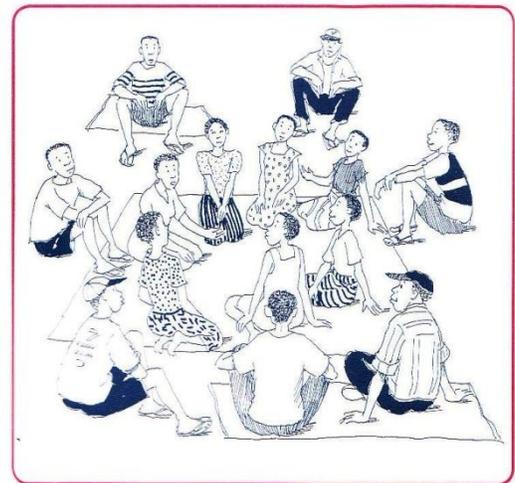
Wrap up the activity by developing a list of tips for bringing up the topic of sex and sexual decision-making.

ACTIVITY 3: What men & women want sexually?

In this activity, men and women will talk about their sexual needs and frustrations. The activity will show that men's and women's sexual needs are similar and if couples talked about sex they could enhance their sexual lives and their relationship.

For this activity you will use the "Fish Bowl" method illustrated below. Women form an inner circle where you lead a discussion about what they want sexually while the men sit in an outer circle and listen to the conversation. After a while they swop places and the women listen in on the men's conversation about what men want sexually.

NOTE: Instead of having the men in the outer circle face towards the women in the inner circle, ask the men to turn their backs and face the other way. The inner circle feels more comfortable if they are not being watched, but the men can still hear the conversation.



INSTRUCTIONS

- 1.** Separate participants into two groups – a men's group and a women's group. If you are only women or only men in the group, ask half the group to pretend to be the other gender.
- 2.** Invite the women's group to form a circle in the middle of the meeting room. Explain that you will lead a discussion with them on what women want from their relationships.
- 3.** Tell the men to form an outside circle and listen to the discussion between the women. They are not permitted to interrupt for any reason. Their role is to listen and observe and maybe pick up some tips!

4. Join the women's circle. Lead a discussion on what women want for their relationship; what they want in their **sexual life**. What turns them on, what turns them off? Encourage the women to forget that the men are listening and feel free. Your role as a facilitator is to get them talking. Continue for 10 minutes.
5. After you have led the discussion with the women's group, ask the men to come to the inner circle and the women to go to the outer circle to observe. Facilitate the same discussion with the men.
6. Bring the groups back together. Ask whether there are any similarities between what men and women want sexually.

Wrap up the activity, say

- We all have sexual needs.
- Instead of looking to fulfill our sexual needs elsewhere, let's become satisfied at home.
- Talking about sex will bring greater sexual pleasure and harmony in your home.
- Talking about sex can protect you from HIV.

ACTIVITY 4: What can happen if we decide to talk about sex?

The purpose of this activity is to acknowledge that there can be **positive** and **negative** consequences of talking openly about sex with our partners. Some participants will have fears about talking about sex with their partners. This is especially so for women who may fear that they will be beaten or questioned if they try to talk about their sexual needs with their partners. We must not ignore these fears. These are people's realities.

INSTRUCTIONS

1. Split the group in half. Ask the one half of the participants to write down or draw a negative consequence of bringing up the topic of sex with our partner.
2. Ask the other side of the room to write down or draw a positive consequence.
3. Ask those with a negative consequence to partner with someone who did a positive consequence. Ask them to discuss with each other, how to deal with the negative consequence.
4. Finish off the activity by making a collage or picture on the wall of all the positive results of talking about sex openly with your partner. These should include:
 - More sexual pleasure and variety.
 - More trust and respect for each other.
 - Fulfillment in your relationship sexually and in other areas.
 - No need to go outside your relationship for sexual satisfaction.
 - Life together is happier and there is less conflict.

Wrap Up the activity, say

The fewer sexual partners we have, the lower our risk for HIV infection. The fewer partners our partners have, the lower our risk of HIV infection. If we want to slow the spread of HIV and improve communication in our relationships, we need to practice talking about sex, pleasure, sexual health and sexual decision-making.

CLOSING CIRCLE: If I were an animal

Ask each person in turn in the circle to say, “one thing I have learned from the session today is” and “if I were an animal I would be a because” Start with yourself. This should be a quick game. Encourage participants not to spend too much time thinking of the animal. As a going-home exercise, ask participants to reflect on their choice of animal and think about whether they would like to change their animal or add another animal and why. This activity helps build self confidence and a sense of self and think about your strong qualities or qualities you would like to develop.

SESSION 9: PARTICIPANT TAKE AWAY MESSAGES

- Good communication requires practice.
- Couples can develop skills that help them communicate better.
- Setting aside time to communicate increases the chances it will happen.
- Use something you heard on the radio, or a pamphlet, as an entry point for discussing sensitive topics.

*Keep trying. You will succeed even where you once failed.
“Leboela ha le ngallwe.”*

SESSION 9: SOME IDEAS FOR OUTREACH ACTIVITIES

1. Form a group of older women and another group of younger women. As groups come together regularly to talk about how to increase you and your partner’s sexual pleasure.
2. Working with a group of friends, make a book about important sexual positions and pleasures for women. A Sex Guide for Women. Send your book to C-Change to enter the community outreach competition and win a donation for your group.
3. Working with a group of friends, make a book about important sexual positions and pleasures for men. A Sex Guide for Men. Send your book to C-Change to enter the community outreach competition and win a donation for your group.

SESSION 10: YES YOU CAN!

Activity 1: Walking a straight line.	15 min
Activity 2: Walking the bridge of change.	25 min
Activity 3: Choosing your boat in the rising flood	40 min
Activity 4: Making Decisions to Change	30 min
Closing Circle: Personal Power	10 min
	2 hours

Learning Outcomes	By the end of this session participants should: <ol style="list-style-type: none"> 1. Understand that there are different ways to reduce your risk of HIV. 2. Know that changing your behaviour takes time, support, and commitment. 3. Have practiced how to make difficult decisions using the Decision-Making Tool. 4. Feel confident that they can make changes in their lives. 	
Activities Overview	Activity 1: Walking a straight line. A fun game that shows the importance of mutual trust and supporting each another. Activity 2: Walking the bridge of change. A game where participants walk across sticks representing a bridge across the dangerous river of HIV and AIDS. It teaches participants that there are choices in HIV prevention. Activity 3: Choosing your boat in the rising flood. This is a continuation of the previous activity and makes the point that you must choose a prevention boat or stay in the rising flood where you are vulnerable to HIV and AIDS. Activity 4: Making Decisions to Change. This activity takes participants through the 5 steps of decision making using practical examples of behaviours that participants need to change. Closing Circle: Personal Power	
Materials Needed	Activity 1: A blindfold (scarf or T-shirt)	Activity 2: Two sticks for bridge of change activity.
	Activity 3: PREVENTION BOATS and TYPICAL COMMUNITY MEMBER cards	Activity 4: DECISION-MAKING SCENARIOS
Pre-Workshop Preparation	Practice doing Activity 2 and Activity 3 before you facilitate the session. If you practice, the learning outcomes for participants will be clearer.	

Session Introduction

Welcome everyone back to the session. Thank everyone for coming. Enquire about late-comers or non-attendees. Ask the volunteers who stayed behind at the last session to give a brief recap of the topics and activities covered in the previous session. Using the PROGRAM POSTER from the Toolkit, show participants which session we are doing today, what the learning outcomes are and what activities we will be doing. Circulate the attendance form, and if there are visitors remember they sign in their own section.

ACTIVITY 1: Walking a straight line

The purpose of this activity is to help participants FEEL the value of having support from other people. Participants take turns to walk in a straight line **blindfolded** across the meeting room. First they have

silence and no guidance. On the next attempt, they get a lot of encouragement and guidance from the other group members.

INSTRUCTIONS

1. Provide a blind fold (a scarf or T-shirt will do). Ask for a volunteer to come forward to walk in a straight line across the meeting area.
2. Agree on a point on the other side of the room where the volunteer must reach. Put the blindfold on her and turn her around a few times before she sets off across the meeting area to reach the agreed point.
3. Tell the rest of the group to keep completely silent giving no advice or encouragement at all. They should also not touch her.
4. When the blindfolded participant reaches the other side of the room, ask her to take off the blindfold. Compare how close she is to where she intended to reach. Ask her how she felt having no commentary from the group.
5. Ask her to put the blindfold back on and repeat the exercise, this time with verbal encouragement from the other participants. Once she reaches the agreed point, ask how she felt with the verbal encouragement from the group.
6. Repeat the activity with two or three other participants.

Wrap Up: Explain to the group that the volunteers have now experienced how much safer they feel with the support of the group around them. This exercise emphasizes the importance of trust and mutual support in life.

ACTIVITY 2: Walking the bridge of change

This is a quick game to show that there are choices available for preventing HIV infection and STIs. If you are not able to have only one partner who only has you, maybe because you cannot tell your husband what to do, there are other HIV prevention strategies you can use.

In this game, participants try walking across a narrow stick bridge (representing **reducing your partners**) over a river in flood with debris, tree stumps and rocks, (representing STIs, HIV, and other dangers of MCP) to get to an island (the future they want which is NO MCP). For those who fall off the single bridge (reducing their partners), a second bridge (representing **condom use**) is added next to the first one, enabling them to cross safely.

- The island at the end of the stick represents the goal you want to achieve. (No MCP)
- The bridge or stick represents a risk reduction method you can use to get across the river (partner reduction; condom use, abstinence)
- The rocks, debris and trees in the river represent the dangers or consequences of MCP. (HIV, STIs, family conflict, divorce and others).

INSTRUCTIONS

1. Collect two sticks or planks to represent the bridges. Use a piece of A4 paper to represent the future island. Write **NO MCP** on it.

2. Gather participants in a circle. Place the future island down on the floor. Explain that it represents where you are trying to get to – “NO MCP”. Place the stick down on the ground. Explain that you are putting the stick into the river of MCP.



3. Ask participants, “*What are the dangers or consequences of MCP?*” Write each one on a separate sheet of A4 paper and place them “in the river” around the stick bridge.

4. Tell participants that the stick or bridge across the river represents **reducing your partners**.

5. Demonstrate trying to walk across the stick to the island and deliberately allow yourself to fall off. Give other participants a chance to try to cross the bridge.

6. Congratulate those who crossed safely. For those who fell off, assure them that there is another bridge which will help them cross safely.

7. Lay the second stick on the ground next to the first stick about one foot apart. Tell participants that this stick represents **condom use**. Demonstrate walking across the bridge again, but also use the second stick until you get safely to the island.

8. Let participants who fell off the first time with one stick, try again now with two sticks. It should be much easier.

Wrap up of the activity, say

- It helps to focus on the island you want to end up on. If you focus on the problems of life (the dangerous obstacles in the water), you are more likely to fall off.
- When crossing the bridges, encouragement and support from others helps.
- Removing shoes and leaving our bags behind makes it easier to cross safely. In real life, there may be things we need to remove and get rid of in order to stay safe. For example, some cultural practices or gender stereotypes that put pressure on us to have risky sex.
- **Being sober** - when one is drunk or uses drugs, one is much likely to fall into the water.
- The second stick represents correct condom use for every sexual act. Having access to this option helps many people to cross safely. People must choose the prevention measure that is possible in their own environment. **We will explore this further in the next activity.**

ACTIVITY 3: Choosing your boat in the rising flood

In this game we pretend that there is a flood in Lesotho. The flood represents the spread of HIV and AIDS. To be safe from the flood, people in communities need to get into boats. In this game, there are 4 boats representing 4 different HIV prevention methods.

- Boat 1: Abstinence.
- Boat 2: OneLove (you have only one partner, who only has you – Mutual Fidelity).
- Boat 3: Condom Use.
- Boat 4: Partner Reduction (reducing the number of partners you have at the same time).

To be safe from the flood, community members must pick a “prevention boat” that is suitable to their beliefs and their life-situation. Instead of asking group members to share what prevention boat they would climb into, we use “character cards” of different “typical” characters in the community. Often it is easier for people to talk about other people, rather than about their own personal lives. The character cards are in the Toolkit. They include typical characters such as a business man; a woman worker; an older, “traditional” man; a community health worker; a traditional healer; and so on.

Each participant gets a character card. They must tell the story about the life and **sexual relationships** of their card character, and then put their card character onto one of the boats, **or in the water** if they are not using any prevention. Another participant has a turn. Try to encourage the participants to add their characters to existing characters already in the game. Encourage participants to create relationships between the different card characters. For example, if one character is introduced as a married woman, ask if anyone else has the character who is her husband.

The purpose of the game is to acknowledge that people’s life situations sometime restrict what HIV prevention methods they can use. It is not as easy as to just say to someone, use a condom. These things are complex. The game also shows that there are different risk reduction strategies people can use in their given situations. If one prevention boat fails you, you can switch to another boat. The most important thing is that you do not stay in the water.

INSTRUCTIONS

1. Put two pieces of flipchart paper together on the floor. Take the 4 Prevention Boats from the Toolkit and put them onto the flipchart papers. Ask everyone to sit in a circle around the flipchart pages & boats.

2. Set the scenario. Read aloud:

“This is a story about a very serious flood and it shows how people in our community handled it. The waters of this flood have been rising for several years, flooding houses, villages and towns.



Many people do not notice the flood coming and they do not know what caused it. Some people climb on to the roofs of their houses or move to higher grounds to escape. The flood keeps rising.

There are four different boats available for people to escape the flood called - **Abstinence**, **OneLove** [**Mutual Fidelity**: having only one partner who only has you, **Condoms** and **Partner Reduction**. Each person in the community can choose which boat they want to get into depending on their culture, religion, character, age and way of life. Anyone not on any one of the four boats is swimming in the flood water, risking contracting STIs or HIV.

Some people do not notice the flood coming until it is too late. Others see the flood coming but find it very difficult to leave their way of life and so the flood takes them. Some are trying hard to climb back into the boats.”

3. Introduce the card characters. Show participants the typical community card characters, and explain that this activity will involve participants telling stories about these characters and the relationships they have. Distribute the card characters amongst participants.

4. Ask participants with card characters, one at a time, to:

*Introduce your character. Give him or her a name. Make up a story about who they are, what they are like, the relationships they have and what they are doing today. Then put them in a boat according to whether they are at the moment Abstaining, Being Faithful, using Condoms, or reducing MCP [partners at the same time]. If they are not in any of the boats, put them in the water. **Put them where you think they are now, not where you think they ought to be.***

5. Clarify that people can and often do change and use different boats. Illustrate this with the card character that looks like a businessman: *This businessman has a faithful relationship with his wife most of the time. Then he goes away on a business trip. He gets on the Abstinence Boat, but after a week away, he meets a pretty woman. If he decides to have sex with her, he must use the Condom boat; otherwise he will take a dive into the water. Then when he returns to his wife, he may drag her into the water too, even though she has been faithful herself. People often change and use different boats as they go through life.*

6. Allow participants to volunteer to tell the story of their character card and place them in their prevention boat. Do as many characters as you have time for.

ACTIVITY 4: Making decisions to change

The purpose of this activity is to give participants a decision-making tool that they can use when making difficult decisions to change their behaviour. The activity also allows participants to *practice using the tool* to solve problems related to MCP. Participants practice the tool by using it to help Seipati, Ntate Mofokeng & Teboho and Ntate Karabo to solve the problems they are facing and make a decision to change.

INSTRUCTIONS

1. Explain to participants that you will be sharing with them a decision-making tool developed by community workers. The tool can help us to make decisions to protect ourselves from sexual networks and to reduce the number of sexual partners we have at the same time.

Ask participants what things people may consider when they are making important decisions about their lives. Suggestions may include,

- Think about the choices you have
- Consider the positive and negative consequences of each choice
- Seek advice from others
- Stop, take time out to think
- Consider their personal values
- Pray

2. Explain **THE 5 C's OF DECISION-MAKING** using the cards from the Toolkit. There are 5 cards: 1. CRISIS; 2. CHOICES; 3. CONSEQUENCES; 4. COUNSEL; 5. COMMITMENT. These are the 5 steps you can follow when trying to make a difficult decision and then stick to it.

1. **CRISIS:** Describe the problem or decision you are facing.
2. **CHOICES:** What choices do I have? List three **choices** you have to address the problem
3. **CONSEQUENCES:** What are the **consequences** of each choice? Look at both positive and negative consequences.
4. **COUNSEL:** Who can counsel me? Seek wise **counsel** from trustworthy people and decide on the choice you think is best after their suggestions.
5. **COMMITMENT:** What can help me stick to my decision? Implement your decision.

Adapted from CRS, 2008

- 3.** After explaining the 5 Steps, display the cards for the toolkit on the wall for all participants to see.
- 4.** Divide participants into 3 groups. Give each group a DECISION-MAKING SCENARIO from the toolkit.
- 5.** Ask each group to work through the questions following the scenario. Make sure at least one person in each group can read the questions. Give the groups 20 minutes to work on their scenario. Remind the groups to use the decision-making tool explained on the cards on the wall.
- 6.** Group report backs are not essential. But if you do have time, it will be good for the groups to share their discussions with each other.
- 7.** Wrap up the activity by asking participants to help you make a list of all the people and places we can turn to for services, help and support. Remember government, community and individual support.

Scenario 1:

Seipati is a 20 year old girl living in a small room behind the bar. She cleans the bar for the shop owner and he lets her stay. She often looks at the women in the bar and how they get money and drinks from the patrons. Seipati is taking care of her two siblings and does not have money for anything. Her mother passed away 4 months ago and her farther is bedridden. Her young sister must stay home to look after him. No-one in her family will help them because they say that her "mother brought HIV into the family." She feels too ashamed to ask anyone else for help. The owner of the bar has been giving her food and clothes. He has suggested that they meet at a hotel. If you were Seipati what will you do?

- What is Seipati's problem as it relates to MCP?
- What 3 things could Seipati do in her situation? (What choices does she have?)
- What are the advantages and disadvantages of the three choices she has?
- Where could she turn to for help? (government & community support services)
- Who should Seipati seek personal advice from? (trustworthy counsel)
- In reality, what does she decide to do?
- What can help her stick to her decision?

Scenario 2

Ntate Mofokeng is 39 years old. He lives in Maputsoe. He is a "big man" in town. He has a fancy car, is well dressed and always has cash. He is always the last man to leave the bar – and always with a beautiful girl. One the weekends, Ntate has two young girlfriends (who are best friends.) He likes to call them his little twins. Both are in the last year of school. It's a small place and Ntate Mofokeng's wife knows about what he does in town. She is afraid she will contract HIV because of her husband's behaviour. Ntate Mofokeng's friends and male relatives that he was at initiation (traditional school) with, all say they wish they could be like him. Ntate Mofokeng enjoys this attention. It makes him feel good about himself. His friends say he is generous. But now, his wife has said that she will leave him to go live with the children. They have two daughters, both over 20 years old. She also says that she is going to test for HIV. If you were Ntate Mofokeng, what will you do?

- What is Ntate Mofokeng's problem as it relates to MCP problem?
- What 3 choices could Ntate Mofokeng make?
- What are the advantages and disadvantages of the three choices?
- Who should Ntate Mofokeng seek personal advice from? (trustworthy counsel). Where could he turn to for help?
- In reality, what does Ntate Mofokeng decide to do?
- What can help him to stick to his decision?

Scenario 3

Teboho is a migrant worker. He is 25 years old. His home is in Mohale's Hoek, but he works at a clothing factory in Ha Thetsane. He goes home once a month to see his girlfriend. Sometimes he does not go home because he stays in town to drink and party with his friends and his "special girl," Maleshoane. Teboho's girlfriend at home has taken a lover. He lives next door and contributes money to running her house. He is a truck driver. Teboho knows about him, but he doesn't care because now he has more money for himself. One day, Teboho hears from his friends that Maleshoane's ex-boyfriend died of AIDS. If you were Teboho, what would you do?

Same questions as above

Scenario 4:

Ntate Karabo is a science teacher living in the single quarters at a church school in a small village outside Quithing. Six months ago he moved from his house in Maputsoe when he was transferred to the new school. His wife, Mme Nthabi has stayed at home in Maputsoe with their new baby. Ntate Karabo visits once every two months. Due to administrative problems, there have been a few months when Ntate Karabo has been unable to get money to his family. Mme Nthabi borrows money, but this is never enough. She takes matters into her own hands and goes out to a local bar with Ntate Mohapi, a wealthy shop owner who has been flirting with her for years. They start a sexual relationship. This relationship carries on for a few months, with Ntate Mohapi supplementing Mme Ntabi's income from her husband. Mme Nthabi has just found out that she is pregnant. She knows it is Mohapi's child. Last week Ntate Karabo's brother saw Mme Ntabi with her Ntate Mohapi and has threatened to tell her husband.

Same questions as above

Wrap up the activity, say

1. Our lives are complex and it is not always easy to make the choices that will protect us from HIV.
2. Using the 5 steps can make it easier to make difficult decisions.
3. Getting support from family, friends, community members, NGO and government services can help you stick to your decisions.
4. We always have options or choices, no matter how difficult things may seem.
5. We are all here to support, guide and help each other.

Closing Circle: Personal power

The purpose of this activity is show people that we all have personal attitudes, skills and experiences that can help us in changing. That we are strong and can take control of our lives and change those things that put our lives at risk. To change, we need to harness our personal power.

Instructions: Seat participants in a circle. Ask each participant to go around and say **“I am special because...”** They should then say three things about themselves that make them special. Then they should say, **“I can change because”** They should say one thing that they believe they can change. Start with yourself and then go around the circle.

PARTICIPANT TAKE AWAY MESSAGES

Life in a time of HIV and AIDS is bringing many changes to our lives. We need to make changes to our behaviour and help our children to do the same. Making changes in your life and sticking to them is not always easy, but we must keep trying.

Life is like riding a bicycle, you don't fall off unless you stop pedaling”.
***If you are building a house and a nail breaks, do you stop building,
or do you change the nail?***

SESSION 11: CROSSING THE FINISHING LINE

Activity 1: I am special because...	15 min
Activity 2: Learning from our failures	45 min
Activity 3: I have support from ...	20 min
Activity 4: Program evaluation	20 min
Activity 5: Values and Risk Assessment Form	20 min
	2 hours

Session Introduction

Welcome everyone back to the session. Thank everyone for coming. Enquire about late-comers or non-attendees. Ask the volunteers who stayed behind at the last session to give a brief recap of the topics and activities covered in the previous session. Using the PROGRAM POSTER from the Toolkit, show participants which session we are doing today, what the learning outcomes are and what activities we will be doing. Circulate the attendance form, and if there are visitors remember they sign in their own section.

ACTIVITY 1: I am special...

Ask members to think about and complete the sentence: I am special because _____. Ask each member to share their sentences, asking all others to clap after the member has read their sentences.

Remind participants that we should remember all the positive things people have said about us, because it makes us feel good about ourselves and strengthens our self-esteem and the ability to achieve our goals.

ACTIVITY 2: Learning from our failures

In this activity we use pretend “Dear Aunty Agony” letters to offer advice to three characters who are struggling to change their behaviour and stick to it. The purpose of the activity is for people to practice the 5 steps to learning from our failures.

INSTRUCTIONS

- 1.** We all make mistakes. We all set goals and fail to achieve them. Even with the best intentions, there will be times that we will give in to peer pressure or the situation we are in, or we will make a bad decision.
- 2.** But, we need to learn from our mistakes or failures, get up and try again. Denial, blaming someone else, anger with ourselves, guilt and hopelessness are common reactions after making a bad decision, but these do not help us in any way.
- 3.** Often when this happens, we feel uncomfortable about it, but don't really know what we can do about it. It is often easier to blame someone else, or to say that things were out of our control, than it is to take responsibility for what we have done.

4. Taking responsibility for our mistakes and failures is the first step to getting back on the path of change. In this next activity, we will look at a tool called “Learning from Our Mistakes.” This tool will help us get back on track.
5. Divide participants into three groups. Give each group a copy of the LEARNING FROM YOUR MISTAKES card from the Toolkit, as well as one of the LEARNING FROM FAILURE AUNTY AGONY letters from the Toolkit.
6. Ask each group to read the aunty agony letter and prepare a letter in response using the 5 A’s. They should pretend they really are an advice columnist, replying in a magazine.

LEARNING FROM OUR FAILURES

1. **ADMIT** that you have failed.
2. **ACCEPT** responsibility for your failure.
3. **ANALYZE** what went wrong.
4. **ADJUST** your actions and attitude.
5. **ACHIEVE** your goals.

Following the five “A’s” is a way for us to learn from our failures, pick ourselves up and try again until we achieve our goals.

AUNTY AGONY LETTERS: LEARNING FROM FAILURES

Letter 1: I’m addicted to sex, please help!

Please help. I think I am addicted to sex. I am a 22 year old student. I promised myself that I will not have sex with my ex-boyfriend when we are out at parties together. I broke up with my ex-boyfriend months ago and now have a new boyfriend who is working in South Africa. But last Saturday night I went to a party. My ex-boyfriend was there. We started talking about the good old times and one thing led to another and we ended up having sex. This happens all the time. I keep promising myself that I won’t do it and yet I keep doing it, what is wrong with me? Please help.

Advise Lineo using the 5-point plan for accepting responsibility for your actions and learning from your failures.

Letter 2: She won’t let me say NO!

I have been married to my wife for 11 years. Last year I had an affair with a woman at my work. My wife found out and said she would leave me if I did not leave the woman at work. I promised her I would do this. But I can’t resist. The woman at my work keeps chasing after me and inviting me to her house. She just won’t let me say no. I love my wife very much and want to stop this. Please help me keep my promise to my wife.

Advise Tau using the 5-point plan for accepting responsibility for your actions and learning from your failures.

Letter 3: How can I leave flesh on flesh?

I was so worried. I thought I might be HIV positive. I have been very irresponsible in my past, having many sexual partners at the same time. When I tested negative I promised myself that from now on I will use condoms. But every time, in the heat of the moment, I decide not to use it. How can I stop doing this and stick to my promise to myself? Chow, Basetsana

Advise Basetsana using the 5-point plan for accepting responsibility for your actions and learning from your failures.

Wrap up the activity, say

- There is a difference between failing at an activity and being a failure as a person.
- We can learn from our mistakes and failures. The important thing is to learn and not to give up.
- What would you tell a friend who wants to give up because she/he has failed to reach a goal? Tell this to yourself. Be kind to yourself.

ACTIVITY 3: I have support ...

Give each participant half a flipchart page. Ask participants to draw a circle in the middle with three larger circles around it. Explain to participants:

- **The circle in the centre is you.** Ask them to draw themselves.
- **The inner circle is your closest friends.** Ask them to draw their closest friends.
- **The second circle is your other friends and people you can turn to.** This could be a member of the group, your mother-in-law, your sister, a nurse you know, an old teacher of yours. Anyone who might be able to help, advice, or support you.
- **The third circle shows the places where you can go for support.** For example the clinic, the police station, the chief, an HIV Support Group, the church.

Wrap up the activity, say

- Keep this diagram for yourself. Know that there are people to help and support you.
- Think about how you feel when someone trusts and confides in you and asks for help. It makes you feel good to support someone else.
- Give someone a chance to feel that by allowing them to support and help you!

ACTIVITY 4: Program Evaluation

This is an activity for participants to be able to give feedback, review and evaluate the success of the 11 weeks we have spent together.

- 1.** Tell participants that we have come to the end of our 11 week program and C-Change is very keen to hear their thoughts and feelings about the program. Remind participants that this is the first of this kind of a program in Lesotho and we really want to hear their opinions so that we can change the areas that need to change and keep those things that are working well.
- 2.** Ask participants to sit together on the floor in a circle. Place a stick in the centre of the circle. Tell participants that they should speak when they feel moved to speak, but no one should speak for the second time in a row while other people have not yet spoken. When you want to speak pick up the stick,

put it down when you are finished. As the facilitator, you must make sure that each person gets a chance to speak.

Use the following questions:

- **Question 1:** Which session was the most fun, or the most useful, most eye-opening. Which session sticks most in your mind? Make sure everyone gets a chance to speak. If others want to speak again give them a chance. Then move on to the next question.
- **Question 2:** Are there any success stories from this program? Has this program changed your thinking, your attitudes or your behaviour? What can we tell the donor who paid for this program?
- **Question 3:** If you had a chance to change this program, what would you change?

ACTIVITY 6: Values and Risk Assessment Form

Ask participants to complete the values and risk assessment form.

SESSION 11: PARTICIPANT TAKE AWAY MESSAGE

LEARNING FROM YOUR MISTAKES

ADMIT that you have failed.

ACCEPT responsibility for your failure.

ANALYZE what went wrong.

ADJUST your actions and attitude.

ATTEMPT it again.

*Following the five “A’s” is a way for us to learn from our failures,
pick ourselves up and try again until we succeed.*

***“Learning is not just learning things,
Learning should lead to change.
If there is no change, there is no learning.”***