

# Stay Healthy

## A Gender-Transformative HIV Prevention Curriculum for Youth in Namibia

*Prototype, September 2011*



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## A Gender-Transformative HIV Prevention Curriculum for Youth in Namibia

EngenderHealth/RESPOND and LifeLine/ChildLine  
*Prototype, September 2011*



## **About EngenderHealth**

EngenderHealth is a leading international reproductive health organization working to improve the health and well-being of people living in the world's poorest communities. EngenderHealth empowers people to make informed choices about contraception, trains health providers to make motherhood safer, promotes gender equality, enhances the quality of HIV and AIDS services, and advocates for positive policy change. The nonprofit organization works in partnership with governments, institutions, communities, and health care professionals in 25 countries around the world. Over seven decades, EngenderHealth has reached more than 100 million people to help them realize a better life.

## **About LifeLine/Childline (LL/CL)**

LifeLine/ChildLine is a Namibian civil society organization affiliated with LifeLine Southern Africa and ChildHelpLine International. Founded in 1980, its original purpose was to provide counseling by telephone to people in crisis. While counseling and counseling training remain its core business, the organization's purpose has expanded to promote emotional resilience in its broadest sense. Through training and by working alongside children and adults at the community level, LL/CL enables people and communities to better address the challenges they face in order to have better, healthier, and safer lives. In a country with high HIV and domestic violence prevalence and unusually high levels of child abuse, the building blocks the organization works with include those that address behavior change to promote greater gender understanding and equity, HIV prevention, and child protection. LifeLine/ChildLine works with other civil society organizations, the Namibian government, and national and international development partners to achieve its goals.

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This curriculum was designed for use in classroom settings in Namibia, based on behavior change theory and a logic model tailored to the realities of youth and the HIV/Aids epidemic in that country. As of September 2011 it has not yet been field tested. However, initial feedback from youth and facilitators is very positive. Therefore, this version should be considered a nearly final working draft, which maybe slighted modified based on any additional feedback from Namibian youth or facilitators. It is also designed to be easily adapted for other African countries that have high HIV prevalence

A number of individuals contributed to the creation of *Stay Healthy: A Gender-Transformative HIV Prevention Curriculum for Youth in Namibia*. EngenderHealth staff members Nhlanhla Mabizela, Jeffery Monakisi, Mogomotsi Mfalapitsa, Gugulethu Dubazana, Lindiwe Farlane, and Kent Klindera identified and adapted an initial collection of learning activities that would later be incorporated into the final version of the curriculum. Many of these concepts and learning approaches were adapted from EngenderHealth’s Men As Partners® (MAP) manual titled *Engaging Boys and Men in Gender Transformation: The Group Education Manual*, as well as from other HIV prevention and gender transformation education resources.

Kent Klindera worked with LifeLine/ChildLine colleagues Nortin Brendell, James Itana, and Flavian Rhode to facilitate a weekend workshop with youth from ChildLine *Uthami* Radio, Changing of Lifestyles (COLS) and Development Aid from People to People/Total Control of the Epidemic (DAPP/TCE) in Namibia. These young people were instrumental in helping our team revise and strengthen activities. In addition, feedback on activities was provided by Paul Phakathi and Siphwe Beresford from the Personal Concepts Project (PECOP), based in Emdeni, Soweto, South Africa, and by Gabrielle Hecker and Lucio Verani from EngenderHealth’s New York office.

EngenderHealth’s Senior Technical Advisor and Team Lead for Gender and Men As Partners, Lori Roller, worked with the LifeLine/ChildLine Team—specifically, Nortin Brendell and James Itana—to develop a theory of change and logic model for the curriculum. Ms. Roller worked closely with Steve Bean, a curriculum specialist from Education, Training and Research Associates (ETR), Nortin Brendell, and James Itana, to make final revisions and adaptations to the curriculum. Mr. Bean made several original contributions to the curriculum, including the “Eight Truths to Live By” and all take-home discussion assignments. Learning activities addressing the reduction of concurrent partners were adapted from: Kirby, D., et al. 2011. Reducing HIV transmission: Curriculum-based activities designed to reduce number of sexual partners and concurrent sexual partners. Unpublished. Scotts Valley, CA: ETR Associates.

Several EngenderHealth Headquarters staff and consultants also made important contributions to this curriculum. Nancy Yinger served as manager for the RESPOND Project and Sara Malakoff as program associate. Pauline O. Hovey copyedited the final draft of the curriculum, Elkin Konuk was responsible for production design, Michael Klitsch managed the publication process, and Paul Perchal reviewed several sections of the curriculum for medical accuracy.





## About the Curriculum

The overall goal of *Stay Healthy: A Gender-Transformative HIV Prevention Curriculum for Youth in Namibia* is to prevent HIV infection among Namibian youth aged 13–18. *Stay Healthy* focuses on changing three key behaviors directly related to HIV infection by accomplishing the following: (1) delaying the onset of sexual intercourse, (2) increasing the correct and consistent use of the male condom among sexually active youth, and (3) decreasing multiple concurrent partners among sexually active youth. The reasons why some Namibian youth engage in these behaviors while others do not were identified through a careful analysis using the Behavior-Determinant-Intervention Logic Model.<sup>1</sup> These reasons, or determinants, are the focus of all learning activities in *Stay Healthy*.

A total of 25 distinct psychosocial determinants associated with each of these behaviors were identified through various assessment activities, including discussions with Namibian youth, discussions with Namibian adults who work with youth, and a thorough review of the literature on effective sex and HIV education programs. Several well-established theories, including social cognitive theory, the theory of planned behavior, and a gender-transformative programming approach, also informed the selection of the psychosocial determinants linked to learning activities in the curriculum. The 25 determinants fall within the following 10 broad categories: (1) knowledge, (2) attitudes, (3) beliefs, (4) values, (5) peer norms, (6) gender norms, (7) skills and self-efficacy, (8) future goals, (9) parent-child communication, and (10) intentions. The association of harmful gender norms with risky sexual behavior is a *Healthy from HIV*, the three behaviors it aims to change, the determinants of these behaviors, and the learning activities designed to change those determinants can be found in the curriculum's theory of change logic model found in Appendix A.

*Stay Healthy* is a highly interactive curriculum comprised of 18 45-minute sessions (a total of 13.5 hours). Sessions were designed to be completed in 45 minutes to accommodate the typical class schedule in Namibian schools. We recommend that *Stay Healthy* be delivered twice a week over a period of nine weeks to obtain optimal student engagement while also allowing time for reflection and practice in real life. *Stay Healthy* may also be facilitated in nonschool settings, and sessions can be combined for longer sessions. For example, sessions can be combined to create nine 90-minute sessions, depending on the availability and needs of youth and facilitators. Because of the interactive nature of activities, we recommend that a maximum of 20 youth participate in each session.

## Learning Objectives

Upon completing *Stay Healthy*, youth participants will be able to do the following:

1. Plan for future goals and describe how unprotected sex could interfere with their goals
2. Describe how human sexuality develops across the lifespan
3. Describe how HIV is transmitted, what the consequences are of contracting HIV, and how HIV can be prevented (with an emphasis on delaying sex, using condoms, and decreasing concurrent sex)
4. Assess their personal risk for HIV infection

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<sup>1</sup> Kirby, D. 2004. *Logic models: A useful tool for designing, strengthening, and evaluating programs to reduce teen pregnancy*. Scotts Valley, CA: ETR Associates.

5. Exemplify positive values and attitudes related to health, sexual activity, HIV prevention, relationships, and future goals
6. Examine the costs related to adhering to traditional gender norms and redefine these norms
7. Describe the characteristics of healthy and satisfying relationships
8. Describe alternative ways to express intimacy with a partner other than sexual intercourse and assess acceptability of these alternatives
9. Identify situations that may lead to unsafe sexual behavior and describe ways to avoid these situations
10. Refuse unwanted sex and unprotected sex
11. Use a male condom correctly and consistently
12. Negotiate safer sex with a partner
13. Express their intentions to engage in safe sexual behaviors

Learning objectives for each of the 18 sessions are found at the beginning of each session plan, along with a rationale for the session and key “take-away messages.” The session objectives break these larger objectives down into manageable pieces for each lesson. All learning activities in *Stay Healthy* are intentionally linked to learning objectives. As such, we do not recommend removing any of the learning activities during facilitation of the curriculum.

## **Gender and Its Influence on Health**

Around the globe, many societies hold rigid beliefs and expectations about what behaviors, roles, and attributes are deemed appropriate for men and for women. For many men, the norms for being masculine include always being tough and strong, taking risks, being aggressive, being competitive and dominant, and not asking for help. For many women, the norms for being feminine include acquiescing to the interests and desires of men, being passive, and being the caretaker/nurturer of family members. While not all norms about gender<sup>2</sup> are necessarily bad, gender norms that constrain access, limit participation and expression, and create an imbalance in power have serious implications for the health and well-being of both men and women.

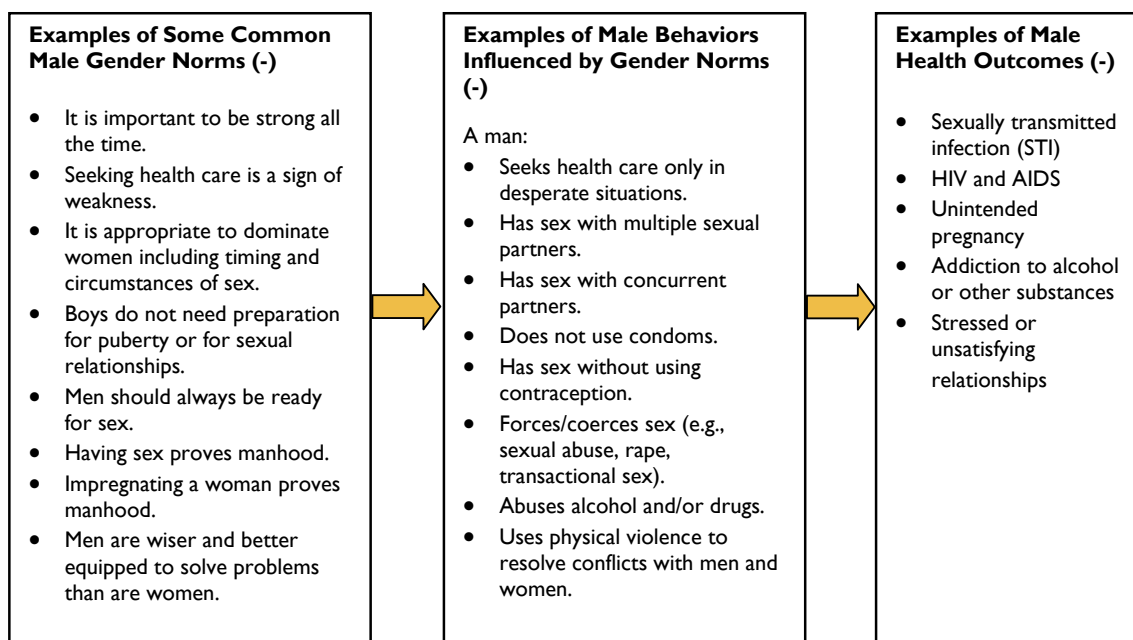
Harmful norms about gender are powerful drivers of poor reproductive health outcomes, including HIV infection, unintended pregnancy, and maternal mortality/morbidity. Rigid constructions of gender can influence a range of risk-related behaviors, including concurrent sexual partners, unprotected sex, rejection of HIV testing and treatment, and coerced or forced sex. Figures 1 and 2 (page 3) illustrate how harmful gender norms are linked to negative health outcomes for men and women.

Gender norms are socially constructed in contrast and in relation to each other. Therefore, to change harmful gender norms in a sustained way, *both* women and men must be engaged in transforming these norms into healthier ones. The empowerment of women is critical, as is the engagement of men, in supporting the health and well-being of men and women, their partners, and their families.

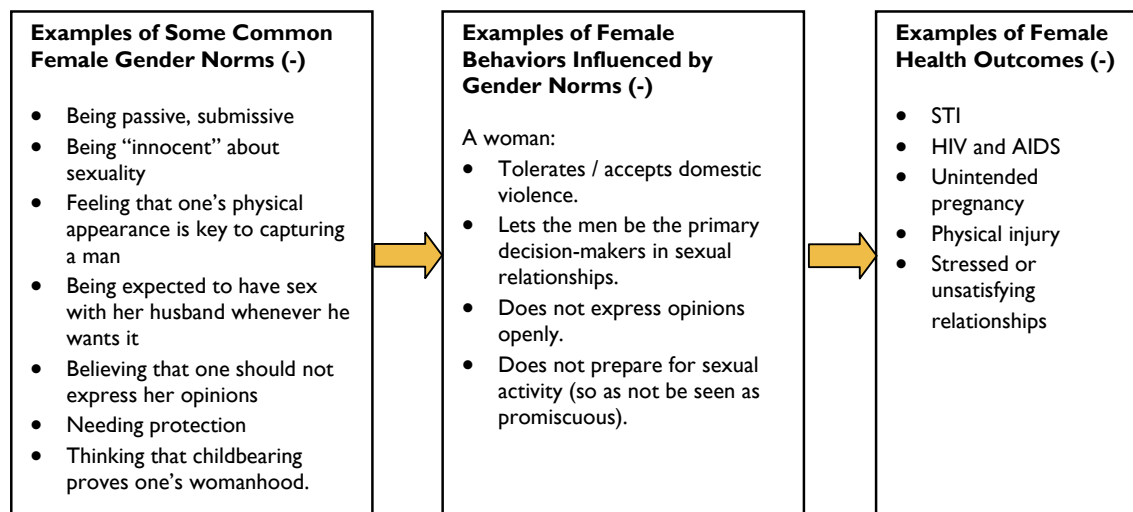
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<sup>2</sup> The term gender refers to society’s expectations about what it means to be a man/boy or a woman/girl. “Gender” is different from “sex,” which defines whether we are male or female based on our biology (genitals, internal reproductive organs, chromosomes and hormones).

**Figure 1. The Influence of Common Male Gender Norms on Sexual Behavior and Health Outcomes**



**Figure 2. The Influence of Common Female Gender Norms on Sexual Behavior and Health Outcomes**



Recent reviews have found that the most effective interventions at changing harmful gender norms take a gender-transformative approach.<sup>3</sup> This approach was used in designing *Stay Healthy* and is described in the next section.

3 Greene, M. E., & Levack, A. 2010. *Synchronizing gender strategies: A cooperative model for improving reproductive health and transforming gender relations*. Washington, DC: Population Reference Bureau; and Barker, G., Ricardo, C., & Nascimiento, M. 2007. *Engaging men and boys in changing gender-based inequity in health: Evidence from programme interventions*. Geneva: World Health Organization.

## Applying a Gender-Transformative Approach

In 2000, Geeta Rao Gupta, then the president of the International Center of Research on Women (ICRW), presented a continuum of gender programming designed to help program developers and program practitioners better incorporate a gender perspective to achieve greater impact. Under this continuum, four types of approaches to gender integration are described: (1) gender-exploitative, (2) gender-blind, (3) gender-accommodating, and 4) gender-transformative.

1. **Gender-Exploitative:** These types of programs are harmful because they take advantage of traditional gender roles to achieve project outcomes. Although the program's strategies may contribute to the desired outcomes, the outcomes are unlikely to be sustainable because they do not address root issues and can have significant, harmful consequences. For example, a social marketing program that promotes an aggressive image of masculinity to sell condoms can be dangerous because it reinforces traditional roles of men being the dominant partner in sexual relationships. Although it is possible that this type of campaign can increase condom use, it can also encourage gender-based violence.
2. **Gender-Blind:** Gender-blind programs are programs that do not address gender norms in any significant way. The program does not acknowledge the role that gender beliefs, attitudes, and norms play in influencing behavior. These programs are not necessarily harmful, but they miss an opportunity to talk about the role gender has in developing relationships and practicing safer sex.
3. **Gender-Accommodating:** These programs recognize and respond to existing gender norms and inequities and seek to implement strategies that adjust to these norms. These programs do not actively seek to change the norms and inequities, but they try to limit any harmful impact on gender relations. A program that promotes children's immunizations among women recognizes that women are the primary caregivers in most societies, and this program would therefore be accommodating to this gender role. Gender accommodating programs are important, but they are not sufficient, in that they do not fundamentally alter the balance of power between gender roles.
4. **Gender-Transformative:** Effective gender-transformative interventions aim to accomplish three tasks: (1) raise awareness, (2) question gender norms, and (3) redefine harmful gender norms. Gender-transformative programs take an ecological approach; that is, they aim to change multiple forces in a person's environment that may be perpetuating harmful gender norms, including in schools, workplaces, families, health centers, media, and public policy. *Stay Healthy* is an example of a gender-transformative program because it raises awareness about common gender roles for young men and women living in Namibia, employs interactive activities that get students to question the costs of rigid gender norms, and supports students in redefining harmful gender norms into more equitable ones. The program encourages participation from peers, teachers, and parents—three important forces in a young person's environment.

## Working with Namibian Schools

Implementing *Stay Healthy* within the educational system is a key strategy to reaching large numbers of youth. However, organizations interested in implementing a gender-transformative HIV prevention intervention within a school system must ensure strong buy-in and commitment from teachers, school leaders, and policymakers. This may be challenging in some cases, as the topics of HIV, sexuality, and gender equality can be controversial and sensitive. The process of establishing buy-in may require a significant effort. Some key talking points that may help convince key stakeholders of the value of the *Stay Healthy* curriculum are listed below.

## Talking Points to Support *Stay Healthy*

- HIV infection is a serious problem in Namibia, and youth, including the youth enrolled in your school, are the fastest growing demographic group becoming infected.
- HIV prevention curricula have been demonstrated to change adolescent sexual behaviors, producing a delay in initiation of sex, increasing the use of condoms, and decreasing the number of sexual partners. *Stay Healthy* is based on many of the principles of effective, evidence-based curricula.
- There is no evidence that effective, evidence-based sexuality and HIV education curricula encourage youth to become sexually active.
- Harmful gender norms, such as the beliefs that “having sex with multiple partners proves one’s manhood,” that “women should be subservient to a man’s desires,” or that “using condoms is a sign of weakness,” are fueling the HIV epidemic. *Stay Healthy* challenges these norms head-on and works with youth to redefine them.
- *Stay Healthy* is highly interactive and participatory by design. It aims to keep youth highly engaged and provides multiple opportunities for them to learn and practice important life skills such as maintaining healthy relationships, communicating effectively, setting boundaries, and learning to negotiate.
- *Stay Healthy* encourages student-family discussion about the HIV prevention and gender norms.
- *Stay Healthy* facilitators are highly trained in adolescent development, HIV prevention, human sexuality, and gender equality, and they have the skills, knowledge, and comfort to effectively facilitate this curriculum with young people.
- *Stay Healthy* is a relatively low-cost intervention. Only a few supplies are needed: a copy of the curriculum, paper, pencils, a chalkboard or flipchart paper, and copies of curricular handouts.

Once buy-in and commitment are established, we recommend that the organization coordinating the implementation of *Stay Healthy* do the following:

- **Obtain a Letter of Support from the Provincial Department of Education.** A letter of support from the Provincial Department of Education indicates its awareness of and support for implementing the curriculum in the province’s schools.
- **Sign a Memorandum of Understanding with Site School(s).** Present the letter from the Provincial Department of Education to the headmaster of the school(s) where you want to implement the curriculum. Such a letter will often facilitate the development of a memorandum of understanding between the organization coordinating the implementation of the curriculum and the school’s headmaster. The memorandum should clearly outline three things:
  1. The services and resources your organization will provide (e.g., a copy of the curriculum, delivery of 18 sessions of *Stay Healthy* to “x” number of youth)
  2. The services and resources the school will provide (e.g., coordination of schedules with teachers and students, paper, pencils)
  3. The program timeline

The school should agree to coordinate parental consent for children to participate in the curriculum. Barring parents’ refusal to provide consent, the school should make student attendance in the program compulsory, as required in other academic subjects.

- **Conduct an Orientation Meeting for School Staff.** Schedule an orientation meeting with teachers and other relevant school staff to describe the curriculum and its activities and to discuss logistics, scheduling, and other matters. Answer questions, identify potential obstacles, and solve any potential problems.

- **Obtain Parent/Guardian Consent.** Parents should be informed about the curriculum in advance. Routine procedure requires parents to sign a letter consenting to their child's participation in this type of curriculum. Students should not participate in the implementation of the curriculum without a signed copy of a parent consent form. Allow sufficient time to obtain signed consent forms before the start of the curriculum. A sample consent form is found in Appendix B.
- **Consider a Parent/Guardian Orientation Meeting.** Often parents want more information about a program like *Stay Healthy* and want to learn how they can talk to their children about issues such as HIV prevention, gender norms, male/female relationships, and sexuality. Consider hosting a meeting lasting one to two hours for parents/guardians before or during the implementation of the curriculum. Describe the *Stay Healthy* curriculum and the knowledge and skills it aims to teach young people. Describe the four take-home discussion assignments and encourage parents/guardians to participate in these interviews. You may also want to help parents/guardians learn how to communicate with their children about these important issues and share their values. Parents are after all the primary sex educators of their children. Consider having written materials such as a pamphlet or fact sheet about HIV prevention, gender norms, or parent-child communications to give to parents. Be ready to share information about local community resources (e.g., where to obtain HIV testing, where to obtain reproductive and sexual health services).
- **Identify a Resource Teacher.** Be sure that the school identifies in the memorandum of understanding at least one teacher who can serve as a resource person for students. As a resource person, this teacher will make himself/herself available to answer youth's questions that may arise after the *Stay Healthy* is completed and he/she will make referrals to community resources. The teacher should feel comfortable talking about the issues addressed in the curriculum and should be regarded by students as approachable and trustworthy. This teacher should be familiar with the services available in the community to help youth or should be provided with a resource and referral list. The availability of this resource teacher should be clearly communicated to students and parents.

Remember that youth can also be reached outside of the school system, through after-school clubs, sports teams, religious organizations, and neighborhood gathering places. Facilitating *Stay Healthy* outside of a school context may also be a good strategy to reach youth who are not enrolled in school.

## Planning to Implement *Stay Healthy*

Before implementing *Stay Healthy*, take some time to prepare. Consider the following recommendations.

### Know the Audience

Try to find out as much as you can about the students with whom you will be working before you begin facilitating the curriculum. Consider asking the school the following questions:

- Have the students previously received any life skills, sexuality, HIV prevention, or gender norms education? If so, what did they learn?
- How literate are the students? Will they be able to read worksheets and handouts?
- Is there open discussion in the school about students who are HIV-positive or have family/friends who are HIV-positive? How are these students treated? What is the level of stigma associated with HIV?
- Does the school have any recent history of gender-based violence?

- Are particular norms, beliefs, myths, or attitudes about HIV, adolescent sex, or gender present among students? If so, how can you incorporate these into the curriculum?

The answers to these questions will help you think about adaptations you might want to make to the curriculum as well as any particularly sensitive issues that should be addressed.

Additionally, be sure to consider the following issues: How youth-friendly are community resources? If you refer a student to the local public health facility, will he or she be treated with respect? Is there a need to do an orientation/training with these community resources about how to best serve youth?

### **Know the Curriculum**

Read through the entire curriculum before you begin. Make sure that you understand the learning objectives and steps for each activity before you facilitate it. If you are confused or concerned about any of the information in the curriculum, find another curriculum facilitator or a written resource that can help you. The curriculum is designed to be delivered in the sequential order in which it is written, because many of the sessions build on knowledge and skills from previous sessions. Plan to facilitate the sessions in the order in which they are presented in the curriculum.

Each of the 18 sessions was carefully designed to change the key determinants identified in the theory of change for this intervention. The curriculum is like a recipe, in that it is important to include all ingredients in the specified quantities. Reducing or eliminating activities may impact the effectiveness of the curriculum, just as reducing or eliminating ingredients in a recipe may change the taste or appearance of a certain dish. You may find the need to adapt some sessions due to the specific needs of the youth with whom you will be working. This is acceptable as long as the essence of the learning activities is not lost.

### **Know Yourself**

It is critical that you, as a facilitator, are comfortable with the content and teaching methods of this curriculum. If you are uncomfortable talking about sexuality, HIV, and gender equality, then the young people you are working with will most likely feel uncomfortable. Therefore, you must not only be comfortable with this material, but also be able to communicate with youth in a way that shows you are at ease and are willing to help them better understand it. Being prepared also means that you should think through your own values and ideas about adolescent sexuality, HIV, and gender equality. Are you uncomfortable with the idea of teenagers having sex? Are you respectful and compassionate toward people who are infected with HIV? Do you believe that men and women should have equal access to resources, power to make their own decisions, and freedom from domination, discrimination, and violence? If you answered “no” to any of these questions, you will have some difficulty facilitating *Stay Healthy*.

### **Know Your Cofacilitator**

Meet with your cofacilitator (if you plan to have one) before you facilitate the curriculum. Take time to decide who will lead which activities and how you will transition back and forth between each other. Ask your cofacilitator about the kind of support he/she would like while facilitating the curriculum and vice versa. For example, you may want to agree that when one of you is facilitating an activity, the other stays in the room and helps out by writing notes on the flipchart and so on. Take a few minutes after each session to check in with each other and make sure that cofacilitation is working well. Whether or not you realize it, you will be modeling respectful communication and possibly gender equality when you cofacilitate; be cognizant of how you interact with each other when you are in front of the youth.

## **Know the Space**

Before delivering the curriculum, visit the room(s) where you will be working, to help you plan and create a positive environment for learning. The room where you facilitate *Stay Healthy* should have sufficient light and space for the participants to get up and move around during learning activities; corners, nooks, or “break-out rooms” for small group work; and space to hang papers/flipcharts on walls. If possible, arrange chairs in a big circle or a horseshoe shape, to encourage discussion and connection among students. By visiting the site ahead of time, you will have an opportunity to find another room in which to facilitate *Stay Healthy*, if the assigned room is not suitable.

## **Prepare Materials**

Each session plan has a section called “Advance Preparation.” This section provides the facilitator with a list of items to prepare before conducting the session. For example, you may need to make photocopies of a handout or worksheet or write up a poster/flipchart. If possible, make sure you have enough copies of handouts for all of the participants—this will help minimize the distractions and side conversations between students that occur when they must share resources. Be aware that most sessions require that you write out information on flipchart sheets beforehand. If the materials cannot be easily accessed, feel free to improvise. For example, flipchart paper and markers can be replaced by a chalkboard and chalk.

## **Understand Reporting Obligations**

During one of the learning activities, a participant may be reminded of a painful memory or experience (e.g., present or past sexual abuse). Try to be conscious of these possibilities and be prepared to refer participants to local support services, if necessary. Consult with school staff and relevant social work professionals to identify appropriate and available support services. Learn what the reporting protocols are for you as a facilitator in a school. For example, if a student comes to you after the session and tells you that she has been raped, are you obligated to tell school officials or the justice system?

## **Confirm Logistics**

Make sure that the participants and the school coordinator know the date, time, and location of sessions. You may or may not be responsible for gathering the participants for the workshop; if you are not, it is a good idea to make sure that the people who are have the correct information.

## **Prepare for Evaluation**

When possible, evaluate both the process and the outcomes of *Stay Healthy*. *Process evaluation* examines how the curriculum is being implemented, if it is being implemented as planned, and if it is serving its target audience. Data collected from a process evaluation are often used to improve the intervention and/or delivery of the intervention. Process data are often used to report to a funder or apply to a new funder. A process evaluation asks questions such as the following:

- How many sessions were implemented?
- Were the sessions implemented in their entirety or were they shortened? Why were sessions shortened?
- Were sessions adapted in any way? How were they adapted? Why were they adapted?
- How many students were reached?
- What is the demographic description of the students reached?
- How long did it take to implement the entire curriculum?
- How much did it cost to implement the curriculum?
- How satisfied were the students? Did they enjoy the program? Were they engaged?



- How satisfied was the school? How satisfied were the parents?
- What was the facilitator’s experience in implementing the curriculum? Is further facilitator training needed?

*Outcome evaluation* focuses on the changes that occur in those who participated in the intervention. Outcome evaluation should be linked directly to the overall learning objectives of the curriculum. Typically, the changes that are examined in an outcome evaluation are changes in HIV rates or the behaviors directly related to HIV (in the case of *Stay Healthy*, these behavior changes would be a delay in sexual initiation, an increase in condom use, and a reduction in concurrent sexual partners). Outcome evaluation may also examine changes in the determinants that influence the sexual behaviors listed above, such as knowledge, attitudes, beliefs, skills, and intentions. An outcome evaluation requires conducting a pretest and a posttest to compare findings and determine if change occurred. Outcome evaluations should use questions that have been shown to be statistically valid and reliable—that is, the questions actually measure what you intend to measure and are interpreted accurately by the respondents. Such questions are often posed in the form of multiple choice, matching, Likert-scale, closed-ended questions, and open-ended questions.

## **Dealing with Challenging Situations**

### **Student Disclosure of Sensitive Issues**

Participants should be alerted at the outset that *Stay Healthy* will discuss topics such as sexuality, healthy relationships, gender norms, and HIV and AIDS. Let students know that some of these topics might be difficult to discuss, especially if a student has been personally affected by HIV, an unintended pregnancy, or sexual abuse. Assure the students that they are under no obligation to contribute to any discussion that feels uncomfortable. Issues of voluntary participation and the right to “pass” are also important to make clear during the first session, when discussing group agreements. While the group will commit to keeping information shared in class confidential, you as the facilitator are obligated to report issues of sexual abuse or threats of harm to the students or other people.

Child abuse must be reported for several reasons, most importantly to protect the child from further abuse and to stop the abuser from abusing other children. The Child Protection Programme in Namibia has a toll-free “116” number to report cases of child abuse. LifeLine/ChildLine has a counseling center and a crisis hot line at “232221.” Either children or adults can call to make a report or get support.

If a student does disclose information of a personal nature, consider taking the following steps<sup>4</sup>:

- Acknowledge that the student has shared something of a sensitive nature. Demonstrate to the student that you believe him/her. Do not minimize or ignore what the student has shared.
- The student may have unintentionally shared something personal. If this is the case, thank the student for sharing and move to the next discussion question or activity. If you think that the student actually wants to talk about the sensitive topic, be cautious about allowing this in class. While the topic may be okay with him or her, it may make other students uncomfortable. This can disrupt the session, distract students, and derail the achievement of session objectives.
- Follow up with the student after class and assure him/her that you will assist in getting help, if appropriate or needed.

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<sup>4</sup> Adapted from Guidelines for Handling Disclosures of Child Sexual Abuse, Resource Center for Adolescent Pregnancy Prevention, ETR Associates: [www.etr.org/recapp/index.cfm?fuseaction=pages.EducatorSkillsDetail&PageID=81#HandlingDisclosure](http://www.etr.org/recapp/index.cfm?fuseaction=pages.EducatorSkillsDetail&PageID=81#HandlingDisclosure).

- If the student shared that he/she is being sexually abused or intends to harm him/herself or another person, tell the student that you are obligated to report this and cannot keep it a secret. You will tell only those people whom you are required to tell and no one else.
- Discuss the case with your supervisor and call the Child Protection Programme at 116.

### **Disruptive Behavior**

Some students may ask questions or make comments during class discussion simply to see if they can rattle the facilitator or make other students laugh. Others may engage in distracting behavior or side chatter without realizing they are being disruptive; in other words, their intent is not to annoy anyone. Sometimes side chatter may actually be an indication that youth are interested in the session activity or topic. When students demonstrate these behaviors, consider the following actions:

- Simply ignore the behavior if the behavior is relatively harmless to the group process.
- Use stillness and vocal pauses to draw attention back to the facilitator, or stop the group discussion and calmly tell the group that it is difficult to hear when more than one person is talking.
- Position yourself close to the disruptive student(s). Sometimes spatial proximity with the facilitator discourages disruptive behavior. If this proximity does not change the behavior, touching the student lightly on the shoulder while you continue to deliver the session can be the next step, if such touch can be done appropriately.
- Refer to the group agreements when needed (for example, “do not interrupt others who are speaking,” “be respectful,” or “no insults or put downs”).
- Approach the student and bend down so that you are eye level with the student. Softly tell the student that you need him/her to stop doing whatever disruptive behavior he/she is engaging in so that you can continue the session. Ask the student if he/she can do that for you. Do not yell at the student or embarrass him/her.
- Engage the student who is disruptive. Ask his/her opinion, experience, or thoughts on the last question; get him/her to refocus.
- Generously provide positive feedback to positive behavior in class.
- Be respectful and polite with your requests: “Please sit down.” “Thank you for listening.”
- If a student is unable to stop a disruptive behavior, enact an appropriate consequence (e.g., ask the student to take a “time out,” or ask the student to leave the classroom). Follow up with the student and explain why the disciplinary action was taken. Tell the student that you very much want him/her to be in the class, and ask if he/she can recommit to following the group agreement and not engage in behavior that disrupts teaching and learning.

### **Personal Questions Posed to the Facilitator**

Most people are curious about people they meet. It is not uncommon, therefore, for students to ask facilitators personal questions, such as “When did you first have sex?” or “Do you think it’s okay to have sex if you are not married?” or “Are you gay?” If a personal question is posed to you, consider the following:

- Ask students why they want to know. “How would it help you if I told you when I first had sex?”
- Tell the student that you are here to facilitate the *Stay Healthy* program and to talk about students’ decision making. You are not here to talk about your personal decisions. For many people, sexuality is something personal and not to be shared with everyone.

- If you decide to answer the question, ask yourself, *what will sharing my experience teach or add?* If you do not think you have a lesson to share, it is probably best not to disclose your personal experiences.
- Be mindful of what you communicate with body language.

### **Quiet Students**

Some students may be more introverted than others. It is not a good idea to “force” students to participate or to embarrass or shame them into participating. Sometimes a gentle nudge may help students feel more engaged or open up to participating more. Consider the following:

- Address the student by name and ask intermittently if there is anything he or she would like to add or comment on.
- Give the student a role, such as timekeeper or scribe.
- Talk to the student after class and see what he/she thinks of the program and if there is anything he/she would change to make it better. Let him/her know that his/her opinion is important to you. Thank the student for his/her attentiveness in class.
- Think about including “nonpublic” ways for students to share their thoughts, such as in a journal or in quick-response writing assignments.

### **Value- and Opinion-Related Questions/Comments**

Sometimes students will pose a question that does not have one right answer. Frequently, these questions relate to a student’s efforts to determine his/her own values. The student may pose the question or comment to get the facilitator to give him/her clear direction on a decision that the student is trying to make or anticipates having to make. The student may be inadvertently playing devil’s advocate to better understand alternative points of view. Some examples might be: “Is it okay for teenagers to have sex?” or “Boys need to have sex more than girls.” If faced with such questions or comments, consider using the following facilitation techniques:

- Repeat and/or clarify the question if needed. For example, say something like: “Let me see if I understand what you are asking...” or “So, what you want to know is...” This will give you a few moments to make sure they are asking you a value-related question and will allow the student a chance to clarify.
- Acknowledge that the student asked a good question and that there is more than one answer.
- Find out what the student knows about the question. What is his/her opinion?
- Pose the question to the entire class; encourage students to share their diversity of values/opinions. Say something like: “What do other people think about that?” or “Does everyone agree with the statement just made?” or “How do you think other people (e.g., men, women, parents, clergy, etc.) would feel about this issue?”
- Remind students to consult with their parents, clergy, or other trusted adults.
- Be mindful of what you communicate with body language.

## Notes

### Your Life Now and in the Future

#### Rationale

“Your Life Now and in the Future” is the first of 18 sessions in the *Stay Healthy* curriculum. This first session is focused on establishing group rapport and encouraging youth to think about future goals. When a group is convening for the first time, it is important that members build a sense of camaraderie by finding out what they have in common and by having fun together. It is also important that the group begins to build a sense of trust. The session also focuses on having the participants think about their futures and how HIV infection might pose a barrier to achieving their future goals. This will strengthen the participants’ motivation to avoid HIV at-risk behaviors.

#### Learning Objectives

*By the completion of this session, the participants will be able to:*

1. Identify at least three participants who were previously unknown to them with whom they have something in common.
2. Identify that there is a health-related purpose to the program and that the program has several key messages designed to guide them in being healthy.
3. Identify at least one goal that they have for the future and how contracting HIV would make achieving this goal more difficult.

#### Important Take-Away Messages

1. Namibian youth are at risk for HIV infection.
2. The *Stay Healthy* program teaches youth the necessary knowledge and skills and helps youth find support they need to stay healthy and prevent HIV infection.
3. The program offers eight truths about how to “Stay Healthy.”

#### Time

45 minutes

#### Materials

- Markers
- Blank paper
- Eight Truths to Live By poster
- Group Agreements poster
- Flipchart paper, a chalkboard, or a dry-erase board
- Writing implements for participants—pens and/or pencils
- Masking tape
- Worksheet 1: In 15 Years... (one copy per participant)

## **Advance Preparation**

1. Review the session plan.
2. Write out the *Stay Healthy* Program's Eight Truths to Live By on posterboard, flipchart paper, or a black/white board.
3. Write out session agenda on a poster board, flipchart paper, or blackboard/whiteboard:

### AGENDA

1. Welcome & Truths
  2. Agenda Review
  3. "Get to Know You" Activity
  4. Group Agreements
  5. "In 15 Years..."
  6. Closing
4. Review the instructions for the Name Rap game and get ready with an alliteration and a motion for yourself so you can take the first turn in the Name Rap get-to-know-you game.
  5. Write the group agreements on posterboard, flipchart paper, or the chalkboard.

## **Procedure**

### **Welcome & Truths**

#### **6 minutes**

1. Introduce yourself as the facilitator.
2. Welcome everyone as a group to the program.
3. Explain to the group that the purpose of the *Stay Healthy* program is to help them acquire the necessary knowledge, skills, and support from their friends and family that will help them stay healthy. Explain how, in particular, the *Stay Healthy* program wants to help them avoid becoming infected with the Human Immunodeficiency Virus, or HIV, a virus that is widespread in Namibia and that has claimed the lives of so many Namibians.
4. Explain to the group that the *Stay Healthy* program has a few simple truths to share with youth about how to stay healthy and avoid HIV infection. The *Stay Healthy* program is based on experience and on scientific research showing that if individuals live according to these simple truths, they are unlikely to become infected with HIV. Explain that because of the practical value of these truths, they are called "*Stay Healthy* Truths to Live By."
5. Present the "*Stay Healthy* Truths to Live By," written on a poster or board (see page 15). Read the truths to the group out loud. (Alternately, if you have extra time for the session, ask volunteers from the group to each read one truth.)
6. Explain that as the participants go through *Stay Healthy*, they will learn more about these truths and will acquire the knowledge and skills to live by them.

### **Stay Healthy Truths to Live By:**

1. REAL FRIENDS HELP YOU STAY HEALTHY—Avoid people who steer you toward choices that could lead to HIV infection.
2. DISCRIMINATION HELPS HIV—Men and women who treat each other unequally contribute to the spread of HIV.
3. FIND SUPPORT TO STAY HEALTHY—We need help from our friends and family to keep us away from behaviors that will infect us with HIV or transmit HIV from us to others.
4. STAYING HEALTHY IS SEXY—You can have a great romantic relationship **and** stay free from HIV or not transmit it to others.
5. SUCCESS BEFORE SEX—Abstaining from sexual intercourse until after you have begun achieving your life’s goals is a good way to stay healthy.
6. YOU MUST USE CONDOMS—When you start having sexual intercourse, it is critical that you use condoms correctly every time you have sex.
7. ONE LOVER AT A TIME—It is important that you commit to having sex with just one partner at a time.
8. TAKE A BREAK TO BREAK THE CHAIN—HIV spreads more easily at different times in the virus’ life cycle; taking a break from sex for a couple of months between partners reduces the spread of HIV.

### **Agenda**

#### **2 minutes**

1. Explain to the participants that you will review what will happen in the session today. Read over the agenda you have posted.

### **Name Rap**

#### **15 minutes**

1. Explain to the participants that the group is going to do an activity designed to help them learn each other’s names and to get them used to sharing within the group.
2. Create an open space large enough for the whole group to make a circle, with everyone standing within half an arm’s length of space between themselves and the person to either side. (Alternately, move the group to another space that will accommodate the activity.) Ask the group to form a circle as described above, with you, the facilitator, in the circle.
3. Ask the participants to go around the circle and introduce themselves by name. Ask them to speak slowly, clearly, and loudly.
4. Ask the group if they know what rap music is. Ask them what the characteristics of rap music are. You might receive answers such as “It’s American,” “It’s Black-

American,” “It has a beat,” “It has samples.” You’re looking for any answer that mentions rhymes or rhyming.

5. Say: “Right, it has rhymes. That’s the part of rap music that this game uses.” Explain that a rhyme is what is called a “poetic device,” also called “word play.” Tell the group that word play helps people remember things. Explain that this game uses a type of word play called alliteration, which is putting together words that start with the same letter and sound, to help us remember each other’s names and common interests.
6. Tell the group that you want each of them to take the first letter of their first name and think of an action, a condition, or an interest that they have that starts with the same letter and sound. Tell them that after they have thought of this, you want them to think of a motion they can make to illustrate that word.
7. Explain that the activity will go around the circle, and when it’s their turn, they will say their action word and their name and make the motion that illustrates it.
8. For example, if someone’s name is Michelle and their interest is movies, when it is their turn, they might say “I’m movie-watching Michelle,” and make a motion like they are watching a movie. If someone’s name is Simon and they like soccer, they might say “I’m soccer-playing Simon” and make a motion like they’re kicking a ball.
9. Tell the participants that if they can’t think of an action, condition, or interest they really like that starts with the same letter of their name, they can try to come up with a word that starts with the same first letter as their first name that means something like “I don’t know,” or “I can’t think of anything.” For example, if their name is Laura, they could say “Hi, I’m lost Laura” and shrug their shoulders. Encourage them to be clever with their answer even if they have to use this fall-back.
10. Give the group 30 seconds to think of their word and action.
11. Take the first turn and model the activity. Then pick a direction, either right or left, and have the youth next to you take a turn, then go on to the next youth in that direction, and so on.
12. If an individual has trouble coming up with something, encourage other youth who know him/her to help think of something. Discourage teasing or derogatory suggestions.
13. When everyone in the circle has had a turn, end the game and thank everyone for participating.

**OPTIONAL:** If you have extra time for this activity in the session, have each participant repeat the name, action word, and motion of 1–3 participants who have gone before them in the circle. Doing this will make a huge difference in helping the participants remember names of those with whom they are not familiar.

## **Group Agreements**

### **7 minutes**

1. Reconvene the group.
2. Explain that the *Stay Healthy* program will involve discussing a lot of topics that are personal and potentially very sensitive, such as relationships, sex, condoms and



contraception, gender and discrimination/sexism, and possibly even violence or sexual violence.

3. Explain that it is critical that this be a safe, respectful, and comfortable space for members of the group to be able to talk about such personal and sensitive subjects.
4. Explain that to make this program a safe, respectful, and comfortable space, the group needs a set of guidelines that everyone agrees to follow.
5. Direct the participants' attention to the posted Group Agreements.

#### GROUP AGREEMENTS

1. Participate in learning activities as much as you can.
  2. "Pass" if you need to.
  3. Respect the right of others to have different opinions.
  4. Use "I statements"—own your opinions.
  5. Do not interrupt others who are speaking.
  6. Maintain confidentiality.
6. Read each agreement aloud (alternately, if you have extra time for the session, ask volunteers from the group to each read a guideline), and ask for any clarifying questions that the participants want answered in order to be able to agree with, and follow, the guideline.
  7. Once all the guidelines have been understood, ask the participants if they have any ideas for additional guidelines or agreements they would suggest the group follow to make the program safe, respectful, and comfortable. Help the group edit suggestions to ensure their reasonableness and clarity, or modify existing guidelines/agreements to cover the concern(s) behind suggestions for new guidelines.
  8. Once the set of guidelines has been finalized and all guidelines are understood by the participants, ask the participants to take an appropriate writing implement and sign the Group Agreements to indicate their willingness to abide by them during the program.
  9. Thank the participants for their help in making the group safe, respectful, and comfortable.

#### **“In 15 Years...”<sup>5</sup>**

##### **15 minutes**

1. Explain to the participants that the final activity of the day asks them to imagine the future. Have them imagine that they are going to a reunion of the *Stay Healthy* program—15 years from now.
2. Distribute the copies of Worksheet 1: “In 15 Years...” and writing implements.
3. Ask the participants to read and think about the questions on the worksheet regarding who and where they will be 15 years from now. Ask them to strike a balance between being realistic about their goals and dreaming a little too.
4. Assess how much time the participants will need to complete the worksheet ( 5–10 minutes is recommended, depending on their age, literacy level, etc.).
5. Ask the participants to work individually in completing the worksheet. Ask them to write their names on their sheets. Let them know how much time they have to

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5 Adapted from: Advocates for Youth. 1995. *Life planning education*. Washington, D.C.

complete the sheet. Get them started, then notify them when they have only two minutes left and warn them again when they have one minute left.

6. After they have had time to fill out their worksheets, lead the participants in a group discussion. Select from the discussion questions provided below. Guide your selection based on the number of questions you judge the group can discuss in the 5–10 minutes available and on which questions you think are most relevant to the group:
  - Would anyone like to briefly share with the group what they see for themselves in 15 years?
  - How easy or difficult was it for you to imagine your future?
  - Why do some people have a clearer vision about the future than others?
  - What do you need to do to accomplish your dream? How can you help others in achieving their dreams?
  - What makes most dreams come true? Is it luck or work and planning? Give examples of each.
7. Collect the worksheets from the participants. Double-check to make sure that the participants have put their name on their sheet. Save these worksheets; the participants will use the sheets in a future activity.
8. Remind the group when the next *Stay Healthy* session is.
9. Thank the participants for coming before dismissing them.

## Stay Healthy: Worksheet I In 15 Years...

### In 15 Years...

As you answer the following questions, think about what you would like to tell your friends when you see them again in 15 years:

- 1) In 15 years, it will be the year \_\_\_\_\_ and I will be \_\_\_\_\_ years old
- 2) The job I want in 15 years is: \_\_\_\_\_
- 3) To get that job, I will have to: \_\_\_\_\_  
\_\_\_\_\_
- 4) My specific responsibilities will be: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 5) My annual salary will be: \_\_\_\_\_
- 6) In 15 years, I will live in: \_\_\_\_\_
- 7) Three of my most important possessions will be: a) \_\_\_\_\_  
b) \_\_\_\_\_, and c) \_\_\_\_\_
- 8) My family will consist of: \_\_\_\_\_  
\_\_\_\_\_
- 9) The most important thing I will have done by then is: \_\_\_\_\_  
\_\_\_\_\_
- 10) The most important experience I will have had is: \_\_\_\_\_  
\_\_\_\_\_
- 11) How would contracting HIV affect my ability to achieve my future goals?  
\_\_\_\_\_



### Sexuality throughout Your Life

#### Rationale for Session

It is important for youth participating in an HIV prevention program to understand that sexuality is a natural and normal part of being human and that our sexuality develops throughout our lifespan. Because our sexuality is a dynamic and ongoing part of our development as humans, there is no need to rush through or force the stages of development. This session teaches participants the important milestones in human sexual development.

#### Learning Objectives

*By the completion of this session, the participants will be able to:*

1. Recognize and explain at least four milestones in human sexual development.
2. Accurately place milestones in human sexual development on a timeline of a typical human lifespan.

#### Important Take-Away Messages

1. Sexuality is a natural and normal part of human development.
2. Human beings develop and relate sexually over their entire lifetime.
3. Understanding human sexual development gives us information about when it is likely to be the right time to take new steps in our sexual lives, such as when to date, get married, engage in sexual intercourse, and have children.

#### Time

45 minutes

#### Materials

- Markers
- Blank paper
- Eight Truths to Live By poster
- Group Agreements poster
- Flipchart paper, a chalkboard, or a dry-erase board
- Writing implements for participants—pens and/or pencils
- Masking tape
- 5½” x 8” index cards or larger sheets of paper
- [Resource Sheet 2A: Definition of Sexuality](#)
- [Resource Sheet 2B: Milestones in Male and Female Sexual and Social Development](#)

### **Facilitator Note**

The timing for this activity is very tight. It is important to keep the activity moving along while ensuring that the participants feel able to ask questions and clarify their understanding.

Assess your group's knowledge about sexual and reproductive health before the session. How familiar are they with the terminology used in the Human Sexual Development Across the Lifespan activity? How familiar are they with the concepts presented in this activity? If their familiarity is low, reduce the number of milestone cards to allow more time to discuss terminology and concepts.

### **Advance Preparation**

1. Review the session plan.
2. Write out the Group Agreements on flipchart paper or the chalkboard, or hang a previously made poster.
3. Write out *Stay Healthy* Program's Eight Truths to Live By on posterboard, flipchart paper, or the chalkboard, or hang a previously made poster.
4. Prepare a "parking lot," using a piece of flipchart paper hung on the wall or a section of the chalkboard labeled for this purpose.
5. Write out the session agenda on posterboard, flipchart paper, or the chalkboard:  
AGENDA
  1. Opening and Agenda
  2. Human Sexual Development Across the Lifespan
  3. Closing
6. Write the definition of sexuality from the Human Sexual Development across the Lifespan activity on a piece of flipchart paper or the chalkboard.
7. Prepare the timeline for the "Human Sexual Development across the Lifespan" activity. Draw a horizontal line across three pieces of flipchart paper or on a chalkboard. Make 20 small vertical hash marks evenly spaced apart across this line. On these marks, write the numbers from 0 to 100, in increments of five—i.e., 0, 5, 10, 15, 20, etc.
8. In large letters, print each of the 16 milestones of sexual development on blank letter-sized pieces of posterboard or cardboard, printing one of the following milestones per card:
  - Begins to have sexual responses
  - Explores and stimulates one's own genitals (masturbates) for the first time
  - Shows an understanding of gender identity
  - Shows an understanding of gender roles
  - Asks questions about where babies come from
  - Begins to show romantic interest
  - Shows the first physical signs of puberty (the transition from childhood to maturation)
  - Begins to produce sperm (boys)

- Begins to menstruate (girls)
- Begins to engage in romantic activity
- Has sex for the first time
- Gets married (if desired)
- Begins to bear children (if desired)
- Experiences menopause
- Experiences male climacteric (decreased male hormone levels)
- Experiences sexuality in later life

## **Procedure**

### **Opening and Agenda**

#### **3 minutes**

1. Welcome the participants to the group. Reintroduce yourself if necessary.
2. Direct the participants to the posted agenda. Review it with them.
3. Direct the participants to the posted version of the *Stay Healthy* program's Eight Truths to Live By. Remind them that these are truths that the *Stay Healthy* program offers to guide them in making decisions that will help them stay healthy.
4. Direct the participants to the posted Group Agreements. Remind them that these are the guidelines for group behavior and that they helped develop them. Remind them that the purpose of these Group Agreements is to make sure that the group is a safe, respectful, comfortable place for all participants. Thank them for helping to develop the Group Agreements and for following them.
5. Introduce the participants to the “parking lot.” Show them the portion of the chalkboard or the flipchart paper serving as the “parking lot.” Explain to them that when questions or topics come up that you cannot address, either because of a lack of time or because you lack specific information, you will write them here. Explain to the participants that you will use this as a reminder to find the information they need and cover it in a future *Stay Healthy* session.

### **Human Sexual Development across the Lifespan**

#### **41 minutes**

*Time allotted for steps 1–5: 4 minutes*

1. Tell the participants that they will engage in an activity to determine when certain aspects of sexual development occur in a person's life.
2. Direct the participants to the definition of human sexuality posted on flipchart paper or written on the chalkboard. Give them a copy of the definition found on [Resource Sheet 2A: Definition of Sexuality](#). Define sexuality and sexual development for the group by reading this definition:

#### **Stay Healthy**

##### **Definition of Sexuality**

- Sexuality is a normal, natural, and important component of human life.
- While sexuality is often associated with sexual intercourse and reproduction, it has a much bigger meaning.

- In addition to our anatomy, sexual intercourse, and reproduction, sexuality also includes how we feel about our bodies, how we give and receive pleasure, how we express romantic feelings, how we feel about and express our gender, and how we love, trust, and relate to others.
- Our sexuality is dynamic and begins to develop in the womb and stops developing only when we die.

Culture plays a big role in shaping the values, attitudes, and feelings we have about our sexuality. As with our cognitive and emotional development, there are stages to our sexual development that we can use as markers or milestones. In this activity, we will explore these milestones.

Unfortunately, in many cultures, men and women receive different messages about sexuality. Men's sexuality is seen as impulsive and uncontrollable while women's sexuality is seen as passive and controllable. These contrasting messages often have negative implications for how men and women relate to each other in intimate and sexual relationships. It is therefore important that both men and women have opportunities to comfortably talk about sexuality and develop skills to communicate about sexuality with partners.

Answer any clarification questions that the participants have about this definition.

3. Repeat the fact that sexual development takes place across the entirety of an individual's lifespan. Explain that because of this, you have drawn a timeline on the board/flipchart on which the numbers 0 through 100 represent the lifetime, in years, of an individual.
4. Randomly distribute the cards with the milestones of sexual development to the participants. Be sure to mix up the cards so they are not in any kind of chronological order that can be discerned when you are handing them out.
5. If there are fewer cards than participants, assign participants who do not have cards to partner with those that do. Assign participants in this way, making pairs or trios associated with each card, until all of the participants are part of a small group.
6. Ask the participants to read their cards aloud and place them on the timeline according to the following steps:

*Time allotted for steps 6a–d: 24 minutes*

- a. Select four participants to read their cards out loud. Be sure not to call on participants in the order in which their cards need to be placed on the timeline or you will give away the activity. (Participants you call on later may notice that the cards are going up on the timeline in order and they will know where to place their card.)
- b. After each card is read, check for overall understanding and understanding of terminology. Invite clarifying questions and answer any questions that are posed. Admit it if you do not know the answer to a question. Write the unanswered question in the "parking lot" and commit to returning to the next session with an accurate answer.
- c. After four cards have been read, ask the participants in those groups to place their cards on the timeline at the ages at which they think the events occur. Give them a set amount of time (no more than 3 minutes) to do this.
- d. Repeat steps 6a–c until all of the cards have been read and placed on the timeline.



*Time allotted for step 6e: 6 minutes*

- e. Once all of the cards have been placed on the timeline, ask the participants to discuss whether they agree with the placement of the cards. After the participants finish their discussion, provide the correct answers by referring to Resource Sheet 2B: Milestones in Male and Female Sexual Development. Move any incorrectly placed cards to their correct place on the timeline.

*Time allotted for step 6f: 5 minutes*

- f. Facilitate a *brief* (5 minutes) discussion using the questions below.
  - *When does most sexual development occur, according to this timeline?*
  - *Were you surprised about the placement of any of these cards? Which ones? Why?*
  - *Which placements were very different for males and females? Which ones were similar?*
- g. Congratulate the participants for completing the Human Sexual Development across the Lifespan activity. Note any questions or issues that were written on the board for future discussion. Let the participants know that if they have any further questions about information related to this activity, they are very welcome to approach you later.

## **Wrap-Up**

### ***1 minute***

1. Thank the participants for attending the session.
2. Remind the participants of when and where the next program session takes place.
3. Dismiss the participants.

## Stay Healthy: Resource Sheet 2A

### Definition of Sexuality

- Sexuality is a normal, natural, and important component of human life.
- While sexuality is often associated with sexual intercourse and reproduction, it has a much bigger meaning.
- In addition to our anatomy, sexual intercourse, and reproduction, sexuality also includes how we feel about our bodies, how we give and receive pleasure, how we express romantic feelings, how we feel about and express our gender, and how we love, trust, and relate to others.
- Our sexuality is dynamic and begins to develop in the womb and stops developing only when we die.

## Stay Healthy: Resource Sheet 2B

# Milestones in Male and Female Sexual Development

- **Begins to have sexual responses.** Occurs before birth. A male fetus achieves genital erections in utero; some males are even born with erections. Sexual responses in females are also present before birth.
- **Explores and stimulates one's own genitals (masturbates) for the first time.** Occurs between ages 6 months and 1 year. As soon as babies can touch their genitals, they begin to explore their bodies.
- **Shows an understanding of gender identity.** Occurs by age 2. Children are aware of their biological sex.
- **Shows an understanding of gender roles.** Occurs between ages 3 and 5. Children begin to conform to society's messages about how males and females should act.
- **Asks questions about where babies come from.** Occurs between ages 3 and 5.
- **Begins to show romantic interest.** Occurs between ages 5 and 12, though this may vary by culture. At this stage, children show the first signs of sexual orientation (sexual preference toward males or females).
- **Shows the first physical signs of puberty (the transition from childhood to maturation).** Occurs between ages 8 and 12. This usually occurs slightly earlier for girls than boys.
- **Begins to produce sperm (boys).** Occurs between ages 11 and 18. This milestone depends in part on the child's nutrition and might be delayed when nutrition is severely compromised.
- **Begins to menstruate (girls).** Occurs between ages 9 and 16. This milestone depends in part on the child's nutrition and may be delayed where nutrition is severely compromised.

## Stay Healthy: Resource Sheet 2B

### Milestones in Male and Female Sexual Development (cont.)

- **Begins to engage in romantic activity.** Occurs between ages 10 and 15. This milestone depends heavily on cultural factors.
- **Has sex for the first time.** Varies greatly by culture, but middle to late adolescence is fairly common across cultures.
- **Gets married (if desired).** Varies greatly by culture. Two sources (the International Center for Research on Women's report *Women of the World* and the Population Reference Bureau's Youth Data Sheet) showed that the average age for women was 20 and the average age for men was 26.
- **Begins to bear children (if desired).** Varies based on individual and community factors.
- **Experiences menopause.** Occurs in women at around age 50. (It can start in their late 30s or early 40s as well.) A woman goes through a process of physiological changes characterized by the end of ovulation, menstruation, and the ability to reproduce.
- **Experiences male climacteric (decreased male hormone levels).** Occurs between ages 45 and 65. A man goes through a process of physiological changes characterized by a decrease in testosterone production.
- **Experiences sexuality in later life.** Older adults (those aged 50 to 60 or beyond) can remain sexually active to the end of their lives. Though some age-related changes in sexuality take place, the total loss of sexual functioning is not a part of the normal aging process.

### Important Facts about Human Immunodeficiency Virus (HIV)

#### Rationale for Session

Human immunodeficiency virus (HIV) is epidemic on the African continent, and Namibian youth are at risk for infection during their lifetime. There is an old saying “forewarned is forearmed,” and making sure that youth have a basic understanding of HIV, how it is transmitted, and the likely results of infection is the first step in helping them stay healthy despite the HIV epidemic.

#### Learning Objectives

*By the completion of this session, the participants will be able to:*

1. Identify at least two participants with whom they have something in common, but they were previously unaware of this commonality.
2. Identify at least two facts about HIV transmission, testing, and/or treatment.
3. Dispel at least one myth about HIV.
4. Identify at least two ways or two behaviors that can increase or decrease their risk of becoming infected with HIV.

#### Important Take-Away Messages

1. You can and should learn the facts about HIV and AIDS.
2. By knowing how HIV is transmitted, you can make choices that help you stay healthy.
3. There are lots of myths and misinformation about HIV—get the facts!

#### Time

45 minutes

#### Materials

- Markers
- Blank paper
- Eight Truths to Live By poster
- Group Agreements poster
- Flipchart paper, a chalkboard, or a dry-erase board
- Writing implements for participants—pens and/or pencils
- Masking tape
- One copy per participant of [Handout 3A: HIV: Some Important Facts](#)

### **Facilitator Note**

This activity presumes that the participants have already been given a basic orientation to HIV, either through a reading assignment or a minilecture. If this is not the case, then consider working a short activity into the program prior to this session. The activity should cover the basics of HIV: definition, terminology, prerequisite biology, history, method of transmission, typical progression of disease, etc. A well-produced medical education pamphlet on the topic is a good basis for such an activity.

### **Advance Preparation**

1. Review the session plan.
2. Write out the Group Agreements on flipchart paper or the chalkboard, or hang a previously made poster.
3. Write out *Stay Healthy* Program's Eight Truths to Live By on posterboard, flipchart paper, or the chalkboard, or hang a previously made poster.
4. Prepare a "parking lot."
5. Write out the session agenda on posterboard, flipchart paper, or the chalkboard:  
AGENDA
  1. Welcome to the Center
  2. Agenda Review
  3. HIV Jigsaw Puzzle
  4. Closing
6. Print or photocopy Handout 3A: HIV: Some Important Facts so that each participant can have a copy of the handout.
7. Write out the steps of the HIV Facts Jigsaw Puzzle on posterboard, flipchart paper, or the chalkboard.

### **Procedure**

#### **Warm-Up: Welcome to the Center**

**8 minutes**

1. Explain to the participants that they will do an activity designed to help them get to know each other a little better and learn what they have in common with others in the group. Tell them the name of the activity is "Welcome to the Center."
2. Create an open space large enough for the whole group to make a circle, no more than two people deep, with at least 12 feet of empty space in the middle. (Alternately, move the group to another space that will accommodate the activity.) Have the group "circle up," as previously described with you in the center.
3. Explain to the group how the Welcome to the Center game works. Explain that you will read a statement. All the statements start in the same way: "I'd like to welcome to the center of the room all my friends who..." Give the group an example (but tell them not to do anything yet): "I'd like to welcome to the center of the room all of my friends who have goals they want to reach in the future."

4. Explain that if the statement is true for them, they should come into the center of the space and greet the other people who also come to the center. As they come to the center, they can cheer, whoop, “high five,” back-slap, shake hands, hug, introduce themselves, or do whatever they want to greet others and express enthusiasm. Simply remind the participants that they should not do anything inappropriate, nor should they say anything to others or touch others in ways that could be offensive.
5. Explain that after a few seconds of greeting others in the center of the circle, the participants should return to the outer circle and listen for the next statement.
6. Use the following list of statements to run the activity. Adapt this list, or add to it, to best fit your group.

Example statements:

I want to welcome to the center all of my friends who –

- Have goals they want to reach in the future
- Enjoy \_\_\_\_\_ (genre) \_\_\_\_\_ music. (rock, classical, jazz, country, rap, etc.)
- Enjoy playing \_\_\_\_\_ (sport) \_\_\_\_\_ (soccer/football, basketball, etc.)
- Enjoy eating \_\_\_\_\_ (type of cuisine)
- Have one or two brothers and sisters
- Have more than two brothers and sisters
- Are an “only child”
- Grew up in the city
- Grew up in the countryside
- Have the favorite color red/blue/green/pink/black/white/brown, etc.
- Have more than one favorite color
- Don’t have a favorite color
- Have a pet at home

#### **Facilitator Note**

The emphasis in the activity is in finding things that youth have in common. Avoid topics that might emphasize differences or create divisions, even good-natured ones, such as political affiliations, favorite sports teams, or favorite musicians or movie stars. Similarly, avoid physical characteristics, such as eye color, that could lead to racial/ethnic remarks or judgments about appearance.

#### **Facilitator Note**

When inventing new statements, try to be aware of all the possible variations, so as to not leave anyone out. In case you do inadvertently leave someone out, however, the participants will usually bring up neglected categories; do not hesitate to use suggestions from the group to round out a category.

**Facilitator Note**

If you have additional time for this activity, increase participant involvement by asking for volunteers from the outer circle to come to the center, introduce themselves by name, and offer a statement of their own invention. When running the game this way, you must pay particular attention to the kinds of statements being offered and modify, edit, or request a new statement if anything in the statement is inappropriate, potentially divisive, or otherwise problematic for the group or members within the group; always err on the side of caution!

Unless the statement is blatantly inappropriate or problematic, do not chastise, scold, or shame a participant for offering the statement; instead, try to edit the statement or ask the participant to go back to the outer circle and reformulate the statement or think of a new one.

7. When time has run out for the activity, thank the participants for playing. Restore the room to its original configuration or move the participants back to the group meeting space.

**Agenda****2 minutes**

1. Welcome the participants to the group.
2. Direct the participants to the posted agenda. Review it with them.
3. Direct the participants to the posted version of the *Stay Healthy* program's Eight Truths to Live By. Remind them that these are truths that the *Stay Healthy* program offers to guide them in making decisions that will help them stay healthy.
4. Direct the participants to the posted Group Agreements. Remind them that these are the guidelines for behavior for the group and that they helped develop them. Remind them that the purpose of these Group Agreements is to make sure that the group is a safe, respectful, comfortable place for all participants. Thank them for helping develop the Group Agreements and for following them.

**HIV Facts Jigsaw Puzzle****34 minutes**

*Time allotted for steps 1–7: 4 minutes*

1. Explain to the participants that today's main activity is called the HIV Facts Jigsaw Puzzle. Explain that the activity focuses on important factual information about HIV. Finally, explain that each of them will be responsible for becoming an expert on a topic related to HIV and will be responsible for teaching this topic to others in the group.
2. Before continuing with the activity, explain that the topic of HIV and AIDS can be difficult for some people to discuss. Acknowledge that some participants may already have been directly affected by HIV and AIDS and that some (who are not expected to identify themselves) may already be coping with HIV infection. Remind the group that if they feel uncomfortable at any time, they can "pass" on participating.
3. Divide the group into four equally sized groups. If there is an odd number of participants, have the additional participants pair up and work in partnership with another participant.



4. Explain that the members of each group will work together to learn some assigned information about HIV and to make sure that each person in the group understands and can communicate to others the information assigned to that group.
5. Select a leader for each group. Participants selected as leaders should be among the most mature participants in the group, be well-liked and respected, have demonstrated leadership skills, and be among the most academically advanced. Inform the group that these leaders will be in charge of making sure that everyone in their group learns the group's assigned information well.
6. Give the group leaders the copies of Handout 3: HIV: Some Important Facts to distribute to their group. Inform each leader of their group's assigned topic: "Transmission of HIV," "HIV Testing and Treatment," "Myths about HIV," or "Choices about Sex and Protecting Yourself against HIV."
7. Explain to the group how the activity will work.

**Facilitator Note**

Time allotted to each step is written in parentheses at the end of the directions for that step.

Step 1: Ask each group to read their section of the handout and become familiar with the information. Circulate among the groups to answer any questions, help define terminology, and clarify information. *(7 minutes)*

Step 2: Have each individual or partnered pair in the group prepare a short (approximately 2–3 minutes) presentation of the assigned information to be given to the other participants who are not familiar with the information. Ways of preparing for the presentation can include underlining key information; rewriting information as short, bulleted "talking points"; or making a poster of talking points. Participants can practice giving their presentations to members of their group as a way of preparing for the actual presentations. *(7 minutes)*

**Facilitator Note**

Make sure that group leaders do not prepare presentations; instead, they should help others in their group prepare.

Step 3: Reconvene the entire group and then divide the participants into different groups of four. Each of these new groups should contain one participant or partnered pair from each of the four original groups. *(1 minute)*

Step 4: Members of the new groups of four should each take turns giving their presentation on their HIV facts to their small group. *(14 minutes)*

Note: During this time, group leaders should observe the groups and listen to presentations from members of the other three original groups. They can also help the member(s) of their original group with their presentation, as needed.

Step 5: Reconvene as a whole group *(1 minute)*

*Time allotted for group work: 30 minutes total*

8. Once all of the participants understand how the activity works, set them to work. Circulate to assist and supervise the participants, answer questions, or clarify information. Keep answers and clarifications as clear and concise as possible. Questions or topics that require expansive treatment should be written on the “parking lot” space to be discussed in the future.
9. When circulating during participant presentations, pay particular attention to whether the participants are giving each other accurate information. Correct or clarify any information, as necessary.
10. Some small groups will complete their presentations more quickly than others. Give these groups Handout 3B: HIV Facts: True or False to work on while other groups are finishing, or simply instruct them to talk quietly while they wait for the whole group to finish.
11. When the presentations are completed, reconvene the group and congratulate them on doing the activity. Give special praise to the group leaders.

### **Wrap-Up**

#### ***1 minute***

1. Thank the participants for attending the session.
2. Remind the participants of when and where the next program session takes place.
3. Dismiss the participants.

## Stay Healthy: Handout 3A

### HIV: Some Important Facts

#### *Transmission of HIV*

**There are four bodily fluids that transmit HIV.** HIV can be transmitted by an infected person's blood, semen, vaginal fluid, or breast milk. People do not contract HIV from an infected person's saliva, urine, feces, tears, mucus, or perspiration.

**People typically contract HIV from having unprotected sex.** Most people who have HIV acquired it from having unprotected sexual intercourse (anal, vaginal, or oral). Others contracted it from sharing needles. A small number of people contracted HIV from a blood transfusion; however, this is becoming less and less likely as screening of donated blood has become much improved. An HIV-infected mother can transmit HIV to her baby "in utero" (while the fetus is still in the womb), during labor and delivery, and/or from breast milk.

**People with sexually transmitted infections (STIs) are at higher risk for becoming HIV-infected than people who do not have STIs.** Infections or sores in the genital area provide HIV with an easy way to enter the bloodstream.

**HIV is not equally infectious at all times.** The measure of the severity of viral infection within an infected person's body is often referred to as their "viral load." During the first 6–8 weeks after infection, the viral load of HIV is very high and that person is much more infectious. However, after several weeks, their viral load declines as their body fights the virus. For the next several years (or for many years if they take HIV drugs), their viral load is lower and their chances of transmitting HIV are lower (but not zero!). The fact that the change in viral load over time makes someone infected with HIV less infectious means it is a very good idea to wait 2–3 months after meeting someone before starting to have sex with her or him—it decreases the probability that either of you has a high viral load if either of you is HIV-positive.

## **Stay Healthy: Handout 3A**

### **HIV: Some Important Facts (cont.)**

#### ***Testing and Treatment for HIV***

**There is no cure for HIV infection.** Currently, there is no cure or vaccine for HIV infection. There are drugs that can slow down the production of the virus in an infected person and other drugs that prevent other opportunistic infections in an individual infected with HIV. Over the years, many indigenous healers (sangomas) have claimed to be able to cure HIV and AIDS. To this day, no treatments done by sangomas have proven to cure HIV infection.

**There is a test to show if someone is infected with HIV.** There is a simple blood test that can tell you if have been infected with HIV.

**You and your sexual partner should get an HIV test regularly.** It is important to get tested if you are sexually active. You should also require your partner to get tested, and you should require any prospective new sexual partner to get tested before you start having sex with her or him; you can become infected with HIV if that person has been infected with HIV from someone else in the past, or if she or he starts having sex with other people while having sex with you.

**There are many places in Namibia where you can obtain an HIV test.** Many clinics offer the HIV test for free. If you decide to get tested for HIV, try to choose a health care facility that serves youth and can counsel/educate you appropriately.

#### ***Myths about HIV***

**Some people believe that if a man is circumcised, he cannot become infected with HIV.** This is not true. Male circumcision does reduce the risk of female-to-male HIV transmission during sex, but it does not eliminate that risk. (Several studies have demonstrated that circumcision offers a 50–60% protective effect against HIV transmission for the man and that it offers no significant protection for women). Thus, circumcised men still need to get counseled and tested for HIV, get screened for STIs, and use condoms consistently.

## **Stay Healthy: Handout 3A**

### **HIV: Some Important Facts (cont.)**

**Some people believe that a man can be cured of HIV by having sex with a girl who is a virgin.** This is also not true. Virgins do not have any power to heal HIV-infected individuals. There is no way to cure HIV once a person is infected.

**You can always tell if a person has HIV by his or her appearance.** Most people who become infected with HIV do not show any signs of illness for years. However, the virus remains in their body and can be passed on to other people. People with HIV look ill only during the last stages of the disease that results from HIV infection, called “acquired immune deficiency syndrome,” or AIDS, and this is when they are near death.

**People who have HIV deserve it.** People who have contracted HIV are likely to have a lot of things in common with you. People who are living with HIV are not bad or cursed or damaged. They deserve our respect, compassion, and support, just like other people who have other serious infections or diseases.

**Other myths.** You CANNOT contract HIV from being bitten by a mosquito, using public toilets, or hugging or shaking the hand of a person who has HIV.

#### ***Choices about Sex and Protecting Yourself against HIV***

**Choosing not to have sex is the best way to avoid becoming infected with HIV.** There is no rush to have sex. Young people should wait until they are ready (emotionally, physically, and financially) to have sex.

**When used correctly and *consistently* (every time an individual has vaginal, anal, or oral sex), condoms can protect men and women from becoming infected with HIV.** Latex condoms are not 100% effective, but after abstinence, they are the most effective way of preventing STIs, including HIV infection. Some people have reported inaccurate research that suggests HIV can pass through latex condoms, but this is not true. In fact, standard tests show that water molecules, which are five times smaller than HIV, cannot pass through latex condoms.

## **Stay Healthy: Handout 3A**

### **HIV: Some Important Facts (cont.)**

**HIV is transmitted more easily during dry sex than during wet sex.** HIV can be transmitted more easily during dry sex because the lack of lubrication causes cuts and tearing of the skin and mucous membranes of the genitals of both men and women. These cuts provide the virus with an easy way to enter the bloodstream.

**Anal sex, vaginal sex, and oral sex do not carry the same risk for HIV infection.** These are all possible ways to transmit HIV. Anal sex carries the highest risk of infection because there is often more tearing of the anal tissue, which makes it easier for infection to occur. Vaginal sex is an effective mode of HIV transmission for both men and women. Oral sex is less risky, but people have become infected from semen in their mouth. There have been no documented cases of HIV transmission from vaginal fluid in the mouth, but it is theoretically possible.

**Having sex with only one partner at a time reduces your risk for HIV infection.** You can, however, become infected with HIV if that partner is having sex with other people. In addition, individuals who have sex with only one partner may have been infected with HIV from someone else in the past. Therefore, they may have the infection without knowing it and/or without telling their current partner. This is why it is a good reason to get tested for HIV before starting a sexual relationship with someone.

## Stay Healthy: Handout 3B

### HIV Facts: True or False

**Directions:** Ask one member of your group to read each statement aloud. For each statement, decide whether the statement is true or false. Refer to *Stay Healthy Handout 3A: HIV: Some Important Facts* for more information.

1. When used correctly, condoms can protect men and women from becoming infected with HIV.
2. There is a cure for HIV infection.
3. If you stay with only one partner, you cannot become infected with HIV.
4. People with STIs are at higher risk for becoming HIV infected than people who do not have STIs.
5. HIV is transmitted through urine.
6. If a man is circumcised, he cannot become infected with HIV.
7. A man can be cured of HIV by having sex with a girl who is a virgin.
8. HIV is transmitted more easily during dry sex than during wet sex.
9. Anal sex, vaginal sex, and oral sex all carry the same risk for HIV infection.
10. You can always tell if a person has HIV by his or her appearance.
11. A person with HIV is not equally infectious at all times.

## Stay Healthy: Handout 3B

### HIV Facts: True or False—Answers

**Directions:** Ask one member of your group to read each statement aloud. For each statement, decide whether the statement is true or false. Refer to *Stay Healthy Handout 3A: HIV: Some Important Facts* for more information.

1. When used correctly, condoms can protect men and women from becoming infected with HIV.—TRUE
2. There is a cure for HIV infection.—FALSE
3. If you stay with only one partner, you cannot become infected with HIV.—FALSE
4. People with STIs are at higher risk for becoming HIV infected than people who do not have STIs.—TRUE
5. HIV is transmitted through urine.—FALSE
6. If a man is circumcised, he cannot become infected with HIV.—FALSE
7. A man can be cured of HIV by having sex with a girl who is a virgin.—FALSE
8. HIV is transmitted more easily during dry sex than during wet sex.—TRUE
9. Anal sex, vaginal sex, and oral sex all carry the same risk for HIV infection.—FALSE
10. You can always tell if a person has HIV by his or her appearance.—FALSE
11. A person with HIV is not equally infectious at all times.—TRUE



### Personalizing HIV Risk

#### Rationale for Session

To avoid the choices and behaviors that could lead to HIV infection, participants need to understand the variety of risk factors (e.g., alcohol use, harmful gender norms, lack of information) that can contribute to those choices/behaviors. People need to be aware of these risk factors and examine whether these risk factors are present in their own lives. This awareness will help them personalize their risk and begin to form attitudes and motivations to avoid negative risk factors. Understanding the consequences of HIV infection also supports the development of these attitudes and motivation.

#### Learning Objectives

*By the completion of this session, the participants will be able to:*

1. Identify at least three factors that increase their risk of becoming infected with HIV.
2. Identify at least two likely negative consequences they would experience if they became infected with HIV.

#### Important Take-Away Messages

1. A variety of factors, including those that we do not think of as “sexual,” can increase our risk for HIV infection (e.g., poverty and how it can lead to a sense of hopelessness, or movies and television shows that teach us to treat people as sexual objects).
2. Being aware of how infection with HIV can create obstacles to realizing our future plans keeps us on guard against bad choices or risky behaviors.
3. Surrounding ourselves with good influences such as friends, families, and positive role models, is one of the best defenses against HIV.

#### Time

45 minutes

#### Materials

- Markers
- Blank paper
- Eight Truths to Live By poster
- Group Agreements poster
- Flipchart paper, a chalkboard, or a dry-erase board
- Writing implements for participants—pens and/or pencils
- Masking tape

- ❑ Copies of Take-Home Assignment Sheet A: My Parent’s Hopes for Me—one per participant, plus a few extras
- ❑ Completed participant worksheets from Session 1: In 15 Years...

## **Advance Preparation**

1. Review the session plan.
2. Write out the Group Agreements on flipchart paper or the chalkboard, or hang a previously made poster.
3. Write out *Stay Healthy* Program’s Eight Truths to Live By on posterboard, flipchart paper, or the chalkboard, or hang a previously made poster.
4. Prepare a “parking lot.”
5. Write out the session agenda on posterboard, flipchart paper, or the chalkboard:
 

AGENDA

  1. Agenda Review
  2. Addressing Topics Parked in the Lot
  3. HIV/AIDS in Our Lives
  4. Take-Home Discussion Assignment
  5. Closing
6. Go back through records of the previous three sessions and identify questions or topics that were put on hold/put in the parking lot. Determine whether any of these have been addressed since they came up. From those unaddressed issues, select the most important or relevant and discuss for seven minutes in this session. Do any research necessary to answer questions or address these issues with the group. Make notes or develop talking points, as needed.
7. Write a list of the selected parking lot topics on flipchart paper or the chalkboard.
8. Draw on flipchart paper or the chalkboard a sample “problem tree” for the participants to use as a model in the HIV/AIDS in Our Lives activity.
9. Write the four discussion questions for the HIV/AIDS in Our Lives activity on flipchart paper or the chalkboard.

## **Procedure**

### **Agenda**

#### **2 minutes**

1. Welcome the participants to the group.
2. Direct the participants to the posted agenda. Review it with them.
3. Direct the participants to the posted version of the *Stay Healthy* program’s Eight Truths to Live By. Remind them that these are truths that the *Stay Healthy* program offers to guide them in making decisions that will help them stay healthy.
4. Direct the participants to the posted Group Agreements. Remind them that these are the guidelines for group behavior.

## **Addressing Topics Parked in the Lot**

### **10 minutes**

1. Remind the participants that the group has been saving questions and topics for further discussion on a list called the “parking lot.” Explain that you want them to get answers to their questions. Explain that you have reviewed the parking lot lists and have put together some information for them.
2. Present your notes or talking points.
3. Ask for additional clarifications or questions as you go along.
4. To close the activity, let the participants know that you will continue to “park” the questions they have when there is not time to address them in session, or when you do not know the answer, and that you will revisit those questions and topics so they get the answers/information they need.

## **HIV/AIDS in Our Lives**

### **22 minutes**

*Time allotted for steps 1–3: 3 minutes*

1. Before beginning the activity, explain that the topic of HIV and AIDS can be difficult for some people to discuss. Acknowledge that some participants may already have been directly affected by HIV and AIDS and that some participants (who are not expected to identify themselves) may already be coping with HIV infection. Remind the group that if they feel uncomfortable at any time, they can “pass” on participating.
2. Divide the participants into groups of four. Each group will be assigned to draw a “problem tree” that looks at the causes and likely consequences or outcomes of HIV/AIDS. Provide each group with posterboard or flipchart paper and some markers.
3. Provide the following instructions for the group:

Step 1: Draw a tree trunk in the middle of your flipchart paper and label it “HIV.”

Step 2: Discuss some of the causes of HIV. Depict each of these causes as one of the roots on the “problem tree.” After identifying a cause, identify anything that, in turn, contributes to that cause. For example, if one of the causes is “unemployment,” then think about what causes unemployment. One of the causes of unemployment could be “lack of economic opportunities;” you would then depict this as a subroot of the original cause.

Step 3: Your problem tree also needs to look at the effects of HIV. Depict these effects as the branches of the tree. Just as you did with the causes, brainstorm within your group and identify both primary and secondary outcomes.
4. Tell the participants that they will have a little less than 10 minutes to work on their problem trees. Have them start working. Let them know when they have only one minute left and instruct them to wrap up their work when their time is up.
5. Instruct the participants to hang their problem trees on the wall. Ask them to view the trees created by the other groups and to identify one cause and one effect of HIV that they see on another tree that their group did not include. Give the participants five minutes to complete this task.

6. After all of the trees have been reviewed, ask the participants to pair up with a person with whom they feel comfortable. Give them five minutes to discuss the following questions:
  - What do you think would be the most difficult part about being infected with HIV? Why?
  - If you had HIV, what changes would it make in your life? In your goals? In your relationship with your family and friends? In your romantic relationships?
  - What can you do to prevent and stop the spread of HIV?
7. Reconvene as a group. Congratulate the participants on completing the activity.

### **Take-Home Discussion Assignment**

#### ***10 minutes***

1. Explain to the participants that they will be given a take-home assignment to do with their parent(s), guardian(s), or other adult family member or caregiver.
2. Tell them the name of the assignment is “My Parent’s Hopes for Me.”
3. Distribute copies of Take-Home Assignment Sheet A. Also give the participants the In 15 Years... worksheet they completed in Session 1.
4. Instruct the participants on how to complete the assignment, using the directions provided in the activity description included in this curriculum. Tell them that they need to bring their completed take-home assignment sheet to class for Session 6, when the group will be discussing this assignment.

### **Wrap-Up**

#### ***1 minute***

1. Thank the participants for attending the session.
2. Remind the participants of when and where the next program session takes place.
3. Dismiss the participants.

### “Sex” and “Gender”<sup>6</sup>

#### Rationale for Session

Oppressive gender differences imposed on men and women produce conditions and behaviors that increase the spread of HIV, other STIs, and unwanted pregnancy, not to mention sexual violence of all kinds. Teaching youth the difference between “sex” (biological differences between men and women) and “gender” (social expectations about being a woman or man) can help them bring a critical eye to the conditioning of men and women—conditioning that perpetuates these problems. Once aware of gender conditioning, participants can begin undoing this conditioning and its effects in their own social circles and communities.

#### Learning Objectives

*By the completion of this session, the participants will be able to:*

1. Describe the difference between biological sex and gender.
2. Recognize that gender is taught and begins to be taught to girls and boys at an early age.
3. Distinguish traits and conditions among men and women as being the product of biological sex versus gender conditioning.

#### Important Take-Away Messages

1. Children learn about the gender difference between being a girl and being a boy very early in life.
2. Girls and boys are raised very differently: they are taught to behave differently, expected to express themselves differently, told to feel differently from each other, and taught that they have different responsibilities and different futures.
3. The fact that girls and boys are raised very differently affects their risk of becoming infected with HIV later in life.

#### Time

45 minutes

#### Materials

- Markers
- Blank paper
- Eight Truths to Live By poster
- Group Agreements poster

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<sup>6</sup> Adapted from: Cottingham, J., et al. 2001. *Transforming health systems: Gender and rights in reproductive health: A training curriculum for health programme managers*. Geneva: World Health Organization.

- ❑ Flipchart paper, a chalkboard, or a dry-erase board
- ❑ Writing implements for participants—pens and/or pencils
- ❑ Masking tape
- ❑ Handout 5A: The Gender Detective Game (one copy per participant)
- ❑ Handout 5B: Understanding Gender (one copy per participant or one per pair of participants)

### **Facilitator Note**

Some participants may be reminded of painful memories when asked to remember the first time that they learned about being a boy or a girl; these could be memories of child sexual abuse or physical abuse. Be aware of how the participants are reacting to the activity and remind them that anyone is free to pass on participating in the activity if it is becoming uncomfortable for them.

## **Advance Preparation**

1. Review the session plan.
2. Write out the Group Agreements on flipchart paper or the chalkboard, or hang a previously made poster.
3. Write out *Stay Healthy* Program’s Eight Truths to Live By on posterboard, flipchart paper, or the chalkboard, or hang a previously made poster.
4. Prepare a “parking lot.”
5. Write out the session agenda on posterboard, flipchart paper, or the chalkboard:
 

AGENDA

  1. Agenda Review
  2. Recognizing How Boys and Girls Are Raised to Be Different
  3. Definitions of Sex and Gender
  4. The Gender Detective Game
  5. Discussing Gender
  6. Closing
6. Write the definitions for “sex” and “gender” from Handout 5B: Understanding Gender on flipchart paper hung on the wall or on the chalkboard. Hang sheets of paper over the definitions so they are hidden.
7. Write the definitions for “gender norms” on flipchart paper hung on the wall or on the chalkboard. Hang sheets of paper over the definitions so they are hidden.

## **Procedure**

### **Agenda**

#### **2 minutes**

1. Welcome the participants to the group.
2. Direct the participants to the posted agenda. Review it with them.

3. Direct the participants to the posted version of the *Stay Healthy* program's Eight Truths to Live By. Remind them that these are truths that the *Stay Healthy* program offers to guide them in making decisions that will help them stay healthy.
4. Direct the participants to the posted Group Agreements. Remind them that these are the guidelines for group behavior.
5. Distribute Handout 5B: Understanding Gender as a reference for the definitions and concepts identified and discussed in this session.

### **Recognizing How Girls and Boys Are Raised to Be Different**

#### **10 minutes**

1. Ask the participants to think back to the earliest memory they can recall of when they realized that boys and girls were treated differently and were expected to behave differently. Be clear that this is not about *physical* differences between females and males.
2. Divide the participants into pairs and ask each person to tell a partner about this memory. Explain that each person in the group has 3 minutes to tell his/her story.
3. After 5 minutes, bring everyone back together.

### **Definitions of Sex and Gender**

#### **10 minutes**

1. Ask for volunteers to share their childhood experiences about how they learned that there is a difference between what it means to be a boy and what it means to be a girl (e.g., boys being punished for crying, or girls being told that they cannot play football). Choose two volunteers, making sure that both sexes are represented.
2. Tell the participants you will explore where these ideas come from by discussing and defining gender (and the difference between gender and sex). Start by asking the group if they can define the word "sex." Ask for a few comments, clarifying that there are two meanings for "sex" but that you want to talk about how sex is used to differentiate between males and females.
3. Explain that "sex" refers to whether you are born male or female (or potentially something in between, called intersex), and is based on one's external organs (as well as internal organs, hormones, and chromosomes).
4. Follow this discussion by asking what the word "gender" means.
5. Explain that gender, unlike sex, is socially constructed, reflecting what society says is appropriate for males and females (specifically around clothing, chores, jobs, etc).
6. Reveal the definitions you have written on the flipchart or chalkboard.

### **The Gender Detective Game**

#### **12 minutes**

1. Next, tell the participants that they will do a pen-and-paper activity in which they will "play detective" and conclude from the evidence provided whether a situation or set of conditions is the result of biological sex or gender.
2. Distribute the Handout 5A: The Gender Detective Game and ask the participants to complete the worksheet individually. Remind them to refer back to the definitions at the front of the room as they try to determine whether an item refers to sex or gender. Give them about 3–4 minutes to work on the worksheet.

3. Review the worksheet as a group, identifying the correct answers and helping everyone understand the reasoning behind the correct answers.
4. To wrap up the activity, explain that based on these worksheets, one can see that gender conditioning establishes a set of rules or guidelines for how men and women are each expected to act—the roles they are expected to take in society. Explain to the participants that these “rules” and the roles they define for men and women—the ways they are expected to act, dress, think, and live, depending on their sex—are called “gender norms.”
5. Reveal the definition for “gender norms” previously written on the flipchart or chalkboard:

**Gender norms** are a set of unwritten social/cultural rules or guidelines for how males and females are expected to act, dress, think, and live in order to meet society’s expectations for how sex and gender should relate. Taken together, gender norms define the roles, opportunities, limits, and behaviors permitted for each gender in a given society. Gender norms differ based on one’s culture or society and can change over time within a given society.

### Answers to Gender Detective Game

1. Sex
2. Gender
3. Gender
4. Sex
5. Gender
6. Sex
7. Gender
8. Gender
9. Gender and Sex
10. Gender

### Discussion about Gender

#### **10 minutes**

1. Lead the participants in a discussion of gender using the following questions:
  - How old are children when they first learn about the differences between being a boy and being a girl?
  - How do children learn the gender norms for girls and boys?
  - Who is most involved in teaching children about the differences in gender norms for girls and boys?
  - Why do the participants think that society raises girls and boys according to different norms?

Cover the first two questions fairly quickly and spend the bulk of the time on the remaining two questions.
2. Summarize the points that were made in this discussion. Insert items from the following **key points** to cover important issues not discussed by the participants:
  - **Girls and boys are raised with a very different set of rules for how they should act and what roles they can play in the world.** These differences are



called gender norms. They are based on society's definitions for and perceptions of gender, not on natural differences between female and male biology.

- **Children learn about gender norms very early. Children start learning about gender norms shortly after birth.** Think about the differences in types and colors of clothing we put on baby boys and baby girls, the differences in ways we express love and affection to boys and girls, the differences in the types of toys we give boys and girls, and the chores we start to assign girls and boys as they get older. Family members, peers, teachers, church leaders, and traditional counselors—the most important people in children's lives—are the people who teach children about gender differences. These differences are also reinforced by media and laws in society.
  - **From an early age, children are taught that boys and girls have different responsibilities.** This includes the kinds of household chores that girls are expected to do compared to boys. In many cases, girls are expected to work inside the home (cooking, washing dishes, cleaning the house, and washing clothes), while boys work outside (being sent out on errands). Girls do things for boys such as serve them food, clean up after them, and do their washing; boys in some cultures are asked to escort girls in public. Research has shown that teachers in some societies pay more attention to boys in class, because those societies expect boys to get more education than girls.
  - **From an early age, girls and boys are taught to behave differently.** Girls are not encouraged to play games, like football, that involve vigorous physical activity and physical contact with each other; boys are often not allowed to play with dolls or play as homemakers. Boys who do not engage in rough physical games are often accused of being “sissies” and homosexuals or “fags.” Children are often told not to play with members of the other sex or not to get involved in any activity that will bring one into physical contact with people of the other sex.
  - **Girls and boys are expected to express themselves differently.** Girls and boys are expected to respond differently to the same experience. For example, while it is acceptable for girls to cry, crying is often seen as a weakness in boys. Girls are expected not to talk back or share their opinions, but boys are encouraged to speak up.
  - **Class, caste, ethnic, and other differences affect what girls and boys are taught about gender differences.** It is important to understand how class, caste, ethnicity, and nationality may all affect how girls and boys are expected to behave. Share examples where appropriate.
  - **Some gender norms are harmful because they specifically contribute to girls' and/or boys' risk of becoming infected with HIV.** Young women are at higher risk of HIV infection when they are taught to follow men's leadership and rely on men for protection. This often means that they grow up lacking the confidence to make their own decisions about their lives or negotiate decisions with men. Young men are at higher risk for HIV infection when they are taught that their worth as a man is measured by how much of a “player” or “stud” they are—i.e., that they have more than one female lover at a time.
3. Reiterate that gender norms can change. Ask for examples of changes in gender norms that have taken place in the past 100 years.
  4. Wrap up the activity by pointing out that being able to recognize gender norms is the first step in being able to change them.

## **Wrap-Up**

### ***1 minute***

1. If the participants do not have the capacity to store their handouts and retrieve them for future sessions, collect Handout 5B: Understanding Gender and store it on their behalf.
2. Thank the participants for attending the session.
3. Remind the participants of when and where the next program session takes place.
4. Remind the participants to bring their completed assignment sheets for Take-Home Assignment Sheet A to class for the next session, because the group will be reviewing them together.
5. Dismiss the participants.

## Stay Healthy: Handout 5A The Gender Detective G

Identify whether the following statements refer to gender or sex by putting an “X” under the term of your choice in the columns to left of the statements:

Gender	Sex	
		1. Women give birth to babies, men don't.
		2. Girls should be gentle, boys should be tough.
		3. Women or girls are the primary caregivers for those sick with AIDS-related illnesses in more than two-thirds of households.
		4. Women can breastfeed babies, men can bottle-feed babies.
		5. Many women do not make decisions with freedom, especially regarding sexuality and relationships.
		6. Men's voices typically go lower with puberty, women's voices do not.
		7. Four-fifths of all the world's injection drug users are men.
		8. Women get paid less than men for doing the same work.
		9. The number of women with HIV has increased steadily worldwide.
		10. In many places, young men start having sex before young women.

## Stay Healthy: Handout 5B

# Understanding Gender

People use the words “sex” and “gender” to talk about the differences between women/girls and men/boys, but it is important to understand that these two words mean different things.

**Sex** = the biological differences between males and females. These differences are based on our chromosomes (x or y), our internal reproductive organs (e.g., a uterus in females), our external genitals (e.g., a penis in males), and the hormones our bodies produce (e.g., more estrogen in females and more testosterone in males). We are born with our sex. Examples of sex differences are that women give birth to babies (men cannot) and boys going through puberty experience a significant deepening of their voices (girls do not)

**Gender** = society’s expectations about what it means to be a man/boy or a woman/girl and the differences between them. Examples of common gender differences are that women are expected to be gentle and men are expected to be rough, it is acceptable for girls/women to cry but not for boys/men to do so, and women are paid less than men for doing the same work.

Girls and boys *learn* to behave differently soon after they are born. The people who surround them (e.g., parents, siblings, teachers, religious leaders) often have expectations that differ according to the child’s gender. Some examples include telling boys not to cry, encouraging boys to play “manly” or “macho” games with roughness or competition or to imitate violence (such as mock battles with toy guns), calling girls “little flirts” or “heartbreakers” from a very young age, teaching girls to play cooperative games like jump rope or games related to caring and domestic work, such as playing with dolls.

**Gender Norms** are a set of unwritten social/cultural rules or guidelines for how males and females are expected to act, dress, think, and live, to meet society’s expectations for how sex and gender should match. Taken together, gender norms define the roles, opportunities, limits, and behaviors permitted for each gender in a given society. Gender norms differ based on one’s culture or society and can change over time in a particular society. The roles that are acceptable for women to play have changed in many societies, with women increasingly leaving the home to work in paid employment.

**Gender Equality** means that men and women enjoy the same power, value, and status. They share the same access to opportunities and ability to contribute, participate, and benefit from all spheres of society (economic, political, social, cultural, etc.). In gender-equal societies, men and women are free from domination, discrimination, and violence. Unfortunately, in reality, gender-equal societies are almost nonexistent, and women tend to have a lower value than men do in society; as a result, women are frequently discriminated against or controlled. The idea of gender equality opposes valuing men and women differently.

### The Roles We Play: Female and Male Gender

#### Rationale for Session

In the last session, the participants were introduced to the concept of gender and learned that gender is defined by societal norms. In this session, they will identify those norms and determine which are harmful. This identification will form the basis for the participants to begin recognizing how these norms contribute to behaviors that increase the spread of HIV. This realization, in turn, will help the participants understand how gender equality can help reduce or end the HIV epidemic, as well as other problems in society, such as sexual violence. The consciousness-raising conducted in this session will build a foundation from which youth can participate in positive social change.

#### Learning Objectives

*By the completion of this session, the participants will be able to:*

1. Make a comparison between their goals for their future and the goals their parent/guardian holds for their future.
2. Evaluate the support they have from a parent/guardian for their future goals.
3. Identify at least three gender norms that define acceptable gender roles for both men and women in their society.
4. Identify at least two norms for each gender that are harmful or unfair.
5. Identify at least one way in which harmful gender norms contribute to maintaining or increasing HIV infection in their society.
6. Identify at least one way in which “living outside the box” and promoting gender equality can reduce the spread of HIV and/or reduce the harm caused by the HIV epidemic.

#### Important Take-Away Messages

1. Gender norms define acceptable ways of acting like a man or a woman.
2. Harmful gender norms contribute to social problems such as sexual violence.
3. Harmful gender norms lead men and women to treat each other in ways that increase the spread of HIV.
4. In many societies, gender norms have been changing in ways that increase gender equity and gender equality.
5. Working together, we can eliminate harmful gender norms and promote gender equity and gender equality.

#### Time

45 minutes

## Materials

- Eight Truths to Live By poster
- Group Agreements poster
- Flipchart paper, a chalkboard, or a dry-erase board
- Writing implements for participants—pens and/or pencils
- Masking tape
- Participant notebooks or one sheet of blank paper for each participant
- Four half-sheets of blank paper for each participant
- An additional 12½ sheets of blank paper
- Markers—at least one for each participant
- Blank copies of Take Home Assignment A (for participants who did not complete the assignment to refer to during the review of the assignment)
- Resource Sheet 6A: Common Responses to “Be a Man” and “Act Like a Lady”

## Advance Preparation

1. Review the session plan.
2. Write out the Group Agreements on flipchart paper or the chalkboard, or hang a previously made poster.
3. Write out the Eight Truths to Live By on a poster board, flipchart paper, or chalkboard
4. Prepare a parking lot.
5. Write out the session agenda on posterboard, flipchart paper, or the chalkboard:  
AGENDA
  1. Agenda Review
  2. Take-Home Discussion Assignment Review
  3. Be a Man/Act Like a Lady Activity
  4. Closing
6. Write the three discussion questions for the Take-Home Discussion Assignment Review activity on a piece of flipchart paper or on the chalkboard.
7. Prepare two diagrams for the “Be a Man/Act Like a Lady” activity on flipchart paper or the chalkboard. Draw a large rectangle the size of a sheet of flipchart paper and label it “Be a Man” at the top. Draw another rectangle the same size and label it “Act Like a Lady” at the top.
8. Prepare the half-sheets of paper in the materials list.
9. Tear off two or three 2-inch pieces of tape per participant. Store these prepared pieces of tape by attaching them to the edge of an unused table, an outside corner of an interior wall, or stretch of window molding, preferably in a spot located near where the “Be a Man” and “Act Like a Lady” diagrams are posted.
10. Make copies of Resource Sheet 6A.

### **Facilitator Note**

This activity is a good way to help youth understand harmful gender norms. Remember that their understanding of gender may also be affected by class, race, ethnicity, and other differences. Keep in mind that gender norms are changing in many countries and that in some places men and women are finding it easier to step outside of these “boxes.”

## **Procedure**

### **Agenda**

#### **2 minutes**

1. Welcome the participants to the group.
2. Direct the participants to the posted agenda. Review it with them.
3. Direct the participants to the posted version of the Eight Truths to Live By. Remind them that these are truths that the *Stay Healthy* program offers to guide them in making decisions that will help them stay healthy.
4. Direct the participants to the posted Group Agreements. Remind them that these are the guidelines for group behavior.

### **Homework Debrief**

#### **5 minutes**

1. Ask the participants to take out their completed assignment sheets for Take-Home Assignment A. Identify which participants do not have completed assignment sheets and give these participants copies of the blank assignment sheet.
2. Instruct the participants to very quickly review their own completed sheets or reread the blank sheet.
3. Facilitate a five-minute discussion using the questions listed below.
  - Did anything about your discussion with your parent/guardian surprise you?
  - In what ways are your hopes for your future the same as what your parent or guardian hopes for your future? In what ways are they different?
  - What did your parent/guardian suggest he/she could do to help you achieve the future you want? How helpful will this be to you?
4. Remind the participants that in completing this assignment, they might have heard examples of bad decisions that their parent(s), adult relative, or guardian has made in his/her own life, or they might have been given bad advice or inaccurate information. Strongly encourage the participants to discuss these issues with you one-on-one when *Stay Healthy* is not in session.

### **Be a Man/Act Like a Lady Activity**

#### **36 minutes**

1. Open the activity by asking the participants if they have ever been told to “be a man” (if they are male) or to “act like a lady” (if they are female).
2. Tell the participants that you want to look more closely at these two phrases. Explain that the things we are told to do to “be a man or “act like a lady” are

society's rules for how men and women are supposed to behave—the gender norms talked about in the last activity. Reiterate that these rules can restrict our lives.

3. Distribute markers and half-sheets of paper to the participants. Tell them that they will have three minutes to write down anything they have ever been told, or have heard others be told, about what it means to “be a man” or “act like a lady.” Instruct them to write these down on their half-sheets of paper using the markers. Instruct them that their writing should be large and legible, so the whole group can easily read the sheets when they are posted.
4. Direct the group's attention to the prepared “Be a Man” and “Act Like a Lady” rectangles on flipchart paper or the chalkboard. Explain that these are called the “Be a Man” box and the “Act Like a Lady” box.
5. Explain that they will tape their sheets in the appropriate box. Select four youth who can analyze information quickly and organize information well to be the leaders. Divide the leaders into two pairs. These leaders will model taping their sheets in the appropriate boxes. Explain to the leaders that when they are done taping their sheets, they should remain standing by the boxes. Their task then will be to help the other participants put sheets with similar ideas together, so that duplicate ideas are not spread out all across the box.
6. Direct the leaders to the prepared strips of tape and have them model taping their sheets in the two boxes. Direct the rest of the group to tape their sheets up in the appropriate boxes.
7. Give the group about 10 minutes to complete this process. While the group is completing this process, instruct the participants who have completed this task to read the sheets and write down at least three things posted in the boxes that are different from any of the examples they wrote on their own sheets.
8. Choose another four leaders from among those participants who were the first to finish hanging their sheets. Divide them into pairs. Give them copies of [Resource Sheet 6A](#). As the group nears completion of the task, instruct the leaders to check [Resource Sheet 6A](#) for examples that the participants did not post in the boxes. Instruct these leaders to prepare half-sheets with missing examples and post them in the appropriate boxes.
9. When the group has completed the task, lead a 10-minute group discussion using the questions listed below:
  - Where do we hear the messages we have put in these boxes? (Look for participants to identify family, peers, and the media, at a minimum.)
  - Which of these messages can be harmful? Why? (Draw a star next to the messages identified by the participants. Discuss a few.)
  - Which of these messages seem unfair? (Draw an X next to each one that the participants identify. Discuss a few.)
  - What happens to individuals who do not act according to the things in the box (“living outside the box”)? What do people say about them? How are they treated?
10. Create two new writing spaces on flipchart paper or on the chalkboard and label them “Transformed Men” and “Transformed Women.” Spend 2 minutes asking the participants to list characteristics of men who are “living outside the box,” and record their answers. Then spend 2 minutes asking the same about women who are “living outside the box,” and record those answers.



11. Help the participants recognize that in the end, characteristics of men and women living outside the boxes are actually similar. Explain that the condition where men and women are free to act however they choose, without experiencing the effects of harmful gender norms, is called “gender equality.”
12. Spend 3–4 minutes leading a second group discussion using the following questions:
  - How does living inside the box impact a person’s health and the health of others, including in relation to HIV?
  - How can living outside the box help prevent the spread of HIV or reduce the negative impacts of the HIV epidemic?
13. Thank the participants for completing this challenging activity. If time allows, summarize the activity with the following empowerment statement:

Throughout our lives, we receive messages from family, peers, the media, and society about how we should act as women and men and how we should relate to members of the opposite sex. Some of these messages and expectations are completely fine and help us to enjoy our identity as a man or a woman. However, as we have seen, some of these messages are unhealthy, harmful, and unfair—and we have the right to keep these from limiting us and hurting us as human beings. As we become more aware of how harmful gender norms can negatively impact our lives and communities, we can think constructively about how to challenge them and promote more positive gender roles and relations in our lives and communities. In this way, we can work together to create new beliefs about gender and create more freedom for people to choose how they want to live their lives.

### **Wrap-Up**

#### ***1 minute***

1. Thank the participants for attending the session.
2. Remind the participants of when and where the next program session takes place.
3. Ask the participants to look for harmful gender norms as they go through their day between sessions. Ask them to think about how they might challenge or change some of these harmful norms.
4. Dismiss the participants.

**Stay Healthy: Resource Sheet 6A**  
**Common Responses to “Be a Man”**  
**and “Act Like a Lady”**

**Be a Man**

- Be tough
- Do not cry
- Earn money
- Stay in control and do not back down
- Have sex when you want it
- Have sex with many partners
- Produce children
- Take risks
- Do not ask for help
- Use violence to resolve conflicts
- Drink
- Smoke
- Ignore pain
- Do not talk about problems
- Be brave
- Be courageous
- Make decisions for others

**Act Like a Lady**

- Be passive and quiet
- Be the caretaker and homemaker
- Act sexy, but not too sexy
- Be smart, but not too smart
- Follow men’s lead
- Keep your man—provide for him
- Do not complain
- Do not discuss sex
- Get married
- Produce children
- Be pretty
- Be seen, not heard

### “Persons” or “Things”?

#### Rationale for Session

In the last session, the participants learned about gender norms and how some of these norms cause harm. This session focuses on one common, harmful gender norm—“objectification,” or a person’s ability, because of the power and privilege of his/her gender, to view and treat other people as objects or things. This session draws a further connection between how viewing and treating people as objects helps the spread of HIV by making it okay to impose sexual risk-taking on another person.

#### Learning Objectives

*By the completion of this session, the participants will be able to:*

1. Describe what it feels like to objectify someone and to be objectified.
2. Identify power relationships in society.
3. Identify that a power imbalance is the underlying cause of objectification.
4. Identify that objectification is a harmful gender norm.
5. Describe how objectification can lead to one person imposing sexual risks on another person, promoting the spread of HIV and STIs.

#### Important Take-Away Messages

1. Objectification, or viewing and treating another person as a thing, is an extreme example of a harmful gender norm.
2. Objectification is one of the gender norms that contributes to problems such as sexual violence.
3. Objectification can lead a person to impose sexual risks on another person, promoting the spread of HIV and STIs.
4. Working together, we can make objectification unacceptable in our community. This will contribute to promoting gender equality.

#### Time

45 minutes

#### Materials

- Markers
- Blank paper
- Eight Truths to Live By poster
- Group Agreements poster
- Flipchart paper, a chalkboard, or a dry-erase board

- ❑ Writing implements for participants—pens and/or pencils
- ❑ Masking tape
- ❑ Copies of Handout 7: Debriefing the Persons and Things Simulation (one per three participants, plus a few extras)

## Advance Preparation

1. Review the session plan.
2. Write out the Group Agreements on flipchart paper or the chalkboard, or hang a previously made poster.
3. Write out the Eight Truths to Live By on posterboard, flipchart paper, or the chalkboard, or hang a previously made poster.
4. Prepare a parking lot.
5. Write out the session agenda on posterboard, flipchart paper, or the chalkboard:
 

AGENDA

  1. Agenda Review
  2. Review of Concepts
  3. Persons or Things
  4. Closing
6. Write the rules for the “Persons or Things” simulation on flipchart paper or the chalkboard.
7. Write the discussion questions for the Consequences of Objectification on flipchart paper or the chalkboard.

### Facilitator Note

Some participants might not feel comfortable with the role play involved in the Persons or Things activity. It is important to be sensitive to how the participants react to being assigned the role of “person” or “thing” and to be prepared to make necessary accommodations or changes. For example, rather than have the participants actually carry out the simulation, you could invite the participants to discuss in pairs how a “person” might treat a “thing” and the feelings that this might generate for the “person” and “thing.” Be prepared to make referrals to counseling or other services for those participants who are especially affected by the activity.

## Procedure

### Agenda

#### 2 minutes

1. Welcome the participants to the group.
2. Direct the participants to the posted agenda. Review it with them.
3. Direct the participants to the posted version of the Eight Truths to Live By. Remind them that these are truths that the *Stay Healthy* program offers to guide them in making decisions that will help them stay healthy.

4. Direct the participants to the posted Group Agreements. Remind them that these are the guidelines for group behavior.

## **Review of Concepts**

### **10 minutes**

1. Tell the participants that this is a review of concepts that they have been learning in the last few sessions. Explain that you will ask them about different concepts and terms, and if they can explain the concept or term, they should raise their hand. Tell the participants that you will call on someone to respond.
2. As the review proceeds, provide clarifications and answer questions as necessary.
  - Ask: What is the difference between “biological sex” and “gender?”  
Answer: “Biological sex” describes the biological differences between women and men. “Gender” describes society’s expectations about what it means to be a man/boy or a woman/girl and the differences between them. Examples of common gender differences are that women are expected to be gentle and men are expected to rough; that it is acceptable for girls/women to cry, but not for boys; that women are paid less than men for doing the same work.
  - Ask: What are gender norms?  
Answer: Gender norms are a set of unwritten social/cultural rules or guidelines for how males and females are expected to act, dress, think, and live in order to meet society’s expectations for how sex and gender should relate. Taken together, gender norms define the roles, opportunities, limits, and behavior permitted for each gender in a given society. Gender norms differ based on one’s culture or society and can change over time within a given society.
  - Ask: Where do gender norms come from? From whom do we learn them? Are they the same everywhere? Are they always the same within an individual culture?  
Answer: They are part of the culture of each individual society. We learn them through our interactions with people already acculturated to those norms: parents, peers, teachers, role models, and other adults, as well as “cultural transmitters,” such as the media. Gender norms vary according to one’s culture or society and can change over time in a particular society. The roles that are acceptable for women to play have changed in many societies, with women increasingly leaving the home to work in paid employment.
  - Ask: What are some harmful gender norms?  
Answer: Various answers are acceptable.
  - Ask: How can gender norms contribute to the spread, or harm, caused by HIV and AIDS?  
Answer: Various answers are acceptable.

### **Facilitator Note**

There are many possible answers to the question above, depending on the character of the discussion that followed the “Be a Man/Act Like a Lady” activity. Draw on what you remember from this discussion and from your expert understanding of gender to guide this part of the review.

- Ask: What is gender equality?  
Answer: Gender equality is when both sexes have the same power, opportunities, resources, benefits, and rights in society.

3. Repeat the second half of the empowerment statement from the end of the last session:

We have the right to keep harmful gender norms from limiting us and hurting us as human beings. As we become more aware of how harmful gender norms can negatively impact our lives and communities, we can think constructively about how to challenge them and promote more positive gender roles and relations in our lives and communities. In this way, we can work together to create new beliefs about gender and create more freedom for people to choose how they want to live their lives.

4. Compliment the participants on doing a good job on the review.

#### **Facilitator Note**

There are many possible answers to the question above, depending on the character of the discussion that followed the “Be a Man/Act Like a Lady” activity. Draw on what you remember from this discussion and from your expert understanding of gender to guide this part of the review.

### **“Persons or Things” Role Play**

#### **9 minutes**

1. Tell the participants that the name of this activity is “Persons and Things.”
2. Divide the participants into three equal-sized groups.
3. Assign one group to be the observers, a second group to be the “persons,” and the third group to be the “things.”
4. Read the following directions to the group:
  - **THINGS**: You cannot think, feel, or make decisions. You have to do whatever the “persons” instruct you to do. If you want to move or do something, you have to ask a “person” for permission.
  - **PERSONS**: You can think, feel, and make decisions. Furthermore, you can tell the things what to do.
  - **OBSERVERS**: Observe everything that happens in silence.
5. Direct the participants to the Rules for Persons or Things Simulation written on flipchart paper or the chalkboard. Review the rules:
  - This is a simulation. We want to simulate the way some people view and treat others, but we must keep it safe—use good judgment.
  - Have fun, but do not humiliate another person.
  - You may not physically hurt or harm another person.
  - At any time, either person in a pair may stop the simulation by saying “end simulation” or “stop simulation.” If this happens, check in with the program facilitator.
6. Ask the participants to practice saying “end simulation” and “stop simulation.”

7. Ask all of the participants to indicate their willingness to obey the rules.
8. Pair each “person” participant with a “thing” participant and instruct the “persons” that they can tell the “things” what to do (within the space of the room).
9. Give the group about five minutes to run the simulation.
10. End the simulation, and instruct the person-thing pairs to form a group of three with an observer and then sit down for the next activity.

### **Debriefing Persons or Things**

#### ***10 minutes***

1. Instruct the participants to spend 8 minutes in their trios discussing their experiences in the simulation activity.
2. Provide the trios with Handout 7: Debriefing Persons or Things Simulation to guide their discussion. Instruct them to consider the following questions:
  - a. For the “things”: How did your “person” treat you? How did you feel? Did you feel powerless? Why or why not?
  - b. For the “persons”: How did you treat your “thing”? How did it feel to treat someone this way? Did it make you feel powerful? Why or why not?
  - c. Why did the “things” obey the instructions given by the “persons”?
  - d. Were there “things” or “persons” who resisted the exercise?
  - e. For the “observers”: How did you feel about not being able to do anything? Did you want to interfere with what was happening? If yes, what do you think you could have done?
  - f. If you had been able to choose between the three groups, which would you have chosen to be in and why?
3. At the end of the discussion, have the participants reform into one group.

### **The Consequences of Objectification**

#### ***12 minutes***

1. Explain to the participants that the vocabulary term for when a person views and treats another person as a “thing” instead of a person is “objectification.”
2. Write the term “objectification” on flipchart paper or the chalkboard. Explain how, just as they saw in the simulation, objectification is the product of one person’s having a lot more power than another person.
3. Lead a brief group discussion about objectification, using the following questions:
  - In your communities, do men most often belong to one of these two groups? Which group? Do women most often belong to one of these groups? Which group? Why do you think this is true?
  - Why do people treat each other like this? (Make sure that the participants recognize that one of the key conditions necessary to enable people to treat each other in this manner is a difference in power of one group over another.)
  - How does society/culture support these kinds of relationships?
  - What do you think it feels like for someone who is treated like a “thing” in a relationship? What are some ways they might come to view themselves? What are some ways that others might come to view them?
  - What are some risks or negative consequences that come from being treated like a thing?

- How might a relationship with this dynamic increase the chance of one or both people becoming infected with HIV?
4. Provide the following information, as necessary, to ensure that the participants understand the connection between objectification and the spread of HIV.

Objectification—and the unequal power balance between men and women in intimate relationships that create it—increases society’s risk for HIV and AIDS, STIs, violence, and unplanned pregnancy.

For example, a woman often does not have the power to say if, when, and how sex takes place, including whether a condom is used, because of longstanding beliefs that men should be assertive or aggressive in sexual matters and that women should be passive (or that women “owe” sex to men).

As another example, when the male in a relationship controls all the money, or when men in a society dominate the workplace and women cannot obtain gainful employment, a woman who is dependent on a male partner for financial support might believe that she does not have the power to say no to sex.

In cases where one sexual partner is much older than the other—usually an older man with a younger woman—age, financial, and class differences between men and women create unequal power relations that facilitate one partner’s imposing sexual risk on the other partner.

## **Wrap-Up**

### **2 minutes**

1. End the session with the following summary statements:  
There are many examples of power relationships in our lives and communities. Think of relationships between youth and adults, students and teachers, employees and bosses. Sometimes, the power imbalances in these relationships can lead one person to objectify another—treat another person like a thing instead of a person.  
  
As we explore gender and the relationships between men and women, it is important to remember the connection between how you might feel if treated like a thing in some of your relationships and how you, in turn, might treat others, especially women, like objects. Thinking about these connections can help motivate you to construct more equitable relationships with women in your homes and communities.
2. Ask the participants to spend some time between sessions thinking about what they can do to make sure that different groups, such as men and women, live in a world where they are treated as persons with the same good health, personal safety, opportunities, and rights that others have.
3. Thank the participants for attending the session.
4. Remind the participants of when and where the next program session takes place.
5. Dismiss the participants.



## Stay Healthy: Handout 7A

### Debriefing the “Persons” and “Things” Simulation

**Directions:** In a trio of one “person,” one “thing,” and one observer from the simulation activity, discuss your experience with the activity. Use the questions below to guide your discussion.

#### **Questions:**

- a. For the “things”: How did your “person” treat you? How did you feel? Did you feel powerless? Why or why not?
- b. For the “persons”: How did you treat your “thing”? How did it feel to treat someone this way? Did it make you feel powerful? Why or why not?
- c. Why did the “things” obey the instructions given by the “persons?”
- d. Were there “things” or “persons” who resisted the exercise?
- e. For the “observers”: How did you feel about not being able to do anything? Did you want to interfere with what was happening? If yes, what do you think you could have done?
- f. If you had been able to choose between the three groups, which would you have chosen to be in and why?



### Listening to Each Other, Learning from Each Other

#### Rationale for Session

Previous sessions have provided the participants with a conceptual understanding of gender norms and how these norms produce behavior that contributes to the spread of HIV, as well as to the perpetuation of social ills such as sexual violence. By now, the participants should be making the connection between transforming gender norms and improving sexual health, especially in terms of their risk for HIV infection. The participants should be starting to understand that they can play a role in transforming gender norms. The purpose of this session's main activity, the Gender Fishbowl, is to shift participants' beliefs in favor of transforming harmful gender norms and to create group solidarity around this idea by giving them a very personal look at how gender norms have affected their friends and peers.

#### Learning Objectives

*By the completion of this session, the participants will be able to:*

1. Describe at least two significant gendered experiences their peers of the opposite sex have had.
2. Describe at least two significant gendered experiences that they and peers from their own sex typically have.
3. Demonstrate an understanding of at least one gendered experience that peers from another sex have had that they previously did not understand.
4. Identify at least one thing they can do to better support their peers around resisting and/or changing harmful gender norms.

#### Important Take-Away Messages

1. We all have positive experiences that come from our sex; we should each celebrate being a woman or being a man.
2. We all have negative experiences that come from harmful gender norms.
3. The first step in changing harmful gender norms is listening to, and believing, others' experience of gender norms.
4. We all can be allies to each other, giving each other the support needed to resist and change harmful gender norms.

#### Time

45 minutes

#### Materials

- Markers
- Blank paper

- Eight Truths to Live By poster
- Group Agreements poster
- Flipchart paper, a chalkboard, or a dry-erase board
- Writing implements for participants—pens and/or pencils
- Masking tape
- Copies of Take-Home Assignment Sheet B: How Gender Roles Have Affected My Parent’s Life—one per participant, plus a few extras

## Advance Preparation

1. Review the session plan.
2. Write out the Group Agreements on flipchart paper or the chalkboard, or hang a previously made poster.
3. Write out *Stay Healthy* Program’s Eight Truths to Live By on flipchart paper or the chalkboard, or hang a previously made poster.
4. Prepare a parking lot.
5. Write out session agenda on posterboard, flipchart paper, or the chalkboard:
 

AGENDA

  1. Agenda
  2. Gender Fishbowl
  3. Debriefing the Gender Fishbowl
  4. Take-Home Assignment
  5. Wrap-up
6. Read through Take-Home Assignment Sheet B.

### Facilitator Note

The main activity in this session, the Gender Fishbowl, requires the participants to listen while a peer group composed of one sex talks about what it is like for them to live in Namibian society as men or women. This activity is typically challenging for participants on two levels: (1) it can be difficult, and feel accusatory, to hear members of one sex talk about their experiences, and (2) it is often difficult to simply sit and listen to others, especially when what they are saying contributes to the listeners feeling defensive.

As a result, this activity requires that you be active and empathetic. You will need to strongly enforce the ground rules for this activity. If participants in the groups do not feel listened to, they will shut down and not share their real experiences, which is the key to the success of this activity. However, this enforcement must be performed in a caring manner; otherwise, the participants will feel censored, will believe that their feelings and perspectives do not matter, or will believe that the activity is biased in favor of one group or the other.

**Facilitator Note (cont.)**

If you are successful in creating a space in which the groups in the fishbowl feel safe, listened to, and comfortable talking, be prepared for the possibility that the participants will share intense, emotional experiences of being female/male in Namibian society. It is possible that stories of harassment or even abuse may surface. Be aware of how the participants are reacting to the activity and remind them that anyone is free to step out of the activity if it is becoming uncomfortable for them. Also, be prepared to provide support, resources, and referral to the participants after the session.

If the group has more than 12 females and 12 males, and if there is adequate space, consider running two fishbowls. Since time for this activity is limited, this will allow more youth to participate in the discussion when they are in the fishbowl. This arrangement will require either having another adult facilitator or assigning a very mature, respected participant to lead each group. If you use a participant leader, instruct him or her that the most important requirement is to help his/her group be good listeners when it is their turn to observe the fishbowl.

**Procedure****Agenda****1 minute**

1. Welcome the participants to the group.
2. Direct the participants to the posted agenda. Review it with them.
3. Direct the participants to the posted version of the Eight Truths to Live By. Remind them that these are truths that the *Stay Healthy* program offers to guide them in making decisions that will help them “stay healthy” and avoid HIV.

**Gender Fishbowl****31 minutes**

1. Explain that the group will do an activity called a “fishbowl.” Explain that this exercise focuses on listening and that listening to each other and respecting each other are key to the success of this exercise. Remind the group of the ground rules.
2. Divide the participants into a male group and a female group.
3. First, ask the males to sit in a circle in the middle of the room, as close to each other as is comfortable and facing each other. Instruct the girls to sit around the outside of the males’ circle, facing in toward them.
4. Instruct the female group that their task is to observe and listen to what the males say. They are not allowed to speak to the males or each other, make comments or noises, or say anything. Tell them you want them to imagine that they are watching the male group through a fishbowl.
5. Begin a discussion with the male group by asking the questions found on Resource Sheet 8A. Ask them to be honest and pretend that no one is listening. Emphasize the need for honesty.
6. Once the male group has talked for about 14 minutes, close their discussion.
7. Next ask the female group to switch places with the male group.

8. Give the male group the same instructions as you did to the female group: Their task is to observe and listen to what the female group is saying. They are not allowed to speak to the females or each other, make comments or noises, or say anything. Tell them you want them to imagine that they are watching the female group through a fishbowl.
9. Lead a discussion with the female group while the males listen. The questions for the female group are also on the Resource Sheet. Clarify for the females that they should not respond to anything the males said or be defensive. Instead, they should speak from their hearts and be honest.
10. After the female group has talked for about 14 minutes, close their discussion.
11. Thank all of the participants for taking part in the activity.
12. Instruct the participants to reform as one group.

### **Debriefing the Gender Fishbowl**

#### ***10 minutes***

1. Lead a discussion with the whole group. Use the following questions:
  - What did you learn?
  - How did it feel to talk about these things with others listening? How did it feel to listen?
  - What surprised you about this activity?

### **Take-Home Discussion Assignment**

#### ***2 minutes***

1. Explain to the participants that they will be given a take-home assignment to do with their parent(s), guardian(s), or other adult family member or caregiver.
2. Tell them the name of the assignment is “How Gender Roles Have Affected My Parent’s Life.”
3. Distribute copies of Take-Home Assignment Sheet B.
4. Instruct the participants on how to complete the assignment, using the directions provided in the activity description following this session.
5. Instruct the participants to complete the assignment before Session 13 and to bring their completed assignment sheets to that session, at which time the whole group will review the assignment.

### **Wrap-Up**

#### ***1 minute***

1. Thank the participants for attending the session.
2. Remind the participants of when and where the next program session takes place.
3. Dismiss the participants.

## **Stay Healthy: Resource Sheet 8A**

### **Questions for the Gender Fishbowl**

#### **Questions for the boys:**

- What do you like about being a male your age?
- What do you not like? What do you think is the most difficult thing about being a male your age today?
- What do you think girls and women need to understand better about males your age and men in general?
- What do you find difficult to understand about girls and women?
- What is something that you never want to hear again about boys/men?
- How can you help males and females better support one another?

#### **Questions for the girls:**

- What do you like about being a female your age?
- What do you not like? What do you think is the most difficult thing about being a female your age today?
- What do you think boys and men need to understand better about females your age and women in general?
- What do you find difficult to understand about boys and men?
- What is something that you never want to hear again about girls/women?
- How can you help males and females better support one another?





### Healthy and Unhealthy Relationships

#### Rationale for Session

In previous sessions, the participants learned about harmful gender norms and how these gender norms lead to behaviors that can put them at risk for becoming infected with HIV. In this session, they will look at how gender norms and other dynamics influence whether a romantic relationship is healthy or unhealthy. Learning to recognize the difference between healthy and unhealthy relationships is a necessary prerequisite for *having* a healthy relationship. Healthy relationships generally support choices that prevent the spread of HIV infection.

#### Learning Objectives

*By the completion of this session, the participants will be able to do the following:*

1. Identify at least two characteristics of a healthy relationship.
2. Identify at least two characteristics of an unhealthy relationship.
3. Classify different relationship situations as healthy or unhealthy and explain the reasoning behind their classification.
4. Identify how gender norms contribute to the creation of unhealthy relationships.
5. Identify the reasons why individuals stay in unhealthy relationships and how gender inequality can contribute to them staying in these relationships.
6. Identify at least one thing they could do to help someone leave an unhealthy relationship.

#### Important Take-Away Messages

1. Romantic relationships can be healthy or unhealthy, depending on how the two people in the relationship treat each other.
2. Gender norms influence how two individuals treat each other in romantic relationships.
3. Unhealthy relationships typically increase the risk that the individuals in that relationship will become infected with HIV or will transmit HIV (if one person in the relationship is already infected).
4. Unhealthy relationships can be changed to healthy ones, or individuals in unhealthy relationships can leave those relationships. Either of these options is more easily achieved with help from friends and family.

#### Time

45 minutes

## Materials

- Markers
- Blank paper, with many sheets cut in half
- Eight Truths to Live By poster
- Group Agreements poster
- Flipchart paper, a chalkboard, or a dry-erase board
- Writing implements for participants—pens and/or pencils
- Masking tape
- 8½” x 14” paper, or two sheets of posterboard

## Advance Preparation

1. Review the session plan.
2. Write out the Group Agreements on flipchart paper or the chalkboard, or hang a previously made poster.
3. Write out the Eight Truths to Live By on flipchart paper or the chalkboard, or hang a previously made poster.
4. Prepare a parking lot.
5. Write out session agenda on posterboard, flipchart paper, or the chalkboard:  
AGENDA
  1. Agenda
  2. Defining Healthy and Unhealthy Relationships
  3. Knowing the Signs of Healthy and Unhealthy Relationships
  4. Discussing Healthy and Unhealthy Relationships
  5. Wrap-Up
6. Write each of these relationship situations on half-sheets of paper, writing as large as the half-sheet will permit:
  1. One person in the relationship always pays for dates.
  2. You never disagree with your partner.
  3. You spend some time by yourself without your partner.
  4. You have fun being with your partner.
  5. Your partner is still close to his or her ex-boyfriend or ex-girlfriend.
  6. You feel closer and closer to your partner as time goes on.
  7. You will do anything for your partner.
  8. You do not talk about sex.
  9. One person usually makes every decision for the couple.
  10. You stay in the relationship because it is better than being alone.
  11. You are in control and you are able to do what you want to do.
  12. One person hits the other person and leaves bruises.
  13. One person hits the other person but no harm is done.
  14. You talk about problems when they arise in the relationship.
  15. You argue and fight often.

7. Prepare and hang three 8½” x 14” signs that read “Healthy,” “Unhealthy,” and “Depends.” Ensure that there is a 2’ x 3’ wall space under each sign.
8. Prepare small strips of tape to be used in hanging the relationship situation half-sheets under the “Healthy,” “Unhealthy,” and “Depends” signs.
9. Write the discussion questions for the “Discussing Healthy and Unhealthy Relationships” activity on flipchart paper or the chalkboard.

### **Facilitator Note**

The Discussing Healthy and Unhealthy Relationships activity can be challenging. This activity aims to help the participants recognize the difference between a healthy and an unhealthy relationship and to understand how the dynamics in unhealthy relationships lead to greater risk for HIV infection or transmission through sexually risky behaviors (e.g., a man having sex outside of his primary relationship because he feels the need to prove his sexual prowess as a “stud” or a “player”). Successful facilitation of this activity will help the participants see how harmful gender norms can be a big factor in unhealthy relationships. Furthermore, the participants may have little or no prior understanding of what a healthy relationship looks like and may be using the unhealthy relationships they observe as a model for their own relationships. It is important when facilitating this activity to have this goal in mind and to facilitate from a clear understanding of the characteristics of a healthy relationship.

After the session, make a poster or posters of the qualities/characteristics of healthy and unhealthy relationships that the participants provided. Make these posters a permanent addition to the materials displayed in the classroom during the program.

## **Procedure**

### **Agenda**

#### ***1 minute***

1. Welcome the participants to the group.
2. Direct the participants to the posted agenda. Review it with them.
3. Direct the participants to the posted version of Eight Truths to Live By. Remind them that these are truths that the *Stay Healthy* program offers to guide them in making decisions that will help them “stay healthy” and avoid HIV.
4. Direct the participants to the posted Group Agreements. Remind them that these are the guidelines for group behavior.

### **Defining Healthy and Unhealthy Relationships**

#### ***10 minutes***

1. Remind the participants that during the last session, they identified gender norms in their culture that speak to how men and women are supposed to think, act, and feel. Remind them that they identified some of these norms as acceptable—part of what makes being a man or being a woman special in Namibian culture. Remind them that they also identified some of these norms as harmful—causing harm, oppression, and inequality, including increasing the risks for individuals’ becoming infected with HIV.
2. Tell the participants that today the group will talk about romantic relationships and what makes these relationships healthy or unhealthy. Explain that even if they are not

yet involved in romantic relationships, it is important that they talk about these things now, to prepare for such relationships. Tell them that if they have never been involved in a relationship, they should refer to the experience of people in their lives who are involved in romantic relationships (e.g., parents, older siblings, cousins, etc.).

3. Create two large writing areas on the chalkboard by labeling one “healthy” and the other “unhealthy.” Ask the participants as a group to identify qualities and characteristics that describe healthy relationships. Make sure that the participants understand that you are using the terms “healthy” and “unhealthy” in the broadest possible way to include physical health, emotional health (e.g., self-esteem, happiness), a sense of mutual satisfaction, and other factors.
4. As the participants suggest qualities/characteristics for the board, obtain general agreement from the group on each quality/characteristic.
5. If the participants do not identify “respect,” “equality,” “responsibility,” and “honesty,” suggest these and see if the participants agree that these are qualities of a healthy relationship. Other characteristics that should be included are having consensual sex, planning for sex, using condoms, and having one partner at a time.
6. Once the group has generated lists that everyone agrees on, explain that these lists will be the group’s working definition for healthy and unhealthy relationships. Tell the group that you will create posters for these definitions to hang in the classroom.

### **Knowing the Signs of Healthy and Unhealthy Relationships**

#### ***18 minutes***

1. Explain to the participants that now that they have defined what healthy and unhealthy relationships are, they will analyze some situations that come up in relationships to determine whether these are indications of a healthy or unhealthy relationship.
2. Evenly distribute the 15 relationship situations on half-sheets of paper among the participants, grouping them into pairs and/or trios, as needed, to ensure that every participant is part of a group reviewing a situation.
3. Ask the participants to examine the situation they have been given and decide if it belongs in the category of “Healthy,” “Unhealthy,” or “Depends.” Make sure that the participants understand that the “Depends” category means that under some circumstances the situation could be indicative of a healthy relationship, but in other circumstances the situation could indicate an unhealthy relationship.
4. Once they have decided, invite the participants go to the front of the room and tape their situation sheets under the appropriate sign.
5. After all of the half-sheets of paper have been placed in the front of the room, ask the group to examine the placement of the situations.
6. Ask if there are any disagreements with where individual half-sheets have been placed. If there are disagreements, help the group discuss and come to agreement on where the situation belongs. In cases where the participants are divided on where a situation belongs, refer them to the qualities of a healthy relationship (e.g., respect, equality, responsibility, honesty, happiness, etc.), to see if these apply to the situation and help resolve the disagreement.
7. Once the group agrees on the placement of the situation, congratulate them on completing the activity.

## **Discussing Healthy and Unhealthy Relationships**

### ***15 minutes***

1. Debrief the relationship situation placement activity by leading the group in a discussion of the following questions:
  - Why are some relationships unhealthy? How do gender norms contribute to creating unhealthy relationships?
  - Why do you think some people stay in unhealthy relationships? How do gender norms and gender inequality contribute to why some people stay in unhealthy relationships?
  - Can relationships get better? Can they change from unhealthy to healthy over time?
  - Can relationships get worse? Can they change from healthy to unhealthy over time?
  - How can friends and family help people in unhealthy relationships?

## **Wrap-Up**

### ***1 minute***

1. Thank the participants for attending the session.
2. Remind the participants of when and where the next program session takes place.
3. Dismiss the participants.

### **Facilitator Note**

It is important for the participants to understand how harmful gender norms can be a large factor in unhealthy relationships. This debrief should help the participants recognize how narrowly conceived, rigid conceptions of masculinity and femininity create power imbalances in relationships, contribute to unhealthy interpersonal dynamics, and often result in one person (usually the woman, in heterosexual relationships) experiencing negative consequences, ranging from being dissatisfied with the relationship to suffering verbal, physical, or sexual abuse. Help the participants to see how conforming to the narrow gender roles and norms they identified in the “Be a Man/Act Like a Lady” activity in Session 6 deny both parties in a relationship their full range of emotions, restrict their ability to communicate honestly and openly, and can make an individual feel as though she/he must play a role or conform to expectations instead of being true to herself/himself. These dynamics create stress and anxiety, which can lead to conflict. Harmful gender norms also create inequality and a power imbalance that can be abused by the more powerful person in the relationship.



### Speaking Up for Yourself—Saying No<sup>7</sup>

#### Rationale for Session

Helping youth engage in behaviors that will reduce the spread of HIV (such as staying abstinent, using condoms every time they have intercourse, and committing to one partner at a time) requires that they be able to resist pressure and temptation, be resilient against influences (e.g., money and gifts) that might be used as leverage against their boundaries, and refuse to participate in unsafe sexual activity. All of these capacities require the skill of clearly saying “no,” which is a skill taught in this session.

#### Learning Objectives

*By the completion of this session, the participants will be able to:*

1. Distinguish effective and ineffective approaches to refusing, or saying “no”.
2. Identify four characteristics of an effective “no” statement.
3. Use strategies for refusing, or saying “no,” effectively.

#### Important Take-Away Messages

1. Harmful gender norms and gender inequality contribute to the spread of HIV.
2. Everyone should have the right to refuse sex, especially when it involves risky behaviors that could spread HIV.
3. Important elements in a healthy relationship are good, clear communication and respect for the other person’s wishes.

#### Time

45 minutes

#### Materials

- Markers
- Blank paper
- Eight Truths to Live By poster
- Group Agreements poster
- Healthy and Unhealthy Relationships posters (from session 9)
- Flipchart paper, a chalkboard, or a dry-erase board
- Writing implements for participants—pens and/or pencils

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<sup>7</sup> This activity is based on Activity 22—Role Playing to Say No to Sex with Additional Sexual Partners: Part 1, from Kirby, D. 2011. Reducing HIV transmission: Curriculum-based activities designed to reduce number of sexual partners and concurrent sexual partners. Unpublished. Scotts Valley, CA: ETR Associates.

- ❑ Masking tape
- ❑ Three copies of Handout 10A: Demonstration Role Play #1: Trying to Slow Down—Ineffective Version
- ❑ Three copies of Handout 10B: Demonstration Role Play #2: Trying to Slow Down—Effective Version
- ❑ Copies of Worksheet 10A: Role Play #3: Two Hours Alone (one per participant)
- ❑ Copies of Worksheet 10B: Observer Checklist (one per participant)

## **Advance Preparation**

1. Review the session plan.
2. Write out the Group Agreements on flipchart paper or the chalkboard, or hang a previously made poster.
3. Write out the Eight Truths to Live By on flipchart paper or the chalkboard, or hang a previously made poster.
4. Prepare a parking lot.
5. Write out session agenda on posterboard, flipchart paper, or the chalkboard:
 

AGENDA

  1. Agenda
  2. Introduction to Saying No
  3. Saying No Clearly
  4. Demonstrations
  5. Participant Role Plays
  6. Wrap-Up
6. Hang the “Qualities/Characteristics of Healthy and Unhealthy Relationships” posters produced from session 9.
7. Create a large-print version of Poster 10: A Clear Refusal Statement on flipchart paper or the chalkboard.
8. Review Handout 10A, Handout 10B, and Worksheet 10A. Make sure that the scenarios/situations depicted are realistic and appropriate to your group. Edit as needed. (See Facilitator Note below.)
9. Before the class, select two participants who could role-play well and would be comfortable doing so. Give them Role Play #1 titled “Trying to Slow Down—Ineffective Version” and Role Play #2 titled “Trying to Slow Down—Effective Version.” Assign one participant the male character and the other participant the female character in the role plays, and ask them to read and act out the role plays at the appropriate time during the session.

## **Procedure**

### **Agenda**

#### ***1 minute***

1. Welcome the participants to the group.
2. Direct the participants to the posted agenda. Review it with them.



3. Direct the participants to the posted Eight Truths to Live By. Remind them that these are truths that the *Stay Healthy* program offers to guide them in making decisions.
4. Direct the participants to the posted Group Agreements. Remind them that these are the guidelines for group behavior.

### **Introduction to Saying No**

#### **10 minutes**

1. Ask the participants to think about situations in which someone refused to do something and really meant it. Ask them to identify what the person said or did that made others realize that the person really did not want to do something.
2. If the participants do not mention the following, be sure to ask about whether the person:
  - Clearly said “No”
  - Used a firm tone of voice to support the “No” message
  - Gave a strong nonverbal “No” message
  - Repeated the “No” message as much as needed

#### **Facilitator Note**

This activity is the first in the *Stay Healthy* program to use role-playing and to demonstrate skills and have the participants practice them. As facilitator, you should be familiar with the effective method for teaching *skills*. Each time a new skill is introduced, be sure to (1) explain the skill verbally, (2) model the skill correctly, (3) have each participant practice the skill, and (4) ensure that the participants receive feedback and positive reinforcement for practicing and using the skill.

You may need to change the scenarios in the scripts to make them more realistic and appropriate for your particular community and for the participants; however, the basic skills taught should remain the same. Before teaching this lesson, it may be helpful to review the scenarios and scripts with a small group of youth similar to those who will participate in this session, so that you can know what changes are needed.

3. Remind the participants that they have been learning about harmful gender norms and gender inequality. Remind them that these conditions contribute to the spread of HIV. Remind them of some examples:
  - Men believing they have to have sex to prove themselves or prove they are “real men,” “studs,” or “players”
  - Men believing they are entitled to sex
  - Men being told that having sex with a condom is not “cool,” “manly,” or “macho”
  - Women being passive or submissive
  - Individuals having multiple sexual partners (especially without telling their partners) in order to feel worthwhile
4. Tell the participants that one of the ways they can transform these conditions and norms is by saying “no” to sex, to sex they do not want, and to sex that is risky. Acknowledge that when a person is being forced to have sex, psychologically or physically, saying “no” might not be sufficient.

5. Explain that an important characteristic of a healthy relationship is good communication. This means being assertive, being honest, and saying what you want and do not want. People pressuring you to have sex may not know how you feel if you do not tell them clearly.
6. Explain that even when young people have decided not to have sex or not to have sex without a condom, it is sometimes hard to refuse sex and stick with that refusal. This is especially true when the other person is someone you care about or are attracted to, or if the person is very persistent. Remind them that everyone has the right to say no and to have their refusal respected.
7. Point out that sometimes people try to refuse sex, but the other person does not hear the refusal because it is not clear. Being able to refuse sex clearly and effectively can give them more power and respect in their relationships.
8. Tell the participants that today they will be learning and practicing ways to refuse to have sex when they do not want it at all or when they do not want to have sex with anyone other than their girlfriend/boyfriend. These skills can also be used to refuse unprotected sex (sex without a condom).

## **Saying “No” Clearly**

### **5 minutes**

1. Using Poster 10: A Clear Refusal Statement, review the four characteristics of a clear refusal statement.
2. Explain each step and then *demonstrate it*. Give examples of both an effective statement and an ineffective statement.
  - **Clearly Say “No”**  
There is no substitute for clearly saying “No.” Nearly everyone understands the meaning of “No.”
    - *Effective use:* “No, you can’t copy my homework.” (A direct No)
    - *Ineffective use:* “Well, I don’t know. You really shouldn’t copy my homework.” (A weak No)
  - **Use a Firm Tone of Voice to Support the “No” Message**  
The *way* you say something often conveys your message as strongly as or more strongly than the words you use.
    - *Effective use:* Use a firm voice while saying, “No, you can’t copy my homework.”
    - *Ineffective use:* Use an unconvincing voice while saying, “Well, I don’t know. You really shouldn’t copy my homework.”
  - **Give a Strong Nonverbal “No” Message**  
There are many body movements that can support a verbal “No” message. For example:
    - *Hands-off gestures:* Use hand or arm movements for emphasis.
    - *Stiff body:* Sit or stand stiffly. Stomp away from the other person if you have to.
    - *Serious facial expression:* Use an “I mean it” expression.
    - *Other body movements:* Cross arms and legs for emphasis.
    - *Fight back:* If all else fails, push the person away and protect yourself.

- *Effective use:* Arms crossed or hands on hips while saying, “No, you can’t copy my homework.”
- *Ineffective use:* Slouching and showing homework while saying, “Well, I don’t know. You really shouldn’t copy my homework.”
- **Repeat the “No” Message as Often as Needed**  
Eventually, the person will get the message and give up.
  - *Effective use:* “I already told you twice, NO, you can’t copy my homework. What don’t you understand?”
  - *Ineffective use:* Failing to repeat the message.

## **Demonstrations**

### **12 minutes**

1. Explain that two volunteers will demonstrate some of the ways that *not* saying “No” clearly can work against you when trying to refuse something you do not want.
2. Give each participant a copy of Worksheet 10B: Observer Checklist. Direct them to watch and listen and to place a check (in Column 1) next to the characteristics of a clear “No” statement used during the role play.
3. Ask the two volunteers to come to the front of the group. Read the “Setting the Stage” section. Then have the volunteers read and act out the *ineffective* version of the “Trying to Slow Down” role play.
4. After the role play, ask the participants if the person being pressured used clear “No” statements. Ask them to identify what was missing (e.g., never said “No”, never repeated “No”, did not use clear communication because he/she did not want to upset the other person, or did not use a strong voice).
5. Now ask the two volunteers to read and act out the *effective* version of “Trying to Slow Down.” Instruct the participants to watch, listen, and place a check (again using column 1) next to the characteristics of a clear “No” statement used during the role play.
6. Read the “Setting the Stage” section and have the volunteers read and act out their role play.
7. Ask the participants to identify the differences between the two role plays. (In the second role play, the person being pressured said “No,” used a strong voice, used body language to support it, and repeated “No.”)
8. When the volunteers are done, thank them and initiate applause.

## **Participant Role Plays**

### **16 minutes**

1. Tell the participants that they will now have a chance to complete clear “No” statements by working in pairs on a role-play script.
2. Give each participant a copy of Worksheet 10A: Role Play #3—Two Hours Alone. Explain that the worksheet contains only lines for the person trying to pressure the other person into doing something. Tell the participants they will work individually to write down their responses to the “pressure lines.” Give the participants at least 5 minutes to write their responses, or “refusal lines.”
3. Divide the participants into trios.

4. Explain that the participants will take turns reading their completed worksheets, using this format: One participant will read the pressure lines, one participant will read his/her refusal lines, and a third participant will observe, using the Observer Checklist to keep track of which characteristics of a clear “No” statement that the participant used in his/her refusal lines. Each participant should have an opportunity to take on all three roles: the person who pressures, the person who refuses, and the observer.
5. Explain that after a worksheet has been read, the observer should share his/her assessment of the refusal lines by identifying one thing the writer did well (e.g., your voice was firm) and one thing the writer could do better or differently (e.g., need to repeat No more often).
6. Then the participant who wrote the refusal lines should ask the other participants in the trio for suggestions on how to make their “No” statements clearer. The participant will then edit his/her refusal lines, using suggestions from the other participants in the trio.
7. Remind the participants that the purpose of giving each other feedback is to help each other, not to make each other feel bad.

#### **Facilitator Note**

Role-playing can feel awkward for participants, especially when the role plays depict a sexual or romantic situation and doubly so when the participants play-acting the situation are both the same sex. This potential awkwardness may need to be acknowledged and addressed. Here are some tips:

- **Explain the situation in a matter-of-fact way.** Let the participants know beforehand that many participants may end up doing a role play with a person of the same sex.
- **Emphasize that they are only playing roles.** Doing a role play to practice a skill does not mean that anyone, male or female, is expressing an actual attraction toward the other person in the role play. They are simply performing roles and should not take them seriously. They are like actors in a movie.
- **Reinforce skills performed well.** Practicing and improving these skills is the purpose of the role-play activities, so reinforcing skills that are performed well will support that goal.
- **Be sensitive to participants’ feelings when choosing volunteers.** Avoid choosing two participants of the same sex to role play in front of the entire group. However, welcome any same-sex pair who wishes to perform the role play.
- **Refer to and enforce the ground rules, as needed.** Enforcing ground rules should help reduce teasing.

#### **Facilitator Note**

If time allows, ask for two volunteers to act out one of the edited role plays from their trio in front of the entire group. Have the group assess the role play using the Observer Checklist.

8. Give the participants about 15 minutes to complete the activity. Walk around to ensure that the participants are on task and to give feedback, as necessary.

## **Wrap-Up**

### ***1 minute***

1. Congratulate the participants on their excellent work in practicing clearly saying “No.”
2. Thank the participants for attending the session.
3. Remind the participants of when and where the next program session takes place.
4. Dismiss the participants.

**Stay Healthy: Poster 10**  
**A Clear Refusal Statement**

**A clear refusal statement  
is made when a person:**

- Clearly says “NO”
- Uses a firm tone of voice to support the NO message
- Gives a strong nonverbal NO message
- Repeats the NO message as much as needed

**Stay Healthy: Handout 10A**  
**Demonstration Role Play #1:**  
**Trying to Slow Down—*Ineffective* Version**

**Setting the Stage**

You and your boyfriend have been going out for quite a while. Every time you go out, you end up hugging and kissing. On his birthday, you are alone at his house. You begin kissing and touching. Your boyfriend wants to have sex, but you don't think you are ready. You stop kissing.

**Role Play**

Him: What's the matter?

Her: I don't know. I'm not sure I want to do this.

Him: It's not my birthday every day, you know. This will be special.

Her: I know it's your birthday, but I don't think I'm ready to have sex.

Him: It'll mean a lot to me today. You know we're gonna do it someday anyway. Why not today?

Her: Well, I'm not sure.

Him: You know I love you more than anyone else. And having sex is part of loving someone.

Her: I love you too. I just don't know.

**Stay Healthy: Handout 10B**  
**Demonstration Role Play #2:**  
**Trying to Slow Down—Effective Version**

### **Setting the Stage**

You and your boyfriend/girlfriend have been going out for quite a while. Every time you go out, you end up hugging and kissing. On his/her birthday, you are alone at his house. You begin kissing and touching. Your boyfriend/girlfriend wants to have sex, but you don't think you are ready. You stop kissing.

### **Role Play**

Him: What's the matter?

Her: *(In a firm voice.)* No, wait. I don't want to do this. I'm not ready to have sex with you.

Him: It's not my birthday every day, you know. This will be special.

Her: *(Moving away.)* I know it's your birthday, but having sex with me is not part of your present.

Him: It'll mean a lot to me today. You know we're gonna do it someday anyway. Why not today?

Her: *(Moving away further.)* No, it's not what I want to do. I don't want to have sex.

Him: You know I love you more than anyone else. And having sex is part of loving someone.

Her: *(Crossing arms.)* No. If you really cared about me, you wouldn't pressure me to do something I don't want to do.



**Stay Healthy: Worksheet 10A**  
**Role Play #3:**  
**Two Hours Alone**

**Directions:**

**Setting the Stage**

You are at your partner's house after school. You aren't ready to have sex and you've said so. You know no one will be home for two hours. You are kissing and touching and your partner lets you know he/she wants to have sex. You don't want to have sex.

Your partner: It's okay to have sex when you love each other.

You: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your partner: We don't get many chances to be alone.

You: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your partner: I just feel so close to you. That's why I want to have sex.

You: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your partner: If you loved me as much as I love you, you'd do it.

You: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Stay Healthy: Worksheet 10B Observer Checklist

**Directions:** Each time you observe a role play, put a check (✓) next to the skills that were used. If the person does not use a skill, leave the box empty. Use Column 1 for the first role play, Column 2 for the second role play, etc.

Skills	Role Play #			
	1	2	3	4
Clearly said “No”	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used a firm tone of voice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gave a strong nonverbal No message	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Repeated the No message	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Stay Healthy: Worksheet 10B Observer Checklist

**Directions:** Each time you observe a role play, put a check (✓) next to the skills that were used. If the person does not use a skill, leave the box empty. Use Column 1 for the first role play, Column 2 for the second role play, etc.

Skills	Role Play #			
	1	2	3	4
Clearly said “No”	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used a firm tone of voice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gave a strong nonverbal No message	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Repeated the No message	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Abstinence

#### Rationale for Session

Abstinence is the surest way to prevent HIV infection. While abstinence will not be the right choice for all participants, it deserves to be vigorously explored as an option, since many participants will be feeling pressure from their peers or the media to be sexually active, or they may experience prejudices against sexual abstinence. This session presents a holistic picture of abstinence in its many gradations and makes space for an open discussion of the many good reasons that the participants might have to choose to delay or abstain from sexual activity.

#### Learning Objectives

*By the completion of this session, the participants will be able to:*

1. Clarify their understanding of at least one topic or issue about which they have previously been confused, unclear, or needed additional information.
2. Recognize that there are multiple ways to define sexual abstinence.
3. Characterize a personal definition of sexual abstinence that fits with their values, goals, and readiness.
4. Evaluate different definitions of abstinence in relation to how protective these methods are against HIV infection.
5. Identify at least four reasons someone might choose not to have sex.
6. Identify at least two good reasons why someone might choose to abstain from sex at this point in his or her life.

#### Important Take-Away Messages

1. Sexuality and sexual feelings are normal. How we choose to express those feelings is a personal decision. What is right for one person may not be right for another.
2. Sexual abstinence followed consistently is the surest way to avoid HIV and other STIs.
3. Sexual abstinence requires planning, commitment, and communication and assertiveness skills.
4. Sexual abstinence is an option that can be used at any time in someone's life. To have sexual intercourse or to be sexually abstinent is a decision that each individual makes repeatedly throughout life. In other words, to have sexual intercourse or to be sexually abstinent is not a permanent, one-time decision.
5. Knowledge about condoms and contraception is important to have when a person decides it is right for her/him to engage in sexual intercourse.

#### Time

45 minutes

## Materials

- Markers
- Blank paper
- Eight Truths to Live By poster
- Group Agreements poster
- Healthy and Unhealthy Relationships posters (from Session 9)
- Flipchart paper, a chalkboard, or a dry-erase board
- Writing implements for participants—pens and/or pencils
- Masking tape
- Four half-sheets of copy paper or blank office paper for each participant, plus 12 extra sheets
- Copies of Handout 11: Defining Abstinence (one per four participants)
- Two copies of Resource Sheet 11: Examples of Reasons for Not Having Sex and for Having Sex

## Advance Preparation

1. Review the session plan.
2. Write out the Group Agreements on flipchart paper or the chalkboard, or hang a previously made poster.
3. Write out the Eight Truths to Live By on flipchart paper or the chalkboard, or hang a previously made poster.
4. Prepare a parking lot.
5. Write out the session agenda on posterboard, flipchart paper, or the chalkboard:  
AGENDA
  1. Agenda
  2. Addressing Topics Parked in the Lot
  3. Defining Abstinence
  4. Choosing Abstinence
  5. Wrap-Up
6. Hang the “Qualities/Characteristics of Healthy and Unhealthy Relationships” posters produced in Session 9.
7. Go back through records of the previous six sessions and identify questions or topics that were put on hold and placed in the parking lot. Determine whether any of these have been addressed since they came up. From those unaddressed issues, select the most important or relevant ones to present for 7 minutes during this session. Do any research necessary to answer questions or address these issues with the group. Make notes or develop talking points as needed.
8. Write a list of the selected parking lot topics on flipchart paper or the chalkboard.
9. Write the three discussion questions for the “Defining Abstinence” activity on flipchart paper or the chalkboard.

10. Prepare two diagrams for the “Choosing Abstinence” activity on flipchart paper or the chalkboard. Draw a large rectangle the size of a sheet of flipchart paper and label it “Reasons Not to Have Sex” at the top. Draw another rectangle the same size and label it “Reasons to Have Sex” at the top.
11. Prepare the half-sheets of paper in the materials list.
12. Tear off two or three 2-inch pieces of tape per participant. Store these prepared pieces of tape by attaching them to the edge of an unused table, an outside corner of an interior wall, or a stretch of window moulding, preferably in a spot located near where the “Reasons Not to Have Sex” and “Reasons to Have Sex” diagrams are posted.

## **Procedure**

### **Agenda**

#### **1 minute**

1. Welcome the participants to the group.
2. Direct the participants to the posted agenda. Review it with them.
3. Direct the participants to the posted version of the Eight Truths to Live By. Remind them that these are truths that the *Stay Healthy* program offers to guide them in making decisions.
4. Direct the participants to the posted Group Agreements. Remind them that these are the guidelines for group behavior.

### **Addressing Topics Parked in the Lot**

#### **7 minutes**

1. Remind the participants that the group has been saving questions and topics for further discussion on a list called the “parking lot.” Explain that you want to answer their questions, so you have reviewed the parking lot lists and have gathered some information for them.
2. Present your notes or talking points.
3. Ask for additional clarifications or questions as you go along.
4. To close the activity, let the participants know that you will continue to “park” the questions they have when there is not time to address them during the session or when you do not know the answer, and that you will revisit those questions and topics so they get the answers/information they need.

### **Defining Abstinence**

#### **20 minutes**

1. Introduce the activity by pointing out that good decisions about sex can help youth prevent HIV and other STIs and/or help avoid an unplanned pregnancy. Explain that one decision the participants can make about sex is *to not have it*—to abstain until they are older. Point out that abstaining from sex is the surest way to avoid becoming infected with HIV.
2. Write the phrase “sexual abstinence” on flipchart paper or the chalkboard.
3. Give each participant a sheet of scratch paper and instruct them to write down their personal definition of abstinence. Give them 1–2 minutes to do so.

4. Ask for a few volunteers to share their definitions. Then direct the participants to form groups of four. Instruct the groups to develop a common definition for sexual abstinence. Give them 6–8 minutes to come up with the group definition.

### **Facilitator Note**

It may be difficult for groups to come up with a single definition, so push them to choose one definition based on an agreed-upon goal for abstinence.

5. After the participants have completed the previous step, give each group a copy of Handout 11. Instruct them to specifically identify which of the behaviors listed on the handout are included in their definition of sexual abstinence and which are not. Give the groups 3–5 minutes to complete this step.
6. Finally, spend 5–6 minutes leading the participants in a large-group discussion using the following questions:
  - What was difficult about this exercise? Why is it hard to define abstinence?
  - Were you surprised by anything or by anyone’s response?
  - How would you define the approach to abstinence that would do the best job of preventing HIV infection?
  - How effective would your group’s definition of abstinence be for preventing HIV infection if someone used it to guide their sexual decision making?

### **Choosing Abstinence<sup>8</sup>**

#### **14 minutes**

1. Explain to the participants that people often mistakenly believe that others are having sex, or having a lot of sex, when they are really not. Believing that all of one’s peers are having sex (when they are not) can lead some young people to believe that they are “not normal.” The truth is that many people of all ages choose abstinence for a variety of reasons. Tell the participants that in the last activity of this session, the group will look at reasons why people choose abstinence.
2. Distribute markers and half-sheets of paper to the participants. Give them three minutes to write on their half-sheets of paper some reasons why people choose to be abstinent and some reasons why people choose to have, or choose to start having, sex. Instruct them to make their writing large and legible, so that the whole group can easily read the sheets when they are posted later.
3. Direct the group’s attention to the prepared “Reasons Not to Have Sex” and “Reasons to Have Sex” diagrams, on flipchart paper or the chalkboard.
4. Explain that they are to tape their sheets in the appropriate box.
5. Choose four youth who can analyze information quickly and organize information well to be the leaders for this exercise. Divide the leaders into two pairs. Explain to the leaders that when they are done taping their sheets in the appropriate boxes, they are to remain standing by the diagrams. Their task will be to help the other participants tape sheets with similar ideas together, so that duplicate ideas are not spread out all over the box.

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<sup>8</sup> This activity is adapted from Class 1: Not Everybody’s Having Sex! from the *Safer Choices* curriculum, which was published in 1998 by ETR Associates, Scotts Valley, CA.

6. Direct the leaders to the strips of tape you have prepared and have them model taping their sheets in the two boxes. Direct the rest of the group to tape their sheets in the appropriate boxes.
7. Give the group 5–7 minutes to complete this process.
8. While the group is completing this process, instruct the participants who have completed the task to read new sheets as they are added to each box. Instruct them to write down at least three things that are posted in the boxes that are different from any of the examples they wrote on their own sheets.
9. Choose another four leaders from among the participants who were the first to finish hanging their sheets. Divide them into pairs. Give them copies of Resource Sheet 11. As the group nears completion of the task, instruct the leaders to check the resource sheet for examples that the participants did not post in the boxes. Instruct these leaders to prepare half-sheets with the missing examples and post them in the appropriate boxes.
10. Once the leaders have organized the diagrams, instruct the participants to read them over. Give them two minutes to do this.
11. Once the participants have read the contents of the diagrams, ask them if they have any questions or comments about what the group has posted.
12. As the final step in the activity, instruct the participants to choose from the diagram the two or three best reasons for them, as an individual, not to have sex at this point in their life. Acknowledge that they might already be having sex. Also acknowledge that their reasons for choosing to have sex may be more important to them than the best reasons for not having sex. Explain that choosing the few best reasons for not having sex is intended as an exercise for them to use to evaluate their current choice(s) around sex.
13. Instruct the participants to write down the reasons they selected on a piece of paper.

## **Wrap-Up**

### **3 minutes**

1. Congratulate the participants on their excellent work in defining abstinence and in exploring reasons to have sex and not have sex.
2. Present the session's key messages:
  - Sexuality and sexual feelings are normal. How we choose to express those feelings is a personal decision. What is right for one person may not be right for another.
  - Sexual abstinence is an option that can be used at any time in someone's life. To have sexual intercourse or to be sexually abstinent is a decision that every individual makes repeatedly throughout life. In other words, to have sexual intercourse or to be sexually abstinent is not a permanent, one-time decision.
  - Sexual abstinence requires planning, commitment, and communication and assertiveness skills (skills the *Stay Healthy* program is teaching).
  - Sexual abstinence followed consistently is the surest method to avoid HIV and other STIs.
  - Knowledge about condoms and contraception is important information to have when a person decides it is right for her/him to engage in sexual intercourse (knowledge that the *Stay Healthy* program will teach in future sessions).
3. Thank the participants for attending the session.

4. Remind the participants of when and where the next program session takes place.
5. Dismiss the participants.



## Stay Healthy: Handout 11

### Defining Abstinence

Which of the following behaviors fit into your definition of sexual abstinence?

- Thinking about sexual behaviors
- Dreaming about sexual behaviors
- Talking about sexual behaviors
- Flirting
- Holding hands
- Kissing
- Deep kissing
- Massage with clothes on
- Massage with shirt/blouse off
- Showering together
- Rubbing bodies with clothes on
- Rubbing bodies with clothes off
- Putting one's hands on a partner's genitals
- Masturbation
- Mutual masturbation
- Oral sexual intercourse
- Anal sexual intercourse
- Vaginal sexual intercourse
- Reaching orgasm

## **Stay Healthy: Resource Sheet 11**

### **Examples of Reasons for Not Having Sex and for Having Sex**

#### **Reasons for Not Having Sex**

- Against one's religion
- Don't know very much about how to have sex
- Like the relationship the way it is—do not want it to change
- Not ready yet
- Don't want to risk pregnancy
- Don't want to risk getting HIV
- Don't want to risk getting other STIs
- Parent(s) or guardian do not approve
- Others might talk/gossip
- Do not want to
- Not in love
- Believe it will be painful
- Believe it will feel embarrassing
- Could change future plans/prevent achievement of future goals
- Suspicious of other person's motives—do not want to be used or dumped

#### **Reasons for Having Sex**

- It is pleasurable/fun
- Believe it is an adult thing to do
- Makes boyfriend/girlfriend/partner happy
- Friends are pressuring you to do it
- Feel emotionally closer to someone
- Feeling "horny" or sexual
- Want to be like people seen in movies or on TV
- To show someone you love them
- As an escape from the bad things in your life
- Believing that you are one of only a few people who have not had sex
- To get it over with
- Because you are curious about it
- To convince a boyfriend/girlfriend to marry you
- To get pregnant
- Because it is not a big deal
- To fix relationship problems
- Because parent(s) or guardians do not want you to

### **More Speaking Up for Yourself— Negotiating Expectations and Boundaries<sup>9</sup>**

#### **Rationale for Session**

Being able to negotiate expectations and boundaries in a relationship requires skill. Youth need to have the ability to resist pressure and temptation, to be resilient against influences (such as money and gifts) that might be used as leverage against their boundaries, and to refuse (clearly say “no”) to participate in unsafe sexual activity. But how does the skill of saying “no” change when a youth is interacting with a friend or with someone to whom he/she is romantically attracted? In these cases, youth need to know how to say “no” to sex or other risky behaviors in ways that preserve relationships. This session teaches youth how to do this, as well as how to “stall” or delay, buying them time to get clear with themselves about their boundaries.

#### **Learning Objectives**

*By the completion of this session, the participants will be able to:*

1. Recall the characteristics of a clear “No” statement.
2. Respond to pressure to have sex with another partner by using clear “No” statements.
3. Describe and give examples of alternative actions and delay tactics.
4. Use “alternative actions” and “delay tactics” strategies for refusing unwanted sex.

#### **Important Take-Away Messages**

1. Everyone should have the right to refuse sex, especially when it involves risky behaviors that could spread HIV.
2. Refusing sex is more difficult when you care about the other person or are attracted to them.
3. There are ways to refuse sex that tell the other person that you care about them, are interested in them, and are attracted to them.
4. When managing expectations from someone you are attracted to or care about, it is always a good idea to pause, get some space, and reconnect with your boundaries.
5. Important elements in a healthy relationship are good, clear communication and respect for the other person’s wishes.
6. If you are attracted to someone who repeatedly does not listen to you or respect your wishes, he or she is not a good partner for you in a relationship.

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<sup>9</sup> This session is based on Activity 23: Role Playing to Say No to Sex with Additional Sexual Partners: Part 2, from: Kirby, D. 2011. Reducing HIV transmission: Curriculum-based activities designed to reduce number of sexual partners and concurrent sexual partners. Unpublished. Scotts Valley, CA: ETR Associates.

## Time

45 minutes

## Materials

- Markers
- Blank paper
- Eight Truths to Live By poster
- Group Agreements poster
- Healthy and Unhealthy Relationships posters (from Session 9)
- Flipchart paper, a chalkboard, or a dry-erase board
- Writing implements for participants—pens and/or pencils
- Masking tape
- Three copies of Handout 12: Role Play: The Answer Is No
- Copies of Worksheet 12A: Role Play: At a Party (one per participant)
- Copies of Worksheet 12B: Observer Checklist (one per participant)

## Advance Preparation

1. Review the session plan.
2. Write out the Group Agreements on flipchart paper or the chalkboard, or hang a previously made poster.
3. Write out the Eight Truths to Live By on flipchart paper or the chalkboard, or hang a previously made poster.
4. Prepare a parking lot.
5. Write out the session agenda on posterboard, flipchart paper, or the chalkboard:  
AGENDA
  1. Agenda
  2. Review of Saying “No” and Introduction to Alternative Actions
  3. Defining “Alternative Actions”
  4. Defining “Delay Tactics”
  5. Demonstrating Saying “No,” “Alternative Actions,” and “Delay Tactics”
  6. Participant Role Plays
  7. Wrap-Up
6. Hang the “Qualities/Characteristics of Healthy and Unhealthy Relationships” posters produced in Session 9.
7. Create a large print version of Poster 12A: Alternative Actions on flipchart paper or the chalkboard.
8. Create a large print version of Poster 12B: Delaying Tactics on flipchart paper or the chalkboard.

9. Review Handout 12 and Worksheet 12B. Make sure that the scenarios/situations depicted are realistic and appropriate to your group. Edit as needed (see Facilitator Note below).
10. Before class, select two participants who could conduct a role play well and would be comfortable doing so. Give them both copies of Handout 12, the role play titled “The Answer Is No.” Assign each of them one of the characters in the role play and ask them to read and act out the role play at the appropriate time during the session.

## **Procedure**

### **Agenda**

#### **1 minute**

1. Welcome the participants to the group.
2. Direct the participants to the posted agenda. Review it with them.
3. Direct the participants to the posted version of the Eight Truths to Live By. Remind them that these are truths that the *Stay Healthy* program offers to guide them in making decisions.
4. Direct the participants to the posted Group Agreements. Remind them that these are the guidelines for group behavior.

### **Review of Saying “No” and Introduction to Alternative Actions**

#### **6 minutes**

1. Begin by asking the participants to identify the four characteristics of a clear “No” statement that were discussed in Session 10 and to give examples of each:
  - Use the word “No”
  - Use body language that clearly says “No”
  - Use a tone of voice that supports the “No” message
  - Repeat “No” as often as necessary
2. Ask the participants if they have heard or noticed people using clear “No” statements since the last class or if they have used the strategy themselves. If the participants indicate that they have noticed people using clear “No” statements, ask them what they noticed. (What was said or done? Was it effective? How could it have been more effective?)
3. Point out that saying “No,” or refusing someone, is more difficult if you are invested in a relationship with that person.
4. Ask the participants to imagine themselves in a situation where someone they are both friends with and attracted to is trying to convince them to have sex, but they do not want to have sex. Ask them to identify some challenges or concerns about slowing things down, getting out of this situation, or telling this person that they do not want to have sex.
5. Acknowledge that their concerns are realistic and understandable. Explain that today they will be learning and practicing two ways to say No to having sex or to having sex without condoms that work especially well with someone they care about or are attracted to.

6. State an expectation that these techniques will help the participants to avoid becoming infected with HIV and other STIs or infecting others, while helping them maintain close relationships.

### **Defining “Alternative Actions”**

#### **2 minutes**

1. Write the words “Alternative Actions” on flipchart paper or the chalkboard. Explain that suggesting an alternative action is another way of dealing with pressure to have sex. In using this strategy, the person being pressured suggests something else to do rather than going along with the person who is pressuring him or her.
2. Using the “Alternative Actions” poster, review the following two characteristics of an effective alternative action, explain the importance of each, and give examples:
  - **Suggest an action that gets you out of the situation.** For example, “Let’s go for a walk.”
  - **Suggest an action that is positive, fun, and realistic.** For example, “Let’s go get something to eat at ....”
3. Tell the participants that following a clear “No” statement with an alternative action is a good way to say No but still remain with the person you are attracted to or care about. It keeps an interaction going and encourages a relationship or friendship, but it also gives you extra time to think about sexual choices.

### **Defining “Delay Tactics”**

#### **10 minutes**

1. Write the words “Delay Tactics” on flipchart paper or the blackboard. Explain that delay tactics can be used to break a sexual mood or “cool down” a situation. Delay tactics can provide additional time to think about whether you really do or do not want to engage in sex with the person you are with. Such tactics can also give you time to rehearse a response.
2. Tell the participants that there are two kinds of delay tactics: things you can *say* (delay statements) and things you can *do* (delay actions).
3. Using the “Delay Tactics” poster, review the following two characteristics, explain the importance of each, and give examples:
  - **Say something that breaks the mood, “cools down” the situation, or gives you more time to think** (for example, saying “I’m just not in the mood now”).
  - **Do something that breaks the mood, cools down the situation, or gives you more time to think** (for example, getting up and going to the bathroom).
4. Ask the participants if they can think of additional examples of delay tactics. Write these on flipchart paper or the chalkboard.
5. Emphasize that even though delay tactics can buy more time, relying on delay tactics alone leaves the door open for the other person to continue to pressure you to have sex. Thus, it is important to also give a clear “No” statement if you do not want to have sex.
6. Reemphasize that using alternative actions and delay tactics, along with a clear “No” statement, lets the other person know that you *mean* “No”, but also shows that you want to keep the friendship.

7. Use the following examples to illustrate the point. Ask the participants to listen and to be ready to describe how each example might make a person feel.
  - **Clear “No” only:** “No, I don’t want to have sex.”
  - **Clear “No”, plus an alternative action:** “No, I don’t want to have sex. Let’s go get something to eat.”
8. Ask the participants which example is more likely to keep a friendship going, and why. (The second, because you suggested something else fun to do, which means you still want to spend time with the person.)
9. Check for understanding by asking the participants to describe the purpose of using alternative actions and delay tactics. Respond to any questions they have about these new strategies.

### **Demonstrating Saying “No, “Alternative Actions,” and “Delay Tactics”**

#### **5 minutes**

1. Explain that two volunteers will demonstrate ways to use these skills in a pressure situation. Ask two volunteers to come to the front of the group and read and act out the role play on Handout 12 entitled “The Answer Is No.” When they finish, lead the group in applause and thank the volunteers.
2. Ask the participants to identify examples of clear “No” statements, delay tactics, and alternative actions used in the role play.

*Clear “No” statements:*

- No, wait. I don’t want to do this.
- I’m just not ready for this. I’m not ready to have sex.
- Yes, but that doesn’t mean I’m ready to have sex.

*Delay statements and actions:*

- I need to go to the bathroom (*and gets up*).

*Alternative actions:*

- Then let’s go get something to eat.

### **Participant Role Plays**

#### **20 minutes**

1. Tell the participants that they will now practice using these new skills in a role play. Explain that they should work individually to write their responses to each pressure line in the worksheet. Encourage them to use all three refusal strategies: (1) clear “No” statements, (2) alternative actions, and (3) delay tactics.
2. Give each participant a copy of Worksheet 12A: Role Play “At a Party.”
3. Give each participant an Observer Checklist and review how to complete it.
4. Allow the participants 5 minutes to complete their responses on the worksheet. When all of the participants are finished, explain that you will place them in groups of three, where they will take turns doing three things: (1) reading the pressure lines found on the worksheet, (2) responding to the pressure lines with their own written refusals, and (3) observing the refusal skills used and providing feedback.
5. Divide the class into trios. Instruct the participants to take turns in their group being the person who reads the written pressure lines, responds to the pressure lines with

his/her written refusals, and watches the role play, using the Observer Checklist to keep track of which skills were used.

6. Explain that after a set of written refusals has been read, the observer should share his/her assessment of the refusal lines by identifying one thing the writer did well and one thing the writer could do better or differently.
7. Then the participant who wrote the refusal lines should ask the other participants in the trio for suggestions on how to make his/her No statements clearer. The participant will then edit his/her refusal lines using suggestions from the other participants in the trio.
8. Remind the participants that the purpose of giving each other feedback is to help each other, not to make each other feel bad.
9. Give the participants about 15 minutes to complete the activity. Circulate to monitor progress and keep groups on task.
10. When the groups have finished, ask the participants to briefly share refusal lines that seemed particularly good.

### **Wrap-Up**

#### ***1 minute***

1. Congratulate the participants on their excellent work.
2. Thank the participants for attending the session.
3. Remind the participants of when and where the next program session takes place.
4. Remind the participants to bring their completed Take-Home Assignment Sheet B to the next session (#13), because the group will be discussing this assignment.
5. Dismiss the participants.



## **Alternative Actions**

- Suggest an action that gets you out of the situation.
- Suggest an action that is positive, fun, and realistic.

## ***Examples***

- Let's just dance close together.
- Let's go for a walk.
- Let's go to the store.
- Let's go get something to eat.

**Stay Healthy: Poster 12B**  
**Delay Tactics**

## **Delay Tactics**

- **Say** something that breaks the mood, cools down the situation, or gives you more time to think.
- **Do** something that breaks the mood, cools down the situation, or gives you more time to think.

## **Examples**

### **Statements**

- I'm not in the mood.
- It's not the right time.
- Not tonight; I don't feel well.

### **Actions**

- Stop kissing.
- Go to the bathroom.
- Look distracted.
- Answer your cell phone or make a call.
- Call home.
- Get up and eat something.
- Drop something.
- Talk to someone.
- Pretend you lost something.

## Stay Healthy: Handout 12

### Role Play: The Answer Is No

#### Setting the Stage

You have a main partner whom you care about, but at the moment you are with someone else you are attracted to and like. You are sitting together on a couch kissing, and this person starts to play with you sexually and attempts to take off your clothes. You are torn, but you know you want to remain faithful to your main partner.

You: *(In a firm voice)* No, wait. I don't want to do this.

Other person: Why?

You: *(Moving away)* I'm just not ready for this. I'm not ready to have sex.

Other person: *(Moving closer)* But aren't you attracted to me? Doesn't this feel good?

You: *(Moving away again)* Yes, but that doesn't mean I'm ready to have sex.

Other person: Nothing's going to happen. Have another beer.

You: *(Getting up)* I need to go to the bathroom. Then let's go get something to eat.

## Stay Healthy: Worksheet 12A

### Role Play: At A Party

#### Setting the Stage

You have a boyfriend/girlfriend whom you are close to. You are invited to a party by some of your friends. Your boyfriend/girlfriend does not want to go, but you decide to go anyway to spend some time with your friends. At the party, people are having a good time. People are drinking a little, and some are dancing to the music. You start dancing with someone. He/she is really attractive, and you like being with him/her. During one dance, he/she starts holding you closer in a sexy manner and suggests you go somewhere where you can be alone.

Other person: I really like you. Let's go somewhere where we can be alone.  
You:

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Other person: Everyone else is leaving to be alone. Why don't we do the same?

You:

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Other person: We're having a great time, and I just want to be close to you.  
You:

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Other person: We don't have to do anything. I just want to talk with you.  
You:

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## Stay Healthy: Worksheet 12B Observer Checklist

**Directions:** Each time you observe a role play, put a check (✓) next to the skills that were used. If the person does not use a skill, leave the box empty. Use Column 1 for the first role play, Column 2 for the second role play, etc.

Skills	Role Play #			
	1	2	3	4
Clearly said “No”	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tone of voice said “No”.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Body language said “No”.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Repeated the “No” message.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used delay tactics.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suggested alternatives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Stay Healthy: Worksheet 12B Observer Checklist

**Directions:** Each time you observe a role play, put a check (✓) next to the skills that were used. If the person does not use a skill, leave the box empty. Use Column 1 for the first role play, Column 2 for the second role play, etc.

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Tone of voice said “No”.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Body language said “No”.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Repeated the “No” message.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used delay tactics.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suggested alternatives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



### Doing What You Like and Only What You Want

#### Rationale for Session

Let's face it—the prospect of sex is exciting, and sex can be great with someone you are attracted to, who respects you, and who is interested in the experience being pleasurable for both of you. But sex is not the only, or even the main, pleasurable thing we do with romantic/intimate partners. Unfortunately, most youth and many adults are either not aware of this truth or lose sight of it. If we want people to abstain from sex, we need to enlighten them that abstinence does not have to be a miserable experience; they need to know that many sensual and pleasurable experiences can be shared with a romantic/intimate partner that do not involve increasing one's risk for contracting or transmitting HIV.

#### Learning Objectives

*By the completion of this session, the participants will be able to:*

1. Identify at least one gender norm that was the same and at least one that was different for their parent's/guardian's generation when their parent/guardian was the age that the participants are now.
2. Define “sensuality” or “sensual pleasure,” using their own words.
3. Recognize sex as a variety of behaviors and activities.
4. Recognize that sex is a small subset of behaviors and activities within the much larger category of sensual pleasures.
5. Identify at least four activities that create sensual pleasure but that do not involve vaginal, oral, or anal sex.
6. Identify at least one activity that creates sensual pleasure and that they would consider choosing in place of vaginal, anal, or oral sex.

#### Important Take-Away Messages

1. Sex is only one of many forms of sensual pleasure.
2. In an intimate or romantic relationship, you have many options for sharing sensual pleasure with a partner; many of these options greatly reduce your risk for becoming infected with HIV compared with participating in vaginal, oral, or anal sex.
3. The fact that there is such a wide variety of ways to share sensual pleasure means that individuals who are HIV-positive can have wonderful, sensual, sexual relationships with intimate/romantic partners without spreading the infection to others.
4. Everyone has a right to choose the type of sensual pleasures they enjoy and want, and to not have others' expectations about sex and sensuality imposed upon them.
5. People can empower themselves to make choices about sex and sensuality and to resist harmful gender norms that remove that choice, and can be champions for others' rights to choose and resist.

## Time

45 minutes

## Materials

- Markers
- Blank paper
- Eight Truths to Live By poster
- Group Agreements poster
- Healthy and Unhealthy Relationships posters (from Session 9)
- Flipchart paper, a chalkboard, or a dry-erase board
- Writing implements for participants—pens and/or pencils
- Masking tape
- Blank copies of the Take-Home Assignment Sheet B (for reference for participants who did not complete the assignment)
- Copies of Take-Home Assignment Sheet C: A Parent’s Wisdom about Relationships (one per participant, plus a few extras)

## Advance Preparation

1. Review the session plan.
2. Write out the Group Agreements on flipchart paper or the chalkboard, or hang a previously made poster.
3. Write out *Stay Healthy* Program’s Eight Truths to Live By on flipchart paper or the chalkboard, or hang a previously made poster.
4. Prepare a “parking lot.”
5. Write out the session agenda on posterboard, flipchart paper, or the chalkboard:  
AGENDA
  1. Agenda
  2. Review of Take-Home Assignment
  3. Pleasure Brainstorm
  4. New Take-Home Assignment
  5. Wrap-Up
6. Hang the Qualities/Characteristics of Healthy and Unhealthy Relationships posters produced in Session 9.
7. Write the key messages for this session on flipchart paper or the chalkboard.

## Procedure

### Agenda

#### *1 minute*

1. Welcome the participants to the group.
2. Direct the participants to the posted agenda. Review it with them.



3. Direct the participants to the posted version of the Eight Truths to Live By. Remind them that these are truths that the *Stay Healthy* program offers to guide them in making decisions.
4. Direct the participants to the posted Group Agreements. Remind them that these are the guidelines for group behavior.

### **Review of Take-Home Assignment**

#### **8 minutes**

1. Instruct the participants to take out their completed assignment for Take-Home Assignment Sheet B, which they were given in Session 8. If any participants who completed the assignment at home do not have the completed sheet with them, give them a blank assignment sheet and ask them to try to remember what their parent/guardian told them. For participants who did not complete the assignment, give them a blank assignment sheet so they can follow the review discussion.
2. Facilitate a five-minute discussion using the following questions:
  - What gender norms did your parent/guardian say they experienced as a child/youth? Did they identify different norms from the ones you are experiencing today?
  - Did anything about your discussion with your parent/guardian surprise you?
  - In what ways does your parent/guardian hope your life as a man or woman will be different from theirs? Are there ways they hope it will be the same?
  - How do their hopes for you as a woman or a man make you feel?
3. Remind the participants that in completing this assignment, they might have heard examples of bad decisions that their parent(s), adult relative, or guardian made in his/her own life, or they might have been given bad advice or inaccurate information. Strongly encourage the participants to discuss these issues with you one-on-one when *Stay Healthy* is not in session.

### **Pleasure Brainstorm**

#### **32 minutes**

1. Write the word “sensuality” on the chalkboard. Ask the participants what they think the word means. Write down any responses that fit with the definition (below). After taking a few responses, write:
 

**Definition of Sensuality:** Pleasure from any or all of the five senses: touch, smell, sight, sound, and taste.
2. Point out to the participants that when people say the word “sex,” they often mean only vaginal, oral, or anal intercourse. Explain that sex, however, falls into the category of sensual pleasures: While vaginal, oral, or anal intercourse can be pleasurable, these activities represent only a small portion of ways in which people can share sensual pleasure.
3. Explain that through the next activity, the participants will explore other ways in which individuals can give pleasure to each other. Explain that the activity places a special emphasis on types of sensual pleasure that are much less risky for HIV/STI infection and pregnancy than are vaginal, oral, or anal sex.
4. Divide the participants into three teams. Explain that the teams will be competing against each other.

5. Provide each team with several sheets of flipchart paper and markers.
6. Explain that each team will be asked to make a list of as many ways to give pleasure to another person they can think of that DO NOT involve vaginal, oral, or anal intercourse. Remind the teams of the comprehensive definition of sensuality, which means pleasure from all five senses: touch, smell, sight, sound, and taste. Encourage the participants to be as creative as possible and to consider that any way they give another person pleasure through the senses counts. Feeding someone strawberries counts! Cooling off someone with a fan counts!
7. Before starting the competition, allow each participant one minute to think of some answers on their own, without discussing them with their peers.
8. Tell the groups they will be given five minutes to write their list. The group with the most number of pleasurable activities at the end of the five minutes wins.
9. After the groups have completed their lists, post these on a wall and allow the participants about three minutes to look at the responses. Count the total number of activities for each team and announce the winner.
10. Inform the group that a few additional awards will be given. Ask the group to nominate the best responses for a variety of categories. The categories for awards can include the following:
  - Most creative activity
  - Most romantic activity
  - Funniest activity
  - Most appropriate activity in a public place
  - Most inappropriate activity in a public place
  - Sexiest activity

Spend 5–7 minutes accepting nominations for the categories and allowing the participants to vote for these awards.

11. Ask the participants to identify any activities that involve risk for HIV/STI transmission.
12. Instruct the participants to identify which of the activities they listed would work as “alternative actions” and “delay tactics.” Take nominations for awards for “Best activity that works as an alternative action” and “Best activity that works as a delay tactic” and have the participants vote on those award categories.
13. Conclude the session with a 10-minute discussion of the following questions:
  - How did you feel in doing this activity?
  - What did you learn from this activity?
  - Why do you think pleasure is often only associated with sexual intercourse, rather than a wide variety of sensual activities?
  - What is one thing listed in the activities that you could see yourself choosing to do with a partner instead of vaginal, anal, or oral sex? Will this broader understanding of ways to give and receive pleasure influence your relationships?
  - How could this broader understanding of ways to give and receive pleasure positively impact the HIV/AIDS epidemic in Namibia?
14. Direct the participants to the key messages that you have written on the chalkboard. Review these key messages with the participants.

## **New Take-Home Assignment**

### **3 minutes**

1. Explain to the participants that they will be given a take-home assignment to do with their parent(s), guardian(s), or other adult family member or caregiver.
2. Tell them the name of the assignment is “A Parent’s Wisdom about Relationships.”
3. Distribute copies of Take-Home Assignment Sheet C.
4. Instruct the participants on how to complete the assignment, using the directions provided in the activity description following this session.
5. Instruct the participants to complete the assignment before Session 17 and to bring their completed assignment sheet to the session, at which time the whole group will discuss the completed assignment.

## **Wrap-Up**

### **1 minute**

1. Compliment the participants on their excellent work.
2. Thank the participants for attending the session.
3. Remind the participants of when and where the next program session takes place.
4. Dismiss the participants.



# Condoms Save Lives—How to Find Them, How to Use Them, and How to Get Your Partner to Agree to Use Them

## Rationale for Session

Before a sexually active individual can actually use a condom, he or she has several preparatory tasks to complete, including obtaining condoms and storing them where they will be safe and accessible when needed, overcoming any stigma attached to being sexually active or to using contraception, and learning how to use condoms correctly to maximize their effectiveness.

## Learning Objectives

*By the completion of this session, the participants will be able to:*

1. Identify ways of obtaining condoms in their locales.
2. Identify social norms, beliefs, and attitudes that are barriers to condom use.
3. Identify strategies to overcome social norms, beliefs, and attitudes that create barriers to condom use.
4. Learn the steps for correctly using a condom.

## Important Take-Away Messages

1. Both women and men have the right to have the kinds of relationships they want.
2. You deserve a safe, healthy, enjoyable relationship.
3. Use the communication skills you have been learning in *Stay Healthy* to protect yourself from unhealthy relationships and from contracting or transmitting HIV.
4. Abstaining from sex is the surest way to avoid contracting or transmitting HIV.
5. Once you are sexually active, correctly using a condom every time you have vaginal, oral, or anal sex is a good way to prevent contracting or transmitting HIV.
6. Others may judge you for being sexually active or for using condoms; do not let that stop you from using condoms to protect yourself and your partner.

## Time

45 minutes

## Materials

- Markers
- Blank paper
- Eight Truths to Live By poster
- Group Agreements poster

- Healthy and Unhealthy Relationships posters (from Session 9)
- Flipchart paper, a chalkboard, or a dry-erase board
- Writing implements for participants—pens and/or pencils
- Masking tape
- Two condoms in original packages
- Scissors
- Penis model
- Copies of Worksheet 14: Role Play: Obtaining Condoms (one per participant)

## **Advance Preparation**

1. Review the session plan.
2. Write out the Group Agreements on flipchart paper or the chalkboard, or hang a previously made poster.
3. Write out the Eight Truths to Live By on flipchart paper or the chalkboard, or hang a previously made poster.
4. Prepare a parking lot.
5. Write out the session agenda on posterboard, flipchart paper, or the chalkboard:
 

AGENDA

  1. Agenda
  2. Condom Use and Accessing Condoms
  3. Barriers to Using Condoms
  4. Role-Playing Obtaining Condoms
  5. Steps of Correct Condom Use
  6. Condom Demonstration
  7. Wrap-Up
6. Hang the “Qualities/Characteristics of Healthy and Unhealthy Relationships” posters produced in Session 9.
7. Prepare notes or talking points to help you deliver the “Obtaining Condoms” minilecture.
8. Create a large-print version of Poster 14: Steps for Correct Condom Use on flipchart paper or the chalkboard.

## **Procedure**

### **Agenda**

#### ***1 minute***

1. Welcome the participants to the group.
2. Direct the participants to the posted agenda. Review it with them.
3. Direct the participants to the posted version of the Eight Truths to Live By. Remind them that these are truths that the *Stay Healthy* program offers to guide them in making decisions.

4. Direct the participants to the posted Group Agreements. Remind them that these are the guidelines for group behavior.

## **Condom Use and Accessing Condoms Minilecture**

### **7 minutes**

1. Point out to the participants that they have spent the last eight or so sessions learning that:
  - *Both* women *and* men have the right to have the kinds of relationships they want.
  - They deserve a safe, healthy, enjoyable relationship.
  - They have identified what healthy, enjoyable relationships look like.
  - They have identified some things they want in a relationship, in terms of sex, emotional intimacy, respect, and communication, as well as identified some things they do not want and articulated boundaries around these things.
  - They have learned some skills, such as clearly saying “No”, using delay tactics, and suggesting alternative actions that serve to protect those boundaries.
2. Point out to the participants that the surest way to prevent contracting or spreading HIV and other STIs is to abstain from sex. Also point out that once they decide to have sex, they must use condoms correctly every time they have vaginal, oral, and anal sex, to minimize the risk of contracting or spreading HIV and STIs.
3. Deliver a minilecture on how to use condoms correctly. Cover the following points and perform the following demonstrations:
  - a. **Remove a condom** from its wrapper.
  - b. Explain that when used correctly, every time one has vaginal, oral, or anal sex, condoms (like the one you are holding up) provide **good protection against HIV and STIs as well as against pregnancy**. Explain that later in the session, you will teach the participants how to use a condom correctly.
  - c. Explain that the participants should use commercially produced condoms made from **latex, polyurethane, or AT-10 resin**. They **SHOULD NOT** use condoms made from natural substances such as animal skin, as these are not effective at preventing the transmission of HIV and STIs. Explain that they also should **NOT** improvise condoms from household materials such as plastic bags; improvised condoms usually will not work correctly and are likely to rip or fail during sex.
  - d. Explain that **condoms can be cut into a sheet and used as a barrier for oral sex** involving a woman’s vagina (“cunnilingus,” or “going down” on a woman) or the anus (“rimming”). Demonstrate how this is done: Cut off the closed end of the condom, then make one cut along the entire length of the condom and stretch the resulting sheet out between your hands and show it to the participants.
  - e. Remind the participants that they can **obtain condoms, usually for free**, at many health facilities throughout the country, including clinics, hospitals, and Voluntary Counseling and Testing New Start Centers, as well as from organizations such as the National Social Marketing Programme (NaSoMa) (one of the organizations that distribute condoms throughout the country) and other nongovernmental organizations. Condoms are also accessible for purchase at some shopping outlets and pharmacies.
  - f. Explain that there is also a **female condom**, which is used by inserting it into the woman’s vagina before sex. Explain that this type of condom has also been shown to be effective at preventing both pregnancy and the transmission of HIV and

STIs. Explain that some public health professionals believe that the female condom is a good way for women (especially those living under harmful, restrictive, and disempowering gender norms) to gain some power and control over their sexual health, as it allows them to be the one to use the condom, rather than rely on the man. This provides a way to work around barriers and stigma that men in many cultures feel toward using condoms. Explain that a disadvantage of the female condom is that it is much less widely available than the male condom and that people are generally not familiar with it.

## **Barriers to Using Condoms**

### ***14 minutes***

1. Write the following title on flipchart paper or the chalkboard: Reasons Why People Don't Use Condoms.
2. Explain to the participants that you want them to identify the reasons why people do not use condoms, despite the important role that condoms play in combating the HIV epidemic. Instruct the participants to form groups of four. Distribute blank paper and writing implements to the groups. Instruct the groups to choose one participant to act as "record keeper" to write down the group's ideas.
3. Ask the groups to come up with at least three reasons why people do not use condoms and have their record keeper write down these ideas. Once the participants are finished, they need to come up with at least one realistic idea for how to work around each of the reasons why people do not use condoms. Instruct them to have their record keeper write these ideas next to or below each reason why people do not use condoms. Tell the participants that they will have four minutes to complete this activity.
4. Circulate during the activity and help the groups, as needed.
5. After about four minutes, focus the participants' attention back on the flipchart or chalkboard.
6. Select one group to read aloud one reason they came up with for why people do not use condoms and any ideas they had on how to counteract this reason. Write their ideas, and ask the other groups if they have additional ideas for how to counteract the first reason. Select each group, in turn, to read aloud one of the reasons they came up with and their ideas for counteracting the reason; require each subsequent group to read aloud a different reason from those previously offered. Continue this activity for seven minutes, or until there are no new ideas.
7. If reasons similar to "People are embarrassed to buy condoms or get them at the clinic," and "People are afraid that staff at a store or clinic will criticize them or make them feel bad for wanting condoms" are not stated, add these to the reasons written on the flipchart or chalkboard.
8. Compliment the group on their work. Instruct them to remain in groups of four.



### Facilitator Note

The following are some reasons the participants may give for why people do not use condoms and some examples of ways to work around those reasons:

#### Reason

- Sex doesn't feel as good
- Don't want to spend the money on condoms
- Embarrassed to go to the clinic and get them
- Believe that "real men" don't use condoms
- Don't actually know how to use condoms
- Don't want parents to find condoms and know I'm having sex

#### Ways to Work Around

- Try using lubricant
- Obtain free condoms from particular clinics
- Go with a friend
- Change belief by talking to male role models who also use condoms
- Practice with sexual partner using handout of steps from Stay Healthy program
- Keep condoms in a very good hiding place

### Role-Playing Obtaining Condoms

#### 14 minutes

1. Explain that one of the challenges that many Namibian youth face in using condoms is the embarrassment, stigma, and harassment they expect to experience when they try to obtain or purchase condoms. Acknowledge that many youth rightly expect to be judged negatively and criticized or admonished on moral and/or religious grounds for being sexually active. Acknowledge that many youth also fear being seen obtaining condoms by an adult or elder who would tell their parents.
2. After acknowledging these challenges and fears, reiterate how critical it is that the participants commit to correct and consistent condom use when they are sexually active, to stem the spread of HIV, a *deadly* disease. Acknowledge that some religions and some parents/families consider it immoral for youth to be sexually active. Explain that you do not intend to contradict these beliefs; you do, however, want them to understand that *once they choose* to be sexually active, it is *immoral* to expose their sexual partner to the possibility of contracting HIV through unprotected sex.
3. Explain that this next activity will prepare them for any negative treatment they might experience when trying to obtain condoms and will help them come up with possible responses to a health care professional, store clerk, or adult in the community who criticizes them, overtly or implicitly, for trying to procure condoms.
4. Instruct the participants to find a partner in their current small group so that each group becomes two pairs. Distribute copies of Worksheet 14 - Role Play: Obtaining Condoms to each pair.
5. Instruct the participants to individually complete a worksheet. Explain that they should complete the script on the worksheet with their responses to the comments by the other characters in the script. Give the participants 5–6 minutes to do this.

6. After the participants have completed their individual worksheets, instruct them to role-play their finished script by having one partner read the already prepared lines and the other read back his/her responses. Instruct the one listening to the responses to provide feedback to his/her partner on the responses to the comments made by the adult characters. Write: “what was good,” “what could be improved,” and “ideas for other things to say” on flipchart paper or the chalkboard. Instruct the participants to provide feedback on their partner’s role-play script in all three of these categories.
7. Give the participants 5–6 minutes to complete this step. During this time, circulate and help the pairs, as needed. After 5–6 minutes, refocus the participants’ attention to the whole group.
8. If time allows, ask if one of the pairs believes they have a particularly good script and would like to perform that role play for the whole group. If time allows, ask the pair to explain why they think the script is particularly effective at addressing the kinds of treatment that the participants might experience when obtaining condoms. Once again, if time allows, invite feedback on the script from the whole group, using the three categories of feedback.

### **The Steps of Correct Condom Use**

#### **4 minutes**

1. Compliment the group on their role-play scripts.
2. Ask them to imagine that they were successful at obtaining condoms.
3. Explain that once they have obtained condoms, it is important that they know how to use them correctly. Remind them that a condom used incorrectly will be less effective or will be *ineffective* at preventing the spread of HIV or other STIs. Explain that you will now teach them the steps to effectively use a condom and then you will demonstrate correct condom use.
4. Direct the participants to the large-print version of Poster 14: Steps for Correct Condom Use. Read through the steps with the participants. Answer any questions that arise.

### **Condom Demonstration**

#### **4 minutes**

1. Explain that now that the participants know the steps for correct condom use, you will demonstrate these steps on a penis model.
2. Caution the participants that condoms can break during sex. Emphasize that following the “Steps for Correct Condom Use” eliminates some of the factors that can contribute to condom breakage, such as trapped air or pulling a condom on instead of unrolling it. Point out that not moving the condom to one side of the package, tearing open a condom package with your teeth, or snagging the condom on jewelry are all events that can weaken or tear a condom.
3. Reread each step of the “Steps for Correct Condom Use,” demonstrating each step on a penis model as you read it. Answer any questions that arise.
4. Discuss the use of lubricants. Stress that only water-based lubricants should be used with condoms, NOT lubricants that are made with oil, including Vaseline™ petroleum jelly, baby oil, or hand/skin creams. Identify any readily available water-based lubricants that the participants are likely to be able to obtain. Explain that some men like to put a drop or two of lubricant on the inside of the condom to increase pleasure/sensation. Also explain that lubrication can be used on the outside of the

condom; one or both partners may prefer the sensation of sex with lubricant applied this way. Explain that use of lubrication can eliminate small tears in genital tissue that can result from “dry sex”—such tears increase the chances of HIV and STI transmission.

### **Wrap-Up**

#### ***1 minute***

1. Thank the participants for attending the session.
2. Remind the participants of when and where the next program session takes place.
3. Dismiss the participants.

## Stay Healthy: Worksheet 14

### Role Play: Obtaining Condoms

#### Setting the Stage

You go to a local health clinic to get some condoms. When you get there, you discover that it is a church-affiliated health care facility. On your way out of the clinic, you run into a friend of your grandparents who used to watch your mother as a child.

Clinic receptionist: How can I help you?

You: I was told that I could get some condoms here; is that true?

Clinic receptionist: (Looking down her nose at you): Is that right? What do you want condoms for?

You: \_\_\_\_\_  
\_\_\_\_\_

Clinic receptionist: Does your family know you're here?

You: \_\_\_\_\_  
\_\_\_\_\_

Clinic receptionist: I don't see a wedding ring on your hand; are you married? Does your pastor know you're here; what does he think?

You: \_\_\_\_\_  
\_\_\_\_\_

(Reluctantly, the receptionist gives you a few condoms from out of a storage closet and escorts you out the door with a parting comment: "I hope you're not planning on being promiscuous." No sooner are you out the door when you run into your grandparents' friend.)

Family friend: Why hello! I see you're coming from the clinic. What's that you have there? Are you sick?

You: \_\_\_\_\_  
\_\_\_\_\_

**Stay Healthy: Poster 14**  
**Steps for Correct Condom Use**

## **Steps for Correct Condom Use**

1. Check the expiration date on the package—**DO NOT USE THE CONDOM IF IT IS EXPIRED.**
2. Move the condom to one side of the package by pushing on it, then tear the package open on the side away from the condom.
3. Make sure that the condom is turned right-side out, so it will unroll.
4. Grasp the condom between your thumb and forefinger at the closed end and gently squeeze out any air.
5. Place the condom over the tip of the erect penis, making sure there is no trapped air.
6. Unroll the condom down the length of the penis.
7. During sexual intercourse, check to make sure the condom is not slipping off.
8. After ejaculation, and while the penis is still erect, grasp the condom firmly by the rim at the opening of the condom, hold it firmly, and withdraw the penis and condom together.
9. Remove the condom, wrap it in a tissue, and discard it. **NEVER REUSE A CONDOM!!!**



### Condoms Save Lives—Practice Using Them

#### Rationale for Session

Youth need to be able to correctly use a condom for condoms to be effective at preventing the transmission of HIV and other STIs, as well as unintended pregnancy. Evaluations of curricula designed to increase condom use have shown that condom demonstrations and opportunities for youth to practice putting a condom on a model penis are essential to increasing skill and self-efficacy. Thus, this session focuses on ensuring that youth know the steps for correct condom use and lets them practice putting a condom on a model.

#### Learning Objectives

*By the completion of this session, the participants will be able to:*

1. Identify the correct order of the 13 steps involved in using a condom correctly.
2. Correctly put a condom on a penis model and correctly remove it.

#### Important Take-Away Messages

1. Abstaining from sex is the surest way to avoid contracting or spreading HIV.
2. Once you are sexually active, correctly using a condom every time you have vaginal, oral, or anal sex is a good way to prevent contracting or spreading HIV.
3. You have the right to require a sexual partner to use a condom for the sake of the sexual health of both of you.
4. Before you begin being sexual with a partner, you need to discuss condom use with that person and generate an agreement to use condoms every time the two of you have sex.
5. Others may judge you for being sexually active or for using condoms; don't let that stop you from using condoms to protect yourself and your partner.
6. To protect against unwanted pregnancy, HIV, and STIs, condoms **MUST** be used *consistently* (every time you have sex) and correctly.

#### Time

45 minutes

#### Materials

- Markers
- Blank paper
- Eight Truths to Live By poster
- Group Agreements poster

- Healthy and Unhealthy Relationships posters (from Session 9)
- Flipchart paper, a chalkboard, or a dry-erase board
- Writing implements for participants—pens and/or pencils
- Masking tape
- Sets of paper signs with the nine steps of correct condom use (see Advance Preparation section)
- Copies of Handout 15: Steps for Correct Condom Use (one per pair of participants)
- Scissors
- Condoms (three per pair of participants, plus extras)
- Water-base lubricant (one small bottle or packet per four participants)
- Penis models (one per pair of participants)
- Handwashing station

## **Advance Preparation**

1. Review the session plan.
2. Write out the Group Agreements on flipchart paper or the chalkboard, or hang a previously made poster.
3. Write out the Eight Truths to Live By on flipchart paper or the chalkboard, or hang a previously made poster.
4. Prepare a parking lot.
5. Write out the session agenda on posterboard, flipchart paper, or the chalkboard:
 

AGENDA

  1. Agenda
  2. Unscramble the Steps
  3. Repeat Condom Demonstration
  4. Condom Practice
  5. Question and Answer and Parking Lot
  6. Wrap-Up
6. Hang the “Qualities/Characteristics of Healthy and Unhealthy Relationships” posters produced in Session 9.
7. Write in large print on flipchart paper or the chalkboard:
 

Important preparations for sex using a condom:

  1. Talk to your partner about using a condom and come to an agreement.
  2. Obtain condoms.
  3. Store condoms in safe and easy-to-access place.
8. Write each of the nine steps for correct condom use in large print on blank sheets of paper—one step per sheet. DO NOT put the number of the step on these signs. Make multiple sets of these sheets—enough so that as many participants as possible in the class can have a sheet.



9. Go back through records of the previous six sessions and identify questions or topics that were put on hold and placed in the parking lot. Determine whether any of these have been addressed since they came up. From those unaddressed issues, select the most important or relevant ones to present for seven minutes of this session. Do any research necessary to answer questions or address these issues with the group. Make notes or develop talking points, as needed.
10. Write a list of the selected parking lot topics on flipchart paper or the chalkboard.

## **Procedure**

### **Agenda**

#### ***1 minute***

1. Welcome the participants to the group.
2. Direct the participants to the posted agenda. Review it with them.
3. Direct the participants to the posted version of the Eight Truths to Live By. Remind them that these are truths that the *Stay Healthy* program offers to guide them in making decisions.
4. Direct the participants to the posted Group Agreements. Remind them that these are the guidelines for group behavior.

### **Unscramble the Steps**

#### ***12 minutes***

1. Remind the participants that in the previous session, they learned the nine steps for correct condom use. Explain that in the first activity of this session, they will test themselves on how well they remember this nine-step procedure.
2. Hand out the sheets of paper on which you wrote one of the nine steps. Place these sheets face down in front of individual participants. Be sure to distribute them randomly. Instruct the participants not to look at their sheet until you say “Go.”
3. Explain to the participants that each sheet lists one step of correct condom use and that multiple sets of the nine steps have been distributed. Tell the participants that their goal is to find people with the other eight sheets that make up a complete set of steps for correct condom use and line up with them from left to right, in the order that should be followed to correctly put on a condom.
4. Instruct any participants who did not receive a sheet that their job is to help the participants with the sheets find the eight other steps they need and then help that group make a correct line-up.
5. Once the group understands their instructions, say “Go” and have them turn over their sheets and engage in the activity. Allow the participants about two minutes to form groups of nine steps and place their steps in order.
6. When a set of nine steps has been assembled in *some kind* of order, stop that group, even if they do not have the order correct. Once you have stopped all of the groups for the first time, ask them to look at the order of each group’s steps and identify whether the order is correct or incorrect.
7. Allow the groups with incorrect orders 15–30 seconds to change their order, then stop them again. Again, have the groups check each other. Continue giving incorrect groups 15–30 seconds to change the order of their steps until all groups have the order correct.

8. Once all three groups have put the nine steps in correct order, have one group read the steps in order. Ask for volunteers to read one step at a time until all nine have been read.
9. Ask the participants if they have any questions about the nine steps for correct condom use. Answer their questions.
10. Compliment the participants on their work and have them reform into one large group.

### **Facilitator Note**

If you want to increase the level of challenge, instruct the participants to complete the activity *silently*.

## **Repeat Condom Demonstration**

### **5 minutes**

1. Remind the participants that the surest way to avoid contracting or spreading HIV and other STIs is to abstain from sex. Also point out that once they decide to have sex, one of the best ways to protect themselves from HIV and STIs is to use condoms correctly and *consistently*—that is, *every time* they have vaginal, oral, and anal sex. Also emphasize that they have the right to require a sexual partner to use a condom, for the sake of both individuals' sexual health.
2. Explain that now that the participants have reviewed the steps for correct condom use, you will repeat a demonstration of these steps on a penis model.
3. Refer the participants to the flipchart or chalkboard, where you have written "Important preparations for sex using a condom." Read this short list of preparations.
4. Emphasize to the participants that before they begin being sexual with a partner, they need to discuss condom use with that person and generate an agreement that they will use condoms every time they have sex.
5. Remove a condom from its package. Emphasize that the participants should have a condom that is easy to grab and ready to use when they think there is even a *chance* that they will have sex.
6. Explain that the participants should know certain things about condom storage—namely, that condoms should be stored away from heat and sunlight, as exposure to heat and sunlight can weaken the condom, causing it to tear or break during sex. Also, condoms should not be stored in wallets where they can suffer wear and abrasion, nor should they be kept in a pants pocket for a long time, where they can suffer abrasion or accidentally go through the wash. Tell the participants that condoms should also not be stored in a purse or automobile glove compartment for a long period of time, if these storage sites are likely to be subjected to periods of high heat. Give the participants a few examples of good places to store condoms: a jacket pocket (away from high heat), a purse (away from high heat), a dresser drawer or night-table drawer, or a cardboard box under the bed.
7. Read each step of the "Steps for Correct Condom Use," demonstrating each step on a penis model as you read it. Answer any questions.

8. At the beginning of the demonstration, point out that condoms stretch to fit any size penis, and that while various brands may vary slightly in size, condoms will generally fit any size penis.
9. Discuss the use of lubricants. Stress that only water-based lubricants should be used with condoms, NOT lubricants that are made with oil, including Vaseline™ petroleum jelly, baby oil, or hand/skin creams. Identify any readily available water-based lubricants that the participants are likely to be able to obtain. Explain that some men like to put a drop or two of lubricant on the inside of the condom to increase pleasure/sensation. Also explain that lubrication can be used on the outside of the condom; one or both partners may prefer the sensation of sex with lubricant applied this way. Explain that use of lubrication can eliminate small tears in genital tissue that can result from “dry sex”—such tears increase the chances of HIV and STI transmission.
10. During the demonstration, caution the participants that condoms can break during sex. Emphasize that following the “Steps for Correct Condom Use” will eliminate some of the factors that can contribute to condom breakage, such as trapping air inside or pulling a condom on instead of unrolling it. Point out that not moving the condom to one side of the package, tearing open a condom package with your teeth, or snagging the condom on jewelry are all events that can weaken or tear a condom.

## **Condom Practice**

### ***15 minutes***

1. Explain to the participants that now that they have reviewed the steps for correct condom use and seen a condom demonstration repeated, they will practice putting a condom on a model themselves.
2. Have the participants form pairs. Give each pair a penis model. (If you do not have anything to serve as a penis model, have the participants use two fingers of their partner’s hand as a penis model.) Give each pair three condoms. Give each participant or each pair a copy of [Handout 15: Steps for Correct Condom Use](#).
3. Have the participants in each pair take turns practicing putting a condom on a model.
4. Instruct the participants to observe, support, and coach their partner when it is his/her turn to practice putting on a condom. Instruct the observing participants to follow along with the handout of the nine steps, to ensure that their partner does not miss any steps. Warn the participants that common mistakes made while putting on a condom include pulling a condom on instead of unrolling it, trying to unroll it inside out, and not unrolling it along the entire length of the penis. Emphasize that the participants should be looking for these mistakes both when they are practicing and when they are observing their partner’s practice.
5. Instruct the participants to use their extra condom in place of their first condom if the first condom gets “compromised” (e.g., torn, soiled from being dropped on the floor, etc.). The extra condom can also be used for a second round of practice by any participants who had difficulty with the first round.
6. While the participants are practicing, circulate, observe, and offer encouragement and constructive feedback.
7. Once all of the participants have successfully put a condom on a penis model, collect all the used condoms and their packaging in a trash bag or receptacle.
8. Have the participants use the handwashing station to clean their hands.

## **Question & Answer and Addressing the Parking Lot**

### ***11 minutes***

1. Compliment the participants on their condom practice.
2. Tell the participants that it is very important that they understand and be able to use the communication skills they recently learned: saying no, delay tactics, and alternative actions. If they are sexually active, they need to be able to make an agreement with a partner to use condoms every time they have sex and then be able to use condoms correctly.
3. Explain that because this is so important, you want to make sure that all of their questions have been answered about these skills. Tell the participants that although they can ask you questions about these things any time, you are setting aside time now for any questions that might be on their minds.
4. Encourage the participants to ask any outstanding questions. If they do not have questions about communication skills or correct condom use, encourage them to pose questions related to any aspect of sexuality or sexual health.
5. Answer the participants' questions if you can. If there are questions you cannot answer, write those questions in the parking lot and make a commitment to obtain the information necessary to answer them.
6. Remind the participants that the group has been saving questions and topics for further discussion on a list called the parking lot. Explain that you want them to get answers to their questions. Explain that you have reviewed the parking lot lists and that you have put together some information for them.
7. Use any remaining time in the session to address previous parking lot issues, using the information you prepared for this session.
8. Ask for additional clarifications or questions as you go along.
9. To close the activity, let the participants know that you will continue to “park” any questions they have when there is not time to address them during the session or when you do not know the answer, and that you will revisit those questions and topics so they get the answers/information they need.

## **Wrap-Up**

### ***1 minute***

1. Congratulate the participants on their excellent work.
2. Thank the participants for attending the session.
3. Remind the participants of when and where the next program session takes place.
4. Dismiss the participants.

## Stay Healthy: Handout 15

### Steps for Correct Condom Use

1. Check the expiration date on the package—**DO NOT USE THE CONDOM IF IT IS EXPIRED.**
2. Move the condom to one side of the package by pushing on it, then tear the package open on the side away from the condom.
3. Make sure that the condom is turned right-side out, so it will unroll.
4. Grasp the condom between your thumb and forefinger at the closed end and gently squeeze out any air.
5. Place the condom over the tip of the erect penis, making sure there is no trapped air.
6. Unroll the condom down the length of the penis.
7. During sexual intercourse, check to make sure the condom is not slipping off.
8. After ejaculation, and while the penis is still erect, grasp the condom firmly by the rim at the opening of the condom, hold it firmly, and withdraw the penis and condom together.
9. Remove the condom, wrap it in a tissue, and discard it. **NEVER REUSE A CONDOM!!!**



### Complex Risks—Number of Partners, Sexual Networks, and Viral Loads<sup>10</sup>

#### Rationale for Session

Studies show that men and women in eastern and southern Africa often are sexually active with more than one partner. These concurrent partnerships can overlap for months or years. This pattern differs from the pattern of serial monogamy more commonly seen in other regions and can result in much higher rates of HIV transmission across communities. Viral load and 'infectivity' are much higher during the three- to four-week "acute infection" window period that initially follows HIV infection. The combined effects of sexual networking and the acute infection spike in viral load means that as soon as one person in a network of concurrent relationships contracts HIV, everyone else in the network is placed at risk. Conversely, modeling suggests that a relatively small reduction in multiple concurrent partnerships in the population will have a disproportionately positive effect on reducing the extent to which individuals are linked in one sexual network, thus reducing the rate of HIV transmission in communities or populations.

#### Learning Objectives

*By the completion of this session, the participants will be able to:*

1. Define the terms "multiple partners," "serial monogamy," and "concurrent" or "overlapping" partners.
2. Identify the risks resulting from having multiple and concurrent sexual partners.
3. Rate the risk of various partnering scenarios.
4. Define the term "viral load".
5. Identify the risk related to viral load and of having multiple sexual partners one after the other.

#### Important Take-Away Messages

1. The risk of becoming infected with HIV or another STI increases when individuals have sex with more than one person.
2. When individuals have concurrent sexual relationships without using condoms, HIV and STIs spread to many more people than when serial monogamy is practiced.
3. Because HIV is not easily transmitted in a single act of sex, people are especially likely to become infected with HIV and to transmit it when they have sex *many times with concurrent partners*.

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10 This session is based on Activity 2: Why Stick with One? The Impact of Multiple and Concurrent Partners on STI Risks, and on Activity 4: Viral Load and Its Effects on STI Risk, and Activity 5: Impact of Number of Partners on HIV Risk, from Kirby, D. 2011. Reducing HIV transmission: Curriculum-based activities designed to reduce number of sexual partners and concurrent sexual partners. Unpublished. Scotts Valley, CA: ETR Associates.

4. If people become infected with HIV from one person and then have sex fairly soon with another person, they are especially likely to infect that person; if they wait for weeks or months before having sex again, they will probably be less infectious.
5. Abstaining from sex is the surest way to avoid contracting or spreading HIV.
6. Once you are sexually active, correctly using a condom every time you have vaginal, oral, or anal sex is a good way to prevent contracting or spreading HIV.
7. You have the right to refuse sex or to require a sexual partner to use a condom for the sake of the sexual health of both of you.

## Time

45 minutes

## Materials

- Markers
- Blank paper
- Eight Truths to Live By poster
- Group Agreements poster
- Healthy and Unhealthy Relationships posters (from session 9)
- Flipchart paper, chalkboard, or dry-erase board
- Writing implements for participants—pens and/or pencils
- Masking tape
- Signature Sheet
- Copies of Worksheet 16A: Signature Sheet (one per participant)
- Copies of Handout 16A: Impact of Number of Partners on Network Size (One per participant is ideal, but as few as one per four participants can work.)
- Copies of Handout 16B: Figures 2A, 2B, and 2C (one per four participants)
- Poster of Resource 16A: HIV Viral Load over Time
- PowerPoint slides, a spiral bound book of photocopies, or a series of posters of Resource 16B: Spread of HIV: Impact of Number of Sexual Partners

## Advance Preparation

1. Review the session plan.
2. Write out the Group Agreements on flipchart paper or the chalkboard, or hang a previously made poster.
3. Write out the Eight Truths to Live By on flipchart paper or the chalkboard, or hang a previously made poster.
4. Prepare a parking lot.



5. Write out the session agenda on posterboard, flipchart paper, or the chalkboard:  
AGENDA
  1. Agenda
  2. Multiple Partner Simulation
  3. The Risks of Multiple and Concurrent Partners
  4. Understanding Viral Loads
  5. Interaction of Viral Load and Number of Partners on HIV Risk
  6. Wrap-Up
6. Hang the “Qualities/Characteristics of Healthy and Unhealthy Relationships” posters produced in Session 9.
7. Make a classroom set of signature sheets, one for each participant, with appropriate numbers on them. One sheet should have a “1” on the back, a second worksheet should have a “2” on the back, and a third worksheet should have a “3” on the back. Make the numbers small and faint; they should still be readable but not easily noticed in comparison to the other copies of the worksheet. Place these sheets on the top of the pile of worksheets, so that they are certain to be handed out and used.
8. Prepare copies of the handouts and resources to meet needs specified in “Materials” above. Note that the intended impact of Resource 16B: Spread of HIV: Impact of Number of Sexual Partners is best achieved by embedding the images in PowerPoint slides. If PowerPoint slides cannot be used, then copy the images on individual sheets of paper that are bound with a spiral binding. You will then be able to turn the pages quickly, thereby showing how HIV spreads. Alternatively, images can be copied on posters. More than one image can be copied on a single poster. It is recommend that if you use posters, place two long rows of posters on the wall, with all 12 images for sequential partners on top and the 12 images for concurrent partners below.
9. Create a flipchart or chalkboard poster of Resource 16A: HIV Viral Load over Time, in color.
10. Write the key messages for the session on flipchart paper or the chalkboard.

### **Facilitator Note**

The activities and instructions in this session are significantly more technical, specific, and detailed than those of other sessions in this curriculum, and the details are *very* important. It is strongly recommended that you read through each activity at least twice and also consider using a colleague as a test audience to practice the most complicated parts of leading activities.

## **Procedure**

### **Agenda**

#### **1 minute**

1. Welcome the participants to the group.
2. Direct the participants to the posted agenda. Review it with them.
3. Direct the participants to the posted version of the Eight Truths to Live By. Remind them that these are truths that the *Stay Healthy* program offers to guide them in making decisions.

4. Direct the participants to the posted Group Agreements. Remind them that these are the guidelines for group behavior.

### **Multiple Partner Simulation**

#### **8 minutes**

1. Tell the participants that they will be using a worksheet to exchange signatures in the next activity. Show the participants Worksheet 16A: Signature Sheet. Explain that the worksheet has two parts. Review how to complete the worksheet.
  - The participants will be asked to put their initials on the upper right-hand corner of their worksheet when they get it.
  - They will then move around the room with their worksheet to *trade* signatures with others. It is important that they not only obtain signatures, but also *trade* their signatures with each other—that is, when they sign someone else’s worksheet, that person should be signing theirs and then give it back to them. They should write clearly so that people can read their signature.
2. Break this activity into two rounds if there are 10 or fewer people and into three rounds if there are more than 10 people. Ask the participants to stop between rounds. In the first round, they will get one signature; in the second round, they will get two signatures; in the third round (if there are more than 10 people), they will get three signatures.
3. Discreetly make sure that the worksheets with the numbers 1, 2, and 3 on the back are at the top of the stack of worksheets.
4. Distribute the worksheets. Remind the participants to put their initials in the right-hand corner.
5. Instruct the participants to exchange one signature with one other person (Round 1) and to wait for Round 2.
6. After all of the participants have exchanged one signature, ask them to exchange two more signatures with two new people (Round 2) and to wait.
7. If there are 10 or fewer participants, stop here. If there are more than 10 participants, ask them to exchange three more signatures with three new people (Round 3) and to wait.
8. When all of the participants have completed exchanging signatures, ask them to return to the large group.
9. Explain that for this activity, exchanging signatures with someone represented having sex with that person. Explain that in Round 1, people exchanged signatures (or had sex) with only one other person.

#### **Facilitator Note**

As you facilitate the remainder of the activity, it is important to recognize that some of the participants in the class may actually have HIV or another STI. Thus, be careful not to make them feel shamed or uncomfortable. Also make sure that the people randomly given the signature sheets with the letters “1”, “2,” or “3” are not made uncomfortable. Emphasize that they got the signature sheets randomly and these sheets do not indicate that individuals really have HIV.

10. Ask the participants to check the back of their worksheets and have the person with the number “1” on the back of his/her worksheet stand up. Explain that, only for the purpose of this activity, this person has HIV. Emphasize that this person was randomly chosen and this is just a simulation. Have that person read the signature from Round 1 on his or her worksheet and have that participant also stand. Explain that in the context of this activity, this second person contracted HIV from the first person.
11. Note that for the first round, these are the only two people infected with HIV and no one else contracted HIV because they “had sex” with only one person. Ask the two people standing to sit down.
12. Stress to the participants that the risk for HIV infection increases when people have sex with more than one person.
13. Ask the participants to check the back of their worksheets and have the person with the number “2” on the back of his/her worksheet stand up. Explain that again, only for the purpose of this activity, that person has HIV. Have that person read both names from Round 2 on his/her worksheet and ask both of those people to stand. Explain that they have contracted HIV from the first person.
14. Ask the first person whose name was called in Step 13 to read the name from Part 2 of his/her worksheet that follows the name of the person who infected him/her. Ask that third person stand. Explain that this third person also has been infected, because he/she had sex with someone who had already been infected.
15. Ask the second person whose name was called in Step 13 to read the name from Round 2 that comes *before* the name of the person who infected him/her. Ask the participants: Was this person exposed to an STI? Tell that person that he/she does not have to stand, because he/she was not exposed, as he/she had sex with the second person *before* that person contracted HIV.
16. Point out to the participants that the number of partners only increased from one to two, but that the number of people *newly infected* increased from one to three. That is, the number of new infections went up faster than the number of partners that the “number 2” participant had.

**If Round 3 is *not* conducted:**

17. Explain that if three signatures had been obtained, then at least seven new people typically would have become infected.

**If Round 3 *is* conducted:**

17. Ask the participants to check the back of their worksheets and ask the person with the number “3” on the back of his/her worksheet stand up. Explain that again, only for the purpose of this activity, that person has HIV. Ask that person to read all three names from Round 3 on his/her worksheet and have all three of those people stand. Explain that they contracted HIV from the first person.
18. Ask the three people whose names were read to each read any names from Part 3 on their worksheets that come *after* the name of the person who infected them, and ask those participants to stand up as well. Explain that these people also became infected, because they had sex with someone who was already infected with HIV.
19. Have the newly standing participants read any additional names from Part 3 that come after the names of the people who infected them, and ask those people to stand too.

20. Finally, if any new people stood up, have them read any additional names from Part 3 that come after the names of the people who infected them, and ask those people to stand too.
21. Count the number of people who are now standing. (There should be up to eight people standing.) Point out that the number of people infected grew much more rapidly than the number of one person's sexual partners.
22. Explain that in the real world, not all people have the same number of partners. Some people have only one partner all their lives, others have two, some have three, and some have more. Thus, the activity just completed is not a perfect simulation of the real world.
23. Explain to the participants that having an STI can also increase their risk for contracting HIV through sex. Symptoms of an STI, such as open sores or skin irritation, can allow the virus to more easily pass into the bloodstream. Emphasize that avoiding other STIs can therefore reduce their chances of becoming infected with HIV.
24. Thank the participants for completing the activity. Instruct them to reform as one group.

## **The Risks of Multiple and Concurrent Partners**

### ***16 minutes***

1. Write the term “sexual network” on flipchart paper or the chalkboard. Explain that the term “sexual network” describes the sexual interconnections between people in a defined community or area; such a network is the result of individuals having sex with other individuals.
2. Explain that scientists have studied the sexual networks among people and have created models of them. Distribute copies of Handout 16A: Impact of Number of Partners on Network Size to the participants and explain that the diagrams on this handout depict sexual networks.
3. Explain the diagrams on the handout. Use the captions on the diagram to help explain it.

Figure 1A depicts the largest sexual networks among people who have one, two, or three sexual partners, with most of them having either one or two sexual partners. In Figure 1A, each dot represents a person, and when two dots are beside each other, that means these people have had sex. There are also many pairs of dots and smaller sexual networks that are not shown. In this figure, only 2% of all the sexually active people are in the largest sexual network.

The people in Figure 1B have one, two, or three sexual partners, but many of them have two or three sexual partners. As a result, the size of the sexual network increases enormously, and 64% of all the sexually active people are in the single largest network (shown in red).

Explain how, if one person in a sexual network contracts HIV or another STI, other members are at risk for contracting HIV or the same STI because they are connected to the individual through the “network.” Explain that this does not mean that all members of this sexual network will definitely contract HIV or another STI; rather, this depends on a variety of factors within the network: the order in which people

have sex (as shown in the previous “signature activity”), the use of condoms, or the possibility that HIV or another STI may not be transmitted, even if condoms are not used.

4. Explain that when people have sex with two, three, or more sexual partners, or simply have sex with one person who in turn has sex with two, three, or more sexual partners, then nearly all of them will be part of the same sexual network. Emphasize how Figure 1B demonstrates that sexual networks can get very large very quickly when members of a network are having sex with two, three, or more sexual partners. Instruct the participants to imagine how much more easily HIV can be introduced into large sexual networks when just one person in the network contracts it.
5. Write the term “serial monogamy” on flipchart paper or the chalkboard. Explain that when people always end one monogamous sexual relationship before starting another monogamous sexual relationship, this is called “serial monogamy,” because they have sexual partners in a *series*—the partners do not overlap.
6. Write the words “overlapping” and “concurrent” on flipchart paper or the chalkboard. Explain that sometimes people have sex with more than one partner during the same time period. Provide an example: A person may have sex with one person one week, then have sex with someone else the second week, and then return to the first partner the third week. Explain that these sexual relationships are called “overlapping” or “concurrent.”
7. Show the participants Figures 2A, 2B, and 2C, which give examples of serial and concurrent sexual relationships. Explain that in each example, the person on the top row of each diagram is having some kind of relationship (e.g., long-term, dating, “hook-up,”) with the partners in the rows below. The large arrows indicate the length of the relationship (of whatever kind).

Explain the top box in Figure 2A as an example: Simon is having a relationship with partner 1, and the two of them are sexually active. He ends that relationship and, after a brief period of being single, begins a relationship with partner 2; the two of them are sexual partners. He ends that relationship, and immediately begins dating and having sex with partner 3. When that relationship ends, he very quickly begins dating partner 4, and within a short period of time, they begin having sex. Simon does not have sex with any of these partners at the same time he is having sex with one of the others and he never returns to a previous partner to have sex. Thus, this is serial monogamy.

In contrast, in the bottom box in Figure 2A, Rebecca gets into a relationship with partner 1 for a while, and they have sex. While she is in that relationship, Rebecca hooks up and has sex with partner 2. She ends her relationship with partner 1 and has another hook-up with partner 2. Soon after that second hook-up with partner 2, Rebecca goes away for the summer to her relatives’ town. There she meets, dates, and has sex with partner 3. She returns home at the end of the summer and begins a relationship with partner 4, but during the first part of this relationship, she visits partner 3, and they have sex. Right around this time, she and partner 4 also begin to have sex in what becomes a long-term relationship. Rebecca’s pattern of sexual relationships during the period of time depicted is overlapping and concurrent—she has sex with more than one person at the same time, and she returns to previous sexual partners after being with another partner.

8. Tell the following brief stories for the three examples in Figures 2B and 2C, and after each story, ask the participants whether it is an example of serial or concurrent partners:

a. Immanuel and Natalia dated for many months. About halfway through their relationship, they began having sex. After they broke up, Immanuel hung out with a few women, but was not really interested in anyone until he met Rose. They were very attracted to each other and started dating and very quickly started having sex. But Rose's family soon moved away. Immanuel missed Rose and did not want to see anyone else. This went on for a couple of months. Then he met Halle. They started dating each other, and although Immanuel liked Halle, he still missed Rose, so he did not want to be very sexual with Halle. After a couple of months, he got over Rose and he and Halle became sexual partners in what was becoming a serious relationship.

Is this serial or concurrent? (Answer: Serial)

b. Michelle was dating Paul and only having sex with him. Then, one night, at a party, she drank too much and had sex with someone else. She never told Paul, and after that she only had sex with him in a relationship that went on for years.

Is this serial or concurrent? (Answer: Concurrent)

c. James travels for his work and had two girlfriends with whom he had sex in two different towns. This continued for over a year, until his first girlfriend found out about the other girlfriend and stopped seeing James. James continued to see the other girlfriend when he traveled to her town, and they had sex when he visited. Meanwhile, James was looking for other girlfriends in the other towns he travels to.

Is this serial or concurrent? (Answer: Concurrent)

9. Explain to the participants: To demonstrate the impact on the risk for HIV transmission of serial versus concurrent sexual relationships, we will repeat part of our last activity.

10. Explain that you will ask the participants with the numbers on the back of their sheets during the last round of the signature activity to stand up again. Explain that at this point we are assuming that these people have only serial sexual relationships.

If you demonstrated the impact of **two sexual partners in Round 2** above and **did not demonstrate the impact of three partners in Round 3**:

Ask the person with the "2" on the back of his/her signature sheet to stand up and call out the names of the two people who signed his/her sheet in Round 2.

If you demonstrated the impact of **three sexual partners in Round 3** above:

Ask the person with the "3" on the back of his/her signature sheet to stand up and call out the names of the three people who signed his/her sheet in Round 3.

### Facilitator Note

Typically, but not always, everyone will end up standing, meaning that everyone will have contracted an STI, because they had concurrent sexual partners.

11. Now state that the assumption is that everyone is having overlapping or concurrent sexual relationships without protection. Ask if any other names need to be read out. The answer is yes. Each person standing should call out all the names on their signature sheet and those people should stand. After they stand, those people should call out the names on their lists. This process should continue until all people standing have called out all the names on their signature sheets.
12. Ask the participants: What are the key points from this activity? Reinforce their answers. Emphasize the following points if they are not mentioned:
  - When people have concurrent sexual relationships without using condoms, STIs spread much more rapidly and to many more people than when people have sequential relationships. This is why HIV and AIDS are so high in many communities where people are having unprotected sex with concurrent partners.
  - If people have concurrent sexual relationships, they increase the spread of STIs.
  - If people have sex with anyone who has concurrent sexual relationships, they are at much higher risk of STIs.
  - Although HIV is not always transmitted in a single act of sex, when people have sex *many times with concurrent partners*, they are especially likely to become infected with HIV and to transmit it.
  - People who have STIs, especially STIs with open sores, can more easily acquire HIV.

## Understanding Viral Loads

### 8 minutes

1. Ask the participants to raise their hands and keep them up if they have had a cold or flu at any time in the last two years. Next, ask those with their hands up to keep their hand up if they have shaken hands or touched anybody in the last week. If they have not shaken hands or touched anybody, they can put them down. Then ask any of those with their hands up if they think they infected the people they touched because they had been sick. When one or more say no, ask them: “Why not?”  
Some examples of likely answers are:
  - I was sick months ago. (Viral load)
  - I wasn’t sneezing today. (Asymptomatic)
2. Continue getting answers until someone says something to the effect that it was because they were no longer contagious: They were sick months ago, and they are well now. Exclaim “Yes!” and explain that at the time they were sick, their blood had high levels of bacteria or a virus, but by now those levels are much lower or gone. Explain that the same thing can be true of HIV and some STIs: After a period of time following the initial infection by HIV, the blood level of the virus declines, and people are less likely to infect others with the disease. They still remain infectious, but they are *less* infectious.

3. Direct the participants to the poster-sized reproduction of [Resource 16A: HIV Viral Load over Time](#). Explain that the graph shows the typical changes in the level of virus, or “viral load,” in an individual over time, and that these levels correlate to the chance of transmitting HIV: During the first 6–8 weeks following the initial infection, the viral load is very high, and infected individuals are much more infectious to others; thus, if infected individuals have sex without a condom, they are highly likely to infect their partner. However, after several weeks, the viral load declines as the body fights the virus. For several years (or for many years, if they take HIV drugs), their viral load is low, and their chances of transmitting HIV are much lower—*not zero*—but *lower*.
4. Explain how viral load interacts with choices about sexual lifestyle—namely, having sex with a number of partners and having concurrent instead of serial sexual relationships. Explain that if people have concurrent sexual relationships, they are especially likely to transmit HIV. In other words, if a person becomes infected by one partner and then, when his/her viral load is high, has sex with a second concurrent person, he/she is especially likely to infect that partner. And if that partner has another concurrent partner, he/she is especially likely to infect that partner, and so on. Thus, having multiple and concurrent partners enables HIV to spread very rapidly.
5. Remind the participants that having an STI can also increase one’s risk for contracting HIV through sex. Symptoms of an STI, such as open sores or skin irritation, can allow the virus to more easily pass into the bloodstream. Emphasize that if a person who has an STI engages in sex with someone with HIV who is in a high viral load period, this multiplies the risk that the first person could become infected with HIV.
6. Ask the participants: What are the major points?

Be sure the following points are covered:

- If people become infected with HIV or an STI from one person and then have sex fairly soon with another person, they are especially likely to infect that second person. If they wait for weeks or months, they may become less infectious.
  - If people have concurrent partners, then they are more likely to have sex with two or more people in a short period of time and ***are more likely to become infected and also more likely to pass on that infection.***
7. Ask the participants: What does this mean for what people should and should not do sexually?

*Answer:* Wait several months between sexual partners and do not have unprotected sex with someone who has had sex with someone else in the last couple of months. In particular, do not have unprotected sex with concurrent partners and do not have unprotected sex with someone who has concurrent partners.

It is safest to always use condoms until after you and your partner have been tested for HIV, and to only have unprotected sex with each other if you are certain the other person is being monogamous.

### **Interaction of Number of Partners and Viral Load on HIV Risk**

#### **9 minutes**

1. Point out to the participants that during today’s session, they have looked separately at three factors that increase the risk of contracting or transmitting HIV: (1) number of sexual partners, (2) concurrent vs. serial sexual partnerships, and (3) viral load. Explain that since all three of these factors exist simultaneously, combinations of these factors



also affect risk for HIV. Explain that the last activity of the day will look at combinations of factors.

2. Direct the participants to Resource 16B: Spread of HIV: Impact of Number of Sexual Partners, depicted in a slide show, spiral bound set of images, or posters on the wall.

Explain that each face on the screen, page, or poster represents a person. Together, all of the faces represent a group of people in a community.

If the face is light blue (or light shaded), that person is uninfected. If the face is dark red (or dark shaded), that person has recently become infected with HIV and remains especially infectious for up to two months. If the face is light red (or medium shaded), that person has been infected for more than two months. That person is still infectious, but because of their low viral load, they are not as infectious as during the first two months.

If there is a line connecting two faces, it means those two people are having unprotected sex with each other. The line in the lower left-hand corner that is not connected to a face on one end means that that person is having unprotected sex with someone outside of the immediate community.

3. Explain that the participants will be observing how HIV spreads through the same group of people in a community, first assuming that the people involved have no more than one unprotected sexual partner, then assuming they have one or two unprotected sexual partners, and finally assuming they have one, two, or three unprotected sexual partners.
4. Guide the participants through the process of examining the “0–1 Partners” series of diagrams, looking at each month in succession. Give the following explanations, and ask the specified questions, pertaining to each month:

January: Most of the people are having sex, but none of them are having sex with more than one person. None of the sexual networks include more than two people. No one is infected with HIV.

February: The person who is having sex with someone outside the network becomes infected.

March to December: *Ask:* Does anyone else become infected during the following months? (Answer: No.)

*Why?* (Answer: Because the person infected with HIV does not have sex with anyone else.)

5. Explain to the participants that for the next series of diagrams, the group will assume that the same group of people has sex with one or two sexual partners. Guide the participants through the process of examining the “1–2 Partners” series of diagrams, looking at each month in succession. Give the following explanations, and ask the specified questions, pertaining to each month:

January: Everyone is having sex, some with one partner and some with two partners. No one is infected with HIV.

February: One of the people becomes infected by someone outside the network. *Ask:* If that person is highly infectious, what may happen to his/her uninfected

- partner? (Answer: His/her partner may become infected.)
- March: That partner does become infected. *Ask:* Will anyone else become infected? Why? (Answer: Yes, because that partner is highly infectious and is having sex at the same time with another partner.)
- April: That partner is lucky. He/she did not become infected during the first month. *Ask:* Might that partner become infected the next month? (Answer: Yes.)
- May: The third person does become infected. *Ask:* Will anyone else become infected? (No, unless any of the people infected with HIV has sex with an uninfected person.)
- June to December: No one else becomes infected. Note that although the number of partners increases only a little, from zero or one to one or two, the number of people who became infected increased from one to three.
6. Explain to the participants that for the next series of diagrams, the group will assume that the same group of people has sex with one, two, or three sexual partners. Guide the participants through the process of examining the “1, 2, or 3 Partners” series of diagrams, looking at each month in succession. Give the following explanations, and ask the specified questions, pertaining to each month:
- January: Everyone is having sex, most with two partners, but a few with one partner, and two with three partners. No one is infected with HIV.
- February: One of the people becomes infected by someone outside the network.
- March: A second person becomes infected.
- April: A third person becomes infected.
- May: A fourth person becomes infected. *Ask:* How many people might become infected the next month? (Answer: 2.)
- June: Two people do become infected.
- July: No one becomes infected because the uninfected person having sex with someone who is infected used condoms.
- August: That person is unlucky in August and becomes infected.
- September: The last person in that sexual network becomes infected.
- October to December: No one else becomes infected, because everyone in the sexual network is already infected. Note that eight people became infected, because the sexual network became larger.

7. Lead a brief discussion of the activity with the participants using the following questions:
- How many people became infected in one year when they had no or only one sexual partner? (Answer: 1)
  - How many became infected when they had one or two partners? (Answer: 3)
  - How many became infected when they had one, two, or three partners? (Answer: 8)
  - Why was there such a big difference in the number of people infected when the number of partners grew only a little? (Answer: Because the size of the sexual networks increased a lot, even with small increases in the number of sexual partners.)

### **Wrap-Up**

#### **3 minutes**

1. Review the seven key messages for the session written on flipchart paper or the chalkboard.
2. Congratulate the participants on their excellent work.
3. Thank the participants for attending the session.
4. Remind the participants of when and where the next program session takes place.
5. Dismiss the participants.

## Stay Healthy: Worksheet 16A

### Signature Sheet

**Directions:** When the teacher tells you to, move around the classroom and *trade* signatures with different people. When someone signs your sheet, you should sign his/hers. Be sure to get your sheet back. Stop after you complete each part and wait for further instructions.

#### Part 1

Get one signature.

1. \_\_\_\_\_

#### Part 2

Get two signatures.

1. \_\_\_\_\_

2. \_\_\_\_\_

#### Part 3

Get three signatures.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

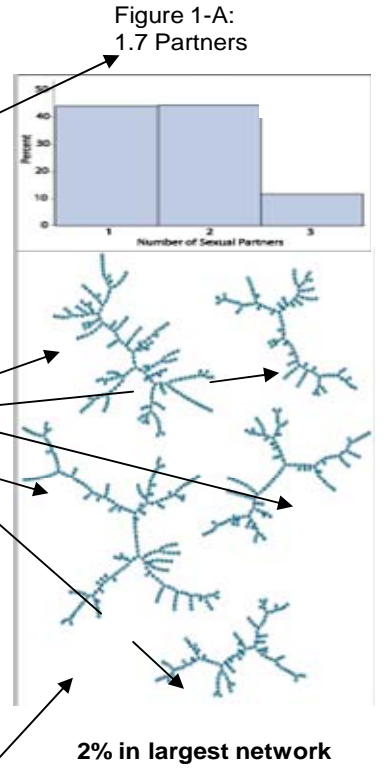
# Stay Healthy: Handout 16A: Impact of Number of Partners on Network Size

The "Tree" or "web" diagrams show the interconnections between people or "sexual networks."

This average number of partners means that most people in this community have 1 sexual partner but some have 2 or more

This average creates five separate, small sexual networks

At an average 1.7 partners only 2% of people in the sample are connected in the largest sexual network.



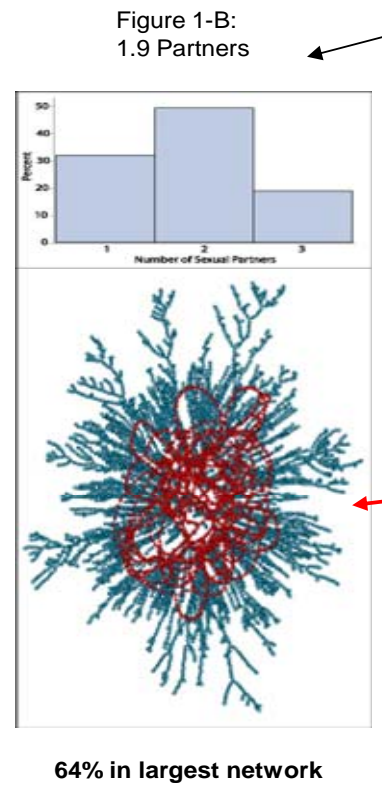
Source: Martina Morris, Univ. of Washington, used with permission from a presentation given at a meeting on concurrent sexual partnerships and sexually transmitted infections at Princeton University, 6 May 2006.

Now let's look at a community where many more people have 2 or 3 sexual partners than in the previous community we looked at

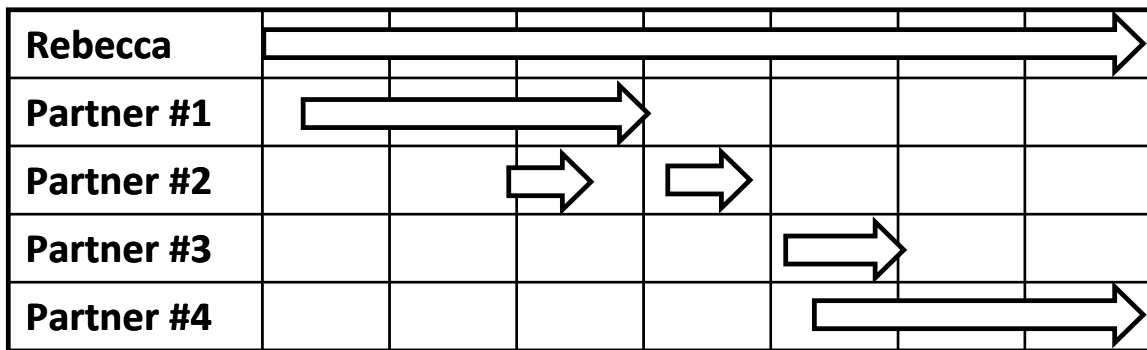
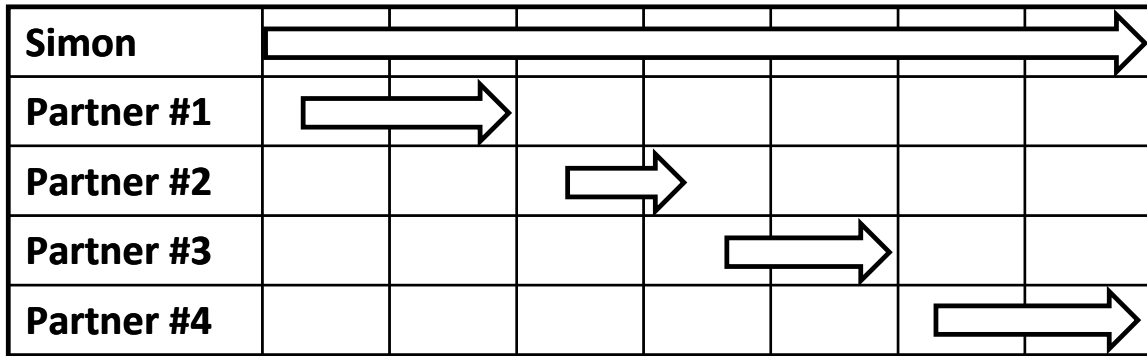
With an increase of only 0.2 in the average number of concurrent partners per person, the community has a smaller number of much larger sexual networks!!!

The **red circles** show that 64% of people in this community are connected to each other within one sexual network

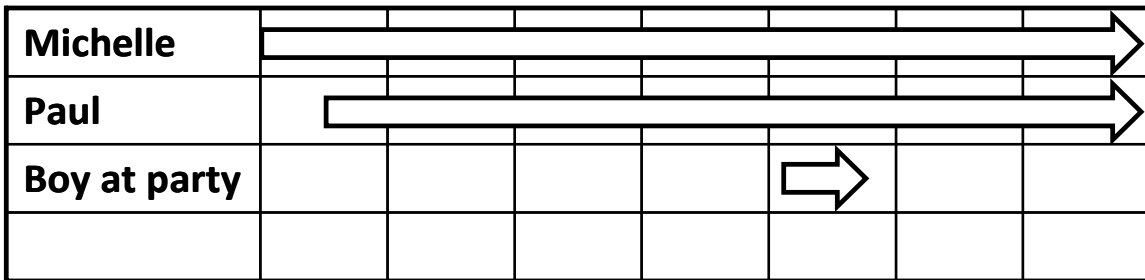
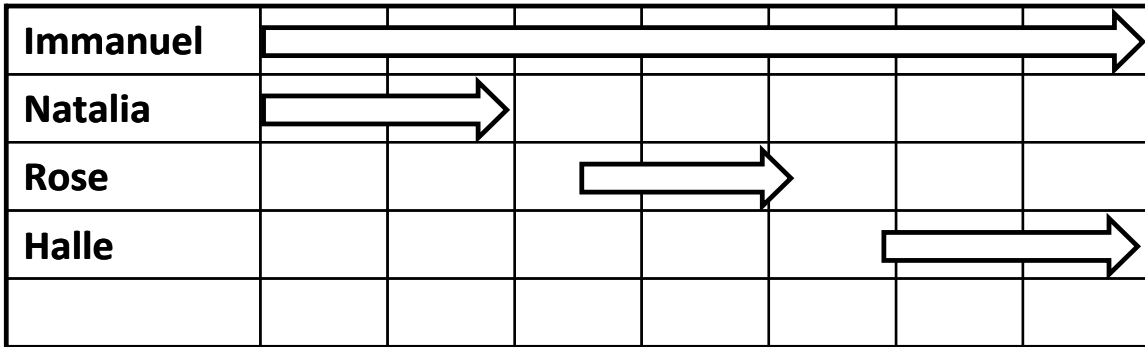
Think about how much easier it is for HIV to spread through a community when people in that community have more than one sexual partner at the same time...



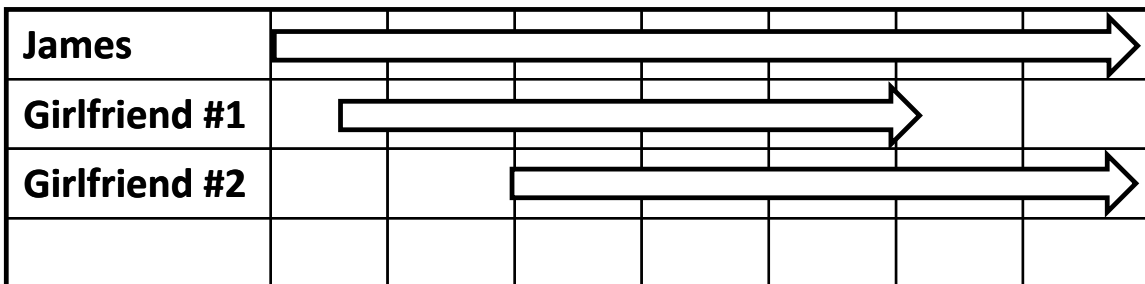
**Stay Healthy: Handout 16B**  
**Serial Monogamy vs. Concurrency**



**Stay Healthy: Handout 16B  
Serial or Concurrent?**

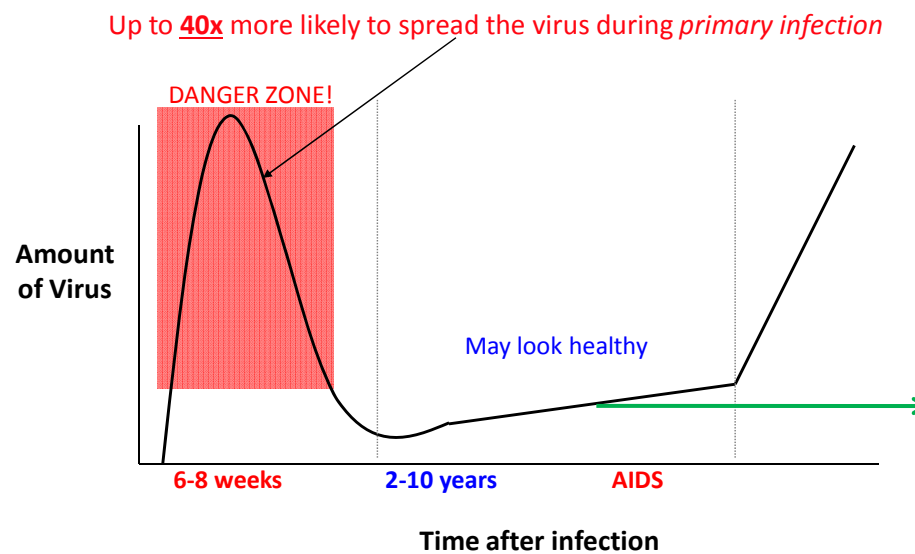


**Serial or Concurrent?**



## Stay Healthy: Poster 16A HIV Viral Load Over time

### HIV Viral Load Over Time





**Stay Healthy: Resource 16B**  
**Spread of HIV: Impact of Number of Sexual Partners**



Uninfected person



Infected person - High viral load  
(for two months after infection)

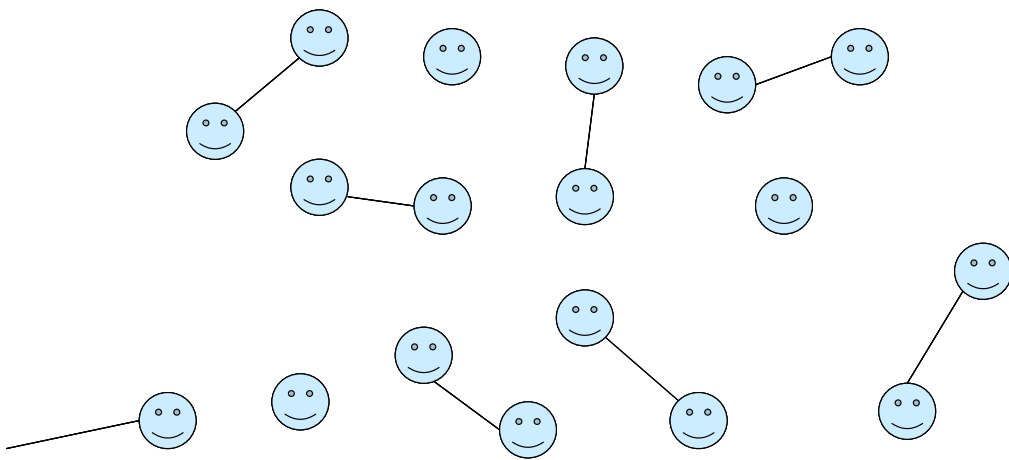


Infected person - Low viral load  
(after two months after infection)

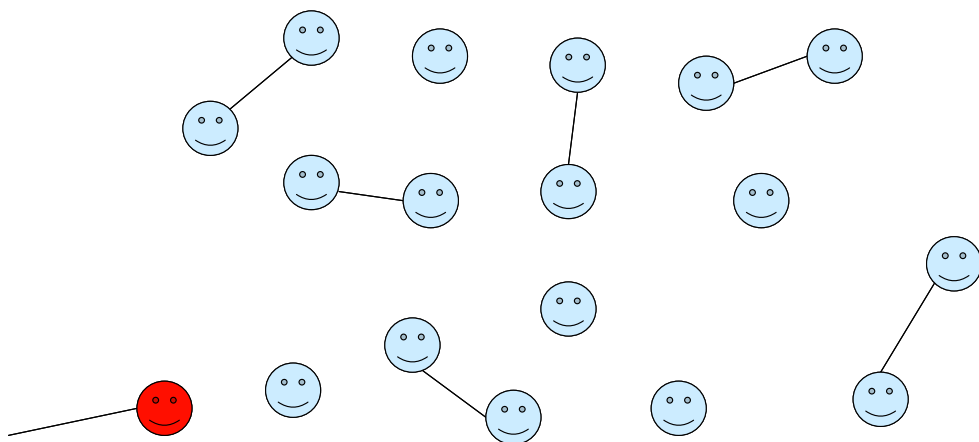
**Stay Healthy: Resource 16B**  
**Spread of HIV: Impact of Number of Sexual Partners**

**0 or 1 Partners**

**January**



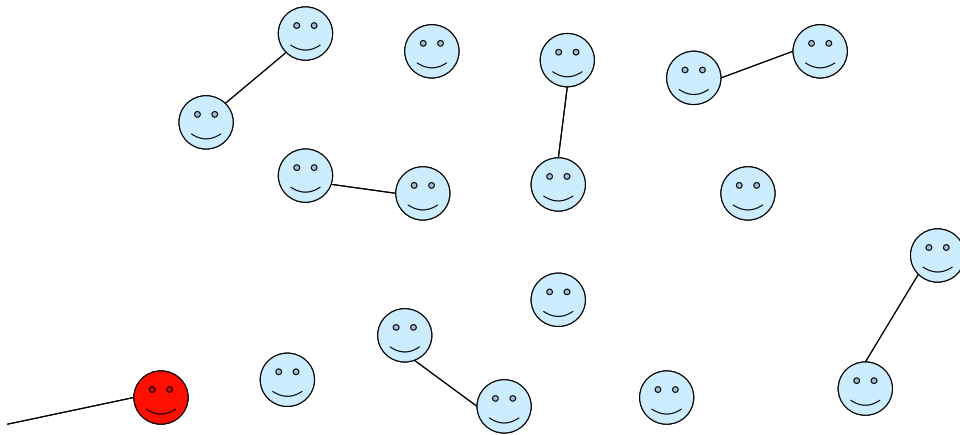
**February**



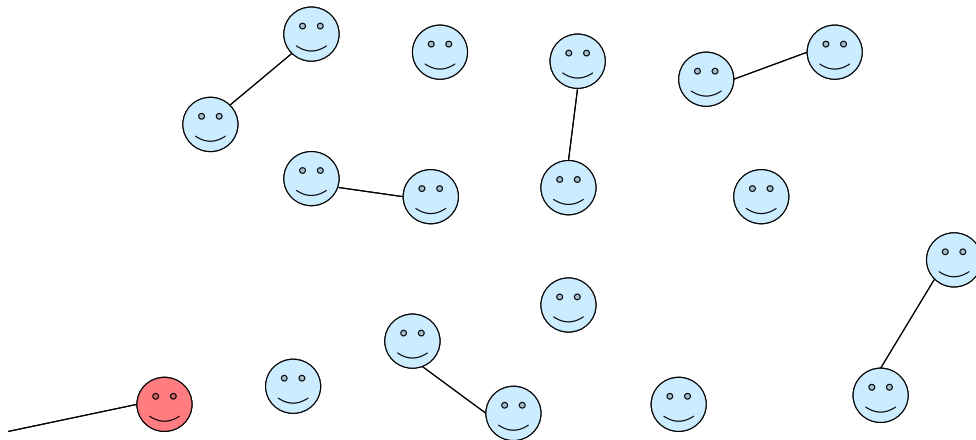
**Stay Healthy: Resource 16B**  
**Spread of HIV: Impact of Number of Sexual Partners**

**0 or 1 Partners**

**March**



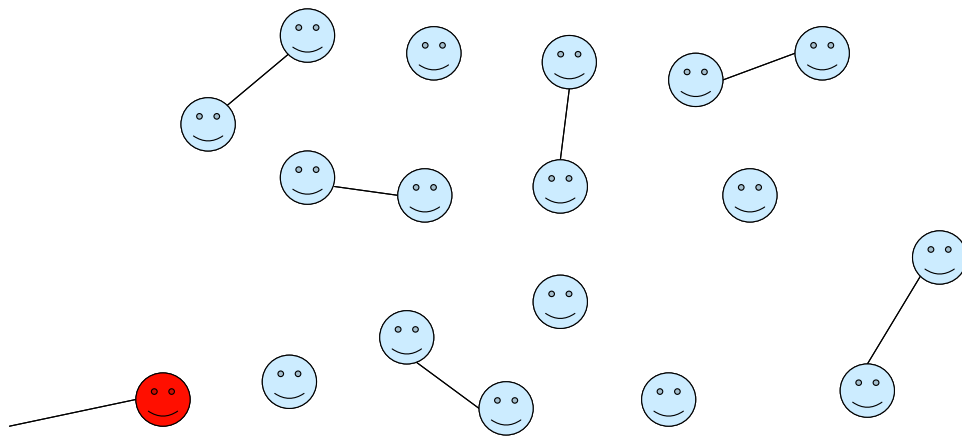
**April**



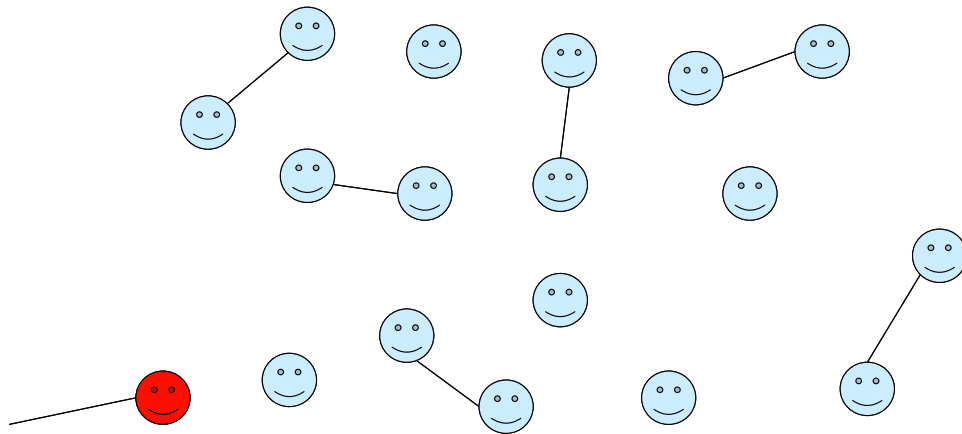
**Stay Healthy: Resource 16B**  
**Spread of HIV: Impact of Number of Sexual Partners**

**0 or 1 Partners**

**May**



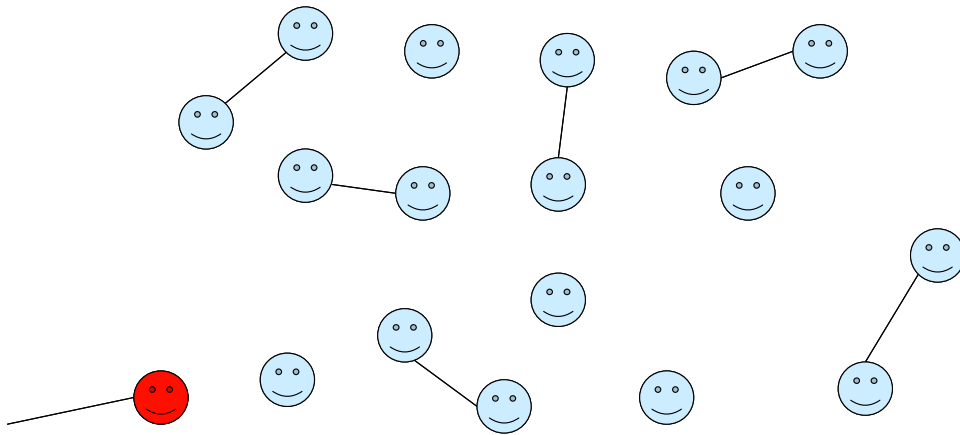
**June**



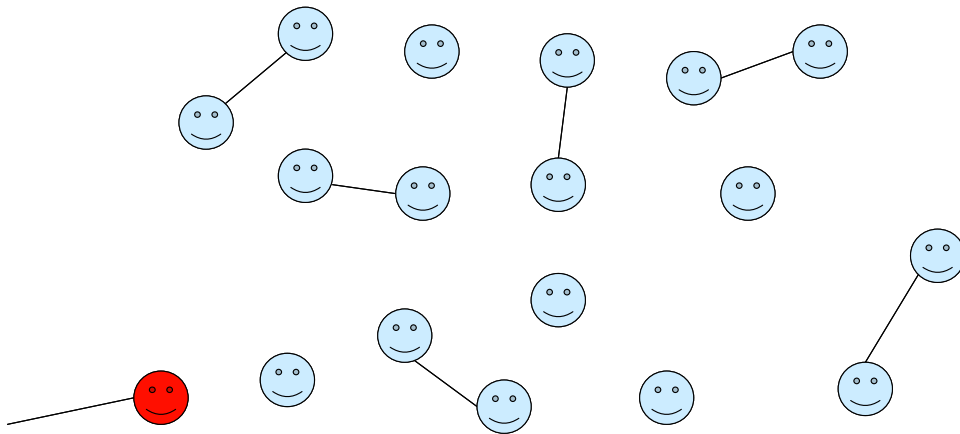
**Stay Healthy: Resource 16B**  
**Spread of HIV: Impact of Number of Sexual Partners**

**0 or 1 Partners**

**July**



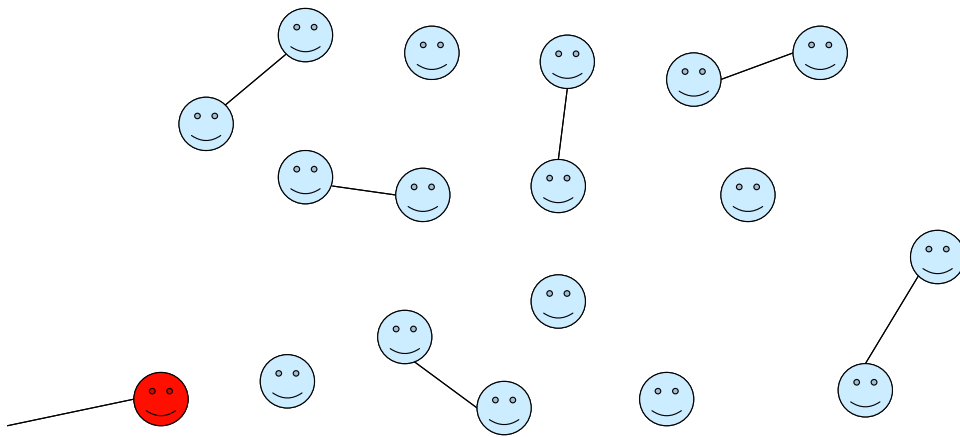
**August**



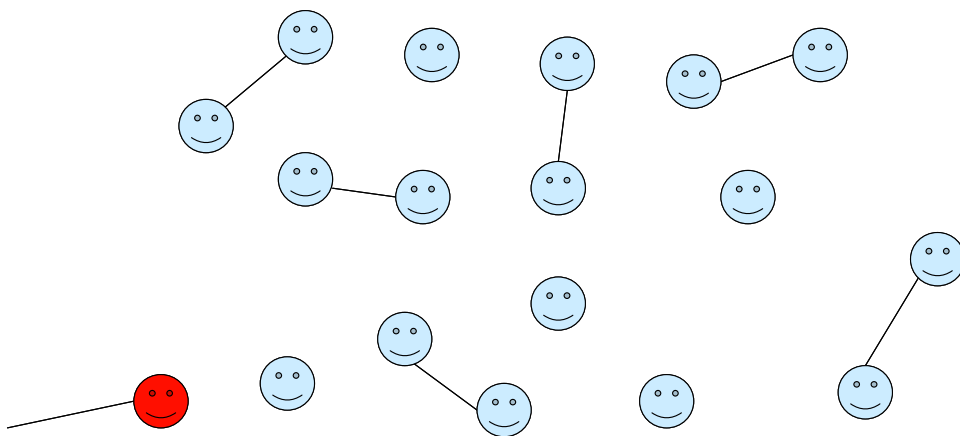
**Stay Healthy: Resource 16B**  
**Spread of HIV: Impact of Number of Sexual Partners**

**0 or 1 Partners**

**September**



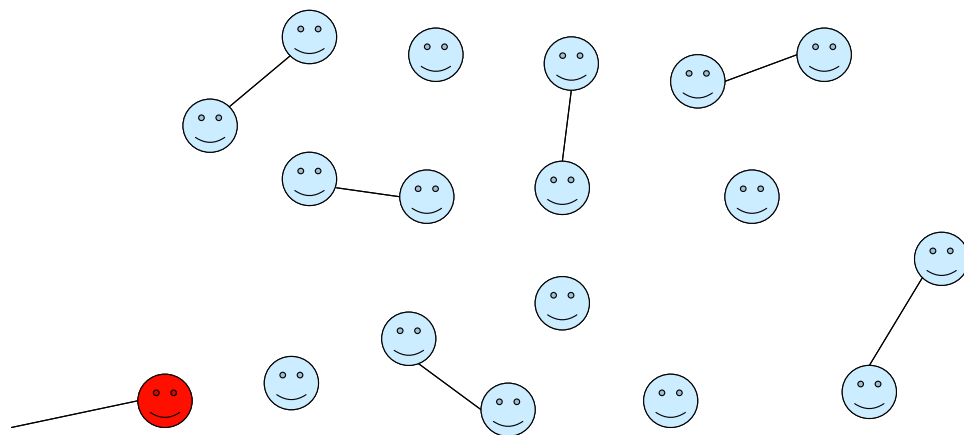
**October**



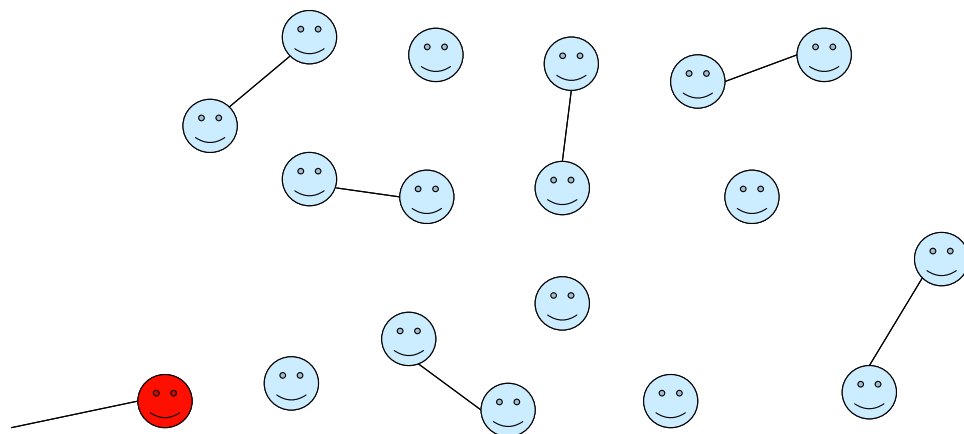
**Stay Healthy: Resource 16B**  
**Spread of HIV: Impact of Number of Sexual Partners**

0 or 1 Partners

November



December

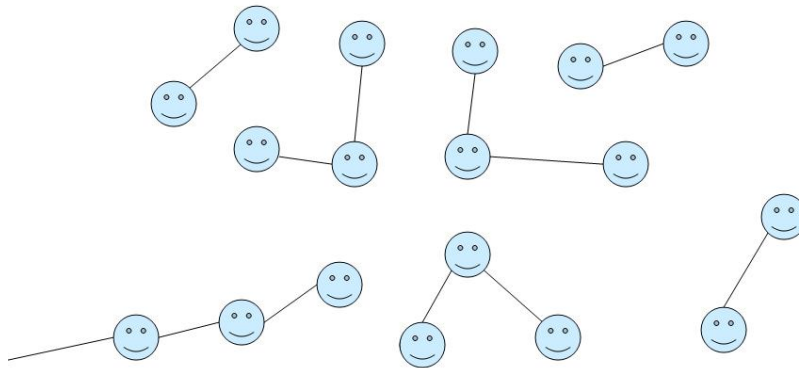


# Stay Healthy: Resource 16B

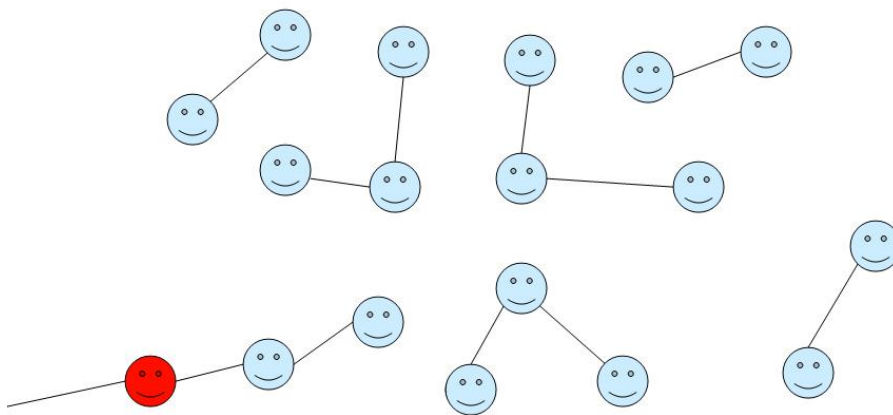
## Spread of HIV: Impact of Number of Sexual Partners

1 or 2 Partners

January



February

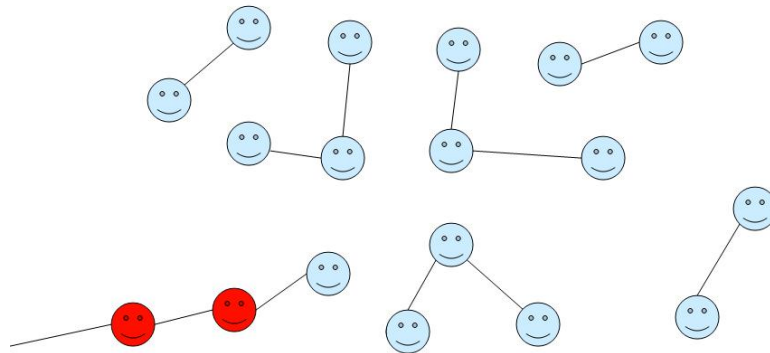




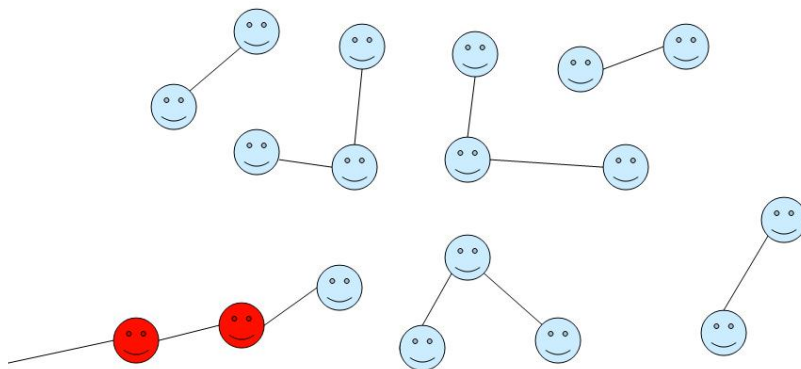
**Stay Healthy: Resource 16B**  
**Spread of HIV: Impact of Number of Sexual Partners**

**1 or 2 Partners**

March

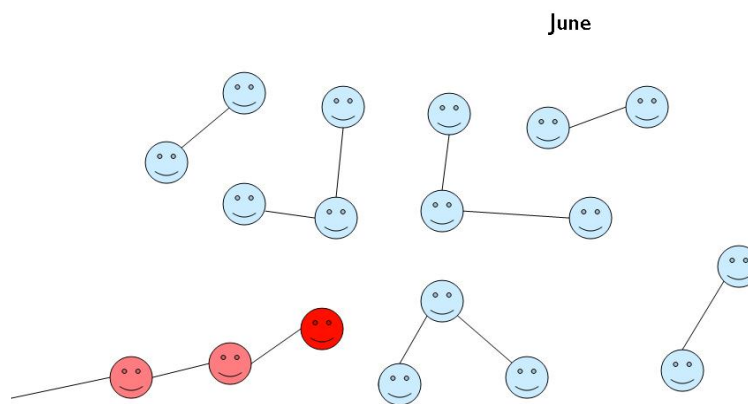
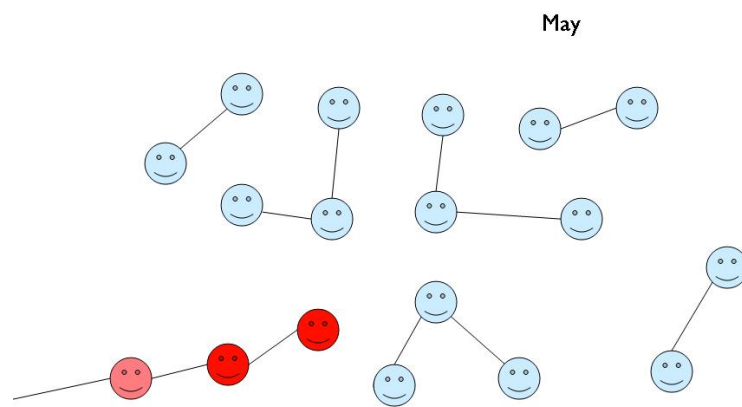


April



**Stay Healthy: Resource 16B**  
**Spread of HIV: Impact of Number of Sexual Partners**

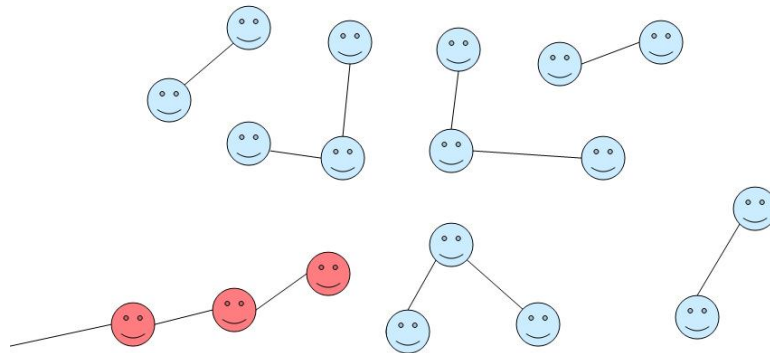
**1 or 2 Partners**



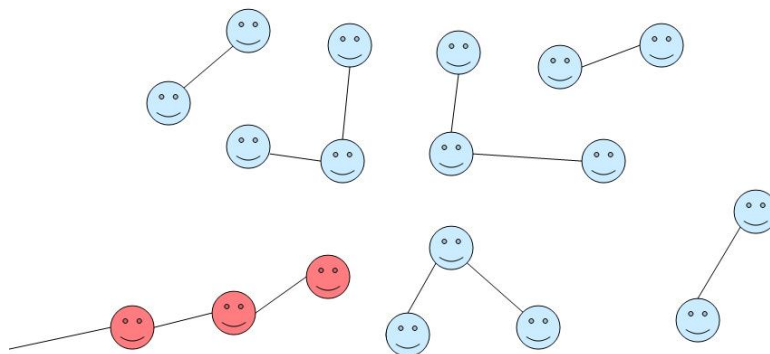
**Stay Healthy: Resource 16B**  
**Spread of HIV: Impact of Number of Sexual Partners**

**1 or 2 Partners**

July



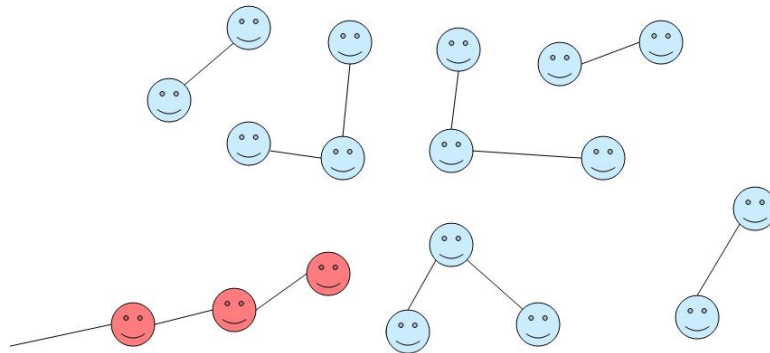
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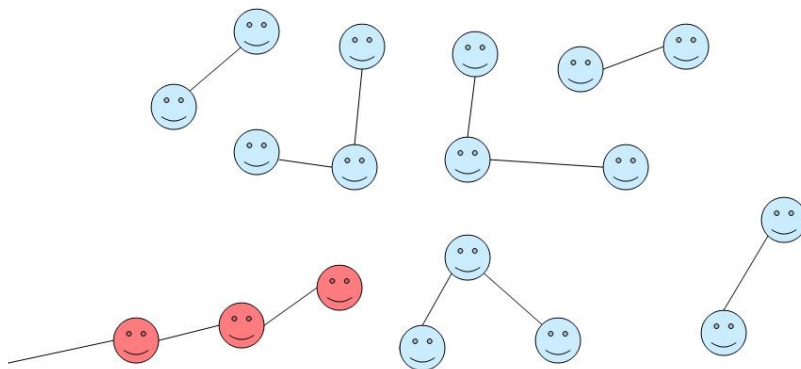
**Stay Healthy: Resource 16B**  
**Spread of HIV: Impact of Number of Sexual Partners**

**1 or 2 Partners**

September



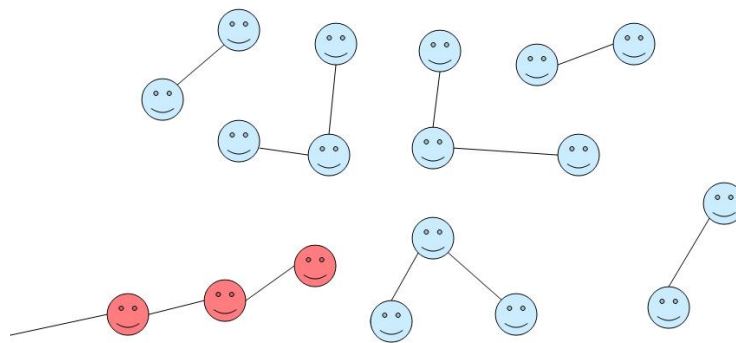
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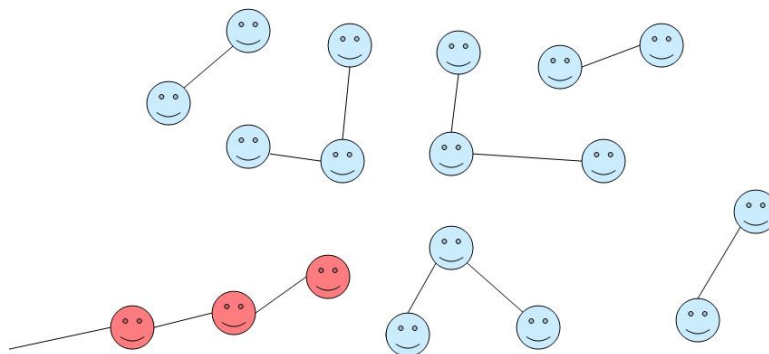
**Stay Healthy: Resource 16B**  
**Spread of HIV: Impact of Number of Sexual Partners**

**1 or 2 Partners**

November



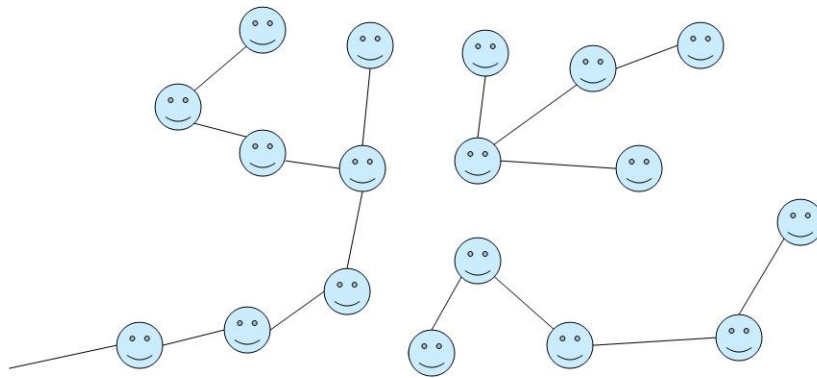
December



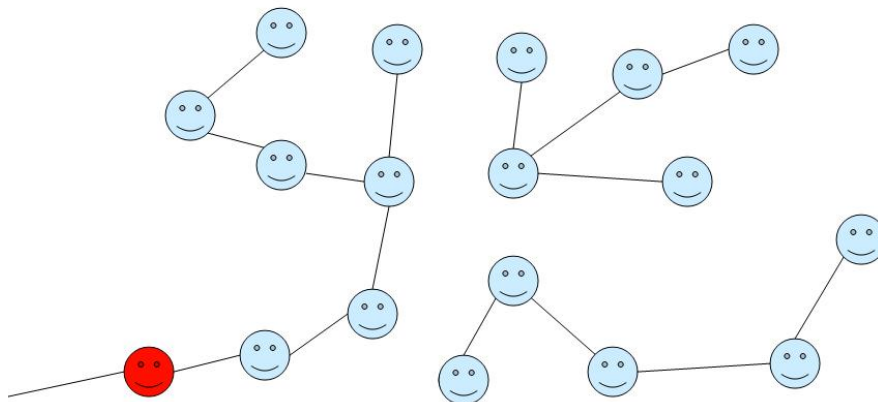
**Stay Healthy: Resource 16B**  
**Spread of HIV: Impact of Number of Sexual Partners**

**1, 2, or 3 Partners**

January



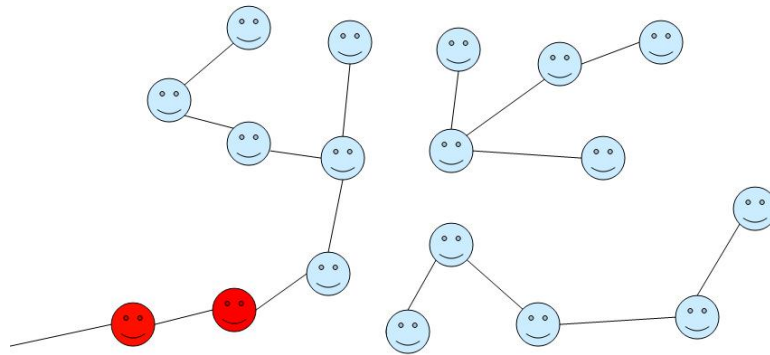
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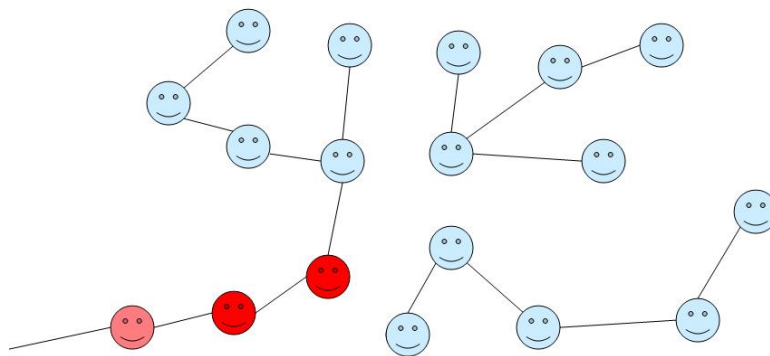
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**Spread of HIV: Impact of Number of Sexual Partners**

**1, 2, or 3 Partners**

March



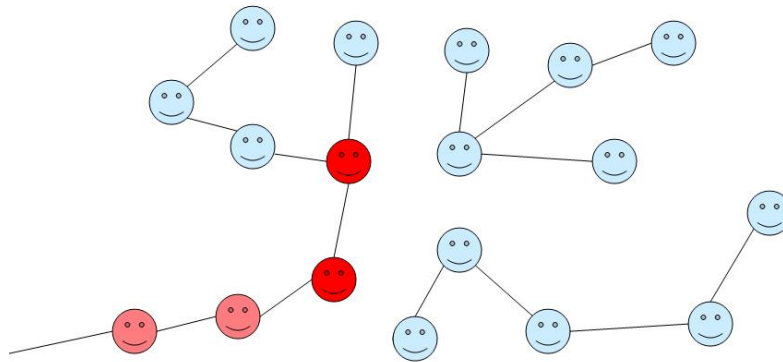
April



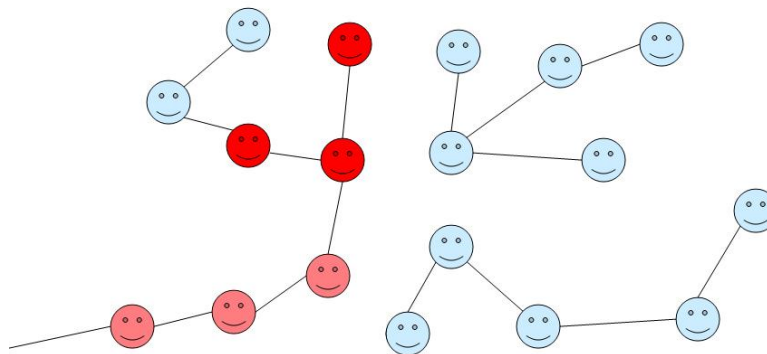
**Stay Healthy: Resource 16B**  
**Spread of HIV: Impact of Number of Sexual Partners**

**1, 2, or 3 Partners**

May



June

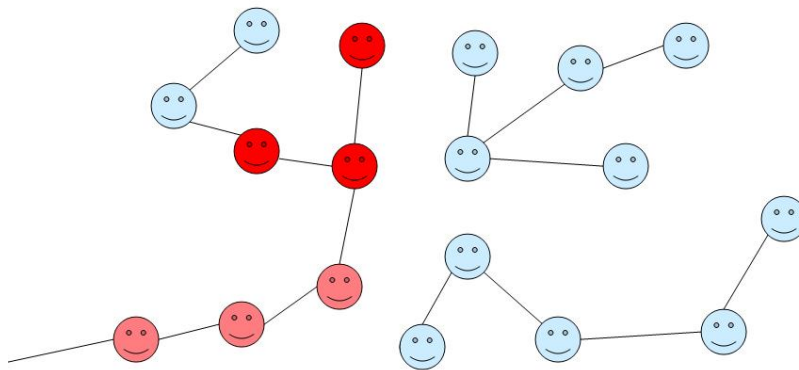




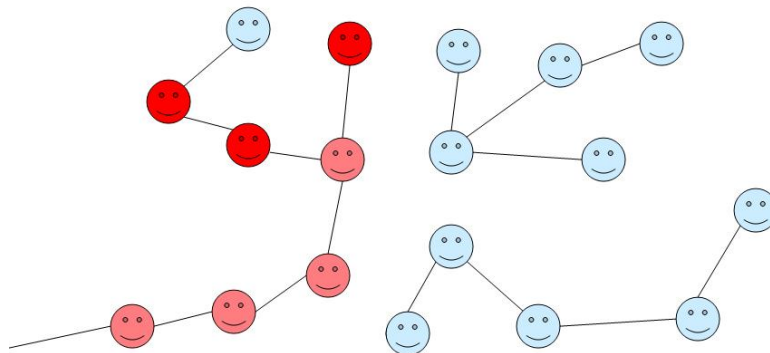
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**Spread of HIV: Impact of Number of Sexual Partners**

**1, 2, or 3 Partners**

July



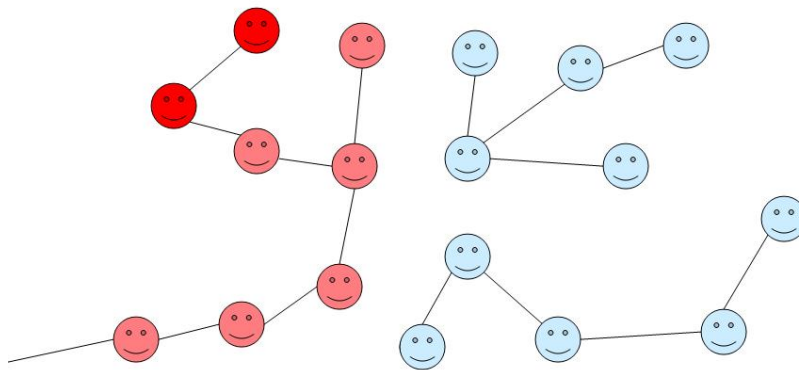
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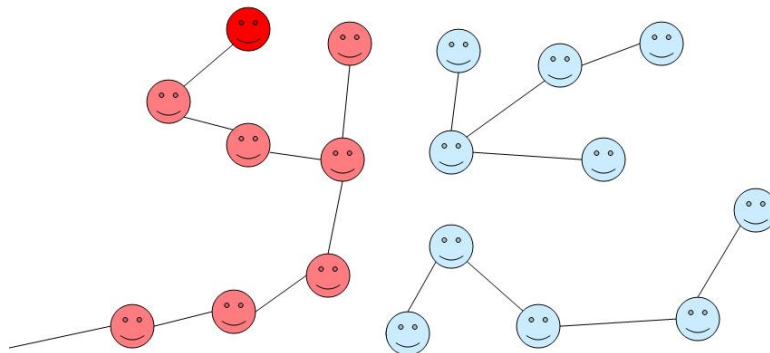
**Stay Healthy: Resource 16B**  
**Spread of HIV: Impact of Number of Sexual Partners**

**1, 2, or 3 Partners**

September



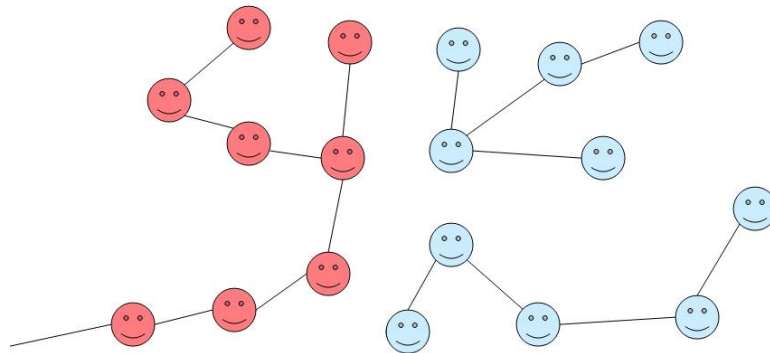
October



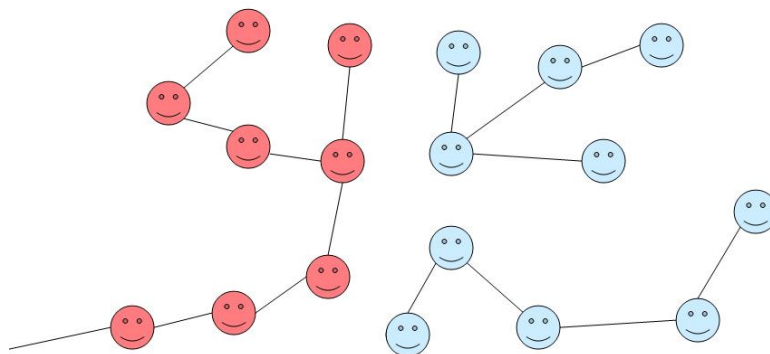
**Stay Healthy: Resource 16B**  
**Spread of HIV: Impact of Number of Sexual Partners**

**1, 2, or 3 Partners**

November



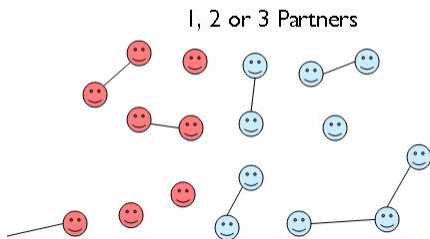
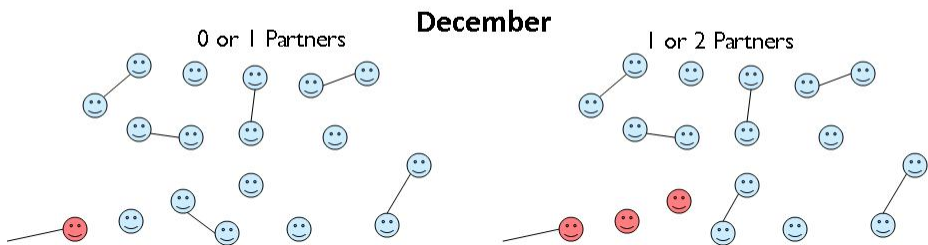
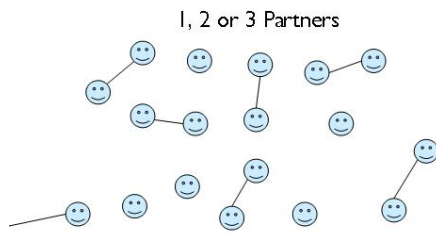
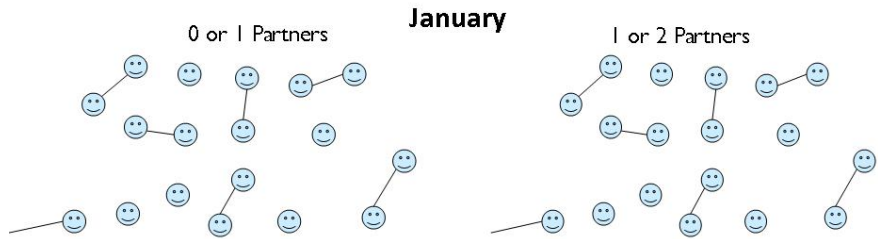
December



# Stay Healthy: Resource 16B

## Spread of HIV: Impact of Number of Sexual Partners

### Summary



# Long-Term Mutual Monogamy: The Safe and Sensual Choice<sup>11</sup>

## Rationale for Session

Once individuals choose to become sexually active, then long-term, mutually monogamous relationships are the best relationships for avoiding HIV infection or transmission. However, gender norms, peer pressures, and cultural influences often steer young people, especially young men, toward sexual lifestyles that involve multiple, concurrent partners. If young people are to choose to commit to long-term, mutually monogamous relationships, they must be helped to see the advantages of such relationships, as well as to understand that they are capable of and are empowered to resist influences that steer them away from these kinds of relationships. This session helps them do this, especially the end of the session, which focuses on research showing that long-term, mutually monogamous relationships are often more sexually satisfying.

## Learning Objectives

*By the completion of this session, the participants will be able to:*

1. Identify at least two reasons to be faithful to one partner if choosing to have sex.
2. Identify at least one gender norm that accounts for differences between women's and men's reasons for choosing mutual monogamy—or, conversely, for choosing multiple sexual partners.
3. Identify at least two ways in which to overcome or diminish some of the reasons they might have for wanting multiple sexual partners .
4. Identify why a long-term, mutually monogamous relationship can be a more sexually pleasurable relationship choice.
5. Identify reasons applicable to this age-group that make a long-term, mutually monogamous relationship more sexually pleasurable.

## Important Take-Away Messages

1. Long-term, mutually monogamous relationships greatly reduce the risk of HIV infection.
2. For the sake of good health and its contribution to your ability to achieve your future goals, it is well worth choosing long-term, mutually monogamous relationships and finding ways to resist pressures to have concurrent sex with multiple partners.
3. In many countries, individuals in long-term, mutually monogamous relationships report a high level of sexual pleasure in their relationships and a higher degree of sexual satisfaction than individuals who are not in these types of relationships.

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<sup>11</sup> This session is based on Activity 16: Why Young People Choose to Be Faithful Sexually or to Have Multiple Sexual Partners, and Activity 17: What's Love Got to Do with It? Relationships' Impact on Sex, from Kirby, D. 2011. Reducing HIV transmission: Curriculum-based activities designed to reduce number of sexual partners and concurrent sexual partners. Unpublished. Scotts Valley, CA: ETR Associates.

## Time

45 minutes

## Materials

- Markers
- Blank paper
- Eight Truths to Live By poster
- Group Agreements poster
- Healthy and Unhealthy Relationships posters (from Session 9)
- Flipchart paper, a chalkboard, or a dry-erase board
- Writing implements for participants—pens and/or pencils
- Masking tape
- Half-sheets of blank copy paper (three per participant)
- Blank copies of Take-Home Assignment C (for participants who did not complete the assignment to refer to during the review)

## Advance Preparation

1. Review the session plan.
2. Write out the Group Agreements on flipchart paper or the chalkboard, or hang a previously made poster.
3. Write out the Eight Truths to Live By on flipchart paper or the chalkboard, or hang a previously made poster.
4. Prepare a parking lot.
5. Write out the session agenda on posterboard, flipchart paper, or the chalkboard:  
AGENDA
  1. Agenda
  2. Choosing Serial Monogamy
  3. The Impact of Relationships on Sex
  4. Review of Take-Home Assignment
  5. Wrap-Up
6. Hang the “Qualities/Characteristics of Healthy and Unhealthy Relationships” posters produced in Session 9.
7. On flipchart paper or the chalkboard, make four columns with the following headings: “Why sexually active young women choose to be faithful to one partner”; “Why sexually active young men choose to be faithful to one partner”; “Why sexually active young women choose to have multiple partners”; and “Why sexually active young men choose to have multiple partners”.
8. Prepare the half-sheets of paper described in the materials list.
9. Tear off three dozen 2-inch pieces of tape per participant. Store these prepared pieces of tape by attaching them to the edge of an unused table, an outside corner of an interior wall, or a stretch of window moulding, preferably in a spot located near the posted “Be a Man” and “Act Like a Lady” diagrams.

## **Procedure**

### **Agenda**

#### **1 minute**

1. Welcome the participants to the group.
2. Direct the participants to the posted agenda. Review it with them.
3. Direct the participants to the posted version of the Eight Truths to Live By. Remind them that these are truths that the *Stay Healthy* program offers to guide them in making decisions.
4. Direct the participants to the posted Group Agreements. Remind them that these are the guidelines for group behavior.

### **Choosing Serial Monogamy**

#### **25 minutes**

1. Tell the participants that many young men and women choose not to have sex. That is the safest choice to prevent infection or transmission of HIV.
2. Remind the participants of the concepts that they learned last session: “serial monogamy” (having sex with only one partner at a time) and “concurrent sexual partners” (having sex with more than one person, where there is overlap between the sexual encounters with the different partners).
3. Explain that individuals who do have sex have to decide whether they will practice serial monogamy or have concurrent sex with multiple partners. Explain that in the next activity, they will explore the considerations that go into this important decision.
4. Tell the participants they will work in small same-sex groups, using a technique called *brainstorming*, in which all members of a group are asked to share their ideas or opinions about a particular topic. Emphasize that in brainstorming, no judgments should be made about whether an idea is right or wrong, good or bad—all ideas are expressed for consideration.
5. Divide the participants into small same-sex groups containing 4–5 participants. Provide each group with 12 half-sheets of blank copy paper and markers. Instruct the groups to pick one or two participants to record the group’s ideas on the half-sheets of paper using the markers. Instruct the selected notetakers to write as big as possible and to write legibly.
6. Instruct the participants within the female small groups to spend 8–10 minutes completing two tasks: (1) identifying all of the reasons they can think of why some young women choose to have only one mutually faithful partner, if they do have sex; and (2) identifying all of the reasons they can think of why some young women choose to have multiple concurrent sexual partners.  
  
Instruct the participants within the male small groups to complete the same two tasks—looking at the reasons behind each of the two choices for young men.
7. Instruct the groups to begin the activity. While the participants are working, move from group to group to ensure that the assignment is clear and that the participants stay on task.
8. Explain that the groups will tape their sheets in the appropriate columns that are written on flipchart or the chalkboard.

9. Choose two females and two males to be leaders. Select the participants who can analyze information quickly and organize information well. Direct the leaders to the tape strips you have prepared and have them each model taping one sheet from their group in one of the boxes relevant to their sex.
10. Explain to the leaders that when they are done taping their sheets, they should remain standing by the boxes. Their task then will be to put sheets with similar ideas together so that duplicate ideas are not spread out all over the box.
11. Instruct the remaining groups to tape their sheets in the appropriate boxes.
12. Give the groups about 3–5 minutes to complete this process. While the group is completing this process, instruct the youth who have completed taping their sheets to read the sheets as they are added to each column. Instruct them to write down at least two things that are posted in the columns that differ from any of the ideas their group generated.

Reasons they might have posted could include any of the following:

- Less risk of contracting or transmitting HIV
- Less risk of contracting or transmitting other STIs
- Less risk of unintended pregnancy
- Greater love for partner
- Greater trust in partner
- More enjoyable and more pleasurable sex
- Greater motivation to make sure that your partner is enjoying sex
- Better communication about sex and other things
- Better understanding of who will do what to prevent unintended pregnancy
- Greater knowledge of partner's likes and dislikes sexually
- Easier logistics (may live together or easily negotiate time together)

If any of these reasons are not mentioned, include them, if appropriate. Have the participants write up these additional reasons on half-sheets of paper and add them to the appropriate columns.

13. After the half-sheets have been taped under the correct columns and organized by the participant leaders, instruct the participants to spend a few minutes comparing the lists. Ask the participants to identify reasons for each of the choices—monogamy and concurrency—that are similar for males and females. Then ask the participants to identify reasons for each of the choices that are different for males and females.
14. Instruct the participants to compare the importance of the reasons to be sexually faithful to one partner with the reasons to have multiple concurrent sexual partners. The participants are likely at this point in the program to identify the risk of HIV transmission as an important reason to choose to be mutually faithful to one partner. Emphasize this point when it is made, or make this point in the unlikely case that the participants do not.
15. Instruct the participants to consider their generalizations of the differences across sexes. Have them identify gender norms that explain these differences and identify which gender norms are harmful ones that they have previously looked at changing as part of their discussion of gender.



16. Lead the group through an 8–10 minute process of examining each of the reasons given for having multiple concurrent partners. Have the group assess whether each reason is true for many young people. If it is true for many young people, then instruct them to brainstorm strategies for overcoming or countering the reason. (Facilitators should see the **Facilitator Note** on page 175 for an important issue to consider in regard to this activity.)
17. Conclude the activity by emphasizing that being mutually faithful to a sexual partner greatly reduces the risks of HIV transmission and is therefore the safer choice. Then briefly summarize other reasons for being faithful sexually. Finally, summarize several effective strategies for overcoming reasons to have multiple sexual partners.

### **Impacts of Relationships on Sex**

#### ***10 minutes***

1. Point out to the participants that there are many different types of sexual relationships. Ask the participants to think of different examples. These might include the following:
  - “Hooking up”
  - Friends with sexual benefits/rights
  - Long-term monogamous caring relationship
  - New relationship (no monogamy)
  - Sideline relationship (cheating on main partner)
  - One-night stand

### Facilitator Note

Below are possible reasons young people might give for having multiple partners and possible responses or strategies for overcoming them. These are only examples. It is important that the participants develop their own responses or strategies for overcoming the reasons. The responses below should only be supplied if the participants cannot think of their own.

#### Possible reasons

- Men's (and sometimes women's) sexual desire is beyond their control.
- Men (and sometimes women) need sexual variety and multiple partners.
- Men and women lose sexual desire with the same partner over time.
- New partners can provide more spontaneity and enable one to try new things.
- Multiple partners can meet a person's different needs.
- Multiple partners can be available at different times.
- Other males/females can provide more pleasurable sex than main partner can.
- Having multiple partners makes you feel more "manly" or increases your sense of worth and self-esteem.
- Believing that your partner has other sexual partners can make you less likely to be faithful.
- Perception that friends and peers have multiple partners can cause you to do the same.
- People drink and then just act on their desires .

#### Possible strategies for overcoming reasons

- Both men and women can control their sexual desire. Most people control it most of the time. They can learn to avoid situations that might lead to loss of control (e.g., drinking too much).
- While having sex with multiple partners can be enjoyable, it is possible to try out different things sexually and have variety with a faithful partner.
- Mutually faithful partners can try out different sexual positions and techniques, have sex in different places, and have variety.
- Mutually faithful partners can have spontaneous sex in different places or different situations and can try out new things.
- If faithful partners communicate their needs to each other and care about each other, they can better meet each other's needs.
- If faithful partners care about each other, they can strive to be together more often.
- If faithful partners communicate their desires and likes and dislikes to each other and want to please each other, they can have more pleasurable sex.
- Having only one faithful partner can make you feel good about yourself and your relationship with your partner.
- Choosing the right partner and making a mutual commitment to only have sex with each other can increase the belief that your partner is also being faithful.
- Some of them do have multiple partners, but others whom you respect and like do not.
- Avoid situations that might lead to having unintended sex.

2. Explain to the participants that, while there are many different types of sexual or romantic relationships, research conducted in several countries indicates that people in healthy, long-term, mutually monogamous relationships report having *better sex lives* than people in other types of relationships.
3. Ask the participants to brainstorm the reasons why this may be true. Record their answers on flipchart paper or the chalkboard.

If they do not bring up any of the following reasons, add these to the list:

- Greater trust
  - Greater love for partner
  - Commitment/exclusivity creates more motivation to make sure that your partner is enjoying sex
  - Better communication with partner
  - Better understanding of who will do what to prevent unintended pregnancy
  - Less worry about HIV and other STIs
  - Greater knowledge of partner's likes and dislikes sexually
  - Easier logistics (may live together or easily negotiate time together)
  - More shared life experiences, which strengthens bond and knowledge of partner's character
4. Instruct the participants to identify reasons *that they believe would be true for them* from the group's list of reasons that might explain why people in long-term, mutually monogamous relationships in some countries report having *better sex lives* than people in other types of relationships.
  5. Conclude the activity by acknowledging that it takes many people years to find someone with whom they want to be in a long-term, mutually monogamous relationship, but that some of the valuable things about such relationships are safety from HIV infection and a high degree of sexual pleasure.

### **Review of Take-Home Assignment**

#### **6 minutes**

1. Instruct the participants to take out their completed Take-Home Assignment Sheet C, which they were given in Session 13. If any participants who completed the assignment at home do not have the completed sheet with them, give them a blank assignment sheet and ask them to try to remember what their parent/guardian told them. For participants who did not complete the assignment, give them a blank assignment sheet so they can follow the review discussion.
2. Facilitate a five-minute discussion using a couple of the questions listed below:
  - Did your parent/guardian indicate that what she/he looks for in a healthy relationship has changed over time? If so, how do you think what you are looking for in a relationship is likely to change as you age?
  - Which characteristics of a healthy relationship that your parent/guardian identified do you agree are important to have in a relationship?
  - Did you agree with your parent's/guardian's assessment of the qualities that would make someone a good relationship candidate for you?
3. Remind the participants that in completing this assignment, they might have heard examples of bad decisions that their parent(s), adult relative, or guardian has made in his/her own life, or they might have been given bad advice or inaccurate information. Strongly encourage the participants to discuss these issues with you one-on-one when *Stay Healthy* is not in session.

**Facilitator Note**

If time and resources allow, consider planning a celebration to acknowledge the participants' completion of the *Stay Healthy* program. (If you decide to hold such a celebration, conduct any planning for it during this, next-to-final session.) The time for a celebration is not scheduled into the final session, so an additional session or extra time for the final session must be scheduled. A celebration can include any number of activities, depending on what would be fun or appropriate for your group and your available resources: snacks/refreshments, music, dancing, games, completion certificates, a certificate ceremony, attendance by friends and family outside of the program, affirmations of each participant by the facilitator and/or the participants affirming each other. (An affirmation is a positive statement made about someone. Affirmations in a *Stay Healthy* celebration or ceremony should focus on the specific skills or contributions each individual participant brought to the program and/or reflect healthy choices that the participant has made.) If the event can involve attendance by friends and family outside of the program, these guests may be able to help provide the resources necessary to have a great celebration by bringing "potluck" refreshments, bringing decorations, providing live music, or providing other resources.

**Wrap-Up****5 minutes**

1. Congratulate the participants on their excellent work.
2. Thank the participants for attending the session.
3. Remind the participants of when and where the next program session takes place. Point out that it is the last session.
4. If a completion ceremony or celebration is planned following the final session, inform the participants of when and where the event is taking place. If the participants need to help with the preparation for the event, spend time during this wrap-up to get this organized. Make sure that each participant has a clear understanding of any aspect of the event (e.g., conveying invitations to outside guests, contributing refreshments, bringing decorations or recorded music, or helping to set up and/or clean up) for which they are responsible.
5. Dismiss the participants.

### Committing to a Healthy Future<sup>12</sup>

#### Rationale for Session

Research shows that youth's *intentions* toward positive choices in relation to sexual behaviors have a significant influence over how they actually behave. The translation of intentions into behaviors is mediated by the strength of their intentions, their competency in skills necessary to act on their intentions, and the level of positive environmental support (e.g., family, peers, institutions, resources, gender norms, culture) for their intentions. This same research shows that education programs can shape youth's intentions, and the *Stay Healthy* program's efforts to do this culminate in this final session. Previous sessions have taught the participants skills that can help them follow through on their positive intentions, and throughout the program, family and peer support has been cultivated. The *Stay Healthy* program has provided the participants with knowledge of their risk for HIV infection and has helped them visualize future goals that would be jeopardized by HIV infection. The *Stay Healthy* program has offered eight truths to live by, all of which are intended to strengthen the participants' positive intentions. This effort culminates in this session, which requires the participants to make a concrete decision and commitment to themselves about sexual activity, the number of sexual partners they will have, and condom use.

#### Learning Objectives

*By the completion of this session, the participants will be able to:*

1. Recite and explain at least five of the *Stay Healthy* program's key messages: "Truths to Live By".
2. Identify at least one barrier or challenge to each of the three safer choices pertaining to sexual behavior: choosing abstinence, using a condom correctly every time they have sex, and committing to a mutually monogamous relationship.
3. Identify a strategy or solution to each barrier/challenge to each of the three safer choices.
4. Identify one or more people whom they like and respect who have made a commitment to having only one long-term mutually monogamous relationship.
5. Commit to a course of behavior regarding sexual activity (ideally protecting themselves by not having sex, by having only one sexual partner at a time, and by always using condoms).

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12 This session is based on Activity 26: Giving a Clear Message about Sex, Activity 18: Admired Peer and Adult Role Models, and Activity 25: Making a Commitment, from Kirby, D. 2011. Reducing HIV transmission: Curriculum-based activities designed to reduce number of sexual partners and concurrent sexual partners. Unpublished. Scotts Valley, CA: ETR Associates.

## Important Take-Away Messages

1. It is within your power to make positive, healthy, safe choices related to sex and to the prevention of the spread of HIV.
2. You have the skills to follow through with those choices.
3. You have, or can find, people to support your positive choices.
4. The Truths to Live By can help you stay true to your positive choices.
5. Other people, both famous and familiar, have made these positive choices and stayed true to them.
6. You can be proud of what you have learned and accomplished in the *Stay Healthy* program.

## Time

45 minutes

## Materials

- Markers
- Blank paper
- Eight Truths to Live By poster
- Group Agreements poster
- Healthy and Unhealthy Relationships posters (from Session 9)
- Flipchart paper, a chalkboard, or a dry-erase board
- Writing implements for participants—pens and/or pencils
- Masking tape
- Colored dots: blue, green, red, orange, and yellow (obtain as many dots of each color as there are participants)
- Two boxes and two paper bags
- “Decision and Challenges” worksheet (one copy per participant)
- Materials necessary for a completion ceremony/celebration event, if planned (e.g., snacks/refreshments, decorations, live or recorded music, certificates, etc.)

## Advance Preparation

1. Review the session plan.
2. Write out the Group Agreements on flipchart paper or the chalkboard, or hang a previously made poster.
3. Write out the Eight Truths to Live By on flipchart paper or the chalkboard, or hang a previously made poster.
4. Prepare a parking lot.

5. Write out the session agenda on flipchart paper or the chalkboard:  
AGENDA
  1. Agenda
  2. Review of Key Messages and Strategies
  3. Someone You Admire
  4. Making an Important Decision
  5. Making an Important Commitment
  6. Wrap-Up and Celebration
6. Hang the “Qualities/Characteristics of Healthy and Unhealthy Relationships” posters produced in Session 9.
7. Create or obtain colored dots at least  $\frac{3}{4}$ ” or 2 cm in diameter in the following colors: blue, green, red, orange, and yellow. The exact number of dots needed depends on the group size. To be safe, obtain as many dots of each color as there are participants. If colored dots are not available, other colored objects can be used, provided there are enough objects of each color.
8. Create a poster on flipchart paper or the chalkboard entitled “Your Choices” and write out in large lettering what the five colored dots represent in the Making a Commitment activity:
 

**Blue:** Choosing not to have sex

**Green:** Choosing to have sex with one person who only has sex with you

**Orange:** Choosing to use condoms with every partner every single time you have sex

**Red:** Choosing to have sex with more than one partner and not always using a condom

**Yellow:** Not sure
9. Write the information about what each colored dot stands for on the outside of the two paper bags.
10. Put half of the colored dots in each of the two boxes.
11. Mark two yellow dots with a large “T” (for “teacher”) and put them at the top of the pile of dots in each of the two boxes.
12. Put two dots of each color in the bottom of each bag.
13. Position a box and paper bag pair in two back corners of the classroom or in similar locations in the group’s meeting space.
14. Create a poster-sized version of Poster 18: Your Choices: Summary, on flipchart paper or the chalkboard.
15. Make copies of Handout 18: Decisions and Challenges (one per participant)

### **Facilitator Note**

As discussed in Session 17, it is a good idea to have some kind of celebration of the participants' completion of the *Stay Healthy* program. The time for a celebration is not scheduled into this final session, so an additional session or additional time for this session must be scheduled. A celebration can include any number of activities, depending on what would be fun or appropriate for your group and your available resources: snacks/ refreshments, music, dancing, games, completion certificates, a certificate ceremony, attendance by friends and family outside of the program, affirmations of each participant by the facilitator and/or the participants affirming each other, and other such resources.

An affirmation is a positive statement made about someone. Affirmations in a *Stay Healthy* celebration or ceremony should focus on the specific skills or contributions each individual participant brought to the program and/or reflect healthy choices that the participant has made.

## **Procedure**

### **Agenda**

#### **1 minute**

1. Welcome the participants to the group.
2. Direct the participants to the posted agenda. Review it with them.
3. Direct the participants to the posted version of the Eight Truths to Live By. Remind them that these are truths that the *Stay Healthy* program offers to guide them in making decisions.
4. Direct the participants to the posted Group Agreements. Remind them that these are the guidelines for group behavior.

### **Review of Key Messages and Strategies**

#### **12 minutes**

1. Direct the participants to the Eight Truths to Live By to Stay Healthy poster at the front of the room. Review the poster by reading each truth out loud, or by asking volunteers to read each one.
  - REAL FRIENDS HELP YOU STAY HEALTHY—Avoid people who steer you toward choices that could lead to HIV infection.
  - DISCRIMINATION HELPS HIV—Men and women who treat each other unequally contribute to the spread of HIV.
  - FIND SUPPORT TO STAY HEALTHY—We need help from our friends and family to keep us away from behaviors that will infect us with HIV or transmit HIV from us to others.
  - STAYING HEALTHY IS SEXY—You can have a great romantic relationship AND stay free from HIV or not transmit it to others.
  - SUCCESS BEFORE SEX—Abstaining from sexual intercourse until after you have begun achieving your life's goals is a good way to stay healthy.
  - YOU MUST USE CONDOMS—When you start having sexual intercourse, it is critical that you use condoms correctly every time you have sex.



- ONE LOVER AT A TIME—It is critical that you commit to having sex with just one partner at a time.
  - TAKE A BREAK TO BREAK THE CHAIN—HIV spreads more easily at different times in the virus' life cycle; taking a break from sex for a couple of months between partners reduces the spread of HIV.
2. Divide the participants into groups of four to six each. Instruct the group to select a participant notetaker.
  3. Instruct the groups to spend three minutes completing a rapid brainstorm of things that are likely to be challenges or barriers to them if they go forward choosing *not to have sex* and of solutions or strategies for preventing or overcoming these barriers or challenges.
  4. Next, have the groups spend three minutes completing a rapid brainstorm of barriers or challenges to *remaining faithful to only one sexual partner for a long period of time* and of solutions or strategies for preventing or overcoming these barriers or challenges.
  5. Finally, have the groups spend three minutes completing a rapid brainstorm of barriers or challenges to *using a condom correctly every time they have sex* and of solutions or strategies for preventing or overcoming these barriers or challenges.
  6. Compliment the participants on their work in completing this activity and reconvene as one large group.

### **Someone You Admire**

#### **8 minutes**

1. Select two participants to be group note-takers. Be sure to choose participants who can write quickly and legibly.
2. Ask all of the participants to identify people whom they like and admire and who are known to be committed to having only one long-term, mutually monogamous partner at a time. (These can be adults, such as popular sports figures, national leaders, or community leaders, or they can be peers, such as friends, siblings, peer educators, or others who have expressed their commitment to long-term, mutually monogamous relationships or to avoiding multiple concurrent partners.)
3. Instruct the participant note-takers to write the names of the people suggested on flipchart paper or the chalkboard.
4. As names are written, instruct the participants to add the following elements to the names written on the board:
  - Words or symbols representing why they like and admire the persons chosen
  - Some type of symbol or words representing the fact that this person is committed to only long-term, mutually monogamous relationships or to avoiding multiple concurrent partners
5. Instruct the notetakers to depict these elements next to or near the names they have written
6. After spending about four minutes identifying individuals, lead a short group discussion of the activity using the following two questions:
  - What qualities and values do these chosen people have in common?
  - How is having only long-term, mutually monogamous relationships consistent with these qualities and values?

## Making an Important Decision

18 minutes

### Facilitator Note

This is an important activity for concluding the program. It is designed to have the participants make a concrete decision and commitment to themselves about sexual activity, number of partners, and condom use.

1. Remind the participants of the following:
  - Not having sexual intercourse at all is the safest choice.
  - Having sexual intercourse with only one sexual partner who is not infected with HIV and who only has sex with you is a fairly safe choice *if* both of you are truly sexually faithful to each other.
  - Using condoms correctly every single time you have sex greatly reduces the likelihood of HIV transmission between partners.
2. Remind the participants that when people have not determined their sexual limits, then they are more likely to have unprotected sex with someone when they really did not want to. Thus, it is very important for them to know their personal limits about what to do and not do sexually, to be committed to these limits, and to use the skills they have learned—clear No's, delaying tactics, and alternative actions—to maintain this commitment.
3. Remind the participants that in the *Stay Healthy* program, they have learned about and examined many factors that affect whether they, as individuals, choose behaviors and/or lifestyles that contribute to increasing or decreasing the spread of HIV. These factors include:
  - The risks to their personal health from HIV and other STIs
  - The consequences of HIV infection for their intimate partners and the people in their communities and nation who become infected
  - Their own values and attitudes about sex, being faithful, and using condoms
  - Their family's values about sex, faithfulness, and condoms
4. Explain to the participants that it is time for them to make a conscious choice about what they are going to do to protect themselves against HIV and other STIs. Will they decide to:
  - Not have sexual intercourse at all?
  - Be faithful to only one partner who, in turn, is faithful to them?
  - Always use a condom?
  - Do something else?
  - Not use protection?
5. Explain to the participants that you have placed a paired box and bag in two different locations in the program meeting space. Tell them that each box contains a mixture of colored dots in five different colors: blue, green, red, orange, and yellow. Show the participants samples of the colored dots.
6. Explain that each colored dot represents a different choice concerning how they will protect themselves from HIV and other STIs at this time in their lives. Using the

“Your Choices” poster, identify the meaning of each color. Leave the poster on display during the activity.

- **Blue:** Choosing not to have sex
  - **Green:** Choosing to have sex with one person who only has sex with you
  - **Orange:** Choosing to use condoms with every partner every single time you have sex
  - **Red:** Choosing to have sex with more than one partner and not always using a condom
  - **Yellow:** Not sure
7. Divide the class into two groups. Direct one-half of the class to use one box-and-bag pair, and the other half to use the other box-and-bag pair.
  8. Tell the participants that you would like them to look at the five options and decide which option is the right option for them. Explain that, *one person at a time*, participants from each group will go to the appropriate station and select the colored dot from the box that represents their choice regarding sexual behavior. Emphasize that this is an important decision, so they should think about it carefully and seriously.
  9. Show the participants that to help them, the information on what each colored dot stands for is written on the outside of the bags. Remind the participants that if they are not sure of their choice, they can use the yellow dots. Once the participants have selected the appropriate dot, they will put it in the bag.
  10. Tell the participants that to ensure privacy, they should keep the color of the dot they choose hidden by first looking in the box to find the colored dot that matches their choice, then holding the dot inside their fist as they transfer it to the bag. Remind the participants to put their whole hand into the bag before releasing the dot, so that no one will see their individual choice.
  11. Demonstrate using the yellow dot marked with a “T.” Be sure that the participants cannot see the color of the dot you use for the demonstration. Remove the dot with the “T” from the bag before the participants begin the activity.
  12. Explain that you have put dots of each color into each bag, so that the first participants’ choices will not be obvious to anyone.
  13. Emphasize that by following the procedures you have outlined for the activity, no one will know which color dot any specific participant puts into the bag. Tell the participants not to look into the bags to see the colors of the dots in the bag.
  14. Explain that once all of the participants have put their dots into the bags, you, the facilitator, will count how many dots of each color were in the bags and summarize the results.
  15. Check for understanding before setting the participants to work on the activity.
  16. Have the participants proceed one at a time to their designated box and bag.
  17. Monitor the activity to make sure that the participants have privacy and that the others are not trying to see the dots they are selecting.
  18. After all of the participants have finished putting dots in the bags, combine the dots from the two bags. Make sure to remove any dots marked with a “T” used during your demonstration that you may have forgotten to remove previously, as well as four dots

of each color, to account for the dots you originally placed in the two bags (to maintain the anonymity of the first few participants' choices), then sort and count the remaining dots by color.

19. Write the total number of each colored dot in the corresponding place on the Our Choices: Summary poster.
20. Verbally summarize the results.

*If it is true*, emphasize that the large majority of the participants have chosen not to have unprotected sex.

*If it is true*, also emphasize that the large majority have chosen either not to have sexual intercourse or to have only one sexually faithful partner. Emphasize that if the participants have sex without condoms with only one person, that person must also be faithful to them, and it is important for both of them to be tested for HIV and other STIs.

*If it is true*, emphasize that many participants have chosen to use condoms every time they have sex.

If the tally indicates that some participants are unsure of their choice or choose to have sex with multiple partners and not always use a condom, encourage them to think about how these choices could affect their lives, the lives of their partners, their community, and their country.

## **Making an Important Commitment**

**6 minutes**

### **Facilitator Note**

This activity should only be completed if the participants can complete the worksheet, either in class or after class, without other people seeing it; if this kind of privacy is lacking, the participants will not be honest or earnest in relation to the activity.

1. Distribute the Decision and Challenges worksheet.
2. Ask the participants NOT to write their names on the worksheet. Instruct the participants to respect each others' privacy and NOT watch others while they are completing their worksheet, or ask or offer to share worksheets.
3. Instruct the participants to spend a few minutes completing the worksheet by writing down: the choice they made about sexual behavior in the dot activity (a choice that they presumably believe is the best choice for them), the things that will be the greatest barriers or challenges to living by their choice, and strategies that they believe they can use to prevent or overcome the barriers or challenges.
4. Explain to the participants that they can make a different choice from the one they made in the dot activity if they have changed their minds between activities about what the best choice is for them.
5. Once the participants have completed their worksheets, tell them that writing these things down means that they are making a commitment to themselves to live the way they think is right.

6. Conclude the activity by making the following points:
  - Emphasize the importance of making decisions and choosing a sexual limit that will minimize their chances of contracting HIV and other STIs.
  - Make them aware that over the next few years, they may find themselves in situations that challenge their decisions and limits.
  - Emphasize that it is within their power to make positive, healthy, safe choices related to sex and preventing the spread of HIV.
  - Assert that the participants have the skills to follow through with those choices.
  - Encourage the participants to share their decision and commitment with others who can help them stick to their decisions and limits, such as friends, family, their pastor, a trusted adult, or a trusted intimate partner who is making the same choices.
  - Remind the participants that the *Stay Healthy* program's Truths to Live By can help them stay true to their positive choices.

### **Wrap-Up and Celebration**

#### **Variable**

1. Congratulate the participants on their excellent work in the program.
2. Conduct a celebration, if one is scheduled.
3. At the end of the celebration, bid the participants good bye if you are not going to see them again.
4. Dismiss the participants.

**Stay Healthy: Poster 18**  
**Your Choices: Summary**

**The Choice**

**No. Making Choice**

**Blue:** Choosing not to have sex

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**Green:** Choosing to have sex with one person who only has sex with you

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**Orange:** Choosing to use condoms with every partner every single time you have sex

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**Red:** Choosing to have sex with more than one partner and not always using a condom

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**Yellow:** Not sure

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## Stay Healthy: Handout 18

### Decisions and Challenges

**Directions:** Do NOT write your name on this paper. Do not look at what other people are writing, and answer the questions below so that others cannot see your answers, unless you are comfortable with them seeing your answers.

Write your answers in the space provided.

**Which option about sexual behavior do you believe is the best choice for you?**

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**What might challenge your choice or limit?**

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**What can you do to prevent or overcome that challenge?**

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**What else might challenge your choice or limit?**

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**What can you do to prevent or overcome that challenge?**

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# Stay Healthy: Take-Home Assignment A

## My Parent's Hopes for Me

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### Rationale for Homework Assignment

Research has identified communication between parents and their children, as well as the emotional bond between them, as significant protective factors against sexual risk taking. To leverage these powerful protective factors against the spread of HIV infection among Namibian youth, *Stay Healthy* has included three take-home discussion assignments for the participants to complete with their parents (or guardian or caregiver, depending on the participants' home situation) on important topics covered in the program.

### Learning Objectives

*After completing this assignment, the participants will be able to:*

1. Identify one challenge or barrier that their parent(s) (or guardian or trusted adult) faced in achieving the future he/she wanted when he/she was the age the participant is now.
2. Identify at least one hope their parent(s) has for their future.
3. Identify at least one thing in common between their own hopes/aspirations/plans for the future and the hopes that their parent(s) has for their future.
4. Identify at least one thing their parent(s) believes that he/she can do to help or support the participant in achieving her or his future goals.

### Time

10 minutes of in-session instruction, then 15 minutes spent by the participants completing the assignment at home

### Materials

- Writing implements for participants—pens and/or pencils
- Take-Home Assignment Sheet A: My Parent's Hopes for Me (one copy for each participant)
- Completed participant worksheets from Session 1: In 15 Years...

### Advance Preparation

1. Be certain that you have obtained a signed parental consent form explaining these take-home assignments before the beginning of *Stay Healthy*.
2. Consider a parent orientation/workshop on the topic of communicating with one's children about preventing HIV.
3. Review the assignment procedure.
4. Review the assignment worksheet.

### **Facilitator Note**

Not all participants attending the program will have a traditional family with a mother and father. Be aware of and sensitive to this fact. Make sure that the participants understand that you are using the term “parent” to refer to their primary adult caregiver(s). For some participants, this may be a parent, but it might also be a grandparent, aunt/uncle, older sibling, older cousin, family friend, or other responsible adult. Make sure that the participants feel free to choose whomever they feel is the best person with whom to complete the activity. The adult should be someone whom the young person trusts and feels comfortable talking to.

The activity directions provide some advice to give to the participants about how they should handle comments by their chosen caregiver—about sex, relationships, HIV, STIs, or getting pregnant—that are inaccurate and stories that illustrate bad choices or risky behaviors.

## **Assignment Directions**

### ***10 minutes In-session***

1. Explain to the participants that they will be given a take-home assignment to do with their parent(s), guardian, or other adult family member or caregiver.
2. Tell them that the name of the assignment is “My Parent’s Hopes for Me.” Recognize that not everyone’s home situation looks the same. Explain that in relation to this assignment, the word parent means “the adult who takes care of or looks after you,” and this might be a grandparent, aunt/uncle, older sibling, older cousin, family friend, or other responsible adult.
3. Distribute copies of Worksheet 4A, and give the participants the “In 15 Years...” worksheet that they completed in *Stay Healthy* Session 1.
4. Read over the assignment sheet with the participants to make sure they understand how to complete the assignment.
5. Give the participants the following advice on how to approach their chosen parent(s), adult relative, or guardian/caregiver about helping them complete the activity:
  - Do not wait until the last minute. Tell your parent or guardian that you are going to need his/her help with this assignment well in advance of when it needs to be completed.
  - Ask him/her to set aside 15–20 minutes with you to complete the assignment.
  - Let him/her know that the assignment is about the things he/she wants for you in the future and the things he/she wanted for his/her own future at your age. This gives your parent or caregiver the opportunity to think about these topics before you sit down and talk.
  - If you cannot arrange some time with them in advance, think about when the best time is likely to be for your parent or caregiver to help you and approach him/her at a good time, when he/she is not too busy or stressed.
6. Warn the participants that it is possible they will hear some things from their caregiver that constitute bad advice or that are examples of bad or risky decisions. Warn them that they might also hear things from their chosen caregiver—about sex, relationships, HIV, STIs, or getting pregnant—that are inaccurate.

Acknowledge that they probably already know that adults do not always have accurate information and do not always make the best decisions. Remind them that they should compare what their chosen caregiver says against the truths and facts they are learning in this program. Let them know that they can talk to you about anything they hear that bothers or confuses them.

Encourage them to share what they are learning in *Stay Healthy* with their chosen caregiver, if they feel comfortable doing so. Stress that when sharing what they are learning, it is critical that they show respect. Explain that if sharing what they are learning seems likely to cause a conflict with their caregiver, it is better to listen silently than to try to correct that person.

## Stay Healthy: Take-Home Assignment Sheet A

### My Parent's Hopes for Me

**Directions:** Ask one or both of your parents, an adult relative, or an adult guardian/caregiver to help you complete this assignment by discussing the seven questions below. As you discuss each question, write down some of what your parent or caregiver says in the space provided after the question. Make sure that your parent or caregiver has at least 15 minutes to help you.

1. What did you hope your adult life would be like when you were my age?

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2. What were your biggest challenges or barriers when you were my age in trying to create the future life you wanted?

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3. If your parent, adult relative, or adult guardian/caregiver does not specifically mention HIV, STIs, or unwanted teen pregnancy as a challenge or barrier, ask him/her if any or all of those things were problems when he/she was your age.

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4. What are two hopes you have for me?

1) \_\_\_\_\_

2) \_\_\_\_\_

**Stay Healthy: Take-Home Assignment Sheet A**  
**My Parent's Hopes for Me (cont.)**

5. Share with your parent(s), adult relative, or adult guardian/caregiver your answers to the questions from the “In 15 Years...” worksheet from the *Stay Healthy* program, below.

In 15 years, it will be the year \_\_\_\_\_ and I will be \_\_\_\_\_ years old

The job I want in 15 years is: \_\_\_\_\_

To get that job, I will have to: \_\_\_\_\_

In 15 years, I will live in: \_\_\_\_\_

My family will consist of: \_\_\_\_\_

The most important thing I will have done by then is: \_\_\_\_\_

6. Ask your parent(s), adult relative, or adult guardian/caregiver to identify something in common between one of his/her hopes for you and one of your answers to “In 15 Years...” Write below what he/she sees as a commonality.

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7. Have your parent(s), adult relative, or adult guardian/caregiver identify something he/she can do to help you achieve this common thing that both of you hope is in your life in 15 years.

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Ask your parent(s), adult relative, or adult guardian/caregiver to print his/her name and sign below.

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# Stay Healthy: Take-Home Assignment B

## How Gender Roles Have Affected Your Parent’s Life

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### Rationale for Homework Assignment

Research has identified communication between parents and their children, as well as the emotional bond between them, as significant protective factors against sexual risk taking. To leverage these powerful protective factors against the spread of HIV infection among Namibian youth, *Stay Healthy* has included four take-home assignments for youth to complete with their parent(s) or caregiver on important topics that are covered within the program.

### Learning Objectives

*After completing this assignment, the participants will be able to:*

1. Identify at least four things that a parent (or guardian or trusted adult) was told when he/she was a teen about how to “act like a lady” or “be a man”.
2. Identify which of the things that a parent (or guardian or trusted adult) was told when he/she was a teen about how to “act like a lady” or “be a man” that the parent/guardian thinks were positive, but actually were negative or harmful.
3. Identify which of the things that a parent (or guardian or trusted adult) was told when he/she was a teen about how to “act like a lady” or “be a man” that the parent/guardian thinks are still told to youth today.
4. Identify at least one thing the parent/guardian would like to be different for the participant from his/her experience as an adult man or woman.
5. Identify at least one thing the parent/guardian would like to be similar for the participant from his/her experience as an adult man or woman.

### Time

3 minutes of in-session instruction, then 15 minutes spent by the participants completing the assignment at home

### Materials

- Writing implements for participants—pens and/or pencils
- One copy per participant of Take-Home Assignment Sheet 8B: How Gender Roles Have Affected Your Parent’s Life

### Advance Preparation

1. Be certain that you have obtained a signed parental consent form explaining these take-home assignments before the beginning of *Stay Healthy*.
2. Consider conducting a parent orientation/workshop about communicating with one’s children about preventing HIV.
3. Review the assignment procedure.

4. Review the assignment worksheet.

### **Facilitator Note**

Not all participants attending the program will have a traditional family with a mother and father. Be aware of and sensitive to this fact. Make sure that the participants understand that you are using the term “parent” to refer to their primary adult caregiver(s). For some participants, this may be a parent, but it might also be a grandparent, aunt/uncle, older sibling, older cousin, family friend, or other responsible adult. Make sure that the participants feel free to choose whomever they feel is the best person with whom to complete the activity. The adult should be someone whom the young person trusts and feels comfortable talking to.

The activity directions provide some advice to give to the participants about how they should handle comments by their chosen caregiver—about sex, relationships, HIV, STIs, or getting pregnant—that are inaccurate and stories that illustrate bad choices or risky behaviors.

## **Assignment Directions**

### ***10 minutes In-session***

1. Explain to the participants that they will be given a take-home assignment to do with their parent(s), guardian, or other adult family member or caregiver. Tell them the name of the assignment is “How Gender Roles Have Affected Your Parent’s Life.”
2. Recognize that not everyone’s home situation looks the same. Explain that in relation to this assignment, the word parent means “the adult who takes care of or looks after you” and that this might be a grandparent, aunt/uncle, older sibling, older cousin, family friend, or other responsible adult.
3. Distribute copies of Take-Home Assignment Sheet B.
4. Review the assignment sheet with the participants to make sure that they understand how to complete the assignment.
5. If necessary, repeat the previous advice to the participants about how to approach their chosen parent(s), adult relative, or adult guardian/caregiver about helping them complete the activity:
  - Do not wait until the last minute. Tell your parent or guardian that you are going to need his/her help with this assignment well in advance of when it needs to be completed.
  - Ask him/her to set aside 15–20 minutes with you to complete the assignment.
  - Let him/her know that the assignment is about the things he/she wants for you in the future and the things he/she wanted for his/her own future at your age. This gives him/her the opportunity to think about these topics before you sit down and talk.
  - If you cannot arrange time in advance, think about when the best time is likely to be for him/her to help you and approach him/her at a good time, when he/she is not too busy or stressed.
6. Warn the participants that it is possible they will hear some things from their caregiver that constitute bad advice, or are examples of bad or risky decisions. Warn



them that they might also hear things from their chosen caregiver— about sex, relationships, HIV, STIs, or getting pregnant—that are inaccurate.

Acknowledge that they probably already know that adults do not always have accurate information and do not always make the best decisions. Remind them that they should compare what their chosen caregiver says against the truths and facts they are learning in this program. Let them know that they can talk to you about anything they hear that bothers or confuses them.

Encourage them to share what they are learning in *Stay Healthy* with their chosen caregiver, if they feel comfortable doing so. Stress that when sharing what they are learning, it is critical that they show respect. Explain that if sharing what they are learning seems likely to cause a conflict with their chosen caregiver, it is better to listen silently than to try to correct that person.

**Stay Healthy: Take-Home Assignment Sheet B**  
**How Gender Roles Have Affected Your Parent's Life**

**Directions:** Ask one or both of your parents (or an adult relative or adult guardian/caregiver) to help you complete this assignment by discussing the three questions below. As you discuss each question, follow the instructions for completing the chart and write down their responses to other questions in the space provided. Make sure that your caregiver has at least 15 minutes in which to help you.

1. Ask your parent, adult relative, or adult guardian/caregiver the following questions, and complete the worksheet as instructed:

A. **When you were a teen, how were you told to behave, or feel, to “be a man” or “act like a lady?” What were your responsibilities? Were you told that your future had to look a certain way or that you had to make certain choices?** (Write up to four of their responses in the spaces in the box below.)

**“Act Like a Lady”/  
“Be a Man”**

**Good? Bad?**

**Still  
Told  
Today?**


**Stay Healthy: Take-Home Assignment Sheet B**  
**How Gender Roles Have Affected Your Parent's Life**

**B. How do you feel today about each of the things you were told when you were a teen? Were these expectations good or bad?** (Put an “X” in the column next to how your parent or caregiver feels about what he/she was told—whether it was good or bad.)

**C. Which of the things you were told do you think are still told to youth today?** (Put an “X” in the column labeled “Still Told Today?” if your parent or caregiver indicates that what he/she was told as a teen is still told to youth today.)

2. What do you think has changed today in terms of what is expected of, or acceptable for, women and men?

3. How do you hope that my life as a man or woman will be different from yours? Are there ways in which you hope it will be the same?

4. Ask your parent(s), adult relative, or adult guardian/caregiver to print his/her name and sign and date below:

*Name:* \_\_\_\_\_ *Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_



# Stay Healthy: Take-Home Assignment C

## A Parent’s Wisdom about Relationships

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### Rationale for Homework Assignment

Research has identified communication between parents and their children, as well as the emotional bond between them, as significant protective factors against sexual risk taking. To leverage these powerful protective factors against the spread of HIV infection among Namibian youth, *Stay Healthy* has included three take-home discussion assignments for the participants to complete with their parent(s) or guardian on important topics covered in the program.

### Learning Objectives

*After completing this assignment, the participants will be able to:*

1. Characterize what dating was like for their parent/guardian when that person was a teenager.
2. Identify at least one rule or expectation that their parent’s/guardian’s own parents had for her/him in relation to dating when she/he was a teenager.
3. Identify at least one peer norm that their parent/guardian experienced in relation to sex.
4. Characterize what their parent’s/guardian’s level of awareness about HIV was when he/she was a teenager.
5. Identify at least two criteria that their parent/guardian is using to determine whether the participant is ready, in the parent’s/guardian’s estimation, to initiate having sex.

### Time

3 minutes of in-session instruction, then 15 minutes spent by the participants completing the assignment at home

### Materials

- Writing implements for participants—pens and/or pencils
- Take-Home Assignment Sheet C: A Parent’s Wisdom about Relationships (one copy for each participant)

### Advance Preparation

1. A signed parent consent form explaining these take-home assignments should have been obtained before the onset of *Stay Healthy*.
2. Consider a parent orientation/workshop about communicating to one’s children about preventing HIV.
3. Review assignment procedure.
4. Review assignment worksheet.

### **Facilitator Note**

Not all participants attending the program will have a traditional family with a mother and father. Be aware of and sensitive to this fact. Make sure that the participants understand that you are using the term “parent” to refer to their primary adult caregiver(s). For some participants, this may be a parent, but it might also be a grandparent, aunt/uncle, older sibling, older cousin, family friend, or other responsible adult. Make sure that the participants feel free to choose whomever they feel is the best person with whom to complete the activity. The adult should be someone whom the young person trusts and feels comfortable talking to.

The activity directions provide some advice to give to the participants about how they should handle comments by their chosen caregiver—about sex, relationships, HIV, STIs, or getting pregnant—that are inaccurate and stories that illustrate bad choices or risky behaviors.

## **Assignment Directions**

### **3 minutes In-session**

1. Explain to the participants that they will be given a take-home assignment to do with their parent(s), guardian, or other adult family member or caregiver. Tell them the name of the assignment is “A Parent’s Wisdom about Relationships.”
2. Recognize that not everyone’s home situation looks the same. Explain that in relation to this assignment, the word parent means “the adult who takes care of or looks after you,” and this might be a grandparent, aunt/uncle, older sibling, older cousin, family friend, or other responsible adult.
3. Distribute copies of Take-Home Assignment Sheet C.
4. Review the assignment sheet with the participants to make sure that they understand how to complete the assignment.
5. Give the participants the following advice on how to approach their chosen parent(s), adult relative or adult guardian/caregiver about helping them complete the activity:
  - Do not wait until the last minute. Tell your parent or guardian that you are going to need his/her help with this assignment well in advance of when it needs to be completed.
  - Ask them to set aside 15–20 minutes with you to complete the assignment.
  - Let them know that the assignment is about the things they want for you in the future and the things they wanted in their future life as fully-grown adults when they were your age. This gives them the opportunity to think about these topics before you sit down and talk.
  - If you cannot arrange time with them in advance, think about when the best time is likely to be for them to help you and approach them at a good time—when they are not too busy or stressed.
6. Warn the participants that it is possible they will hear some things from their caregiver that constitute bad advice, or are examples of bad or risky decisions. Warn them that they might also hear things from their chosen caregiver—about sex, relationships or HIV, STIs or getting pregnant—that are inaccurate.

Acknowledge that they probably already know that fully-grown adults do not always have accurate information and do not always make the best decisions. Remind them that they should check what their chosen caregiver says against the truths and facts they are learning in this program. Let them know that they can talk to you about anything they hear that bothers them or confuses them.

Encourage them to share what they are learning in *Stay Healthy* with their chosen caregiver if they feel comfortable doing so. Stress that when sharing what they are learning, it is critical that they show respect. Explain that if sharing what they are learning seems likely to cause a conflict with their chosen caregiver, it is better to listen silently than to try to correct that person.

## Stay Healthy: Take-Home Assignment Sheet B

### How Gender Roles Have Affected Your Parent's Life

**Directions:** Ask one or both of your parents (or an adult relative or adult guardian/caregiver) to help you complete this assignment by discussing the questions below. As you discuss each question, write down your parent's or caregiver's responses in the space provided. Make sure that your caregiver has 15 minutes to work with you on this assignment.

1. When you were my age, what qualities were you looking for in someone you considered a good candidate for a relationship?

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2. Have the qualities you looked for in a relationship partner changed as you have gotten older?

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3. What are three things that you have learned about what makes a relationship successful and healthy for both people in it?

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4. What qualities do you think a good candidate for a relationship partner *for me* would have?

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5. Were you aware of HIV when you first started having relationships? If so, how did that awareness impact your thinking about relationships?

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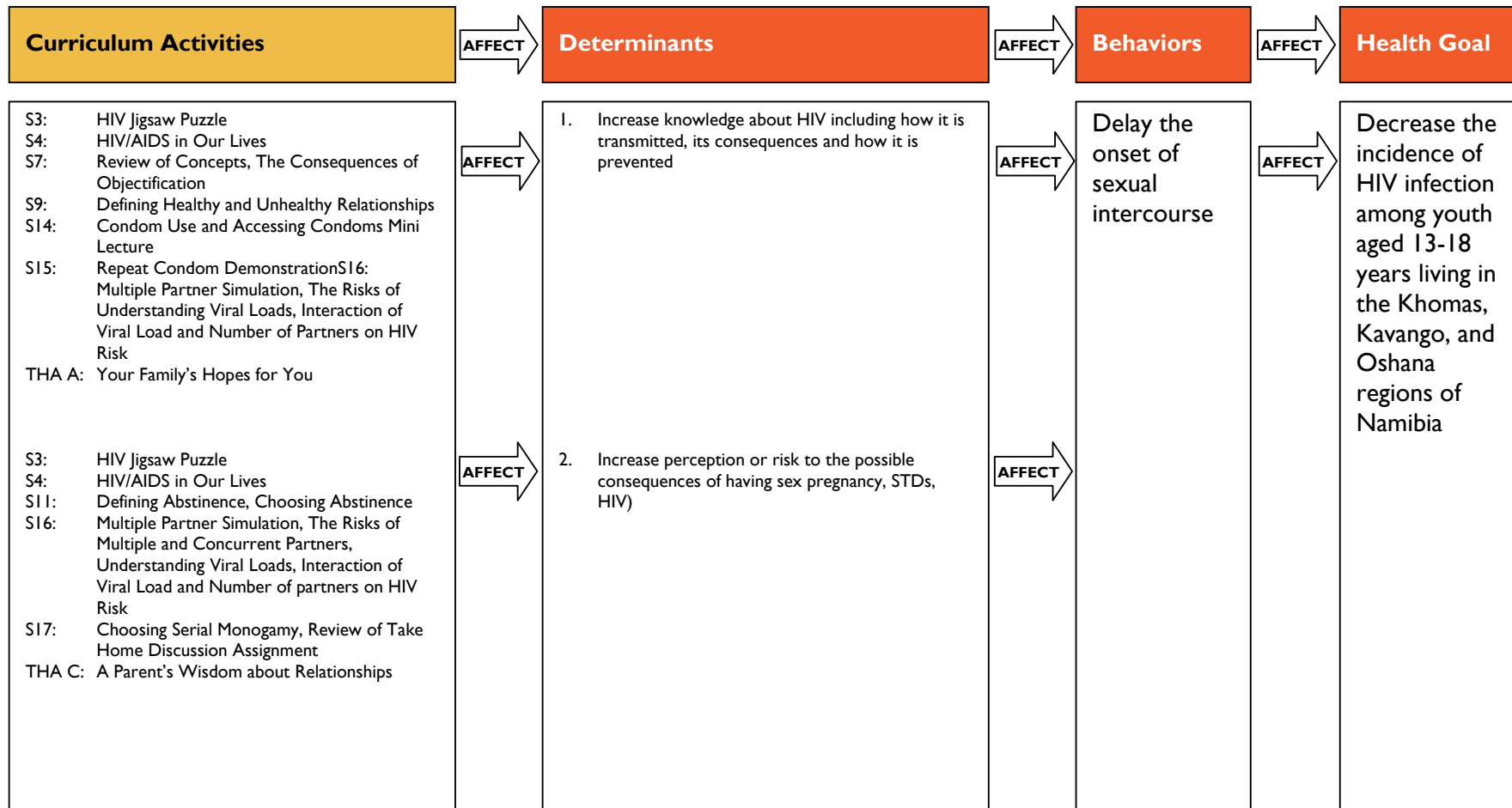
Ask your parent(s), adult relative, or adult guardian/caregiver to print his/her name and sign and date below:

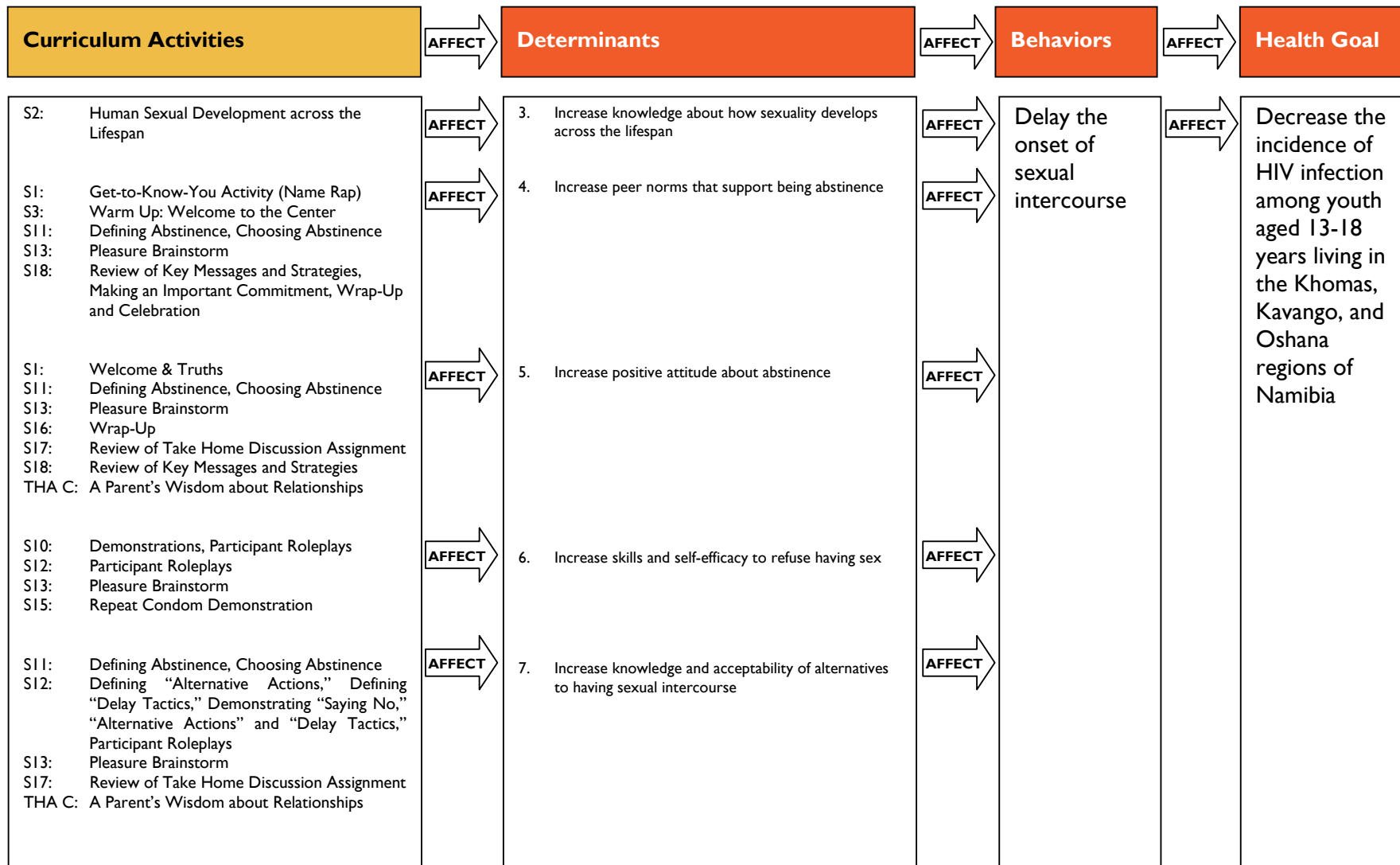
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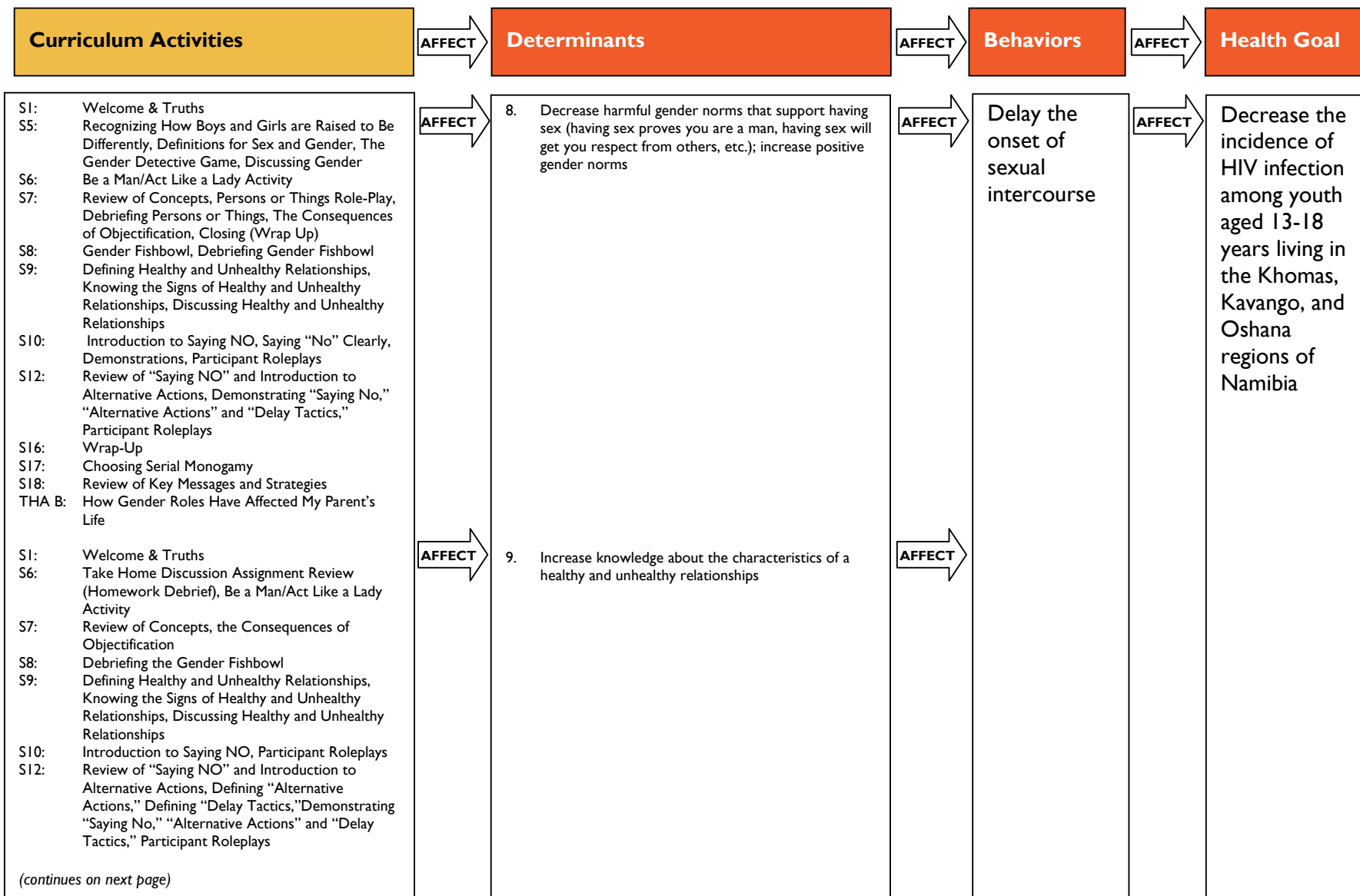


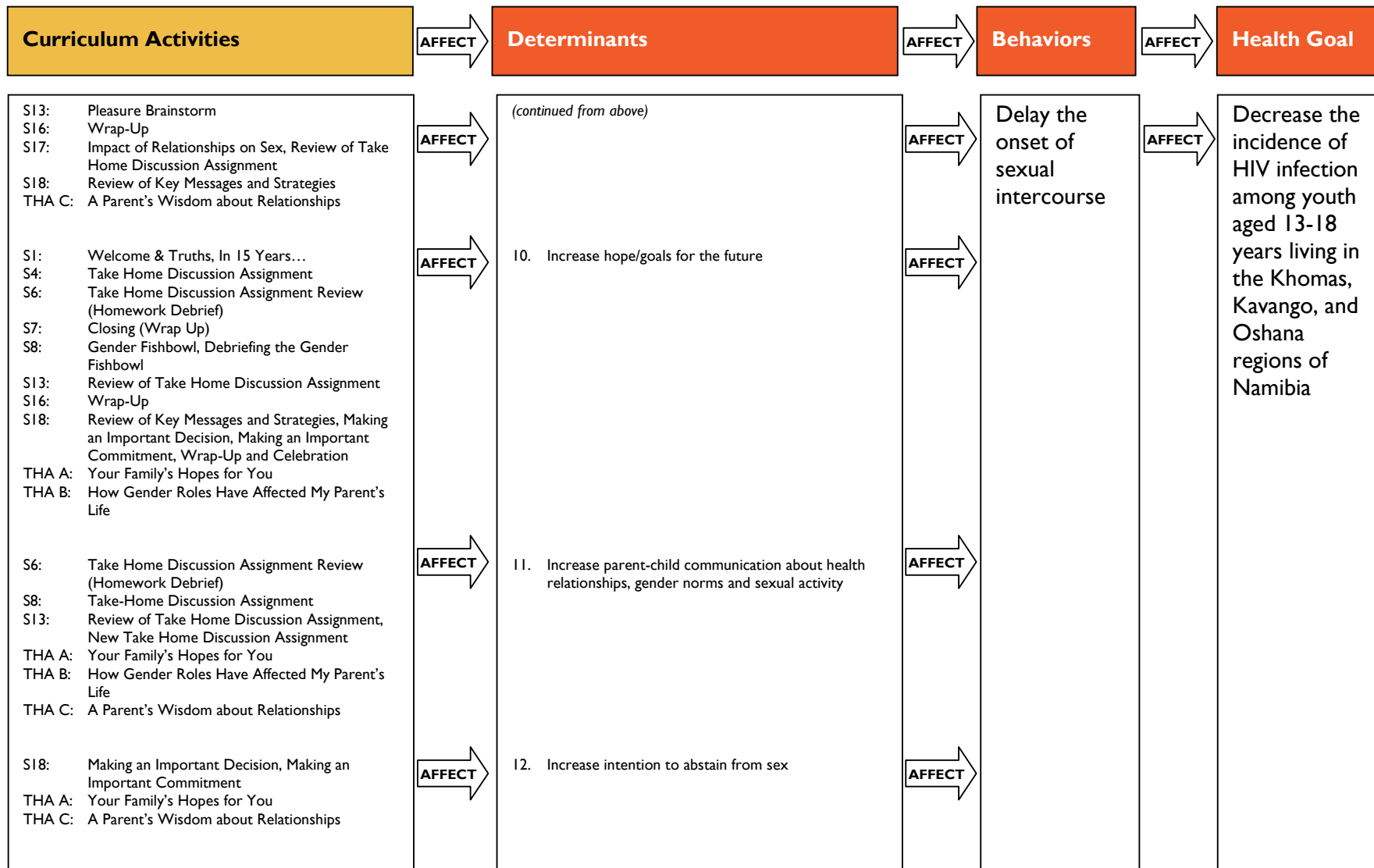
## Appendix A

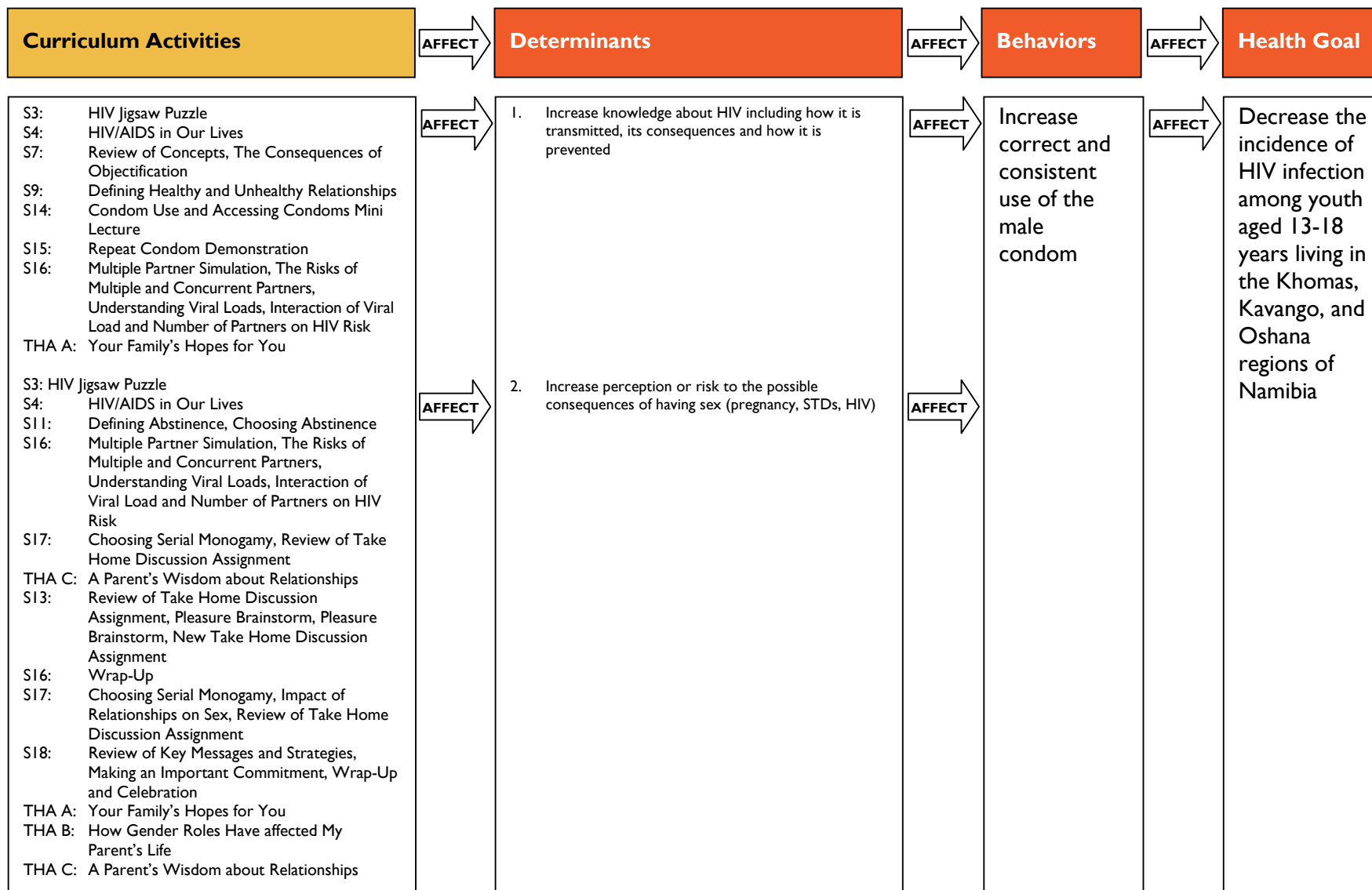
# Stay Healthy Theory of Change Logic Model

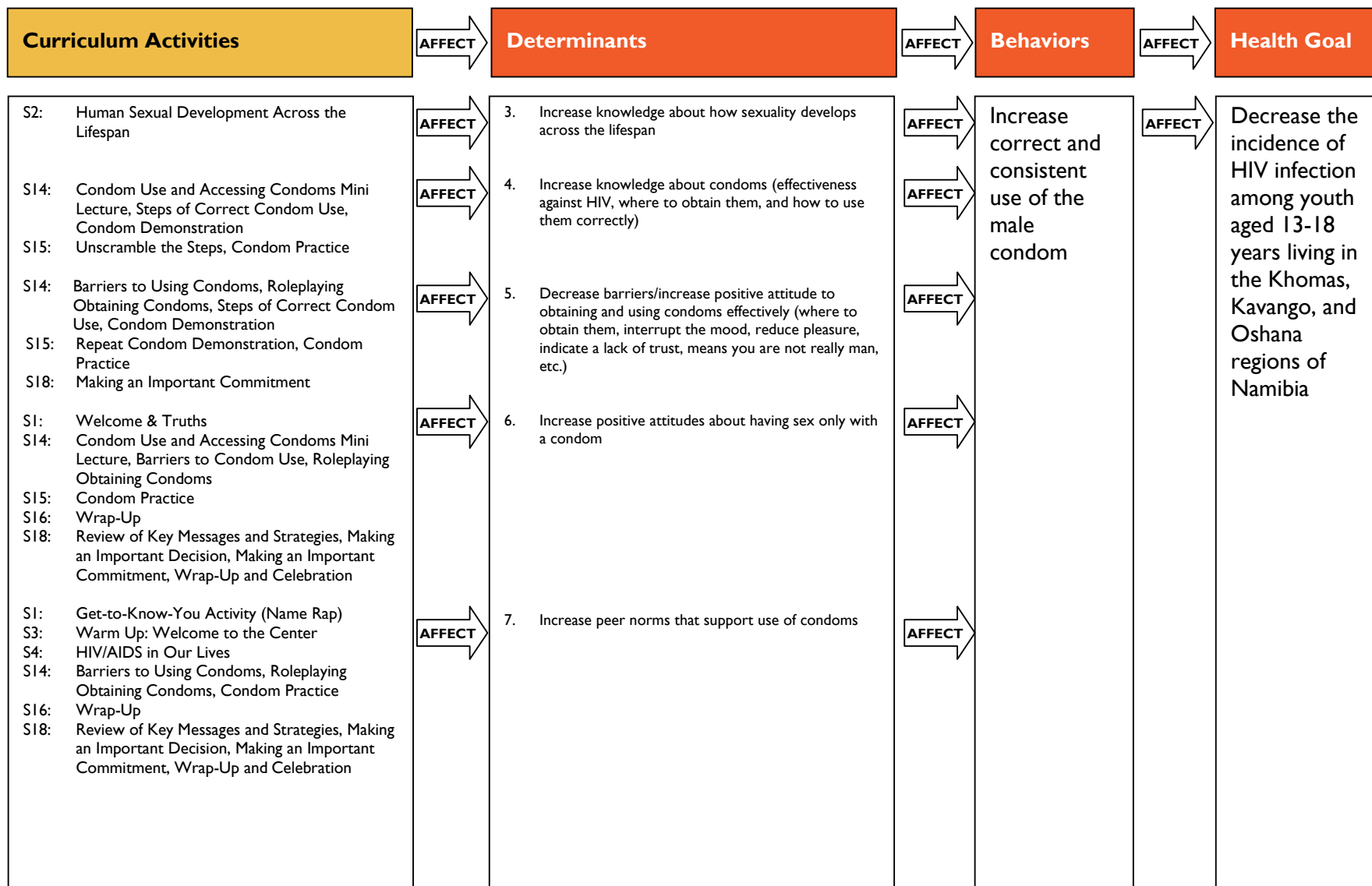


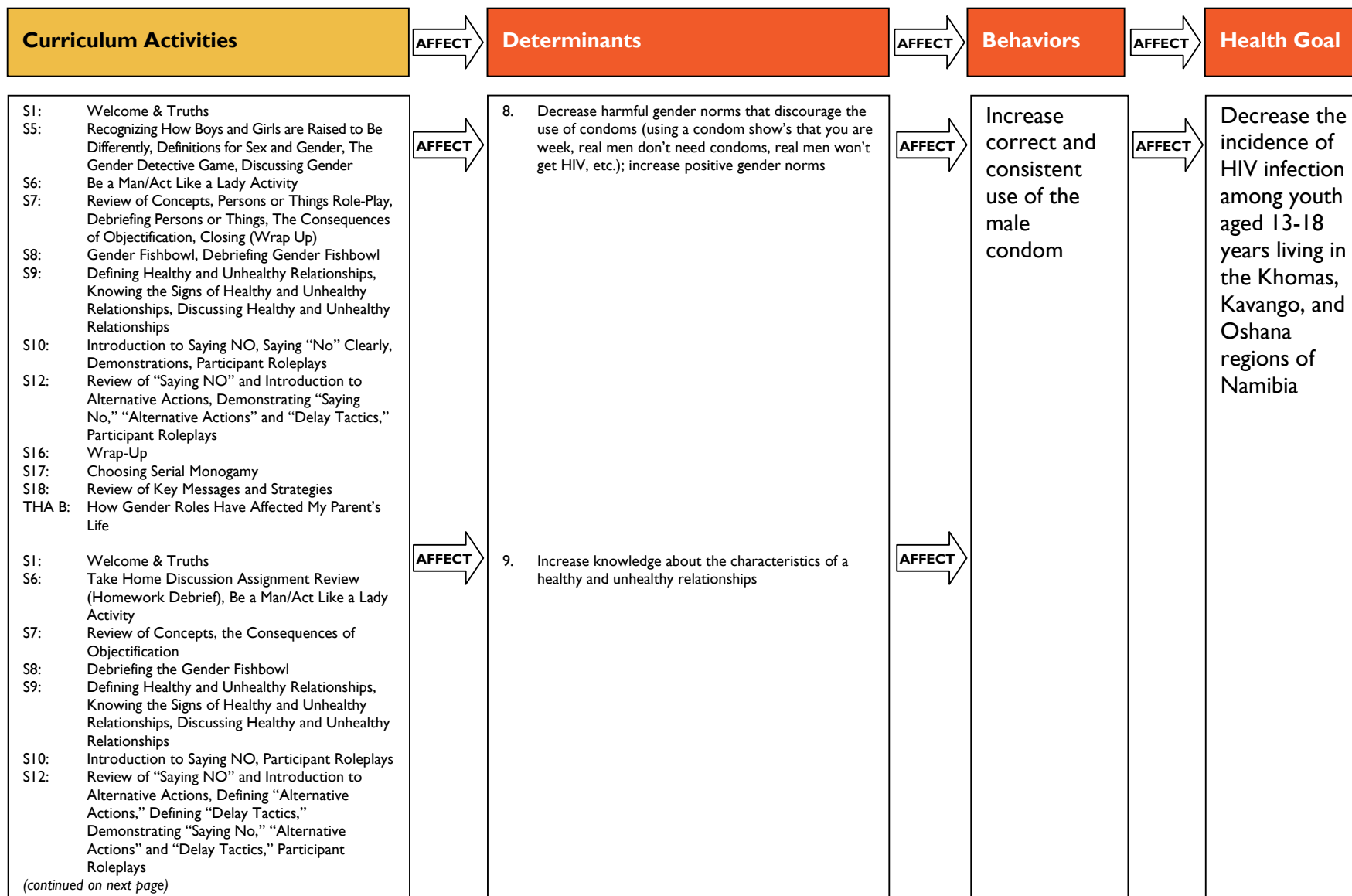


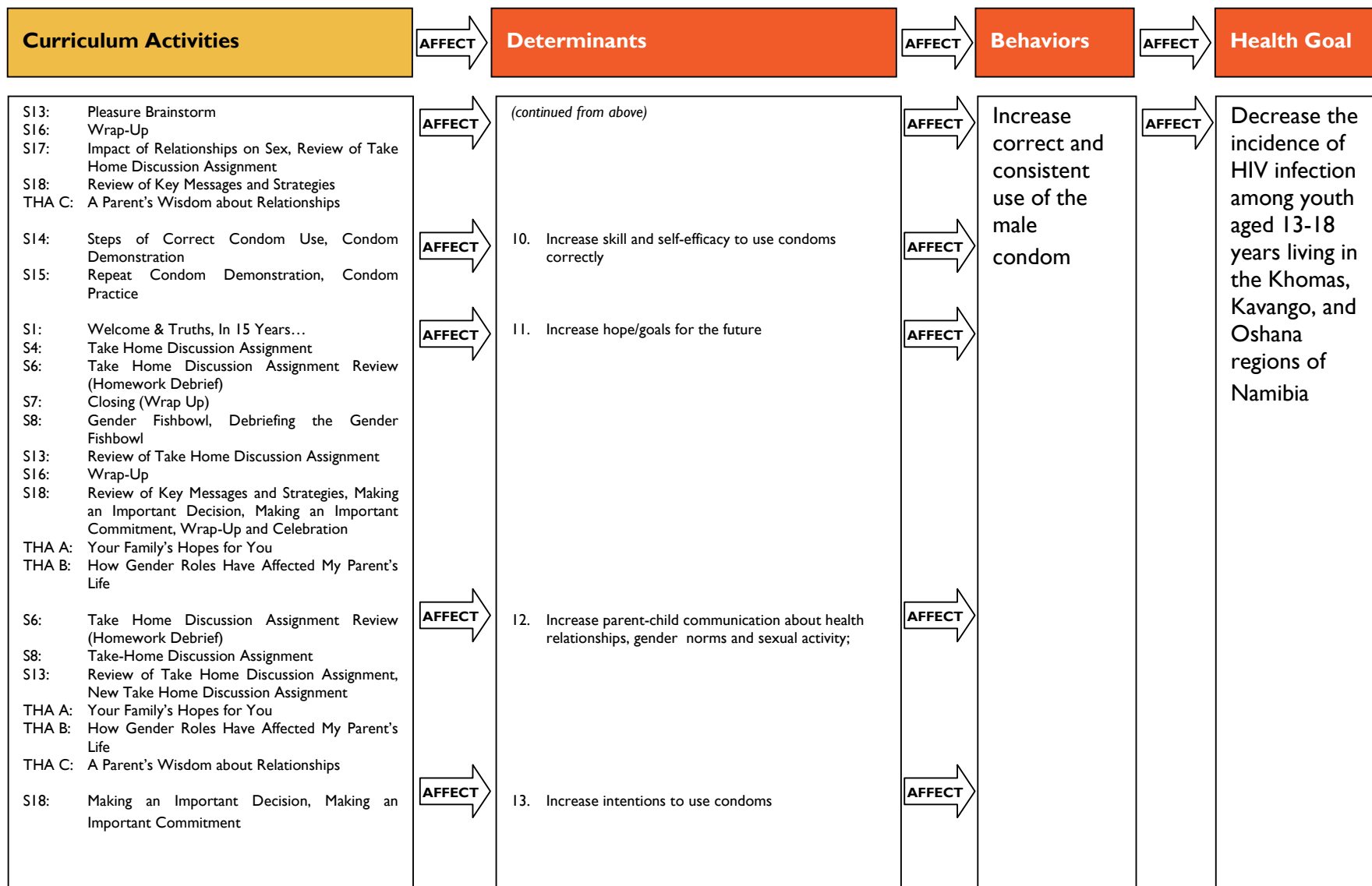




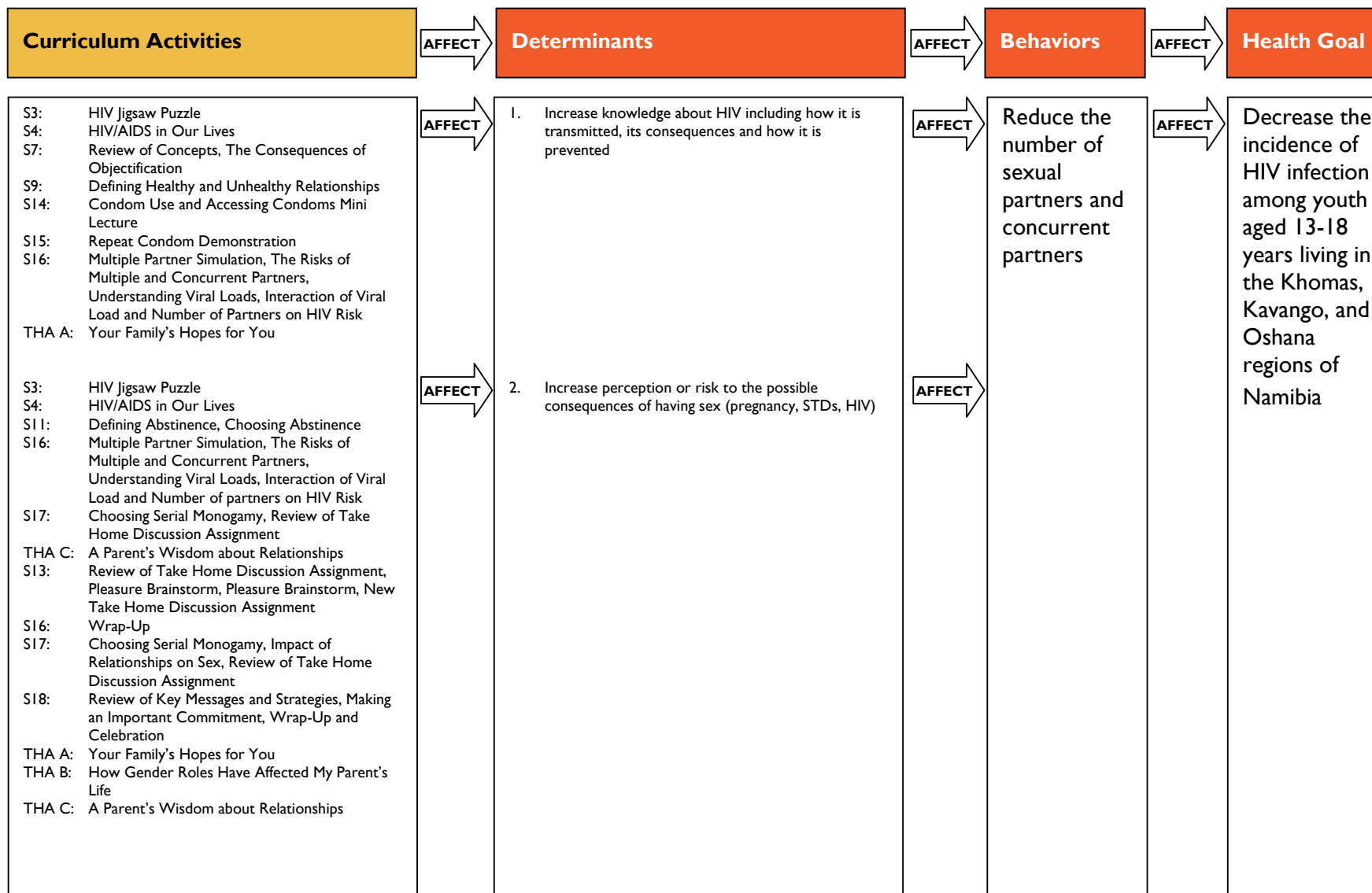


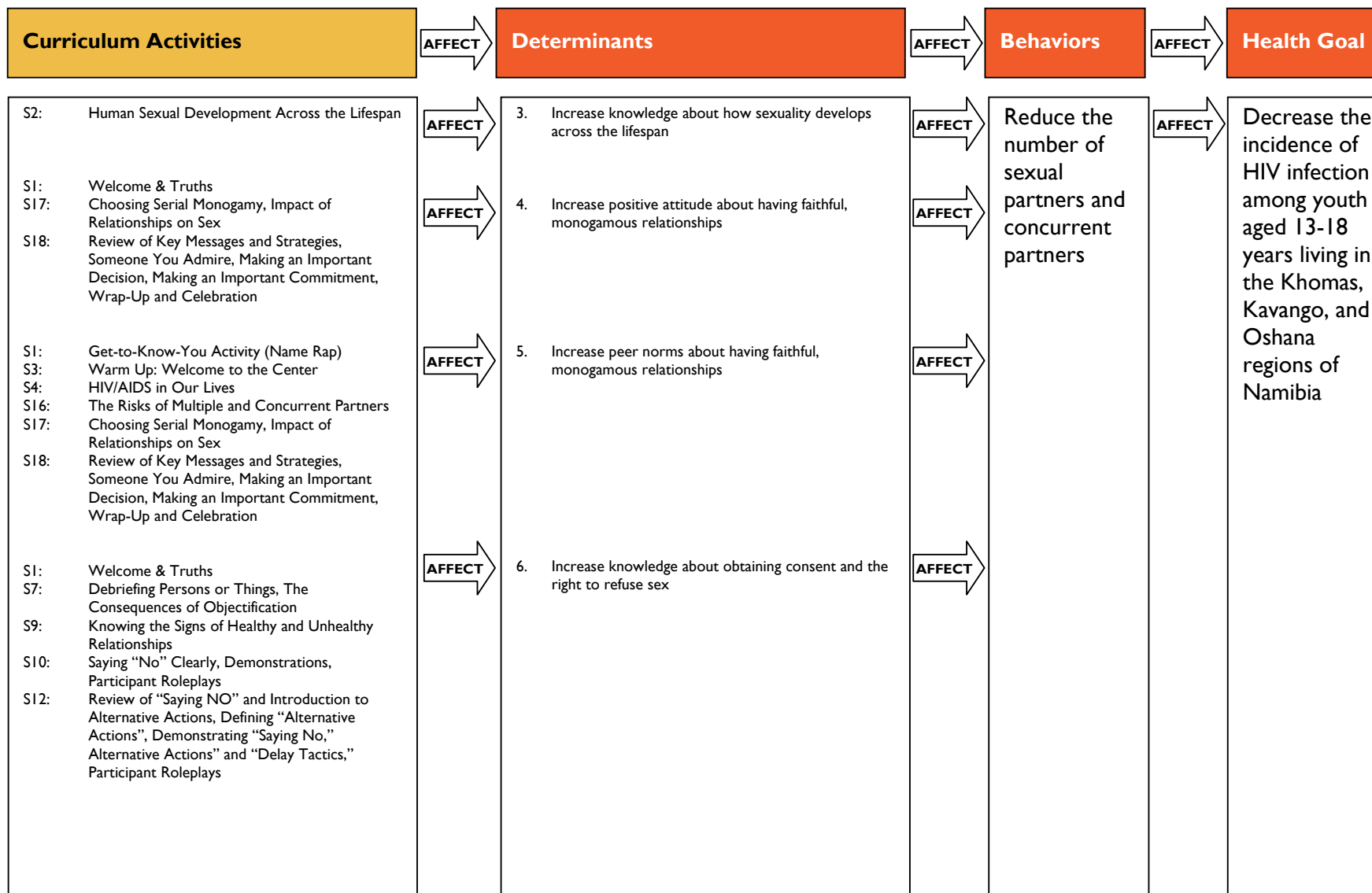


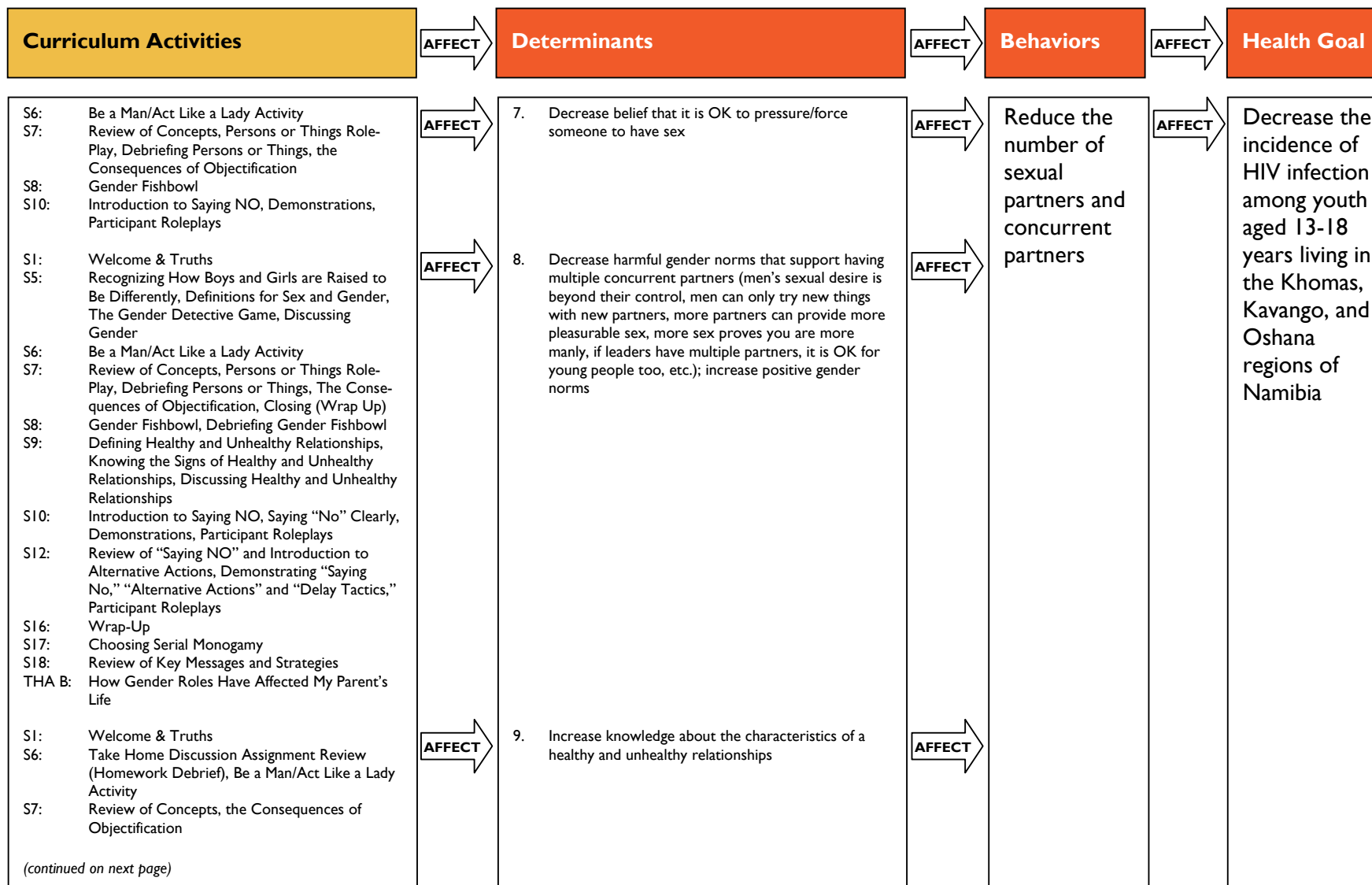


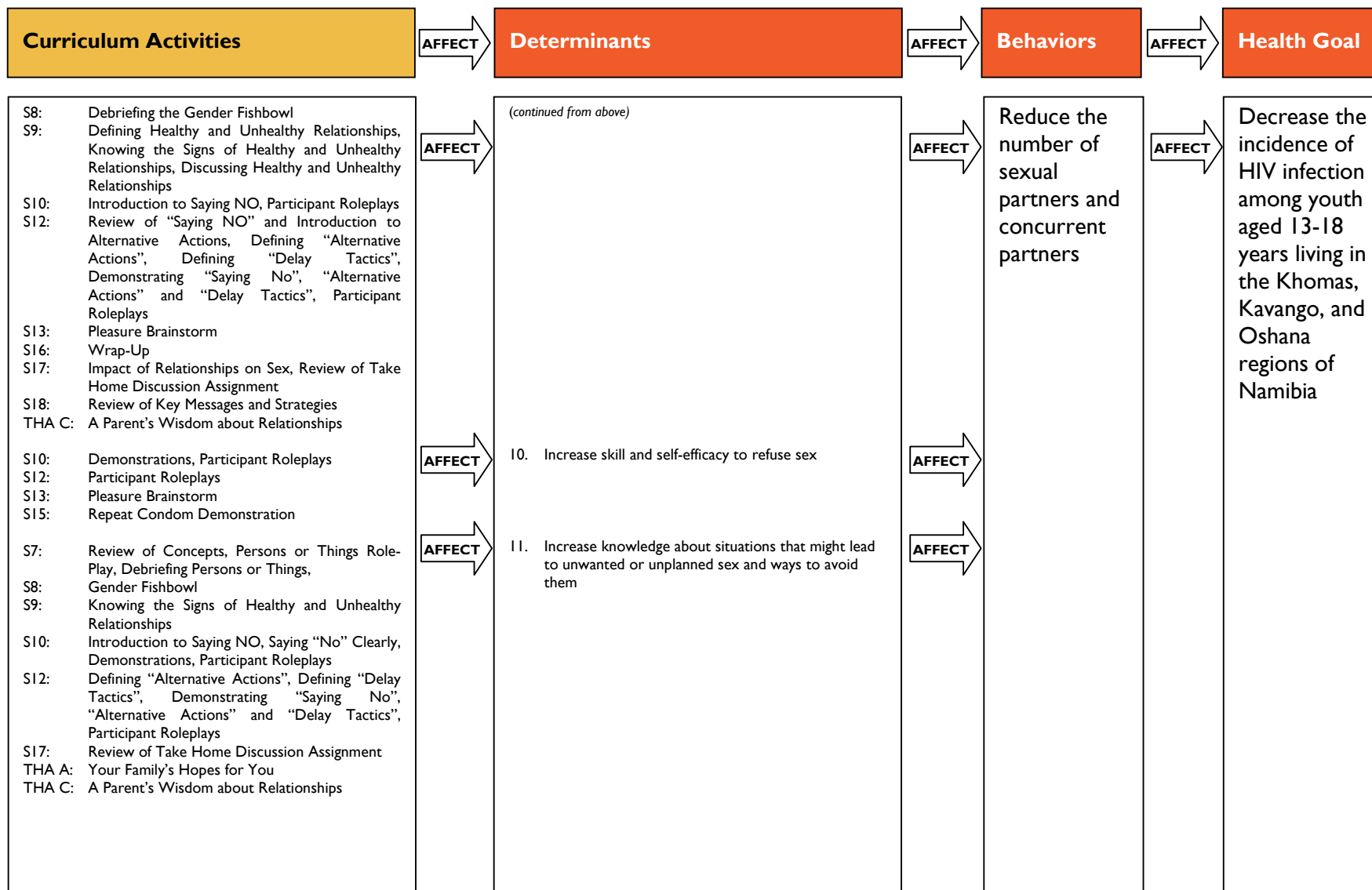


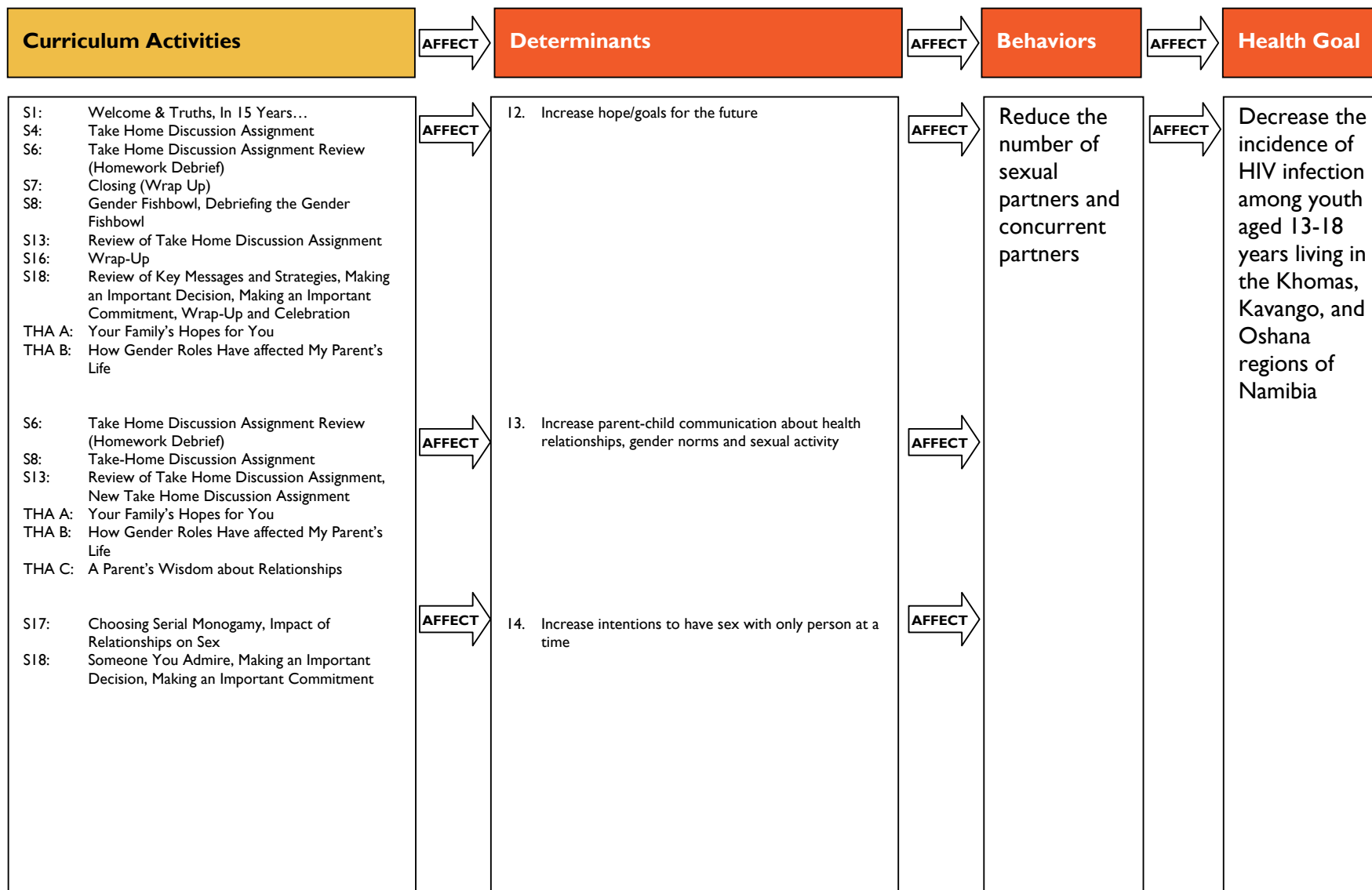














## Appendix B

# Sample Parent/Guardian Consent Form

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(Print on School Letterhead)

(Date)

Dear Parent/Guardian:

This semester, your child will be offered a program titled **xxx** at (name of school or site). **XXXX** is an 18-session (or 13.5 hour) curriculum designed to support young people in avoiding infection with HIV. During the course of the curriculum, students will learn about abstinence, condom use, healthy relationships, gender norms and effective communication skills. **XXXX** emphasizes that abstaining from sexual intercourse is the best way to prevent HIV infection.

You are welcome to review a copy of the **xxxx** curriculum. Please contact (name of contact person at school), who will set up a time for you to review the curriculum.

**XXXX** includes three take-home discussion assignments for students to complete with their parent, guardian, or other caregiver. The purpose of these assignments is to encourage communication about healthy sexuality and health relationships. We hope you will take 15–20 minutes to complete these assignments with your child. The take-home assignments are voluntary and will not be shared in class.

I am asking the parents/guardians of all students who will be offered the curriculum to sign the consent slip at the bottom of this letter. If we do not receive a signed consent slip, we cannot allow your child to participate in the program. **Please have your child return the slip to school by (date).**

Sincerely,

Name  
Head Master

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I agree to have my child participate in the **xxxx** program. I understand that my child is free to stop participation in the program at any time.

Child's name: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_







## **EngenderHealth**

440 Ninth Avenue  
New York, NY 10001 USA  
212-561-8000  
[www.engenderhealth.org](http://www.engenderhealth.org)

## **LifeLine/ChildLine Namibia**

45 Bismarck Street  
P.O. Box 5477  
Windhoek, Namibia  
061-226889  
<http://namibie.chisites.org/en/home>