



Republic of Zambia  
Ministry of General Education

# AGENTS OF CHANGE



## LIFE SKILLS AND HIV/AIDS PREVENTION ACTIVITY GUIDE

*Be the Change you want to be. Make Responsible, Safe, Healthy Choices.*



RTS Learner Support & Services (LSS) Series # 4



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# AGENTS OF CHANGE

## LIFE SKILLS AND HIV/AIDS PREVENTION ACTIVITY GUIDE

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## Introduction

HIV and AIDS is far the biggest health challenge the world has ever faced. The global community is shaken by its existence as every corner of the world has felt its impact. In Zambia, AIDS has claimed many lives and left a lot of young people orphaned. The Ministry of General Education has put in place a number of programs and policies to stop the spread of HIV. Currently, over 40 million people are living with HIV. According to the 2007 Zambia Demographic and Health Survey (ZDHS), nine (9) out of every ten (10) adults are in their productive and reproductive age group 15-49. The 2007 ZDHS estimated HIV prevalence in the general population for adults aged 15-49 to be at 14.3 per cent having dropped from the 2002 estimate of 16%. HIV prevalence in the most recent survey, the 2013-14 ZDHS was estimated at 13.3%. Millions of people have died already from AIDS and millions of children are orphaned by AIDS. The clock is ticking and every minute of every day there are at least 1,800 new infections among children under the age of 15, mostly through Mother-to-Child Transmission. HIV/AIDS threaten to overturn the gains of human development. Health systems are strained and the national economies are weakened as labour and productivity have been adversely affected. Many workers, their livelihoods and those of their dependants - families, communities and their enterprises are threatened.

Zambia has one of the world's most devastating HIV/AIDS epidemics. More than one in every seven adults in the country is living with HIV<sup>1</sup> and life expectancy at birth has fallen to just 49 years.<sup>2</sup> In 2009, nearly 76,000 adults were newly infected with HIV that is about 200 new infections each day.<sup>3</sup> After five decades of independence, Zambia has found peace but not prosperity and today it is one of the poorest and least developed nations on earth.

Zambia's first reported AIDS diagnosis in 1984 was followed by a rapid rise in the number of people living with HIV. Although Zambia has received hundreds of millions of dollars for HIV programmes from rich countries' governments, HIV prevalence has not dropped significantly, remaining more or less stable since the nineties. Whilst overall HIV prevalence was 13.5 percent in 2009, it has been reported as high as 25 percent in some urban areas.

National statistics show that gender disparities are one of the structural factors driving HIV and AIDS in Zambia. With an adult HIV prevalence rate of 14.3% in Zambia, many studies show that the impact of the epidemic is more pronounced among women than men (Males 12.3% and Women 16.1%). Accordingly, gender has been identified and recognized as a key cross cutting issue by the Government of Zambia as is reflected both in the current National AIDS Strategic Framework (2011-2015) and the 6<sup>th</sup> National Development Plan.

## **AGENTS OF CHANGE**

### **i. Why Me**

You are chosen to be the change agent because someone recognized your leadership abilities and skills. You are clever and energetic and, in becoming a Change Agent, you have agreed to use your intelligence and energy to facilitate the development of your skills and those of your peers in your school in order to live healthy lives.

You and other young people have a lot to say and deserve to be heard, especially when it comes to issues which affect you, your health and your future. When it comes to sexuality and protecting yourself, many adults don't feel comfortable talking openly to young people. And yet, open and honest dialogue is what is needed to address the HIV/AIDS pandemic, not only among young people but among Zambians, of every age. It may seem like adults want to tell young people what to do, rather than listening to them and having a dialogue with them. The purpose of change agents' trainings and meetings is to allow for open discussions and learning among young people, supported by teachers or other adults, so that they gain the knowledge and skills to grow into healthy adults.

### **ii. Who are Agents of Change among fellow learners?**

Change Agents are learners who have similarities with their friends in many ways. The members of the Change Agent groups at school level are similar in many ways and are in the same age group and probably from the same school or class. As a Change Agent you will find that you share the same interests and aspirations. These are your peers.

Change Agents training gives you the opportunity to listen and learn from your peers and to share with them what you know. Through your training, you learn many facts about relationships, sexuality, gender and HIV/AIDS. You gain skills in team work, facilitation and leadership. Your peers who have not gone through this training can learn from you and can also teach you, based on their experiences and knowledge. Remember that peer education is not teaching or lecturing, but facilitating meaningful sharing and learning.

### **iii. What is facilitation?**

To facilitate means to make something easier, to help it along. As a facilitator, you will help the members of your club to share ideas and beliefs, to gain knowledge and dispel myths and to develop skills that will help them to stay healthy. With your training and leadership skills, you and your fellow Agents of Change will help your friends to look carefully at issues such as gender, peer pressure and sexuality.

#### iv. Facilitation is NOT

- ☞ Judgmental
- ☞ Telling others what to do
- ☞ Giving out knowledge

You will find as you go through the activities in this guide, that your friends have many different opinions. You are not there to judge their beliefs or their behaviour, but to help them decide what is best for them. You can share your opinions as an equal, but you should not tell anyone what to do. And while you have knowledge, the access to information which you should share, remember that this is a 2-way street and that your friends even those in lower class than you can teach you also.

#### v. What is my Role?

After your training, you will be expected to work with other Change Agents at your school to facilitate sessions of 20 to 25 members per session. Some sessions may require more than one facilitator. Agree at least one week in advance who will facilitate the next session. It will be necessary for you to set up a timetable of activities for the term.

Being a Change Agent is a big responsibility and you have been chosen to be one because you have been serious and hardworking. It is very important for you to be prepared for the sessions which you will facilitate. In the week before the session, you should read through the session carefully so that you find any materials you need and are very familiar with the activities. You can refer to the guide briefly during sessions, but you should not be reading the guide when facilitating.

Being a Change Agent is a privilege: you receive training and experiences which will help you develop your knowledge and leadership skills. Like all privileges, being a Change Agent comes with responsibilities: you are expected to be a role model for your peers in what you do as well as what you say. This means that if you talk about safe behaviour, but have many boyfriends/girlfriends, have unprotected sex, don't respect others, don't stand up for yourself and your future, your peers will know this. However, if you practice safe behaviour and respect yourself and others, you will find that other young people listen to you, no matter what your background. You can lead the way to a healthy future!

#### vi. How do I use this Guide?

This activity guide is a “toolkit” for Peer Educators to use. You may use the activities in the meetings and group discussions. You will notice that some words in each session are in italics. This shows what you, as a Change Agent facilitating the meetings or discussions might want to say. Do not read these sections out loud. In preparing for facilitation, you should get an

idea of the main points in the italicized text and say it in your own words. The activities in this guide are meant to involve all members of your group and allow everyone to be heard. You will use a variety of facilitation techniques, such as role plays, discussion, group work, games etc. it is important to create a fun and friendly atmosphere so that everyone feels comfortable participating. While the topics, you will discuss are very serious – HIV/AIDS, gender inequality relationships – the activities are designed for group members to have fun.

## **vii. General Points:**

- ☞ Remember that confidentiality and trust is very important. Remind the group members about this occasionally. If any members of the group share private information about group members with other people outside their group, everyone will lose their trust and open dialogue will not be possible.
- ☞ Role plays should be short and to the point!! When they go on for too long, messages tend to get diluted and the audience gets bored, keep role plays focused and to the point!
- ☞ Most groups of people will have some members who are naturally more out-going and some who are a bit quieter. As you facilitate your group, you will quickly know who is out going and who is quiet. Be sure to draw the quiet participants out, directly asking them for their opinions and input. Don't let one or two people dominate an activity or discussion.
- ☞ Write your own scenarios, role plays and quiz questions. You know better than anyone the real-life situations and risks that young people in your community face. If the role plays that are given don't look realistic or if you think of additional ones, incorporate them! If the quiz questions or discussion questions look too easy or don't apply to your group, make up your own.
- ☞ Try to keep the timetable or action plan that you develop with other Change Agents, but be flexible also! If a session lasts much longer than you expect, the group may decide that they want to continue it at the next meeting and this is fine. Or a guest may come and speak to your group. While this may not be one of the timetabled activities, it may be a great opportunity to learn something new, so you can delay the activity that you had planned for the meeting.

## How are Meeting Groups Organized?

Each group should consist of a maximum of 25 people. Boys should have their own groups and girls should also have their own groups. The groups should be according to the age category, for example:

- ☞ **7-9 years**
- ☞ **10-14 years**
- ☞ **15+ years**

Each group should discuss topics as outlined in the guide once a month. Agents of Change are expected to conduct the sessions/meetings every month.

## Guidance and Counseling Teachers

The role of Guidance and Counselling is critical in addressing issues that affect pupils in order to produce well balanced and productive learners. Some learners attend school with minds flooded with anxiety, illnesses from HIV, trauma and distress. Others, due to these experiences, resort to alcohol and substance abuse, transactional sex to obtain good marks and other favours. Yet others, the loss of parents limits their opportunities for effective learning.

It is your role as guidance and counseling teacher (coordinator) to ensure that learners conduct sessions every month. Your role is also to ensure that learners are grouped according to their age. The following are other roles, to:

- ☞ monitor the progress and operations of guidance and counselling programmes in the schools;
- ☞ facilitate guidance and counselling activities in schools and encourage schools to develop guidance and counselling activities for their learners;
- ☞ be a resource person for guidance programmes for schools in your area;
- ☞ ensure that all the areas of guidance, namely: educational, personal, social, vocational and counselling are equitably offered to learners;
- ☞ interpret guidance and counselling policy and translate it into practical activities; and
- ☞ Create linkages with line ministries and NGOs present in your area.

## Proposed Training Schedule

Day 1	Registration, Distribution of Training Kits and Pre-test Questionnaires	Resource Person
	<b>Introduction</b>	Change Agent
	Welcome address	
	Getting to know each other	
	House rules setting	
	Group Expectations	
	Why Me?	
	Who are Agents of Change among fellow learners?	
	What is facilitation?	
	What is my Role?	
	How do I use this Guide?	
	<b>UNIT 1 – Introduction to Group Meetings</b>	
	Session 1.2: Greeting	
	Session 1.3: Introduction to Role Plays: The importance of Confidentiality	
	<b>UNIT 2: Life Skills for Behavioral Change:</b>	
	Session 2.1 Role Play for Bridge Exercise	
	Session 2.2: The Bridge Model	
	<b>UNIT 3: Introducing Passive, Assertive and Aggressive</b>	
	<b>UNIT 4: Creating an Assertive Message</b>	
	<b>UNIT 5: Responding to Peer Pressure</b>	
	<b>UNIT 6: Delaying Sex</b>	
	<b>UNIT 7: Your Goals</b>	

Day 2	UNIT 8: Language Policy	Resource Person
	<b>UNIT 9: This is Me!</b>	
	<b>UNIT 10: Values and Clarifications</b>	
	<b>UNIT 11: Adolescence a Time of Change</b>	
	<b>UNIT 12: Changing Times in Zambia</b>	
	<b>UNIT 13: Relationships: Changing Relationships</b>	
	<b>UNIT 14: Distinguishing Between Love and Lust</b>	
	<b>UNIT 15: Reproductive Health: Early Pregnancy</b>	
	<b>UNIT 16: Wildfire</b>	
Day 3	UNIT 17: Opinion Poll (Exploring Biases and Prejudices)	Resource Person
	<b>UNIT 18: Understanding Sex, Sexuality and Gender</b>	
	<b>UNIT 19: Analyzing Gender Roles Using a 24 hour tool</b>	
	<b>UNIT 20: Sexuality and HIV/AIDS</b>	
	<b>UNIT 21: Prevention Strategies</b>	
	<b>UNIT 22: Social and Cultural Risk Factors for HIV Infection</b>	
	Post Test	
	Training Evaluation	
	Distribution of Training Certificates	
	Closing Remarks	



## Unit: 1.1: Introduction and Group Meeting

This session has four main activities (Introduction, Setting Objectives for the group, the importance of confidentiality and rules of the group). You may want to divide these activities between up to 4 Change Agents.

✂ **Materials/Resources needed:** Flipchart paper and markers.

🕒 **Duration:** 1 ½ hours

✍ **Methodology:** Role Play, Discussion

### Process:

- 👉 Copy out the role play “Trusting Friends” on the next page onto a piece of paper
- 👉 At least one hour before the session, ask one boy and two girls to perform the role play. Give them the paper with the role play so they can practice. Tell them that they do not need to remember the exact words in the script, just to use it as a guide and the role play should not last more than 5 minutes
- 👉 Prepare a flipchart paper as shown below:

### Expectations

I expect.....

By the end of the program, I would like to.....

### Purpose:

To begin to know each other, and to agree as a group on objectives and rules that will allow you to work well together.

### Role Play: Trusting Friends

Sara is worried that she is pregnant. She has a boyfriend, Gift, but is scared to tell him about the pregnancy fearing that he will be angry.

Sara goes to her best friend, Patricia, and tells her about her fears and asks for advice. Sarah makes Patricia promise not to tell anyone.

Patricia is talking to her boyfriend, Richard. She tells him about Sarah’s concerns and tells him not to tell anyone. Richard tells his friends and word gets back to Sarah that everyone knows she is worried about the pregnancy.

*This role play should not last more than 5 minutes*

## Unit 1.2: Greeting

Greet everyone and introduce yourself. Explain that today the group members will get to know each other and begin to think about the activities you will do during the term.

### **Introductions:**

Even though you go to the same school, some people may not know each other. The following is an exciting and funny exercise to help them begin to feel comfortable together.

“My name is.....and I love to.....”

Have everyone stand up in a circle. Ask everyone to think of something they love doing, and an action that goes with it (e.g. playing football, cooking, dancing etc.). One person steps forward and says “My name is.....and I love to..... “(With an action), then steps back. Everyone else then steps forward together and repeat exactly what the person just did and said, with the same expression, tone of voice and actions. Each person (including the Agent of Change leader) takes their turn at introducing themselves in this way, followed by everyone else imitating their introduction.

At this time the Agents of Change leader should explain a little bit about their training and what their role in the group will be i.e. facilitating activities. Discuss with the members the purpose of the group: to learn about HIV and to develop skills for avoiding infections.

You should also show the members of your group the timetable of activities you have developed at the training and get their input into this. Point out that the timetable is flexible. Sometimes members may not meet at the timetabled time due to other activities at school or something else might interrupt the meeting.

### **Setting objectives for the group**

Ask the participants to think briefly about why they are participating in the group and what they want to get out of it.

☞ *What do you expect from the group meeting?*

☞ *What would you like to gain by being in the discussion meeting?*

As they answer, write down the answers that they give. If someone states an expectation that has already been listed, put a mark next to the expectation that has already been written up to show that others share this expectation. Make sure everyone state their expectations.

Discuss the objectives that have been listed. Make sure that they are appropriate objectives for the course. Agree with the group on the core objectives.



## Unit 1.3: Introduction to Role Plays: The Importance of Confidentiality

Ask three members of the group to perform a role play, *Trusting Friends*. After they have performed the role-play, thank them and ask the actors to rejoin the group. Discuss the role play with the group, using the following questions as a guide:

- ☞ "Is this a real situation?"
- ☞ "Why do you think Patricia told Mulenga?"
- ☞ "How do you think Sara feels at the end of this role play?"
- ☞ "Have you ever told someone a secret and found out later that they had told others?"
- ☞ "How did this make you feel?"
- ☞ "What is confidentiality?"

**Answer: it means keeping personal matters private. If somebody tells you something personal, you don't share it with others.**

### Rules for the Group

This session will help the group decide how to work together. In order to learn about HIV/AIDS and develop new skills to prevent infection the group will discuss sexuality and relationships. You will get to practice skills such as negotiation and problem solving. While the activities we will do will be fun, some of the activities may make you feel embarrassed, sad or afraid.

Ask the group:

*"What do you think are some of the rules we should have as a group to help us work together?"*

The facilitator should write down their suggestions on a flipchart or paper, entitled **"Group Rules"**. (As the facilitator writes the rules, s/he should leave space at the sides of the paper and the top and bottom for all the participants to sign their names). Some rules that the participants might give include:

- ✍ Listen to each other
- ✍ Respect each other
- ✍ Don't interrupt
- ✍ No put-downs/insulting others/ negative comments
- ✍ Everyone should be given an opportunity to talk
- ✍ Focus on the topic, no side discussions on the topics
- ✍ Keep time
- ✍ Everyone should participate

Since every group will have members who talk a lot and quiet ones, the final list of the rules should include one rule that states something like:

- ✍ Everybody has freedom and should be given the chance to talk equally.

If members don't come up with appropriate rules, you should ask questions or give leading questions for the rules. For example, you can ask:

- ✍ What if someone is talking and I have something I also want to say? Or
- ✍ We all have important things to say. How do we make sure that everyone is heard?

Answer: Listen to each other. Encourage each other to speak

After you have discussed for several minutes, there should be a rule on confidentiality, such as:

- ✍ Respect confidentiality – don't tell others personal information you hear in the group

If no one has mentioned this, remind the group of the role play about Trusting Friends and the importance of confidentiality. In this case, when the group meets to undertake Change Agents activities, certain information shared during the activities should be kept secret. Be sure to tell them that they can share knowledge and facts with those outside the group. In fact, this should be encouraged. However, they must not share any private information that is shared in the group. If they do, it will break the trust among members.

Once you have written down the Ground Rules", invite each participant to come up front and sign their name, explaining that by doing so they are committing to abide by these rules when they become? Part of the group.

### **Summary**

*Thank everyone for coming to the meeting. Remind them of the next meeting time and tell them the group will start to discuss Life Skills.*

- ✍ Note: Keep the Rules flipchart by asking your Guidance Teacher to store it for you until the next meeting.



## Unit 2: Life Skills for Behavioral Change

**Objectives:** At the end of the session, participants will be able to understand the link between Life Skills, which participants will learn and practice in the group, and a healthy life. (See examples of Life Skills in Appendix 1)

 **Duration:** 2 hours

 **Materials/Resources needed:** Flip charts, off-cut cards (colored manila paper cut-outs), markers

 **Methodology:** Role Play for Bridge Model

### Notes to Facilitator

-  Write the Bridge Exercise Role Play on a flip Chart
-  At least a week before the group meeting, the Guidance and Counseling teacher should work with the Change Agents to prepare the exercise.
-  The Change Agent should choose at least 2 members to act in the role play before the meeting (choose the ones who are not shy). Have them practice the role play many times before they present it to the group during the group meeting. **The day before the Bridge Model session is a good time to practice and make sure it is clear to the people doing it.** The Change Agent facilitator should assist to make sure the role play is done correctly and addresses the topics you wish to highlight. Ensure that the role play does not last more than 10 minutes. Otherwise the audience will get bored.
-  On the flipchart paper, draw out the Bridge, as shown below.

### Processing:

Begin the session by stating the following:

The session we will do today is called “The Bridge Model”. At the end, we should all understand how the life skills we will practice in this group can help us to lead healthy lives.

#### 1. Role Play

Have the girls/boys do the role play in front of the group

Stop the role play when it is clear that the point has been made – Lucy had a lot of knowledge to keep her safe from pregnancy, and from contracting STI and HIV and yet she got pregnant anyway.

## Role Play for Bridge Exercise

### **Two Characters:**

**Chimwemwe:** *A grade 6 girl who has dropped out of school due to teenage pregnancy. She has been advising her friend, Lucy to stay in school and to avoid boyfriends, sex, etc. before completing her education.*

**Lucy:** *A grade 5 girl who is doing very well in school. Despite her friend's warning, she has fallen pregnant and has come to break the news to her friend.*

*\*This role play should not last more than 10 minutes when you perform it in the group meeting. Chimwemwe is sitting outside her house. She is rocking her baby in her arms. As she sits alone with the baby, she talks about how tired she has been and how much work it is to look after the baby is. She says things like "Oh, my baby-how troublesome you are! Keeping me up all night. Won't you ever settle down?"*

*Lucy walks up and is warmly welcomed by Chimwemwe. Lucy sits on the mpasa and greets her friend. She enquires after the health of the baby and Chimwemwe tells her that the baby has been sick and has yet to sleep through the night. The friends chat for a moment before Chimwemwe comments on how odd it is to see Lucy like this during a school day. Chimwemwe asks Lucy why she is not in school, but Lucy changes the subject by talking about the baby. Chimwemwe asks again, and she again avoids the topic by asking Chimwemwe about her boyfriend Innocent.*

*Chimwemwe responds by saying that she has not heard from Innocent since the birth of their baby. She has heard that he has gone to England to study there. He has never come to see her or the baby. Chimwemwe reminisces that she, too, could have gone on to further studies-her scores were so high-and she reminds Lucy of how important it is to avoid boys and stay in school.*

*Chimwemwe asks again why Lucy is visiting her on a school day. Lucy says something like "My friend, do you remember the advice that you are always giving me? Chimwemwe responds, "Of course I do, I've told you! Don't make the same mistakes I made - forget about boys until you finish your studies. Abstaining from sex is the best way to avoid getting pregnant or getting diseases like AIDS" Lucy probes, "What else have you advised me?"*

*Chimwemwe says "I told you that if you and your boyfriend, Gift, cannot abstain, then remember to use a condom. I hope you are more responsible than me.*

*Lucy, now in tears, says that she has fallen pregnant with Gift's baby. Chimwemwe becomes angry. She reminds Lucy of all the advice she has given her, she reminds Lucy about her own life. Lucy protests with statements like "But he loves me! He has promised to marry me! Chimwemwe reminds Lucy that Innocent promised her the same thing. Chimwemwe asks why*

*Lucy had sex with Gift after all her warnings. Lucy answers that Gift threatened to leave her if she did not have sex with him.*

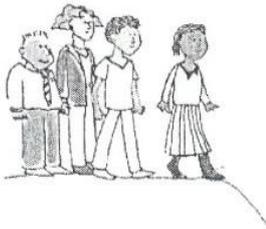
*He said it was the only way to show that she loved him, that everyone was having sex, etc. Chimwemwe asks why Lucy didn't use condoms she gave her, "were they finished?" Lucy says that her church is against condom use, and besides, Gift refused to use them.*

*Finally, in defense of herself, Lucy says, "Well, why wait? Why not have a baby now? Gift is going to be a doctor-I want to be his wife! What is the difference even if I finish school? Look at Florence-she finished her grade 7 and is just staying at home.*

## **The Bridge Model**

Show the Bridge Model on the flipchart paper. Gather all the members and stand around it in a half-circle.

## The Bridge Model of Behavior Change



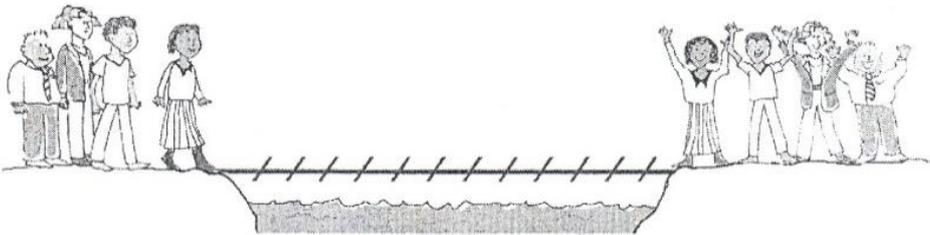
Information provides a solid foundation.  
Begin by providing accurate health information.

Our goal is to see members of our communities living healthy, happy, fulfilling lives.

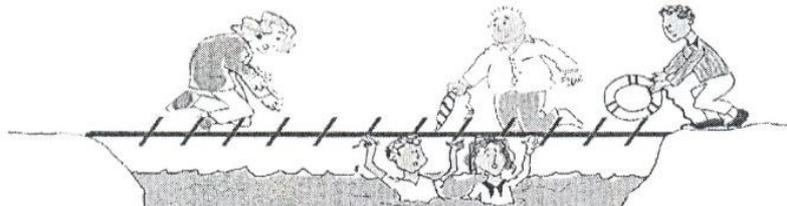


But in order to realize a positive, healthy life, we need to avoid the consequences of negative behavior.

A Life Skills Program focuses on building the “planks” in the bridge—working on the individual skills that help people to make healthier decisions about their lives.

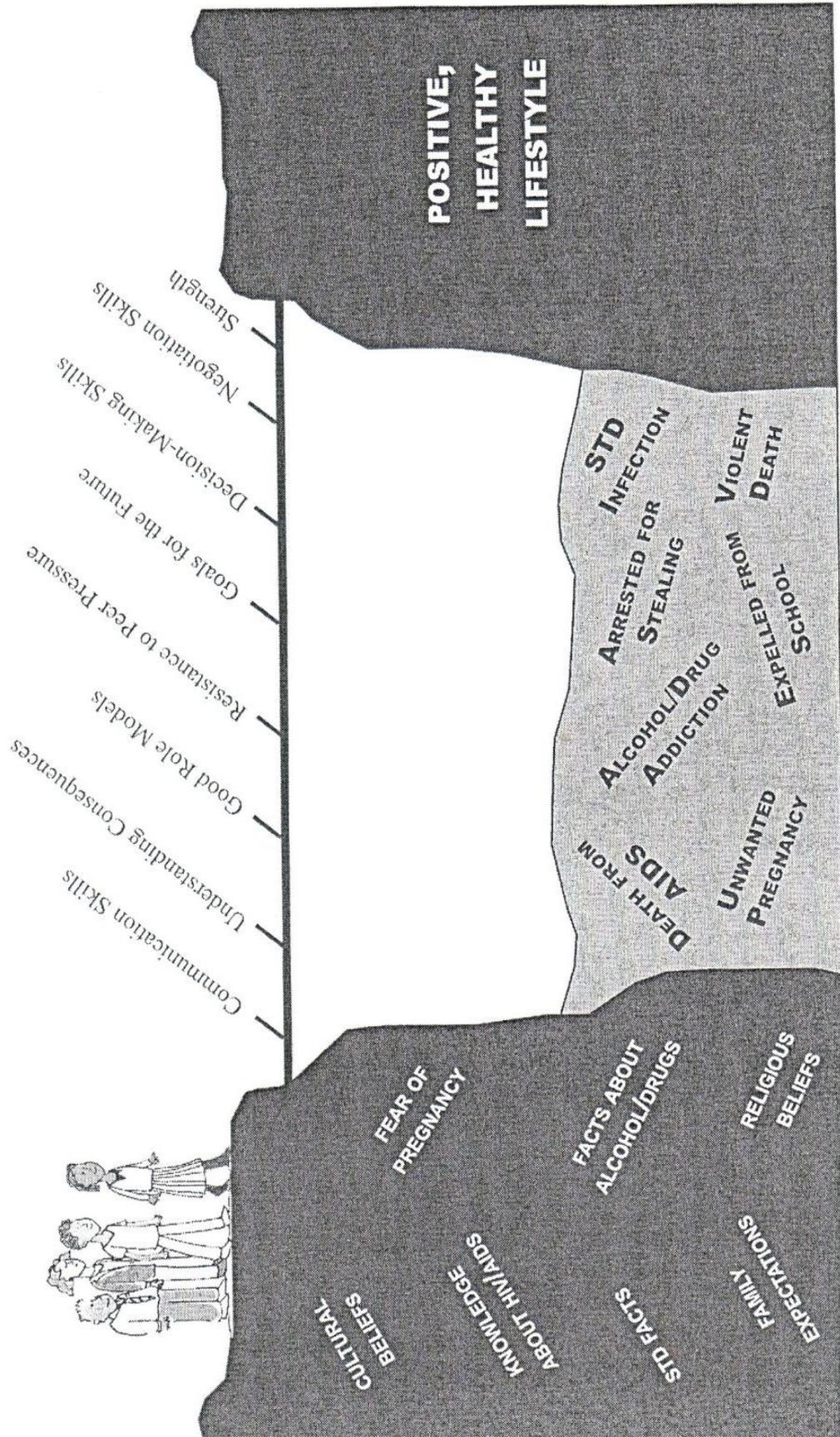


Relapse is expected in any behavior change, so we must build in “life-preservers” or ways to bring people back onto the “bridge” should they suffer the consequences of a negative behavior.



## The Bridge Model:

How Do We Build a Bridge from Information to Behavior Change?



- a. Point out that most young people have the knowledge they need to keep themselves safe. Most Zambians, even children, know how to protect themselves from HIV/AIDS, pregnancy etc. in addition to knowledge, they may have other “protective factors” such as religious beliefs, their own goals, etc. which they might expect to protect them. Does this mean that no one gets infected? Refer back to Lucy, who had a lot of information about dangers of unprotected sex, but still got pregnant.
- b. Draw attention to other side of the water. Point out that we all want to get to the Positive, Health Life side.
- c. Show them the water that is between where the young people are standing and the healthy life. Ask them to tell what is awaiting young people if they do not find ways of crossing from knowledge to a positive health life. (They may answer: school dropout, pregnancy, HIV/AIDS, alcohol use etc.). Write their answers in the water.
- d. Ask: *what is needed to help young people cross safely over the water?*  
Lead a group brainstorming session about what it takes to get across the water. You should continue to refer back to Lucy and the role play, asking questions such as “*What was Lucy missing?*” “*What did she need to help her use the information she had to make the right decisions?*” “*Didn’t Lucy know the risks, etc?*” You may need to guide the group to get as many different suggestions as possible.

**Answers:**

- ☞ Decision making skills
  - ☞ Assertiveness
  - ☞ Confidence
  - ☞ Self esteem
  - ☞ Belief in herself, etc.
- e. When construction of the bridge is finished, discuss the bridge idea with the group. The planks that make up the bridge are Life Skills-the tools that a person needs to help translate knowledge into healthy behaviour. The purpose of many of the activities you will do in the group is to build and practice these skills.

The purpose of the Change Agent led groups is to help members to develop knowledge and skills to protect themselves from social ills. The skills that we discussed today will help us to do this. In future sessions, we will develop our knowledge and skills so that we can safely cross over the water without falling in!

After the session, give the Bridge Model to your Guidance and Counseling teacher for storage until the next meeting. The Bridge Model however can also be stuck up on the wall in the Guidance and Counseling teachers’ office if available.



## Unit 3: Introducing Passive, Assertive and Aggressive



**Duration:** 40 Minutes



**Materials/Resources needed:** Flip charts, off-cut cards (colored manila paper cut-outs), markers



**Methodology:** Brainstorming, Role Play

### I. Passive, Assertive, Aggressive

Brainstorm with the group the definitions of passive, assertive, and aggressive behavior. Encourage them to provide examples in order to help illustrate their point. Possible responses include:

#### Passive Behaviour

- ☞ Giving in to the will of others; hoping to get what you want without actually having to say it; leaving others to guess or letting them decide for you
- ☞ Taking no action to assert your own rights
- ☞ Putting others first at your expense
- ☞ Giving in to what others want
- ☞ Remaining silent when something bothers you
- ☞ Apologizing a lot
- ☞ Acting submissive—for example: talking quietly, laughing nervously, sagging shoulders, avoiding disagreement, hiding face with hands

#### Assertive Behaviour

- ☞ Telling someone exactly what you want in a way that does not seem rude or threatening to them
- ☞ Standing up for your own rights without violating the rights of others
- ☞ Respecting yourself as well as the other person
- ☞ Listening and talking
- ☞ Expressing positive and negative
- ☞ Being confident, but not “pushy”
- ☞ Staying balanced—knowing what you want to say; saying “I feel” not “I think”; being specific; using “I” statements; talking face-to-face with the person; no whining or sarcasm; using your body language (standing your ground, staying centered).

#### Aggressive Behaviour

- ☞ Expressing your feelings, opinions, or desires in a way that threatens or punishes the other person
- ☞ Standing up for your own rights with no thought for the other person
- ☞ Putting yourself first at the expense of others
- ☞ Overpowering others
- ☞ Reaching your own goals, but at the expense of others
- ☞ Dominating—for example: shouting, demanding, not listening to others; saying others are wrong; leaning forward; looking down on others; wagging or pointing finger at others; threatening, or fighting.

## Role Plays

 45 minutes

### Processing

Explain that we are going to see two role plays to help us to fully understand the differences between passive, assertive, and aggressive behavior. Tell the group to watch the first role play and to try to identify any passive, assertive, or aggressive behavior:

#### Role Play Number 1

Rob has been seeing Joyce for about one month now. He wants her to come to his house; his parents are not home. Because he often talks about getting into a more physical relationship, Joyce is feeling pressured to be alone with Rob. She tries to speak about her feelings a few times, but Rob keeps interrupting her. Joyce, her head down, finally says to Rob, in a soft voice, “I know you’ll think I’m crazy, but ...” Rob interrupts again, approaches Joyce nose to nose, and says loudly with his hands on his hips, “You *are* crazy, and not only that, you’re stupid too!” Joyce hangs her head down, looks at the ground and agrees to go to Rob’s house.

#### After Role Play Number One, discuss the following points:

- A. Is Rob’s behavior passive, assertive, or aggressive? (Aggressive)
- B. Why? What did Rob do to make you decide he was aggressive? What did he say? How did Rob say it? What was his body language like? Answers might include:
  - 1. Body Language—moving closer to her and occupying her physical space; standing “nose to nose” or with “hands on hips”
  - 2. Interrupting
  - 3. Speaking in a loud voice
  - 4. Insulting her by calling her “stupid”
- C. Is Joyce’s behavior passive, assertive, or aggressive? (Passive)
- D. Why? What did she do to make you decide she was passive? What did she say? How did she say it? What was her body language like? Answers may include:
  - 1. Body language—head down, soft voice
  - 2. Giving in to the will of others
  - 3. Putting herself down—“I know you’ll think I’m crazy, but ...”

Next, ask volunteers to do the second role play:

### **Role Play Number 2**

Tana has been upset with Lovemore. When she sees him, she says, “Lovemore, I need to talk to you right now. Could we talk where no one is around?” Moving to another room, Tana sits straight with her hands on the table and looks Lovemore in the eye. She says in a calm but firm voice, “I’ve thought about your suggestion for our date, but I feel uncomfortable about it. I think we need more time to be close friends before being alone. I really like you and I know you’d like for us to be alone, but I’m not ready for that yet. Is that OK with you?”

After Role Play Number Two, discuss the following points:

- A. Is Tana’s behavior passive, assertive, or aggressive? (Assertive)
- B. Why? What did she do to make you decide she was assertive? What did she say? How did say it? What was her body language like? Ideas might include:
  - 1. Spoke in calm, firm voice
  - 2. Discussed her needs; made her feelings clear
  - 3. Checked to see if he was comfortable with her statements
  - 4. Body language—faced him, looked him in the eye

 When summarizing the session, remind the group about some of the issues you discussed in the Bridge Model session. Ask someone to tell you how assertiveness might be a helpful Life Skill.



## Unit 4: Creating an Assertive Message

 **Duration:** 40 Minutes

 **Materials/Resources needed:** Flip charts, off-cut cards (colored manila paper cut-outs), markers

 **Methodology:** Brainstorming, Role Play, Discussion

### I. Assertive Messages

Hang up on the wall or uncover the flip chart 'Steps to Deliver an Assertive Message'. Explain the situation at the top, and then go step-by-step through the process. Remind the group that body language and tone of voice may be just as important as the messages that are sent.

#### Steps to Deliver and Assertive Message

Aaron and Frank are good friends. Aaron has a part-time job and he has loaned money to Frank on several occasions. Lately Aaron has noticed that Frank is becoming slower to pay the money back. Aaron decides to discuss this matter with Frank and to ask Frank to pay the money back sooner.

#### Steps:

1. Explain your feelings and the problem
2. Make your request
3. Ask how the other person feels about your request

They answer

4. Accept with thanks

 **Words you might use for each step:**

1. Explain your feelings and the problem

-  "I feel frustrated when ..."
-  "I feel unhappy when ..."
-  "I feel ... when ..."
-  "It hurts me when ..."
-  "I don't like it when ..."

## 2. Make your request

- ✍ "I would like it better if..."
- ✍ "I would like you to ..."
- ✍ "Could you please...?"
- ✍ "Please don't ..."
- ✍ "I wish you would ..."

## 3. Ask how the other person feels about your request

- ✍ "How do you feel about it?"
- ✍ "Is that OK with you?"
- ✍ "What do you think?"
- ✍ "Is that all right with you?"
- ✍ "What are your ideas?"

## 4. Accept with thanks

- ✍ "Thanks."
- ✍ "Great, I appreciate that."
- ✍ "I'm happy you agree."
- ✍ "Great!"

### Examples:

- ✍ "I feel as if I'm being used when I lend you money and don't get it back in good time."
- ✍ "I would like it better if when you borrow money you would give it back as soon as possible."
- ✍ "Is that OK with you?"
- ✍ "Yes, I guess you're right. I'm not too good at getting money back right away, but I'll return it sooner next time."
- ✍ "Thanks for understanding. Let's go and listen to some music."

Next, use the following scenario to develop assertive messages with the whole group.

### The Situation

You are 14 and this is your second date with Lackings. He has given you a small gift and he wants to take you to the dance. You do not want to have sex with Lackings, but you think he will want to because of the gift. You decide to tell him that you do not want the gift, and you do not want to go to the dance.

After reading the situation aloud and making sure it is clear, go through each step with the group and ask for suggestions on the "messages." (It is helpful to write the steps on the board or flip chart, and then fill in a message for each step.)

## II. Creating Our Own Assertive Messages

 **Duration:** 1 hour

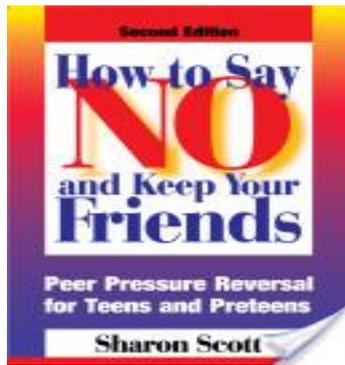
 **Materials/Resources needed:** Flip charts, off-cut cards (colored manila paper cut-outs), markers

 **Methodology:** Brainstorming, Discussion, Role Play

Explain that it is time to try to create our own assertive messages. This may be awkward at first, but will become easier with practice. Split the group into pairs. Give each person a different scenario card. (Each pair will have two scenarios—one each.) After reading the situation, each person will write out assertive messages following the steps on the board/flip chart. Then each person will share the messages with their partners—getting any advice and making any changes that they might decide together. Lastly, the pair will act out each situation with each other and practice delivering their assertive messages.

### Assertiveness Scenario Cards

1. A person of the opposite sex asks you to go to a party with him/her. You don't know anyone who is going, which makes you feel a little uncomfortable. You have also heard that this person uses drugs and does not have a very good reputation at school. You decide to be assertive and say no.
2. You are talking to a number of your friends. Most of them have had sex and are teasing you about the fact that you have not. One member of the group hurts your feelings by saying something inappropriate. You decide to make an assertive reply.
3. You decide to get your ears pierced. Your friend tells you that you can get it done at a place in town. You go to the place, but it does not look very clean. You have heard about HIV/AIDS and unclean needles. You decide to ask the person if the needles are clean and to see the equipment used for cleaning. The person won't show you, but insists that the shop is very clean and safe. The person urges you to get the procedure done. You decide to say no assertively.
4. A friend of your family asks if you want a ride home after school. You do not feel very good about this person, and you feel uncomfortable about the situation. You decide to be assertive and refuse the ride.



## Unit 5: Responding to Peer Pressure

### I. Persuasion Categories



**Duration:** 1 hours



**Materials/Resources needed:** Flip charts, off-cut cards (colored manila paper cut-outs), markers



**Methodology:** Role Play, Brainstorming and Discussion

Indicate that the group will take a look at the different ways people might try to get you off your topic (the assertive message) or refuse to accept your assertive message. Tape the prepared *Persuasion Categories* at different points along a blank wall. Next, hand one *Example Persuasion Card* to each participant. In turn, all members of the group should stand up, read the statement on their cards, explain the possible categories where the statement might belong, and tape the statement to the wall underneath an appropriate category. Use this short exercise as a way to identify the types of persuasion someone might use to change someone's assertive message.

#### Put you down:

- ☞ "You're just afraid."
- ☞ "Aren't you grown up enough to do this?"

#### Argue:

- ☞ "Why not? Everyone's doing it!"
- ☞ "What do you think can happen?"
- ☞ "What do you know about ... anyway?"

#### Threaten:

- ☞ "Do it or goodbye."
- ☞ "I'll find someone else who will."
- ☞ "I can hurt you if you don't."

#### No Problem:

- ☞ "Nothing will go wrong."
- ☞ "Don't worry."
- ☞ "I'll take care of everything."
- ☞ "I've got it all handled."

#### Reasons:

- ☞ "But we're getting married anyway."
- ☞ "You can't get pregnant if you have it just once."
- ☞ "You owe me."
- ☞ "You're old enough now."

#### Getting Off the Topic:

- ☞ "You have nice eyes."
- ☞ "I like you when you're angry."
- ☞ "You know that I love you."

### Possible ideas might be:

Once you have brainstormed a list of suggestions, you may wish to group them into three categories: refuse, delay, or bargain.

### Examples:

1. "Please let me finish what I am saying."
2. "Please don't stop me until I'm finished."
3. "That's fine, but please listen to what I have to say."
4. "I know you think..., but let me finish what I was saying."
5. "Thank you, but..."

**Refuse** Say no clearly and firmly, and if necessary, leave.

- ☞ "No, no, I really mean no."
- ☞ "No, thank you."
- ☞ "No, no—I am leaving."

**Delay** Put off a decision until you can think about it.

- ☞ "I am not ready yet."
- ☞ "Maybe we can talk later."
- ☞ "I'd like to talk to a friend first."

**Bargain** Try to make a decision that both people can accept

- ☞ "Let's do ... instead."

- ☞ "I won't do that, but maybe we could do ..."

- ☞ "What would make us both happy?"

## II. Revised Steps to Delivering an Assertive Message (1 hour)

Reveal the Revised Steps to Deliver an Assertive Message. Go step-by-step through the process. Act out the "messages." Point out the changes made to our original steps to include the response to persuasion.

### Steps:

1. Explain your feelings and the problem.
2. Distracting Statements
3. Get back on topic.
4. Make your request.
5. Ask how the other person feels about your request.
6. Persuasive statement
7. **REFUSE, DELAY, or BARGAIN**

## Words you might Say for Each Step:

### 1. Explain your feelings and the problem.

- ☞ "I feel frustrated when ..."
- ☞ "I feel unhappy when ..."
- ☞ "I feel ... when ..."
- ☞ "It hurts me when ..."
- ☞ "I don't like it when ..."

### 2. Distracting Statements

Other person tries to get you off topic.

### 3. Get back on topic.

- ☞ "Please let me finish what I was saying."
- ☞ "I'd like you to listen to what I have to say ..."

### 4. Make your request.

- ☞ "I would like it better if ..."
- ☞ "I would like you to ..."
- ☞ "Could you please ..."
- ☞ "Please don't ..."
- ☞ "I wish you would ..."

### 5. Ask how the other person feels about your request.

- ☞ "How do you feel about that?"
- ☞ "Is that okay with you?"
- ☞ "What do you think?"
- ☞ "Is that all right with you?"

### 6. Persuasive statement

Other person tries to get you to change your mind.

## 7. REFUSE, DELAY or BARGAIN

- ☞ “No, I really mean no.”
- ☞ “No, and I’m leaving.”
- ☞ “No, I am not going to do that.”
- ☞ “I’m not ready now—maybe later.”
- ☞ “Maybe we can talk later.”
- ☞ “I’d like to talk to a friend.”
- ☞ “Let’s do ... instead.”
- ☞ “How about if we try ...”
- ☞ “What would make us both happy?”

Next, use the following situation to develop assertive messages with the whole group. After reading the situation and making it clear, go through each step with the group and ask for suggestions on the “messages.” It is helpful to write the steps on the board or flip chart, and then fill in a message for each step.

### The Situation

You are alone with your boyfriend at his house. It is getting late and he lives quite a distance from your home on a deserted road. He is usually very gentle but tonight he has been drinking beer. He becomes quite aggressive with his demands for sex. He interrupts you and tries to talk you into having sex. You refuse, delay, or bargain. This is a potentially dangerous situation. Which is the safest course of action? If you simply refuse, will you be putting yourself in danger? What else could you do?

### Some responses might include:

1. If his parents are coming home soon, you might use delaying tactics until they arrive.
2. You might bargain with him by indicating that you might consider being with him sexually soon, but only if he does not approach you when he is drinking.
3. You might delay by discussing the fact that he is drinking and the effect that seems to be having on his behavior.
4. You might bargain with him to lie in bed while you “get ready.” Then stay in the toilet until he falls asleep.
5. If you are feeling that you are in any real danger, you might pretend to go to the toilet, but run to a neighbor instead.

## II. Persuasion Scenarios (1 hour)

Next, we will practice adding distracting/persuasive statements to our assertive messages. Split the group into pairs. Give each pair one situation card. (Each pair will have a different situation.) The pair will decide together on how to handle the situation using the steps we have reviewed. They will decide whether they would refuse, delay, or bargain, and they should think about the assertive statements they could use in the situation. Lastly, the pair will act out the situation, practicing and delivering their assertive messages. After one person gives a successful assertive message, the pair should change roles so that the other person has a chance to practice responding to persuasion. After each pair has practiced both roles, invite interested pairs to act out their assertive messages in front of the group.

### Persuasion Scenario Cards

1. Your friend wants you to skip school and go to the bar to drink beer. He tells you a whole group is going. He says, "You are afraid, aren't you?" You got caught out of bounds (off the school grounds) last month and do not want to get caught again. You decide to tell him you don't want to go.
2. Your parents are away and you invite a friend of the opposite sex over to study. After doing the homework he/she grabs you and tries to kiss you. You push him/her away but he/she says, "Come on, you didn't invite me over just to do homework." You take a firm stand so that it will not happen again.
3. Your boyfriend/girlfriend thinks it is time to have sex. You love him/her but you feel that sex before you are ready is wrong. Your boyfriend/ girlfriend says, "You're just scared. If you really loved me, you'd show it." Even though you are afraid that your refusal will end the relationship, you still decide to tell him/her that you are just not ready.

### Variations: Negotiating Condom Use

The same exercise can be adapted to a session on negotiating condom use. Create a list of persuasive lines someone might use to keep from using a condom during sex. Follow the same Steps for Delivering an Assertive Message, and have the group practice delivering that message and responding to persuasion. You can think of many situations.

#### Here are some samples:

- ☞ "We're both clean...we don't need to use a condom."
- ☞ "I still don't want to have sex with a condom. It's not natural."
- ☞ "I'd be embarrassed to use a condom."
- ☞ "I don't want to use a condom. I don't like condoms."
- ☞ "I don't have a condom. Let's do it just this once."

- ☞ “Your chances of getting a disease doing it just once are about zero.”
- ☞ “A condom would make it so awkward.”
- ☞ “It’s like eating a sweet in the wrapper.”
- ☞ “They spoil the mood.”
- ☞ “They don’t feel good.”
- ☞ “You think I have a disease.”
- ☞ “They have HIV in them.”
- ☞ “They make me feel dirty.”
- ☞ “You’re already using the ‘shot’.”
- ☞ “I’d be too embarrassed to get them from the health center.”
- ☞ “It’s against my religion.”

## II. Individual Practice

 **45 Minutes**

Explain to the group that we often find ourselves in situations where we have to think very quickly about what we want to say, and we often do not think of a good response until it is too late. This exercise will give us a chance to practice thinking fast! Give each participant a card. Ask them to look at their cards and try to come up with a persuasive statement to use as an “opening line.” For instance, in a group of young women, if I am told that I am supposed to be an older man proposing to a schoolgirl, my opening line might be, “Did you know you are very beautiful? Would you like a ride in my car?” Participants then form a circle, and one-by-one, each turns to the person on the left and state briefly the relationship and the situation. For example, “I am a sugar daddy and you are a young girl. I want to propose to you.” The person will then state the pressure line that he/she has just thought up. The person to the left has to make an *immediate* response, trying to state his/her position without accepting the offer. For example, “Thank you for the compliment, but I do not want a ride in your car.” Give every-one the chance to use a line and to respond to someone else’s line.

### Younger and Older Women’s Situation Cards

- ☞ Sugar daddy (older man who offers gifts or money then pressures for sex)
- ☞ Partner wanting to have sex with you when you know he has another lover
- ☞ Boyfriend or husband wanting you to have sex with him without a condom, when you want to use one
- ☞ School teacher bribing student with higher grades in return for sex
- ☞ Man at market suggesting sex in return for groceries
- ☞ Boyfriend putting pressure on you to have sex with him
- ☞ Husband or boyfriend wanting you to have sex with him when it is late and you are tired
- ☞ Being laughed at for not wanting to have a boyfriend or get married yet

- ☞ Being laughed at for wanting to study, instead of hanging around with your friends
- ☞ Uncle wanting you to have sex with him, in return for money
- ☞ Bwana (boss, employer, person in high position) saying you will get promoted if you have sex with him—or; you will lose your job if you will not have sex with him
- ☞ Wanting to have sex with someone, but no condoms are available

### **Young and Older Men's Situation Cards**

- ☞ Being encouraged by your friends to drink too much
- ☞ Being laughed at for not having sex with your girlfriend
- ☞ Being laughed at for wanting to use a condom
- ☞ Being ridiculed for not having several girlfriends
- ☞ Being laughed at for staying with one woman or not wanting a girlfriend
- ☞ Being laughed at for wanting to study
- ☞ Being proposed to (propositioned) by an older woman, maybe in return for money or alcohol
- ☞ Being proposed to by an attractive young woman
- ☞ Young woman not wanting to use a condom because you might think that she's a prostitute

### **Summary Discussion (15 minutes)**

*Ask participants which responses are most effective and why. How did people deal with the offer? How do they usually respond to similar situations? What could they do differently? Ask participants to review what they have learned about communication through a series of questions or single word/concept prompts such as body language, aggressive style, passive style, assertive style.*



## Unit 6: Delaying Sex

### I. Delaying Sex Role Play



**Duration:** 15 Minutes



**Materials/Resources needed:** Flip charts, off-cut cards (colored manila paper cut-outs), markers



**Methodology:** Role Play, Brainstorming and Discussion

#### Introduction:

Spend a few minutes introducing the idea of abstinence, or delaying sex (until after marriage, until older, until more responsible, and so forth). Explain that we are now going to watch a common situation between two young people. As they watch the role play, the group should think about the reasons why these young people should delay their sexual activity.

*Facilitator notes: If your group has been doing too many role plays, you may wish to provide a written copy of the situation to participants, read it together, and discuss.*

#### The Role Play

Brave is 17 years old and helps his uncle in his shop. His parents are hardworking and hold traditional values. They believe that young people should not have sex before marriage. Brave is quite shy but would like to have sex with his girlfriend Micki because most of his friends say that it is great. Micki is 14 but appears and acts older. Her sister became pregnant when she was 15 and her parents were very upset. Micki hasn't known Brave very long. She has just finished three classes on AIDS and really does not want to get HIV. She is afraid, however, that she might lose Brave if she refuses to have sex with him.

## II. Reasons to Delay Sex

 40 minutes

When the role play ends, make two lists: “Reasons for Saying Yes” and “Reasons for Saying No.” What are some reasons to have sex in this situation? What are some reasons to delay sex in this situation?

**Lists may look something like this:**

### Reasons for Saying Yes

- ☞ They should prove their love to each other
- ☞ Otherwise the relationship might end
- ☞ Curiosity about sex
- ☞ “Everyone is having sex”
- ☞ It “feels right”
- ☞ One partner convinces the other that there will be no problems
- ☞ Both are comfortable with the decision

### Reasons for Saying No

- ☞ Fear of pregnancy
- ☞ Fear of an STIs
- ☞ Family expectations (not to have sex)
- ☞ Friendship (to allow it to grow)
- ☞ There are other ways expressing affection
- ☞ Religious values (don’t approve of sex before marriage)
- ☞ Not ready for sex (perhaps too young)
- ☞ Not the right person

Go through these lists with the group. What are the good reasons? Less convincing ones? What might be the consequences of each situation? What should Brave and Micki do? What reasons might be the strongest or most important for them? Now, focus your attention on the “Reasons to Say No” list and attempt to expand on it with the group. List any additional reasons to delay sex that the group suggests. Strive to come up with a working list that you and your group will agree on as good reasons to delay sex.

### Example: Top 10 Reasons to Delay Sex

- ☞ Fear of pregnancy. “No sex” is 100 percent effective in preventing pregnancy.
- ☞ Fear of a STIs or HIV/AIDS. HIV and other STIs are transmitted through sexual intercourse
- ☞ Family expectations. Parents expect “no sex” until marriage
- ☞ Fear of violence. In a sexual situation, there is the possibility of being forced to have sexual intercourse
- ☞ Friendship. Allow time for the friendship to develop.
- ☞ Drinking involved. Alcohol can lead to poor decisions (such as having sex without condoms).
- ☞ Religious values. Values may say preclude sex before or outside of marriage.
- ☞ Not ready. You feel too young or just not ready.
- ☞ Waiting for the right person. You want the person to truly love you before you have sex.
- ☞ Wait until marriage

### III. Help for Delaying Sex

 1 hour

Once your group has come up with good reasons to delay sex, spend some time discussing the fact that sometimes delaying sex can be difficult, especially if both partners love each other and truly want to be more intimate and physical. It may be helpful to come up with some strategies to make delaying sexual activity easier. How can you avoid situations that may lead you to have sex with your partners? Are there any steps you can take?

Divide participants into three small groups of not more than five members (or more if the group is large). Give each group a different situation card:

#### Delaying Sex Scenario Cards

1. John and Miriam have been seeing each other for six months now. They have not had sex yet but find it difficult to control their sexual feelings for each other. Miriam has promised herself not to have sex until she is older, and so far John has respected that wish. Miriam has been thinking about how much she likes John. One of their friends, who lives on his own, is going to have a party, and they are invited. John says he will bring some beer and that maybe they could stay all night. Miriam thinks about her promise to herself but also thinks it would be great fun to be alone with John.
2. Desire and Memory are very serious about their relationship and would like to get married in a few years. Desire has invited Memory over to her house for the afternoon. Memory knows that Desire's parents will not get back until evening. This could be a good time for sex for the first time. Memory has been learning about pregnancy, HIV/AIDS, and STDs, and he is not sure he wants to have sex yet. However, he feels Desire would like to have sex and will probably tease him or tell her girlfriends if he doesn't.
3. Fatima met a young man, Besa at school. She was attracted to him because he is good looking and a good athlete. He said hello to her after school and gave her a small, beautiful present—for future friendship, he said. He invited her to go for a walk to the river. Fatima is attracted to him but feels uncomfortable about the situation. However, she must give him an answer soon.

Ask the groups to read their situation card and come up with some suggestions to help the two people to delay sex. What are some ways for them to avoid sexual situations? What will make it easier for them to delay sex? After the groups have finished working on their suggestions, have each group present the scenario and their list of ideas on how to delay sex to the larger group. Discuss these strategies together and come up with a list that the whole group agrees on. (It may be a good idea to post a copy of this list in the place where you usually meet.)

### Example: Help for Delaying Sex

- ☞ Go to parties and other events with friends.
- ☞ Decide how far you want to “go” (your sexual limits) before being in a pressure situation.
- ☞ Decide your alcohol/drug limits before a pressure situation arises or do not use alcohol or drugs at all.
- ☞ Avoid falling for romantic words or arguments.
- ☞ Be clear about your limits. Do not give mixed messages or act sexy when you don’t want sex.
- ☞ Pay attention to your feelings. When a situation is uncomfortable, leave.
- ☞ Get involved in activities (e.g., sports, clubs, hobbies, church).
- ☞ Avoid “hanging out” with people who might pressure you to have sex.
- ☞ Be honest from the beginning, by saying you do not want to have sex.
- ☞ Avoid going out with people you cannot trust.
- ☞ Avoid secluded places where you might not be able to get help.
- ☞ Do not accept rides from those you do not know or cannot trust.
- ☞ Do not accept presents and money from people you cannot trust.
- ☞ Avoid going to someone’s room when no one else is at home.
- ☞ Explore other ways of showing affection other than sexual intercourse.



## Unit 7: Your Goals

### Planning for Our Goals



**Duration:** 1 hours



**Materials/Resources needed:** Flip charts, off-cut cards (colored manila paper cut-outs), markers



**Methodology:** Role Play, Brainstorming and Discussion

Spend a few minutes reviewing the previous sessions regarding visualizing the future and life stories. Suggest to the group that our goals are more likely to be achieved if we plan for them and follow that plan to completion. This session provides one kind of action plan participants might wish to use in mapping out their future goals. Brainstorm the meanings of “short-term goal” and “long-term goal” on the flip chart or board. Some suggestions include:

#### Short-term goal:

A project that can be completed within six months

Examples include:

- ☞ “I am going to clean the house today”; or,
- ☞ “I am going to pass the Junior Secondary School Exam in two months’ time (given in the middle of Secondary school)”; or
- ☞ “I am going to knit some table coverings to sell at the market.”

#### Long-term goal:

A project that can be completed within a year or more

Examples include:

*“I am will go to University and become a doctor”; or, “I am going to have three children who will go to good schools.”*

Next, distribute copies of the *Goals Worksheet* to each participant.

1. Tell the participants not fill in the forms at this point and that you will review them together with the participants briefly. Using a sample goal to guide you, go through each section of the worksheet, explain the heading, and provide examples.
2. Identify your goals. Write one short-term and one long-term goal. Suggest “Pass the grade 7 or 9 exam” as an example.
3. What are some of the good things that I will get if I reach my goal? In our example, “I will be able to proceed to Grade 10 and may then have a chance at a University scholarship.”

4. What stands between me and my goal? “If I do not like to study or do not study enough, this could be an obstacle to passing the primary or junior secondary exams.” Similarly, “If I am required to work so long in the fields that I do not have time to study, this may keep me from reaching my goal.”
5. What do I need to learn or do? In the primary exam example, “I need to learn my math and English in order to do well in the exam. I also need to register for the exam with the head teacher.”
6. Who will encourage me? “I know that my mother and my teacher really want me to do well, so I will ask them to check in with me to make sure I am studying and achieving some success.”
7. What is my plan of action? “First, I will create a study timetable for myself. Then I will register for the exam with the head teacher. Then I will begin to study three hours each day until the exam.”
8. Completion Date. When will I accomplish this goal? “The grade 7 or 9 exams are being held in three months, so I will accomplish this goal on \_\_\_\_\_.” (Write in the date of the exams in the area.) Review the steps until it seems clear that the participants understand the use of the *Goals Worksheet*.

## II. Activity 2: Completing Our Goals Worksheet

 **25 minutes**

Provide some quiet time for participants to reflect on an important short-term and long-term goal. Encourage all participants to plan the achievement of those goals using the worksheet. Check in with participants individually to ensure they understand the exercise.

### The Best Response Game:

 **1 hour, 10 minutes**

Introduce the session by referring to the “Bridge Model” and to Lucy’s predicament. Her boyfriend was able to convince her to have sex, even when she knew the risks. Often young women and men are pressured into having sexual relations even when they do not want to. Developing Life Skills such as good communication and negotiating, making appropriate decisions, thinking through the consequences, and delivering assertive messages is important. These skills teach us how to get out of such situations without giving in. This exercise is a fun way to practice these skills.

Divide participants into small groups. Ask for a few volunteers to serve as the team of judges. Ask the teams to create names for themselves and write the name of each team on the scoreboard (flipchart or board). Spend a few moments referring to the Bridge Model and discussing the idea of peer pressure, which is one of the most difficult issues for young people

to overcome. When peer pressure comes from a boyfriend/girlfriend in a relationship, it can be even more difficult to resist. Explain that you have collected a list of different “pressure lines” that a person might try to use to get his/her partner to have sex.

Here is how the game works:

- ☞ Read one of the “pressure lines.”
- ☞ The teams have two minutes (or one minute if the teams are small) to come up with the best response to the “pressure line.” What would you say to refuse if someone used this line on you?
- ☞ The team should agree on the best response and write their idea on the small slip of paper.
- ☞ You will time the groups and call out when the time is up.
- ☞ Collect the slips of paper and read them aloud to the whole group. Keep it lively and fun! Give the slips of paper to the team of judges.
- ☞ The judges will have one minute (or 30 seconds) to choose the winner. The judges should award two points to the winner and zero points to the loser. (The judges will often try to play games with this—giving one point to each. Try to discourage this. It is livelier when the teams get competitive and rowdy with the judges!)
- ☞ Write the points on the scoreboard and then repeat the process with the next pressure line.
- ☞ When the lines are exhausted or people are looking as though they have had enough, tally up the scores and announce the winner. Give a small prize if you want!

### Processing the “Pressure Lines”

 **15 minutes**

Spend a few moments after the game to process the exercise. This game is helpful in a number of ways:

1. It helps young people hear the common “lines” people use when they want to have sex. Often, young people may not recognize these as “lines”—they may think they are the only ones to ever hear or use these ideas. Hearing these “lines” in this game context may bring them to mind when the real situation happens and makes it much clearer that they are *common* “lines” used often to pressure.
2. The many different ideas mentioned by individuals on the team and by the team as a whole offer a variety of different responses that a person can use when in an actual situation. Also, the process of exploring these responses with a group can make a young person feel much supported when actually saying “no” to sex.
3. It is helpful to think about these “lines” before being in a pressured or passionate situation, so that good answers will be ready without too much prior thought. In other words, everyone has already “practiced” their responses in the session.

4. Last, it can be fun—especially with young people—for you to spend a few moments at the end of this session brainstorming about other “pressure lines” that people in the group might have heard. This brainstorming can help you also the next time you do the session. You will have realistic statements actually used in your community that will be familiar to the young people listening to you.

### **Variations: Negotiating Condom Use**

The same game can be adapted to a session on negotiating condom use. Create a list of “lines” someone might use to keep from using a condom during sex. You can think of many such lines.

#### **Here are some samples:**

- ☞ “A condom would make it so awkward.”
- ☞ “It’s like eating a sweet in the wrapper.”
- ☞ “They spoil the mood.”
- ☞ “They don’t feel good.”
- ☞ “You think I have a disease.”
- ☞ “They have HIV in them.”
- ☞ “They make me feel dirty.”
- ☞ “You’re already using the Loop.”
- ☞ “I’d be too embarrassed to get them from the health center.”
- ☞ “It’s against my religion.”



## Unit 8: Language Policy

**Objectives:** At the end of the session, participants will be able to understand the importance of using appropriate language related to HIV and AIDS.

 **Duration:** 30 minutes

 **Materials/Resources needed:** Flip charts, off-cut cards (colored manila paper cut-outs), markers, board

 **Methodology:** Discussion

### Process:

1. Ask participants to say the common language they have heard about HIV/AIDS or people who have HIV and list them on the board or flip chart
2. Explain the session and its relation to HIV/AIDS prevention
3. Explain that the language suggested is based on information from across the world
4. Present input on language which are commonly used by people incorrectly
5. Discuss the difficulties that come about as a result of using the correct language in the HIV and AIDS prevention

### Content

The following are some of the words that make help people to change their behaviour towards one another and the suggestion for positive and good expressions

Summary of terms to avoid when writing and speaking about HIV and AIDS

Avoid	Use This	Reason
1. AIDS sufferers 2. AIDS victim 3. HIV/AIDS Carrier 4. Innocent victim 5. AIDS infected Person	<ul style="list-style-type: none"> <li>✓ People Living with HIV or AIDS (PLWHA)</li> <li>✓ HIV positive people</li> </ul>	<ul style="list-style-type: none"> <li>✓ Many people living with HIV are healthy. People living with AIDS sometimes feel very well. They should not be portrayed as suffering</li> <li>✓ The word victim makes people feel helpless and powerless. They are not victims</li> <li>✓ HIV is not like a cough that one can get through sneezing. One person living with HIV said "HIV carrier makes me feel as if I've got something that could bust out of my body at any time as if I carry something that I could readily hand-over to someone else". It is not a good word</li> <li>✓ The word "innocent" is sometimes used when talking about children who are infected. This is stigmatizing to people who are Living with HIV because it means that they are somehow "guilty"</li> <li>✓ Only use the word AIDS when the person you are referring to actually has AIDS diagnosis. A person who is HIV infected does not necessarily have AIDS. People can be infected with HIV, but no one can be infected with AIDS, because it is not a virus or single disease</li> </ul>
6. AIDS patient 7. Full-blown AIDS	<ul style="list-style-type: none"> <li>✓ Patient with HIV-related illness or disease</li> </ul>	<ul style="list-style-type: none"> <li>✓ Use these terms when referring to a hospital setting or the medical care a person is receiving. Can be used to refer to a person who has been diagnosed with AIDS. AIDS is a syndrome of opportunistic infections and diseases that can develop at the end stage of the continuum of HIV disease</li> </ul>
8. AIDS Virus 9. HIV virus	<ul style="list-style-type: none"> <li>✓ HIV</li> </ul>	<ul style="list-style-type: none"> <li>✓ There is no "AIDS virus". The virus causes AIDS in the Human Immunodeficiency virus or HIV</li> </ul>

		✓ The word “HIV” includes the virus so “HIV virus” is redundant
10. Test for AIDS 11. AIDS Testing 12. AIDS blood Test	✓ HIV antibody test or HIV test	✓ There are no tests for AIDS. The test can be determine whether antibodies to HIV are present or whether there is actual evidence of the virus in the blood or tissue samples
13. Risk of contracting AIDS 14. Risk of AIDS infection 15. Transmitting	✓ Risk of HIV infection	✓ AIDS is not a single disease. It is a syndrome. HIV-positive people are at risk of developing AIDS. No one is at risk of acquiring HIV from social contact. Only HIV, not AIDS, can be transmitted from one person to another
16. Risk Groups or High Risk Groups	✓ Risk behaviours ✓ High Risk behaviours ✓ High risk of HIV Exposure	✓ In the context of HIV epidemic, it is the behaviour that places one at risk of HIV infection rather than their affiliation or membership within a group ✓ The terms to be avoided can increase stigma and discrimination. They may also make people who don’t identify with groups into a false sense of security ✓ High risk group also implies that the risk is contained within the group, whereas in fact, all social groups are interrelated
17. Drug addicts 18. Drug abusers	✓ Injecting Drug users or IDUs	✓ The term drug addicts and drug abusers are seen as derogatory and which often result in alienation rather than creating the trust and respect required when dealing with those who inject drugs
19. Prostitute	✓ Women in Prostitution ✓ Sex Workers ✓ Women who sell sex ✓ Men who sell sex ✓ People who sell sex	✓ The word prostitute is very degrading for most women especially those in developing countries. It should be noted that there are “pushing factors why women are forced into prostitution. Though it is true that others do have options but most of them don’t. It is a problem caused by gender power imbalance and old-age societal structure ✓ The term sex worker is intended to be non-judgmental focusing on the conditions under which sexual services are sold
20. Lesbians	✓ Women who have sex with women	✓ Many women who have sex with women do not identify themselves as lesbians. It is also inappropriate to label people by virtue of their sexual orientation
21. Homosexual 22. Gay Men	✓ Men who have sex with Men	✓ Appropriate prevention interventions targeted to this group may not be effective as many men who have sex with men do not identify themselves as gay or homosexual
23. Plague 24. Scourge 25. Dreaded	✓ Epidemic	✓ These words contribute to a climate of fear which has been shown to perpetuate stigma. This makes it harder to speak openly about the disease and is a barrier to addressing the epidemic ✓ The word plague or scourge is something helpless while epidemic can be controlled. With plague people became ill and died rapidly, with AIDS the body’s immune system can fight the virus for a long time
26. Monster 27. Enemy	✓ Serious disease	✓ Monster, enemy reinforces negative attitude while serious disease reinforces positive attitude like solidarity in fighting the disease
28. Pity 29. Charity	✓ Solidarity ✓ Respect for Human Rights	✓ Empowering words that allow people to live positively. A Person Living with HIV does not need pity but respect for their rights as human beings

**Reference:**

<http://www.unaids.org>

Jackson, Helen AIDS Africa – Continent in Crisis 2002

Soul City Magazine (South Africa)

HIV/AIDS – a resource for Journalist

**Processing:**

1. Contextualise the language. Ask participants to comment on the languages which are probably applicable to their locality
2. Ask the participants to add other words that they think reinforce negative attitudes and behaviours and their corresponding suggestions

**Key messages**

1. The use of correct or appropriate words/phrases is an important element in the success of prevention campaign
2. Communities and schools or sub-groups may receive the messages just right but offensive. The choice of words or phrases can either have a positive or negative impact to different people
3. The words used to describe HIV/AIDS play an important role in shaping perceptions and should be used with care. Use words that do not value judgments. Language should be inclusive rather than creating “them” or “innocent/guilt” mentality – nobody deserves to get AIDS.



## Unit 9: This is ME!

**Objectives:** By the end of the session, the participants will be able to:

1. Appreciate their strengths and weaknesses as persons
2. Become aware of their uniqueness as human beings and how they are different from others
3. Appreciate opinions of others; and
4. Think of how their attitudes and behaviours affect their choices and actions

### Notes to Facilitators:

1. This activity will help participants think of their in-born qualities, characteristics, manners, abilities, strengths, weaknesses and fears.
2. The activity may also help participants identify their problems, dreams, wants and needs.
3. Also, it may help the participants evaluate what is appropriate and realistic in their lives. At the same time, bring up importance of avoiding risky behaviours that may have negative effects on their health such as engaging in having sexual partners at an early age, unprotected sexual intercourse and drug abuse.

 **Duration: 2 hours**

 **Materials/Resources needed:** note pads, pencils, A4 papers or newsprint, colored pencils or crayons, paper clips, empty bottles

 **Methodology:** Drawing, Lecture and Discussion

### Process:

1. Greet the participants and briefly mention the objectives of the session
2. Distribute A4 paper or newsprint, pencils crayons or colored pencils and paper clips to the participants
3. Ask the participants to think of an animal, which best represents, their personalities. They should think about personal traits, mannerisms, abilities, fears, strengths and weaknesses and compare these characteristics with chosen animal(s). For example, if the participant sees himself or herself as hardworking, he/she may choose to draw an ant etc. **Give participants at least 5 minutes to think.**
4. When they think of an animal, ask them to draw the animal or write its name on the drawing paper (encourage them to draw even if they are not good at it)
5. Have them clip their drawings on their shirts so that everyone can see it.
6. Ask participants to gather and sit down in a circle (arrange chairs in circular form)

7. Ask each of the participants to explain the animal they have chosen to draw and explain the following:
  - ☞ What characteristics does the animal have that made you to choose it?
  - ☞ The characteristics might not be the reason, so the participants may want to explain any reason why they chose it
  - ☞ Why it best represent him/her as a person. What are its qualities, strengths, weaknesses, attitudes, values, etc.?
  - ☞ Have you ever noticed that your behaviour is different from that of other people? How is it the same or different?
  - ☞ How do you think members of your family, friends and peers think of you?
  - ☞ How do you think your personality or behaviour affects the choices you make in life (e.g. having relationships; smoking and drinking)?
8. To be fair, use a spinning bottle to select the participants who are going to explain first
9. At the end of every sharing, all the other participants are encouraged to add something to what has been reported.
10. Ask participants to put their drawings in front of them (on the floor)
11. Distribute A4 or newsprint papers, pencils and crayons
12. Ask the participants to copy their drawing, this time using their feet.

**Content Questions:**

1. What are your feelings about the activity?
2. What have you learnt?
3. What were the gaps or barriers that made the task not easy to finish?
4. What things made you finish the exercise even though you had problems with it?
5. What have you learned about yourself while doing this activity?
6. What have you learnt about the other participants?

## Key Messages

- Self-awareness as a Life Skill is the ability to recognise and appreciate our basic worth and dignity as persons, our character, our strengths and weaknesses, desires and dislikes, and our uniqueness
- Self-awareness as a Life Skill is the ability to accept oneself, no matter how imperfect it may be
- Each of us is unique. We have our own perceptions of ourselves which have been shaped from childhood.
- Whatever these perceptions are, we should learn to accept who we are, bearing in mind that no matter how many weaknesses we may have, **“there is always room for improvement”**
- We should also avoid being judgmental of other people
- How we perceived ourselves affects the actions and the choices we make. Naturally, being aware of our actions and choices like staying away from having sex at an early age, alcohol and smoking will protect one from its harmful effects (e.g. unwanted pregnancy, STI/HIV/AIDS, conflict with the law because of drug abuse, etc.)

### Lecture By facilitator

Each person has his/her own ways they think about themselves. Experts say that the SELF is the most important part of our personality.

The SELF is the part of who we are which has been shaped from our childhood. In short, this is what makes different from other people around us, be it our parents, brothers, sisters, friends or peers.

This activity helped you look at yourself by comparing yourself with an animal. By doing this, you were able to think of your strengths and weaknesses, your habits, your behaviours etc. you may have discovered that you have more weaknesses than strengths but don't be discouraged because these will serve as challenges for you to overcome and turn these into strengths.

You may have also noticed that you are different, the same or totally different from other participants. This is because each one of us is unique or one-of-a-kind in a lot of different ways. For example, you and your friends are both smart but it doesn't necessarily mean that you like the same color or the same style of dress. Your manners or habits might also be different from your friend.

Also, the actions and choices we make in our lives are very much part of what we make for ourselves. For example you see yourself as a wise person. But are you always wise in your decisions? Do you use this side of your personality in positive ways that will protect you from the dangers of your surroundings? What if a boy/girl asked you to be his boyfriend or girlfriend? What if a friend tried to make you to smoke, drink beer or worst to take drugs? Would you be wise enough to think that this is a risky behaviour that might damage your SELF and your health?

*Source: session adapted from the Life Skills Modules for at Risk and Vulnerable Children and Youths, UNICEF-FAD Training Module. UNICEF Philippines (2006) with a bit of modifications.*



## Unit 10: Values and Clarifications

Ninety percent of HIV/AIDS is transmitted through sexual contact. In talking young people about HIV, we must talk about sexuality and many people feel very uncomfortable with this. There may be cultural beliefs around open discussion of sexuality which are difficult for teachers to overcome.

**Objectives:** By the end of the session, the participants will be able to:

1. Explain what values, beliefs and attitudes are
2. Explore and share some of the values, beliefs and attitudes that they have about HIV/AIDS, gender and sexuality



**Duration: 1 hour**



**Materials/Resources needed:** Paper and this manual



**Methodology:** Brainstorming, quiz and Discussion

**Process:**

**Questions for discussion:**

1. What are values?

**Answer:** *Values are beliefs and ideas that are important to an individual*

2. Why do you think we are discussing values in an HIV/AIDS program?

**Answer:** *because our values influence our behaviour as well as our ability to teach HIV/AIDS prevention to young people. As learners we may have very strong values around abstinence, yet some of our friends may be sexually active. We have to learn not to criticize or judge others who have different values*

Can you give an example of someone who expresses their values in the way they live?

*Examples such as:*

- ☞ *If a learner works hard in class and wants to pass her exams, it means she will value education. She is working hard because she knows a good education is important for her future*
- ☞ *If a learner values her health and her future, she may choose not to have sex until she is married. If she avoids having sex, even with many pressures on her, she is expressing her values.*

## Activity:

### Values clarification activity

1. Write “Agree” and “Disagree” on two pieces of paper
2. Place the papers on the wall around the room where participants will meet. Make sure there is room where several people to gather around each paper
3. Select which statement you will use from the list of 12 “*Where Do I Stand?*” Statements below or make up your own from issues that are relevant to your group members.

### Facilitators Notes

A series of statements reflecting different attitudes, values and beliefs, are read to participants. In response to each statement, participants position themselves in one of four positions – Strongly Agree, Agree, Disagree and Strongly Disagree.

They then discuss and share ideas

In order to openly and honestly facilitate the discussions around HIV/AIDS and sexuality, we need to examine our own feelings and values.

- a. Explain that the purpose of this activity is to allow learners to identify and express their values and to appreciate why they hold the values they do.
- b. Point out the two signs, “Agree” and “Disagree” that you have put around on the ground. Tell them that you will read several statements aloud. After you read each statement, each participant should go and stand under the sign that reflects their feelings about the statement (e.g. if you agree with the statement, you should go and stand under the Agree sign). Point out that there is no right or wrong answer and if you are the only person standing under a certain sign, that is fine (okay)
- c. Read the first statement out:  
*“When a girl gets pregnant, the boy is equally responsible”*
- d. Allow the participants to think for a short time and then ensure that each participant moves to one of the signs
- e. Start with the group that has the fewest people between the “agree” and “disagree” groups

Ask for an individual within the group to explain why they agree or dialogue. Ask for few responses from within the same group. This will highlight that people may agree with the statement but may do so for different reasons that reflect different values.

Go to the other group and repeat the process

### **Brief Statements:**

1. When a girl gets pregnant, the boy is equally responsible
2. Boys have stronger sexual desires than girls
3. If a girl asks her boyfriend to use the condom, it means that she is promiscuous
4. Sometimes a man may need to beat his wife if she refuses to have sex
5. After you have done the exercise, you can facilitate a group discussion.

### **Questions for discussion:**

1. Why do you think values are important when we are discussing HIV/AIDS?
2. What was difficult about the exercise?
3. What was helpful about the activity?

### **Where Do I Stand? Statements**

- a. Ask for six or eight volunteers. Try to encourage quieter members to participate. Tell them the point is to have fun and learn. Also, try to get gender balance. Divide the students in to two teams – with equal numbers of males and females on each team.
- b. Tell them that they are going to participate in the HIV/AIDS quiz. Explain that you will read out various statements and each team will take turns to decide if is true or false and why. If one team gets wrong answer or cannot tell why something is true or false, the statement will go to the other team.
- c. On the flip chart write Team 1 and Team 2. Ask for a learner who is not in either team to keep score. They should get one point for the correct answer and explain why they responded in the way they did.
- d. After each statement, it is important to clarify the correct answer and explain why it is correct.

### **Quiz Statements**

1. Antiretroviral or ARVs cure AIDS

This statement is FALSE

ARVs help people to live longer, but they don't cure them of HIV; people with HIV will eventually die of AIDS because the virus will weaken their immune systems and make them unable to fight infections. REMEMBER THERE IS NO CURE FOR HIV/AIDS

2. The most effective way for young people to avoid HIV/AIDS and STIs is to avoid having sex.

This is TRUE

In Zambia, 90% of HIV is spread through unprotected sex. (The remaining 10% is through mother-to-child transmission and through contact with blood). Almost all young people who are infected with HIV get the virus through unprotected sex.

The most effective way for young people to prevent infection is to avoid having sex. If a young person is already having sex, they can get an HIV test. If they are negative they can stop having or be sure to use a condom when having sex, this means using a condom correctly every time they have sex.

3. Teaching young people about HIV/AIDS and sexuality encourages them to have sex  
This FALSE
4. The virus that causes AIDS can pass through pores in condoms

This is FALSE

Although the virus that causes AIDS is extremely small, the pores in latex condoms don't allow the virus to pass through because the pores are even smaller than the virus. Latex condoms have been tested extensively and have been shown to protect users from HIV when used consistently and correctly.

## Opening up Dialogue

Questions for discussion:

1. What do you think your school is currently doing in terms of HIV/AIDS?  
*Answer: may include mentioning HIV/AIDS during parade or in class, supporting anti AIDS clubs, doing dramas, etc.*
2. What do you think is the main messages that pupils receive through these activities?  
*Answers: factual information about transmission and prevention, encouragement to go for VCT, stopping stigma and discrimination etc.*
3. Do you think those kinds of activities and messages have led to behaviour change among young people?
4. If you teach young people about sex, they will become more sexually active?
  - ☞ Why do many adults believe that you will become more sexually active?
  - ☞ If young people do not get good sex education, how else do they find out about sex?
  - ☞ What actually happens when you get good sex education?
  - ☞ Providing children with sex education does not make them more sexually active
5. Parents and young people should talk to each other about sex
  - ☞ Where will young people get their information about sex from, if not from parents?
6. It is okay for a girl to have a much older boyfriend
  - ☞ What if he gives her money, food and other gifts?
  - ☞ How does this lead to the spread of HIV among young people?
  - ☞ Why are these girls at much greater risk of HIV infection?

7. Girls should do what their boyfriends want
8. Boys should do what their girlfriends want
  - ☞ Is your answer the same for these 2 statements?
  - ☞ If some people answer differently, is this fair?
9. Young women who wear short skirts and sexy clothing are asking to be raped
  - ☞ Why do young women like to wear sexy clothing? Why should they stop?
  - ☞ Young women have a right to dress as they want, without fear of being raped.
  - ☞ The sight of a young woman in sexy clothing may arouse the sexual desire of a man, but this does not mean that men should rape girls.
  - ☞ A participant may say something like:  
*A man cannot control himself when he sees a young woman or girl wearing sexy clothes. Can he manage to control himself?*  
*Or, if the person who said this is a boy:*  
*Have you ever seen a young woman or girl wearing sexy clothing and managed to control yourself?*  
  
*The answer should be “Yes” in which case you can say: so, it is possible for boys to control themselves when they see a woman in sexy clothing.*  
  
*Rape happens when a man/or boy decides not to control himself – it is his decision and responsibility, not the fault of the woman or girl.*
10. What else can teachers and parents do to help learners avoid HIV infection?

*Answer: may vary but should include open dialogue and teaching them skills such as avoiding peer pressure, being assertive. Decision making, etc. if the participants don't mention these, you can tell them.*

### **Activity**

Divide participants into groups and have each group develop and demonstrate how they will open up dialogue around HIV/AIDS to a class of grade 7 (One of the group members can pretend to be a teacher and the remainder the pupils). Remind them that this does not mean quizzing them about factual knowledge, such as what the letters H, I and V stand for, but having an honest discussion about why young people become infected with HIV. Have each group briefly demonstrate their classroom dialogue. Discuss with the entire class what went well and what could be improved.

### **Activity**

Have participants write a short story (one page) about a sensitive HIV/AIDS issue. They may choose to write about sexual abuse, gender based violence, the pressure on boys and men to have many girlfriends, harmful traditional practices, etc. have the participants divide into

pairs, mixing male and female, and share their stories. They should read each other's stories and have an open dialogue about the issues raised.

### **Summary**

*People have different opinions and values. These beliefs influence our behaviour. It is important to be able to talk about these different values and listen to each other so that we can learn from each other. Over time, our values may change as we experience new things and meet new people. As we continue with activities in our group, you may even find that your values change.*



## Unit 11: Adolescence: a Time of Change

### How We Change During Adolescence

**OBJECTIVES:** By the end of the session, the participants will be able to:

1. Appreciate their strengths and weaknesses as persons
2. Become aware of their uniqueness as human beings and how they are different from others
3. Appreciate opinions of others; and
4. Think of how their attitudes and behaviours affect their choices and actions

 **Duration:** 1 hours

 **Materials/Resources needed:** Flip charts, off-cut cards (colored manila paper cut-outs), markers

 **Methodology:** Role Play, Brainstorming, Debate and Discussion

#### Introduction

Puberty brings physical changes that can be confusing to young people. Girls begin to develop breasts and hips and men and boys may start to notice this and comment or make sexual advances. Some people believe that when she has entered puberty, a girl is ready for sex. Of course, boys also experience physical changes. And puberty involves more than physical changes. Importantly, young people experience changes in their hormones which can affect their moods. They begin to feel sexual desire and to be sexually attracted to others. They need to be reassured that these are all normal changes of adolescence. They will need guidance to get through puberty safely.

#### Activity:

For this activity, mix the boys and girls together. Ask girls to list all the changes the boys go through during puberty and adolescence.

#### Activity: Debate

Have the participants debate the topic: it is good for adolescent boys and girls to be friends without having sex.

Issues that should arise: what does friendship mean? In a healthy friendship, people come to understand and respect each other. They are open and honest and support each other. If adolescents can achieve this kind of relationship, without sex being involved, then we have gone a long way towards addressing negative attitudes.

**Activity 2:** Read the following stories below and ask participants to answer the questions

### Story A

Mathias (a 16 year old boy) and Ana (a 14 year-old girl) are friends. They are often seen together.

One day, Mathias asks Ana to have sex with him, but she refuses. Later, Mathias tells this to his friends who conclude that the girl is wrong to say no.

Ana tells this to a friend who assists her to talk to Mathias. When they talk, Ana convinces Mathias that it is good to delay sex until marriage

### Discuss:

- ☞ What do you think most boys look for in a relationship?
- ☞ What do you think most girls look for in a relationship?
- ☞ Do you think that there are big differences between what men and women want in their relationships?
- ☞ What skills do you think Ana used with Mathias to convince him to delay sex?

### Story B

A young male teacher is posted to a village school and finds a kind lady. This lady allows her daughter, who is a pupil at the same school, to assist the teacher with some work and cooking.

The teacher convinces the girl to have sex with him and she becomes pregnant. She gives birth to a baby that is sickly and found HIV positive. Later the girl is counseled by the guidance teacher to go for VCT and she also tests HIV positive.

- ☞ Why does the landlady allow her daughter to spend much time alone with the teacher?
- ☞ How would you describe the teacher's behaviour in this case
- ☞ What could he have done differently?
- ☞ Ask participants to draw a poster which says "SAY NO to SEXUAL ABUSE!!"

### Your Changing Emotions

"Have your feelings and emotions changed in the last 5 years? If so, how?"

Possible Answers:

- ☞ Feel more/less confident
- ☞ Feel more grown up
- ☞ Attracted to boys/girls

If the idea of being attracted to boys or girls does not come up, ask them:

*What about your feelings for boys or girls? Have they changed? Five years ago, maybe you weren't interested at all. Maybe now you are beginning to be interested in them. How does this feel?*

Possible answers

- ☞ Confusing
- ☞ Exciting

*How do you think your life might be different when you are 20 years old?*

Possible answers:

- ☞ Finished with school
- ☞ Have a job
- ☞ Have children
- ☞ Etc.
- In higher education
- Married

### Explanation

We have all changed a lot from who we were five years ago. And in the next several years, we will change a lot more. You may have no interest in members of the opposite sex now. Young people may feel that you will never want to have sex. But when they begin to go through these changes, the feelings are very strong!

Everyone has strong sexual feelings and feelings of attraction when they are going through the transition to adulthood. It is important to know that these feelings will begin soon, if they haven't already, and to know how to handle them safely.

At the same time you are going through these changes, you will probably also feel your confidence decreases. This means that you may feel less able to deal with issues of sexuality because this is all new to you and because sexual feelings can be so powerful.

Different young people go through changes at different times. Some girls and boys go through puberty at 11, while others don't begin this change until they are 14 or 15 years. And some boys and girls have sexual feelings and become interested in each other much younger than others. But everyone goes through this transition at some time.

It can be confusing and exciting. And it may be frustrating. Although all adults have also gone through the transition of adolescence, it may seem as though they do not understand what you are going through.

## Strengths of Adolescents

We have talked about the changes that young people go through and some of the dangers, such as HIV, STIs and unwanted pregnancy that you face. However, young people have a lot of strengths.

*“Be assertive, follow your dream and be a doctor like me”*

*“What are some of these strengths?” Possible answers:*



- ☞ Energetic
- ☞ Strong
- ☞ Optimistic
- ☞ Caring
- ☞ Healthy
- ☞ Flexible
- ☞ Open-minded
- ☞ Not “stuck in their ways”
- ☞ Etc.

*These qualities will help you to protect yourself. You have your whole life ahead of you, you have not developed rigid sexual behaviour patterns and you are open-minded. These are all very encouraging with knowledge and the life skills that will develop in this course you can make this transition from childhood to adulthood safely.*

### Summary

*The teenage years, adolescence, can be difficult and confusing. It is a time when we have to make very important decisions which can affect us for the rest of our lives. However, it is also a very exciting time, when we begin to decide who we will be and what our values are. In the next club meetings, we will talk more about how our bodies and feelings change during adolescence and how we can deal with these changes.*

### Assignment

Ask members to talk to adults of their parents and grandparents age over the next week. They can tell them that they are interested in, what life was like when they were young and how times have changed since then. They should respectfully ask:

- ☞ How did you learn about sex and marriage?
- ☞ Who did you talk to about these issues?
- ☞ Did you go through initiation? If so, what was this like? What was the purpose of it?
- ☞ How old were most people when they got married in your days?
- ☞ Do you think things are different for young people now? If so, how are they different?

They should be ready to report back at the next meeting what they find.



## Unit 12: Changing Times in Zambia

This session can be facilitated by two Agents of Change: a boy and a girl.

**Objectives:** By the end of the session, the participants will be able to:

1. Appreciate the historical situation in Zambia
2. Become aware of how young people in the past used to pass through adolescence, and situation now

 **Duration:** 1 hours

 **Materials/Resources needed:** None

 **Methodology:** Discussion

### Process

- ☞ Before the session, talk to some adults, using the questions from the previous session.
- ☞ Take time to sit down and compare what you have found. What was different for people your parents' age? What was different when your grandparents were teenagers?
- ☞ Be prepared to talk about these issues.

### Introduction

*In the last session, we talked about how our bodies and feelings change during adolescence. In the past, adolescence may have been very different. For example, until about 30 years ago, people didn't have to worry about HIV/AIDS. There may have been more structured ways for young people to learn about sex and appropriate behaviour.*

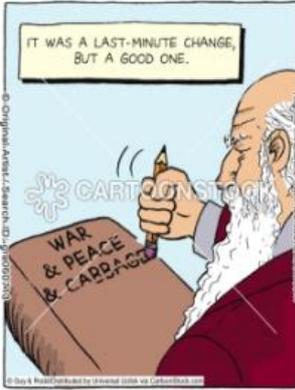
### Discussion

Remind the group that you had asked them to talk to some older adults about what they experienced when they were teenagers. You can use the following questions to guide a discussion on what they found:

- ☞ *What did you talk to?*
- ☞ *What did you learn about how things have changed?*
- ☞ *How did teenagers learn about sex and marriage?*
- ☞ *How do most teenagers learn about sex and marriage now?*
- ☞ *Did teenagers go through initiation ceremonies?*
- ☞ *What was the purpose of the ceremonies? What did they learn?*
- ☞ *Do teenagers go through initiation ceremonies in Zambia now?*
- ☞ *Did people marry at an older age than they do now? At an earlier age? Why?*

- ☞ *Has adolescence changed in Zambia over the past 50 years? If yes, why do you think this is so?*
- ☞ *Is it easier now for adolescents or more difficult?*
- ☞ *Which of the past practices were helpful to young people? Is there anything we can learn from these to protect ourselves?*
- ☞ *Which were not good for young people?*

 *In the past, young people got information about how to behave sexually from adults during initiation. They may have married young. Now, as many people move to cities and away from aunts, uncles and traditional village life, and as many adults die from AIDS, the systems for giving information have broken down now, young people are likely to get little information from their adult relatives and may get what knowledge they have from their peers and from media. Sometimes the information they get this way is incorrect and does not lead to a healthy life.*



## Unit 13: Relationships

### CHANGING RELATIONSHIPS

**Objectives:** By the end of the session, the participants will be able to:

1. Think about their changing responsibilities in relationships
2. Become aware of the importance of respecting and caring for others

 **Duration:** 2 hours

 **Materials/Resources needed:** None

 **Methodology:** Discussion

### Introduction

*People usually begin to feel attracted to members of the opposite sex when they become teenagers. They may start to think about having a boyfriend/girlfriend. As their emotions change, they may find that all of their relationships are changing.*

#### a. Discussion:

Note: Do not take a lot of time on this discussion. There is no right or wrong answer. In fact, there may be several answers and that is fine. The purpose is just to get the participants to start thinking about how relationships change over time.

Ask participants:

1. *What is the most important relationships for a:*

 *5 year old girl?*

**Possible answer:** mother, father or guardian

 *10 year old boy?*

**Possible answer:** mother, father, guardian, siblings, friends

 *15 year old girl?*

**Possible answer:** friends, boyfriend

 *20 year old man?*

**Possible answer:** friends, girlfriend

 *30 year old woman?*

**Possible answer:** spouse (husband), children

2. *As people get older, does the role they play in a relationship change? (For example, compare a 5 year old to a 20 year old. What is a 5 year old supposed to do in a relationship? What should a 20 year old do in a relationship?)*

Possible answer: as we get older, we are less dependent on others in relationships. We should become more supportive and giving towards others.

**b. Debate:**

Have the participants debate the following:

“It is impossible for teenage boys and girls to have a non-sexual friendship”

Note: Make sure the discussion that follows the debate includes the idea that sexual relationships, boys learn to see girls as more than sexual objects and both learn to respect and listen to each other.

 **Summary**

*Some people may believe that the only kind of relationship boys and girls can have are as boyfriends and girlfriends. However, when boys and girls listen to, and respect each other, strong non-sexual friendships can develop in which there is easy communication, honesty and support for each other. Sometimes, such a strong friendship can be ruined if it turns into a sexual relationship.*



## Unit 14: Distinguishing Between Love and Lust

There is a difference between being in love and REAL LOVE. Being “in love” (having strong romantic feelings for someone) is a wonderful feeling. The problem is that we confuse it with REAL LOVE.

“In love” focuses on the wellbeing of the other person. “In love” needs immediate satisfaction. Real love is patient and willing to sacrifice. “In love” wants pleasure and intensity. Real love seeks to grow in TRUST and FRIENDSHIP. “In love” is a feeling. Real love is an Act of the Will. Anyone can be in love, not only a person who is emotionally and spiritually mature can really love.

**Objectives:** By the end of the session, the participants will be able to:

1. Make the difference between true (unconditional) love and lust or infatuation

 **Duration:** 2 hours

 **Materials/Resources needed:** Flipchart paper and pens

 **Methodology:** Group work and Discussion

**Process:**

Copy the tables below, each onto the flipchart paper or chalkboard

### Introduction

*We have talked about the new feelings that teenagers often have. You may feel strongly attracted to someone of the opposite sex. This attraction can be very strong, making you feel different than you have ever felt. Often teenagers are sure they are in love, only to find out later that the strong feelings fade over time. They may have been “in lust”. Today, we will talk about the difference between love and lust.*

- a. Divide the participants into two groups: have one group come up with a definition of “unconditional love”. Have the other group come up with the definition of “infatuation” or “lust”.  
Let them discuss for a few minutes, then have one person from each group give the definition.
- b. Complete the tables: Give each group one of the tables that you wrote out. Have them work together to complete them.

**Table 1**

Questions to Ask	Love	Infatuation/Lust
What is my main interest? What attracts me the most?		The person's physical appearance, things that register with my five senses.
How many things attract me to him/her?		
How quickly or slowly did the romance start?		
How consistent is my level of interest in him/her?	Stays the same over time, dependable and consistent	
What effect does the relationship have on me?		I'm acting strangely; I am not myself, I am destructive

**Table 2**

Questions to Ask	Love	Infatuation/Lust
How do others view the relationship? What are the attitudes of my friends and family?	Most or all approve. We get along well with each other's friends and family	
How do arguments and disagreements and disagreements affect the romance?	They grow less frequent over time	
How do I feel about and talk about the relationship?		Use of I/me/my, he/him/his; she/hers. Little feelings of oneness
What is my personal attitude toward him/her	Attitude of giving, sharing, wanting the other to be happy	
How much jealousy do I or my partner experience		

 **Summary:** *sometimes we have to live through something to really understand it and that is what being a teenager is about: living through or experiencing new and exciting things. While we have talked about the differences between love and lust, it is not always easy to tell one from the other. Lust often feels like love, especially at first. We need to be very careful about getting sexually involved with someone, we may be affecting our future plans, based on feelings that will fade.*

## Unit 15:1 Reproductive Health



### Early Pregnancy

**Objectives:** By the end of the session, the participants will be able to:

1. Discover the consequences of pregnancy, either for themselves (girls) or for their girlfriends (boys).

 **Duration:** 2 hours

 **Materials/Resources needed:** Small papers saying “you are pregnant” and “your girlfriend is pregnant” – enough for all participants. These should be folded

 **Methodology:** Group work and Discussion

**Process:** Read through the session to make you comfortable with it.

#### Introduction:

*We have talked in previous meetings about how we change during adolescence. If we don't get the information to keep ourselves safe, we can end up with problems of unplanned pregnancy. Pregnancy obviously affects girl, but also has a big impact on the boyfriend of the pregnant girl.*

#### a. Briefly explain:

Early pregnancy is a big issue for young people and something that affects everyone. There is a lot of ignorance or misinformation about pregnancy, even among older people with families.

#### b. Ask participants to sit by themselves

Hand out a piece of paper to each of the participants (“you are pregnant” to girls, “your girlfriend is pregnant” to boys). Tell them not to unfold the papers. Explain that you will take them through a journey. In order for this to work, they need to relax and feel comfortable. They need to be very quiet. Once everyone is settled and quiet, go to the next step.

#### c. Read the following statement

“The notes you have in your hands are filled with your dreams. Hopes and plans for the future. Some of you have plans to go to college or to university, others to get jobs. Others hope to get married one day, have children and be parents who are positive role models to their children. Whatever your goals, hopes and dreams, they are very important. But more important is seeing your goals, dreams and hopes coming true. Now open your notes.”

**d. Ask the Participants**

1. What does the news on the note mean for your life goals and dreams? (Ask a few volunteers to share their thoughts with the group).
2. What are your options? (Have the child, adoption, abortion). Ask that they give options; list them on flipchart paper or the chalkboard.
3. What are the negative and positive consequences of each of these options? As the group discusses, write these consequences on the flipchart paper or chalkboard.
4. Do you know of teenagers who have had a baby? Was this planned? What were the options? Did they have a choice?

**e. Divide the participants into groups of 4 or 5 learners**

Ask each group to discuss the consequences of teenage pregnancy for:

- ☞ The pregnant girl
- ☞ The father of the baby
- ☞ The baby

Have one group provide feedback on each topic.

**f. Discuss**

Are the consequences of early pregnancy the same for boys and girls? Is this fair?

 **Summary:** *The best way to avoid early pregnancy is to abstain from sex. If young people are not going to abstain, they need to use condoms every time they have sex to prevent pregnancy, HIV infection and STIs. There are a lot of common myths about condoms, which can be discussed in a later meeting, but it is important to know that they do protect you from pregnancy and STIs.*



## Unit 15.2: Wildfire

**Objectives:** By the end of the session, the participants will be able to:

1. Understand how fast HIV can spread through a group of people like a bush fire; and
2. Understand the socio-economic impact of HIV/AIDS.

🕒 **Duration:** 1 hour and 30 minutes

✂️ **Materials/Resources Needed:** Markers, pens and pieces of papers

✍️ **Methodology:** Group work, discussion and lecture

### **Process:**

Read through the session so that you are comfortable with it. You may want to practice doing the activity with one or two other Agent of Change facilitators.

### **Introduction:**

*Last month we talked about early pregnancy and the impact this can have on young mothers. Another big issue that we hear about almost every day is HIV/AIDS. While the impact of HIV doesn't show as quickly as an early pregnancy a person may remain healthy for several years - it is even more serious. We will play a game to show how HIV moves through the community.*

#### **a. Do the hand-shaking exercise**

Have the students stand in a circle. Explain that you are going to ask them all to close their eyes while you walk around the circle. As you walk around, you will tap someone on the shoulder. That person should not say anything or show that s/he has been tapped. When you have done this, ask them to open their eyes.

*Note: if your group is more than 20 people, tap the shoulders of two people*

Do not tell who had their shoulder tapped

Now tell them that they will move about and shake the hands of three other people. Those who were tapped on the shoulder should gently scratch the hand of each person they shake hands with. Demonstrate this with one or two participants. After a person has their hand scratched, they must then scratch the hands of everyone they shake hands with. They should not say anything or remark when their hands are scratched, but carry on with the activity. Make sure the participants understand the activity. Ask them to proceed, each shaking the hands of three other people.

When they are done, have them all stand in a circle again.

**b. Explain and discuss the meaning of the exercise**

Explain to the group that the person (or people) that you tapped on the shoulder at the beginning is HIV+. Ask her/him to come forward.

Explain that the handshaking represented unprotected sex. Ask those who had their hands scratched to stay where they are, those who did not have their hands scratched should step back, outside of the circle.

Ask participants:

☞ *What do you think it means if your hand was scratched?*

Answer: You were exposed to HIV. You are at risk of infection.

☞ How many people did you “have sex” with (shake hands with)?

✍ If someone says “none”, explain that they have been “abstaining” and ask him or her what they felt like refusing someone who approached them for a handshake. Was it difficult to refuse?

✍ If someone shook hands with one person only, say that they were “faithful”, but they may still be at risk of infection if their partner “had sex” with other people as well.

✍ Ask if anyone greeted more than 3 people (the maximum given in the instructions). Ask them: *why did you do this? Was it because others were still doing it and they felt pressured to join in? Was it because they did not want to offend someone by refusing?*

Ask participants:

1. Feelings of the game? As HIV+, as an individual who was exposed to the virus and those who were not exposed
2. Plans after knowing exposure to the virus, testing and options
3. Attitudes of those who were exposed and those who weren't
4. Those who were not exposed, how did they escape the exposure? How do they feel about it? What are they going to do to protect themselves and sustain the negative status?
5. How about counseling and testing, ask them who are willing?
6. Ask them who are willing to go for HIV antibody testing

**Key messages:**

1. HIV spreads like bush fire without being noticed
2. Unprotected sexual intercourse
3. Exposures
4. Testing
5. Counseling
6. Options
7. Behaviour Change
8. Health-seeking behaviour
9. Multiplier effect of the infection

 **Summary:** *Only two people were HIV+ at the beginning of this activity. By the end, many were exposed to infection. You can see how easily HIV can move through a community when people have many partners. (We will see later that it can move very quickly when people have more than one sexual partner at a time). Anyone who has unprotected sex may be exposed to HIV. It is important to go for Voluntary Counseling and Testing (VCT). At our next meeting, we will talk about VCT.*



## Unit 16: Opinion Poll (Exploring Biases and Prejudices)

**Objectives:** At the end of the session, the participants will be able to:

1. Assess and examine their biases or personal values regarding sexuality, HIV and AIDS issues and other significant issues in the school/community;
2. Examine and clarify their own views as well as viewpoints of others; and
3. Assimilate the importance of having fair judgment in looking at issues and how this judgment affects the effectiveness of HIV and AIDS prevention program

🕒 <b>Duration</b>	30 minutes
✂️ <b>Materials/Resources</b>	flip chart paper, masking tape, board, chalk and/or markers
🖋️ <b>Methodology</b>	Group dynamics, debate and discussion

### Notes to Facilitator:

1. Prepare at least 4 controversial issues (in a statement form) in the school that would likely spark disagreements
2. *Elderly men and boys who have sex with girls are the ones who spread HIV and therefore they should be jailed for life*
3. *Sex workers are the source of HIV*
4. *It is ok for men to have multiple sexual partners but not for women*
5. Also prepare in advance flip chart where words, **Agree**, **Disagree** and **Undecided** are written
6. Post this on the wall

### Process:

1. Ask participants to stand up
2. Explain that several and relevant issues (in a statement form) in the community will be shown up.
3. Each one has to choose whether they agree, disagree or undecided on the issue/statement presented.
4. Those who agree with a statement move to the area where the sign agree is posted. Those who disagree go to the 'Disagree' area and those who are undecided to the undecided area.
5. When debate starts and each participant should be given the chance to air their reasons for their choice.
6. After the entire group has exhausted their arguments, ask the participants if they want to change their position/stand

7. The facilitator should allow a heated argument when necessary but should be able to moderate the debate.
8. When necessary challenge the opinion of the participants by discussing the pros and cons.

**Processing:**

1. Ask the participants about their feelings and what they have learnt after the activity.
2. Ask them about their behaviours during the debate i.e. in expressing their point of view and in listening to others.
3. What did they discover?
4. Ask them what is the value of others opinion.

**Key Messages:**

1. The facilitator should emphasize the importance of listening to opinion of others because openness to the ideas of other people allows one to have a better judgment of the issue.
2. Biases on certain beliefs or issues most of the time makes HIV and AIDS work more difficult or ineffective.
3. Delivery of effective prevention messages can only be possible if one takes a neutral ground on issues confronting the school and community.
4. Respect opinions of other people because all of us see things in many different ways.
5. We have our own personal values and these values stems from how we are brought up, influenced by our environment and the people we live and work with.

**Changing our ways of looking at things, respecting others' opinion and taking a neutral ground is a process in itself and does not happen over-night. We develop it.**



## Unit 17: Gender Awareness

### Sub-session 1: Personal Clarity on Sex, Sexuality and Gender

**Objectives:** At the end of the session, the participants will be able to discover and respect individual differences based on the background of the individuals

 **Duration:** 30 minutes

 **Materials/Resources:** Clean sheets of paper, writing materials, double-sided tape, picture of people

 **Methodology:** Discussion

#### Notes to Facilitator:

1. Read and review in advance additional readings on Perceptions (Knowing Our Paradigms) and Self-Awareness.
2. Prepare picture of people preferably related to sex, sexuality and gender. They could be pictures of a person along or with another, lady in a swimsuit, man sewing, man facing a woman, or man talking to a child etc.

#### Activity 1:

##### Process:

1. Explain the purpose/objectives of the session. Emphasize that the session aims to establish personal clarity with our own beliefs and enable participants to be open-minded and to be respectful to other people's perceptions.
2. Show picture of people one at a time.
  - a. Ask the participants to describe what comes to mind, when they see the picture, in terms of: Age, Features, Behaviour, Profession, and Sex. While discussing with participants, the co-facilitator must write the answers on the board or flip chart, which will be used as guides for the processing after the activity.
  - b. Give examples on perceptions or seeing things differently from our friends. Tell the participants that the exercise is designed to help them understand how perceptions and personal beliefs on sex, sexuality, and gender influence behaviour and perceptions towards our peers or people in the school and community.
  - c. Discussion point: Why do we see things differently from our friends? Emphasize that different people have different opinions, beliefs and values in relation to sex, sexuality and gender.

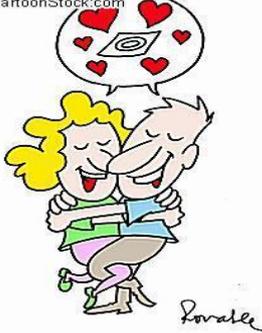
**Processing:**

1. How is this activity related to our role as young leaders in our schools or as community Peer Educators? Emphasize that this exercise is relevant to HIV and AIDS and Agents of Change's work because it is important to recognise that peers and the larger community have different ways of looking at things and that these ways and views need to be respected. Discuss further the important insight in this exercise is changing the way we think about certain things and people, "the AHA experience". It occurs when someone sees the full picture in another way.

**Key Messages**

Point out that the task of young leaders is to develop the attitude of looking at other people and even problems from different perspectives, to facilitate dealing with the concerns of peers and enable them to come up with their own decisions/solutions. Emphasize that the next activity, each participant will be able to further identify and examine one's perception/values towards sex, sexuality and gender as well as respect the views of others. This would help them become effective leaders (agents of change) and volunteer community Peer educators.

**Reading Material:** See attached copy of *Perceptions, the Power of Paradigms and Self Awareness*. *This session is adapted from STI and HIV/AIDS Peer Education and Counseling Learning course Trainer's Manual. Second Edition, 2003*



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## Unit 18: Understanding Sex, Sexuality and Gender

**Objectives:** at the end of the session, the participants will be able to:

1. Differentiate sex, sexuality and gender; and
2. Clarify perception on sex, gender stereotypes and gender discrimination

**Activity 1:** Brainstorming

 **Duration:** 30 minutes

 **Materials/Resources:** off-cuts labeled with Sex, Sexuality and Gender (one color for each), flip chart, makers, masking tape

 **Methodology:** Brainstorming

### Process:

1. Introduce the session's objective. Emphasize that STI and HIV/AIDS are not the only health issues. Point out that since STIs and HIV/AIDS are commonly spread through exchange of bodily fluids during sexual intercourse, issues about sex and sexuality would likely to arise in the discussions. Thus, it is important to gain knowledge and understanding of sexuality issues. Furthermore, since STI and HIV/AIDS affect both men and women, gender issues will be discussed as well.
2. Distribute off-cuts (3 colors) and give instructions.
3. List down as many ideas as possible to the offcut cards regarding their understanding of the term sex, sexuality and gender. One idea per offcut card
4. Feel free to come up with many ideas
5. Collect and post it on the board under the heading of the 3 terms.

### Processing:

1. Discuss results and try to formulate a working definition of the 3 terms for purposes of discussions
2. Input definition of sex, sexuality and gender.

### Input/content:

**SEX-** Refers to the biological differences between men and women. These differences are generally universal and unchanging.

**SEXUALITY:** Refers to the total expression of who we are as men and women. It is about our **maleness** and **femaleness** not simply body parts and reproduction.

**GENDER-** The socially constructed roles and responsibilities assigned to women and men in a given culture or location and the societal structures that support them. These roles are influenced by perceptions and expectations arising from cultural, political, environmental, economic, social, and religious factors, as well as from custom, law, class, ethnicity, and individual or institutional biases. Gender attitudes and behaviours are learned and can be changed overtime.

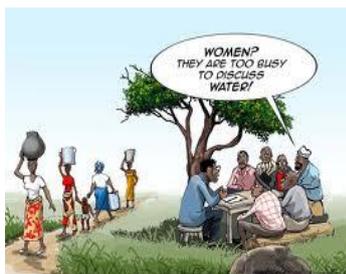
Sex	Gender
<b>Biological:</b> Penis, vagina, ovaries, testes, uterus, etc.	<b>Socially constructed roles,</b> responsibilities, behaviours
<b>Universal:</b> factors related to sex are the same around the world – men have penises and women have vaginas in every country	<b>Cultural:</b> elements related to gender vary within and between cultures; the roles of men and women in Zambia may be different from the roles of men and women in China
<b>Both with Generally unchanging:</b> change is now possible with surgical interventions	<b>Learned Behaviour Changes over time:</b> in the past, few women became lawyers or doctors; today it is very common to find women in these professions
<b>Does not vary</b>	<b>Varies within and between cultures</b>

### What are the some of the situations which we see gender differences?

- ☞ **Social:** Different perceptions of men’s and women’s social roles: the man is seen as the head of the household and chief breadwinner, while the woman is seen as mother and caregiver.
- ☞ **Political Differences** in the ways in which women and men assume and share power and authority: men are more involved in national and higher-level politics, while women are more involved at the local level in activities linked to their domestic roles.
- ☞ **Educational Differences** in women’s and men’s access to good paying jobs and control over financial and other productive resources, such as credit, loans, and land ownership.

### Key Messages

1. The questions on sexuality being messages, which form part of how we perceive ourselves and our gender roles; this in turn influences how we perceive others.
2. We receive various messages on sex, sexuality and gender from different sources.
3. Emphasize that the last activity will deepen understanding of sex and sexuality and gender sensitivity.



## Unit 19: Analyzing Gender Roles Using 24-hour Tool



**Objectives:** At the end of the session, the participants will be able to:

1. Understand roles of men and women as expected by the society;
2. Differentiate between sex roles and gender roles; and
3. Understand vulnerabilities of both sexes/gender to HIV/AIDS

 **Duration:** 1 hour: 15 minutes  
 **Materials/Resources:** flip chart paper, masking tape, markers, board

 **Methodology:** Group-work, brainstorming

### Notes to Facilitator:

Read and Review reading materials in advance and prepare handout

#### Process:

1. Explain that the session will reinforce deeper understanding of the previous session. This time, using a tool on 24-hour analysis on gender roles, the participants will have the chance to analyse the role and situation of men and women in the society they live in.
2. Divide the participants into two groups. If possible, group of boys and girls (women and men at community level). Ask them to choose a reporter, a facilitator and documenter.
3. Distribute flip-chart and markers to each group
4. Ask the group to brainstorm and list down every activity that a boy does and a girl does every hour (preferably starting from the typical hour of the day)
5. Ask reporter of each group to present output in the large group.

#### Processing:

1. Encourage discussions on the observed role of men and women in the society and relate this to gender discrimination and vulnerabilities of both genders to HIV
2. Input definition of sex roles, gender roles and discrimination
3. To confirm the groups' understanding of these concepts, read aloud the Trainer Resource, one statement at a time. Ask participants to identify whether each statement demonstrates a gender role, gender stereotype, sex role, or gender discrimination. Remind participants that gender roles (roles that are socially constructed) are often believed to be biological and thus unchangeable. In fact, the only terms among the statements that cannot change are those related to sex roles.
4. Emphasize that both women and men are restricted in their behaviours, responsibilities, and life choices because of culturally assigned roles and stereotypes.

## Content/Input

Sex Roles – the only roles related to sex are those associated with reproduction; for example, women give birth and breastfeed and men impregnate women with sperm.

Gender Roles – Activities assigned to individuals on the basis of socially determined characteristics, such as stereotypes, ideologies, values, attitudes, beliefs, and practices. Gender roles are established through the influence of family, community, schools, religious institutions, culture/tradition/folklore/history/ media, policies, peer groups and the workplace.

Gender discrimination is the unequal or unfair treatment of men or women based solely on their sex rather than on their individual skills, talents and capabilities.

## Why is HIV a Gender Issue?

- ☞ Whereas sex is biological, gender is socially defined. Gender is what it means to be male or female in a certain society as opposed to the set of chromosomes one is born with. Gender shapes the opportunities one is offered in life, the roles one might play, and the kinds or relations one might have - social norms strongly influence the spread of HIV
- ☞ The underlying causes and consequences of HIV/AIDS infections in men and women (boys and girls) vary, reflecting differences in biology, sexual behaviour, social attitudes, economic power, and vulnerability.
- ☞ Inequality between the sexes limits women's (girls) access to care and services. It also reduces both men and women's opportunities to acquire knowledge about safer sexual practices, and to develop skills to protect themselves from HIV.
- ☞ There is a large difference in attitudes towards men and women's sexuality, both within and outside of marriage. Having two or three sexual partners by men is much more acceptable. This exposes men to an increased risk of infection, and increases the possibility that they will transmit HIV/AIDS to their partners.
- ☞ Women known to have HIV/AIDS are more likely to be rejected by their family, denied treatment, care and basic human rights. Yet women and girls tend to bear the main burden of caring for sick members, including men living with HIV/AIDS.

☞ **For women** – vulnerability to infection and risk-taking is increased by cultural attitudes that makes it inappropriate for women to be knowledgeable about sex or to suggest condom use; by the common link between substance abuse and the exchange of sex for drugs or money; by the economic need experienced by some migrant and refugee women that forces them to resort to sex work.

☞ **For men** – vulnerability to infection and risk-taking is heightened by cultural attitudes that make it hard for men to admit to gaps in the knowledge about sex; by the link between socializing and alcohol use; by the frequency of drug abuse, including injection; and by the number of male occupations that entail migration and thus disrupt family life. Although HIV/AIDS affects both men and women, women are more vulnerable because of biological, social, cultural and economic factors.

## Statements about Women and Men

1. Women give birth, men do not (sex difference)
2. Girls are gentle, and boys are tough (Gender stereotype/gender role)
3. Women cook and clean the house; men earn income through paying jobs outside the home (Gender roles)
4. Amongst Indian agricultural workers, women are paid 40-60 percent of the male wage (Gender discrimination)
5. Women breastfeed babies; men can bottle-feed babies (sex difference)
6. Most building site workers in Zambia are men (Gender role, possibly gender discrimination)
7. Boys are better than girls at Mathematics, Physics and Science (Gender stereotype)
8. Some men in some societies stay at home and make baskets and mats and cook while women handle family business. Women have property and men don't (Gender role)
9. Boys voices break at puberty, girls' voices don't (sex difference)
10. According to the United Nations statistics, women do 67% of the world's work, but they earn very little (about 10% of the World's Income) (Gender Discrimination)
11. In one study, of the 224 cultures, there were five in which men did all the cooking and 36 in which women did all the house building (Gender Roles)
12. Women and girls are soft-spoken and gentle; men are assertive and strong (Gender stereotypes)
13. Men make decisions about family planning and the number of children a couple will have (Gender role/Gender discrimination)

*Adapted from: The Oxford Material on Gender Training Manual (1994) Susan Williams, Janet Seed, and Adelina Mwau*



## Unit 20: Sexuality and HIV/AIDS

### HIV/AIDS

**Objectives:** At the end of the session, the participants will be able to:

1. Know the meanings, stages, myths, signs and symptoms of HIV/AIDS;
2. Identify strategies to prevent HIV
3. Differentiate HIV from AIDS; and
4. Understand the concept of safer sex.

 **Duration:** 1 hour

 **Materials/resources needed:** Flip chart paper, marking pen, chalk/eraser, acetates, and visual aids

 **Methodology:** Lecture and discussions

#### Process:

1. Group participants into three
2. Assign each group to brainstorm and come up with a group meaning on the following:
  -  Group 1-meaning of HIV & AIDS
  -  Group 2-mode of transmission
  -  Group 3-signs & symptoms of HIV and AIDS
3. Reporting

#### Processing:

1. Discuss output of group #1. Input on meaning of HIV and AIDS and its difference
2. Discuss output of group #2. Input on modes of transmission, body fluids, prevention strategies (3-4-5 ) and myths and misconceptions
3. Discuss output of group #3. Input signs and symptoms of HIV and AIDS (reference: WHO staging of AIDS diagnosis and window period)

#### Content:

##### 1. Meanings

- a) **HIV** stands for; **Human Immuno deficiency Virus**. It is a small disease causing virus that can't be seen with the human eye. When HIV enters the body it gradually breaks down the body's ability to fight infections (the immune system), this leads to condition known as AIDS

- b) **AIDS** stands for; **Acquired Immuno Deficiency Syndrome**. A person with HIV infection may remain healthy for many years sometimes up to two to ten years and one cannot tell by merely looking at that person if he or she is infected with that virus. **Only the HIV test can detect if a person has HIV infection**. AIDS is the last stage of HIV infection when the multiple signs, symptoms and disorders are clearly showing and the infected person is progressively dying .Therefore, HIV is an infection while AIDS is a disease condition that can lead to death (manifested by different opportunistic infections).

## 2. Difference between HIV and AIDS

- ☞ **HIV** is the virus that causes AIDS. Having HIV infection means that despite the lack of symptoms of ill health, the virus is present in the body and therefore the person can infect others through sex or blood contact or through breast milk and that the person will almost certainly develop AIDS sometime in the future.
- ☞ **AIDS** is the final stage of HIV infection when the virus has seriously weakened the body's defenses against diseases. The person is becoming ill with life threatening conditions and may have only a year or two to live unless he/she can access costly antiretroviral drugs that fight the virus directly. These drugs may extend life expectancy by several years but are not yet a cure.

## 3. The HIV & AIDS – three modes of transmission

### 1. Blood and Blood Products

- ☞ Receiving infected blood from someone
- ☞ Organ transplantation – receiving the organ from someone else such as kidney
- ☞ Sharing of injecting needles and syringes
- ☞ Needle prick injury

### 2. Unprotected Sex

- ☞ Having sex with someone who has HIV virus through:
  - ☞ Vaginal
  - ☞ Anal
  - ☞ Oral

### 3. Mother to Child

- ☞ During pregnancy- 15% to 30%
- ☞ During birth- 15% to 30%
- ☞ Through breastfeeding- 10% to 15%

### 4. Blood and Seminal fluids are the body fluids where HIV Survives

- ☞ Blood
- ☞ Seminal fluid
- ☞ Vagina fluids
- ☞ Breast milk



## Unit 21: Prevention Strategies

### Debate:

Organize a debate around the topic: How to effectively address HIV/AIDS prevention during the group discussion. One side should argue that life skills are the most important factor, the other should argue that addressing social and cultural norms that make people vulnerable is more important.

In the discussion afterwards, it should become clear that both individual skills development and addressing the broader social factors are essential if people are to protect themselves. Learners might discuss how teachers can do each of these.

Write on the flip chart or board the following prevention strategies and explain to participants that these are some of the recommended ways of preventing HIV/AIDS.

1. Abstinence
2. Being faithful to one sexual partner
3. Careful sex
  - ☞ Correct and consistent use of condom
  - ☞ Non-penetrative sex
4. Don't share sharp needles/syringes, don't accept infected blood
5. Education
  - ☞ Education and correct information
  - ☞ Early testing and treatment of Sexually Transmitted Infections (STI)

### Myths and Facts about acquiring HIV

You don't get HIV through:

1. Touching or sharing food. Cups and plates
2. Through clothing and towels
3. Use of the same toilets
4. Hugging or kissing
5. Shaking hands
6. Living in the same household with an infected person
7. Insects or insect bites (mosquito bites)
8. From telephones
9. Use of second hand clothes
10. Taking a bath in a public swimming pool or river



## Unit 22: Social and Cultural Risk Factors for HIV Infection

### Activity 1:

Divide the learners into two groups, with males in one group and females in the other.

- ☞ Ask the girls to identify which factors in Zambia make boys and men vulnerable to HIV infection
- ☞ Ask the boys to identify which factors in Zambia make girls and women vulnerable to HIV infection
- ☞ Have each group present their findings. After presentation, allow time for discussion
- ☞ Issues that should arise: men and boys are encouraged/pressured to have many sexual partners, men and boys are encouraged to be aggressive and assertive. Girls and women are expected to be submissive and passive. Traditional and cultural practices such as sexual cleansing and property grabbing should also be discussed

### Activity 2:

Read out the following story. After each numbered section, stop and briefly discuss the questions given. Or, you can have one of your learners (agents of change) facilitate the activity by reading the story and leading the discussions. Or you can give these pages to the learners and have them write the answers as homework for the following agents of change meeting.

### Story of Ngoza and Mulenga

1. Ngoza is 16. She is a pretty girl and assists in the family bakery during the holidays

Mulenga is 18 years and he is a friend to Ngoza's brother and a teacher from a Teacher Training College. Mulenga normally buys soft drinks from a shop nearby Ngoza's house any time he travels home.

Mulenga and Ngoza became friends and he now visits Ngoza at home. One day during the holidays, Mulenga invited Ngoza to a party. This party is important to Mulenga because all of his friends will be there.

Mulenga and his friends are having a discussion. Some of his friends are pushing him to have sex with Ngoza right after the party. His friends tell him if he loves her and wants to keep her as a girlfriend, then he should seal his love for her by making love.

- ☞ Is love for a girlfriend same as sex? Explain
- ☞ What do you need to avoid negative peer pressure?

2. Mulenga returns to where Ngoza is sitting and walks her to the dark side of the house and he starts kissing and touching her. Though Ngoza is trying to resist, Mulenga tells her that he only wants to show that he loves her. Ngoza is not convinced that what Mulenga is doing is what she wants, but she does not say anything.

One Saturday, Mulenga invites Ngoza to his house. They drink beer together.

- ☞ How do alcohol and drugs lead you to have sex?
- ☞ What drugs do young people use?

3. They start kissing, Mulenga wants to have sex. He pushes Ngoza to agree to have sex. Mulenga says that everybody at their age is having sex. He says Ngoza should agree to sex if she really loves him.

- ☞ Are things happening too fast for Ngoza?
- ☞ If you are not ready to have sex, at what stage should you discuss it with your boyfriend?

4. Ngoza is worried about what might happen. She goes to talk to her friend Melisa. Melisa tells Ngoza to be very careful. She also says that Ngoza could become pregnant or get sexually transmitted infections including HIV

Melisa says that she and her boyfriend have been in a relationship for 2 years but have never had sex because of possible consequences of sex and their religious beliefs. However, they use many other ways to prove their love without having sex, as they are not ready for it. She says they do not need to have sex to express their love for each other.

- ☞ Is Melisa giving Ngoza good advice?
- ☞ What advice would you give Ngoza?
- ☞ What support do you need to abstain from sex if you do not want to have sex?

5. Joe is Mulenga's friend. He knows that Ngoza and Mulenga have been going out together. Joe tells Mulenga to use a condom anytime he has sex, because it will not only prevent Ngoza from getting pregnant but also prevent them from getting an STI. Joe reminds Mulenga of the STI he got the previous year and then gives him some condoms.

- ☞ Is Joe giving Mulenga good advice?
- ☞ What advice would you give Mulenga?

6. Mulenga and Ngoza remain friends for some months. They sometimes have sex. They feel too shy to talk about using condoms so they never use them.

- ☞ Why do people feel shy to talk about condoms? Is this a good attitude?
- ☞ Would you be able to ask your boyfriend/girlfriend to use a condom?

7. Mulenga completes college. He is sent to another province. Ngoza is sad that he has gone so far from her. But she is happy when her period comes and she knows she is not pregnant.

After 2 years Ngoza meets Phiri a newly posted teacher to their village. They start going out together and two years later they get married without having VCT to find out if either of them is HIV positive.

The following year, Ngoza has a baby boy. She and Phiri are very happy. But the baby does not grow well. The doctor suggests they have an HIV test. They both test positive and are very sad. They do not know who infected the other because both of them had unprotected sex before marriage.... They are counseled on how to live positively with the diseases.

Ngoza did not know that Mulenga had casual partners before her and he did not use condoms with them. Mulenga was positive before he met Ngoza. He feels fine and does not suspect that he is HIV positive, so he continues to have other girlfriends even at his school.

- ☞ Is Mulenga an ethical teacher?
- ☞ Who is responsible for what happened? Mulenga? Ngoza? Mulenga's first girl friend? Or Phiri



Objectives: by the end of the session, participants will be able to:

1. Identify patterns, barriers to communication
2. Develop skills in expressing messages, thoughts, comments, feedback and;
3. Develop effective communication skills

### Activity Message Relay

- 🕒 Duration: 1 hour 30 minutes
- ✂️ Materials/resources: Script/Message
- ✍️ Methodology: Game

### Process:

1. Explain the objective of the session
2. Ask the group to form a line
3. Explain that the group will play message relay
4. Ask one participant to read the main message
5. Ask him to relay the message to the next participant in line keeping the voice low so that the other participants will not hear the message
6. Ask the last receiver of the message to tell the group the message he received
7. Read out loud the original message and compare this to the message after the activity

### Processing

1. Ask the group about their discoveries after the game
2. What have they learnt in relation to communicating messages?
3. What are the lessons they get out of this activity?
4. Key Discussion Points and Messages:

- ☞ Effective communication in conducting change agent activities. why it is important
- ☞ Identify difficulties/barriers in sending and receiving communication about HIV/AIDS, STI
- ☞ Point out/discuss basic counseling skills
- ☞ Communication skills is a life skill which is essential in conducting outreach education
- ☞ Positive ways of interacting with people, peers in school and at home to promote behaviour change and health-seeking behaviour
- ☞ Ability to express ourselves, both verbally and non-verbally, in ways that are appropriate to our culture and situations
- ☞ Openness and readiness to share one's ideas needs and fears with the people.

## Basic Counseling Skills

### 1. Active listening

Active listening requires concentration in listening on the part of the counselor, who must pay close attention to the client's expressed words and unspoken words through actions and feelings

### 2. Paraphrasing

Counselors can restate what the client has said in order to let the client know that he or she has been heard. Counselors can say what the person being counseled has said or not said in another way. **"You are saying that....."**

### 3. Asking Effective questions

Counselors use questions to obtain specific information, to help the client communicate clearly and to encourage exploration and clarification of thoughts, feelings and attitudes. Open-ended questions (those which require more than yes or no answer) encourage this type of discussion and communication because they allow for any response. Closed questions, on the other hand, only allow for a "Yes" or "No" answer and discourage discussion or exploration. For example: **Closed-ended questions** – did you go out last night?

**Open-ended questions** – can you tell me about last night?

### 4. Identifying and Reflecting Feelings

Agents of Change can help their friends understand their feelings and reactions by listening for the feelings being described and then reflecting them back to the client. "You seem very angry..."

### 5. Problem Clarification

Allowing the client to state the problem and then helping the client to clarify and define it. The counselor may suggest possible options and then facilitate the client's possible solutions and their consequences, as well as the process for decision making in carrying out the solutions. Counselors/Change agents should not make assumptions about what can be the problem to the particular client, nor should they attempt to solve the problem for them.

### 6. Assuring and Reassuring

Change Agents should make sure that the fellow learner with a problem feels safe and protected that the information shared will not get out anywhere.

## **7. Universalizing and Normalizing**

When a fellow learner expresses emotional response such as crying, it is helpful to make her feel safe and protected and cared for by telling them that crying is normal. “Most people react very much like you....”

## **8. Acknowledging and Validating**

Change agents can let their fellow pupils know that they are aware of their feelings and understand how and why they might be feeling that way. “I may not really understand how it is to be HIV positive but I can sense your uncertainty and anger”

## **9. Confirming Realities**

Change agents need to confirm the truth and facts about what their fellow learner/s are facing and experiencing, even when they may want to protect them from reality. “It is true that there is no cure for AIDS”

## **10. Probing**

Change agents may probe the fellow learners through questioning in order to fully find out the learner’s situation.

## **11. Confronting**

Confronting the fellow learner with a problem may be an effective response when an issue is being denied or has not come up in the open. “I know that it is difficult to understand how you can feel healthy, but the virus inside you can be passed on to others. Unless you stay away from any form sex, you may infect other people.

## **12. Focusing**

When issues are sidetracked during the one-to-one discussion with a fellow learner with a problem, it is because many thoughts and feelings begin to come up. The Change agent needs to help the learner with a problem focus on the most important issues at hand. “Let us go back to the issues of you started with earlier....?”

## **13. Appropriate Silence**

Silence can be used in a counseling session. It gives the other learner with a problem an opportunity to think and take in the information. It is not always comfortable to allow the silence to continue, but Change agents should not disturb it suddenly because of their discomfort. There can be no specific guidance as to when silence is helpful but the Change agent should consider whether they are motivated to break it because of their own discomfort or as positive intervention with the learner with a problem.

**14. Providing information**

Providing information during a discussion requires skills and awareness. Change agents should present information in a clear and understandable manner, in amounts which are sufficient but not overloaded, and during a point in the session in which it helpful.

**15. Summarizing**

Summarizing is a useful skill in the middle or at the end of the session. It is a time to pause, reflect on what has been discussed so far and to propose a similar or new direction.

**16. Supporting and Modeling Behaviour**

Change agents can support specific behaviours by modeling them for and with the fellow learners particularly those with problems. For example, if the goal of the discussion is for improving communication skills, the Change agent can model clear and direct communication when he/she interacts with the other learners. When the learner with a problem responds with clear and direct communication, the Change agent can comment on and support this type of dialogue.

*Adopted from AIDS Counseling Training and modified for the learners.*

## APPENDIX 1

### Psychosocial Life Skills

#### LIFE SKILLS

##### Definition

These are strategies or abilities that help one to live positively with oneself, with others and with the environments. These strategies help empower one to effectively interact with society, and help address issues that are likely to cause vulnerability and risky behaviour that in the end may expose one to health or physical hazards.

Life skills also provide a link between motivating factors and behaviour, by translating knowledge of what one is **required to do** attitudes and values of what **one should do**, into abilities **for how to do**.

##### Types of Life Skills

There are three categories of life skills;

1. Skills of knowing and living with own self
2. Skills for knowing and living with others
3. Skills for decision making

##### Skills of knowing and living with own self

1. **Assertiveness:** this is the ability to express one's feelings, needs and desires openly and directly, but in a respectful manner. This involves standing up for your beliefs without putting down others in the process, knowing exactly what you want and how to achieve your goals with specific context.
2. **Coping with Stress:** Stress is a condition of increased activity in one's body, which overwhelms one beyond their mental capacity to handle. This may be as a result of physical, psychological or emotional status, but often, it is a nonspecific response of the body to internal or external stimuli. A certain amount of stress however, may be essential to get one awakened to the need to focus on one's actions and appropriate response. Coping with stress refers to the effective management of a certain situation that weighs hard on a person's mental capabilities as a result of increased physical or emotional pressure.
3. **Self-Awareness:** This is an individual's ability to appreciate their own strong and weak points, thereby enabling one to take positive action, make choices and decisions, consistent with one's abilities in life.

4. **Self Esteem:** This is the way an individual feels about himself/herself, and feels how others feel about them. This is the awareness of one's worth and unique potential. One's self esteem can be either destroyed or boosted through relationships with others. High esteem tends to encourage healthy behaviour, while low esteem tends to do the opposite.
5. **Coping with Emotions:** This refers to one's ability to manage or deal effectively with a situation or a problem. Emotions are mental or instinctive feelings in response to internal or external stimuli, and may either be positive or negative. Emotions can however, become destructive if poorly or inadequately handled.

### **Skills for knowing and living with others**

1. **Empathy:** This refers to the ability to identify oneself mentally with another person. This helps one to understand the feelings of another person and be in the position to provide appropriate help.
2. **Interpersonal Relationship:** This is the ability to co-exist amicably with other people and environments.
3. **Non-violent Conflict Resolution:** This is the ability to handle situations of friction with calm and peace. This is also aimed at reducing or eliminating destructive confrontation with mutual respect and consideration.
4. **Effective Communication:** This is the ability to clearly and appropriately express oneself during interactions with other people, using verbal and non-verbal communication. This involves active listening, respect for other's feelings, use of body language and observation.
5. **Formation of Friendships:** This is the ability to construct meaningful and healthy associations with other people.
6. **Negotiation:** This involves discussing issues of disagreement between persons in order to reach compromise, without taking advantage of either side. This also involves coping with potentially threatening or risky situations involving interpersonal relations.
7. **Peer Resistance:** This is the ability to consciously resist the desire to go along with the crowd. This includes resisting the bad behaviour suggested by friends without feeling forced to explain or apologise. This is done even in the wake of being threatened with ridicule or exclusion from group members.
8. **Curiosity and Consultation:** Being curious is to desire to learn and discover new things without harming oneself or others. Consultation is the ability to recognise the fact that

one does not know everything and needs the help from other people on any given subject matter. Curious persons, who also consult, usually end up making the best decisions with best results.

### **Skills for decision making**

1. **Critical thinking:** is the ability to think through situations adequately, weighing advantages and disadvantages, resulting in appropriate decisions and best results.
2. **Creative thinking:** is the ability to explore various possibilities of doing tasks in more than one way.
3. **Decision making:** is the ability to utilise all available information to weigh a given situation, analysing advantages and disadvantages and making informed and personal choice.
4. **Problem Solving:** This is the ability to cope with and find solution to challenging situations. This is related to decision making.

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