

HEART

Life Skills Toolkit for Youth



**Powerful and Practical Experiential Learning Activities
for Staying Healthy and Achieving Your Life Goals**



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HEART Life Skills Toolkit –Powerful and Practical Experiential Learning Activities for Staying Healthy and Achieving Your Life Goals.

Developed and written in collaboration with Peter Labouchere HIV/AIDS Training Consultant.

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Foreword

The *HEART Life Skills Toolkit* belongs to a family of youth programs designed to support the Health Communication Partnership's project goal of helping Zambian youth make positive life choices with courage and confidence as well as to contribute to improved health within their families and their communities. Complementing this *Life Skills Toolkit* are *Creative HEART*, *HEART Sports and HEART Waves*. This toolkit has been developed in response to the need for an age-appropriate, user-friendly, entertaining activity which openly addresses the complexity of pressures on youth and, through tested interventions, increases awareness and self-efficacy in dealing with them.

It is a compilation of practical experiential learning activities directed at enhancing the capacity of youth to adopt healthy sexual lifestyles, to stay healthy and to achieve their life goals and dreams. It has four main components: the Users' Manual, the Narrow Bridges and accompanying materials, Card Characters, and Images and Stories of persons living with HIV and AIDS. As an experiential learning tool, it focuses on promoting open discussion and better understanding of relationships and behaviors that put young people at risk of HIV, sexually transmitted infections and unwanted pregnancies. Playing, learning and taking responsible action are the three pillars upon which the various activities are based.

This toolkit promotes the development of self-esteem through the strengthening of negotiation, assertiveness, and critical decision-making skills. It has evolved over the past ten months, passing through various stages of pre-tests, culminating with the training of youth peer leader master trainers selected from all nine provinces of Zambia. The *Heart Life Skills Toolkit* is targeted at all youth, regardless of religious background or ethnicity, whether they are in or out of school or living in rural, peri-urban or urban areas. We have been impressed by its ability to engage youth groups and individuals in practical activities and to provoke in-depth dialogue on critical issues. We hope that its potential will be fully realized with your youth group as well!

Emmanuel Fiagbey
Deputy Chief of Party
Health Communication Partnership Zambia

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Many of the activities in this Toolkit have been adapted from or are inspired by already existing materials, as detailed in *Appendix 3: References and Sources*. Sincere thanks to all those who wrote, developed and made these materials available for adaptation and reproduction in this toolkit.

List of Acronyms and Abbreviations

AIDS	-	Acquired Immune Deficiency Syndrome
ARV	-	Antiretroviral
CCP	-	Center for Communication Programs
HAART	-	Highly Active Antiretroviral Therapy
HEART	-	Helping Each other Act Responsibly Together
HIV	-	Human Immunodeficiency Virus
JHU	-	Johns Hopkins University
PCS	-	Population Communication Services
PLHA	-	Person Living with HIV or AIDS
STI	-	Sexually Transmitted Infections
TB	-	Tuberculosis
VCT	-	Voluntary Counselling and Testing
WHO	-	World Health Organization

Introduction

Overall Aim of the HEART Life Skills Toolkit for Youth

**To help young people in Zambia to stay healthy,
and achieve their goals and dreams in life.**

How the Overall Aim is Achieved

The HEART Life Skills Toolkit for Youth:

- Involves people in a fun and interesting way, using a range of interactive experiential learning activities.
- Promotes open discussion and a better understanding of relationships and behaviours that put people at risk of HIV/STI infection.
- Builds self-esteem, negotiation and assertiveness skills to help young people to abstain from sex and avoid the risk of HIV/STI infection or unwanted pregnancy.
- Encourages people to plot their own course to a safer lifestyle, linked to achieving what they really want and value in life – their goals and dreams.
- Applies a range of powerful and practical concepts and tools for behaviour change.
- Encourages Positive Living approaches and techniques which help those Living with HIV to stay healthy and live longer.
- Provides practical information on Voluntary Counselling and HIV Testing (VCT), Prevention of Parent to Child Transmission (PPTCT), and Antiretroviral (ARV) Treatment.
- Involves participants in a way that goes far beyond just discussing and understanding the issues. It creates learning *experiences* for participants to practice and develop effective ways of responding to issues around health and relationships.

When learning, it is said that...

I hear...

I See...

I experience it...

I forget.

I remember.

I can do it.

Summary of Activities, Objectives and Timing

Table 1:

List of activities, their key objectives, and the approximate time required for each activity, based on a group of about 20 participants.

No	Activity	Objectives of Activity	Approximate Time Needed (mins)
Section One: What Do You Want in Your Life?			
1	Walking the Bridges	<ul style="list-style-type: none"> To develop the framework for other activities in this programme. To get participants thinking about issues they would like to address, including issues related to HIV prevention and support to stay healthy and achieve what they want in life. 	15-30
2	Your Future Island	<ul style="list-style-type: none"> To help participants vividly imagine and clarify how they would like their life to be in the future. To identify steps for reaching their desired future "island" in ways which keep them safe from HIV infection. 	30-45
3	Identity Statements - Who am I?	<ul style="list-style-type: none"> To develop strong personal identity statements which help each of us maintain healthy behaviours and be the sort of people we want to be. 	15-20
4	Challenging and Changing Limiting Beliefs	<ul style="list-style-type: none"> To challenge and start to change those beliefs held by participants which restrict their choice and may prevent them from achieving what they want. 	15-20
5	Lifeboat – Valuing Yourself and Your Life	<ul style="list-style-type: none"> To help participants realise how important it is to value their own life, take responsibility for themselves, and act to protect their own health. 	20-30
6	Who Wants It?	<ul style="list-style-type: none"> To emphasise the need to take action in order to achieve goals. To recognise that we sometimes need to stand out and be different from our peers and others around us in order to stay healthy and achieve what we want in life. 	10
Section Two: Exploring Life and Health Issues Concerning HIV and AIDS			
7	Wildfire	<ul style="list-style-type: none"> So that participants appreciate how HIV (and other STIs) can spread in a community. To show that HIV is a serious issue which needs addressing and has personal risk implications. 	15-20
8	Voluntary Counselling and HIV Testing (VCT)	<ul style="list-style-type: none"> To clarify what VCT (Voluntary Counselling and HIV Testing) involves. To consider issues about going for voluntary counselling and testing. 	20-40

No	Activity	Objectives of Activity	Approximate Time Needed (mins)
9	Can You Tell Who is Living With HIV?	<ul style="list-style-type: none"> • To address assumptions and stereotypes about who is/is not living with HIV. • To clarify that appearance is a very poor indicator of HIV status. • To improve understanding of issues for people living with HIV, and what it means to live positively and openly with HIV. • To encourage participants to get tested in order to know their HIV status. 	15-20
10	What Happens in the Body of Someone Living With HIV/AIDS?	<ul style="list-style-type: none"> • To clarify the difference between HIV and AIDS. • To explain in a memorable way what happens to a person's body and immune system once they are infected with HIV and how this can progress to AIDS. • To emphasise that someone living with HIV can feel and appear very healthy for many years. • To explain simply what ARVs do and why it is important to use them continuously once started. 	15-20
11	True or False	<ul style="list-style-type: none"> • To teach basic facts about HIV/AIDS, including how it is transmitted, how it can be prevented, and how it is treated. • To give facilitators insight into what participants do and do not know. 	20-60
12	Risk Ranking	<ul style="list-style-type: none"> • To clarify how HIV is and is not transmitted. • To assess and explain the risk of HIV transmission in different situations. 	20-30
13	Where Do I Stand?	<ul style="list-style-type: none"> • To explore and share some of their values, beliefs and attitudes we have about HIV, AIDS and VCT. 	20-60
14	The Big Picture (Statistics for Zambia and Elsewhere in Africa)	<ul style="list-style-type: none"> • To give participants a basic understanding of HIV and AIDS statistics. • To show that Zambia is not the worst affected county. • To emphasise that the AIDS situation is far from hopeless or inevitable, and that major change is possible. • To clarify that (in Uganda's experience) such change has a lot to do with people delaying sexual debut, as well as reducing the number of sexual partners they have. 	15-20

No	Activity	Objectives of Activity	Approximate Time Needed (mins)
Section Three: Practical Issues for Healthy Relationships			
15	Exploring Relationship Issues Using Card Characters	<ul style="list-style-type: none"> • To give participants a chance to present and talk in an indirect way about relationship issues they may be facing or have concerns about. • To identify ways of addressing some of the issues. 	20-40
16	Forum Theater and Role Play	<ul style="list-style-type: none"> • To identify and develop better strategies for addressing relationship issues. • To practice and build a range of life skills, including negotiation, refusal and assertiveness skills. 	30-45
17	Understanding and Improving our Relationships Using the "Meta Mirror"	<ul style="list-style-type: none"> • To consider, from different viewpoints, how we relate to a particular person. • To understand better how the other person might be thinking and feeling. • To get some insight into what we can best do or say to improve a relationship or address some difficult issues around it. 	30-45
Section Four: What if You, or Someone You Know, is HIV-Positive?			
18	On the Bank, in the River	<ul style="list-style-type: none"> • To recognise how we tend to stigmatise those who fail in some way (or who are living with HIV), even though we are all at risk of the same thing happening to us. 	15-20
19	My Supporters	<ul style="list-style-type: none"> • To demonstrate of the power and importance of support in each person's life, and what happens when that support starts to fall apart. • To discuss the reasons why people stigmatise PLHA. • To become aware of the negative effects of stigma for PLHA. • To come up with ideas for reducing HIV/AIDS related stigma. 	20-30
20	Walking the Bridges for People Living with HIV	<ul style="list-style-type: none"> • To emphasise that people living with HIV can still have a good life and achieve their goals and dreams. • To clarify that focusing on what we want in life is often more helpful than focusing on the problems we face. • To identify different ways of helping and supporting PLHAs. 	15-20

HEART Life Skills Toolkit Materials

To use many of the activities in the manual, you need the materials that come with it in the HEART Life Skills Toolkit. This includes:

Contents of a HEART Life Skills Toolkit

Item No.	Description
1	HEART Life Skills Toolkit Manual
2	NARROW BRIDGES - 2 fold-up sticks ("bridges"), one coloured white / blue , the other green
3	CROCODILES - 2 card crocodiles
4	HIPPOS - 2 card hippos
5	ISLAND – 1 laminated drawing of an "island"
6	CARD CHARACTERS - A set of 9 laminated card drawings of colourful characters
7	IMAGES AND STORIES OF HIV POSITIVE PEOPLE - A set of 8 photographs and stories from the <i>Living Openly</i> publication
8	BAG – For crocodiles, hippos, island, characters and images

Demonstrate trying to walk on the bridge yourself, starting at the white end of the bridge, and

Guidelines for Facilitators

Who Can Facilitate Training Using the HEART Life Skills Toolkit?

The HEART Life Skills Toolkit can be used by a broad range of different people including:

Community Peer Educators, Youth Leaders, Teachers, Coordinators of Secondary School Anti-AIDS Clubs, Community and School Peer Educators, Health Workers, Youth Leaders of Faith Based Organisations

Anyone else who meets the following key requirements:

**Key requirements for someone to run an effective session using
The HEART Life Skills Toolkit are:**

- Basic facilitation skills
- An open minded non-judgmental approach
- Knowledge of the basic facts about HIV/AIDS, its transmission and prevention
- Fluency in a language that participants are comfortable using
- Courage to address difficult issues in an honest, open way
- Adaptable and responsive to the needs and situation of young participants

Where Can it be Used, and With Whom?

You can adapt the HEART Life Skills Toolkit activities in many different situations with youth of different ages, cultural backgrounds, religions, characters, and life-styles. The activities are designed so that they work or can be easily adapted for people who cannot read. You can use it with a wide range of groups and communities, both in formal teaching/training and informally with friends and schoolmates.

The HEART Life Skills Toolkit activities can be used:

- During meetings with community, youth, and school groups
- With religious groups, for example during services and other meetings (see note below)
- With people living with HIV and AIDS (PLHAs)
- With out-of-school youth
- At the market
- At bus and lorry parks

Note for Leaders of Religious Youth Groups and Faith Based Organisations

This Toolkit is of particular relevance to religious youth groups and faith based organisations. It has a strong emphasis on abstaining and delaying sex, ideally until marriage. The religious teachings and scriptures of all major religions offer a lot of quotations and references which can support what is presented in this manual. We recommend that you discuss with colleagues and leaders of your faith which particular scriptures should be used, and how best to integrate the activities of this toolkit with the teachings of your faith.

Using the Activities in this Manual

An engineer whose job is to maintain and mend things normally carries a toolkit with him (or her). When he finds out what the problem or issue is, he picks out the best tools from his toolkit for addressing the issue and fixing the problem.

It is the same with this toolkit. Once you understand the particular needs and issues of your participants, you can pick out and use the best tools for addressing these issues.

Find out what your participants already know, what "life skills" they already have, and what they need to learn. Look at the Table on Page 8 headed *Summary of Activities, Objectives and Timing*. Identify and use activities with learning objectives that will address the needs of those attending your session. Check also that you have enough time to run each activity properly. Change the sequence of the activities if you think it will work better.

A training session using these activities can range from 10 minutes to two full days in length. Each activity can be used on its own. Depending on the needs of your participants, you can use them in a different order, or pick out just one or two appropriate activities. Depending also on your situation and how much time you have, you can also use several activities in one longer session, combining activities from this and other training packages. The notes at the start of each activity under "Links to Other Activities" may give you some ideas on what activities will work well together. You can also use different activities with the same group in a series of meetings over several weeks or months.

It is important to be sensitive to the needs of different groups and individuals and the culture and context you are working in. Be creative in the way you use and adapt the training activities to suit the situation and address the particular issues that participants have.

This is a flexible toolkit; it is not a rulebook!

Layout of this Manual

In this Manual, the general notes for facilitating a session are in normal type like this.

In some places, a sample script is provided in italics like this. This gives you some ideas for what to say when facilitating a session, but it works best if you develop your own way of explaining the ideas and examples, using language that you and your participants are comfortable with.

The activities are supplemented by **Key Information** sections, including some pages that can be photocopied and given to participants.

How to be a Good Facilitator

When using HEART Life Skills Toolkit activities, your role is to **facilitate** a learning process in which your participants work out and develop their own understanding of HIV and AIDS issues and how to address them.

Facilitating is different from teaching. Teaching involves passing on "expert" knowledge to others. You may do a little bit of teaching, when you know something that none of the participants know. However, the learning from these activities is much greater if you let your participants do most of the talking and come up with their own answers to different issues.

The role of the facilitator is to:

- **Listen** carefully at all times.
- **Guide** the group and keep discussions focused - do not let it stray too far from the subject of the session.
- **Control** those who talk too much.
- Ensure that everyone has a chance to **participate** - make sure quiet participants have an

- opportunity to speak and get involved too.
- **Summarise** the discussion from time to time and at the end of a session.
- **Share leadership** - a session often works better if there are two facilitators, supporting each other and taking turns to lead.
- **Be ready to translate** - in meetings, use the language(s) that your group feels most comfortable with. This way, everyone can join in the discussion.

Facilitation skills are something you can learn and practice; you do not need to be an expert. Here are some suggestions and ideas to help you be a very good facilitator:

Before the Session

Prepare yourself

- Find out what you can about the needs and issues of the participants. Who are they and how many will be attending? What do they already know about HIV and AIDS? What particular issues and needs do they have? What do they want or expect from you and this training? Try to get some answers to these questions before the training sessions, so that you can plan properly.
- Read through the notes for the different activities. **Plan** which activities and exercises you will use, and in what sequence. Think how you might adapt them to make them more relevant to the needs and issues of your participants.
- **Practice** what you will say, on your own or with a friend. Practice also using and demonstrating the materials.
- Be clear in your own mind what you want to achieve by the end of the session.
- Plan how you will get feedback from participants to help you evaluate the session (the "At the end of a session" notes below include some sample feedback and evaluation questions for participants).

Prepare materials and the training area

- Make sure you have all the *Materials Needed* for a session.
- Make photocopies of any handouts you want to give out to participants.
- If you want to use a written evaluation form, prepare and make enough copies for each participant.
- Go to the training room or meeting place at least 15 minutes before the session is due to start.
- Set up the area where the training will take place. Push any desks or tables to the side of the room. Do not arrange chairs in rows like a classroom. Arrange them in a circle or a semi-circle around an open "demonstration area" which everyone can see. These exercises work best if everyone can sit (or stand) in a circle or semi-circle, as it:
 - Shows that we are all equal, and that the views and experiences of one person are as valuable as another's.
 - Allows everyone to see each other's faces and hear each person clearly.
 - Shows that this is different from "teaching", where everyone faces the same way to look at the "expert" who knows all the answers.
 - Creates a more relaxed, informal atmosphere.

At the Beginning of the Session

- Greet each person as they arrive.
- Be friendly. Smile!
- Welcome participants and introduce yourself.
- Explain the purpose of the session, and what participants can expect to get from it.
- If this is a follow up session, do a recap/summary of the last meeting. This is necessary because people may forget what was shared/discussed, and some may have missed the last meeting.
- Check that everyone understands the language you are using. If not, find someone to translate.
- Agree on some guidelines for working together, such as:
 - Start and end on time .
 - Respect each other's views.
 - One person speaks at a time.
 - Give everybody an opportunity to participate in discussions.
 - Keep confidential any personal things that others in the group tell us.
- If you think it will help, use an icebreaker or energiser to get participants relaxed and engaged. There are a few examples of these on pages 19-22.

During the Session

- **Listen** carefully to what participants say.
- **Observe body language** and understand the meanings.
- Help each participant to feel that his/her contribution is important. Get participants to listen to and appreciate each other's contributions.
- **Encourage** the members of the group, i.e. by helping them to talk about ideas, feelings, experiences, rather than telling them what is right and wrong, or criticising.
- Allow people to "think aloud" and find out what they believe and value.
- **Show interest and respect** for the views other people have, even if you disagree with them personally.
- If participants start to lose enthusiasm, use an energiser. Some examples are given on pages 19-22.
- If a participant says something you disagree with, first ask the rest of the group: "What ideas do other people have on this subject?"
- **Be honest and open** in answering questions from participants and colleagues. If you do not know something, say so, and then find out so that you can give correct information the next time you meet. You can also throw the question back to the group, by asking: "Can anyone else answer this question?"
- Understand that the way an answer is reached is often as important as the answer itself. If your participants work out an answer themselves, they learn much more than if you just tell them.
- **Ask open-ended questions** that encourage the group to talk in detail. Avoid **closed questions** that only produce only "Yes" or "No" answers. For example:
 - Instead of asking "Can we support people living with HIV or AIDS?" (a closed question), ask "What are some of the ways we can support people living with HIV or AIDS?" (an open question).

- Instead of asking “Is it possible for young people to abstain from sex?”, ask “What can help young people to abstain from sex?”

At the End of the Session

- **Summarise** the major points and results of the discussion.
- **Get evaluative feedback on the session and your facilitation.** Good facilitators always invite and welcome honest, specific feedback, because this helps them to improve and make their next session even better. During the session, you can get a lot of feedback from observing how the session is running and the reactions of participants. At the end of the session you can get further feedback, either written or verbal.

Either:

- Ask participants to complete (before they leave) a short written **evaluation/feedback form**, with questions like those in the box below.

Or:

- Ask for **verbal feedback** to such questions, from individuals or small groups of participants.

Session Feedback and Evaluation Questions for Participants

1. What was, for you, the most valuable thing you learnt this session?
2. Which activities did you like, and why?
3. Which activities did you not like, and why? How could these be improved?
4. Comment on the way the session was organised and run. What was good? What could be improved?
5. What questions and issues do you still have about HIV and AIDS, which this session has not dealt with?

- Explain what will happen next (e.g. will there be another / follow up session).
- Let participants know who they can contact to get further information or to discuss particular issues they have.

After the Session

- Review and evaluate the session with others who observed or facilitated with you. Reflect on the feedback from participants. Discuss what worked well, and what you could do to make it even better next time.
- **Follow up** after the session, for example:
 - Find out information you did not know when asked during the session.
 - If any of your participants seemed distressed or confused about particular HIV / AIDS issues, contact them during the following few days to see if they want to discuss their issues further on a one-to-one basis.
- Plan with the group to meet again a few weeks or months after your programme with them has finished, in order to review and evaluate how they have applied the training you delivered, and to identify any new issues.

Using Stories

Telling stories is part of our tradition in Zambia. The stories we hear and tell help us understand who we are. Stories can influence our values, beliefs and behaviour.

We love to hear stories of others who have successfully overcome the difficulties we now face. If your participants hear a story about how someone like them has achieved things they thought impossible, or that they had never thought about, it opens up new possibilities. Stories can be used effectively to reinforce messages and get people thinking about difficult issues in a new way. Throughout this Toolkit, a variety of stories are used, such as the story in *Activity 2: Your Future Island of David Mulenga: The Boy With a Dream* (page 31). The stories and pictures in *Activity 10: Can You Tell Who is Living with HIV?* can be used to convince people that it is possible to stay healthy and live a long life with HIV in their body.

In *Activity 15: Exploring Relationship Issues Using Card Characters*, you can involve participants in telling stories themselves, and in creating better outcomes for a story.

In several sections, there are suggested stories you can use between some of the other activities. When using these stories, it is best if you adapt them for the group you are with and tell them in your own words and language.

A story sometimes has greater impact if you break the story in the middle, do something else and then finish the story later. You can also start a session with the first part of a story and then finish the session by completing the story.

Here is a story about how important it is for you as a leader, peer educator, facilitator or trainer to lead by example for example if you are telling participants about going for VCT, they may well ask you if you have been, and how it was for you).

"Be the change you want to see in the world"

One time, a woman came to Gandhi and asked him to tell her overweight son to stop eating sugar.

"Madam," he replied, "come back in three weeks time."

Surprised at this request, she nevertheless returned with her son three weeks later.

Gandhi looked at the boy and said, "Stop eating sugar."

When the boy left the room, the mother turned to Gandhi and asked why he hadn't said this three weeks ago.

Gandhi replied, "Madam, three weeks ago I myself was eating sugar."

Primary source: Christina Hall

from *The Magic of Metaphor: Stories for Teachers, Trainers and Thinkers* by Nick Owen

ICEBREAKERS AND ENERGISERS

Use icebreakers and energisers when appropriate, such as when the pace has dropped, or when you want to change and liven up the mood of the group. Here are a few examples of energisers and ice-breakers:

"My name is ... and I love to ..."

This is a fun way of getting people to introduce themselves. Everyone stands 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 repeats exactly what the person just did and said, this with the same expression, intonation and actions. Each person (including facilitators) takes their turn at introducing themselves in this way, followed by everyone else imitating their introduction.

One Stamp Clap

1. *Everyone stand up, move around and find a partner. In your pairs, count 1,2,3,1,2,3 alternately (demonstrate with someone).*
2. *Split up, move around, find another partner. Repeat in new pairs, but replace the 3 with a clap i.e.*
 Person A: "One" Person B: "Two" Person A: claps
 Person B: "One" Person A: "Two" Person B: claps
 Person A: "One" etc.
3. *Split up, move around, find another partner. Repeat in new pairs, but replace the 2 with a stamp, i.e. "One", Stamp, Clap.*

As and Bs

Everyone should stand up and move (if necessary) to an open space. Say:

Each person must choose someone else in the group. Do not tell them. That is your person A. Choose another person in the group. That is your person B.

When I say go, get as physically close to your person A as you can, and as physically far away from your person B as you can... GO!

After about a minute:

Now get as physically close to your person B as you can, and as physically far away from your person A as you can....GO!

After another minute:

Now get as physically close to both your person A and your person B as you can.... GO!

Knotty Problem

Get participants into groups of 5 to 12 people, and have them stand in a circle. Say:

Put out your arms in front of you, close your eyes and slowly walk forwards, until each of your hands finds another person's hand. Find one hand with your right hand, and another belonging to someone else with your left hand. Keep your eyes closed.

Make sure no one is holding more than one other hand in each of their hands. If you see three or more hands joined together, take one of these hands and connect it to a free hand. Say:

Keep holding on to the hands you have found, and open your eyes. You are in a tangled-up human knot. Try to untangle the knot without letting go of your hands.

When the group has untangled as much as possible, there should be one or more circles of people.

Move If...

One person (the "caller") stands in the middle; all others are seated in an arc/circle. Remove spare chairs or seats, so no seat is available for the caller.



Figure 1: Using the Knotty Problem energiser during a training session at YWCA, Lusaka

Caller says: "Move if ..." and defines a category (can be anything – e.g. you are female, you have children, you are wearing something blue, you know someone living with HIV, you like to eat fish). All those who fit the category should move to a different seat, and the caller sits down in one of the vacated seats. The person left standing without a seat becomes the next caller and says: "Move if ..." using a different category.

Note: This can also be useful for finding out things about the group.

The Sinking Boat

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

Body Writing

Ask participants to write their name in the air with a part of their body. Suggest they use an elbow for example, or a foot, or their right ear. Continue in this way, until everyone has written his or her name with several body parts.



Mime a Lie

Everyone stands in a circle. The facilitator starts by miming an action. The person on the facilitator's right asks the facilitator "What are you doing?" The facilitator replies that they are doing something completely different: for example, the facilitator mimes swimming and says "I am washing my hair." The person to the facilitator's right then has to mime what the facilitator said he was doing (washing his hair), but when the next person asks "What are you doing?" she must say she is doing something completely different. Go around the circle in this way until everyone has had a turn.

Dragon's Tail

Ask the group to divide into two. The two groups form dragons by holding on to one another's

waists in a long line. The last person in the line has a brightly coloured scarf or chitenge tucked into his/her trousers or belt, to form the dragon's tail. The object is to catch the tail of the other dragon without losing your own tail in the process.

Delhi Buses

This game can be called after any type of local transport. Select a number of "drivers." Assign a certain number of passengers for each driver to pick up. (Make sure that you have counted correctly, so that no one is left without a ride!) Ask the drivers to go around the room making vehicle noises and touting for business. The passengers form up behind or alongside their driver to make it look like they are in a vehicle. Now all the vehicles drive around as if in traffic, sounding their horns and shouting at other drivers and vehicles.

Gorilla Thump

Everybody stand up, stretch, clench you fists, take a big breath and say, "Aaaaaaaah" as you thump your chest repeatedly with both fists!!

Birthday Graph

Ask people to line up according to their birthday months or seasons. Discuss which month or season has the largest number and what reasons there might be for this.

Group Massage

Ask the group to stand in a circle and turn sideways so that each person is facing the back of the person in front of them. People then massage the shoulders of the person in front of them.

O Kabita

Everyone in turn has to say "O Kabita!" (or another name) in as many different ways as is possible, for example with anger, with fear, with laughter, and so on.

Yes/No Game

Participants split into two lines, so that each person faces a partner. Line 1 has to say "Yes" in as many different ways as possible, and line 2 has to try to change their partner's minds by saying "No" as convincingly as possible. Give both lines a chance to say both "Yes" and "No." Then discuss how people felt. How did it feel to say "Yes" or "No"? Was it easier to say one than another?

Writing on Backs

At the end of a session or workshop, ask participants to stick a piece of paper on their backs. Each participant then writes something they like, admire or appreciate about that person on the paper on their backs. When they have all finished, participants can take their papers home with them as a reminder.



Section One: What Do You Want in Your Life?

Introduction to this Section

Activity 1: Walking the Bridges sets a framework to which all the other activities in this toolkit can be related. It introduces the metaphorical idea that, to achieve what we really want in life (our goals and dreams, which are represented by an island), we have to cross a river or lake infested with crocodiles, hippos and other dangerous creatures (i.e. problems, threats and challenges we face in life, some of them HIV related) by walking on some narrow bridges (representing things like life skills, social support and safer sexual behaviour).

Section One focuses on the "island" and enables participants to develop their own personally motivating vision for how they want their life to be in the future. Activities and techniques in this section also challenge limiting beliefs and promote a strongly affirming sense of identity and self worth. This then supports participants' actions and behaviour towards staying healthy and reaching their desired "future island."

Instead of starting with a focus on the problems caused by HIV and AIDS and how to address them, this Toolkit approach starts with a strongly motivational focus on desired future outcomes. This provides a healthy basis and context for subsequently grappling (in *Section Two*) with the "crocodiles" of HIV and AIDS.

Activities in this section are:

Activity 1: Walking the Bridges

Activity 2: Your Future Island

Activity 3: Identity Statements - Who am I?

Activity 4: Challenging and Changing Limiting Beliefs

Activity 5: Lifeboat - Valuing Yourself and Your Life

Activity 6: Who Wants It?

ACTIVITY 1: WALKING THE BRIDGES

Purpose of Activity

- To develop the framework for other activities in this programme.
- To get participants thinking about issues they would like to address, including issues related to HIV prevention and support to stay healthy and achieve what they want in life.

Overview

Participants try walking across a narrow white/blue stick bridge over water that is infested with crocodiles and hippos (representing dangers and problems in life) to get to an island (the future they want). For those who fall off the single bridge, a second green stick bridge is added next to the first one, enabling them to cross safely. The meanings of the island, the dangerous creatures in the water and the bridges are then discussed.

Time Needed: 15 - 30 minutes

Materials Needed

- Card island
- Crocodiles and hippos
- Wooden bridges

Preparation

- Practice laying out the bridges and demonstrating this activity.

Links With Other Activities:

This activity creates a framework which nearly all the other activities in this toolkit can be linked to.

Running the Activity

Step 1: Introduce the framework.

Lay the crocodiles and hippos on the ground. Present the setting to participants as follows:

Imagine this is a big river like the Kafue or Zambezi, or a lake like Kariba or Bangwelu. In the water are some crocodiles, hippos and other dangerous creatures.

Show participants the card island and lay it down on the ground. Lay the white/blue bridge between the crocodiles, so that the blue end just touches the island.

To get to this attractive island, you have to walk across this bridge, putting one foot in front of the other so that with each step, the heel of your front foot touches the toe of your back foot.

Demonstrate trying to walk on the bridge yourself, starting at the white end of the bridge, and deliberately allow yourself to fall off.



Figure 2: Theresa Alikuleti (Anti AIDS Club – Kabulonga Girls High School) demonstrates trying to cross on the single bridge.



Figure 3: The "ILI CHE" sign

Step 2: Demonstrate the "ILI CHE" sign.

Explain that, when someone manages to cross the bridge properly and reach the island, we should all celebrate with them by clapping, making the sign shown in Figure 3 and saying "ILI CHE!" or "I CAN!"

Step 3: Encourage participants to try walking the white/blue bridge.

- Say to participants:
I fell off the bridge. Who can do better than me?
- Get all willing participants to try walking the length of the bridge going heel-to-toe from the white end to the blue end of the bridge with the island. Give the "ILI CHE" sign for those who succeed.

Step 4: Allow participants who fell off the single bridge to cross using both bridges.

- When everyone who wants to has tried walking the bridge, congratulate those who crossed safely.
- For those who fell off, assure them that there is another bridge which will help them cross safely.
- Lay the green plank on the ground next to the white/blue plank about one foot apart. Demonstrate walking across the white/blue bridge again but also use the green bridge until you get safely to the island, as show in Figure 4.
- Let participants who fell off try again until they cross successfully. Each time a participant crosses successfully, get everyone to clap and do the "ILI CHE" sign.

Figure 4: Crossing safely, making use of both bridges when necessary at Garden Market, Lusaka.



Step 5: Discuss what the island, dangerous creatures and bridges mean.

What does the island mean?

Explain:

The island represents the goals and dreams you have for your life.

Ask 2 or 3 participants to give a quick example of what they want their life and health to be like in the future, or to tell the group something they want to have or achieve in their life.

What do the crocodiles and hippos mean?

Ask:

What could the crocodiles, hippos and other dangerous creatures in the water represent?

Let participants come up with their own ideas and suggestions as to what the crocodiles and hippos might mean. (These dangerous creatures can represent many different problems and dangers that different people face in life, including illness, STIs and HIV.)

What do the bridges mean?

Explain:

The bridges are ways of avoiding these dangers and threats so that you stay healthy and reach the future you want.

Ask and discuss with participants:

What might the bridges represent for you?

Again, allow participants to come up with their own ideas, but if appropriate, introduce ideas from this Notes for Facilitators Box:

Notes for Facilitators:**Giving meaning to the symbols of the crocodiles, hippos, bridges and island**

There are no "right answers", and it is good to allow participants to come up with their own ideas. However here are some possible ways in which this activity and the different symbols can be interpreted:

Some of the dangerous creatures in the water could represent illnesses and health threats including HIV, other STIs and unwanted pregnancy. The white/blue bridge can represent abstinence (white) and then faithfulness to a faithful partner who does not have HIV (blue). Some people manage to stay on this abstinence/faithfulness bridge for their whole lives. Most people find this difficult, and from time to time need different types of support to avoid falling into the water. The green bridge can represent this support.

Support to stay on the bridges can come in many forms, including:

- **Physical/practical support** - providing food, shelter, help with studying, assistance with a difficult job; finding practical ways to deal with relationship issues and avoid risky sex.
- **Emotional support** - listening to someone when they need to talk; being a good, encouraging friend.
- For some people, the green bridge may represent **using condoms** to avoid transmitting HIV or other STIs and to prevent unwanted pregnancy. For example, if a couple is married, and one of them is HIV+, they can use condoms to help support an enjoyable sex life without passing HIV to the uninfected one.

Support can come from many different sources including friends, peers, parents, brothers, sisters, religious leaders, help lines, and counselling services.

Step 6: Identify what helps participants cross safely.

Ask and facilitate discussion around these questions:

- *What feelings did you have when on the bridge?*
- *What feelings did you have when you fell off?*
- *What feelings did you have when you crossed successfully?*
- *What helped you to cross safely? (Introduce some of the ideas in the box below - Notes for Facilitators: How to cross safely.)*

**Notes for Facilitators:
How to cross safely**

- It helps to **focus on the island you want to end up on**. If you focus on the problems of life - the dangerous creatures in the water - you are more likely to fall off.
- When crossing the bridges, **encouragement and support from others** can be helpful.
- Removing shoes and leaving our bags behind makes it easier to cross safely. In real life, there may be **things we need to remove and get rid of** in order to stay safe, such as a relationship that puts pressure on us to have risky sex.
- **Staying sober** greatly increases one's chances of staying on the bridges. When one is drunk or uses drugs, one is much likely to fall into the water.

Get two or three participants to spin round fast in circles for about 15 seconds and then immediately try crossing on one of the bridges. Because they are feeling dizzy, they will probably fall off or need to use both bridges. Explain that this shows the effect of taking drugs or drinking too much alcohol.

Ask participants and discuss:

- *In what ways can drugs and alcohol affect the risks you take?*
- *What can help you to stay sober, so you stay on the bridges and avoid these risks?*
- *In life, what knowledge, skills and support do you need to stay safely on the bridges and reach your future island?*

Step 7: Summarise this activity and the programme framework.

This programme is about how to deal with your own "crocodiles" and stay on a bridge so that you remain healthy, live long and achieve what you really want in your life.

It is also about realising what support we need, and what support we can provide to others so that we all stay safe and get where we want in life.

ACTIVITY 2: YOUR FUTURE ISLAND

Purpose of Activity

- To help participants vividly imagine and clarify how they would like their life to be in the future.
- To identify steps for reaching their desired future "island" in ways which keep them safe from HIV infection.

Overview

Each participant creates what is for them a compelling "future island," which represents how they would like their life to be at some point in the future. They focus on their future island, and link their current behaviour (i.e. staying on the bridges) to arriving at their future islands.

Time Needed: 30 - 45 minutes

Materials Needed

- Wooden stick bridges
- Island, crocodiles, hippos
- Card Character(s) you want to use in an example
- In Step 4, if using *Option A: Draw what your future is like*, each participant will need a blank sheet of paper and a pen or pencil. A selection of coloured pens/pencils is ideal.

Preparation

Think about and prepare the example you are going to give of a future island.

Running the Activity

Step 1: Give an example of a "future island."

Give an example of a motivating vision that someone might have for their future. This could be:

- **Your own personal example**, describing with a picture you have drawn how you want your future to be. Describe your desired future as if you are there now, for example, "Here I am in the year 2010. I am strong, healthy, happy, loving and successful. I feel proud to have achieved the following..."
- **An example you create yourself using one of the card characters.** Pick one of the card character pictures and create a story about the future this person dreams of. The example you choose should be one your participants will relate to well. If your participants are mainly girls or young women, you might use an example of a girl who imagines her future as a qualified and highly respected nurse or doctor in her community.
- **The example of David Mulenga – *The Boy With a Dream***, in the box below. Tell the story of David Mulenga, adapting it in your own way.

Story:
David Mulenga - The Boy With a Dream

In 1989, when David Mulenga was 16 years old, he walked 7 kilometers each day from his family's small home in the village of Mingomba to attend high school in Chililabombwe. One day, for homework, his teacher gave the class the task of writing about or drawing a picture showing how they wanted their future to be.

David set to this homework and drew a detailed plan of the house he wanted in the middle of a large cattle farm. He included himself in the picture, the manager and owner of the farm business, together with his family, including several children.

He put a lot of effort into the project and the next day he handed it into his teacher. Two days later he received his drawing back. On the front page was a large red F for "Fail" with a note that read, "See me after class."

The boy with the dream went to see the teacher after class and asked, "Why did I receive an F?"

The teacher said, "This is an unrealistic dream for a young boy like you. You have no money. You come from a poor family. You have no resources. Developing a large farm requires a lot of money. You have to buy the land. You have to pay for the original breeding stock. There's no way you could ever do it." Then the teacher added, "If you will re-do this drawing and make it more realistic, I will reconsider your grade."

The boy went home and thought about it long and hard. He asked his father what he should do. His father said, "Look, son, you have to make up your own mind on this. However, I think it is a very important decision for you."

Finally, after thinking hard and long, David handed in the same paper. He said to his teacher: "You can keep your F and I'll keep my dream."

In 2004, some 15 years later, David invited some of his old school friends and his teacher to meet his wife and two healthy young children at his 5-bedroom house in the middle of a large cattle farm near Kitwe. In the living room, framed above the mantelpiece, was the drawing he did at school, still with the fail mark on it. When the teacher was leaving, he said, "Look, David, I can tell you this now. When I was your teacher, I was something of a dream stealer. During those years I stole a lot of kids' dreams. Fortunately, you hung on to yours."

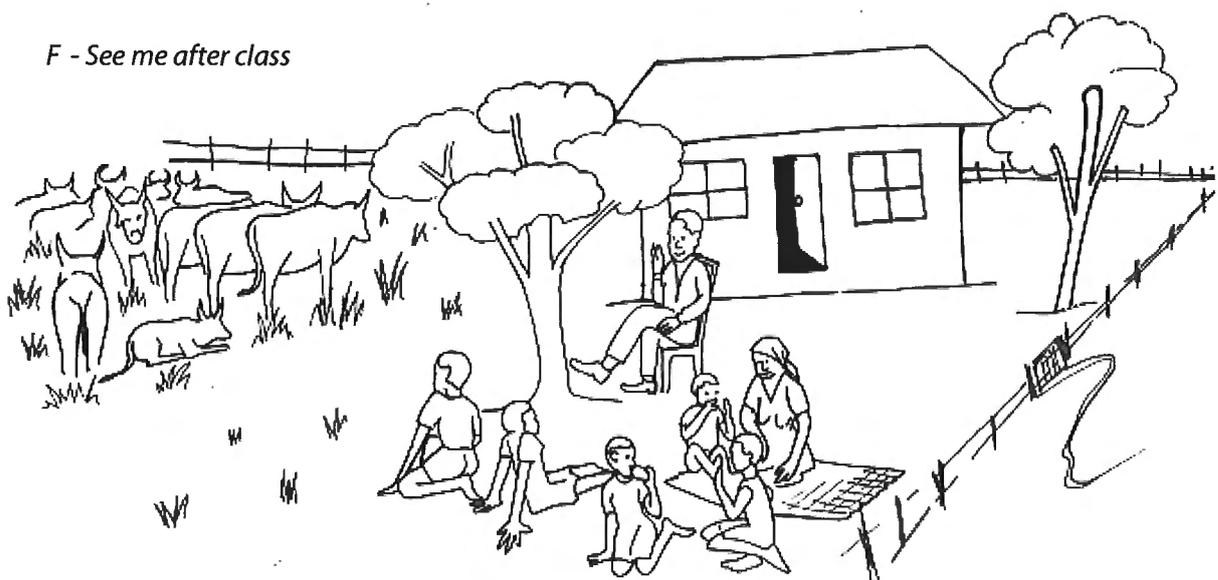


Figure 5: David Mulenga's drawing of the future he wanted

Step 2: Imagine your future as you want it to be.

Clarify that the example you gave is just one person's "future island," and that each individual has their own personal dreams and goals, which may result in very different "future islands."

Get participants to relax and sit or lie back comfortably. In a soft, relaxed tone, slowly read the following, or use your own words. Pause between sentences, so that participants have time to think, reflect and imagine their future as they would like it to be.

You can each create your own future. I wonder what your future is like. Make yourself comfortable, relax, and imagine what your future might be like. You may want to start by thinking about the sort of relationships you want in the future, and then move on to what sort of job or career you want. You may find it helpful to close your eyes. Imagine how you would really like things to be at some point in the future – choose a time, maybe three or five years from now. On your future island, you can include anything that you want and that you believe is possible. Imagine being there on your island. You are very healthy and everything is going well for you. What can you see? Who is there with you? What can you hear? What are others saying about what you have achieved? How do you feel? What are you doing on your future island? What skills have you developed? What is important to you? Who are you on this island?

Step 3: Create or find something to represent your future island (optional).

Either A: Draw your future island. (For participants who have a pen and paper and are happy to draw) Give participants an A4 size plain paper and let each one create a picture of how they want their future to be at some future point in time – their "future island." Explain that their drawing does not have to be good, as long as they understand what it means. Allow 15 –20 minutes for this exercise.

Or B: Find a stone or other object to represent the future you want. (For participants who are not comfortable with drawing, or do not have pen or paper)

Ask participants to find a stone or other small, long lasting object they can keep, to represent their future island.

Step 4: Share your future island, and plan how to get there.

Lay out the crocodiles, hippos, bridges and island as you did for *Activity 1: Walking the Bridges*. Ask participants:

When you were trying to cross the bridge, was it easier when you kept looking at the crocodiles, or when you focused on the island at the end of the bridges?

Most people find it easier to stay balanced and cross safely when they focus on the far end of the bridge, where the island is positioned. When they focus on the dangerous creatures, they tend to fall off.

Once participants have answered, say:

If you focus on the problems of life, the water and the crocodiles, you are more likely to fall into the problems. In your journey through life, it is more helpful to focus on where you want to go and how you want your future to be.

Ask for a volunteer to describe to the whole group how they imagined their future, as if they are there now. If they have done a drawing, they should show and explain it. Ask them to stand next to the sample future island (at one end of the bridges) and describe how they imagine their future, as if it is happening now. Ask them:

What year is it now, on your future island? Describe the person you want to be on your future island, as though you are already there. What can you see? What can you hear? How do you feel?

Then ask the volunteer to put their drawing or object representing their future island down next to the sample future island and move to the other end of the bridges, where they started the walk across. Say:

You are now back here in the present. Look ahead to your future island, and think how great it will be to get there. Now ask yourself:

- *Which bridge am I on now, or which bridge will I get on now if I am in the water?*
- *Which bridges am I going to use to stay safe and healthy and get to my future island?*
- *What is the first thing I need to do today or this week to start moving towards my future island?*

Suggest that all participants think about these questions, so that they each find their own answers.

Ask the volunteer to walk across the bridges to their "future" and pick up the object or drawing representing their future island.

Step 5: Walk a timeline to your future island.

Tell participants to:

Get into pairs, with someone who will be your buddy. Stand with your buddy in the middle of the room, which represents NOW.

Walk with your buddy to one end of the room or training area, which represents the future you want. Describe to your buddy what it is like on your future island, as though you are already there.

Return to the NOW position and discuss with your buddy:

- *What you have already done in your life to keep yourself strong and healthy.*
- *What you can change or start doing in the next week or two, which will help you to remain healthy and strong and start moving towards your future island*

Step 6: Consider additional islands (optional).

Explain:

If your island seems too far away and impossible to reach, you may want to create another one nearer to you now, which you can see more clearly and travel to on the way. It is good to have short term, nearby goals (e.g. passing a school examination) linked to bigger medium and long-term goals (e.g. becoming a Teacher). If you reach one island, make sure you have another one further away to move on to.

Ask:

What nearby island can you get to in the next few months that will help you on your way to the future island you have drawn?

Step 7: Anchor the vision.

Encourage participants to keep their drawings or objects representing how they want their future to be. Suggest the following to participants:

- Keep your future island drawing and display it at home so that it acts as a reminder for maintaining this positive focus.
- Change your island if you want, and add additional islands.
- Discuss your future island and what you need to get there with your friends.
- Identify what you need to do to start moving towards your desired future, and do it.

Notes for Facilitators:

Tips for Facilitating the Creation of a Future Island

We ask participants to imagine their futures as they want them to be in the form of an island. Here are some things that help people to create a powerful future island.

- The imagination works more freely when relaxed so ask participants to **be relaxed** when imagining what it is like being on a future island.
- As a facilitator, you can help by **softening your voice and talking more slowly** when giving guidance on creating future islands.
- **Involve all the five senses** - i.e. what do you see, hear, feel, taste and smell?
- Use **outcome-focused questions** like:
 - What do you want?
 - How many different ways are there to get there?
 - What support do you need?
 - What is the first thing you need to do now?

Such questions help people focus on the outcomes they want, and provide positive motivation for behaviour change. Such questions are often more helpful than problem-focused questions like "What is your problem?" and "Who caused it?"

ACTIVITY 3: IDENTITY STATEMENTS - WHO AM I?

Purpose of Activity

- To develop strong personal identity statements that help each of us maintain healthy behaviours and be the sort of people we want to be.

Overview

The facilitator explains what identity statements are and what makes a good identity statement. Each participant then creates and shares his or her own identity statement.

Time Needed: 15 – 20 minutes

Preparation

Create your own identity statement. This will help you to understand the purpose and value of this activity, and will give you an example you can use when you facilitate this activity.

Read the notes about identity statements. Think about how you will explain this in the language you will use with your participants.

Links to Other Activities

Identity statements can be used to reinforce *Activity 3: Future Islands*.

Running the Activity

Step 1: Ask participants who they are and who they want to be.

Ask participants, "Who are you?" and get some of them to give you their answer. If they answer by giving you their name, say "If you changed your name, would you become someone else or cease to exist?" If they answer by giving you their job title, say "If you changed your job, would you become someone else or cease to exist?"

Ask participants, "Who do you want to be in the future?" Have some of them give you their answer.

Step 2: Explain identity statements.

Tell participants that in a minute they will each have a chance to create their own identity statement, so they need to understand how to do this and what makes a strong identity statement.

Explain the following:

- An identity statement is a very short description of the sort of person you would really like to be.
- An identity statement always starts with "I am..." It should be stated in the present tense ("I am...", not "I will be..."), as though you already are how you want to be.
- It should represent the sort of person you want to be, not what you actually think of yourself at the moment.
- Everything in an identity statement must be positive – no negative or self-critical words are allowed.
- You may include words like healthy, happy, strong, loving, valuable, successful, brilliant, determined, wise, respected, responsible, courageous, or any others that suit you.
- Some people use many words, while for others a single word is more meaningful.
- It may be helpful to think of other people you really admire and would like to be like. What words would you use to describe them? Those are those type of words you should consider using in your own identity statement.
- The best way to test whether a particular identity statement is right for you is to try saying

it to yourself. If a particular word or phrase makes you feel great and makes you think, "Yes, wow – that's really what I want!" then use it. If a word or phrase has no effect on how you feel, leave it out and keep looking and experimenting with other words.

Use appropriate examples to clarify what you mean by identity statements. This could be your own identity statement, which you developed before running this session. Some other examples are included in the *Notes for Facilitators: Examples of Identity Statements* (below).

Step 3: Tell each other your identity statements.

Tell participants to stand up, walk around and find a partner. In these pairs, they should share their identity statements. One should ask, "Who are you?" and the other one should reply, "I am..." and give their identity statement, with expression and feeling. Then do it the other way around. When they have finished, they should split up, find another partner, and repeat this exercise. Allow time for people to repeat this with 5 or 6 different partners.

Step 4: Share and revise identity statements.

Get three or four people to share their identity statements with the whole group. This sharing of identity statements often gives others ideas for improving their own identity statements. Give participants two minutes to make any final changes to their identity statement.

Encourage participants to write down or memorise their identity statement, and repeat it to themselves regularly. If they have done a drawing of their future island, they should add their identity statement to this.

**Notes for Facilitators:
Identity and Behaviour**

Our behaviour is consistent with the sort of person we think we are – our identity. Our identity is established and reinforced by what we tell ourselves about who we are, and by how we internalise and give meaning to our experiences, including what others do and say to us. The identity we currently hold may be a mix of things, which either support or erode our self-esteem and our consequent behaviour. Our sense of identity is not fixed, and we can choose to change it if we want. Identity statements can help us do this.

**Notes for Facilitators:
Examples of Identity Statements**

- Mohammed Ali, the world heavyweight boxing champion, provides a good example of using an identity statement. He was confidently and consistently telling himself, his opponents, and the world at large, "*I am the greatest!*" long before he won his first major boxing title, let alone the world heavyweight championship.
- A participant in a support group session for people living with HIV, who presented herself initially as a "suffering victim of HIV," created the following identity statement: "*I am a determined, responsible mother (with HIV in my body).*" This changed her sense of who she is (her identity) from being a "HIV victim" to being a "determined, responsible mother." She acknowledges that HIV is still in her body, but she no longer defines who she is in terms of her HIV status. Her mood changed and she became an enthusiastic and active member of the group.
- *I am strong, loving, healthy, happy and successful.*

ACTIVITY 4: CHALLENGING AND CHANGING LIMITING BELIEFS

Purpose of Activity

- To challenge and start to change those beliefs held by participants which restrict their choices and may prevent them from achieving what they want.

Overview

Participants think of and present statements which reflect limiting beliefs that they hold. The facilitator responds with specific types of questions which challenge and dislodge the limiting beliefs, opening up choice and possibilities for the participants.

Time Needed: 15 – 20 minutes

Preparation

Read the *Notes for Facilitators: A Technique for Challenging Limiting Beliefs* on the next page. Practice using this technique with one or two friends.

Running the Activity

Step 1: Identify some limiting beliefs.

Ask participants to write down or to think of sentences that are true of themselves which start:

"I cannot..."

"It is impossible for me to..."

"I have to..."

Step 2: Challenge these limiting beliefs.

Ask participants one at a time to say one of their sentences to you. When they do, respond with a question similar to one of the following:

- What would happen if you did?
- What would happen if you didn't?
- Has it ever been different?
- Have you ever done what you now say is impossible for you?
- Has anyone like you ever done what you say you cannot do?

DO NOT use the question "Why?"

Allow the participant to respond. As soon as the participant acknowledges and recognises that an alternative is possible, and that he or she has some element of choice, you have finished with that participant.

Repeat this step with other participants.

Notes for Facilitators:
A Technique for Challenging Limiting Beliefs

We behave in ways consistent with our beliefs and values. Certain beliefs can restrict our choices and limit our capacity to change the ways we behave. These notes offer a simple, yet powerful technique for challenging and changing such limiting beliefs.

People express limiting beliefs with statements like: "I cannot...", "I have to...", or "It is impossible to..." These leave the speaker no choice or alternative possibilities, and they are therefore disempowering. For example:

- As a woman/girl, I have to do what the man/boy says.
- I cannot get a place at college.
- It is impossible for a young man to abstain from sex for more than a week.
- I cannot talk to my parents about sex.

You can challenge and help people change their limiting beliefs by responding to such statements with specific types of questions, such as:

- What would happen if you did?
- What would happen if you didn't?
- Has anyone like you ever done what you say you cannot do?
- Has it ever been different?
 e.g. Has a young man ever managed to abstain from sex for more than a week?
 e.g. Has a young person ever spoken to their parents about sex?

These types of questions prompt people to move from a belief that they have no choice to a realisation that there are in fact other options and possibilities they could choose.

Avoid the question "Why?" This just lets people to justify and reinforce their limiting beliefs, instead of encouraging them to think about other possibilities.

A typical exchange might go like this:

Youth: I cannot talk to my parents about sex.

Facilitator: What would happen if you did?

Youth: I would feel so embarrassed.

Facilitator: So you could in fact talk to your parents about sex, but you would feel embarrassed doing so.

Youth: Yes, I suppose it is possible.

This sort of intervention is very quick - as soon the other person recognises and acknowledges that there are other possibilities and that they have some element of choice in the matter, their limiting belief has been dislodged. This permits exploration of newly acknowledged choices (in this example, the conversation could progress to ways of overcoming embarrassment when talking to your parents about sex).

This technique also provides a strategy for challenging gender stereotypes and changing beliefs about gender roles, thereby opening up new possibilities for both women and men.

ACTIVITY 5: LIFEBOAT – VALUING YOURSELF AND YOUR LIFE

Purpose of Activity

- To help participants realise how important it is to value their own life, take responsibility for themselves, and act to protect their own health.

Overview

Participants imagine they are all on a sinking boat, with only one small lifeboat or canoe for three people. Each person says why they should be on the lifeboat, and then votes for who they think should get a place on the life boat. Normally very few people give themselves even one vote. The de-brief reflects on this and how important it is to really value their own life and to do what they need to do to protect themselves and stay healthy.

Time Needed: 20-30 minutes

Materials Needed

- Enough small pieces of paper (or small stones or sticks) to give 3 to each participant.

Group size: Works well for groups of between 6 and 40 participants.

Running the Activity

Step 1: Explain the activity.

Give each participant 3 small pieces of paper or post-its. Say to all participants:

Imagine you are all together on a boat that is sinking fast in crocodile-infested water. There is only one lifeboat, a canoe that can take just 3 people and requires all 3 people to row it to shore. There are no other boats around and there is no time to arrange for a rescue. If you are not on the lifeboat, you will undoubtedly die. You are going to vote for who should be on that lifeboat, but first you each have 20 seconds to justify why you should have a place on the lifeboat.

Step 2: Have participants justify why they should be on the lifeboat.

Ask each participant, in turn, to stand up and say why they should have a place on the lifeboat. After 20 seconds, stop them and ask them to sit down. The next person then starts.

Step 3: Manage the voting.

Explain:

Everyone must close their eyes throughout the voting process. When tapped on the shoulder by the facilitator, open your eyes and place your voting papers in front of the chairs or seating positions of whoever you want to vote for, then return to your place and close your eyes again. You can vote for anyone in the room except for the facilitators, and you can distribute your three votes however you want. Now close your eyes.

Get people to vote one at a time. After each person votes, collect their papers. Note how many people (if any) give themselves one or more votes.

Step 4: Debrief.

When the voting is complete, tell everyone to open their eyes.

Summarise how many people in the group gave themselves no vote, one vote, two votes or three

votes (without saying who). Normally very few people vote for themselves. Explain that only those who gave themselves a vote valued their own life enough to climb on the lifeboat themselves. Despite standing up and justifying why they should have a place on the lifeboat, nobody else values themselves enough to give themselves even a single vote.

Use the ideas in detailed in the *Notes for Facilitators: The Lifeboat Process* to explain and de-brief this activity. Allow time for participants to reflect, and facilitate discussion on how this activity relates to their situation in life.



Figure 6: Thando Mwale facilitating this activity with a group of in-school youth at YWCA.

Notes for Facilitators: The Lifeboat Process

The lifeboat process can show us many things. However, the main lesson concerns our gut-level response to a situation where our life is at risk, when you have to make a rapid decision about what to do. Participants complain that the process was a "trick," that this is unfair, and that we should have explained the options more specifically - then they might have made a different decision! Indeed, this might be true.

This process is designed to simulate real-life situations, where your instinct to survive is the only thing you have to base a rapid decision upon. For example, whether to insist on preserving your young body and virginity when your partner insists on breaking it and threatens to leave you if you do not agree. Or whether you get into a vehicle with a driver you do not trust completely, but you are tired and want to get home. Many such real-life situations are equally vague: "What do I do?"

There is little conscious thought involved in making such rapid decisions. In fact, one of the qualities of such situations is that you either cannot think, or your thinking is confused. This is why your *unconscious beliefs* emerge to direct your behavior in that moment. Your reactions to the situation therefore reveal many things, including the end-result of beliefs that you have gathered since childhood, concerning **the value of your life, and also whether you believe you have value to add to the world.**

There are three principal ways to react in a situation like the lifeboat:

1. Give yourself no votes at all, and give other people all three votes.
2. Give yourself one vote, and distribute two votes to other people.
3. Give yourself two or three votes, and others one or none.

There is one other possible response: refuse to vote at all. This rare occurrence typically reflects a feeling of "I am going to lose/die, and I will not help anyone else survive either."

You were told that you could vote for *anyone*, except the trainers. Whether you included yourself or not was part of the lesson of the process. Most people either do not include themselves as part of "anyone," or think about it, but then dismiss it. Regardless of the reason, the end result is the same: You die. Essentially, by not giving yourself one of the three votes, you are saying that your life is less valuable than the lives of other people.

What does each of the three typical responses mean? Let us answer this question by clarifying the key aspects of the process itself:

- (a) Your life was at risk – you would die unless you got onto the lifeboat. All other options – being rescued or swimming to safety – were eliminated. Therefore, the outcome was simple: You either survived, or died. Therefore, this process was mainly about your *survival instinct*. Weighed against this instinct is all your social conditioning regarding the "right" thing to do, and all the beliefs you hold about the value of your life (typically negative). In those who fail to give themselves a single vote, their social conditioning and low sense of self-worth over-rides their survival instincts. This is no different from choosing to go along with unprotected sex, rather than risk rejection if you refuse a proposal for sex. Nor is it any different than an abused woman remaining with the abusive husband, even when she is able to leave.

This zero-self vote can be summarized as follows:

$$\frac{\text{YOU}}{\text{ME}} \quad (\text{are more important than})$$

i.e. My life is not as valuable as others. Approval from others is more important than my life itself. If they reject me, I would rather die. Psychologically, this refers to "co-dependent" behavior, where the value of the self is dependent upon others, and outside forces. Power – to heal, to control life, to be happy – is placed outside the self. People with this response find it difficult to regain or maintain health unless some "authority" gives them the permission to do so.

- (b) You were also told that it requires *three* people to control the life boat; three people had to survive, not just one. Therefore, it cannot be said that this was a you-or-me situation: you needed two other people to help you if you got into the lifeboat. Therefore, if you gave yourself two or three votes, you were also voting to die, as you could not survive in the boat by yourself. This response is typically found in people who have had their trust abused, and who have come to believe that you cannot trust anyone to support you.

This vote can be summarized as follows:

$$\frac{I}{\text{YOU}} \quad (\text{am more important than})$$

Psychologically, this response reflects "independent" emotional development, i.e., the rebellious teenager: "Bugger you! I am the only one that matters!" The individual is typically isolated and refuses support from others. This is the second stage of emotional development: she/he is attempting to claim power to control his/her life, health, and happiness. However, as the exercise shows, even this is not enough - you cannot survive and thrive without co-operation and support.

- (c) You give one vote to yourself, and one vote to two other people. You survive. This is the response we look for, as it reflects two critical things about you:
- (i) You recognize that the value of your life is not more or less than anyone else's.
 - (ii) You recognize that life is about "interdependence:" you AND me, supporting each other to achieve what we seek to achieve.

YOU = ME

Isn't this what "Love your neighbor AS yourself" implies?

There are two main reasons why people do not even consider giving themselves a vote:

1. Past experiences where they were told they were unworthy, or had to sacrifice their truth in order to be accepted by others;
2. Absence of a vision of the future that is worthwhile and exciting (sense of purpose).

This lack of a strong determination to live can manifest in your life in specific areas (e.g., relationships, health, finances, work), or it can be general.

Without a strong sense of, "My life is worth something," actions to promote health and happiness tend to be a struggle, and some may stop trying when they encounter major obstacles.

You cannot give something that you do not have - including love and respect.

ACTIVITY 6: WHO WANTS IT?

Purpose of Activity

- To emphasise the need to take action in order to achieve goals.
- To recognise that we sometimes need to stand out and be different from our peers and others around us in order to stay healthy and achieve what we want in life.

Overview

The facilitator offers something that participants are likely to want, until one participant stands up, walks over and accepts it. The debrief explores the reasons why participants responded as they did, and how this relates to relationships and other situations in life.

Time Needed: 10 minutes

Materials Needed

- A prize - something you are happy to give away and that the participants are all likely to want, but would not expect you to just give them, i.e. a bag of sweets, a bank note like K5000.

Links to Other Activities

This is a good activity for when you are nearing the end of a session. It could be used after the *Future Islands* activity, to get people thinking about what actions they are going to take.

Running the Activity

Step 1: Offer the prize.

Ask participants if they would like whatever it is you have to offer (the "prize.") Hold up the prize and ask:

Who wants it?

Continue asking "Who wants it" and wait until someone in the group stands up, walks up to you, and takes the prize. Then let them have it.



Figure 7: Hilda Ngunga facilitating this activity with a group of in-school youth at YWCA, Lusaka

Step 2: De-brief.

Ask the person who got the prize:

What made you come and take the prize?

Ask those who did not move:

What stopped you from collecting the prize?



Figure 8: Finally, someone comes to take the prize

Here are some of the reasons which participants may give, and the interpretation you can provide:

- *I did not want to stand out.*
- *I was worried that others would think I was greedy or impolite.*

Interpretation:

To achieve what you really want, you have to act. This may mean doing or saying things that make you stand out, or look foolish, or that offend someone else. You may think that everyone else is having sex, or getting drunk, and you do not want to stand out and be different. You may risk offending someone or losing your boyfriend or girlfriend if you refuse to have sex with them. You have to be very clear about what you really want (for example, to have a healthy future and a long life) so you are confident to act differently from your peers.

- *I did not think you would actually give it to one of us.*
- *I thought it was a trick.*

Interpretation:

To reach our goals in life, we have to take action towards achieving them, even if we are not certain they will work out.

- *I thought it was rude to stand up and take the money.*

Interpretation:

So does that mean you are not prepared to be rude to someone who is pressuring you to have sex or take drugs? Or will you go along with what they want to avoid being rude?

If the prize was some money, ask:

Whose plans and goals will require some money?

(Normally everyone responds). Then say:

Was this not an opportunity to get a little money, to help towards those goals? For one reason or another, the rest of you missed that opportunity.

Section Two: Exploring Life and Health Issues Concerning HIV and AIDS

Introduction to this Section

In terms of the island/crocodiles/bridges metaphor introduced in *Activity 1*, **Section Two** focuses on understanding issues around a particular “crocodile” called HIV. It clarifies basic technical information about HIV transmission and prevention, VCT and treatment. Activities in this section (such as *Activity 13: Where Do I Stand?*) also explore participants’ attitudes and values around HIV/AIDS related social issues.

Activities in this section are:

- Activity 7: Wildfire
- Activity 8: Voluntary Counselling and HIV Testing (VCT)
- Activity 9: Can You Tell Who is Living With HIV?
- Activity 10: What Happens in the Body of Someone Living With HIV/AIDS?
- Activity 11: True or False
- Activity 12: Risk Ranking
- Activity 13: Where Do I Stand?
- Activity 14: The Big Picture (Statistics for Zambia and Elsewhere in Africa)

ACTIVITY 7: WILDFIRE

Purpose of Activity

- To help participants understand how HIV (and other STIs) are spread in a community.
- To show that HIV is a serious issue which needs addressing and has personal risk implications.

Overview

This quick participatory exercise simulates how HIV can spread in a community, using an unusual hand greeting to represent having unprotected sex. It introduces discussion about HIV transmission and personal risk.

Time Needed: 15-20 minutes

Links to Other Activities

This activity gets participants thinking about VCT, so this can link to *Activity 8: Voluntary Counselling and HIV Testing*.

Running the Activity

Step 1. Do the shaking hands exercise.

Explain and demonstrate an interesting, entertaining way of greeting someone – for example:

Hold your nose with your left hand, put your right arm through the gap created by your left arm, and shake right hands with somebody else doing the same thing.



Figure 9: Wildfire activity being used at Samfya market

Demonstrate shaking hands like this with two of your participants, then instruct participants:

Walk around the training area and shake hands with a maximum of three other people using this new greeting. This is voluntary – you can refuse to shake hands with someone if you do not want to. When you have finished, move to the back of the training area.

Step 2: Explain and discuss the meaning of this exercise.

Ask the two people you first shook hands with to come forward to the front of the training area with you. Say to the group:

Imagine that, at the beginning of this game, I was HIV+, and these two people were also HIV+.

The rest of you were HIV-. In this game, greeting someone in this unusual way represents having unsafe sex with that person. So anyone who greeted one of us has, according to this game, "had sex," and exposed themselves to the risk of HIV infection. Can those who shook hands with one of us come forward and join us here at the front?

Then ask those still at the back of the training area:

Anyone else who greeted anyone now standing at the front, please come to the front also.

According to this game, you have also placed yourselves at some risk of HIV infection, having "had sex" with someone who "had sex" with someone who is HIV+.

By now most participants should be standing at the front of the training area.

Ask participants:

How many people did you "have sex" with? (i.e. shake hands with).

- If someone says "nobody," explain that they have been "abstaining," and ask him or her what they felt like refusing someone who approached them for a handshake.
- 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). What led to 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 and discuss, according to the game:

How many people were originally infected with the HIV virus?

How many are now at risk of infection?

What does this tell us about how HIV can spread in our community?

Explain:

According to this game, the sexual relationships you have had have put many of you at risk of HIV infection. But you do not know whether you are actually living with HIV or not. The only way you can know is through getting an HIV test.

This can lead straight into *Activity 8: Voluntary Counselling and HIV Testing*.

ACTIVITY 8: VOLUNTARY COUNSELLING AND HIV TESTING (VCT)

Purpose of Activity

- To clarify what VCT (Voluntary Counselling and HIV Testing) involves.
- To consider issues about going for VCT.

Overview

Facilitated discussion clarifies what is involved in VCT, and a creative visualisation exercise takes participants through the testing process from a personal perspective.

Time Needed: 20-40 minutes

Preparation

Make enough "test results" for each participant, using pieces of paper or card. Mark half of them with a square, the other half with a circle, then fold them and put them into a box, bag, or hat.

Read *Appendix 1: Key Information 3 - Voluntary Counselling and HIV Testing* on page 104.

Find out yourself what VCT facilities are available locally, and what procedures they use for counselling and testing. If possible, obtain leaflets about the services they offer to give to your participants. When explaining VCT, participants often ask the facilitator, "Have you been for VCT yourself?" If you can honestly say, "Yes, I have" and talk about it based on your own personal experience, it will add credibility and impact to the session, particularly when you get participants to imagine going through the process (Step 2).

You might also try to arrange for one of the counsellors from a local VCT centre to come and present some summary information about VCT and the service they offer.

Links to Other Activities

- This activity follows on very well from *Activity 7: Wildfire*, which clearly identifies the need for VCT.
- This activity and discussion can be linked to *Activity 16: Forum Theater and Role Play (Scenario H)* and to any of the activities in *Section 4: What if You or Someone You Know is HIV-Positive?*

Running the Activity

Step 1: Discuss HIV testing issues and concerns.

Clarify that an HIV test is the only way of knowing for sure whether or not you have the HIV virus in your body.

Ask:

- *What happens during VCT?*
- *What do you need to take into consideration before having the test?*
- *Who would you tell the result to and how might they react?*
- *How would it feel to be negative? Positive?*
- *Who of you would decide not to go for a test?*

Ask those who say they would not go for a test to take a step back and those who would go for a test to move forward, so the two groups separate.

Step 2: Imagine going for VCT.

Get participants to imagine going through the VCT process, describing it like this, but in your own words:

*I would like you to relax and imagine you are now going for VCT. You go for pre-test counselling, and give a blood sample. The blood sample is tested and you are coming for the results. Your counsellor invites you into the counselling room and asks you to sit down. The counsellor asks if you still want to know your result. If you do **not** want to know your result, put your hand up.*

If anyone puts their hand up, ask them to move and join the group at the back that chose not to go for VCT.

Have each person pick one test result piece of paper/card. Say:

Open your piece of paper – it may have either a circle or a square drawn on it. One means that your test result is positive, the other that your test result is negative. How would you feel if I told you that a square means HIV+ result, and a circle means HIV- result?"

Ask:

Those whose test result is negative, how do you feel?

Those whose test result is positive, how do you feel? What would do next?

Then ask how people would feel if the results were reversed, i.e. a circle meant an HIV+ result and a square meant HIV-.

Include in the discussion those at the back who "decided not to go for a test," or who did not get their result. Ask:

How do you feel now about not knowing your HIV status?

Step 3: Discuss where VCT is offered.

Find out from participants whether they know where they can go for VCT in their community, area, or nearby town. Discuss what options might be available for participants to access these services. Give participants the name, location, opening times and cost of VCT. You could provide details of other centres in other towns outside the area to participants, as people who fear a lack of confidentiality may prefer to go further away.

Step 4: Have a VCT counsellor make a presentation and answer questions (optional).

If you have a counsellor or representative from a local VCT centre, have him or her describe the service offered, and answer questions from participants.

ACTIVITY 9: CAN YOU TELL WHO IS LIVING WITH HIV?

Purpose of Activity

- To address assumptions and stereotypes about who is/is not living with HIV.
- To clarify that appearance is a very poor indicator of HIV status.
- To improve understanding of issues for people living with HIV, and what it means to live positively and openly with HIV.
- To encourage participants to get tested in order to know their HIV status.

Overview

Participants select, from a range of photographs of people (a diverse mix by ethnicity, age and gender), who they think is or is not living with HIV. The reasons for their choices are discussed before the facilitator describes their case history and confirms that in fact they are *all* living openly with HIV.

Time Needed: 15-20 minutes (60-90 minutes if an HIV+ speaker is included)

Materials Needed

A set of printed photographs of people living openly with HIV, each on a separate A4 sheet, together with their stories/case histories. (These are included in the HEART Life Skills toolkit.)

If possible, arrange for an HIV-positive speaker to join the session, give a presentation and answer questions from your participants. This should be someone who is currently healthy and reasonably positive about life.

Preparation

Read and familiarise yourself with the stories of the different people in the photographs you are going to use.

Links to Other Activities

This can easily be linked to:

- *Activity 10: What Happens in the Body of Someone Living With HIV?*
- All the *Section 4* activities: *What if You, or Someone You Know, is Living With HIV?*

Running the Activity

Step 1: Have participants select who they think is/is not living with HIV.

Lay out a selection of photographs/pictures of people who are living openly and positively with HIV (as shown in Figure 10a), or have participants to hold one picture each so that everyone can see them (as shown in Figure 10b).

Ask participants to look at the pictures and identify who they think is living with HIV and who is not. Ask them to move pictures of people they think are living with HIV in one direction, those they think are not living with HIV in the other direction, and leave the ones they are not sure about in the middle.



Figure 10a: Using this activity in Gaborone

Figure 10b: Paul Luanga facilitating this activity with groups at Garden Market, Lusaka. The pictures of people participants think are living with HIV are being held higher.

Step 2: Discuss their decisions.

Ask participants to explain why they have selected the people they have as either living or not living with HIV. When someone says, for example:

He looks sad – he probably has HIV.

respond by asking them:

So if anybody looks sad, do you think they have HIV?"

Respond in a similar way to other comments like *"She looks very religious"* or *"He is too old to have HIV."* This gets participants thinking about the judgments and assumptions they make and the stereotypes they have about people's HIV statuses.

Select some of the pictures, one by one, and summarise the actual stories of these people. Clarify that *all* pictures are of people who are HIV+, and that it is impossible to know someone's HIV status just by looking at them.

Step 3: Have a presentation by a speaker who is living with HIV (optional).

If you have a speaker – someone who is living openly and positively with HIV, who is happy to share his or her own experiences with the group - introduce him/her, and allow time for a presentation, questions and discussion.

Step 4: Display the pictures and stories.

After the session, pin up the *Living Openly* pictures and the stories that go with them so that participants can look at them and read the stories.

ACTIVITY 10: WHAT HAPPENS IN THE BODY OF SOMEONE LIVING WITH HIV/AIDS?

Purpose of Activity

- To clarify the difference between HIV and AIDS.
- To explain in a memorable way what happens to a person's body and immune system once they are infected with HIV, and how this can progress to AIDS.
- To emphasise that someone living with HIV can feel and appear very healthy for many years.
- To explain simply what ARVs do and why it is important to use them continuously once started.

Overview

This activity uses a short drama to demonstrate and explain HIV, AIDS, opportunistic infections, and antiretroviral drugs in a memorable way. As the director/narrator, you need four or five people to help you (including members of your audience), who become characters called "White Blood Cell," "HIV," "Infection," "Another Infection," and (optionally) "Antiretroviral." In an area representing the human body, these actors demonstrate the interactions between their different characters as follows:

Stage 1: Not yet infected - The immune system is portrayed by the *White Blood Cells*. These "soldiers" or "police" are strong and able to fight off any *Infection* entering the body.

Stage 2: Living with HIV, no symptoms

HIV enters the body, but *White Blood Cell* pushes and holds *HIV* down in one corner. *White Blood Cell* still remains strong and is able to fight off *Infections* (see Figure 11).

Stage 3: Living with AIDS

HIV weakens *White Blood Cell*, allowing *infections* to dance freely around the body.

Stage 4: Antiretroviral treatment

If *Antiretroviral (ARV)* arrives, it pushes *HIV* back into a corner, allowing *White Blood Cell* to recover and fight off *Infections* again. If the person stops taking the ARVs, and ARV leaves the body even for a short "drug holiday," it may thereafter not work so well in controlling *HIV*.

Time Needed: 15 - 30 minutes

Materials Needed

The stick bridges, or something else to create a boundary for the "body."

Preparation

- Read the facilitation notes carefully, and plan and practice how you will present it in your own words, in the preferred language of your group. If you have co-facilitators, ask one or

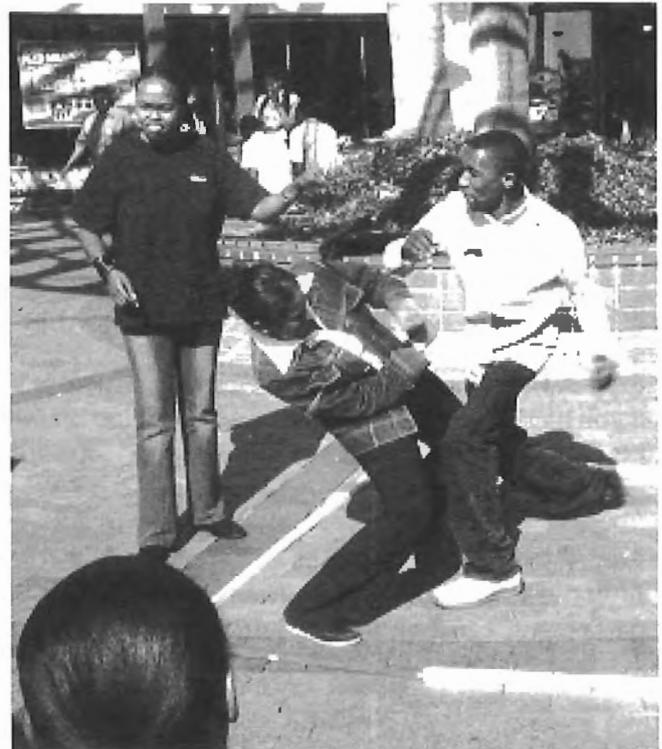


Figure 11: Explaining how the White Blood Cell is pushing HIV down in one corner of "the body," so that White Blood Cell remains free to fight off and push out other Infections that enter the body.

- two of them to play key roles (e.g. *White Blood Cell* and *HIV*.) Practice in advance. Decide whether to include *Stage 4: Antiretroviral Treatment* at this stage, or leave the ARV discussion for later.

Optional: Make masks or labels to represent each role.

Optional: Create some lines for some of the actors to say, to introduce and clarify the role they are playing, for example:

Hello, I am a White Blood Cell, a soldier of this body. I am strong and tough and I fight any infection that comes into this body.

Running the Activity

Step 1: Create an area representing the human body.

Using the stick bridges, string, tape, chalk or chairs, make an area about 2 meters across, in the shape of a square or circle.

Step 2: Get four or five "actors" and allocate roles.

Ask for volunteers from your group to help you with a short drama. You should have a total of 5 actors, including the co-facilitators you have already briefed. Give each a different role. Ideally, the tallest, toughest looking person should be *White Blood Cell*.

Step 3: Present the drama.

Either read the script on the left-hand side of *Table 2*, or tell the story in your own words and in the easiest language for your participants (the latter option is preferable). As you do so, ensure that the actors demonstrate what you are saying by doing what is written in the right-hand side of the *Table 2*. Stop briefly between each stage, so the different stages are clear. If you have agreed and practiced this in advance, some of the actors may introduce the role they are playing.

Step 4: Review questions.

Thank the actors, and encourage applause from the audience. Ask for questions about the drama and what it means in real life. Answer any questions and discuss issues that arise. Explain that all the pictures you saw in *Activity 9: Can You Tell Who is Living With HIV?* were of people in the second stage – with HIV in their body, but still fit and strong.

**Table 2: Facilitators Notes for Presenting the Drama:
What Happens in the Body of Someone Living with HIV/AIDS?**

Suggested Script for the Facilitator	Role of Actors
Stage 1: Not yet infected with HIV	
<p><i>This area represents a healthy human body. In this human body are millions of white blood cells - normally between 600 and 1000 of in every milliliter of blood. White blood cells are like soldiers or policemen; they guard and fight off any infections that enter the body. They are part of the body's immune system. Let's welcome and give White Blood Cell a round of applause.</i></p>	<p><i>White Blood Cell steps into the area representing a human body, and looks tough, flexes his/her muscles, adopts a strong man/body building/fighting pose, like a boxer in a ring.</i></p>
<p><i>Generally the white blood cells are strong and can fight off almost any infection. Here comes an Infection, such as one which causes diarrhea or certain skin diseases.</i></p>	<p><i>Infection enters the body. White Blood Cell attacks Infection, and pushes it out of the body.</i></p>
<p><i>Here comes Another Infection - maybe pneumonia or TB.</i></p>	<p><i>Another Infection enters the body. White Blood Cell attacks Another Infection, and after a brief fight, forces it out of the body.</i></p>
<p><i>The body's immune system is able to deal with infections and common illnesses and get rid of them fairly quickly.</i></p>	<p><i>White Blood Cell flexes muscles, shows his/her strength.</i></p>
Stage 2: Living with HIV, no symptoms	
<p><i>One day, HIV enters the body. In most cases, it does this through unprotected sex with another body where HIV is already living. White Blood Cell fights off HIV and pushes HIV into one corner, but White Blood Cell cannot get rid of HIV completely.</i></p>	<p><i>HIV enters the body, starts gently attacking White Blood Cell. White Blood Cell pushes HIV to one side or corner of the body, and forces HIV down (see picture on page 54).</i></p>
<p><i>As well as keeping HIV at bay, White Blood Cell remains strong and effective at fighting off other infections. It is possible for the White Blood Cells to stay strong and fight off other infections for many years - normally between 5 and 10 years and sometimes a lot longer, even 20 years. Healthy eating, a positive attitude towards life, a focus on the future, and antiretroviral drugs can all help to extend this period. A few people with HIV may never develop AIDS.</i></p>	<p><i>Infection enters again and White Blood Cell once again pushes Infection out of the body. Another Infection enters and the same thing happens.</i></p>

Suggested Script for the Facilitator	Role of Actors
Stage 3: Living with AIDS	
<i>In most cases HIV eventually starts to get stronger and manages to attack and take over most of the White Blood Cells, so the body's immune system is severely weakened.</i>	<i>HIV stands up and attacks White Blood Cell and gets both arms of White Blood Cell locked behind his/her back so that White Blood Cell cannot fight off infections.</i>
<i>When Another Infections enters the body now, the White Blood Cells can no longer fight them off. The immune system is now very weak, and can be attacked by any opportunistic infection. Infections are free to run and dance all round the body, and the White Blood Cells can no longer stop them. The body now has AIDS – Acquired Immune Deficiency Syndrome.</i>	<i>Infection and Another Infection both enter the body, dancing round the other characters. HIV continues to hold White Blood Cell.</i>
Stage 4: Antiretroviral treatment <i>(Note: You may want to leave this stage out the first time you do this activity with a group, and add it later when you get on to discussing Antiretroviral Drugs)</i>	
<i>When someone's count of white CD4 blood cells drops to around 200 cells per microliter, or they have some AIDS defining illnesses, they may start to take a combination of antiretroviral drugs, or ARVs for short. ARVs can prevent the HIV virus from reproducing using White Blood Cells, but they cannot get rid of HIV completely. They allow the White Blood Cells to build up again, so that they can once more fight off infections. If someone knows they are living with HIV, they can be monitored so they start taking ARVs at the best time, rather than waiting until AIDS has progressed too far in their body.</i>	<i>ARV enters the body and attacks HIV, freeing the White Blood Cell from HIV's grip, and pushing HIV back into a corner. White Blood Cell recovers its strength and once again fights the Infections and pushes them out of the body.</i>
<i>The ARV drugs must be taken every day. If the person stops taking the ARVs – even for one day – the drugs may not work when they start taking them again. HIV may recover and start attacking White Blood Cells again, and ARV may no longer be able to control HIV when it returns to the body.</i>	<i>ARV leaves the body. HIV recovers and starts attacking White Blood Cell again. ARV re-enters the body, but this time is unable to catch HIV and push HIV into one corner. HIV gets round ARV and continues to attack White Blood Cell.</i>

ACTIVITY 11: TRUE OR FALSE

Purpose of Activity

- To teach basic facts about HIV/AIDS, including how it is transmitted, how it can be prevented, and how it is treated.
- To give facilitators insight into what participants do and do not know.

Overview

Participants complete a short true/false questionnaire. The group then goes through each question in turn, discussing the answers, their explanations, and related issues.

Time Needed: 20 - 60 minutes, depending on the number of questions and depth of discussion.

Materials Needed

- Copies of the True/False question sheet on page 62 (one per participant, unless you are asking the questions verbally).

Preparation

- If the participants have low reading and writing levels, plan to ask the questions verbally instead of doing a written quiz.
- Adapt the True/False question sheet on page 62 if necessary. It may be worth translating the questions into a language your participants are comfortable with. Copy the quiz sheet (one for each participant).
- Familiarise yourself with the answers to the questions, so that you are confident about giving an accurate explanation yourself, in your own words.
- Read the notes below under *Quiz - Answers and Explanations*, and **all** *Key Information* sections in *Appendix 1*, as they all contain relevant information.

Links to Other Activities

Other activities can be used to help explain and clarify the answers to some of the questions, for example *Activity 10: What Happens in the Body of Someone Who is Living With HIV/AIDS?* can be used to help explain questions 2, 3, 9 and 10.

Running the Activity

Step 1: Introduce and hand out the quiz.

Introduce the quiz:

We need to understand more about the nature of one particular "crocodile" called HIV. To help do this we have a short quiz.

Hand out one quiz sheet to each participant. Give them about 2 minutes to circle what they think is the correct answer – either true or false for each question. Clarify that this is not an exam – participants will keep their own papers.

Step 2: Discuss answers and explanations.

Go through each question with the whole group. Ask participants:

For this question, who said true? – Put your hands up.

Who said false? - Put your hands up.

Make a note of approximately how many people gave the correct/incorrect responses. This can help you identify which aspects of HIV and AIDS your participants are knowledgeable about, and which they are not.

Ask different participants their reasons for choosing the answers they gave. Once participants have had a chance to discuss their choices, give the actual answer and explanation for it (if this has not become clear during the discussion). Below are some guidelines for explaining the answers to each question.

QUIZ - Answers and Explanations

1. **I can tell if someone has HIV.** - False

You cannot tell by looking at someone whether or not they have HIV. Old people, young people, fat people, thin people, rich people, poor people, happy people, sad people and people of all religions can all have HIV. The pictures and stories from *Activity 9: Can You Tell Who is Living With HIV?* demonstrate this. Someone can only know for sure that they have HIV if they go for an HIV test.

2. **It is possible for someone infected with HIV to live for over 20 years.** - True

Without antiretroviral treatment, most people develop AIDS and die between 5 to 10 years after HIV infection. However, a number of people (long term survivors, or "long term non-progressors") have remained healthy for much longer than 10 years. David Patient, who was born in Zambia and now lives in South Africa, has celebrated 22 years since his original HIV+ diagnosis in March 1983. He is still very healthy, and has only just started using ARV drugs. A picture of him is included in *Activity 9: Can You Tell Who is Living With HIV?*

3. **The terms "HIV" and "AIDS" mean the same thing.** - False

Make sure participants are clear about the definitions of HIV and AIDS, and the difference between them.

HIV stands for **H**uman **I**mmunodeficiency **V**irus

- *Human* - the virus only survives in humans.
- *Immunodeficiency* - the immune system is weakened.
- *Virus* - the virus responsible for HIV is a tiny microbe that can *only* survive inside the body because it needs particular white blood cells found only in the human body (called CD4 or helper-T cells) to replicate (make copies) and survive. This is unlike bacteria, which can survive outside the body and are therefore more infectious e.g. TB, typhoid and cholera.

HIV attacks the body's immune system. For a certain period of time, which may be many years, the body's defense mechanism will keep the infection under control. During this time a person with HIV may feel completely well and have no symptoms. Such a person would be considered HIV+ but not as having AIDS, as they do not have one of the conditions which define AIDS.

AIDS stands for **A**cquired **I**mmune **D**eficiency **S**yndrome

- *Acquired* shows that this is a disease which someone *gets* or is *infected* with.
- *Immune Deficiency* means the immune system is weakened.
- *Syndrome* means that the presence of a number of symptoms *together* represent a particular condition. AIDS is therefore a group of conditions to which people infected with HIV become increasingly susceptible. HIV weakens the immune system so that a person might become ill with pneumonia, persistent diarrhea, TB, Kaposi's Sarcoma or

other opportunistic infections. Someone is considered to have AIDS when they have a combination of such illnesses and/or their CD4 count drops to below 200 cells/mm³. A healthy person normally has 800-1200 CD4 cells/mm³.

To help clarify the difference between HIV and AIDS, you may want to introduce *Activity 10: What Happens in the Body of Someone With HIV or AIDS?*, then come back to answer the other quiz questions.

You could also use this story to help explain how HIV progresses to AIDS:

The Wooden House, Termites and Storms

HIV in a human body behaves like termites in a wooden house. At first the viruses hide inside the body and multiply. Nobody realises that something has gone wrong. Like the house, which continues to look strong and stands up to many storms, the infected person looks well and healthy for many years. It takes a very long time for termites to eat through the wood in the house and make it weak. Then one night another storm comes. This house is now so weak that it collapses. Someone can live with HIV for many years before it progresses to AIDS and the immune system becomes so weak that, when another opportunistic infection enters the body, it cannot deal with the infection and collapses.

4. Mosquitoes can transmit HIV. - False

Although mosquitoes can transmit the malaria parasite, they cannot transmit HIV. Explanations for this include:

- HIV is a human virus, and will not survive long in a mosquito's stomach.
- Mosquitoes inject saliva not blood when they bite someone. The saliva contains an anti-coagulant to help the blood flow smoothly *into* the mosquito. The malaria parasite is transmitted through the injected saliva, but HIV cannot be transmitted the same way because it is only found in the blood.

5. There are established cases of people getting HIV from kissing. - False

Wet or deep kissing, sometimes called "tongues" or "french kissing" does not result in HIV transmission because saliva does not contain the required *quantity* of HIV for infection to occur. Someone would, apparently, have to drink over 8 litres of HIV infected saliva in one sitting to have any chance of become infected.

If both people have cuts in their mouths or open and bleeding sores, there is a theoretical or very low risk of HIV transmission by kissing, but there are no established cases of this ever actually happening.

To help clarify the issues around HIV transmission, you may want to introduce *Activity 12: "Risk Ranking"*, then come back to answer the other quiz questions.

6. In Sub-Saharan Africa, heterosexual contact (sex between a man and a woman) results in over 70% of all HIV cases. True

The patterns are different elsewhere in the world, but in Sub-Saharan Africa, sex is directly responsible for roughly 80% of HIV transmission. Through mother-to-child transmission, it is also indirectly responsible for another 15% of this total.

- 7. Most babies born from HIV+ mothers are also infected with the HIV virus. - False**

Without any intervention to help prevent parent-to-child transmission of HIV, roughly 7 out of every 10 babies born to HIV+ mothers will prove to be HIV-. There are a number of ways to further reduce the risk of HIV transmission to a baby, which can occur in the womb, during birth, or through breastfeeding. For some discussion of these options, read *Key Information 3: Preventing Parent to Child Transmission* on page 110. This can also be photocopied as a handout for anyone particularly interested.

- 8. HIV can be treated. - True**

HIV infection can be *treated*, but not *cured*. Taking a combination of ARV drugs (combination therapy, sometimes also called HAART - Highly Active Antiretroviral Therapy) can slow down the damaging effect of HIV on the immune system. The drugs reduce the level of HIV in the blood by preventing the virus from making copies of itself. This gives the immune system a chance to recover; even people who have been very ill can return to good health. However, there is currently no treatment available which can completely cure and get rid of HIV.

The opportunistic infections and illnesses that result from a depleted immune system can be treated and cured.

For more information, See *Appendix 1, Key Information 4: What People Living With HIV and AIDS Can Do to Stay Healthy and Live Longer*, and *Key Information 5: Antiretroviral (ARV) Treatment*.

- 9. If someone is diagnosed with HIV, they should definitely start using ARVs straight away. - False**

As well as their expense, there are a range of issues that make it advisable to delay starting HAART for as long as the body's own immune system is coping reasonably well. Issues that influence the use of ARVs and when to start taking them include:

- ARVs are still costly, even with recent dramatic price reductions.
- Side effects of the drugs are common and need to be clinically monitored. Common side effects include headache, nausea, diarrhea, and tiredness.
- HIV can become resistant over time to a particular combination of ARVs, so ARVs often have a limited lifespan of effectiveness. If someone starts taking ARVs when their body's own immune system is still coping fine, some resistance to the ARVs may already have built up by the time they really need the drugs.

For more information, see *Appendix 1, Key Information 5: Antiretroviral (ARV) Treatment*. This can also be copied and given to participants who are particularly interested.

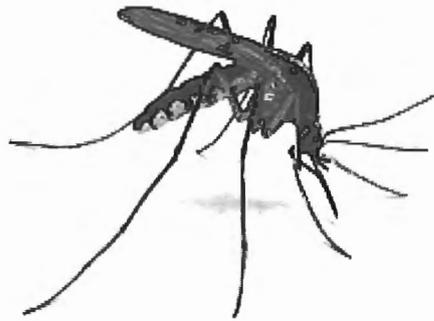
- 10. Once someone starts taking ARV drugs, it is important to continue without a break. - True**

Taking antiretroviral therapy is a long-term commitment. Once you start the drugs, it is recommended that you continue treatment for the rest of your life.

It is very important not to miss doses and to take the drugs as prescribed. If you miss doses, or you do not take the drugs as you are supposed to, the HIV in your body is more likely to develop resistance to the drugs. This will reduce their long-term effectiveness. Adherence (also called compliance or concurrence) to an ARV regimen is key to its sustained effectiveness.

Handout
TRUE OR FALSE Questions

1. I can tell if someone has HIV. True/False
2. It is possible for people infected with HIV to live for over 20 years. True/False
3. The terms "HIV" and "AIDS" mean the same thing. True/False



4. Mosquitoes can transmit HIV. True/False
5. There are established cases of people getting HIV from kissing. True/False
6. In Zambia, heterosexual contact (sex between a man and a woman) results in over 70% of all HIV cases. True/False
7. Most babies born from HIV+ mothers are also infected with the HIV virus. True/False
8. HIV can be treated. True/False
9. If someone is diagnosed with HIV, they should start using ARVs straight away. True/False
10. Once someone starts taking antiretroviral drugs, it is important to continue without a break. True/False

ACTIVITY 12 RISK RANKING

Purpose of Activity

- To clarify how HIV is and is not transmitted.
- To assess and explain the risk of HIV transmission in different situations.

Overview

The facilitator gives participants a selection of small cards with different actions or possible sources of HIV infection written on them. Participants place their cards according to the level of risk of HIV transmission they believe is associated with what is written on their cards. Facilitated discussion then explores and clarifies what does and does not affect the risk HIV transmission and why.

Time Needed: 20 -30 minutes

Materials Needed

- 4 cards or sheets of paper

Preparation

- On 4 cards or sheets of paper write: *High Risk, Low Risk, Theoretical Risk* and *No Risk*.
- If your participants can read English well, photocopy the two sheets of Risk Ranking Cards on pages 67-68, and cut up the copies so that each action is on a separate sheet. Select, use, and add cards which will bring out the issues relevant to your participants.
- If your participants are more comfortable using another language, make your own set of Risk Ranking Cards using the language and terms that your participants will easily and clearly understand.
- Make sure you know how to explain where each card should go and why, using the idea of QQR – Quantity-Quality-Route where appropriate:

Quality, Quantity, Route (QQR) A Basis for Explaining Risk of Transmission

For HIV transmission to occur, these three conditions must be present:

Quality – The virus must be good quality to be able to infect another person. The HIV virus is very fragile. It can only survive for a short time when exposed to air and is easily destroyed by heat, water, detergent, soap or bleach. Saliva enzymes and stomach acid also damage the virus.

Quantity – You need a certain quantity of virus to become infected. It is possible to contract HIV from a minute amount of blood, semen or vaginal fluid. However saliva, sweat and urine do not contain enough virus for transmission to occur.

Route of Infection – To become infected requires a route for an adequate quantity of healthy virus to enter the bloodstream. Unprotected sexual intercourse provides a good route of entry through the internal surface (mucous membrane) of the rectum, vagina, cervix or urethra. Ordinary healthy skin, however, is a very good barrier to HIV infection, so even if someone with lots of HIV in their blood bleeds heavily onto the hands and arms of someone else with healthy skin, they are not at risk because there is no route.

Running the Activity

Step 1: Have participants arrange risk ranking cards by level of risk.

Hand out one or two of the small cards to each participant (depending on the size of the group). Place the large cards in a row on the floor in order: High Risk, Low Risk, Theoretical Risk, No Risk. Ask participants:

What level of risk of HIV transmission do you think is associated with what you have written on your card or cards? Come and put them on whichever risk-level card you think is most appropriate.

Step 2: Discuss and clarify risks.

Once everybody has put down their cards, go through them one by one. Start with the High Risk cards. Take each card placed on High Risk and ask the group if they agree that it should be there. If you all agree that the activity is High Risk (e.g. sharing injecting drug equipment) then the card stays there.

If there is a card there that some of the group is not sure about, discuss it. Use the idea of Quality, Quantity, Route (QQR) to help think through the risk of transmission in a certain activity or situation. Below are guidelines on where each card should go, but depending on the situation and the example used, it is acceptable for cards to stay in risk categories different from those listed below.

Guidelines on where each card should be

Groups often want DEFINITE answers. However, the level of risk can vary depending on the situation, and we have to assess and weigh up the risks of each situation. For example, if an HIV+ person has a very high viral load (either soon after infection or when they have progressed to AIDS), then the risk of transmission is much higher than for someone with a low viral load. If either partner has a sexually transmitted infection, the risk of HIV transmission increases. Many people have STIs but are not aware of them because they often occur without symptoms.

No risk of transmission

- *Hugging* – no quantity, quality or route (QQR).
- *Insect bites* – HIV is a human virus, and will not survive long in a mosquito. Mosquitoes inject saliva not blood when they bite someone. The malaria parasite is transmitted through the saliva, but HIV cannot be transmitted the same way because it is only found in the blood.
- *Shaking hands* – no QQR.
- *Toilet seats* – virus is exposed to air and dies.
- *Masturbation* – masturbation on your own carries no risk of HIV transmission.
- *Giving blood* – as long as sterile needles are used each time, there is no risk of transmission.
- *Sharing cutlery* – there is no risk from sharing food or cutlery.
- *Sharing clothes* – no risk (for example, swapping shirts when playing football).
- *Playing sport* – no risk. Even if someone with HIV cuts himself or herself and their blood pours over you, your skin is a very good barrier, so there is no route for HIV to enter. If you have a bleeding cut as well, the other person's HIV-infected blood still has to get inside you. Since your blood is coming out under pressure, the only realistic possibility of transmission is if the two open wounds are pressed together. This is very unlikely to ever actually happen when playing sports, hence this is "no risk" or possibly "theoretical risk."

Theoretical risk

- *Kissing/wet or deep kissing/"tongues"* – no transmission from saliva, since saliva does not have enough HIV for infection to occur. Calculations suggest that someone would

have to drink over 8 litres of HIV infected saliva to stand any chance at all of become infected themselves. If both people have cuts in their mouth or open and bleeding sores, there is a theoretical or very low risk of HIV transmission by deep kissing, but there are no well-established cases of this ever actually happening.

- *Receiving a blood transfusion* - no risk in a country where donated blood is screened properly and discarded if it is found to be HIV+. It is high risk in a situation where blood is not screened properly.
- *Sharing a toothbrush* – if a toothbrush covered with blood from an HIV-positive person is immediately used by someone else, this could be *Low Risk*. However, if the toothbrush is first exposed to air or rinsed thoroughly, HIV is destroyed. There are other oral hygiene reasons why sharing a toothbrush is unhealthy, and should be avoided!
- *Sharing razors* – like toothbrushes it is advised not to share razors. This is sensible due to the risk of skin infections. For HIV transmission to occur, however, the razor covered with fresh HIV-infected blood would have to cut the skin of another person; this is an unlikely event.

Low risk

- *Oral sex* – Giving oral sex to an HIV-positive man is low risk. There have been very few cases worldwide where someone has become infected by sucking a man's penis. Where this has happened, it was probably because infected semen was able to pass through a cut or abrasion in the other partner's mouth or throat. The risk is higher if a person has genital warts, mouth ulcers or sores. Oral sex on an HIV-positive woman is very low risk – there are no confirmed reports of anyone becoming infected by licking a woman's labia or clitoris. The presence of mouth sores or genital sores could increase the risk. There is less HIV in vaginal fluids than in semen.
- *Vaginal sex with a condom* – intercourse with a condom if used properly is 99% safe. It is several thousand times safer than not using a condom.
- *Anal sex with a condom* – the risk of condoms tearing is slightly higher, which is why it is important to use water-based lubricants.

High risk

- *Unprotected vaginal sex (sex without a condom).*
- *Unprotected sex when you or your partner has another STI* - this is even higher risk, for two reasons:
 - The infection creates genital sores and more openings for HIV to enter.
 - CD4 cells and the HIV virus particles which bud from them concentrate themselves wherever there is an infection in the body. In the case of an STI, this is in the genital area. As HIV replicates through CD4 cells, a concentration of CD4 cells results in a concentration of HIV particles in the genital area, and hence a greater chance of transmission during sex.
- *Unprotected anal sex.*
- *Sharing injecting drug equipment.*
- *Breastfeeding* - in some circumstance the risk of the baby dying from gastro-intestinal problems due to unclean water is higher than the risk of transmission through breastfeeding, so breastfeeding is still advised for the first few months. See *Key Information 2: Preventing Parent to Child Transmission* (page 110) for further discussion.
- *Traditional tattooing and circumcision* – if more than one person is cut deeply with the same razor or knife, one after the other, the risk of HIV transmission is high. If a new or properly sterilised blade is used with each person, there is no risk.

Risk Ranking Cards

Unprotected sex when you or your partner has an STI	Shaking hands
Insect bites	Sharing a toothbrush
Vaginal sex with a condom	Sharing razors
Donating blood	Oral sex
Traditional tattooing	Hugging

Sharing injecting drug equipment	Unprotected anal sex
Unprotected vaginal sex	Anal sex with a condom
Toilet seats	Masturbation
Breastfeeding	Kissing
Sharing cutlery	Receiving a blood transfusion
Sharing clothes	Playing sports

ACTIVITY 13 WHERE DO I STAND?

Purpose of Activity

- To explore and share some of their values, beliefs and attitudes we have about HIV, AIDS and VCT.

Overview

A series of statements reflecting different attitudes, values and beliefs around HIV, AIDS and VCT are read to participants. In response to each statement, participants position themselves in one of four positions - Strongly Disagree, Disagree, Agree or Strongly Agree. They then discuss and share ideas around their choice of position.

Time Needed: 20 - 60 minutes, depending on the number of questions and depth of discussion.

Preparation

- Write "Strongly Agree," "Agree," "Disagree," and "Strongly Disagree" on four large cards or pieces of paper.
- Select which statements you will use from the list of 12 *Where Do I Stand?* statements on pages 70-71, or add your own to bring out particular issues relevant to your participants.

Links to Other Activities

Activity 11: True or False is very good for addressing pure factual knowledge. The *Where Do I Stand?* methodology can also be used with some of the questions in the quiz, but it is most effective for exploring values and attitudes which do not have a clear cut answer.

Running the Activity

Step 1: Create a continuum of agreement to disagreement.

Stick the four cards in each corner of the room or training area, so that as you go round the room they follow the sequence: Strongly Agree – Agree – Disagree – Strongly Disagree, as shown in Figure 12.

If the chairs are arranged in a semi-circle or horseshoe, you can make one end of the horseshoe "Strongly Agree" and the other end "Strongly Disagree," with the other two cards in between.

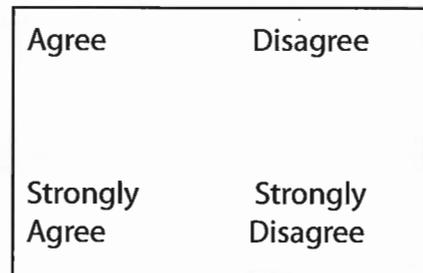


Figure 12: Positioning of Agree/Disagree Cards

Step 2: Read a statement, take positions and discuss.

Invite all the participants to stand in the middle. Explain that you will be reading statements to them. Some of them might be controversial and there will likely be different opinions. Each participant should think about the statement that is read and go to the position that reflects how much they personally agree or disagree with the statement. After the participants have taken their places, ask for volunteers from different positions to share their reasoning behind why they are standing where they are.

The goal is not to convince anyone that there is one right answer, but for participants to be allowed to think critically and consciously about their choice of position and to learn from each other.

Facilitate the discussion and, if appropriate, use the questions and notes under each statement.

Before moving onto the next statement, invite participants to move their position on the continuum based on what they have heard and learned from the discussion.

Step 3: Repeat Step 2 for other statements.

Repeat step 2 for other statements which you think will bring out issues relevant to your participants.

List of "Where Do I Stand?" Statements

Some of the statements are followed by questions and/or notes to help you facilitate discussion around the issue.

1. **If you educate youth 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?
 - Talking openly about sex gives people the correct information and allows them to make informed and healthy choices.
 - Providing children with sex education does not make them more sexually active.

2. **Parents and their children should talk to each other about sex.**
 - Who will children get their information about sex from, if not from their parents?

3. **It is okay for a girl to date a much older man.**
 - Does your opinion change if he offers her money, food, etc?
 - How does this lead to the spread of HIV among youth?
 - Why are these girls at such greater risk of HIV infection?

4. **Girls should do what their boyfriends want.**

5. **Boys should do what their girlfriends want.**
 - Is the response the same or different for these two statements?
 - Is there a double standard? Is that fair?

6. **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 women in sexy clothing may arouse the sexual desire of a man, but this never justifies rape. (*See Appendix 7: Sexual Abuse, Harassment and Rape.*)
 - A participant may say something like:
A man cannot control himself when he sees a young woman wearing sexy clothing.
 This shows a limiting belief, which you can challenge using the technique in *Activity 4: Challenging and Changing Limiting Beliefs*, by asking the person who said this:
Has any man seen a young woman wearing sexy clothing and managed to control himself?
 Or if the person saying this is a man, ask them:
Have you ever seen a young woman wearing sexy clothing and managed to control yourself?

The answer should be, "Yes", in which case, you can say:

So it is possible for men to control themselves when they see a woman in sexy clothing. Rape is when a man decides not to control himself – it is his decision and responsibility, not the fault of the woman.

7. **Once a person knows they are HIV+, they should not be sexually active.**
 - Imagine being the one infected, then being the uninfected partner!
 - What if both people are HIV+? If they do not use a condom, they are still at risk of re-infection, as well as the possibility of pregnancy and giving birth to a baby with HIV.
8. **A woman who knows she is living with HIV should never try to get pregnant and have a baby.**
 - This is a decision for the woman and her partner, but one they should think about very carefully. The baby might be HIV+. With HIV, the parents are more likely to die while the child is young. Pregnancy puts more pressure on the body's immune system.
9. **AIDS is a punishment from God.**
 - Do participants take responsibility for their own health and the consequences of their behaviour, or do they try to blame it on someone else – their parents, society, or God?
10. **For health and safety reasons, it is best if someone's HIV+ status is known by their friends and work colleagues.**
 - This is not necessary, as an HIV+ person poses no threat to his or her colleagues or friends (unless they have sex or share injecting drug needles).
11. **Someone who finds out they are HIV+ can get very depressed and give up on life, so it is better not to know.**
 - See notes for statement 10.
12. **It is important to get tested for HIV.**
 - Here are some of the advantages and disadvantages of having an HIV test:

Advantages

 - It is the only way to confirm if you have HIV. You cannot tell by how you look or feel. In fact, you can have HIV and not experience any symptoms for many years, while still being able to infect other people.
 - It is good for your health. If you are not infected, it will be a relief to know, and from then on you will want to protect yourself to remain negative.
 - It allows you to start a new relationship off on a healthy note, to know your own status and the status of your partner.

If you know you are HIV+, you can:

 - Get information and services that will help you live longer. For example, you will learn to seek medical attention for early symptoms of infection and illnesses related to AIDS, improve your diet, exercise regularly and take ARVs.
 - Gain the support of others in a similar situation, for example, by joining a support group of peers.
 - Feel the relief of knowing the truth rather than being worried about the unknown.

- Tell your partner(s), who may be at risk.
- Be aware that you can infect others, and learn how to avoid infecting others.
- Plan for their futures of any children you already have.
- Become a role model by showing that you can live well with HIV.

Disadvantages

- If you do a blood test, rather than a saliva or urine test, a syringe or needle will be used.
- Rumors may spread if you are seen at the testing site.

If you know you are HIV+, you may:

- Feel angry, resentful, depressed.
- Feel very negative and worried about your future if you do not know ways to live positively.
- Worry about what to tell your partner and family.
- Tell people your status without knowing the possible consequences.
- Experience stigma and discrimination.
- Face violence, abuse or abandonment from your partner or family members.

ACTIVITY 14 THE BIG PICTURE (STATISTICS FOR ZAMBIA AND ELSEWHERE IN AFRICA)

Purpose of Activity

- To give participants a basic understanding of HIV and AIDS statistics.
- To show that Zambia is not the worst affected country.
- To emphasise that the AIDS situation is far from hopeless or inevitable, and that major change is possible.
- To clarify that (in Uganda's experience) such change has a lot to do with people delaying sexual debut, as well as reducing the number of sexual partners they have.

Overview

The statistics for HIV and AIDS in Zambia and other African countries are illustrated with the help of some volunteers.

Time Needed: 15 - 20 minutes

Materials Needed

- Bridges
- 1 card crocodile
- 12 volunteers (or 12 card characters)

Preparation

Make 4 labels saying:

- Children Aged 5-14
- Aged 15-49 HIV-
- Aged 15-49 Living with HIV
- RIP, with a picture of a tombstone

Running the Activity

Step 1: Set up.

Create 4 areas on the ground or floor of the training area, as shown in *Figure 13: Starting position for Botswana and Uganda*. You can do this by marking areas on the ground, or by using the stick bridges or masking tape to divide the areas. In each of the four areas (A, B, C and D) place the label and picture for that area.

Either: Ask for 12 volunteers and have them stand in the different areas, as shown in Figure 13 (2 in area A, 7 in area B, 3 in area C).

Or: Place the 12 card characters for your kit in these areas.

Figure 13: Starting position for Botswana and Uganda.

Area	A	B	C	D
Label for this area	Children Aged 5-14	Aged 15-49 HIV-	Aged 15-49 Living with HIV	RIP
Picture to place in this area			Crocodile	Tombstone
Number of people (or card characters)	2	7	3	-

Step 2: Explain and demonstrate what has happened in Botswana and Uganda.

Explain:

We are going to show you very roughly the way HIV is happening in 3 countries: Botswana, Uganda and Zambia.

*First **Botswana**: Situation as shown is around 1995. Between 2 and 3 out of every 10 people aged 15-49 were living with HIV. We have shown 3 people. Between 1995 and 2005, maybe 2 out of these 3 people died due to AIDS (have 2 of the 3 people in area C move to area D, or if you are using card characters, move two of the card characters from area C to area D). Between 1995 and 2005, another 3 become infected (have 3 of the 7 people in area B move to area C). During the same period, the 2 children grow up and may become sexually active (have the 2 people in area A to move to area B). Now 4 out of 10 people in Botswana aged 15-49 (in fact 38%) are living with HIV.*

*Now lets look at **Uganda** in 1992 (go back to the starting position, as in Figure 13). About 29% of Ugandans aged 15-49 were living with HIV. That is about 3 out of every 10 (make sure there are 3 people standing in area C and 7 in area B). This has now been reduced to about 7% - less than 1 in 10 people. These three people living with HIV in 1992 may all have died by 2005 (get the 3 volunteers in area C to move to area D). However there was only 1 new infection (get 1 of the 7 volunteers in area B to move to area C).*

Step 3: Explain the current situation in Zambia and possible directions it could take from here.

Reposition people or card characters as shown in Fig 14: Current position for Zambia.

Figure 14: Current position for Zambia

Area	A	B	C	D
Label for this area	Children Aged 5-14	Aged 15-49 HIV-	Aged 15-49 Living with HIV	RIP
Picture to place in this area	-	-	Crocodile	Tombstone
Number of people (or card characters)	2	8	2	-

Explain:

*Now lets look at **Zambia**. Here is the current situation in Zambia as a whole, with just under 20% of Zambians aged 15-49 living with HIV. It has been at roughly this level for a few years. The key question is: where will it go from here? It could go down like Uganda, or it could go up again like Botswana. What happens will depend a lot on young people in Zambia making sure they do not become infected with HIV. If Uganda can do it, so can Zambia.*

Ask for questions and comments from participants, and provide further information to participants from the Notes for Facilitators: HIV and AIDS in Zambia..

**Notes for Facilitators:
HIV and AIDS in Zambia**

HIV probably came to Zambia in the late 1970s, but was only noticed in the early 1980s. Doctors found a particularly bad kind of cancer (Kaposi's sarcoma) in patients whose bodies could not fight against illnesses. The first case of AIDS was officially diagnosed at the University Teaching Hospital in 1984.

In 1987 the government set up a National AIDS Control Programme non-government organisations (NGOs) were also formed to educate people about AIDS and to care for patients and orphans.

A very good system of testing blood from pregnant women at ante-natal clinics has been set up, to find out how many people have HIV. In the cities and towns, about 25% (one in four) pregnant women are HIV+. In the rural areas, about 15% (one in seven) are infected. Because HIV is mainly passed through sex, it is likely that a similar number of men are also infected.

In the urban areas the number of HIV+ people has stopped rising, but in the rural areas, more and more people are still being infected. Rural areas where there are busy roads, railway stations, markets and trading places have more HIV than places out in the bush.

In the 15-to-19 year age group, there are seven times more HIV infections in girls than in boys. This is probably because these girls had older men as sexual partners, whereas boys tend to have partners their own age or younger. HIV infected semen remains inside the vagina for longer than HIV infected vaginal fluid is in contact with the penis, so HIV passes more easily from a boy to a girl than the other way round. Also, the sexual organs of young girls are easily damaged during sex, so they are more likely to become infected than a boy of the same age.

Section Three: Practical Issues for Healthy Relationships

Introduction to this Section

In terms of the island/crocodiles/bridges metaphor introduced in *Activity 1: Walking the Bridges*, *Section Three* focuses on building life skills and techniques for staying safely on the bridges.

This section offers different general experiential learning techniques for exploring, understanding and improving the relationships we have. The activities help participants develop skills, confidence and strategies for addressing difficult relationship issues that may threaten their health.

Activity 15: Exploring Relationship Issues Using Card Characters enables participants to talk about and identify relationship issues they may be facing or have concerns about.

The techniques in *Activity 16: Forum Theater and Role Play* and *Activity 17: Understanding and Improving Our Relationships Using the Meta Mirror* can both be adapted and used repeatedly to address a broad range of issues and concerns about different types of relationship, including:

- Boy-girl relationships
- Relationships with friends and peers
- Relationships with parents, guardians, teachers or elders

Activities in this section are:

- Activity 15: Exploring Relationship Issues Using Card Characters
- Activity 16: Forum Theater and Role Play
- Activity 17: Understanding and Improving Our Relationships Using the "Meta Mirror"

ACTIVITY 15: EXPLORING RELATIONSHIP ISSUES USING CARD CHARACTERS

Purpose of Activity

- To give participants a chance to present and talk in an indirect way about relationship issues they may be facing or have concerns about.
- To identify ways of addressing some of these issues.

Overview

A variety of card character drawings are distributed amongst participants. Participants create and tell the story of their character, including any sexual relationship their character might have with any of the other characters. They then place their character according to his or her current lifestyle and relationships, on either the Abstinence, Faithfulness or Support bridge, or in the water in danger of crocodile attack.

Discussion then draws out ideas on what could help these characters to address the issues they are facing. The advice directed to these card characters is often helpful to group members facing similar situations and issues in real life.

Time Needed: 20-40 minutes

Preparation:

From the 9 Card Characters in your kit, select between 6 and 9 which are representative of the people your participants might come in contact with in their daily lives, and which are most likely to bring out the issues you want to address. For example, if you want to focus on boy-girl relationships, include character cards like these (Figure 15):



If you want to bring in issues around relationships with older men and women, include these two characters (Figure 16):



If you want to bring out issues around mother/ parent to child transmission of HIV, make sure you include this pregnant woman (Figure 17). Also, read and make sure you understand and can explain Key Information 2: Preventing Parent To Child Transmission.

Materials Needed

- Card Characters
- Crocodiles and Hippos
- Bridges
- Island

Running the Activity

Step 1: Introduce the card characters.

Lay out both bridges, the crocodiles, hippos and the island, as shown in Figure 4 on page 26. Show participants a few of the card characters and explain that this activity will involve them telling stories about these characters and the relationships they have. Distribute the card characters amongst participants. Try to allow participants to select a character they want, as this may make it easier for them to bring up the issues they really want to.

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

Introduce your character. Give him or her a name. Tell us something about who they are, what they are like, the relationships they have and what they are doing today. Then put them on the bridge they are actually on at the moment – the Abstinence, Faithfulness or Support bridge. If they are not on any of the bridges, put them in the water. Put them where you think they are now, not where you think they ought to be.

Encourage participants to create relationships between the different card characters. For example, if one character is introduced as a married woman, ask if anyone else has the character who is her

husband. The discussion can develop in many directions, addressing different issues through these characters.

Step 2: Discuss what can help the card characters.

Ask the group:

- *What support and suggestions can you offer the different characters to address the issues they are facing?*
- *What will help those on the bridges stay on the bridges?*
- *What will help those in the water get back on the bridges?*
- *What skills do they need?*

Take one character at a time and use these questions to develop the discussion around the issues facing these characters and what can assist them. Ask the group what support they could offer that character to overcome the issues/problems they are facing. The advice directed to these card characters is often helpful to group members facing similar situations and issues in real life.

Key relationship issues that become apparent in this activity can be explored further using the *Forum Theater and Role Play* techniques in the next activity.

ACTIVITY 16: FORUM THEATER AND ROLE PLAY

Purpose of Activity

- To identify and develop better strategies for addressing relationship issues.
- To practice and build a range of life skills, including negotiation, refusal and assertiveness skills.

Overview

Forum Theater (sometimes called "Stop Start") is a special interactive drama technique which involves audience members exploring relationship issues and building life skills.

Forum Theater uses a short play in which the "Key Character" says and does things which initially lead to a bad or unhappy ending to the play. The actors perform their play once through to the end. It is then replayed from the beginning, exactly the same, but the audience is invited to interrupt the play and make suggestions for what the Key Character could do or say differently. The play then continues, incorporating these suggestions, or with a member of the audience taking the place of the Key Character. This can continue, trying out different suggestions and exploring different options for how the Key Character can act towards achieving a better but still realistic ending.

The Forum Theater technique can be used to address a broad range of HIV-related social and relationship issues. Here are several examples to choose from, but you can also create your own scenario to address issues relevant to your group.

- A. A sugar daddy approaches a young woman (the Key Character). She wants to refuse, but when he promises her various gifts, she gives in and agrees to unprotected sex.
- B. A young man trying to convince a young woman (the Key Character) to have sexual intercourse, and she is refusing because she wants to remain a virgin until marriage.
- C. A young woman tempts a young man (the Key Character) to have sexual intercourse with her because he plays football and is very popular.
- D. A teenage girl and boy have already had sexual intercourse. One of them (the Key Character) wants to stop having sex and abstain for the time being, while continuing the friendship they have.
- E. A young man (the Key Character) is being teased by his friends because he wants to avoid sexual intercourse and stay HIV-free. They pressure him to have sexual intercourse so that he can "be a real man."
- F. The friends of a young woman (the Key Character) are laughing at her for not wanting to have a boyfriend or get married yet.
- G. Any other scene where there is some temptation or pressure to have risky sex.
- H. Someone has recently been for VCT, and found out that he/she is HIV+. He/she goes to tell his/her friend (the Key Character), but "the friend" rejects him/her and rudely breaks off the friendship.
- I. A young person (the Key Character) is being pressured by friends to take to drinking alcoholic drinks.
- J. A young person (the Key Character) wants to talk to a parent or another older person about sex. Either they are too shy to bring up the subject, or they start talking in a way that shocks the older person, and the conversation does not get anywhere.

Time Needed: 30 - 45 minutes per issue. However, the role play and forum theater techniques in this activity can be repeated to address several different issues and scenarios.

Materials Needed

- One of the wooden bridges (to use like a film director's clapper board).
- "Actors" (either participants or co-facilitators). For most Forum Theater scenarios, only 2 actors are needed, but 3 or 4 actors may be appropriate for addressing peer pressure issues, such as scenarios F, G, and H (above).

Preparation**Create and practice a short play**

Before the session starts, get two other people (either participants or co-facilitators) to create and practice a short play. As the facilitator/director, you must get other people to be the actors. You cannot be one of the actors yourself.

This short play should:

- Have something to do with life skills, sexual relationships or other HIV-related issues you want to address.
- Be based on one of the scenarios listed above (A to J), or on a relationship issue participants identified or created between two "card characters" during *Activity 15: Exploring Relationship Issues Using Card Characters*.
- Last between 1 and 5 minutes, with only one scene.
- Have the Key Character say and do things which are very clearly wrong, unhelpful, or inappropriate, which lead to a bad or sad ending.
- Be realistic and portray something which could happen in real life.

Links to Other Activities

This and other role-play activities can pick up and explore in more depth specific issues that come up in other sessions. The scenario you use for Forum Theater can also be based on a relationship issue that participants describe between two card characters in *Activity 15: Using Card Characters to Explore Relationship Issues*.

Running the Activity

This technique can be applied to almost any relationship issue. However, these notes are based on using the following example (Scenario H):

Someone has recently been for VCT, and found out that he/she is HIV+. He/she goes to tell his/her friend (the Key Character), but "the friend" rejects him/her and rudely breaks off the friendship.

Step 1: Perform the play the first time.

Introduce the short play that your actors are going to perform. Begin and end the scene using the wooden bridge like a film director's clapper board.

The two actors perform the short play for the first time straight through to its end. The person playing the Key Character must say and do things which are very clearly wrong, unhelpful, or inappropriate, and lead to a bad or sad ending. For example, they should give in to the peer pressure, or agree to unprotected sex.

When it is finished, encourage the audience to applaud. Ask them what they thought of the way the Key Character acted in that situation.

Step 2: Act the play again, with audience involvement to change the outcome.

Explains to the audience what will happen now:

The play will run again, starting off exactly the same, but you (the audience) can get involved with changing what the "friend" does and says in order to improve the ending. As soon as the "friend" does or says something that you think is wrong, put your hand up and say "cut" to stop the play.

Hold one of the bridges as shown in Figure 18a, like a film-makers clapper board, and when members of the audience stop the play, slam it closed and say "cut." Ask those who stopped the play why they have done so, and what suggestions they have for how the Key Character can change what they say or do in order to improve the outcome. Invite one of them to come and take over the role of the friend, and demonstrate what they think the friend should say and do differently.

Direct the original actor playing the person with HIV and the new actor playing the friend to rewind the scene a little and run it again. Once again, invite the audience to say "cut" and put a hand up to stop the play if the new person playing the friend does or says something they think is not helpful.

When it has finished, discuss what happened, and whether the changes worked. If not, and participants have other ideas, run through it again in the same way. This can continue, trying out different suggestions and developing and changing the play several times until it has a better - but still realistic - ending.

If members of the audience are reluctant to take the place of the Key Character, get the original actors to re-enact the scene, changing what they do to the audience.

Figure 18a: *The two "actors" are performing the same short play for the second time, in which the Key Character (played by Hilda Ngunga) is being a very unsupportive friend to someone who has just disclosed her that he is HIV+ (played by Robert Zulu).*



Facilitator Paul Luanga (with a stick bridge as a "clapper board") is ready to stop the play as soon as members of the audience indicate that they think the Key Character is behaving in an unsupportive way.

Figure 18b: *A member of the audience had now taken the place of the Key Character and is trying to demonstrate how to be more supportive of the HIV+ friend.*



Step 3: Identify what strategies are working well.

Ask and discuss:

- From these role plays, what can we learn?
- What are the strategies that work well?
- What life skills were exhibited?
- When the play was done for the first time, was the behaviour of the Key Character fierce (aggressive), weak (passive) or strong (assertive)? Did this change when the play was repeated? Which type of behaviour worked best?
- How can we reinforce and apply such skills in our own lives?

Use the *Notes for Facilitators* (next page) and *Figure 19: Aggressive, Passive and Assertive Behaviours* to clarify what you mean by these different behaviours.

Step 4: Practice in pairs.

Split participants into pairs, so that everyone can practice what they have learned. Ask each pair to agree who will be Person A and who will be Person B.

1. Person A plays the role of disclosing their HIV+ status, and Person B takes the role of their "friend," trying to be as supportive as possible.
2. Person B gives feedback to Person A about how they did as a friend.
3. Swap roles, so that Person B plays the role of disclosing their HIV+ status, and Person A takes the role of their "friend."
4. Person A gives feedback to Person B about how they did as a friend.

**Notes for Facilitators:
Aggressive, Passive and Assertive Behaviours**

Different ways of behaving

We learn how to behave from an early age. Our culture and gender influence our behaviour. In many societies, girls are taught to behave in a submissive way to men. They are taught to lower their eyes, to sit at a lower level than the men, to crouch down and to speak softly. They are expected to satisfy the needs of their husband, in-laws and children and to keep quiet about their own needs. Girls are taught:

- To allow boys or men to make all the decisions.
- To keep their feelings hidden.
- To try to keep the peace at all costs.
- Not to give their opinion.
- Not to start new things.

Boys and men are often allowed to behave in a more aggressive way. They can show anger openly through shouting, hitting or threatening someone.

Assertive behaviour is when someone says clearly and honestly what they think or feel, in a way that is good for themselves and others. Assertive behaviour can increase your confidence and control over your life. People respect you more and relationships improve.

How to be assertive

- Tell people your thoughts and feelings clearly and honestly. Say "I feel" or "I think" or "I would like." Do not apologize for saying what you think or put yourself down.
- Hold your head up, stand and sit straight in a relaxed way, make eye contact and match your facial expression to what you are saying.

- Speak so that people can hear you clearly.
- Accept other people's right to say "No" and learn how to say "No" yourself.
- Accept compliments and feel good about yourself.
- Accept true criticisms and learn from them.
- Learn how to say that you feel angry in a way that does not harm other people.
- Do not be afraid of disagreeing with people. If everyone is able to say what they think clearly and cooperate to find solutions, everyone can "win" in the end.

Figure 19: Aggressive, Passive and Assertive Behaviours

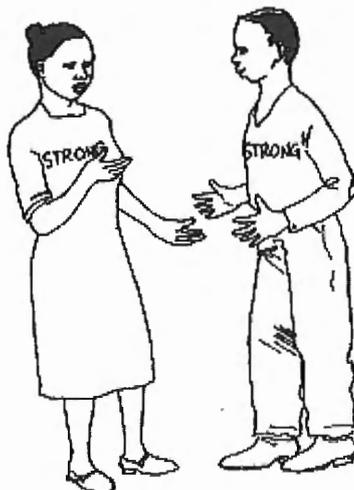


Aggressive (Fierce)

- Stand up for your own rights and forget about the other person.
- Put yourself in front even though others suffer.
- Force other people to do things they may not want to.

Passive (Weak)

- Take no action to defend your own rights.
- Put other people in front even though you suffer.
- Stay silent when something makes you feel unhappy.



Assertive (Strong)

- Stand up for your own rights without forgetting the rights of other people.
- Respect yourself as well as other people.
- Listen and talk.
- Be clear and firm, but not forcing.

ACTIVITY 17: UNDERSTANDING AND IMPROVING OUR RELATIONSHIPS USING THE "META MIRROR"

Purpose of Activity

- To consider, from different viewpoints, how we relate to a particular person.
- To understand better how the other person might be thinking and feeling.
- To get some insight into what we can best do or say to improve a relationship or address some difficult issues around it.

Overview

Participants choose a particular person with whom they have some sort of relationship (e.g. a friend, a parent/guardian/elder, or a boyfriend/girlfriend). Participants lay out three positions, representing (1) themselves, (2) the other person and (3) a "wise observer." Starting and finishing in position 1, they move between these three positions, experiencing how they think and feel about the relationship from these different points of view. In position 3 in particular (seated on the chair), participants often get ideas on how they might act differently to improve their relationship with the other person.

Figure 20: Standing at position 1, looking at position 2, about to start the process



Time Needed: 30 – 45 minutes

Preparation

- Write on three sheets of card or paper:

1 Yourself

2 Other Person

3 Wise Observer

- Optional: Photocopy the handout on page 90 – one for each participant that might want one.
- Read these *Notes for Facilitators* at the end of this section
- Decide what sort of relationships you want participants to explore in the session you are running, for example:
 - Boy-girl relationships
 - Relationships with friends and peers
 - Relationships with parents, guardians or elders

Running the Activity

Step 1: Introduce the activity.

Explain the objectives of this activity and how it can give some insight into how to improve a particular relationship. Clarify what sort of relationships you will be focusing on (choose one of the following - you can repeat this activity later with a different focus).

- A. If you want to focus on **boy-girl relationships**, ask participants to think of a girlfriend,

boyfriend, partner, someone they want a relationship with, or someone who wants a relationship with them.

- B. If you want to focus on **relationships with friends and peers**, ask them to choose a friend or peer who they spend time with.
- C. If you want to focus on **relationships with a parent, guardian or elder**, ask them to think of someone older, who they would like to be able to discuss issues with.

Clarify to participants that they will not have to tell anyone else who they choose, or what issues they have with that person.

Explain that this activity will involve moving between three physical positions, representing (1) yourself, (2) the other person and (3) a "wise observer." Take the three cards you have prepared and lay them out in a triangle, placing a chair at position 3.

Step 2: Demonstrate the process.

Ask for a participant or co-facilitator to volunteer to be the subject for a demonstration of the process. The volunteer should come and stand at position 1, looking towards position 2, as shown on page 90. Say:

Imagine that, standing in position 2, is a particular person you know and have some sort of relationship with. As you look at them:

What are you thinking?

What are you feeling?

Give the volunteer time to consider what they are thinking and feeling. They may want to tell you, but it is fine if they keep their thoughts and feelings to themselves.

Ask your volunteer to shake their arms or look out of the window briefly, or ask them something like "What did you have for breakfast?" – anything to interrupt their pattern of thinking. This is called "**breaking state**" and is important to do each time before moving to the next position.

Run through the rest of the Meta Mirror process as laid out in the Handout sheet on the next page, from step C to G (we have covered steps A and B already). Change the way you get the subject to "break state" between each position.

Step 3: Lay out positions.

Ask all participants to spread out and create the three positions for themselves, separate from other people so they will not bump into each other as they move between positions. They should put a chair or stool in position 3, and markers on the ground for position 1 and position 2 (e.g. small pieces of paper with "1" and "2" written on them).

Step 4: Lead everyone through the meta-mirror process.

When everyone is ready, guide them slowly and steadily through the process, as laid out in the Handout on the next page.

Step 5: Share experiences.

Invite those willing to share their experience and what they gained from it to do so. Give copies of the Meta Mirror handout on the next page to those who want one, and explain that this is a technique they can use on their own or in pairs to explore and address other relationship issues.

Notes for Facilitators
Applying Ideas of ASSOCIATION and DISSOCIATION

In the relationships we have, it is always valuable to be able to “put ourselves in the shoes of the other person” and get some insight into how they think and feel. The activity helps us to do this.

When we think about something in an *associated* way, it is as though it is happening to us now, and we experience all the feelings and emotions that go with it. When we think about something in a *dissociated* way, it is as though we are watching and observing it from the outside.

The insights we get from viewing a relationship from both associated and dissociated perspectives can be quite different, and it is often helpful to get both perspectives. This *Meta Mirror* is designed to provide both perspectives. Position 1 (yourself) and position 2 (other person) are both associated positions where we think and feel what it is like to be in a particular relationship. Position 3 (wise observer) provides a dissociated perspective on the same relationship.

Handout
META MIRROR

Figure 21: A technique for understanding and addressing relationship issues

Step	Instructions	Illustration
A	<p>Set up positions 1, 2, and 3 and stand in position 1 as shown here. Look towards position 2 and imagine that, standing in position 2, is a particular person with whom you have some sort of relationship issue. As you look at them:</p> <p style="text-align: center;">What are you thinking? What are you feeling?</p>	
B	<p style="text-align: center;">Break state</p> <p>Do one of the following to “break state” each time you move to a new position:</p> <ul style="list-style-type: none"> • Stretch and shake your arms • Recall what you ate for breakfast • Look out of the window briefly • Anything else to interrupt the way you are thinking and feeling 	
C	<p>Move to position 2, and imagine that you are now the other person. Stand as they would stand, and adopt their expression. Imagine looking at yourself in position 1. As the other person:</p> <p style="text-align: center;">What are you thinking? What are you feeling?</p>	
D	<p style="text-align: center;">Break state</p>	
E	<p>Move to position 3. As you sit down, become a wise and independent observer. See yourself in position 1 and the other person in position 2, and observe how these two people relate to each other. In this position, you are full of wisdom and understanding. What needs to change? What good advice can you offer to the person in position 1 (yourself)? What could they do or say differently to improve the situation and address the issue?</p>	
F	<p style="text-align: center;">Break state</p>	

G	<p>Move to position 1 – Yourself. Look at the Other Person in position 2. Accept and apply the advice and suggestions from the Wise Observer in position 3.</p> <ul style="list-style-type: none">• How is it different for you now?• What are you thinking?• What are you feeling?• How you will apply in “real life” any insights and ideas you got from doing this activity?	
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Section Four: Practical Issues for People Living With HIV and AIDS, and Their Friends and Families

Introduction to this Section

This section offers some additional activities to address issues of stigma, support and positive living. These activities can build on and be linked to several of the earlier activities, including: *Activity 2: Your Future Island*, *Activity 3: Identity Statements*, *Activity 9: Can You Tell Who is Living With HIV?* and *Activity 10: What Happens in the Body of Someone Living with HIV or AIDS*.

Activities in this section are:

Activity 18: On the Bank, in the River

Activity 19: My Supporters

Activity 20: Walking the Bridges for People Living With HIV

ACTIVITY 18: ON THE BANK, IN THE RIVER

Purpose of Activity

- To recognise how we tend to stigmatise those who fail in some way (or who are living with HIV), even though we are all at risk of the same thing happening to us.

Overview

Everyone participates in a quick game and then discusses what the game means and how it relates to issues around stigma and HIV.

Time Needed: 15-20 minutes

Running the Activity

Step 1: Play "On the bank, in the river."

Ask participants to stand in a circle. Then explain the game.

Where you are standing is the bank. There are some lions behind you and some crocodiles in the river in front of you. When I say, "In the river," you should all immediately jump one step forward. If, however, I say "On the river," you should not move.



Figure 22: Nelson Mumbi facilitating this activity during the Pre-Test Workshop in Lusaka

When I then say, "On the bank," you should jump one step back to the starting point. If, however, I say "In the bank," you should not move. If anyone makes a mistake, they will be eliminated from the game, and must sit down.

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

Step 2: Debrief participants.

Note that many people laughed when the first person made a mistake. Ask the person who made the mistake:

How did that make you feel?

Possible responses may be embarrassed, angry, or stigmatised.

Ask those who made mistakes and were eliminated from the game during the next few rounds:
How did you feel when, after laughing at the first person to make a mistake, you also made a mistake?

Explain that this game shows us that "we are all in the same boat." There is no separation between "us and them." We are all facing and living with this epidemic together. We are all affected - we are all tempted to take risks at one time in our lives and many of us do take risks. We all have family members and friends who have HIV or have died of AIDS. Lots of people like to laugh at, blame, and judge others, but one day they may also "fall into the river" - and others will laugh at them.

All of us are potentially at risk of getting HIV so there is no point in stigmatising or blaming those who are already living with HIV. We could join them any day!

Read out one of the proverbs below, translate it and explain what it means. Then ask and probe your participants for a similar local proverb in their area.

Zambian Proverbs Related to Activity 18

Chaona muzako chapita mawa chili pa iwe.

Whatever misfortune befalls me, tomorrow it may be YOU! Your friend's misfortune can become your misfortune.

Malilo nikulilana.

Your funeral is my funeral. When I have a funeral, you will come to comfort me. We will take care of each other's burdens.

ACTIVITY 19: MY SUPPORTERS

Purpose of Activity

- To demonstrate of the power and importance of support in each person's life, and what happens when that support starts to fall apart.
- To discuss the reasons why people stigmatise PLHA.
- To become aware of the negative effects of stigma for PLHA.
- To come up with ideas for reducing HIV/AIDS related stigma.

Overview

Participants are divided into teams of 6 - 8 participants. Each group does the same activity. Each group stands in a close circle. Individuals take turns standing in the middle and allowing the rest of the team to support them as they lean outwards. The *My Supporters* activity physically and powerfully demonstrates the importance of having support from friends, family and community. It also explores the potential impact if some of this support is withdrawn, for example if some friends and relatives reject a person when they discover their HIV+ status. If some of the supporters were taken out of the circle and the person in the middle was then asked to lean, they would be likely to fall. The discussion emphasises the importance of accepting and not stigmatising or stereotyping PLHA.

Time Needed: 20 - 30 minutes

Preparation

As well as reading and understanding the facilitation notes yourself, you will need to brief other co-facilitators to use this activity, one to work with each team of 6-8. For example, if you have between 25 and 32 participants, this will make 4 teams, so you will need 3 co-facilitators to help you.

Running the Activity

Step 1: Arrange the groups.

Get participants into teams with 6 to 8 in each group (one way you could do this is with *The Sinking Boat* energiser on page 21, ending up with groups of 8). Arrange each group in a close circle such that shoulders are touching and there are no gaps between participants. One facilitator who knows what they are doing is needed to supervise each circle. If there is only one facilitator, run one circle at a time, with the other teams watching. Explain that they will be participating in an activity called *My Supporters*, where each participant is expected to be supportive of others in the group, so you want to make sure that everyone is ready to support each other.

Ask:

When you think of "supporters," what do you think of? At a football match, what do the supporters do for the players?

Some responses may be that they cheer, encourage, motivate, and inspire the players.

We are going to create a support system for each other. Are you ready to support each other?

Make sure everyone agrees that they are ready. Explain that you first have to teach them an important skill first, called "spotting."

Step 2: Have each facilitator teach their group "how to spot":

Note: This step is very important to ensure SAFETY of this activity.

1. Each facilitator stands in the middle of their group and gets the participants to make a tight circle round them, shoulder to shoulder.
2. Explain that they are going to be doing an exercise that requires everybody's focus and attention to make it safe.
3. Tell the participants that you are going to ask them to literally "support" you and keep you from falling to the ground as you lean on them.
4. Ask them how they want to stand and hold their arms in order to keep you from falling. Demonstrate that if they stand straight, with their feet together and hands up, they will simply fall over while trying to catch someone; this position is unstable.
5. Show them that they should be standing with one foot in front of the other, knees slightly bent, arms up and slightly bent. This is the strongest position to catch someone.
6. Select a section of the circle and let them know that you are going to lean gently towards them. Be clear that everyone who is near you should help to catch you. (There should always be at least three people catching the person in the middle.)
7. Stand very straight with your feet glued to the ground, arms folded across your chest, and your hands on your shoulders. Without moving your feet, lean your upper body towards them. Coach them on what they are doing well and where they can improve. Work your way around the circle, leaning in different directions. Give each person a chance to feel what it is like to help to catch you, so it is not a surprise when the first participant leans.

Note: Facilitators should demonstrate this activity by starting off in the middle. They should not ask a participant to be the first person to stand in the middle. The reason for this is that you want to be in the circle, helping, but in particular being able to coach all the students on their technique and be on the look out for safety concerns.



Figure 23: Victor Mawere (in the middle) is the facilitator for this group. He is teaching them "spotting" before each participant who wants to take a turn in the middle.

Step 3: Have each group member who is willing take a turn in the middle.

From the middle of the circle explain that each participant will now have the opportunity to stand in the middle of the circle and be "supported" by the rest of the group.

The person in the middle will need to stand very straight, as if they were an arrow, with their feet together and glued to the ground, their arms folded across their chest, and their hands on their shoulders (this arm placement prevents inappropriate touching).

The group will take their positions and the person in the middle will ask the following two "check in" questions to ensure that the team is truly ready to support him/her:

Is everybody ready?

"Yes." (Supporters all put their arms up in the "ready position.")

Ready to lean?

"Yes."

Make sure the group starts very close to the student in the middle. At this point the participant in the middle can start to lean. If the person in the middle feels comfortable, the group can let them lean further by taking a step back. Encourage the person in the middle to close their eyes as they lean.

After everyone has gone, you may want to ask them what the experience was like, and how it felt to be in the middle. Encourage them to explain what was "cool" or "fun" about it.

When you are finished, ask participants to return to their seats and begin the whole group discussion.

Important Safety Considerations:

- Always encourage at least three participants to have their hands on the person leaning. This minimises the chance of somebody actually falling. This also minimises any concerns a participant may have that they are too heavy to be supported by their team.
- Remind everyone to keep their knees bent and body loose to act as a "shock absorber" for the person leaning (it is ok to take a step back while catching someone leaning, if that helps to keep balance).
- Remember that it is up to the person in the middle how far he/she wants to lean. After several participants have tried the activity, the group will begin to get very comfortable in their roles and be excited to have the person in the middle lean a lot. However, it is important as the facilitator to remind them that though the team has experience in their role, that for each person in the middle it is a new experience (this has to do with the emotional safety of the group and is critical to the success of the activity).
- Remember that anyone has the right to pass. Time permitting, encourage everyone to try but not everyone has to. Watch out for peer and facilitator pressure.
- When you decide that the person in the middle's turn is over, make sure that you tap them on the shoulder to signal that they are done. If you do not do this, there is a chance that the student will keep leaning after the team drops their hands.

Step 4: Facilitate a discussion with the whole group.

Use the following questions to facilitate a general discussion about the experience.

1. *What did it feel like to be in the middle, the one being supported?* Look for answers like safe, supported, comfortable, cool.
2. *What did it feel like to be one of the supporters?* Look for answers like: a little scary at first, exciting, comfortable.
3. *Who are the people in your life that act as "supporters" for you?* Possible responses include: friends, teachers, family members, neighbors, and religious leaders.
4. *In what kinds of situations in your life do you get help from these people?*

Step 5: Demonstrate the importance of support for someone living with HIV or AIDS.

Invite a group of 6-8 participants to join you in the middle to do the activity again. Ask for a volunteer to stand in the middle and for everyone else to take their positions in the circle. Get the circle set up, have the person in the middle ask the "check in" questions and then stop the activity, announcing the following:

Let's assume that this arrangement represents the ideal of how family and friends should take care of each other when we need support.

Now, let us imagine that the person in the middle is someone who has found out that they are HIV+. Is this a situation where this person may need extra support from his friends and family?

How is being HIV+ perceived in our community? How are people with HIV often treated? How many of you have seen this happen?

People may start to keep more distance from that person. Instruct the supporters to move back.

Some people may stop supporting them. Instruct some supporters to put their arms at their sides.

Some may even reject that person. Instruct two supporters to return to their seats.

To the person standing in the middle:

Would you want to continue with the activity?

Step 6: Continue with the large group discussion:

Ask and discuss:

1. *Put yourself in the person in the middle's shoes. How would you feel compared to the first time we did the activity?*
2. *What are some of the reasons that people do not support those infected and affected by HIV?*
3. *What can we do to support people living with HIV and AIDS? (See next page for some ideas).*
4. *What can we do to help change these behaviours in our community?*

How Can We Love and Support Someone Living with HIV/AIDS?

Here are some ideas:

Provide Emotional Support

- Make time to spend with them. Encourage them to talk openly about their feelings and listen to what they have to say.
- Keep confidential what they tell you in confidence
- Talk of people "living with HIV" rather than "dying of AIDS." This helps to reduce fear and makes people more hopeful for the future.
- Help them to focus on the future they want and to realise that even with HIV in their body, they can still have a long and healthy life.
- Show love and compassion in caring for them.
- Treat them as you would anyone else.
- Do simple things like hold their hand or put your hand on their shoulder. This can mean a lot to someone if other people are refusing to touch them. This also demonstrates to others that touching is safe.
- Educate others that you can safely do all the following things with someone who is HIV+, without risking HIV infection: touching, hugging, holding hands, sharing toilets, sharing clothes, massaging, going to work or school together, sharing food and drink, sneezing, coughing.
- Remember: *A friend with HIV or AIDS is still a friend.*

Provide Practical Support

- Explain to the person that it is possible for some people to live with HIV without developing AIDS, and introduce some of the things they can do to help themselves stay healthy and live longer.
- Give them a photocopy of *Key Information 4: What PLHAs Can Do To Stay Healthy and Live Longer* (pages 106-7). If necessary, translate this into a language the person understands better.
- Find some other locally available information about positive living in a language the person can read.
- Make sure that they have enough clothes and food of different types to eat well and stay warm.
- Find out for them what support services there are available locally, such as:
 - Medical and counselling services
 - An HIV/AIDS telephone hotline number
 - A support group to meet others living with HIV
- If someone has developed AIDS, care for them at home except when they have a bad infection.

ACTIVITY 20: WALKING THE BRIDGES FOR PEOPLE LIVING WITH HIV

Purpose of Activity

- To emphasise that people living with HIV can still have a good life and achieve their goals and dreams.
- To clarify that focusing on what we want in life is often more helpful than focusing on the problems we face.
- To identify different ways of helping and supporting PLHAs.

Overview

This activity uses *Activity 1: Walking the Bridges* in a slightly different way, to promote discussion around the issues facing people living with HIV/AIDS. It demonstrates ways in which friends, relatives, colleagues and others in a community can support and care for someone with HIV or AIDS.

Time Needed: 15 - 20 minutes

Materials Needed

- Crocodiles, hippos, island
- Bridges

Running the Activity

Step 1: Walk the bridge with HIV.

Lay out just the white/blue bridge on the ground, surrounded by crocodiles and hippos. Have the island in your hand.

Say to participants, as you try to cross on this single bridge:

Imagine that I am somebody living with HIV, and I am trying to get through life. I can see dangers and difficulties all around me. Because I have HIV, I think I am going to die and I have no future, so I am throwing away my future island.

Throw the card picture of the island. Ask:

What are some of the dangers and difficulties for people living with HIV?

Responses may include stigmatisation, rejection by family/friends/colleagues, opportunistic infections, and many others.

Step 2: Discuss how we can help and support someone who is living with HIV.

Ask:

How can other people help and support this person living with HIV?

When someone suggests ways of providing support, lay down the green support bridge and ask for a volunteer to "help you through life" by supporting you as you cross the white/blue bridge. Demonstrate crossing the bridge again, with the volunteer walking on the green bridge and holding your hand or shoulder to support you, so that you both cross safely. As you start to cross, say:

That is better. I can now see a future again for myself. Will someone else bring back my future island for me and put it at the end of this bridge for me to focus on?

Discuss other ways of helping and supporting PLHAs.



Figure 24: Peter Labouchere getting support from Victor Mawere as he crosses the bridge to his island.

Appendix 1: Key Information for Facilitators

Key Information 1: Sexually Transmitted Infections (STIs)

Some illnesses can spread from one person to another during sex. These are called Sexually Transmitted Infections (STIs). They are also often called STDs (Sexually Transmitted Diseases).

There are many different infections passed through sex. Gonorrhoea, syphilis, chlamydia, warts and cancrroid are some of the common ones. You can treat and cure all these STIs with proper help from a medical clinic.

HIV is transmitted much more easily if someone with an STI has unprotected sex. There is currently no known cure for HIV, but by getting STIs treated quickly, it reduces the risk of HIV infection.

How do you know if you have an STI?

Many people show no signs of illness at first. The person feels healthy, but the STI germs are still multiplying inside his or her body. The person passes on STIs to someone during sexual intercourse.

Some Signs of STIs

- Sores on the sexual organs, lips or anus that may be very painful. There may be one sore or many. Sometimes the glands in the groins swell up and the sores may burst.
- Some STIs may be painless and show no obvious symptoms (e.g. syphilis).
- Men with gonorrhoea may have a burning pain when urinating and a white/yellow discharge from the penis.
- Women may experience an unusual white, yellow or greenish discharge from the vagina which may produce a bad smell. The sexual organs may itch, burn or feel sore. A woman may have pains in the lower abdomen, a backache, fever and chills. She should visit a health worker at once.

Are STIs Dangerous?

STIs like gonorrhoea can cause Pelvic Inflammatory Disease, which can result in infertility in women. STIs may also affect the health of unborn children, sometimes causing blindness or stillbirth. They can also affect fertility in men.

It is important to go at once to see a doctor or clinician if one has signs of STI. The clinic will help treat your STI. Your health will improve and you will not infect other people. All your sexual partners should also go for treatment.

Key information 2: HIV and AIDS

How HIV is Spread

The Human Immunodeficiency Virus (HIV) causes infections in humans. It passes from one person to another through blood, semen, vaginal fluid, or breast milk. Saliva, sweat and tears do not contain enough HIV to infect another person. It can be transmitted in the following ways:

Through unprotected sex

Sex is the most common way for HIV to spread. It can be transmitted during unprotected vaginal intercourse between a man and a woman. HIV can also spread between two men or a man and a woman having anal sex.

From mother to child

Babies can get infected in the womb, during birth or through the breast milk if their mother has the virus. This does not happen every time, so the baby of an HIV+mother might be HIV- or HIV+. For more information and on this, see *Key Information 6: Preventing Parent-to-Child Transmission of HIV*.

Through blood

If blood taken from a person with HIV is transfused into an uninfected person, that person will also get HIV. Donated blood is now tested for HIV and is thrown away if it is infected.

Through needles and blades

HIV can also be transmitted through injection needles or blades that have already been used on another person with HIV. HIV can also spread from traditional tattooing or circumcision ceremonies if the same blade is used for several people, one after another.

How HIV is Not Spread

HIV is only found in blood, semen, vaginal fluid and breast milk. HIV has to get inside of another person to cause infection. This is why HIV does not spread through kissing, hugging, holding hands, sharing toilets, going to school or work together, sharing clothes, sharing food, drink, sneezing, coughing, or mosquito bites. It does not spread through blood donation if all instruments used are new or properly sterilised.

From HIV Infection to AIDS

- A person usually does not know that he or she is infected with HIV until a special blood test is done. If the HIV test shows that the virus is present, a person is said to be HIV+.
- At first, HIV infection does not make a person very ill. He or she may continue to have a healthy life for some months or many years.
- After some time, a person with HIV may start to lose a lot of weight, feel very tired and be unable to do all their usual daily activities. Illnesses also start to happen, especially infections such as tuberculosis (TB), herpes zoster (shingles) and other skin or chest infections. These are called opportunistic infections – the effect of HIV on the immune system provides opportunities for these infections to attack.
- If people with AIDS do not get treatment, they will gradually become very ill and are likely to die.
- These diseases can also happen to people who are HIV-, but they are much more common and more dangerous when they happen to someone who has HIV. In an HIV+ person, they are known as acquired immune deficiency syndrome (AIDS). They show that a person's immune system has become weak and cannot repair or defend the body in the usual ways that keep humans healthy.

Is there a cure for AIDS?

There is no known cure for AIDS at present. There are medicines that help stop HIV from developing into AIDS. These are called Antiretrovirals – see *Key Information 5: Antiretroviral (ARV) Treatment*. There are also some medicines that help treat and cure the opportunistic infections.

Key Information 3: Voluntary Counselling and HIV Testing (VCT)

What is VCT?

Voluntary Counselling and HIV Testing (VCT) is a process where an individual willingly goes for an HIV test.

VCT is an entry point for prevention, care and support services for everybody who goes to test for HIV to know their sero-status (whether she/he is HIV+ or negative).

Testing for HIV is confidential. A person is helped to understand how to accept the results. A person is not forced to disclose the result of the test to anyone. Taking the HIV test is the only way to know one's HIV status.

What is the aim of VCT?

VCT aims to help people to know their HIV status. Specifically VCT helps people to:

- Reduce their risk of HIV infection and the risk of infecting others.
- Increase people's knowledge and awareness in order to prevent further spread of HIV.
- Make informed decisions on whether to have children or not.
- Take action to reduce the risk of mother to child transmission.
- Assess their own risks of HIV infection and make plans to reduce risks.
- Make decisions on one's sexual lives and ways to enjoy safer sex.

What is the purpose VCT services?

VCT services help people to understand more about testing for HIV and how one can live positively with the virus. Other things that people know include:

- Benefits of VCT.
- The steps of VCT.
- How one gets tested for HIV.
- Why couples or partners should go for counselling.

Who should go for VCT?

Anybody who needs to know his or her HIV status, particularly men and women of child bearing age, partners planning to marry, those planning to have children, and married couples.

If you have ever had unprotected sex before with someone whose HIV status you did not know for certain, or if you have had blood contact like in blood transfusion, there is a small possibility that you may be living with HIV. You can check this by both going for VCT, either on your own or with your husband/wife/partner.

Steps in VCT

Pre-test counselling

Before doing the actual HIV test, the client spends some time with a counsellor, who will help him/her think about your issues and concerns, and will ask questions like:

- What will you do if the test shows you are living with HIV?
- What will you do if the test shows no sign of HIV in your blood?
- Are you sure that you want to go ahead with the test?

Testing for HIV

This is a process where a sample of blood is taken from the client. The blood is then tested for presence of HIV antibodies. There are a variety of tests that can be used, including "rapid tests"

which give a result within 20 minutes.

If the client was infected less than 3 months before the test, there may not yet be sufficient antibodies built up to show on the test. This is called the "window period" and may result in a false negative.

Post-test counselling

This is a dialogue between a client and the counsellor aimed at discussing the HIV test results, providing appropriate information, support and referral systems, and also enabling the client to consider how they can reduce their risk behaviours. Post-test counselling is applicable to everybody regardless of HIV results.

Benefits for VCT

If found negative:

- A negative result will probably be a great relief. However, if the client has had risky unprotected sex during the previous 3 months, they could be in the window period and should return for a second test 3 months later to make sure.
- It provides an opportunity to plan how to ensure she/he stays HIV-.
- It allows people to start or continue a relationship on a healthy note. If both have tested negative, they remain faithful to each other, and they want to have children together, they can now do this with confidence that they will not infect each other or their baby.

If found positive:

- One can seek appropriate help to address the illness.
- VCT is an entry point for accessing ART and prevention of mother to child transmission (PMTCT) services.
- One is able to keep the immune system strong by living positively (e.g. eating nutritious foods and reducing smoking and alcohol consumption).
- One can make plans for his/her dependents, on how they would be looked after when one becomes sick or dies.
- VCT assists in breaking the culture of silence on HIV/AIDS. =Some of those who go for HIV testing may disclose their status publicly, thereby helping to reduce stigma and discrimination for those infected and affected by the epidemic.

Where to go for VCT Services in Zambia

VCT and other counselling and support services are available at all major hospitals and some health centres, as well as all New Start Centres.

There are over 300 centres throughout Zambia offering such services. A few of these are listed in *Appendix 2* (page 113) with contact details and opening times, but you will need to find out what else is available near where you and your participants live.

Key Information 4: What PLHAs Can Do to Stay Healthy and Live Longer

If you are living with HIV, there are some things you can do to stay healthy and live longer. These are things that other long-term survivors have done, which have helped them to stay healthy for sometimes 15-20 years and longer after becoming infected with HIV.

Keep your mind, your feelings and your emotions healthy

- **Accept** that the virus is in your body. Take the attitude that HIV is simply a challenge to be faced and dealt with as best you can. It is not a punishment.
- **Focus your attention on the future you want**, not on the past.
- **Tell at least one or two other people** close to you that you are living with HIV, but first think about how they may react, and how you will respond.
- Join a **local support group** for people living with HIV and AIDS.
- **Carry on working as normal. Stay active** and involved with things you enjoy.
- Take time to **relax**.
- **Talk honestly** about the issues, thoughts and feelings you have.
- **Talk to the HIV virus** in your body. This may sound strange, but research shows that most people who have lived healthily for a long time with HIV (long-term survivors) have at some stage had a conversation with the virus in their body. Here are suggestions for what to do:
 - Close your eyes and pretend that you can see the virus in front of you. Some people draw a picture of what they think the virus looks like. Then talk to the picture. Imagine that it has a face, and it can hear what you have to say. It can also talk back to you. Give it a name.
 - Tell the virus how you feel about it being in your body. Listen to what it says in reply.
 - Make an agreement with the virus so that you could both respect each other, within certain limits that are acceptable to you.
 - Have this discussion with the virus as often as you feel is necessary.
- **Accept love, support, and affection** from people around you. If you are in a long-term relationship, you can still stay together, kiss and cuddle, support and care for each other, and have sex with a condom.

Seek treatment to keep your body healthy

- A person with HIV can get different kinds of treatment, both for the illnesses caused by HIV and for fighting the virus itself.
- The simplest treatment is to make sure that a PLHA can always get **good food and clean water**, as well as good basic care when they are ill. People with HIV need more protein and vitamins in their food than other people. This means having meat, beans, fish and plenty of vegetables and fruit.
- **Get treatment for any infection or illness** as early as possible. A person with HIV also needs to have good medical treatment for opportunistic illnesses such as TB, skin or chest infections. Prompt treatment for these illnesses can help the immune system to stay stronger for a longer time. Some medicines for opportunistic infections are cheap and easy to use. They are often provided through home-based care, at clinics or at hospitals.
- HIV infection itself can be treated with drugs called **antiretrovirals (ARVs)**. They reduce the effects of the virus and enable a person to become healthy again, but they

do not completely cure HIV infection. A person with HIV who gets ARV treatment can live a much longer and healthier life (see *Key Information 5: Antiretroviral Treatment*).

Other things you can do include:

- **Keep your body warm.**
- **Avoid smoking or drinking** too much, as these things can put extra strain on your immune system.
- **Abstain from sex or always use a condom** to avoid getting more HIV into your body through re-infection. This is also to protect others from infection.

**Key Information 5:
Antiretroviral (ARV) Treatment
From the International HIV/AIDS Alliance: Fact Sheet 02**

What is ARV treatment?

- Antiretroviral (ARV) treatment is treatment for HIV infection that includes using drugs that interfere with the way that the HIV virus reproduces in the body.
- ARVs reduce a person's viral load. This means that they reduce the number of viruses in their body.
- ARVs lower the ability of HIV to damage the immune system (the body's natural defense). It means that the immune system can recover its ability to defend a person from attack by other infections, enabling them to stay healthy and live longer.
- ARV treatment must be taken for life. If not, the virus will start to reproduce again and will cause AIDS.

ARVs do not destroy HIV – but they can reduce its effects and help a person to live a longer life.

What difference does ARV treatment make?

- ARVs can bring a person with AIDS back to good health and keep a person with HIV healthy.
- A person who takes ARVs can live a much longer and healthier life than someone who does not.

What types of ARV treatment are there and how are they combined?

- There are three main types of ARV drugs to treat people with HIV. Each one attacks the virus in a different way.
- ARVs work best when different types are used together and when at least three different drugs are used. This is known as combination therapy or highly active antiretroviral therapy (HAART). Using just one or two ARVs for long-term treatment is not usually effective.
- To prevent mother-to-child transmission of HIV, just one or two types of ARVs can be used for a short time. This protects the baby from becoming infected by its mother's virus during birth. It does not affect the woman's own level of HIV.
- ARV treatment can be given to HIV+ adults or children.
- There are a variety of types and makes of ARVs, and research continues to try to find new and better drugs for ARV treatment.

When does a person need ARV treatment?

- ARV treatment usually starts only when HIV has damaged a person's immune system.
- A doctor can find out what is happening to the immune system of a person with HIV by carefully examining them and checking for any illnesses or problems.
 - Tests for anaemia and white blood cells.
 - A CD4 test. This shows how much damage HIV has done to the immune system and guides the doctor about when to start treatment.
 - A viral load test. This shows how much HIV virus is in the body.

How is ARV treatment used?

- ARV medicines are usually tablets, capsules or, sometimes, liquids. These are taken by mouth.
- Some ARVs must be taken when the stomach is empty, but others only after eating some food.

- ARVs must be taken at specific times each day. This is because the amount of drug in the body must remain at the same level all of the time.
- ARVs do not cure HIV. So, treatment must continue every day for the rest of a person's life – this is called adherence to treatment. Prevention must also continue every day for the rest of a person's life.
- This is a big commitment. So, a person with HIV and their doctor must work together to identify which drugs fit in best with their life. They must also make sure that the person's condition is regularly monitored - to check if the treatment is working and that any side effects are managed properly.

What is adherence to ARV treatment?

- Adherence means taking doses of drugs and sticking to the treatment plan exactly as prescribed. It means taking the correct amount of drugs, at the correct time and in the correct way.
- At least 95% adherence is needed for ARVs to work effectively. Missing even a few doses can cause treatment to fail, opportunistic infections (OIs) or drug resistance to start.
- Adherence is especially difficult if people are isolated, depressed, forgetful or worrying too much about the effects of their medication.
- A person with HIV should work with their doctor, pharmacist and treatment supporters to find ways to help with adherence. These might include: getting support from family and friends; having regular check ups; getting prompt help with side effects; and being able to talk to others who take ARVs.

What are the side effects of ARVs?

- Side effects are the unintended effects of a drug.
 - Different ARVs cause different side effects. Not all of them are experienced by all people.
 - Some side effects – usually nausea, diarrhoea or tiredness – may appear soon after a person starts taking ARVs. However, they often do not last long and treatment can continue without problems.
 - Other ARV side effects include skin rash, dry skin, chapped lips, insomnia, sexual problems, mood changes and difficulties in moving or walking.
 - Some long-term side effects can be very serious. They may appear mild at first, but can indicate major problems. These include liver damage and lipodystrophy.
 - It is vital to ensure a person knows about possible side effects *before* he or she starts to take ARVs.
 - There are many different ways to manage side effects. However, if they are severe, a person's doctor might decide to change their treatment.
- Can a person use alcohol, tobacco or other drugs when taking ARV treatment?
- ARVs and many other substances affect each other in different ways. These include prescription drugs, other medicines (cough remedies, pain killers, vitamins), alcohol, tobacco, cannabis, and narcotics.
 - A person who is prescribed ARVs must tell their doctor or pharmacist what else they are taking.
 - Some substances will have no effect on a person's ARV treatment, but others might change the effectiveness of the drugs. A person might have to change or stop using substances that interfere with ARVs, especially if the liver is not working well.

Is drug resistance a problem with ARV treatment?

- Drug resistance happens when the HIV virus changes so that a particular drug cannot attack it.

- When this happens, ARVs can become ineffective; then a person's viral load increases and the immune system starts to get damaged again.
- Drug resistance happens much more easily if a few ARV doses are missed or taken at the wrong time.
- If a person's treatment fails, the doctor will try to change to a different type of HAART. This might mean having more complicated & expensive treatment with up to 4 or 5 drugs.
- A person with drug-resistant HIV can pass it on to others, meaning they too will need special HAART.

Essential points about ARV treatment:

- ARVs enable a person with HIV to have a better and longer life, but they do not cure a person of HIV.
- ARVs must be taken continuously and correctly for the whole lifetime of a person with HIV.
- Even if a person is taking ARVs and has a very low viral load, they can still infect other people with HIV.

Key Information 6: Preventing Parent to Child Transmission (PPTCT)

How likely is it that an HIV+ pregnant woman will pass HIV to her child?

It is possible for HIV to pass from an HIV-infected mother to her child during pregnancy, during childbirth, or through breastfeeding.

Without any treatment at all, the chance of transmitting HIV from mother to child is roughly 3 in 10. In other words, for every 10 HIV+ pregnant women, on average only 3 will have a baby who remains with HIV, and 7 will prove to be HIV-.

The source of the mother's HIV-infection is often the father of the child. Hence in this toolkit we talk about "parent to child transmission" rather than just "mother to child transmission" to make it clear that boys and men should also be concerned about this issue.

What can be done if a woman is pregnant and tests positive for HIV?

There are many factors affecting the risk of HIV passing from mother to child. There are also various ways of reducing this risk, once the mother knows that she is living with HIV. That is why it is very important for pregnant women to get tested for HIV. This is normally offered as part of their antenatal care.

Women who become infected or re-infected with HIV while they are pregnant or breastfeeding have a higher chance of passing HIV to their babies than women who were infected with HIV earlier. This is because there is more HIV virus in the body during the first three months after infection. A woman who is pregnant or breastfeeding should therefore be especially careful to protect herself and her child from HIV infection or re-infection.

The risk of HIV transmission during childbirth can be reduced in various ways, including avoiding inserting any instruments, having an elective caesarean, or by using one or two particular antiretroviral drugs (ARVs) for a limited period during late pregnancy.

Should an HIV-infected mother breastfeed her child?

The decision on whether an HIV-infected mother should breastfeed or use "replacement feeding" (i.e. initially bottle-feeding with a breast-milk substitute) depends on a variety of factors, and further advice can be sought from local health care professionals.

The World Health Organization (WHO) recommends the following:

- When replacement feeding is acceptable, feasible, affordable, sustainable and safe, avoidance of all breastfeeding by HIV-infected mothers is recommended.
- Otherwise, exclusive breastfeeding is recommended during the first months of life.
- To minimise HIV transmission risk, breastfeeding should be discontinued as soon as feasible, taking into account local circumstances, the individual woman's situation and the risks of replacement feeding (including infections other than HIV and malnutrition).
- When HIV-infected mothers choose not to breastfeed from birth or stop breastfeeding later, they should be provided with specific guidance and support for at least the first 2 years of the child's life to ensure adequate replacement feeding.

Why do some babies test positive at first and later test negative for HIV?

The HIV test detects antibodies to the virus, not the virus itself. Babies receive some antibodies from their mothers even if they have not received the virus itself. An HIV test in a baby may detect the mother's HIV antibodies even if the baby does not have HIV. In order to know for sure whether the child of an HIV- infected mother also has the virus, the test should be done when the baby is 18 months old, at a time when the mother's antibodies have most likely gone away.

Key Information 7: Sexual Abuse, Harassment and Rape

Sexual abuse

Sexual abuse is any unwanted sexual contact, often by someone you know such as a boyfriend, relative, teacher or family friend.

Sexual abuse can involve threats, humiliation and violence. Both boys and girls are abused, though girls are abused more often than boys. Physical abuse, or the threat of it, can force you to do things that put you at risk of getting HIV. If someone threatens you, do not give in. Scream, shout and get to a place of safety. If you have high self-esteem and a strong sense of what an amazing and valuable person you are, this can help you to stand firm and stop others from harassing you. *Activity 3: Identity Statements – Who am I?* can help you to develop such strong self esteem.

Bad touches - Never be alone with people you do not trust.

Tell your parents, or someone you trust, if someone:

- Touches you in a way you do not-like
- Touches your private parts
- Asks you to take off your clothes
- Asks you to see or touch his or her private parts

Sexual harassment

Sexual harassment is remarks and physical gestures made in a sexual manner, which cause physical or emotional pain or uneasiness:

- You may be called a slut or other insulting names because people believe that you have had several sexual partners.
- Someone may make sexual remarks to you.
- Someone may touch you in a sexual way; men in the taxi park may touch girls' buttocks or breasts.

Your behaviour is your business. No one has a right to abuse you because of it. Sexual harassment is a warning that worse may still come. Avoid people who make unpleasant sexual remarks. If it happens to you, do not look scared but look calm and steady and move away.

Rape

Rape is forcing someone to have sex when they do not want to. Rape victims are usually female, though males can also be raped. Rape is an act of force, hostility, violence and humiliation. Rape is not about sex, if sex is about caring for another person. Rapists are not necessarily strangers. Most rape victims know the rapist.

Is it rape if a boyfriend forces a girlfriend?

You may have started to get physical with your boyfriend. You may have kissed and cuddled. Suddenly your boyfriend goes further than you want him to. If he forces you into sexual intercourse, it is rape. This is sometimes known as "date rape."

Such rape is common. It involves someone intimate to you, such as your boyfriend. Boys who get involved in such rape think that a real man goes for what he wants without regard for the girl's wishes. Girls too look at themselves as weak and boys as strong. Girls can fight and prevent rape. If you do not want to have sex, tell your partner strongly when the relationship starts.

Girls, make your "No" strong and sincere. Boys also have to learn to believe what girls say, and accept that when she says "no", she means it. Even if you have not given clear messages, your partner has

no right to rape you.

Always have money on you when you go for a date. You can always find your way home if the date goes sour. Go to places where there are many other people.

What to do if you are raped

Get help from someone you trust. You need someone to talk to and who can go with you for medical care and legal help. Get someone strong and dependable who cares about you and will not tell others. Report to the police as soon as possible after the rape.

Do not wash before you go to police. Take the clothes you were wearing in the bag (they may help prove you were raped).

If you are sexually abused, raped or harassed, do not keep quiet. Speak out.

Medical care

Seek services after rape at a hospital, health centre, or AIDS Information Centre.

Have a health worker examine you. It can be easier if it is a female. Have an STI check-up and ask to be considered for emergency contraception, if available, to prevent pregnancy. Ask the health worker to record everything she finds because it will help prove to police that you were raped.

How to avoid rape

You have physical strength and wits to hit back, whatever your sex or size. Use everything you have to defend yourself. The attacker may be more scared than you are.

Defense tactics and weapons

- Give a hard knee kick to the groin.
- Prick the eyes of the attacker using your fingers.
- Use your heel to hit the lowest part of the spine when a rapist overpowers you.
- Spray deodorant spray into your attacker's eyes.
- Use rings and bangles to fight the attacker.
- Scream loudly and continuously. If you are being overpowered, RELAX and try to fool the attacker into carelessness. Then hit, and you must not fail!

After it is over

Even if you are raped, remember that life has to go on, though you may find it hard for a while. It can be helpful to talk about your feelings with a friend or relative you trust, or with a professional counsellor. Do not feel responsible for the rape. You are not guilty of anything. Repeat your identity statement (from *Activity 3*) to yourself regularly to ensure that you keep your sense of value and self-worth.

Appendix 2: Where to Get Help, Advice and Information in Zambia

There are over 300 centres throughout Zambia offering VCT and other services including:

- Counselling and testing for HIV
- Psychosocial Counselling
- Couples Counselling
- Post-Test Clubs
- Youth Friendly Services and Referrals

Here are a few locations with contact details and opening times. Find out what else is available near where you and your participants live.

- New Start VCT Centre - Cairo Road, 2nd Floor, above Bata Shoe Store, Near Shoprite; Lusaka. M-Sat. 8 am- 7 pm. 01-232-683.
- Maramba Clinic - Maramaba Compound, opposite Maramba Market, Livingstone. M-F 8 am-5 pm. 03 321 677.
- Mahatma Ghandi Clinic - Lukanga Compound, Kabwe. M-F 8 am-5 pm. 05 223 589.
- Kapata Clinic - Kapata compound, Chipata. M-F 8 am-5 pm. 063 22266.
- Lundazi General Hospital - Lundazi. M-F 8 am-5 pm.
- Liteta Rural Hospital - Kabwe Road, Chibombo. M-F 8 am- 5 pm.
- Kalomo District Hospital - Livingstone Road, Kalomo. M-F 8 am-5 pm.
- Samfya District Hospital - Samfya Town Center, Samfya. M-F 8 am-5 pm. 02 830 077.
- Mwnse Rural Health Center - Mwense. M-F 8 am-5 pm. 02 970 103.
- Kasama General Hospital - Town Center, Kasama. M-F 8 am- 5 pm. 04 22141.
- Mtendere Clinic - Mtendere Compound, Lusaka. M-F 8 am-5 pm. 01 236 935.
- Lubuto Clinic - Luboto Compound, Ndola M-F 8 am-5 pm. 02 660 146.
- Chimwemwe Clinic - Chimwemwe Compound, Kitwe. M-F 8 am-5 pm.

Appendix 3: References and Sources

Many of the activities in this Toolkit have been adapted from or are inspired by already existing materials, as listed below:

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Sources for Specific Activities

Specific sources for different activities are as follows. We are very grateful to all those who gave permission for their material to be adapted and reproduced in this toolkit:

Activity/Section	Source
Energisers and Icebreakers	International HIV/AIDS Alliance (2002) 100 Ways to energise groups: Games to use in workshops, meetings and the community
Activity 2: Walking the Bridges. Activity 3: Future Islands	Labouchere, P., et al (2005) <i>Journey of Hope Malawi Users' Guide</i> Johns Hopkins University/ Center, for Communication Programs/ Population Communication Services
Activity 6: Life Boat	Empowerment Concepts – David Patient & Neil Orr
Activity 10: Can You Tell Who is Living with HIV?	Labouchere P. (2004) <i>Bridges of Hope Users Guide</i>
Activity 13: Where Do I Stand Activity 19: My Supporters	Grassroots Soccer – Sports for Life – YAO publication
Activity 18: On The Bank, In The River	Understanding and Challenging HIV Stigma – Toolkit for Action, activity "We are all in the same boat" p 35
Appendix 1: Key Information 5: Antiretroviral (ARV) Treatment, and components of other sections also.	International HIV/AIDS Alliance FACT Sheets (2005) www.aidsalliance.org

